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**Coping and Competence in African-American Children Living in Poverty: The  
Role of Cognition, Locus of Control, and Racial Socialization**

**Vanessa Marie Bing**

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

**1995**

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## Abstract

### Coping and Competence in African-American Children Living in Poverty: The Role of Cognition, Locus of Control and Racial Socialization

by

Vanessa Marie Bing

Advisor: Professor Pamela Trotman Reid

This study sought to ascertain the role which cognition, locus of control, and racial identity had on the use and choice of coping strategies and the resulting sense of competence in poor African-American children. Previous research on children's coping has been limited in addressing cultural variables which mediate coping responses, and a pathology-driven model has typically been used to explain African-American children's reactions to stress.

Fifty African-American school-aged children completed a variety of stress, coping and racial identity measures and participated in an in-depth interview to test the hypotheses that children with negative racial attitudes would demonstrate fewer effective coping mechanisms, competent behavior, and would be more influenced by racial context than those with a positive racial identity. Further, it was expected that children's perception of control would influence both the number and variety of coping styles utilized in stressful encounters, and

that those holding an internal locus of control would exhibit an increased capacity to distinguish effective coping.

Results obtained showed that children who held an internal locus of control displayed greater variability in coping strategy use, were more effective in distinguishing effective coping in interracial situations; and were less likely to utilize the emotion-focused strategy of distancing. Research hypotheses concerning the role of racial identity and racial influences affecting coping style, competency, and effectiveness were not supported. This appeared to be related to the instrument used and the manner in which children were classified racially, as further analyses revealed a relationship between racial identity stage and ability to distinguish effective coping.

The findings suggest the need to continue to investigate and support the development of intervention strategies which increase African-American children's internalized beliefs in their abilities and capacity to effect change, a need to explore the role which ethnic identifications and racial influences have on coping behaviors, and the need to develop culturally sensitive clinical tools to assess racial identity formation in African-American school-aged children.

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**"One of the most impressive qualities of the human psyche is its ability to withstand severe personal tragedy successfully." (Taylor, 1983, p. 1161)**

## CHAPTER ONE

### INTRODUCTION

#### I. PERSONAL OBSERVATION

Between June and December 1986, the Organization of Concerned New Yorkers (OCNY), a community-based social service, political advocacy group began developing and implementing programs for the children residing in the Brooklyn Arms Hotel, a welfare hotel operated by the City of New York. OCNY recognized the need for service inputs at this hotel given the disparaging conditions which its residents faced daily; conditions which rendered people helpless and vulnerable to situations that they might otherwise not have to contend with. As an example, many of the hotel's youngest residents could be found playing in the streets during daytime and evening hours, panhandling at neighboring subway stations, and working as "windshield washers" -- stopping motorists at various street intersections, asking a "fee" for the service of cleaning ones windshield. After securing income, these same youngsters could be found at various fast food hangouts in the vicinity, buying what would more than likely constitute their major meal of the day.

The Organization of Concerned New Yorkers found these children to be in a state of distress. Consequently, OCNY members attempted to alleviate

what appeared to be some of their stressors by infiltrating the existing structure of service inputs and providing (alternative) activities for them. To this end, rap groups, tutorial services, as well as recreational, social and cultural activities were developed.

Initially, these programs were met with much apprehension and suspicion by the hotel children and parents alike. After some time however, the programs were received favorably by many, although the majority of hotel tenants remained suspect of OCNY's motives. This was exemplified during a luncheon/rap session planned one Saturday afternoon. At this time, a disheveled, underdressed young boy approached the buffet table and repeatedly asked "how much?" This young man had adopted the ideology that one never gets something for nothing, and clearly did not expect to receive free food without paying some kind of price.

At OCNY's culminating event of 1986 (a Kwanzaa celebration), a seemingly joyous occasion turned into chaos. A dinner was provided for the children, complete with entertainment, games, and gifts in the form of educational materials (e.g. books, dictionaries) to celebrate this African-American holiday. As the evening progressed, the children became increasingly active and ultimately disruptive. They were disenchanted with their

gifts, apparently expecting toys, money or other more "useful" items.

Consequently, the books were destroyed.

Mutilated books were later found strewn about the community, on street corners and in vacant parking lots. These children had become very angry, impatient, and disappointed. Some children began to spar with one another, and rough and tumble activity was rampant. OCNY members were imaginably very dejected and angered. This anger however soon became diffused and later dissipated as the group realized that whatever anger they experienced [toward these children] was probably but a hint of the anger and frustration that these children felt on a day to day basis; anger and frustration resulting from their daily living in a squalid, roach-infested, garbage filled, unsafe environment -- otherwise known as home.

OCNY continued its efforts to develop programs for the children of the Brooklyn Arms in order to provide a social outlet and mechanism through which the children might channel their energies while they waited for a permanent dwelling. The Arms has since been closed, presumably for conversion to a luxury, hi-rise apartment. As for the families, many, if not the majority, continue to wait for permanent homes.

The effects of poverty and homelessness have been well documented. Numerous reports and studies have examined both the immediate and long term consequences for families living in poverty.

## **II. STATEMENT OF THE PROBLEM**

### **A. Poverty and its Effects:**

In 1991, a total of 35.7 million Americans, or one in seven people, were classified as "poor." This reflects the highest level of poverty in more than two decades. Further, children living in poverty made up a significant portion of this number. Census data reveal that the child poverty rate rose from 20.6% in 1990 to 21.8% in 1991, reflecting an increase of 900,000 additional children. This brought the total number of children living in poverty to 14.3 million.

Additionally, poverty was particularly high in the under six age group with one of every four children making up this population (U.S. Bureau of the Census, 1992; Greenstein, 1992; Strawn, 1992).

With regard to race, it has been shown that African-Americans are about three times as likely to live in poverty as Whites, and African-American women and children are especially vulnerable to poverty. Women are *twice* as likely as men to live *below* the poverty line, and single black females with children are the hardest hit by poverty (Blackwell, 1991).

## **B. African-American Children and Poverty**

In the United States, an African-American child is three times more likely to live in poverty than a white child (a Hispanic child is twice as likely) (Blackwell, 1991). Almost 50% of all Black children and 33% of all Hispanic children are living in poverty. Moreover, in 1985, 75% of Black children living in poverty were in female headed households as compared to 42% of White children (Jaynes & Williams, 1989).

The long term consequences of living in poverty are tremendous. The poor are far more likely to suffer from hunger, malnourishment, poor health, inadequate and substandard housing, and a pervasive sense of hopelessness. Blackwell (1991) highlights the significance of living in poverty most dramatically:

The poor are also more likely to be victimized by chronic illnesses, less likely to seek medical assistance, more likely to become mentally ill, less likely to hold health insurance, and have a higher infant mortality rate than the non-poor in the United States. The lifespan of the poor is shorter. The poor in America have more than their share of family violence, crime and crime victimization, divorce and separation, suicide, and illegitimacy. They are isolated, physically and psychologically, from the more well-to-do in American society -- an isolation that sometimes expresses itself in distrust, mutual hostility, and fear. (Blackwell, 1991, p. 94).

## **C. General Housing Conditions of the Poor**

According to a 1989 report by the Department of Housing and Urban Development (HUD), approximately 33% of poor blacks, 27% of poor Latinos,

and 14% of poor whites live in substandard housing. Furthermore, poor blacks are much more likely to live in an area where a high proportion of residents are poor. Approximately 57% of the black poor and 34% of the white poor reside in central cities. Contrastingly, the *majority* of poor whites live in suburban and non-metropolitan areas (Jaynes & Williams, 1989).

#### **D. Provisions for the Poor**

The lack of jobs, employment opportunities and declining wages make it difficult for families to escape poverty. Moreover, reduction in government spending and other federally funded programs make it near impossible for families to escape the grips of poverty.

The primary government program whose function is to alleviate child poverty, Aid to Families with Dependent Children (AFDC), has not been sufficient to meet the needs of impoverished families. This is largely due to the fact that there are no federally prescribed standards for the minimum benefit that a family might receive. Each state sets its own benefit levels. Further, because AFDC benefits are not adjusted for inflation, there has been an erosion in the purchasing power of these benefits. Families are finding that their AFDC benefits do not cover the basic cost of living, and only ¼ of AFDC families receive any kind of housing subsidy. Consequently, the remaining families must find housing in the private sector, which is all too often a near impossible

process. This leaves families to accept substandard living conditions in public housing, tenements, or other areas or alternately in "temporary housing" -- with friends, relatives, in shelters, and sometimes even the streets.

### **E. From Substandard Housing to Homelessness**

Homelessness in America has reached staggering proportions, and families with children have constituted the fastest growing segment of the homeless population (Rescorla, Parker, Stolley, 1991). In 1980, homeless families were estimated to be less than 10% of the population. However, by 1986, this figure had tripled, and in 1989 the U. S. Conference of Mayors estimated that 36% of all the nation's homeless were families, with half of these family members being children. Thus, families with children represent over 1/3 of the nation's homeless population. Furthermore, it has been estimated that some 100,000 children may be homeless on any given night (Institute of Medicine, 1988).

The homeless represent a cross-section of America and are men, women and children of all ages and all ethnic and religious backgrounds, reflecting all educational, occupational, and professional levels. Their reasons for becoming homeless are varied, but stem from core issues affecting all. They are victims of social and economic forces (e.g. inflation, unemployment, reduced welfare programs, redevelopment and gentrification of inner cities), and conservative

fiscal policies and federal spending (Bassuk, Rubin & Lauriat, 1986; Lamb, 1984; Community Service Society, 1981, 1982). ".....It is disenfranchisement .....from work, decent housing, and appropriate care and support....that is the hallmark of today's homeless poor" (Community Service Society, 1982, p. 3).

#### **F. Psychological Impact of Poverty**

Poverty takes a devastating toll on its victims. Although millions of individuals and families do escape poverty....others live a life of despair, hopelessness, and daily trauma. The poor are too often regarded as outsiders and pariahs in American society. They are victimized by a loss of autonomy or a sense of control over their lives; by a feeling of powerlessness, and by a deprivation that interweaves throughout all aspects of their lives. (Blackwell, 1991, p. 93)

Numerous studies (e.g. Bassuk & Rubin, 1987; Coalition for the Homeless, 1984; Horowitz, Springer & Kose, 1988; Molnar, Rath & Klein, 1990; Reid, 1992; Shinn, Knickman & Weitzman, 1991) have shown that children living in transient dwellings suffer extreme economic, social and psychological stressors. Developmental delays, severe depression and anxiety, and learning difficulties are evident in a striking proportion of this population. Further, other problems including chronic alcoholism, psychoses, and personality disorders have also been identified in this population.

Recent studies (e.g. Masten, Miliotis, Graham-Berman, Ramirez, & Neeman, 1993; Reid, Wong, Marrero, Velez, & Getler, 1993) comparing

homeless children with housed low-income children revealed that homeless children were found to have greater recent stress exposure than housed poor children, as well as a more disrupted schooling and friendships. However, *the stressors experienced by both homeless and housed children who live in poverty are analogous*. Do children in poverty (homeless and housed) represent a population destined to perish or are there "thrivers" amidst this outcast group? What are the factors that will predict whether or not impoverished children will develop adaptive patterns of coping and demonstrate resiliency?

### **G. Poverty, Risk and Resilience**

Garbarino (1992), suggests that to be successful in bearing and rearing healthy and well developed children, families need at least seven things: 1 - A stable environment; 2 - security; 3 - emotionally positive and involved time together; 4 - a strong belief system, especially that which adds a spiritual dimension to life and makes sense of the world; 5 - to be woven into a social fabric through an active caring community (as isolation threatens the welfare of parents and children); 6 - justice; and 7 - access to basic resources. "Being poor means that the odds are stacked against you developmentally....If families are homeless, without food, and without basic health care, children are in jeopardy. Poverty means that children are at risk." (p. 220-221)

Rutter (1979, 1983a, 1983b, 1987) has shown that as children are exposed to a series of stressors or concurrent stresses, adverse effects increase multiplicatively. Garmezy (1981, 1983, 1987, 1991) noted how both successful and unsuccessful adaptations are possible in children and families who have been exposed to multiple stressors. Thus, Garmezy finds it critical to identify protective factors that enable individuals to circumvent life stressors:

There are hints in the literature that suggest variables which may be operative in stressful life situations. One is the modification of stressors brought about by temperament, such as activity level, reflectiveness in meeting new situations, cognitive skills, and positive responsiveness to others. Another core of variables is to be found in families in poverty that are marked by warmth, cohesion, and the presence of some caring adult (such as a grandparent) in the absence of responsive parents or in the presence of marked marital discord. A third variable is the presence of a source of external support, as exemplified by a strong maternal substitute or a kindly concerned teacher, or the presence of an institutional structure, such as a caring agency or a church that fosters ties to a larger community. (Garmezy, 1991, p. 421)

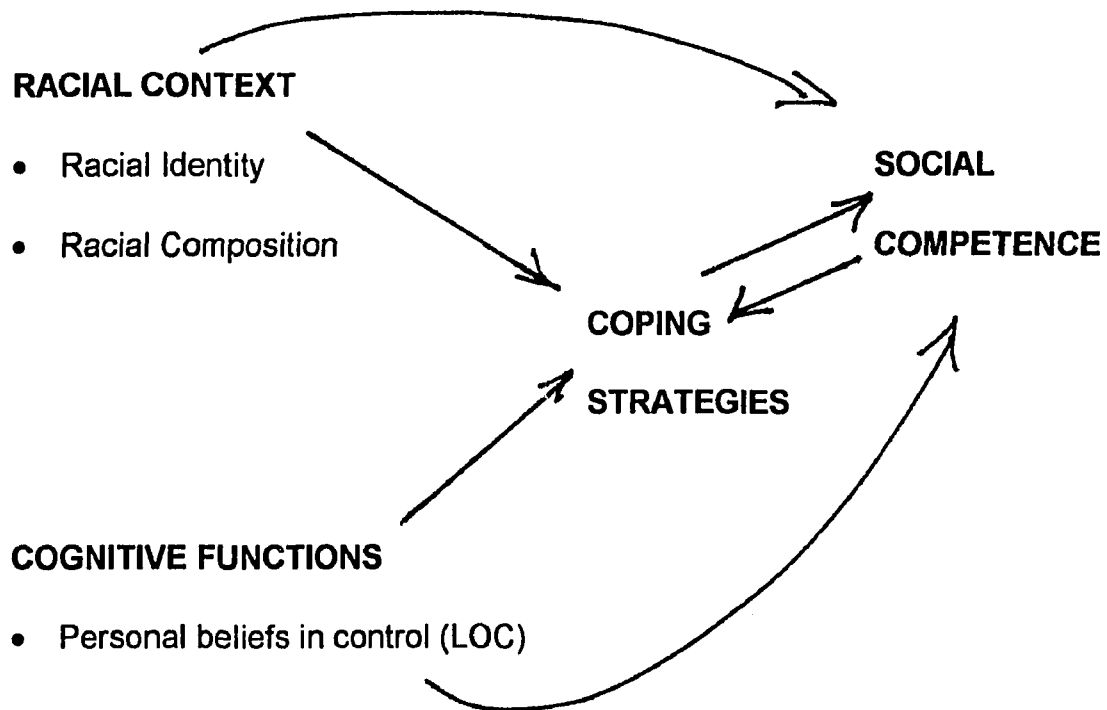
Other studies on stress resistance (e.g. Kobasa & Pucetti, 1983; Kobasa, 1985) have identified the construct of "hardiness" to explain personality differences which allow persons who experience high degrees of stress to avoid (physical) illness. Hardy individuals are those who possess the following characteristics: (a) the belief that they can control or influence the events of their experience; (b) an ability to feel deeply involved in or committed to the

activities of their lives; (c) the anticipation of change as an exciting challenge to further development.

Given that social supports are minimal for those living in poverty and disruptive family patterns are often apparent, many of the so-called "protective factors" are seemingly absent in this group. Thus, what factors allow children of poverty to cope and thrive? What are the measures children use to cope with the stressors of living in poverty and how is the development of socially competent behavior facilitated?

The purpose of this study is to investigate the psychosocial characteristics of competent children among stressed African-American children living in poverty. This author is particularly interested in identifying coping techniques used by children living in poverty, and understanding the role which cognitive appraisal, sense of control (locus of control) and racial socialization contribute to the development of a competent, resilient child. An exploratory model is proposed which suggests a relationship between these variables (see figure 1).

Figure 1.

*An Exploratory Model of Stress and Coping in African-American Children*

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **I. SOCIAL COMPETENCE AND COPING**

##### **A. Social Competence Defined**

The study of competence has long been recognized as an important and indeed integral aspect of human psychology, and has yielded a better understanding of how individuals adapt to various environmental contexts and stressors (Coatsworth, 1992; Coatsworth & Sandler, 1992). Moreover, it has been suggested that a clearer understanding of competence may yield the development of primary prevention strategies that can promote positive mental health.

Ford (1985) identified five primary ways that competence has been defined in the literature:

1. An outcome measure or goal attainment or manifest effectiveness of behavior in relevant contexts. This represents a transactional definition where a competent individual is one who has successfully adapted to a given set of personal and contextual goals, demands, or opportunities;

2. A personality type, or the capacity for adaptation. Organized patterns of cognitive, affective, and/or behavioral functions determine this type of capacity for adapting;
3. A motivational construct which refers to the capabilities of individuals for formulating goals and producing effortful, persistent and goal directed activities;
4. A self-belief concept, or individual perception of one's own behavioral effectiveness (a subjective evaluation of whether one is capable of producing some desired effect which is based on the perception of oneself as a controlling agent); and
5. One's behavioral repertoire of knowledge, skills (e.g, language, motor, coping) and abilities (e.g. problem-solving) associated with successful adaptation.

Other contemporary researchers have proposed models which view levels of competence as an outgrowth of social adaptation, and person-centered variables such as behavioral skills, cognitive abilities, or coping capacities, and as transactions between persons and their environments (Coatsworth & Sandler, 1992).

Work (1992) proposed a model for examining social competence among highly stressed elementary age urban children and their families. Social competence in children was seen to encompass affective, cognitive and behavioral domains and reflect the possession of interpersonal skills and

strategies to effect positive social outcomes; the ability to discriminate between interpersonal problem areas that are and are not within one's area of control; positive emotional tone to facilitate the pursuit of positive social and interpersonal outcomes; and self-views that reflect feelings of self-worth and perceived competence in multiple domains.

Behaviorally, social competence is reflected by interpersonal problem solving abilities, the use of coping strategies for getting and maintaining assistance from both adults and peers when assistance is needed; and is marked by efforts to independently complete appropriate tasks. In the affective domain, emotional empathy towards others and the absence of anxiety and depression reflects social competence. And lastly, in the cognitive domain, having a sense of self-efficacy, an (internal) locus-of-control, a sense of realistic control; and the perception of competence and self-esteem are the markers of a socially competent individual.

Additionally, Work also acknowledged the importance of environments, particularly for young children:

Clearly, the underpinnings of competence for young children are fostered by an interplay with the proximal environment. For highly stressed children, part of this environment (adverse life circumstances) is far from neutral in its potential devastating effect on SE competence and normal development. Competent environments and models are seen as providing safety, security and consistency while also encouraging age appropriate adaptive strategies to manage life stressors (Work, 1992, p. 22)

This is particularly important in understanding competent behavior in children living in chronic poverty. As we begin to explore the behavior and strategies used by children living in poverty, it is important to keep in mind these behaviors relative to their environments - both the physical and cultural milieu. As has often been the case in the study of minority children, the socio-cultural context is ignored and behaviors tend to be ascribed based on a model of dysfunction and psychopathology.

### **B. Competence and Coping**

What does the understanding of competence allow us to understand about coping behaviors in general, and coping behaviors of impoverished African-American children in particular? How do we distinguish between competence and coping efforts? How are they interrelated and how do these concepts work together?

Ayers and Sandler (1992) stated that "competence is typically viewed as the construct that accommodates a broader set of processes, while coping usually refers to a subclass of these processes that are ....ultimately directed at attaining or regaining competence when adaptation has in some way been threatened" (p. 24).

Skinner and Wellborn (1994) describe coping as an organizational construct which allows for a description of how people regulate their own behavior, emotion, and motivational orientation under conditions of psychological distress; coping is said to encompass peoples' struggles to maintain, restore, replenish, and repair the fulfillment of (three) basic psychological needs: relatedness, competence and autonomy. These three needs may become threatened or challenged in certain circumstances, thus *coping efforts reflect attempts at restoring these important needs*. Coping then *facilitates* the development of social competence.

### **C. Coping Efforts/Coping Styles**

If we accept the supposition that the implementation of coping strategies allows one to regain competence in a stressed situation, then it becomes imperative to understand the nature and function of coping, the types of coping strategies, and what facilitates or impedes coping (i.e. under what circumstances are specific efforts utilized or not utilized? What are the mechanisms at work?).

Understanding children's coping raises many more questions for researchers, as it forces us to examine and re-examine the models used to understand this phenomenon.

Ayers and Sandler (1992) point out that there exists various models classifying children's coping strategies, the two most prominent being the ones

which classify coping efforts based on "focus" or "function." However, the use of these models has created more confusion and raised many more questions. In many ways, these models have been responsible for limiting the scope and study of coping behaviors in children, and have led to difficulties in conceptualizing coping efforts and understanding them in relation to the construct of competence:

Investigators are confronted with the challenge of moving beyond simply a description and categorization of coping behaviors. We need to discover ways in which these behaviors develop, and furthermore, understand the process and mechanisms by which the behaviors contribute to positive adaptation. From the larger competence perspective, we can ask how the use of specific coping strategies in combination with other behavioral skills and motivational sets lead to the development and maintenance of positive developmental outcomes. (Ayers & Sandler, 1992, pp. 26 - 27)

Let us now examine the study of coping in children and attempt to understand how researchers have looked at coping responses and stress reactions.

#### **D. Coping Responses to stress**

Responses to stress have been understood by and large in the realm of effective and ineffective coping behaviors. Effective coping (i.e. more adaptive) behaviors have been studied in terms of problem solving, competency and mastery processes. Here, coping responses have generally been regarded as active, goal-oriented efforts, with some perceptual-cognitive component (Chandler, 1986). In contrast, inappropriate or ineffective coping responses

have largely been studied under the rubric of psychopathology because the responses typically resulted in behaviors that were ineffective and counterproductive. In children in particular, these behaviors are likely to be labeled as behavior (conduct) disorders or as emotional adjustment reactions.

Anthony (1991) addressed the concept of effective versus ineffective coping, and suggested variations in responses to stress "with some individuals reacting resiliently and masterfully, while others appear unduly sensitive and vulnerable to even minor provocations" (pp. 307 - 308).

## **II. CHILDREN AND STRESS**

### **A. Overview of the Research**

There is limited knowledge about the degree of stress experienced by children, no means to predict the risk, stressors, and few valid prescriptions for prevention or management. Prerequisite to valid measurement or intervention development, stress-coping processes among children must be identified and described (Sorensen, 1993, p. 79).

The above suggests that what we understand about children's responses to stressful situations is indeed limited. Much of the literature on stress and coping has concerned itself with adult populations. Children's processes in dealing with stress has largely been understood using paradigms developed in adult research (e.g. Billings & Moos, 1982; Haan, 1977; Lazarus & Folkman, 1984; Menninger, 1963; Vaillant, 1977). Compas (1987) for one states that since "no systematic effort has been made to conceptualize coping during

childhood and adolescence, the adult literature must be drawn on for this purpose" (p. 393).

The two most prominent adult models are those which classify coping efforts based on focus or function. Lazarus and Folkman (1984) addressed the "focus" approach (problem-focused versus emotion-focused coping), while Moos and his colleagues (e.g. Ebata & Moos, 1991; Billings & Moos, 1981) addressed the "function" aspect, distinguishing between approach and avoidant focus coping. In the focus approach, Lazarus and Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). This definition includes the processes of accepting, tolerating, avoiding, or minimizing the stressor as well as the more traditional view of coping as mastery over the environment. What is important to remember is that coping is not limited to *successful efforts but includes all purposeful attempts to manage stress* regardless of their effectiveness. Coping efforts are distinguished by two categories: 1 - Problem focused coping which are intended to act on the stressor and 2 - emotion focused coping which regulate emotional states associated with or resulting from the stressor. It is this model which has guided much of the

stress and coping research done on children. However, more recently, researchers have been calling for a model *exclusively* for children.

### **B. Models for understanding the role of stress in children**

Anthony (1991) summarized the various theoretical constructs that have been used to explain children's responses to stress. These include a *pathology model* where individuals are believed to be prone to a helpless or hopeless response pattern; a *locus of control model* which relates the general expectation of the individual to disturbing events, and their interpretation of whether these events are controllable from the inside or the outside along an internal-external dimension; a third model looks at *response styles* which are based primarily on lab research on physiological and psychological responses to stress. The thesis of this model is that "individuals differ in vulnerability to the degree that they suppress awareness of threatening stimuli or, contrariwise, are hyperalert to them." (p. 308). Lastly, the fourth model is an *interpersonal* one where social supports are seen as mediators.

From this review, Anthony concluded that the developmental point of view continued to be overlooked in stress research, and saw this as being a "significant deficit" of these models -- one which leaves room for many unanswered questions and which leaves unexplicated the varied responses to stress:

There are so many unanswered questions still to be researched. As yet we do not know why or when a particular stress ceases to be a stimulation and becomes a calamity; we do not know to what extent stress sensitivity or resilience is inherent in the child's make-up or whether he learns to deal helpfully or helplessly with stress or derives his robustness or vulnerability from the parental models; and we do not know whether a hard life steels the child...or sensitizes him to adversity. Surely we need more objective measures than are available at the present time, as well as dependable tests of internal stress. We also need reliable methods for evaluating and quantifying the network of social supports. (Anthony, 1991, p. 317)

### **C. Why Study Children's Responses to Stress?**

Indeed, there exists a dearth of literature concerning children's ability to cope when confronted with a stressor. In the absence of a fully explicated view of coping responses, one is left to draw conclusions about children's responses based on the adult stress literature. This can pose many problems inasmuch as we are forced to subsume under general coping responses, abilities of children which reflect varied developmental levels and their concomitant abilities.

Ryan (1988) critically noted the limited amount of research concerning children's stress responses. Furthermore, she makes the point of how this hinders the promotion of children's overall health and well-being:

Health promotion interventions related to stress and coping among children may serve to increase children's well-being and to actualize their health potential, but the theoretical or empirical knowledge upon which such interventions for children should be based is sparse (Ryan, 1988, p. 1).

Sorensen (1993) similarly argues that specific, adequately developed theoretical frameworks related to stress-coping phenomena in children do not exist and notes the many problems associated with attempting to understand stress-coping phenomena in children in such a void. Thus, while developmental differences have been recognized in children's moral reasoning abilities (e.g. Kohlberg, 1968) and cognitive development (e.g. Piaget, 1952), little has been said about developmental levels of coping with stressful life events, and children's abilities to utilize a range of coping responses available to adults. Furthermore, children have shown abilities to exceed the expectations for their age with regard to both moral and cognitive development, leaving us to wonder what can be expected of children in terms of their coping abilities.

What is clear from the existing literature is that there is a lack of clarity and consensus as to what constitutes children's coping responses, coping styles, and behaviors, and in what way(s) and manner these attributes can be measured.

#### **D. Children's Coping Responses to Stress**

In an attempt to respond to the paucity in children's coping literature, and to address the inadequacy of the largely used "focus-approach" model, Sorensen (1993) conducted a study which attempted to refine a conceptual taxonomy of day-to-day stressors, coping efforts, and coping resources of

children in the 7 - 11 age group. Forty-two healthy children drawn from suburban areas of five western states served as subjects. Coping variables identified fell under the domains of cognitive, emotional and behavioral responses to reported stressors; stressors were identified as those which came from the self (including those categories of internally focused stressors perceived as threats, losses, challenges, or annoyances to intrapsychic equilibrium), environment and other (e.g. interpersonal relationships).

The cognitive-behavioral domain reflected an integration of cognitive-emotional components and their associated behavioral manifestations. The responses in this category included the following: submission/endurance, problem solving, emotional expression, distraction, behavioral reframing, aggression, avoidance, rebellion, manipulation/deception, self-effacing, and immobilization.

The cognitive-intrapsychic domain reflected those "internally focused, emotionally and intellectually centered coping efforts" (Sorensen, 1993, p. 94). These include emotional/sensory responses, thought reframing, analyzing/intellectualizing, taking personal responsibility, and taking on an emotional/external focus.

Lastly, the interpersonal coping domain encompasses those coping efforts where social support is the most significant factor. Here, support is

sought from mother, siblings, teachers, grandparents, and parents as a unit (i.e. mom and dad).

Chandler (1986) also examined the role of stress in the lives of children. In his research, stress was defined as "a state of emotional tension arising from unmet needs or from environmental situations or events that the individual perceives as threatening" (p. 15). From this, Chandler outlined a paradigm for assessing children's emotional responses to stress. This included:

- identifying the stressors in the child's life (i.e. events causing the stress reaction);
- exploring the child's *perception* of those stressors;
- examining the impact of the stress on the child's functioning; and
- understanding/determining the behavior the child is likely to adopt in response to stress.

Chandler described a general model of personality functioning that could be used to explain children's responses to stress. This orthogonal model uses two dimensions of personality: active-passive and introversion-extraversion. Children's reactions to stress may fall into this model in many ways. Chandler describes it as follows:

Some children tend to become overactive; some become lethargic and passive. Similarly, they may turn their activity inward, or outward toward their environment. They may withdraw into quiet isolation or act out. These two basic dimensions then, the active-

passive and introversion-extraversion, seem to be relevant in describing the behavioral responses of children to stress. (Chandler, 1986, p.27)

### **III. COGNITION AND STRESS**

#### **A. Cognitive Appraisal Defined**

"There is nothing either good or bad, but thinking makes it so."

(William Shakespeare, Hamlet, Act II, scene 2, line 259)

The above quote from Shakespeare's Hamlet embodies the meaning of cognitive appraisal. It suggests the importance of an individual's cognitive processes and the manner in which they choose to regard or construe a particular phenomenon or event.

The field of psychology has long recognized the importance of the subjective meaning ascribed to an event by an individual, and has regarded this assignment of meaning as having a powerful influence on one's emotional and behavioral responses. Unquestionably, there are a variety of individual and group responses to environmental stimuli such that a range of responses and varying degrees of sensitivity and vulnerability to particular events may be manifestly distinct in each individual. It has been suggested therefore that, in order to understand variations among individuals who are subject to comparable conditions or events, "we must take into account the cognitive processes that

intervene between the encounter and reaction, and the factors that affect the nature of this mediation" (Lazarus and Folkman, 1984, p. 23).

Cognitive appraisal processes are responsible for mediating reactions that are essential for adequate psychological understanding (Lazarus and Folkman, 1984). Appraisal processes, which have been identified and defined in many ways, are seen as the tools which allow an individual to cope under difficult circumstances. Arnold (1970) defined appraisal as the cognitive determinant of emotion and regarded it as being an intuitive, automatic response which occurs rapidly. Janis and Mann (1977), although not using the term appraisal, describe a process of decision-making where the act of appraisal is implicit. They suggest that when forced with a decision, four questions regarding consequences, resources and imminence are asked and that these questions shape the person's evaluation of the event and the consequent decision-making (coping) processes.

Lazarus and Folkman (1984) describe cognitive appraisal as the process of categorizing an encounter and its various facets with respect to its significance for personal well-being. Appraisal here is defined as the "evaluative process that imbues a situational encounter with meaning." This involves a person continually re-evaluating and assessing the demands which confront him while looking at the resources available in meeting that demand.

Coping with stress represents some effort(s) that is/are both action-oriented as well as intrapsychic, that allows one to manage environmental and internal demands and conflicts which can exceed a person's resources. Cognitive appraisal then is an integral part of coping, and represents a two-stage process.

First, there is a primary appraisal which asks the question "Am I in trouble?" and a secondary appraisal which essentially asks "what can be done about the situation?" The latter represents "a complex evaluative process that takes into account which coping options are available" (Lazarus and Folkman 1984, p. 35).

Bandura (1982) examined another aspect of cognitive processes in coping. He examined the role of what he termed outcome expectancy and efficacy expectations which relates to the application of a particular coping strategy to a problem. Outcome expectancy refers to a person's *evaluation* that a given behavior will lead to certain outcomes. Efficacy expectations refers to the person's conviction that he/she can successfully execute the behavior required to produce the desired outcome. Thus, Bandura suggests that, in addition to an initial evaluation to assess the problem/situation, there is an appraisal of what can be done to deal with it and an appraisal of one's personal efficacy to engage in specific behaviors that will allow for optimal coping.

A theory of cognitive adaptation proposed by Taylor (1983) suggests that when a person has experienced a personally threatening event, the

readjustment process focuses around three themes: "a search for meaning in the experience, an attempt to regain mastery over the event in particular and over one's life more generally, and an effort to enhance one's self-esteem -- to feel good about oneself despite the personal setback" (p. 1161). The search for meaning represents an effort to understand the event (i.e. why it happened; what impact it had); the attempt to regain mastery revolves around gaining control over the event and one's life and is served by beliefs about personal control; and the effort to bring about self-esteem represents finding ways to feel good about oneself. Taylor further suggests that coping abilities "rests fundamentally upon the ability to maintain a set of illusions," thereby making the cognitive component essential.

Other studies examining cognitive appraisal (e.g. Folkins, 1970) have demonstrated that not only do cognitive appraisal processes affect (i.e. mediate) stress responses, but that there are personality characteristics and situational factors which contribute to this mediation process. These include personal commitment, personal beliefs, and temporal factors (e.g. duration of stressor). Lazarus and Folkman (1984) see commitments as being integral to the decision making process in a stressful situation:

Commitments express what is important to the person, what has meaning for him or her. They determine what is at stake in a specific stressful encounter. Commitments also underlie the choices people make or are prepared to make to maintain valued

ideals and/or to achieve desired goals. (Lazarus & Folkman, 1984, p. 56)

Likewise, beliefs play a major role in the coping process. Beliefs are personally formed or culturally shared cognitive configurations (Wrubel, Benner and Lazarus, 1981). In appraisal, beliefs determine what is fact and shape the understanding of its meaning (Lazarus and Folkman, 1984). Moreover, belief about one's own *personal control* and mastery over one's environment greatly impacts on the competent, efficacious, stress response.

#### **B. Locus of Control/Personal Control**

Belief in one's personal control has been construed under a variety of labels including locus of control and perceived control. Thompson (1981) defines [personal] control as "the belief that one has at one's disposal a response that can influence the aversiveness of an event" (p.89). Wallston, Struder-Wallston, Smith and Dobbins (1987) define perceived control as "the belief that one can determine one's own internal states and behavior, influence one's environment, and/or bring about desired outcomes" (p. 5).

Locus of control, a construct developed by Julian Rotter (1966), concerns the *perceived* source of control over one's behavior, measured along dimensions of internality versus externality. An individual who has an internal locus of control holds the belief that events which occur are contingent upon their own

behavior whereas an external individual believes that the occurrence of events have little to do with one's own actions, but more to do with fate, luck chance or powerful others (Rotter, 1966, 1975). Internal locus of control has been correlated with greater attempts at mastering the environment; superior coping strategies; better cognitive processing of information; lower predisposition to anxiety; higher achievement motivation; greater social action involvement; and placing greater value on skill determined rewards (Lefcourt, 1966; Rotter, 1966, 1977).

Indeed, perceptual processes have been identified in a number of studies as being moderators and mediators of stress. Antonovsky (1974, 1991), for one, saw the pivotal role of one's perceptual experience in managing stress, stating "...if anything has been learned in the study of stressful life events, it is that what is important for the consequences is the *subjective perception* of the meaning of the event rather than its objective character" (Antonovsky, 1974, p. 246).

### **C. Perception of stressful events: Cognitive Appraisal in Children**

The heretofore mentioned literature on cognitive appraisal and cognition is drawn primarily from the research conducted with adults. How children perceive stressful events is thus an extremely important area to be considered.

As previously noted, Chandler (1986) concluded that the exploration of children's perception of stressors should be a part of the stress model.

Ryan (1988) examined the stress-coping process in school-aged children and noted that many of the stressors which impinge upon children are "only as stressful as the individual perceives them to be; thus, at a conscious or preconscious level, cognitive appraisal of a stressor's potential threat, harm and/or challenge is an integral part of the process and mediates the response" (p. 2).

Newman (1976) noted the importance of a cognitive appraisal process in children. He found that children's ability to cope with stressful life events was contingent upon three key factors: 1) The developmental level of the child; (2) *The child's perspective* of the family's reaction to the disaster; and (3) the child's direct exposure to the disaster. These factors suggest that children form their own perceptions of disasters based upon their own cognition and direct experience, as well as upon others' reactions. This is a direct refutation of earlier views (e.g. Kinston and Rosser, 1974) which supported the notion that children's initial reaction to a stressful life event typically represented a filtering of reality from their parent's reaction and was a negation of the child's own experience.

Other studies (e.g. Fiske and Taylor, 1984) suggest that children exhibit a sense of cognitive control which allows them to rethink and reconceptualize their situation. This can have the effect of alleviating the stress. Therefore, although parents play a major role in acting as mediators in stressful situations, more importantly, children have the capacity to integrate their own thoughts and determine what meaning the situation has for them, independent of their parents.

Having provided an overview of the coping and competence literature on children, the next question one might raise is how, if at all, is competence and coping affected by the race of the child. Specifically, we are interested in determining whether there are special or unique patterns of coping and competence in African-American populations, and identifying those factors which influence these unique coping styles.

#### **IV. AFRICAN-AMERICAN CHILDREN'S DEVELOPMENT AND COPING**

##### **A. Psychosocial Development of the African-American Child**

In order to identify those factors which mitigate the stresses facing African-American children living in poverty, it is equally important to have an understanding of the factors which contribute to the unique psychosocial development of the Black child.

Throughout their lifespan development, African-Americans, as well as other minority group members, often find themselves "subjected to a host of

invidious stressors and assaults on their physical and psychosocial well-being" (Barbarin, 1983, p. 308). Because they have more restricted access to a variety of services than their White counterparts, the lack of necessary resources may render African-Americans more vulnerable and reduce their quality of living, making them more stress-prone. Indeed, the impact of being reared in a racist environment is tremendous. It can serve to threaten African-Americans' psychological well-being, and is antagonistic and antithetical to the development of a positive outlook and appreciation of life. Certainly, the combination of multiple stressors and limited resources render African-Americans highly vulnerable to physical and psychological impairment (Barbarin, 1983).

### **B. Coping with Stress: The Deficit Model**

The manner in which African-Americans cope with stressful events has been both the subject and focus of much debate. For some time, a "pathology-disorganization" model has been used to explain Blacks' reactions to stress. Simply, it has been posited that African-Americans exhibit an inability to cope effectively in the face of adversity and instead resort to maladaptive, disorganized patterns of behavior (psychopathology). This view emphasizes the deviance and weakness of the Black family emanating from the time of slavery (Barbarin, 1983).

Studies on African-American children's development (e.g. Carter, 1983; Children's Defense Fund, 1987; Edelman, 1985; Franklin, 1982; Gibbs and Huang, 1989; Myers and King, 1983; Powell and Powell, 1983; President's Commission on Mental Health, 1978; Spurlock, 1973) have demonstrated how the Black child is "at-risk" and in great jeopardy of developing illnesses, maladaptive coping strategies and psychopathologies. Thus, in discussions concerning the psychosocial development of children living in poverty, we are invariably presented with a negative portraiture of children who succumb to the stresses which are a part of their life. (Indeed, Slaughter (1988) contends that we have witnessed a resurgence of deficit oriented paradigms which were begun around the time of the Moynihan report). When presented with sociological statistics which highlight increasing antisocial conduct, criminal activity, and incarceration rates of blacks who grow up in impoverished environments, we may come to expect very little of these victims -- and for very good reason.

Often, this grim presentation may be found in the literature which "blames the victim" for succumbing to the depths of poverty. Those who fall to the evils and social ills of poverty and who do not "pull themselves up by their bootstraps" are labeled delinquent and deficient. Contrastingly, we are also presented with literature which sympathetically chronicles the life of the impoverished child destined to perish. However, there remains a void in the

literature concerning those children who make it in spite of terrible odds stacked against them. Furthermore, what is absent in the literature is a full explication of the *processes* of coping and survival and a discussion of those factors which *mitigate* positive adaptations to stressful situations.

### **C. The Strength-Resiliency Model**

The strength-resiliency perspective or emergent model emphasizes the capacity of African-Americans to survive and develop adaptive abilities despite the various marks of oppression. A number of black social scientists (e.g. Billingsley, 1968; Ladner, 1971; Hill, 1972) exemplified the strengths, resiliencies, and coping abilities of black families using this model. The model examines the unique qualities of African-Americans which allow them to persevere, and sees positive and adaptive features of African-American families as products of an interaction between African cultural heritage and the environmental circumstances of the United States (Fine and Schwebel, 1991). With respect to Black children in particular, it has been suggested that their socialization is marked by "unique properties which influence self-perception, appraisal of life's events, and coping with stress" (Barbarin, 1983, p. 310). Likewise, the cultural milieu in which Black children are reared is believed to foster a resilient nature, so to speak. White (1984) stated that African-American children have been reared in a cultural tradition where the emphasis has

typically been on survival through collective responsibility, resourcefulness and resilience.

## **V. FACTORS WHICH MITIGATE THE PROCESS OF COPING: THE ROLE OF RACIAL AWARENESS AND RACIAL SOCIALIZATION**

### **A. Racial Discrimination and the African-American Child**

Long before the child can verbalize, he or she is aware of the fact that something is fundamentally wrong in the American society, that some pervasive, catastrophic, oppressive force is preventing Black folks from achieving their goals and participating in the range of opportunities that America provides for its citizens (White, 1984, p. 92)

White (1984) espouses the view that even the youngest of children are aware of the oppressive forces facing African Americans in our society today. And while the full impact of this awareness doesn't necessarily take hold during the child's formative years, it is evident that, during middle childhood, preadolescence, and early adolescence the child gradually understands the depth and magnitude of the oppressive forces facing African American people.

### **B. Racial Identity Development and Racial Awareness: General**

Rotheram and Phinney (1986) define ethnic socialization as the developmental process by which children acquire the values, perceptions, behaviors and attitudes of an ethnic group and perceive themselves and others

as members of that group. Ethnic or racial socialization in African-American children has been the focus of much research for the last four decades or more.

A number of researchers (e.g. Goodman, 1952; Porter, 1971; Semaj, 1979a, 1979b, 1985) have attempted to explore stages in the child's development of ethnic and racial concepts and attitudes in order to understand more about children's racial socialization.

A variety of stage theories have consequently developed over the years in an attempt to understand and explain the formation of racial attitudes and racial identity in African-Americans. These largely resulted from early studies with children which suggested that Black children not only are aware of race, but form racial preferences; these preferences however were found to reflect anti-black or pro-white sentiments.

In their review of studies examining ethnic identification and preference, Brand, Ruiz and Padilla (1974) noted that those studies which focused on children's ethnic identification yielded results which suggested that Black children often prefer Whites to Blacks. Spencer (1982) similarly noted that research in identity formation of African-American children "has been characterized by repetitive data which suggest that young Black children demonstrate race dissonance. That is, the frequently shown white biased

preferences or attitudes when offered a choice between either black/white color concepts or black/white persons" (p.62).

In a review of research on racial identity processes in minority group children, Spencer and Markstrom-Adams (1990) noted that a common procedure used in studying ethnic and racial identification, preference, and attitudes has been to use dolls and pictures representative of a child's own group versus the majority group. The results obtained indicate that many studies (e.g. Aboud, 1977; Annis & Corenblum, 1987; Beuf, 1977; Clark & Clark, 1939, 1940) have found that preschool and young school-age children demonstrate a White bias.

Further, in examining the role of the experimenter in studies which examine racial attitude, preference and color connotation, Spencer and Horowitz (1973) noted the importance of the White experimenter. Spencer and Markstrom-Adams (1990) thus concluded that "taken together, the studies cited indicate that preschool and young school-age children demonstrate a (pro) White bias in ethnic and racial preference, attitudes and identification, and reference group orientation unless an intervention (i.e., treatment) is introduced" (p. 295).

The issue of white preference and denigration or devaluation of black color, concepts and symbolism has provided the basis for the study of many

typologies and stage theories of racial identity formation which developed from the late 1960's through 1970's.

### **C. Psychological Nigrescence Models**

Models of psychological "nigrescence" or the process of "becoming Black" have been proposed over the last two decades to explain racial identity formation in African-American populations. The earliest models (e.g. Thomas, 1971; Cross, 1971) represented a response to the political climate during the late 1960's and early 1970's which coincided with the Civil Rights and Black Power Movements.

The first model was formulated by Charles Thomas (Thomas, 1971) who introduced the concept of negromachy. Negromachy was defined by Thomas as the resultant experience or state when one is ruled by confusion of self-worth and is dependent upon White society for approval and definition of self:

Inherent in this concept of approval is the need to be accepted as something other than what is. Gratification is based upon denial of self and rejection of group goals and activities. The driving force behind this need requires Afro-Americans to seek approval from Whites in all activities, to use White expectations as the yardstick for determining what is good, desirable or necessary. (Thomas & Thomas, 1971, p. 104)

Negromachy was regarded as a form of mental illness afflicting African-Americans before the onset of the Negro to Black movement. These Blacks were believe to exhibit qualities of compliance, subservience, repressed rage,

and an oversensitivity to racial issues. These features would be a part of the Black psyche until Blacks went through a political and spiritual movement of sorts. Thomas described a five-stage process that he believed Black people traversed in affirming their Blackness:

.....When you find a brother who wastes all his time rapping on Whitey, you know he's at the first stage. As he moves on to the second stage he is testifying to the pain he has endured because he has contributed to the process of denying the self. Another part of the second stage is learning to express his anxieties about becoming black.....In the third stage we get into information processing on the cultural heritage, not only the African background but the Black contribution to our homeland, America. You go out of this stage into activity.....to find linkage to the larger Black experience. You now live in the Black world. The fifth stage is transcendental through your unique blackness you lose your hangups about race, age, sex and social class and see yourself as a part of humanity in all flavors. (Thomas, 1970, cited in Cross, 1980 p. 83).

Thomas' model thus proposed the existence of Negromachy (a psychological state where one has a diminished sense of self-worth, and where one is dependent upon Whites for validation and self-definition) which is followed by five stages of development. Stage one is marked by anger towards Whites; Stage two, by an expression of pain which results from denying the Black self and becoming the (new) Black self; stage three reflects an immersion of the self into Black/African culture; stage four, where Black identity emerges through social and political activism, and forms the first step in actualizing ones new identity through action; and stage five, is transcendence -- where one is able to

renegotiate contacts with people from other reference groups, and is able to transcend the barriers of age, sex, religion, and race.

Cross (1971), working independent of Thomas, suggested a similar model which he termed the Negro-to-Black conversion experience. Five stages were identified to represent the process of Black identity formation: (1) Pre-encounter; (2) Encounter; (3) Immersion-Emersion; (4) Internalization; and (5) Internalization-Commitment. The first stage, pre-encounter, was believed to reflect identification with White culture and rejection of Black culture where "the person's world view is dominated by Euro-American determinants" (Cross, 1980, p. 85); the second stage (encounter) marks a rejection of the previous identification with White culture where one actively seeks identification with Black culture. "The 'encounter stage' describes a shocking personal or social event that temporarily dislodges the person from his old world view, making the person receptive (vulnerable) to a new interpretation of his identity and his condition" (Cross, 1980, p. 85). Immersion-emersion represents the stage where one completely identifies with Black culture and denigrates White-Euro culture; stage four, Internalization, represents a stage where there is a resolution of old and new world views, where one internalizes Black culture and uses Blacks as a primary reference group. Anti-white feelings begin to decline, and one is able to hold a more pluralistic non-racist perspective; lastly, Internalization-Commitment

represents a stage where the person, once internalizing Black views, continues to be a social activist in order to better all Black people (the primary reference group). The idea is that in order for Black identity change to have everlasting political significance, one must be continually involved in resolving conflicts that continue to affect the problems of all Black people. (Note: In stage four, a person may internalize Black views but can choose to discontinue involvement in political or social activism).

Many other models of racial identity development have been suggested over the years (e.g. Akbar, 1979; Atkinson, Morten & Sue, 1989; Banks, 1981; Gibbs, 1974; Milliones, 1980; Vontress, 1971); however, the Thomas-Cross models continue to provide the primary basis for understanding identity development and have reflected the primary means of investigating this construct in the counseling and psychotherapy process (Helms, 1990). Helms (1986), for one, amended Cross's model to suggest that each stage be considered a distinct "world view." Implicit in this theory is the function of cognitive processes. Helms suggests that there is a development of cognitive "templates" that people use to organize racial information about themselves, other people, and institutions. These templates form through a process of cognitive maturity which interacts with the forces in society (Helms, 1990). Thus, over many years, Helms and her colleagues (e.g. Carter & Helms, 1987;

Helms, 1984, 1986, 1987; Parham and Helms, 1981) proposed a four-stage theory of racial identity development using the first four stages of Cross' model, where each stage was believed to differ in emotional, behavioral and cognitive expression. Within each stage, personal identity, reference-group orientation, and ascribed identity were believed to vary.

Helms and her colleagues thus explicated the stages of racial identity as follows: The Pre-encounter stage represents a precultural awakening of sorts, where there is an absence of self-concept or internally derived identity, except as defined and approved of by Whites at a given moment. Low self-esteem for one's self and minority reference group represent defining characteristics. A person in this stage typically idealizes the white dominant culture and therefore has to find a way to separate him/her self from this denigrated and devalued reference group in order to reduce any cognitive dissonance s/he experiences. Such persons are highly motivated to be accepted by Whites and attempt to lead their lives in ways that they think will earn them greater acceptance into the dominant culture.

The Encounter stage represents a phase where one consciously becomes aware that the old Euro-American or White world view is not viable, and one therefore recognizes the need to find another identity. One is typically faced or confronted head on with a reality or event which makes it clear that

there is a real contradiction in place -- that no matter how much one conforms to White standards, they will be deemed inferior. This is a transitional stage in a sense -- one which may be marked by withdrawal and vacillation between self-appreciation and self-depreciation. One may experience feelings of confusion, hopelessness, anxiety, depression and anger followed by euphoria. This is a cultural reassessment stage. Entry into Encounter may represent "the person's first deliberate acknowledgment of a Black ascribed identity" (Helms, 1990, p.26). To punctuate this point further, Helms writes:

The person's abandonment of the previous world view leaves her or him virtually "identity-less," a condition that is more uncomfortable than it is comfortable. One needs some cognitive framework for making sense of ones own emotions, the world and ones place in it. Consequently, the person begins an active search for a Black identity. (Helms, 1990, p.26)

The Immersion/Emersion stage is typically characterized by self-appreciation and interpersonal relationship limited to the clients' cultural group member. In this stage, the person psychologically (and sometimes physically) withdraws into Blackness and a Black world. S/he thinks, feels and acts the way s/he believes "authentic" Blacks are supposed to, and evaluates other Blacks on the basis of their conformance to these standards. A Black identity and Black reference group orientation dominates the person's personality. It is important to note however that because they have been using the dominant (White) culture's

definitions of Blackness up to this point, the person may "act Black" in very stereotyped ways.

Anger is often an emotion expressed during this stage as the person feels very angry toward Whites who they now see as their oppressors. They are angry at themselves for having allowed themselves to be a part of this oppression, and angry at other Blacks who haven't yet come to this awakening.

Emersion is the latter part of this third Immersion/Emersion stage where the person's anger begins to level off and they attempt to reeducate themselves using community resources, Black elders, etc., with the goal being to develop a positive non-stereotypic African-American view of the world. It is only when the person begins to feel greater control over him/herself that s/he moves into the Internalization Stage.

Internalization is characterized by an internalization of one's ethnic/cultural identity with improved self-esteem. One is able to integrate a unique personal identity and incorporate this into a Black identity. Blacks become the primary reference group to which one belongs, and one is able to feel a connection to the reference group from a position of strength. While there continues to be acknowledgment and recognition of the oppressive forces at work in society, the person no longer experiences anger toward Whites in general. They are able to renegotiate their position within White society and do

not feel the need to reject all White people solely on the basis of their race. They can form relationships with Whites who they feel merit it, and are able to see the strengths and weaknesses in White culture.

#### **D. Racial Identity and Racial Awareness in Children**

The fact that young children are aware of racial differences and form attitudes and preferences around race has been well documented. Four models have been used primarily to describe the development of racial awareness in children.

Goodman (1952) outlined a three stage theory which described the development of racial awareness and attitude formation in children. Proshansky (1966) used Goodman's three categories (racial awareness; racial orientation; racial attitudes) and concluded that as early as age three, both black and white children are *aware* of racial differences in people, and by the time the child enters grade school, the awareness of racial differences is quite advanced. The second stage (racial orientation) occurs between ages 4 - 8, when children are believed to enter a period where they learn the phrases and concepts associated with racial grouping, without necessarily understanding the meanings attached to them. Preference is shown for some groups over others at this stage. The third and final stage culminates in the development of racial attitudes. This period is marked by the child developing differentiated beliefs,

feelings, and behavioral tendencies toward the members of different ethnic groups. These beliefs and feelings closely resemble those of adults.

Katz (1976), finding Goodman's model oversimplified, proposed an eight stage model which spans the first 10 years of the child's life. The stages are as follows:

- 1 - Early observation of racial cues (by age 3);
- 2 - Formation of rudimentary concepts (achieved by age 4) - where child begins to express a differential response to an individual from another group and begins to learn group labels;
- 3 - conceptual differentiation - this stage builds upon the previous one with child learning more about group boundaries and defining characteristics;
- 4 - recognition of the irrevocability of cues - child recognizes the immutability of racial classification despite conflicting and/or confusing evidence;
- 5 - consolidation of group concepts - by age five, the child learns about both the positive and negative stereotypes attached to the group classification;

6 - perceptual elaboration of racial cues - child reduces intragroup perceptual differences while increasing intergroup differences which typically results in the perception that "they all look alike;"

7 - cognitive elaboration of racial cues - during middle childhood years, concept attitudes become racial attitudes;

8 - attitude crystallization - represents the formation of fairly stable racial attitudes during later grade school years;

Porter (1971) too suggested a model and stated that by the fifth year, there is a connection between color and race which becomes clear, and heretofore vague references develop into real social attitudes (although not as fully developed as adult attitudes).

The above models thus suggest that there is a fairly stable ethno-racial identity and outgroup attitude by the end of the primary school years.

Recognizing this, Semaj (1979a, 1979b, 1985) explicated a socio-cognitive model which integrates the basic tenets of Piaget's model of children's cognitive development with various models of extended self-identity. Extended Self-Identity (ESI) is a term used to describe racial awareness, preference, or identity and is distinguished from personal identity. "Personal identity develops as a result of self-perceptions with respect to one's own community, family, and

peers, not the alien (white) society" (Semaj, 1985, p. 175). Extended Self-Identity is influenced by the larger society (alien culture).

Semaj has theorized three levels of Extended Self-Identity in children. These are Collective ESI; Alien ESI; and Diffused ESI. The Collective ESI is represented by in-group racial preference and evaluation and identification with Black culture. To this, adults add a consistent orientation to an Afrocentric world view and a commitment to the collective survival of black people. The Alien ESI is represented by children showing anti-black preference and evaluation and identification with an alien culture. The adults in these children's lives consistently demonstrate a Eurocentric world view, and appear to be concerned with individual needs over the group's collective needs, and denigrate or deny African people, often times working against the collective survival of their own people. Lastly, Diffused ESI represents a level between the alien and collective, and is represented by children attempting to balance the black and alien (White, Eurocentric) values and culture by developing a dual identification of sorts. This may be reflected for example in an awareness that "black is beautiful" balanced against the knowledge that white is powerful.

All of these models then suggest that children indeed have the capacity, from an early age, to develop racial attitudes which influence their personal identity as well as their identity with their reference group.

The view then of Black children being raised in a racist society is important to understand as it will inevitably have a impact on the way in which they view their world and how they negotiate their surroundings.

### **E. Coping Behaviors in a Racist Society**

In 1970, the Report of the Joint Commission on the Mental Health of Children noted that "only rarely does the child of an ethnic minority escape the damaging effects of racism" which, combined with poverty, "cripples the minority group child in body, mind and spirit."

Subsequent research have corroborated this view. Recently, Hopson and Hopson (1990) suggested that a Black child living in poverty will likely have a lowered self-esteem, diminished sense of control over their environment, self-doubt and feelings of powerlessness. Greene (1992) similarly states that:

The higher rates of poverty for African American children, which often are a result of racial oppression, also place them at a greater risk for problems. Their lives are marked by disproportionately higher levels of economic impoverishment than their white counterparts. Economic recessions and hard times adversely affects the quality of life for most Americans; however, they have historically hurt African American families even more. The interaction between racial discrimination and economic hardship intensifies the effect of impoverishment alone. (p. 66)

African-American children learn from their parents and other adults, and develop a sense of who their oppressors are. Children repeatedly hear about how white people have control over the array of things which are integral to their

subsistence (i.e. jobs, price of food, rent, wages, etc.). African-American children learn about the obstacles which Whites have historically placed before Black people (e.g. lynch mobs, Jim Crow laws) and are often left to draw their own conclusions about the reasons Black people lag behind today.

It stands to reason then that African-American children living in poverty may have a heightened awareness of the racism and economic stratification which exists today. They may hear the disparaging comments made by adults about their "oppressors" and feel the despair which is often endemic to their surroundings. This certainly may color their view of the world and negatively affect their sense of control. Taken further, it may impact their level of social competence and ability to negotiate difficult situations and conflicts.

Many would agree that African-American children face a tremendous challenge in understanding their world and negotiating their environments while accepting the limitations placed on them as a group. White (1984) has suggested that the effects of racism can lead Black children to a state of much confusion:

The conclusion that racism is pervasive in the American society has a profound and lasting influence on the [sic] Black young people. They may express their disappointment with anger, fear, resentment or bitterness. It cannot help but generate a period of confusion in Black youth, because it forces them to deal with contradictions that have been inherent in American society for over 350 years. On the one hand, the child has heard that this is the land of equal opportunity, liberty and justice for all, and that all humans are created equal and endowed by their

creator with certain inalienable rights. Yet the reality of experience has made the child aware of the fact that this is definitely not the case. (White, 1984, p. 93)

Spurlock (1986) too has suggested that the realities of residing in low socioeconomic status and being surrounded by marginal living conditions can negatively impact on the Black child's spirit. However, Spurlock noted suggested that the individual's *perception* of his or her living situation must be considered, as this can be a source of strength.

Other researchers (e.g. Greene, 1992) also point to the strengths of Black children and families, and note that this group exhibits "creative coping strategies" despite the special problems facing them:

The adaptive strengths of African-American families can be understood as derivatives of a process that may be conceptualized as *racial socialization*. This process encompasses a legacy of skills, which may be consciously or unconsciously communicated to African-American children by their parents or extended family members and used to deflect and negotiate a hostile environment, and the means by which those skills are communicated.....a common tie that binds African-Americans is that most of them must make psychological sense out of the dominant culture's openly disparaging view of them, deflect negative messages about themselves, and negotiate racial barriers under all kinds of conditions. African-American children face particular challenges in the course of their development that are not encountered by their white counterparts. Consequently, African-American families have special problems in the task of socializing and rearing their children. (Greene, 1992, pp. 63-64)

Despite the marks of oppression and pervasive racial discrimination, African-American children have succeeded against the odds, generation after

generation. African-American parents have taught their children to function in a bicultural world employing strategies for coping with racism which are derivative of African cultural values and practices. Spencer (1987) aptly stated that an African-American child's preparation by parents and other socializing agents *to understand and take pride in their culture can be a major source of resilience and coping, a racial consciousness that provides a necessary foundation for the coping strategies needed* (italics added).

Further support of this has been provided by Whaley (1993) who suggested that both self-esteem and cultural identity are related to psychosocial adjustment and that greater cultural identity seems to have greater influence on psychosocial competence than self-esteem.

Slaughter (1988) noted that there are strengths and weaknesses associated with the cultures of all social class groupings and that race and racism are important moderating variables in theory and research in human development, yet it remains unclear how they will affect behavior.

Given that racism is a part of the day to day existence of African American children, it is this author's opinion that a child's racial socialization will impact on almost every nuance of a child's life - including how they negotiate conflict, develop coping strategies and ultimately influences development of competency.

## **VI. Hypotheses**

1. Children will utilize a variety of coping strategies depending on their perception of control, such that those who have an external locus of control will show less variation in coping strategies utilized.
2. Children who hold an internal locus of control are able to distinguish effective from ineffective coping better than those with an external locus of control.
3. The attribution the child makes regarding how their behavior influences the outcome of a situation will influence the coping strategy selected, such that if a situation is perceived as being within their control (internal locus of control), a child might use a more problem-focused cognitive strategy; perception of no control (external locus of control) might facilitate the use of a more emotion-focused behavioral strategy.
4. Children who show more conflicts about being black (negative racial identity) will demonstrate fewer effective coping mechanisms and socially competent behaviors.
5. Socially competent responses will vary as a function of race, such that children who show more conflicts about being Black (negative identity) will be more influenced by the race of the subjects involved in an interpersonal conflict than those with a positive identity.

## CHAPTER THREE

### METHOD

#### Participants

Fifty African-American children (23 boys, 27 girls), ages 10 - 13 from inner city elementary schools and afterschool centers in the New York and New Jersey area served as subjects in the present study. These children are on public assistance and live in public housing or in temporary housing (i.e. shelters).

Children of this age are described by Piaget (1952) as in their formal operational stage of cognitive development. During this developmental period, children are typically able to understand a variety of concepts, utilize symbolic thought, and are building the foundation of logical thinking. Thus they are more apt to have developed fairly stable racial attitudes, and the cognitive abilities to both assess a stressful situation and to negotiate interpersonal conflicts.

The rationale for using both homeless and housed children is based on the finding that there is little difference between these two impoverished, socially oppressed populations. Molnar, Rath, Klein, Lowe and Hartmann (1991) showed that while homeless children demonstrated a slightly higher incidence of problematic behaviors and physical disease, this difference was not significant.

*Poverty* was deemed as that which produced the results, not the status of homelessness:

Indeed, take away the name of the housing --- call it 'permanent' or 'temporary;' a 'shelter' or a 'city-owned building' --- and in certain respects, the daily lives of both groups of families did not seem all that different. The lives of the housed families were not necessarily safer, more predictable, less violent, less fearful. (Molnar et al., 1991, p. 87)

This view was supported by Masten et al. (1993) and by Reid and her colleagues (Reid et al., 1993) in their investigation of important factors impinging on the lives of children in poverty:

While the effect of housing status was evaluated...we do not consider children living in these (homeless /transitional) situations to represent a population qualitatively distinguishable from other poor children. Indeed, we found that, in the main, differences between housed children and "homeless" children are few. (Reid et al., 1993, p. 7)

### **Selection**

The school-based child guidance team, teachers and principals at the schools assisted in the recruitment of subjects. At the afterschool centers, the director of programs for the 10 - 13 age group assisted in the recruitment.

Parental consent was obtained.

### **Measures**

Children were individually administered the following paper-and-pencil and projective measures:

1) Hopsons' Racial Attitude Assessment Procedure. This sentence completion task is a clinical assessment tool developed by Drs. Darlene Powell-Hopson and Derek S. Hopson used in assessing children's and adolescents' racial attitudes. Subjects are provided with incomplete stems which they are asked to provide an ending for. Each stem reflects attitudes about race (blacks and whites). This provides a qualitative measure of how children perceive the world of Black and White Americans (i.e. how they view being Black, being White, and their affiliation/positive rating of one group as compared to the other). No reliability ratings are available at this point in time.

2) Racial Identity Attitude Scale (RIAS). The RIAS is a five point scale (1=strongly disagree; 2=disagree; 3=uncertain; 4=agree; 5=strongly agree) which measures racial attitudes using four of the five stages of racial identity proposed by Cross (1971): Pre-encounter, Encounter, Immersion/Emersion, and Internalization. The Pre-encounter stage reflects an absence of self-concept or internally derived identity except as defined and approved of by the White culture; the Encounter stage reflects a confrontation of events which shatter the person's current feelings about themselves and results in a beginning search for Black identity; Immersion/Emersion represents a psychological metamorphosis where one attempts to obliterate all vestiges of the old view of Blackness while attempting to clarify the new view; and finally, Internalization is marked by an

internalization of the new Black identity). The measure, developed by Thomas Parham and Janet Helms (Parham & Helms, 1985) was originally intended for college age populations. Subjects were asked to indicate the degree to which they agreed or disagreed with a statement concerning Black-White racial attitudes. This scale was revised by Sheree Marshall (personal communication, October, 1993) of the University of North Carolina, Greensboro, for use with child populations. Marshall's scale, which has been modified to a four point scale (1=strongly disagree; 2=disagree; 3=agree; 4 = strongly agree) uses the same scoring criterion measuring the stages of racial identity formation found in Helms and Parham's' original scale, and has been pilot tested on three separate occasions. Although no validity and reliability information is available at this time, Dr. Marshall is in the process of reviewing her findings which are being submitted for publication. Helms (1990) reported internal consistency reliability coefficients for the original scale as .76 for the Pre-encounter subscale; .51 for the Encounter subscale; .69 for the Immersion Subscale; and .80 for the Internalization Subscale.

3) Nowicki-Strickland Locus of Control Scale. A 20 item locus of control measure for children which measures internality vs. externality was constructed from a longer (40 item) version. Test-retest reliability for the original version was .67 for children in the 8 - 11 age group, and .75 for the 12 - 15 age group;

internal reliability was .63 for grades 3, 4, and 5; and .68 for grades 6, 7, and 8.

Reliabilities for the shorter version are believed to approximate those of the 40 item version. (Note: While the validity and reliability of the locus of control construct has been questioned as it applies to Black populations, the results of testing have not yielded any conclusive findings. For example, Banks, Ward, McQuater, and DeBritto (1991) have suggested that the construct does have validity properties for Blacks, but that they are *different* from or opposite to those that derive from the theory on which the construct is based. These researchers believe that blacks may be internal, external or neither as the categories are not necessarily exclusive but neither are they as discrete as an idealized typological system).

4) What I Usually Do Scale . This is a 30 item questionnaire developed by William C. Work of the University of Rochester's Primary Mental Health Project (Work, Levinson & Hightower, 1992) which assesses children's coping styles and strategies. Using a four point scale (1 = not usually; 2 = sometimes; 3 = often; 4 = most of the time), children indicate how they use behaviors reflecting each of five styles - two positive and three negative (positive: self-reliance and seeking social support; negative: wishful thinking, distancing, and immobilization) by responding to statements all with the common stem "When you become upset do you...." High positive and low negative scores indicate

more effective coping. This provides both a measure of coping styles and social competence. Reliability scores ranged from .65 - .76.

5) The Group Social Problem Solving Measure. This is a measure of

interpersonal negotiating strategies developed by William C. Work (1986).

Children are provided with hypothetical vignettes describing interpersonal problems which children encounter. For each vignette, children rate 12 listed problem solutions using a five point scale (5=very good; 4=good; 3=neither good nor bad; 2=bad; 1=very bad). Separate scores for good and poor solutions are based on the discrepancy between a child's responses and standardized item effectiveness ratings which have reliability scores of .73 - .89. (High discrepancy scores reflect a child's endorsement of less effective strategies - negative coping). This measure was modified using illustrations of children representing the situation described. Children were presented with four vignettes, three of which had colorful illustrations depicting the following racial configurations: 1) two black children ; 2) two white children; and 3) a black child and a white child. The fourth vignette represented the "race neutral" version where the story was read only (i.e. no illustration was provided). (All illustrations were identical in nature except for the race of the child depicted). This allowed for the assessment of two things: 1) children's perception of what

constitutes effective problem solving skills; and 2) how problem-solving is influenced by the race of the parties involved.

6) **Realistic Control Measure.** This is an 18 item measure developed by Michael Wannon (Wannon, 1990) which assesses children's control attributions for hypothetical events that are controllable (e.g. "children can keep themselves from failing a test if they study") and uncontrollable (e.g. "children can keep their parents from fighting"). Children rate each item based on their belief in how often they can keep an event *from happening* using a four point scale (1= almost always, to 4=almost never). High RCM scores reflect more realistic control attributions. Reliability scores for 4th - 6th graders have been established between .74 - .83.

7) **Stress & Coping Interview** - This structured interview asks a variety of questions related to stress and coping activities. Children are asked to identify actual stresses in their lives, and are given direct questions concerning their sense of perceived control, and ability to effect change in their lives. The interview also invokes children's fantasies about their future by ending with the "Three Wishes" exercise and questions regarding future aspirations. The structured interview was developed by Dr. Pamela Reid and several graduate researchers including this author, and has been pilot tested on students at an inner city school in Newark, New Jersey.

## **Procedure**

After obtaining parental consent, each child was interviewed individually by the author of the study. Interviews took place in a private area at the school or after school center where the child was in attendance. Order of presentation of the measures remained constant and did not vary from subject to subject. Each question was read aloud by the examiner to insure that there were no difficulties encountered by the child due to poor reading ability. For each of the quantitative measures (Nowicki-Strickland LOC, Realistic Control Measure, GSPSM, RIAS, and What I Usually Do Scale), while the questions were read aloud, the child had an answer sheet available in full view which allowed them to respond verbally or to point to the appropriate response.

In the GSPSM, each child was placed in one of the three experimental conditions which allowed for an even distribution of all racial conditions across vignettes. In Condition 1, the racial composition was as follows: Gerbil (W/W), Hair (B/ W), Bike (B/ W), and toy (neutral); Condition 2 = Gerbil (B /W), Hair (W/W), Bike (B/B) and toy (race neutral); Condition 3 = Gerbil (B/B), Hair (B/W), Bike (W/W), toy (race neutral). Children were presented with each illustration depicting the racially different characters in each vignette while the examiner read the story aloud.

Each child's response was recorded on the corresponding answer sheet by the examiner. On the stress and coping interview, the examiner noted any unusual responses offered by the child being interviewed. If it was suspected that the child could benefit from meeting with a school counselor, psychologist or other professional due to the nature of their response(s) to the questions concerning worries and stress, appropriate referrals were made.

## CHAPTER FOUR

### RESULTS

This study was designed to determine correlates of coping strategy use among African-American boys and girls ranging in age from 10 to 13. Locus of control, attributions regarding how behavior influences the outcome of situations, and racial identity were examined as predictors of coping behavior. The results have been organized into two parts. Part One evaluates the research hypotheses and Part Two reports the findings obtained from the Stress and Coping Interview and other qualitative measures.

#### **PART ONE: TESTING THE RESEARCH HYPOTHESES**

##### **Hypothesis I: Variability in Coping Strategies**

The first research hypothesis stated that children who have an external locus of control will display less variation in the use of various coping strategies than children who have an internal locus of control. Variability or variation in coping strategy was measured by calculating the standard deviation for each of the five coping strategy subscales on the *What I Usually Do Scale*. (These five subscales reflect different styles of coping which children may utilize in different situations. Children select a response for each of 30 items, indicating how they cope when they become upset). This score was then correlated with the

scores on the two measures of locus of control: the *Nowicki-Strickland Locus of Control Scale* and the *Realistic Control Measure*. Significant correlations were obtained.

The *Nowicki-Strickland Locus of Control Scale* was related negatively to variability in coping ( $r = -.25, p < .05$ ). On the *Nowicki-Strickland Scale*, higher numerical scores are associated with an external locus of control. Thus, the negative correlation is consistent with the research hypothesis, since external children tended to manifest less variability in coping strategy use. The *Realistic Control Measure* was related positively to variability in coping ( $r = .31, p < .05$ ). On this scale, higher scores indicate a more internal orientation. Thus, the positive correlation between control and variability in coping strategy use is also consistent with the research hypothesis, since internal children tended to display greater variability in coping strategy use.

### **Hypothesis II: Distinguishing Effective Coping Behaviors**

The second research hypothesis stated that children who have an internal locus of control will tend to distinguish effective coping behavior from ineffective behavior better than children with an external locus of control. This hypothesis was tested by calculating Pearson correlations between each of the locus of control measures (*Nowicki-Strickland* and *Realistic Control Measure*) and the *Group Social Problem Solving Measure* which measures ability to distinguish

effective coping behavior. (Children are presented with a dilemma -- an interpersonal conflict and must rate the effectiveness of possible solutions which reflect very good to very bad coping efforts). The *Group Social Problem Solving Measure (GSPSM)* yields "discrepancy scores" which are derived by computing the difference between a child's rating of each vignette and that of standardized adult effectiveness ratings. A high discrepancy score reflects a child's endorsement of a less effective coping strategy (poor coping).

Effectiveness scores were obtained for the total measure (all four vignettes added together), as well as for each individual vignette involving a) two White characters; b) one White and one Black character; c) two Black characters and d) a race neutral vignette. These correlations are presented in Table 1.

**Table 1**  
*Correlations between Group Social Problem Solving Scales and Measures of Control*

Measure of Control	Correlation with distinguishing effective coping on vignette involving				
	Two Whites	One Black, one white	Two Blacks	Race Neutral	All Vignettes
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
<b>Nowicki-Strickland</b>	.30*	.03	.13	.11	.21
<b>Realistic Control</b>					
Total Control Scale (controllable plus uncontrollable)	.01	-.28*	-.06	.07	-.08

(\*  $p < .05$ , two-tailed)

Two significant ( $p < .05$ ) correlations were obtained. The *Nowicki-Strickland* scale was positively correlated ( $r = .30$ ) with the effectiveness rating on the measure involving two whites. Thus, children with external orientations on the *Nowicki-Strickland* received higher discrepancy scores, thereby suggesting that they were less effective than those with internal orientations in distinguishing effective behavior involving two whites. Also, the *Realistic Control Measure* was negatively related to the effectiveness rating ( $r = -.28$ ). Thus, children with external orientations as measured by the *Realistic Control Measure* were less effective than those with internal orientations in distinguishing effective behavior in the vignette involving one Black and one White. The correlations for situations involving two blacks, race neutral (no race), and all vignettes (race and race neutral) were not significant. Thus, hypothesis two received partial support.

### **Hypothesis III: Different Types of Coping Strategies**

The third research hypothesis stated that children with an internal locus of control will tend to employ cognitive coping strategies, whereas children with an external locus of control will tend to use more behavioral or emotion-focused strategies. This hypothesis was addressed by calculating Pearson correlations between the locus of control measures and the coping strategy subscales scores of the *What I Usually Do Scale*. These correlations are presented in Table 2.

Table 2

*Correlations between coping strategy subscales and measures of control*

Measure of Control	Coping Strategy Subscale				
	SS	SR	WT	DIS	IMM.
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
<b>Nowicki-Strickland</b>	.06	.17	-.16	.13	.08
<b>Realistic Control Measure</b>					
Controllable Items Subscale	-.16	.02	.22	-.24*	-.19
Uncontrollable Items Subscale	-.05	-.19	.04	-.29*	-.10
Total Control Scale (Controllable plus uncontrollable)	-.16	-.12	.20	-.40**	-.22

(\*  $p < .05$ , one-tailed)

(\*\*  $p < .01$ , one-tailed)

SS= Seeking Support; SR = Self Reliant; WT = Wishful Thinking; DIS= Distancing; IMM= Immobilization

Three significant relationships were observed. The use of the emotion-focused strategy of distancing tended to be greater among children with external locus of control as measured by the controllable items subscale ( $r = -.24$ ,  $p < .05$ ), the uncontrollable items subscale ( $r = -.29$ ,  $p < .05$ ) and the total control

scale ( $r = -.40, p < .01$ ) of the *Realistic Control Measure*. These correlations are in the hypothesized direction. None of the other correlations was significant. No relationship was found with the *Nowicki-Strickland Scale*. Thus, hypothesis three received partial support.

#### **Hypothesis IV: Racial Identity**

Hypothesis four stated that children with negative racial identities would score lower than children with positive racial identities on effective coping behaviors and the ability to distinguish effective from ineffective coping. Children's racial identities were measured using the *Racial Identity Attitude Scale (RIAS)*, and children's coping behaviors and socially competent responses using the *What I Usually Do Scale* and the *Group Social Problem Solving Measure*.

The *RIAS* places children into one of four racial categories: Pre-Encounter, Encounter, Immersion, and Internalization. The frequency distribution of racial identity stage scores indicated that 10 children (20%) were in the Encounter Stage, two (4%) were in the Immersion Stage, and 37 (74%) were in the Internalization Stage. None of the children were in the Pre-encounter Stage. One child could not be classified according to the *RIAS* classification algorithm.

For the purpose of testing the research hypothesis, those children in the Encounter and Immersion Stage were combined to form the negative racial identity group, while those in the Internalization Stage comprised the positive racial identity group. (The Internalization Stage represents the stage where there is no conflictual feelings about one's blackness and being black, and therefore represents the most adaptive (most positive) stage of racial identity development). Independent sample t-tests were used to compare these two groups (positive vs. negative racial identity) on the coping strategy subscales of the *What I Usually Do Scale* and the coping effectiveness ratings of the *Group Social Problem Solving Measure*. Analysis based on this classification (negative racial identity vs. positive racial identity) yielded no significant results. The results of these t-tests are presented in Table 3.

In an effort to find a relationship that may exist between racial identity and the coping measures, Pearson correlations were calculated using the interval scale scores for each of the four racial identity stages. (It is on the basis of these scale scores that the child's racial identity stage is determined). Several significant correlations were found. These correlations are presented in Table 4.

Table 3.

Coping Strategy scores and recognition of effective coping behaviors by racial identity group

Coping Measure	Racial Identity Group				
	Negative (n=12)		Positive (n=37)		t
	Mean	SD	Mean	SD	
<b>What I Usually Do</b>					
Seeking Support	14.1	5.1	16.5	4.4	-1.58
Self-Reliant	14.6	3.1	15.9	2.8	-1.34
Wishful Thinking	17.7	3.8	17.3	3.7	0.32
Distancing	10.7	3.9	11.1	3.0	-0.41
No Cope	15.3	3.8	14.8	2.7	0.57
<b>Distinguishing Effective Coping on Vignette involving</b>					
Two Whites	13.5	6.9	15.8	5.9	-1.04
One Black, One White	14.6	7.2	17.3	6.3	-1.25
Two Blacks	15.3	7.1	15.7	6.5	-0.18
Race Neutral	15.4	6.6	15.0	5.2	0.21
All vignettes	59.0	25.0	64.9	17.3	-0.88

(No significant differences)

Table 4.  
Correlations between racial identity scale scores and coping measures

Coping Measure	RIAS Subscales				
	Pre-encounter		Encounter	Immersion	Internalization
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	
<b>What I Usually Do</b>					
Seeking Support	-.08	-.11	-.13	.16	
Self-Reliant	.04	-.01	-.14	-.14	
Wishful Thinking	-.17	-.06	-.14	-.14	
Distancing	.20	-.20	-.18	-.11	
Immobilization	.22	.20	.32*	-.01	
<b>Distinguishing Effective coping on vignette Involving</b>					
Two Whites	.36*	.16	.04	.15	
One Black, One White	.24	-.12	-.14	.10	
Two Blacks	.32*	.25	-.10	-.01	
Race Neutral	.25	.02	-.23	-.06	
All vignettes	.35*	.15	-.12	.11	
* <i>p</i> < .05					

Scores on the Pre-encounter scale were related positively to scores on the ability to distinguish effective coping behaviors in the *Group Social Problem Solving Measure* vignette involving two Whites ( $r = .36, p < .05$ ) and in the

vignette involving two Blacks ( $r = .32, p < .05$ ). Pre-encounter scores were also correlated positively with the overall *Group Social Problem Solving Measure* score ( $r = .32, p < .05$ ). This suggests that high Pre-encounter scores are related to a diminished ability to distinguish effective coping in the vignettes involving two Blacks, two Whites, and in overall ability to distinguish effective coping as measured by the *GSPSM*. Additionally, scores on the Immersion subscale were correlated positively with the Immobilization subscale of the *What I Usually Do Measure*, which measures a tendency to be unable to utilize effective coping strategies ( i.e. to become immobilized). Thus high scores on Immersion are related to a tendency to use immobilization as a way of coping. Hypothesis four then received some support when the two racial categories (positive vs. negative) were broken out to reflect the actual stages of the *RIAS* classification.

#### **Hypothesis V: Influence of Race**

Hypothesis five stated that children with negative racial identities would be more likely than those with positive racial identities to have their ability to distinguish effective coping behaviors be influenced by the race of the individuals depicted in a vignette where there is an interpersonal conflict and a problem to be solved. This hypothesis was tested by means of a two-way Analysis of Variance in which the dependent variable was the ability to

distinguish effective coping. The two independent variables were racial identity group, a between subjects factor having two values (negative and positive) and racial composition of the characters in the vignette, a within subjects variable having four values (White/White, White/Black, Black/Black, and race neutral). The results of this analysis are presented in Table 5.

Table 5

*Ability to distinguish effective from ineffective coping by racial identity group and racial composition of characters in vignette*

Racial Composition of Vignette	Racial Identity Group			
	Negative (n=12)		Positive (n=35)	
	Mean	SD	Mean	SD
White/White	13.5	6.9	15.8	5.9
White/Black	14.6	7.2	17.3	6.3
Black/Black	15.3	7.1	15.7	6.5
Race Neutral	15.4	6.6	15.0	5.2

#### ANOVA Summary Table

Source	SS	df	MS	F
Racial Identity	72.5	1	72.5	0.78
Error (Between Vignette)	4114.4	44	93.5	
Identity x Vignette	60.2	3	20.1	0.95
Error (within)	2774.6	132	21.0	

(No significant effects)

The ANOVA did not yield any significant main effects for either racial identity group or the racial composition of the characters in the vignette, nor did it yield a significant interaction effect. Thus, the data do not support hypothesis five.

In a further effort to determine whether racial identity was associated in any way with variability in the ability to distinguish effective coping behavior based on the ethnic composition of the vignette, the standard deviation of effectiveness scores was calculated for each child across the four vignettes. Then, Pearson correlations were calculated between this measure of variability in the ability to distinguish effective coping behavior and each of the *Racial Identity Attitude Scale (RIAS)* subscales. None of these correlations were significant.

### **Summary of Results (Part One)**

As predicted in hypothesis one, an internal locus of control tended to be associated with greater variability in coping strategies. In partial support of hypothesis two, there was some evidence that internal locus of control was associated with relatively good ability to distinguish between effective and ineffective coping behaviors in social problem solving situations. Children with external orientations as measured by the *Nowicki-Strickland Locus of Control*

*Scale* were less effective in distinguishing effective behavior in an interpersonal negotiating situation involving two whites, and children with external orientations as measured by the *Realistic Control Measure* were similarly less effective in distinguishing effective behavior in an interpersonal negotiating situation involving a black person and a white person. As specified in hypothesis three, children with external control as measured by the *Realistic Control Measure* tended to use more distancing, an emotion-focused coping strategy. However, scores on the *Realistic Control Measure* were not related to any other coping strategy, and scores on the *Nowicki-Strickland* measure of locus of control were not related significantly to any of the coping strategies. Contrary to hypothesis four, having a positive racial identity was not related to the use of more effective coping strategies or to a greater ability to distinguish effective from ineffective coping behavior. However, when breaking out the racial categories, some significant results were obtained. Pre-Encounter stage scores were related to diminished ability in distinguishing effective coping, and Immersion stage scores were related to the use of immobilization as a coping strategy. Contrary to hypothesis five, children with positive racial identities did not differ significantly from those with negative racial identities in terms of the impact of the racial composition in a vignette which assessed a child's ability to distinguish effective from ineffective coping.

## **PART TWO: QUALITATIVE RESULTS**

### **I. STRESS & COPING INTERVIEW**

#### **A) Reported Stressors**

All subjects participated in a one-on-one interview which sought to ascertain the types of stresses which actually exist in children's lives and how they manage (cope) with these stressors. Children were asked to identify things which they worry about most, to describe how much and how often they worry about these things and to describe what they do when they worry (i.e. how do they handle their worries). Data were content analyzed and categories were established for the stressors. Eleven categories were established and fell under the following headings which are reported in table 6:

- I: Violence, Violent activity & impact of violence in school and in the community;
- II: Loss of Parent, family or friend
- III: Education, school performance & related issues
- IV: Concern over Interpersonal Relationships/Social Distress
- V: Physical health, safety and well-being of friends and family members
- VI: Drug/Alcohol abuse
- VII: Basic Needs
- VIII: Personal Injury Sustained at Home

IX: AIDS/Illness/Health Concerns

X: Behavioral Problems

XI: Other Worries

Category One included violent acts as they occurred in school (e.g. guns in school), the community (e.g. shootings, stabbings, muggings, getting killed) and concerns over personal injury/personal safety as it related to such violent acts. Twenty-one respondents (42% of sample) expressed worries in this category, each child providing an average of 1.2 responses.

Category two represented the loss of a significant person in a child's life (parent, family member or friend) due to death, desertion, separation, divorce or illness or unexpected move/relocation. Nine respondents (18%) expressed worries in this category, providing an average of 1.4 responses.

Category three reflected Educational Concerns/School Performance and related issues. In this category, children expressed concerns about passing or failing tests, getting suspended, getting promoted/held back or performing well enough to influence their future career. Eighteen respondents (36%) expressed worries in this arena, giving an average of 1.33 responses.

Category Four represented concerns over interpersonal relationships with peers. This included getting along with, being liked and/or accepted by peers,

and having friends. Eight respondents (16%) indicated concerns in this area. Subjects provided an average of one worry in this category.

Category Five represented concerns over the physical health, safety and well-being of friends and family members, excluding any drug or alcohol abuse. Fifteen respondents (30%) expressed worries in this area, providing an average of 1.6 responses.

Category Six represented concerns about drug or alcohol use/abuse in self, friends or family. Four respondents (8%) expressed concerns about this.

Category Seven addressed concerns over having basic concrete and/or psychological needs met. These included concerns over having clothes, food, and shelter as well as being loved by parents and/or family. Five respondents (10%) expressed concerns in this area, providing an average of 1.2 responses.

Category Eight reflected general concerns about personal injury sustained at home. These included fears of being physically abused or mistreated and sexual molestation suffered at the hands of a parent, sibling or other family member at home. Four children (8%) expressed concerns in this area.

Category Nine concerned worries about getting AIDS, or becoming ill as a result of some disease or health problem. One respondent (2%) expressed concerns about this.

Category Ten reflected behavioral concerns which children have. This included fighting, lying, stealing and resultant actions (e.g. getting into trouble, getting arrested). Ten respondents (20%) expressed worries here.

Category Eleven encapsulated "Other Worries." Ten respondents indicated other general concerns. These included such things as having to get braces, being able to wear good (designer) clothing, and parents arguing.

Table 6.

*Children's reported day-to-day worries/stresses*

<b>Stress Category</b>	<b># Respondents (% of Total Sample)</b>	<b># Responses</b>
#1- Violence/Personal Injury	21/50 = 42%	26
#2- Loss of parent, friend, family member (through death, desertion, illness, etc.)	9/50 = 18%	14
#3- Education/School Performance	18/50 = 36%	24
#4- Interpersonal Relationships	8/50 = 16%	8
#5- Health, safety, well-being family/friends	15/50 = 30%	24
#6- Drugs/Alcohol use/abuse & related activities	4/50 = 8%	4
#7- Basic needs being met	5/50 = 10%	6
#8- Personal injury/violence at home	1/50 = 2%	4
#9- AIDS/Illness/Health Concerns	10/50 = 20%	1
#10- Behavioral Problems	10/50 = 20%	10
#11- Other	10/50 = 20%	11

## **B. Specific Worries about the Family**

In an effort to get at more specific worries which children have about their family, children were asked to describe what worries, if any, they had about their families. Forty-three respondents provided answers which fell into one of five categories: 1) Domestic Violence; 2) Loss of parents or disintegration of family resulting from divorce, separation, desertion or illness; 3) Family members becoming victims of violence and violent crimes (being shot, killed); 4) Drug/alcohol abuse or other illness; and 5) Other.

- *Domestic Violence*

Eight percent of those children responding to this question expressed concerns about domestic violence, making comments such as "I worry when my parents start cursing a lot because they might say the wrong thing and get mad at each other and fight" or "when my parents fight because they hurt each other [physically]."

- *Disintegration of the Family*

Eighteen percent expressed worries about the loss of parents or disintegration of the family. Representative responses included "I worry about my family falling apart because of the problems of the past;" or "I worry about my parents divorcing because they don't get along...they fight all the time;" "I worry about death...one of my brothers died of pneumonia."

- *General Violence*

Thirty-four percent of the sample expressed concerns about violence affecting their family. Responses included "I worry that my family might get killed...I had a feeling about my cousin getting hurt and he got shot 20 times and died; "I worry about somebody getting shot or killed if they go out real late;" " I worry that ....someone may run up to them with a gun and shoot them."

- *Drug/Alcohol Abuse, Health & Other*

Eighteen percent expressed concerns about drug/alcohol use and abuse or other illnesses in family. Responses offered by children included "I worry about someone getting on drugs because it will mess up their minds;" "I worry if my brother has an asthma attack...he's been in the hospital before;" "I worry about my uncle who they sent to an asylum on Wards Island-- I'm afraid he won't get better;" and 17% expressed "other" worries, which included fear of running away ("when I get angry, I'm afraid I'll run away") and getting loss.

### **C. Worries about the Neighborhood**

When asked about their neighborhood specifically, 78% of respondents indicated that they worried about where they lived. In describing what about the neighborhood worried them, two themes were most prominent: 1) violence and 2) the physical decay and deterioration of where they (subjects) lived. Some responses which children offered were as follows:

- “The drugs and guns and shootings in the neighborhood.”
- “It’s bad around there -- people steal cars and bikes and there’s drug dealing;”
- “It’s too dangerous. People are always getting shot. A man in the neighborhood stuffed his son in a plastic garbage bag after stabbing him...”

(See Appendix A for additional responses offered by children).

#### **D. Support**

Children were asked to indicate whether or not anyone helps them when they feel worried or upset. Twenty-eight percent indicated that no one helped them while 64% indicated that they do receive help.

#### **E. Personal Efficacy/Personal Control**

In order to ascertain the degree to which children worry and to assess how competent or efficacious children felt they were to exercise some degree of control over the situations which caused them worry, children were asked to describe “how much” and “how often” they worry and to indicate if they believed that there were “a lot of things,” “a little bit of things” or “nothing” they could do to keep themselves from worrying so much.

For how much do you worry, children used a five-point scale (1= very little to 5 =extremely preoccupied) to indicate how much they worry about the stressors they named. The mean response for all subjects was 3.597,

indicating that children tend to worry somewhere between an "average" amount of time to "a lot." However, almost 20% of the sample indicated that they were "extremely preoccupied/always worried" about the stressors in their life.

For 'how often do you worry' children used a four-point scale (1= never to 4 = several times a day/every day) to indicate the frequency with which they are consumed with their worries. The average for all respondents was 2.6, suggesting that children worried occasionally to every day. Thirty-six percent of respondents however indicated that they worried every day or several times a day.

In response to the question "Do you think that there is anything you can do to so that you don't worry so much, " 48% answered in the affirmative, 36% in the negative; and 14% were "not sure." Respondents were then asked to indicate how much they could do to reduce the amount of worry they experienced using a three-point scale (1= a lot to 3 = nothing). The average rating received by all respondents was 1.98, suggesting that respondents tended to believe that there was "a little bit" of things they could do to keep from worrying.

#### **F. Children's Fantasies & Future Aspirations**

The interview was concluded with two questions which sought to tap into children's fantasy life. Children were asked to indicate three things that they

would want if they could have any three wishes in the world. Children offered a variety of responses including world peace, a cure for AIDS, no violence/safer neighborhood, racial tolerance and toys (e.g. Nintendo, Sega Genesis). A complete list of children's responses is provided in Appendix B.

Children were then asked to indicate what they would like to be and what they think they actually will be when they grow up. Twenty respondents indicated a desire to become some kind of professional (doctor, lawyer, teacher, nurse); 15 respondents wish to become a professional athlete (basketball star, football star); nine respondents want to become an artist or performing artist (dancer, singer, actor); five want to become a municipal employee (fireman, police officer) and five indicated other things including "God -- because he's powerful," "a rich man," and "an angel." When asked what they believed they actually would be, 26 respondents indicated some kind of professional; 10 indicated a professional athlete; four indicated an artist/performer; four stated a city employee; six indicated that they did not know or was unsure; and three mentioned something else (a mechanic, bank secretary, "a caring father"). (Children's responses are provided in Appendix C).

## **II. RACIAL ATTITUDES PROJECTIVE TEST**

On the *Hopson Racial Attitude Assessment Procedure*, children completed 31 incomplete sentence stems by projecting their thoughts onto each

statement. Selected stems were chosen for analysis and the results are as follows:

On the stem "Black people are.....," 35 respondents provided positive comments (e.g. good, nice, beautiful, strong, smart); 11 provided neutral responses (e.g. humans, the same as white people, good and bad); and four provided negative comments ("sometimes ignorant;" prejudice, mean).

Similarly, when presented with the stem "White people are.....," 30 gave positive responses (e.g. pretty, good, nice, friendly); 12 offered neutral responses (e.g. the same as black people, good and bad, no different from other people); and eight offered negative responses (e.g. ugly, mean, bad people, selfish, "a disgrace of nature").

In response to the stem "Being Black in America....." 30 respondents indicated a positive reaction (e.g. is good, easy, fun, nice); 11 provided neutral reactions (e.g. is okay, is different) or indicated that they did not know; and nine offered negative responses (e.g. very hard, not a good thing because people are prejudice). Again, the breakdown in responses were similar for the stem "Being White in America....." Twenty-seven respondents gave a positive response (e.g. good, easy, nice); 13 gave a neutral response (okay, alright) or indicated they did not know; and 10 gave a negative response (e.g. not so good, bad, hard).

In response to the stem "Black people in my neighborhood....." 27 respondents gave a favorable ending (e.g. are kind, are my friends, share); 19 gave unfavorable endings (e.g. are bad, do drugs, always fight, frighten people); and four provided neutral endings (e.g. are okay, are good and bad). In the stem "White people in my neighborhood..." there were fewer unfavorable endings (n=12) and more neutral endings (n=13). The number of positive endings were almost equal (n=25). Many more children indicated a neutral or don't know response to this, typically stating that there were no white people in their neighborhood.

In the stem "My parents think that blacks are....." 33 respondents gave favorable responses (e.g. nice, good people); 11 gave unfavorable or negative responses (e.g. too violent, racists, bad because they do drugs); and six offered neutral responses (e.g. equal like everyone else, the same as all people). The stem "My parents think that whites are..." yielded 21 positive attributions (e.g. nice, good, friendly); 20 negative attributions (e.g. "our enemies," bad, crazy, stupid, "honkies"), and nine neutral or no response.

For the stem "White people should..." all but two respondents provided a response that concerned how whites can relate better to blacks. Responses included: "be friends with black people;" "stop calling our kids niggers," "stop being prejudice." In contrast, for the stem "Black people should....." the majority

of responses concerned what Black people should do to help one another (e.g. "be kind to each other;" "take care of themselves;" "love each other;" "stop killing other black people"). Seven respondents made explicit reference to how Blacks can relate better to whites (e.g. "help white people;" "make friends with whites;" "stop dissin' white people").

When asked to complete the stem "Black and white people should..." all respondents indicated a positive response which reflected an enhanced relationship between the two races. Examples of responses include: "come together;" "communicate;" "have peace among each other;" "unite;" "be friends." Relatedly, for the stem "If I had one wish concerning race relations it would be.....," 41 respondents made a statement reflecting improved relations between blacks and whites, 7 said nothing or did not know, and 2 offered a negative response (i.e. "that they stay apart;" "that all bad black people be killed").

### III. ADDITIONAL ANALYSES

Additional analyses were conducted correlating the frequencies reported above with all the dependent variables under investigation (i.e. coping strategies utilized; locus of control/perception of control; racial identity, racial influence). A number of significant ( $p < .05$ ) results were obtained.

#### A. Correlations of Change variable

After being asked to name the things which they worry about most, subjects were then asked to rate the ability to which they perceived that they could control (i.e. change) the things that they worried about so that they would not worry so much. The variable "change," or the average rating of ability to change "the things that make you worry," is based on computing the average rating of change (1 = nothing to 3 = a lot) reported for each actual (i.e. real-life) stressor named by the child.

#### *Change and Ability to Distinguish Effective Coping*

- The variable change was related negatively to the total effectiveness rating received on the *GSPSM* ( $r = -.36, p < .05$ ). Thus, children who rated higher on change (those who felt they could change the situation so they wouldn't worry) tended to obtain a lower discrepancy score on the effectiveness rating of the *GSPSM* suggesting that they have a greater ability to identify effective coping strategies on all vignettes.

### *Change and Locus of Control*

- Change was negatively related to the *Nowicki-Strickland LOC Scale* ( $r = -.36, p < .01$ ). Thus, those who reported greater ability to change the situation tended to be internally-oriented as measured by *NSLOC*.

### *Change and Racial Influences*

- Change was negatively related to effectiveness rating on vignettes involving two whites ( $r = -.31, p < .05$ ). Thus, those who felt they could make change demonstrated a greater ability to identify effective coping in the vignette involving two whites.

- Change was negatively related with effectiveness rating on race neutral vignette ( $r = -.44, p < .001$ ). Thus, those who felt that they could change the situation were better able to identify effective coping on the race neutral vignette.

## **B. Ability to Effect Change**

Subjects' responses to the question "Is there anything you can do to change the things that make you worry so that you don't worry so much" placed them into one of three groups: 1 = Yes; 2= No; 3 = Not Sure. A series of one-way ANOVAs were used to compare these three groups on coping responses derived from the *What I Usually Do Scale*. These ANOVAs yielded a significant difference in the case of wishful thinking ( $F(2, 46) = 4.42, p = .018$ ). Post hoc scheffe contrasts indicated that wishful thinking was significantly higher among

the subjects in the yes group ( $M = 18.5$ ) than among subjects in the not sure group ( $M = 14.4$ ). The no group (group 2) was not significantly different from either of the other two groups.

### **C. Help from Others**

Subjects' responses to the question "Does anyone help you when you feel upset" placed them into one of two categories: Group 1= No; Group 2 = Yes. Independent sample t-tests were used to compare these groups on the subscales of the *What I Usually Do Scale*. A significant t-test was obtained on the Self-Reliant scale ( $t(44) = 3.01, p = .004$ ). Those in the yes group had a higher mean on this scale (16.4) than those in the No group (13.9).

### **D. Correlations of Children's Actual Coping Responses to Stressful Situations with Subscales on the What I Usually Do measure.**

After indicating the things which they worry about in real life, subjects were then asked to describe how they manage (cope) with each situation. These responses were analyzed and placed into coping categories to correspond with those used in the *What I Usually Do Scale*. The results are presented in table 7 and figure 2.

# Responses to Actual Stressors

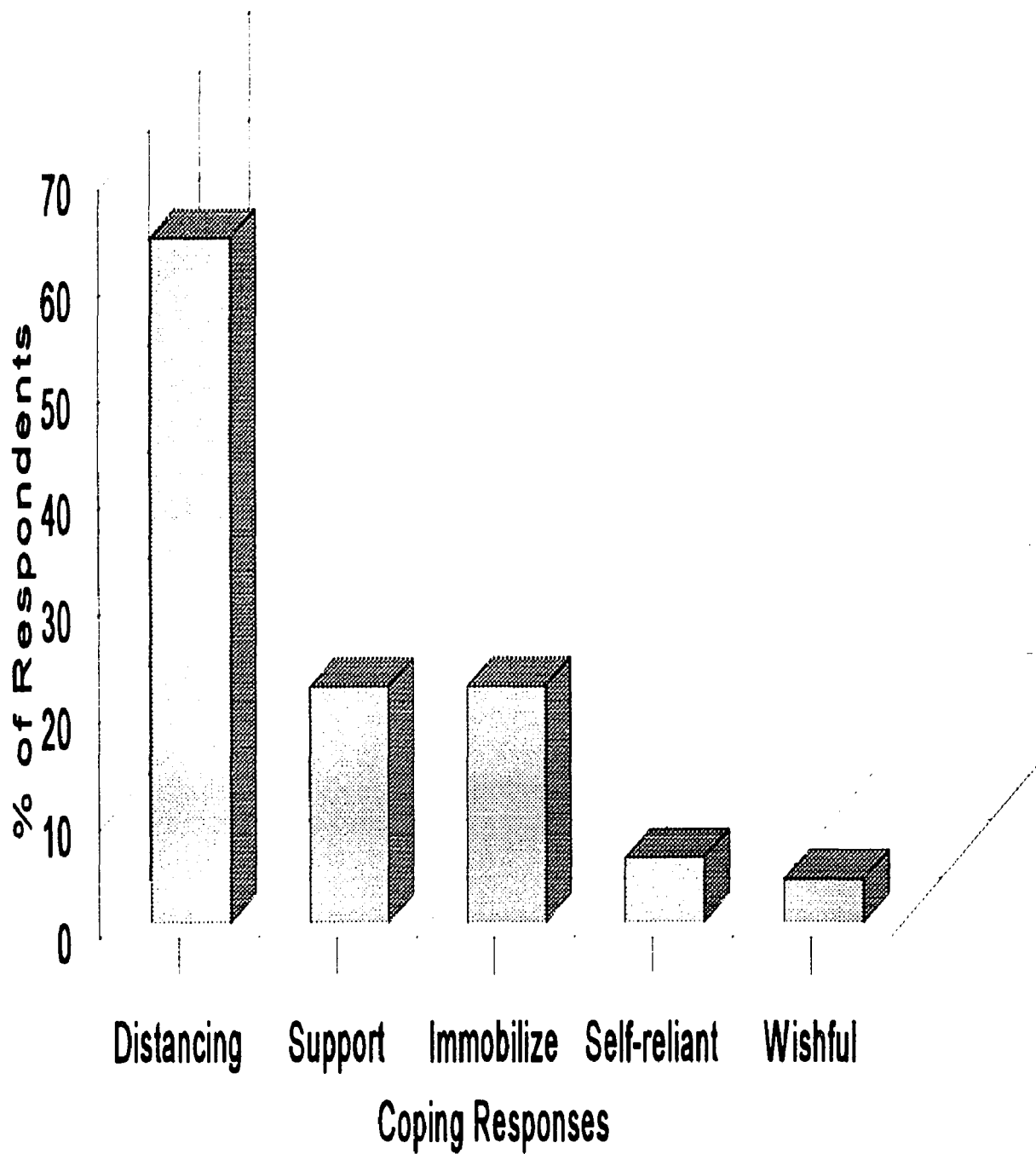


Table 7.  
*Children's coping responses to actual stressors (N=50)*

Coping Response	# Respondents	# Responses
Seeking Support	11 (22%)	13
Distancing	32 (64%)	44
Immobilization	11 (22%)	13
Self-Reliant	03 (6%)	03
Wishful Thinking	02 (4%)	02

---

These responses to actual stressors were then correlated with the other measures of stress, coping and racial identity. Results were as follows:

- Seeking support was related positively to self-reliance ( $r = .34, p < .01$ ).

Therefore, those children who report using support seeking behavior in actual stress situations tended to demonstrate greater self-reliance as measured by the *What I Usually Do Measure*.

- Immobilization was related negatively to the control subscale ( $r = -.29, p < .05$ ), to the uncontrol subscale ( $r = -.28, p < .05$ ), and the total control scale ( $r = -.43, p < .01$ ) of the *Realistic Control Measure*. Thus children who become immobilized in real-life stressful situations a) have less recognition of items that are within their control; b) have less recognition of items that are outside of their control; and c) are externally-oriented as measured by the *Realistic Control Measure*.

- Wishful thinking was related negatively to immersion ( $r = -.34, p < .01$ ). Thus, those children who use wishful thinking more, tend to score lower on the Immersion subscale of racial identity.
- Self - Reliant coping responses were related negatively to Nowicki-Strickland LOC ( $r = -.29, p < .05$ ). Therefore, those who utilize self-reliant responses in actual situations are more internally oriented as measured by Nowicki-Strickland LOC Scale. (Internal people give more self-reliant coping responses in real situations).

#### **E. Correlations with Actual Life Stressors**

The responses which subjects provided to the question " Can you tell me some things you worry about the most?" were analyzed and placed in one of 11 categories of stress responses (See Table 6). The number of responses in each category were counted for each subject, and the resulting variables were correlated with the variables under investigation. The following significant results were obtained:

- Education (Stress #3) - Worry about education was related negatively ( $r = -.29, p < .05$ ) to total control. Those who worry more about education are those who are more external on the *Realistic Control Measure*.

- Education (Stress #3) - is related negatively to effectiveness across all vignettes ( $r = -.33, p < .05$ ). Therefore, those who have more worries about education tend to have greater ability to identify effective coping.
- Education (Stress #3) - was related negatively to the effectiveness rating in the race neutral vignette of the *GSPSM* ( $r = -.35, p < .01$ ). Therefore, those who worry more about education tend to have a lower discrepancy score, signifying that they are better able to distinguish effective coping responses.
- Drugs/Alcohol (stress #6) - was related positively to the uncontrol subscale ( $r = .31, p < .05$ ). Those who worry more about drugs/alcohol have a greater ability to recognize uncontrollable events as measured on the *Realistic Control Measure*.
- Basic Needs (Stress #7) - was related positively to the uncontrol subscale of the *Realistic Control Measure* ( $r = .30, p < .05$ ). Thus, those who worry about basic needs being met have greater recognition of those items which they cannot control as measured by the *Realistic Control Measure*.
- AIDS/Illness (Stress #9) - was negatively related to the Immersion subscale ( $r = -.32, p < .05$ ). Thus, those who worry about AIDS/illness are lower on the immersion subscale of the *RIAS*.

- Interpersonal Relationships (Stress #4) - was related negatively to the *Nowicki-Strickland LOC Scale* ( $r = -.40, p < .01$ ). Therefore, those who report greater worries about interpersonal relationships are more internally oriented.

#### **F. Worry**

Children were asked "how much do you worry about the things which worry you?" An overall worry score was obtained by averaging these ratings across all the worries named by each child. This worry score was then correlated with scores on each of the four RIAS subscales. How much the child worried was related positively to the Encounter Stage ( $r = .45, p < .001$ ). Thus, those who worried more tended to score higher on the Encounter subscale -- a stage which may be marked by a sense of vulnerability resulting from being forced to deal with the realities and contradictions of one's previous (White defined) world view.

## **CHAPTER FIVE**

### **DISCUSSION**

The results obtained in the present study demonstrate the impact which cognition and control may have on poor African-American children's ability to cope in both real and imagined (i.e. hypothetical) stressful situations, and examines the impact of racial influences and racial factors on coping efficacy and coping strategies.

#### **I. THE RESEARCH FINDINGS**

##### **The Role of Control and Variation in Coping**

The first research hypothesis stated that perception of control influences coping strategy selected. This was supported by the data, in the predicted direction, where it was found that children who are internal -- those who experience themselves as having greater personal control over events which occur in their lives, and who are able to distinguish those events which are controllable from those which are uncontrollable, demonstrate an ability to utilize a wider variety of coping styles than those who are external. This finding is important because it suggests that children who believe that they can have an impact on their world will not necessarily feel locked into a particular mode of

coping with stressful events. Thus, if a particular strategy is unavailable, these children will be able to reach into a repository of alternative devices and feel comforted in knowing that there are other ways to go about handling a stressful situation. Conversely, children who are external and who do not see themselves as being able to exercise any degree of control over stressful situations may only seek one type of coping and will fail to search out alternate ways if this coping style fails. Thus, we can extrapolate from these results and infer that those children who feel disempowered and unable to render any effectual change will remain most vulnerable. Those children who hold onto the sense that things merely "happen" to them will not be able to see other options available to them.

In further analyses, perceived control was found to have another effect on children. A significant difference between internals and externals was observed in their sense of having an ability to change. Internally oriented children reported a greater ability to change situations which caused them to worry more than externally oriented children. That is, internal children felt that they could do something which would allow them to experience less worry than external children. Further, internal children were more likely to use self-reliant coping responses in actual stressful situations while the coping strategy of immobilization (no coping) tended to be used more by external children. This is

an important contrast as we see that children who are externally oriented tended to freeze -- become immobilized, while internally oriented children became more activated. Not only did internals not freeze, but they found a way to rely more on themselves. Put another way, external children failed to find ways of coping (and became immobilized more), while internals found more self-reliant and varied ways of responding. This therefore provides corroborating evidence to support our first hypothesis.

Given the types of worries and stresses which children deal with in their lives (concerns about drugs and violence in their community, loss of family members and significant others, fear of personal safety, etc.) it becomes increasingly important for children to have a variety of ways to deal with these types of worries. Moreover, given that more than 25% of this sample indicated that no one helps them when they feel worried or are upset, it is crucial that children have available devices that they can use to help themselves, or have the sense that they can help themselves.

It therefore becomes an imperative for educators and clinicians to find the tools that will allow children to develop and hold an internal locus of control. Clinicians and educators can be instrumental in this task by helping children feel more empowered to effect change as this alone can enhance their coping ability in the sense that they feel that they have greater options available to them.

Certainly, play therapy can be used strategically as a means through which children are "taught" to be more proactive in seeking ways of coping in make-believe situations which can be translated into real life problem-solving.

### **The Role of Control in Distinguishing Effective Coping**

The second research hypothesis stated that children who have an internal locus of control will tend to distinguish effective coping behavior from ineffective coping behavior better than children with an external locus of control. The results obtained partially supported this hypothesis.

Internal children, those who believe that they exercise some control and can affect the course of things that happen to them, were able to distinguish effective coping in certain situations. Internals were more effective in conflict resolution situations involving an interpersonal conflict between people of the same race (two Whites) and people of mixed race (Black & White). Thus, internal children demonstrated a greater capacity to resolve interracial conflicts, a skill which will facilitate greater ease as they negotiate their standing in a racially stratified society.

Additional analyses also revealed that, those children who, on self-ratings, described themselves as being able to change the situation so that they don't worry so much (sense of personal control) were better able to identify

effective coping on *all* vignettes than those children who felt that they could not change the situation.

### **Control and Coping Strategy Selection**

The third research hypothesis stated that children with an internal locus of control will tend to employ cognitive coping strategies, whereas children with an external locus of control will tend to use more behavioral or emotional strategies. This received partial support. It was evidenced that external children are more likely to distance themselves from stressful situations than internal children. Distancing was used as a coping measure among external children. This suggests that children who feel that there is very little they can do to have an impact upon things which happen to them tend to try to emotionally distance themselves from difficult situations. From the qualitative results obtained, it is clear that distancing took many forms, usually behavioral. Children attempted to distance themselves from their problems by watching television, sleeping, and playing, to name a few.

Distancing, as a coping strategy, can be regarded as a more negative form of coping as it does little to alleviate the stressful situation in the long run. Thus, given that external children are already vulnerable in the sense that they feel they can exercise little or no control, the coping response of distancing can only serve to further increase their vulnerability because it merely pushes the

problem away temporarily. It would therefore be useful for clinicians to help children identify strategies which are less emotion-focused so that they can, *if only temporarily*, find a way of managing a stressor with a greater sense of control.

Given the stressful environmental contexts which these children are a part of, having the ability to identify the best ways of managing stress can serve to reduce potential stress-related health problems and behavioral conditions which become manifest in school and which produce psychological disturbances (e.g. conduct disorders, diminished sense of self-worth). These types of disturbances may be more likely to emerge if one continues to distance themselves from the problems which face them.

### **Racial Identity and Coping Responses**

The fourth research hypothesis stated that children with negative racial identities would demonstrate fewer effective coping mechanisms and socially competent behaviors than children with positive racial identities. This hypothesis was not supported.

On the basis of the measure used, it was difficult to systematically place children in one of two dichotomous or discrete categories. The Racial Identity Attitude Scale (RIAS) actually places respondents into one of four stages which

represent a continuum of racial identity development and racial attitude formation.

For the purpose of this research, children who fell into the fourth stage of Helm's Identity Model, Internalization, were considered to be in the Positive Racial Identity Group, because they experienced the least amount of conflict and discomfort around issues of race. However, a true representation of children who fell into each racial stage was not obtained in this study. Perhaps this occurred because racial identity formation in the area of child and adolescent development represents an emerging area -- a vastly unexplored, under investigated construct.

Although hypothesis number four was not supported, some significant relationships between the measures of racial identity and coping were nonetheless identified. For example, scores on the Pre-encounter scale were related positively to effectiveness ratings on the *Group Social Problem Solving Measure* in situations involving two whites, two blacks, and across all vignettes (race and race neutral). Thus, Pre-encounter scores are related to diminished ability to distinguish effective coping in same race dyads and when all vignettes are looked at as a group.

Given that scores on Pre-encounter (a stage that is marked by an absence of racial self-concept, except that which is derived/determined by the

dominant White culture, and diminished sense of self and one's reference group) was related to difficulty in distinguishing effective coping, one can speculate that the dissonance which is typically experienced during this stage is responsible for this reduced capacity to evaluate effective coping. It is possible that, when one experiences discordant feelings (devaluation of racial self and racial group), this negatively upon impacts their ability to make accurate assessments. This may become heightened when one is confronted with a situation involving a racially similar person. The task of identifying effective ways of dealing with stressful situations may become unraveled when one is forced to interact with another Black person (when one has rejected one's own Blackness).

It is not possible, without further testing, to offer a clearer interpretation of this particular finding. Again, one can speculate more narrowly, about the disorganizing nature of having to enter into an interpersonal conflict with a racially similar person when one devalues their race, and more diffusely about how rejection of one's racial self may have a ripple effect, and impact on capacities in other areas; namely, distinguishing effective styles of coping, and general coping effectiveness.

It is useful to consider the possibility that African-American children who do *not* have a self-defined concept of racial identity, and who hold an other

(White culture) defined notion of Blackness, may have more difficulty making these distinctions between effective and ineffective coping. Indeed, we have witnessed and heard, far too many times, young African-American children ascribing academic achievement for example, with "being" and "acting" white, thereby contributing to lowered academic performance and overall school success (Helms, 1990; Kunjufu, 1988; Fordham and Ogbu, 1986).

Scores on the Immersion scale were also found to be positively related to the Immobilization subscale of the *What I usually Do Scale*. This suggests the possibility that children, who are in this transitional phase, may in many ways feel more vulnerable. Thus, immobilization becomes an important coping strategy. That is, it becomes the coping strategy of choice. Children in this stage may be more apt to become immobilized and feel unable to find an alternate (i.e. more constructive way) of managing and dealing with their problems and worries as they come to terms with racial identity, and are in search of ways to negotiate an acceptance and appreciation of their culture and heritage.

These findings suggest the necessity to identify efficient ways of getting at and understanding racial identity as a construct in African-American children and at understanding how a diminished sense of racial identity may be contributing to poorer functioning in other areas.

## **Racial Influences**

The fifth research hypothesis proposed a relationship between racial identity and effective coping. It specifically stated that children with negative racial identities would be more likely than those with positive racial identities to have their ability to distinguish effective coping be influenced by race. This hypothesis was not supported. However, the results obtained in the qualitative components of the study do suggest that children are at the very least aware of racial issues, and have ideas about factors influencing harmonious racial relations. (Additionally, the results obtained from testing the second research hypothesis revealed some influence of race).

An overwhelming majority of respondents were able to speak to problems in race relations in the *Hopson Racial Attitude Assessment Procedure*, a sentence completion task concerning Blacks and Whites. For the stem "White people should....." all but two respondents made a statement about how Whites can relate better to Blacks, whereas when subjects were presented with the opposite stem ("Black people should.....") they tended to speak more about how Blacks can relate better to other Blacks.

Thus, children appear to perceive Whites as having the greatest burden in helping the "other" race. African-American children have the sense that

certain "wrongs" or inequities need to be redressed by White Americans, as the prevailing sentiment appears to be that Whites have some "making up to do."

Racial context is important in the lives of African-American children. Children are aware that situational contexts and influences may impact upon their lives as a function of being Black. Many children spontaneously spoke about the Rodney King verdict -- how a white jury acquitted white cops who were videotaped brutally beating an unarmed African-American male. Children spoke cogently about how "race matters." In completing the sentence stems which were more explicit about race relations, the majority of respondents spoke to how race relations between Blacks and Whites could be improved. (See Appendix D.)

## **II. LIMITATIONS OF THE STUDY**

Methodological problems were revealed in the course of analysis, which posed limitations in the generalizability of the results obtained. In general, sample size, problems in instrumentation, and questions regarding the construct of racial identity, its applicability to children, and how to measure it all posed some problems in analyzing and interpreting the results.

### **Effective Coping**

The inability to obtain full support for the research hypothesis concerning the role of control in distinguishing effective coping may be explained by the

materials used. While the *GSPSM* represents a tool which taps into children's ability to identify effective coping, it is unclear how race as used in the stimulus materials (illustrations) affected subjects' answer set. That is, if the *GSPSM* was presented entirely race neutral, it is conceivable that children would have responded differently and that the hypothesis would have been supported.

### **Selection of Coping**

The fact that this research was unable to demonstrate that internal children utilize more cognitive strategies may be more of a function of the instrument used to measure coping. The *What I Usually Do Scale* does not provide a wide range of coping responses. Only five categories of coping responses (seek support, self-reliance, distancing, immobilization, wishful thinking) are available to choose from. Thus, if a more sensitive measure which was more inclusive of cognitive, emotional and behavioral responses/strategies had been used, it is possible that greater support would have been available for this hypothesis.

### **Racial Identity**

The research hypotheses which explicitly examined the role of racial identity as a mediating factor in selection of coping was tested using an instrument (*RIAS*) which was originally developed for use with college populations. Given the fact that the *Racial Identity Attitude' Scale's* original

authors had not intended its use with children, and that reliability ratings for this revised version has not been established for use with this population, more extensive testing may be required in this area. Further, it is possible that the measure, although modified for children, is not really consistent with where children are developmentally, and that a stage theory for racial identity development is not applicable for this age group.

Furthermore, while it is clear that the literature on racial identity development has grown extensively since the early works of Thomas (1971) and Cross (1971), much of the modifications made to these theories have not resulted from empirical investigations, thereby further limiting its applicability to this age group. And even those studies which examined racial identification, preference, and attitudes that were explicitly designed for children, were typically aimed at very young children (preschoolers and young school age children) and not older children and young adolescents (Spencer & Markstrom-Adams, 1990). Normative cognitive functions and ecological factors can complicate and block the task of accurately interpreting racial identity developmental theories.

### **Racial Influences**

In examining the role of racial influences on coping, again, the fact that no significant results were obtained may be attributable to the difficulty in obtaining an accurate measure of racial identity, having a small sample size, and modified

use of the *Group Social Problem Solving Measure*. While the use of illustrations in the *GSPSM* depicting racially same and racially different children were used to measure influence of race, this may not have been the most effective tool in getting at these responses.

Recognizing the dearth of suitable instrumentation available to study race related coping in African-American children in middle childhood, Johnson and her colleagues (Johnson, Bell, & Harrell, 1995) have been working on the development and standardization of the *Racial Stories Task*, a measure specifically designed to tap into racial factors affecting coping. Thus, the development of more sensitive measures examining racial influences should be a priority for clinical researchers.

### **Exclusion of Gender**

Another limitation of this study was its failure to examine possible gender influences. Had more gender-specific or gender sensitive measures had been used, it is possible that the responses offered by boys and girls would have differed. Specifically, in the presentation of the vignettes used in the *GSPSM*, both boys and girls were presented with the same stimulus materials which did not differentiate by gender (i.e there was not a version for boys and a version for girls). It is possible that effective coping and ability to distinguish such coping is situationally determined by the gender of the subjects involved in conflicts.

Even with these limitations, the results nonetheless provide an opportunity to raise more questions in order to develop a greater understanding of the processes under investigation, and its applicability to children in this age group.

### **III. SUMMARY AND RECOMMENDATIONS FOR FUTURE RESEARCH**

The population which was studied represents a segment of society that is underserved, underprivileged and who face adverse and dangerous situations on a day to day basis. All of our subjects live in poverty and face countless worries in their day-to-day existence. These children have worries about the safety and physical decay of their home environment; they worry about violent acts (muggings, stabbings, shootings) that occur in school and their community; they worry about losing a parent or other significant person in their life because they have experienced people dying, parents separating/divorcing or contracting illnesses. These children have educational worries; concerns about having friends and being accepted by peers; they worry about drug and alcohol use/abuse in themselves or other significant person(s); they worry about being physically mistreated or sexually abused at home; getting AIDS, getting arrested and in having basic material and psychological needs (food, clothing, shelter, love) met.

Research which has been conducted to understand coping processes in this population, however, has been minimal. In addressing their concerns about research being done on adolescent populations Spencer, Cole, Dupree, Glymph, and Pierre (1993) stated:

The body of research that explores mediating processes and the more general issue of resilience and risk for adolescents has either focused entirely on non-minority youth, or, when minorities are included, their unique ethnicity-linked situations and cognitive schema have seldom been considered either in the design or interpretation of research findings. The exception too often is the effort to reaffirm assumptions of psychopathology and academic underdevelopment. (p. 721)

Thus, much of the research which has been conducted has negated the racial aspects of this population. Related to this is the fact that when research has been conducted on urban, poor African-American children, the research has tended to focus on comparison between African-Americans and White middle class children. As Connell, Spencer and Aber (1994) pointed out in their research which examined educational concerns of poor African-American children "...analyses of within group differences are necessary to understand why some youth fail, some survive, and some even thrive in high risk environments" (p. 493).

The general literature on children and coping too is far from being unanimous in agreement and free from research flaws. As stated earlier, much

that has been understood about children's coping has been based on research which used adult paradigms for understanding responses to stress and coping. More recent research have attempted to look at *how* to understand or assess children's emotional responses to stress (e.g. Chandler, 1986) or have attempted to create a new taxonomy of stressors, coping efforts, and coping resources (i.e. Sorensen, 1993) in order to depart from the models based on adult coping responses. Thus, what we are able to add to the coping literature on children in general allows us to glean information that may enhance children's coping efforts, and add to the enhanced well being of an understudied minority population in particular.

Additionally, developmental research on African-American children must be conducted in order to add to what is a dearth of existing literature. Nonminority research approaches have explored the processes of development across broad topics. Between the 1930's and the 1960's, White American children were objects of broad scientific study and research by developmentalists, but African-American children and other non-minority children were typically not included in these studies (Spencer & Markstrom-Adams, 1990). Graham (1992) similarly noted that research on African-American populations represents a fundamental omission in the body of existing literature in the major journals of psychology, thereby contributing to a

diminished empirical base from which to draw. The lack of such a base disallows any possibility for learning about the processes which underlie healthy personality development and competent functioning in this population. As an example, between 1970 and 1989, the journal, *Developmental Psychology*, contained 2,399 articles. Of these, only 111 articles (or 4.6%) concerned African-Americans (Graham, 1992).

What this study revealed is that within this population of poor African-American children, some are not only finding ways to cope, but are able to tap into a variety of coping responses. These children have a sense of what constitutes good, effective coping -- coping that will yield greater adaptation to difficult situations. It is however, limited to those children who feel that they exercise control in their lives. Those who possess an internal locus of control and who perceive things as being within their ability to effect change are the ones who will demonstrate a greater degree of self-reliance rather than become immobilized by the stressors which face them.

African-American children are aware of racial differences and oppressive forces in their life. And while we have not found an absolute way of measuring where a child is in terms of their racial identity development, it is safe to say that there is a cognitive awareness of race that may get factored in and which may

enter into strategies used to deal with stressful encounters with racially similar and dissimilar individuals.

Clinicians, educators, child advocates and policy makers can all become involved in the service of empowering Black children so that they feel in a greater position to change their surroundings

#### **IV. IMPLICATIONS FOR TREATMENT AND CONCLUSION**

While this study was limited in size and in its ability to tap sufficiently into issues of racial identity and racial attitude formation, we have enough evidence to continue to move forth in a direction which will allow us to uncover more information in this area. Further, there is enough here to suggest continued efforts to support the development of innovative intervention strategies which attempt to increase an African-American child's internalized belief in their abilities and capacity to effect change in their life, despite the many stressful circumstances facing them. The need to continue to examine the role which ethnic and cultural identifications has on coping and resilience remains an important agenda for clinicians and researchers. Indeed, Spencer, Dobbs and Swanson's (1988) research demonstrated that own-group cultural identity processes supported greater resilience of youth during periods of unusual stress, and that academic and mental health outcomes were more positive for those children who valued their own ethnic heritage. Adding to this body of

knowledge will, without a doubt, allow us to give more to our children, and foster greater resiliency in African-American children living in poverty.

The psychologist, whether taking up the role of researcher, policy maker or clinician is able to take on an important role in developing this resiliency in African-American children. Furthermore, s/he can be instrumental in dispelling existing and pervasive myths and stereotypes which continue to plague Black children-- those which presume deviance, deficits, and psychological disturbances within this population.

The need to continue investigating the role of ethnicity and ethnic identity formation and its relationship to coping (and cognitive coping approaches) is an important area for clinicians and researchers alike. Spencer, Swanson and Cunningham (1991) noted the profound implications of understanding this, especially for those minority youth who are more ethnically visible, and who have the pressures of functioning in a bicultural world. This notion of biculturality or the existence of a "double consciousness" where minority persons must function within mainstream culture as well as within their own communities is not a new concept. Indeed, in the early 1900's, Black scholar and educator W.E.B. Dubois described this nature in *The Souls of Black Folk*. Researchers continue to support this idea. Chestang for one (Chestang, 1972) noted that minority youth are forced to confront three key things: social injustice, societal

inconsistency, and denied personal efficacy by virtue of their ethnicity. Thus, if minority youth are expected to effectively function while traversing two worlds, they must possess the skills that are essential for the development of competence and psychological health. Anything which clinicians and researchers can do to promote and enhance efficacy and competency will be a worthwhile endeavor.

The role which race and ethnicity plays in the development of human psychological processes and behavior continues to be under investigated. Spencer, Swanson and Cunningham (1991, p. 367) aptly stated that "neither sociocultural (e.g. racism or oppression) nor psychocultural variables (e.g. chronic stress) are considered as possible mediating processes or mechanisms" in the study of human processes. This research attempts to begin addressing some of the deficiencies in the literature to date, and while the study had its own inherent limitations, the need for further study is supported, and the need for continued research evident.

Finally, this research has major implications for clinicians. Canino and Spurlock (1994) aptly note that clinicians who serve culturally diverse children who are economically disadvantaged and who experience discrimination are often inadequately trained to address the problems that are presented to them. Part of the problem, they argue, is that training programs fail to integrate

appropriate and helpful theoretical constructs. There is certainly a paucity of research offering such helpful constructs. This research is but one step in that direction.

Many researchers (e.g. Boyd-Franklin, 1989; Greene, 1985, 1994; Jackson, 1980; Sue & Sue, 1990) have noted that when working with African-American populations, clinicians must be sensitive to racial issues and cultural differences that can impede the therapeutic process. This is true with children as they have their own unique racial experiences, and like adults, experience varying degrees of racial discrimination and prejudicial behaviors. Clinicians and educators must be able to adequately assess the impact which such issues have on the development of African-American children, and understand the resultant behaviors using this framework. This will serve to diminish the practice of relying on outdated assessment tools and diagnostic categorization which fail to accurately pinpoint the experiences, functions and dysfunctions in African-American populations.

This research speaks to the need to further examine, develop, and refine culturally sensitive assessment tools like the Hopson Racial Attitude Assessment Procedure and Racial Identity Attitude Scale, and the need to more thoroughly examine psychological constructs including racial identity and control attributions as it applies to African-American children.

**Appendix A: Children's Reported Worries about their Neighborhood**

*Q. What about where you live makes you feel worried or upset?*

Holes in the street

Too many drugs & guns

The drugs & guns (shootings) in the neighborhood

It's bad around there -- people steal cars & bikes; drug dealing.

The fear of getting killed - drug dealers in the neighborhood

Spray paint.

People get shot - people fight all the time.

It's bad. People throw things at cars; beat up people; rape kids.

Nothing because my friends are around.

There's a lot of shooting & stolen cars. Three weeks ago someone got shot in chest; another got shot in the leg. (my cousin's best friend)

It's dangerous. We live in front of the street. There's pollution, shootings, drugs.

They shoot a lot (guns).

When they throw stuff on the floor.

Firecrackers because they're unsafe & you can get hurt.

I'm scared that somebody can come and kill us; people shoot outside.

Getting shot -- people shoot out in my neighborhood.

They shoot, steal cars, do drugs, break into people's houses.

They can rape people.

It's bad. Gunshots every night and a lot of boys sell drugs.

Shooting in the neighborhood; drugs.

Shootings and drugs.

It's bad. People fight and do drugs; people steal -- they steal people's jewelry right off of them.

I don't want anyone to follow me or blow up the house; set it on fire.

It's too dangerous. People getting shot. A man in the neighborhood stuffed his son in a plastic garbage bag after stabbing him. He's alive though.

A lot of shootings and killings in the neighborhood. I'm afraid of getting shot.

The corner where I live - boys/old men stand on the corner.

The crime.

Boom-boom. The shootings.

You can't go outside because it's dangerous. The drugs and the guns.

The drugs and shootings.

Nothing because my family members are there for me. (Note: S' however indicated the desire to leave community and NYC because of crime, drug activity & unsafe environs)

People on the block act mean to others. They harass you all the time.

**Appendix B: Children's Responses to Three Wishes**

*Q. If you could have three wishes, what are the three things you would wish for?*

<u>Subj. #</u>	<u>Response</u>
01	a new house (because people hang out where I live); a job; n.a.
02	to have all the money in the world; to be able to help the poor; more wishes.
03	To have all the wishes that I want; Super nintendo and genesis; a million dollars.
04	To do better in school; live in a better neighborhood; cure for AIDS.
05	That everybody would be kind to one another; that most people have a house and are not homeless; n.a.
06	No violence; no guns; help homeless people.
07	a million dollars; more wishes; have a good time this year.
08	stop violence; I never die; get in the NBA.
09	get uncle out of the hospital; don't put braces on; move to Bahamas.
10	Super Nintendo; that the world would not come to an end; Super Nintendo.
11	go to college; grow up and be safe; nothing happen to my mother.
12	For everyone, except criminals, to live happily and have a long life; to be rich; not grow up too soon.

- 13 Big house; be rich; a new car.
- 14 a new bike; some games; Nintendo/SEGA
- 15 stop hate & violence; that my brother would come back (died of pneumonia; nothing would happen to anybody.
- 16 money; no tests; one-way ticket to Brazil.
- 17 Be a basketball star; a baseball star; that I can be good in school and don't mess around with drugs.
- 18 a car; money; house.
- 19 no violence; no drug dealers; that I have friends.
- 20 be a millionaire; play pro basketball; be good at basketball.
- 21 Nothing to happen to my family; friends to be okay; for poor children to have money and a house to live in -- not to live in the streets.
- 22 have a horse; a car; live forever.
- 23 To move away from where I'm living; to have my great grandmother feel better; for all this violence to stop.
- 24 People stop doing drugs; stop killing people; not to use guns.
- 25 To live for a long, long time; to be rich; to take a trip around the world.
- 26 Bigger size house; all the money I want; all the ice cream I want.

- 27 For the world to be better; nobody would ever die; no roaches.
- 28 Less trouble in the world; three more wishes; peace and joy on  
Earth.
- 29 For my father to get out of jail; to be rich; save the last wish in case  
somebody needs it.
- 30 To move to a nice place where people don't fight; for people in the  
world to not do drugs; for people to stop doing bad things.
- 31 world peace, including drugs & violence; to look the way I've  
always dreamed -- to have body beautiful; die with my mother
- 32 more wishes; love and hope; a bit more money.
- 33 a mansion; a car (Ferrari); to be a basketball player.
- 34 have a pool; brothers to come to NY; to be a teacher.
- 35 another sega genesis; gameboy; get s.t. for my mom, dad, and  
whole family.
- 36 No more shooting; that my hair would grow every second; that I  
was the ruler of the world.
- 37 parents would get back together; grandmother would stop smoking;  
world would be peaceful.
- 38 be a reggae dancer; having my family together; passing math tests.
- 39 my mother to come back; that we move; win LOTTO

- 40 to be young for the rest of my life; to be famous; all the bad things  
in the world would go away.
- 41 Nope. Can't think of anything.
- 42 A lot of money for my family and me; to live in a safer  
neighborhood; to have no crime or violence.
- 43 lots of money; jewelry; lots of baggy pants, shirts, boots, and  
lipstick.
- 44 That my sister would stop hitting me; things stop getting me mad;  
no more washing dishes.
- 45 Live in a big house; people stop being racist; everyone will have a  
place to live and food to eat.
- 46 grandfather get well; win LOTTO; to get a higher education.
- 47 1/2 of all the money in the world; nice clothes in style; for nobody in  
my family to ever die.
- 48 To get out of Brooklyn, NYC; let my mother meet someone nice; for  
me and my mom to go somewhere where no one would find us.
- 49 My life to be set; to have everything I want go the way I planned it;  
prejudice and racism to stop; no more worries in the world.
- 50 To have a lot of friends; not get into fights; never talk back to the  
teacher.

**Appendix C: Children's Aspirations**

**Q2. & Q3. If you could be anything in the world when you grow up, what would you like to be? /What do you think you will be when you are grown up?**

<b>#</b>	<b>Like to be</b>	<b>Will be</b>
01	Movie star	Nurse
02	Actor	Whatever I'm qualified for - maybe a cop (I'm good at finding out things.)
03	A basketball superstar	My father wants me to play football
04	A doctor	A nurse
05	Football player	IDK
06	A policewoman	A policewoman
07	A doctor	A doctor
08	Basketball star	Basketball star
09	A dancer	an artist
10	A football player, basketball player or a cop	a cop
11	A teacher	a teacher
12	A hockey player, an artist, a very good father	an intelligent, caring father
13	A rich man	a doctor, play basketball or teacher
14	a cop	a teacher
15	a football player	a football player

16	a movie star	IDK
17	a basketball star	a basketball star
18	a fireman	IDK
19	a ballet teacher	a doctor
20	a basketball player	a basketball player
21	a teacher	a teacher
22	a football star	a mechanic
23	a doctor	a teacher or doctor
24	nurse	nurse
25	a lawyer	a lawyer
26	nurse	nurse
27	God - bec He's powerful	I'll get a job -- a fireman. Anything, but not a drug dealer.
28	an architect	police officer
29	Everything I could be	A doctor or lawyer
30	a singer	a doctor
31	actress	actress or teacher
32	actress	secretary working in a bank
33	basketball player	basketball player
34	teacher	teacher

35	police or Con Ed man; or play football.	Police or Con Ed man
36	a criminal lawyer	singer or dancer
37	a pediatrician	a pediatrician
38	reggae dancer	reggae dancer or nurse
39	a baby sitter	a nurse
40	pro football player	pro football player
41	a doctor, lawyer	a lawyer or doctor
42	doctor or basketball player	a doctor
43	teacher, doctor, mother, nurse, lawyer, judge	teacher
44	an angel	IDK
45	a lawyer	a lawyer
46	basketball player	basketball player
47	preacher	preacher
48	basketball player	superstar basketball player
49	a neurosurgeon	a neurosurgeon
50	brain surgeon	brain surgeon

**Appendix D: Selected Responses to HRAAP**

*Children's Responses to stem "Black and white people should....."*

- be friends/become friends (15)
- get along (7)
- come together (5)
- stay together (2)
- communicate (2)
- unite (2)
- join
- not be racists
- not fight so much
- play together
- not be friends
- share
- love each other
- work together
- get along more often
- be together
- be nice to each other

---

*Note.*

*Number in parentheses denotes how many children offered this response.*

- be the same
- get together and talk
- solve problems with the white and black people
- associate
- have peace among each other
- be united always

*Children's Responses to stem #20 " If I had one wish concerning race relations it would be....."*

- that we all can get along (7)
- Idk (5)
- that whites and blacks could all get along (5)
- that blacks & whites get along (4)
- that black and white people become friends (2)
- to stop racial prejudice
- that blacks & whites are good to each other
- that people be polite
- positive and very good
- stay in school
- everybody could be friends
- black & white
- share with white people
- that they can all be friends
- that the whole country don't be bad & respect each other
- nice for black and white people to work together as a group

---

*Note.*

*Number in parentheses denotes how many children offered this response.*

- to stop racism
- I would be all the races
- whites & blacks get along better
- let everybody treat each other like brothers
- stop the hate
- that everybody be nice to one another
- peace
- to change the races because some white people & black people don't get along
- that they be the same
- that everybody be nice
- nothing
- black and white could be friends
- that they all stick together - blacks & whites
- that they're all apart/stay apart
- wonderful
- that people wouldn't be racist
- freedom everywhere
- for not one black or one white to be prejudice
- to kill all the bad black people

- to stop all the prejudice
- black & white people should not make fun of each other

**Appendix E: What I Usually Do Scale**

### What I Usually Do

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

We would like to know how you usually respond to situations that make you upset. The following are examples of different ways people respond to upsetting situations. There are no right or wrong answers. For each item below, decide "how often" you would use that type of response and then **circle** the answer that fits **you** best.

Examples:

"When you become upset  
do you.....

	Not Usually	Sometimes	Often	Most of the time
A. Eat peanuts	NU	S	O	M
B. Talk to a friend	NU	S	O	M

For example A, the person who answered this item does not usually "eat peanuts" when upset, so "NU" was circled.

In example B, the person when upset "Talks to a friend" **often**, so "O" was circled.

If you have a question, please raise your hand and I will come over to you. If you do not have any questions, please wait until you are told to begin. Remember, as you're working, if you have a question –if anything becomes confusing, just raise your hand and I will come over to help you.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

"When you become upset,  
do you....."

	Not Usually	Sometimes	Often	Most of the time
1. Believe that you can work through the situation	NU	S	O	M
2. Act as if the situation never happened?	NU	S	O	M
3. Talk to someone to find out more about the situation	NU	S	O	M
4. Hope the situation will end soon	NU	S	O	M
5. Freeze or panic?	NU	S	O	M
6. Count on yourself to make the situation better?	NU	S	O	M
7. Go on as if nothing happened	NU	S	O	M
8. Ask your teacher or grown-up for help?	NU	S	O	M

9. Hope a miracle will happen?	NU	S	O	M
10. Feel completely helpless?	NU	S	O	M
11. Remember how you handled a similar situation	NU	S	O	M
12. Try and find a place to be alone?	NU	S	O	M
13. Talk about the situation with a person you admire?	NU	S	O	M
14. Wish someone would come along and change things?	NU	S	O	M
15. Feel like crying or screaming?	NU	S	O	M
16. Try to think of different ways to solve the situation?	NU	S	O	M
17. Try not to think about it at all?	NU	S	O	M
18. Ask a family member for advice?	NU	S	O	M
19. Wish that you could change what happened?	NU	S	O	M
20. Seem unable to do anything?	NU	S	O	M

21. Do your best to deal with the situation?	NU	S	O	M
22. Tell yourself it doesn't matter?	NU	S	O	M
23. Get help from a friend?	NU	S	O	M
24. Wish the situation would go away?	NU	S	O	M
25. Get so angry that you can't think clearly?	NU	S	O	M
26. See yourself as being able to change the situation?	NU	S	O	M
27. Try to forget the whole thing?	NU	S	O	M
28. Talk to someone about how you feel?	NU	S	O	M
29. Daydream about how the situation might have been better?	NU	S	O	M
30. Become so nervous that you can't do anything	NU	S	O	M

**Appendix F: Nowicki-Strickland Locus of Control Scale**

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ [ ] boy [ ] girl

### Nowicki-Strickland LOC Scale

1. Do you believe that most problems will solve themselves if you just don't fool with them? Y N
2. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? Y N
3. Do you feel that most of the time parents listen to what their children have to say? Y N
4. Do you believe that wishing can make good things happen? Y N
5. Do you feel that it's nearly impossible to change your parent's mind about anything? Y N
6. Do you feel that when you do something wrong there's very little you can do to make it right? Y N
7. Do you believe that most kids are just born good at sports? Y N
8. Are most of the other kids your age stronger than you are? Y N
9. Do you feel that one of the best ways to handle most problems is just not to think about them? Y N
10. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her? Y N
11. Have you felt that when people were mean to you it was usually for no reason at all? Y N

12. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? Y N
13. Most of the time do you find it useless to try to get your own way at home? Y N
14. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters? Y N
15. Do you usually feel that you have little to say about what you get to eat at home?  
Y N
16. Do you feel that when someone doesn't like you there's little you can do about it? Y N
17. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are? Y N
18. Are you the kind of person who believes that planning ahead makes things turn out better? Y N
19. Most of the time, do you feel that you have little to say about what your family decides to do? Y N

**Appendix G: Hopson Racial Attitude Assessment Procedure**

## HRAAP

1. Black people are \_\_\_\_\_
2. White people are \_\_\_\_\_
3. I like Black people who \_\_\_\_\_
4. I don't like Black people who \_\_\_\_\_
5. Black and White people should \_\_\_\_\_
6. Black people should \_\_\_\_\_
7. White people should \_\_\_\_\_
8. I like White people who \_\_\_\_\_
9. I don't like White people who \_\_\_\_\_
10. Black people in my neighborhood \_\_\_\_\_
11. White people in my neighborhood \_\_\_\_\_
12. In school Black people \_\_\_\_\_
13. In school White people \_\_\_\_\_
14. My greatest fear of Black people \_\_\_\_\_
15. My greatest fear of White people \_\_\_\_\_
16. Black people are best at \_\_\_\_\_
17. White people are best at \_\_\_\_\_
18. My parents think that Blacks are \_\_\_\_\_
19. My parents think that Whites are \_\_\_\_\_

20. If I had one wish concerning race relations it would be \_\_\_\_\_
21. Black is positive because \_\_\_\_\_
22. Being Black in America is \_\_\_\_\_
23. Being White in America is \_\_\_\_\_
24. White is positive because \_\_\_\_\_
25. Black people like me because \_\_\_\_\_
26. White people like me because \_\_\_\_\_
27. The thing I have most in common with White people is \_\_\_\_\_
28. The thing I have most in common with Black people is \_\_\_\_\_
29. I sometimes call Whites \_\_\_\_\_
30. I sometimes call Blacks \_\_\_\_\_
31. I like my race because \_\_\_\_\_

**Appendix H: Realistic Control Measure**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### The Things That Happen To Us

Sometimes we can keep problems from happening and sometimes we can't. Listed on the following pages are the things that happen to children. For each one, please circle how often you think someone your age can keep it from happening.

(NOTE: Administrator should say "who can tell me what keep it from happening means?" Kids should understand that the intention of the stem is "stop it from happening.")

Remember, we are not asking if these events happened to you, but only whether kids your age can keep it from happening.

#### Examples

- |  |                  |                 |                 |                 |
|--|------------------|-----------------|-----------------|-----------------|
| a. Children can keep their rooms<br>from getting really messy          | Almost<br>Always | Pretty<br>Often | Not So<br>Often | Almost<br>Never |
| b. Children can keep from getting<br>sticky when they eat cotton candy | Almost<br>Always | Pretty<br>Often | Not So<br>Often | Almost<br>Never |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**The Things That Happen To Us**

1. Children can keep themselves failing a test if they study	Almost Always	Pretty Often	Not So Often	Almost Never
2. Children can keep a best friend from moving away.	Almost Always	Pretty Often	Not So Often	Almost Never
3. Children can keep themselves from starting fights with their friends.	Almost Always	Pretty Often	Not So Often	Almost Never
4. Children can keep their parents from divorcing.	Almost Always	Pretty Often	Not So Often	Almost Never
5. Children can keep their parents from fighting	Almost Always	Pretty Often	Not So Often	Almost Never
6. Children can keep themselves from getting in trouble with the law.	Almost Always	Pretty Often	Not So Often	Almost Never
7. Children can keep themselves from starting fights with their brothers or sisters.	Almost Always	Pretty Often	Not So Often	Almost Never
8. Children can keep themselves from getting in serious trouble with the teacher.	Almost Always	Pretty Often	Not So Often	Almost Never
9. Children can keep a family member from getting in trouble with the law	Almost Always	Pretty Often	Not So Often	Almost Never
10. Children can keep themselves from starting arguments with their parents.	Almost Always	Pretty Often	Not So Often	Almost Never
11. Children can keep an adult they care about from getting drunk.	Almost Always	Pretty Often	Not So Often	Almost Never
12. Children can keep themselves from taking drugs or alcohol.	Almost Always	Pretty Often	Not So Often	Almost Never

<b>13. Children can keep their family from fighting with each other.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>
<b>14. Children can keep their parents from separating.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>
<b>15. Children can keep themselves from getting suspended from school.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>
<b>16. Children can keep an adult they care about from taking drugs.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>
<b>17. Children can keep themselves from flunking a grade.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>
<b>18. Children can keep their parents from having any worries.</b>	<b>Almost Always</b>	<b>Pretty Often</b>	<b>Not So Often</b>	<b>Almost Never</b>

**Appendix I: Stress and Coping Interview**

Index: \_\_\_\_\_

**Children**

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ [ ] boy [ ] girl

**Procedures for Interviewing Children**  
**Introduction to the Child**

Interviewer will ask child to participate in the interview.

**1. Introduce yourself**

Hi my name is ----. I am a student working on a project to find out about the things that upset and worry kids. I would like you to help me learn about these things...

**2. Build Rapport**

If the child agrees, take the child to a quiet room in the school and repeat the procedure and rights of refusal.

**3. Confidentiality**

Remember to remind the child that anything that is said between the researcher and him/her will be kept confidential. Nothing will be shared between the teacher, mother and the principal.

**4. Tips**

- a. Make certain that you are settled comfortably in a private space.
- b. Attempt to establish an atmosphere of understanding and acceptance even for socially undesirable answers.
- c. Be patient, do not rush child into quick answers.
- d. Take care not to establish a response set for answers.
- e. Do appreciate the child's candor and need to talk.
- f. Follow up with traditional questions when appropriate.

Index: \_\_\_\_\_

**General Questions**

1. Age: \_\_\_\_\_

2. Grade: \_\_\_\_\_

3. Gender:        [1]    Female  
                     [2]    Male

4. A lot of kids think they are good doing certain things. Like some kids are good at sports, telling jokes, or drawing pictures. What kinds of things do you think you are really good at doing?

---

---

---

5. Just like we are good at doing things, there are also things that we're bad at. Like some people are bad at spelling, playing basketball or cooking. What kind of things do you think you are really bad at doing?

---

---

---

Index: \_\_\_\_\_

**Stress Questions**

Now let's talk about the things that make children worry or get upset.

1. A lot of kids your age worry or get upset about different things. Can you tell me what things you think kids worry about the most?

[write down children's responses; try to get a list of at least five things]

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

2. Now can you tell me things **you** worry about the most?

---

---

---

3. Is there anything else you worry about?

Index: \_\_\_\_\_

4a. Now you have told me that you worry about these things the most (recite list to child). Now can you tell me how much you worry about each thing. (Place answer in column A below)

How much do you worry about this?

- [1] very little
- [2] little
- [3] average
- [4] a lot
- [5] extremely preoccupied

4b. How often do you worry about this? (Place answer in column B below)

- [1] Never
- [2] Occasionally
- [3] Every day
- [4] Several times a day

	A	B
	How much	How Often
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

4c. Do you think that there is anything that you can do to change the things that make you worry so that you don't worry so much?

- yes
- no
- not sure

4d. For each worry that you mentioned, can you tell me if you think that there are a lot of things, a little bit of things, or nothing you can do to change (the situation) so that you don't worry so much?

	A A lot	B A little	C Nothing
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Index: \_\_\_\_\_

**Stress Questions**

5. [If child has not mentioned anything about family]  
Some kids feel upset and worry about their family.  
Do you worry about your family?  
[1] No  
[2] Yes

What about your family worries you? Why?

---

---

6. [If child has not mentioned anything about neighborhood...]  
Some kids feel upset and worry about where they live.  
Do you worry about where you live?  
[1] No  
[2] Yes

What about where you live makes you feel worry or feel upset?

---

---

7. Is there anything else that you want to tell me about the things that make you feel worry or feel upset?

---

---

---

8. What do you do when things worry you or make you feel upset?

---

---

---

9. Does anyone help you when you feel upset? \_\_\_\_\_

- [1] No
- [2] Yes

- Who?
- [1] Mother [2] Grandmother
  - [3] Female Relative [4] Father
  - [5] Male Relative [6] Brothers/Sisters
  - [7] Friend [8] Teacher

How does \_\_\_\_\_ help?

Index: \_\_\_\_\_

**Aspirations**

Now let's finish up by talking about some of your ideas/dreams and the things you would like to do.

1. If you could have three wishes, what are the three things you would wish for?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. If you could become anything in the world when you grow up, what would you like to be?

\_\_\_\_\_

3. What do you think you will really do when you are grown up?

\_\_\_\_\_

4. Is there anything else that you would want me to know about you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Closure**

Thank you so much for helping me.

**Appendix J: Racial Identity Attitude Scale**

ID \_\_\_\_\_













































\_\_\_\_boy

\_\_\_\_girl




















\_\_\_\_age

RI

































The questions on this form ask about how you feel about things happening in the world today. Please put an X on the sad face if you strongly disagree; put an X on the face that looks kind of sad if you disagree; place an X on the somewhat happy face if you agree; and put an X on the big smiley face if you strongly agree.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I believe that being Black is good.				
2. I understand what being Black is.				
3. I like doing things with Black people, but not with White people.				
4. I believe that many Black people cannot be trusted.				
5. All Black people are my family.				
6. I would like to be a part of things that help all people who have problems because of their race.				
7. I like being wherever I am.				
8. I believe that White people look better than Black people.				
9. I like being around Black people.				
10. I like being with Black people but I do things with White people too.				
11. I really don't like White people and I call them names like "whitey."				

ID \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age \_\_\_\_\_

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
12. I believe that being a Black person may not be good.				
13. I believe that I do some things Black people do and other things I don't do like Black people.				
14. I do not like the way the leaders in this country treat Black people.				
15. I like to go to shows to watch Black people dance, sing or act.				
16. I would do things for Black people even if other Black people are not a part.				
17. I believe that Black people should think and act like White people.				
18. I believe that everything in life should be looked at from a Black point of view.				
19. I like to wear my hair and clothes like Black people.				
20. I am happy being around Black people.				
21. I believe that Black people came from a strange, dark place.				
22. People, no matter what color they are, have strong parts and weak parts.				

ID \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age \_\_\_\_\_

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
23. I read a lot of books about Black people and think a lot about being Black.				
24. I do not like some of the things that I believe about Black people.				
25. The best way for Black people to stop having problems is for them to be like White people.				
26. I say what I feel no matter whether I get punished or put out of school.				
27. I believe that everything Black is good, so I only do things with Black people.				
28. I would really like to know what it means to be Black.				
29. I believe that White people are smarter than Black people.				
30. Because I am Black, there are a lot of good things about me.				

**Appendix K: Group Social Problem Solving Measure**

Name: \_\_\_\_\_

Lynn just got a haircut and another child thought it looked funny, so the child began to make fun of Lynn. Lynn felt upset and didn't want to be teased anymore. Lynn had to decide what to do.

Listed below are some solutions kids in other groups have given for this problem. Say how good or bad you think each one is by circling which ever response you think fits best. You can say that the solution was: (5) Very good, (4) Good, (3) Neither good nor bad; (2) Bad, or (1) Very bad. Please CIRCLE one choice for each solution.

Please assume each solution starts with: Lynn could \_\_\_\_\_.

Possible Solution Lynn could.....	Solution Rating				
	VERY GOOD	GOOD	NEITHER GOOD NOR BAD	BAD	VERY BAD
1. say, 'You need a haircut.'	5	4	3	2	1
2. tell the child it isn't funny.	5	4	3	2	1
3. say, 'How would you like it if someone laughed at you?'	5	4	3	2	1
4. cut the other child's hair.	5	4	3	2	1
5. say, 'Haircuts don't matter, you should be my friend.'	5	4	3	2	1
6. laugh along with the child.	5	4	3	2	1
7. not go out of the house again until the hair grows out.	5	4	3	2	1
8. say, 'Try not to tease me.'	5	4	3	2	1
9. ignore the child.	5	4	3	2	1
10. start a fight.	5	4	3	2	1
11. say, "your hair looks worse than mine."	5	4	3	2	1
12. ask the child nicely to stop teasing.	5	4	3	2	1

Name: \_\_\_\_\_

Leslie and another child were supposed to be sharing a bike, but the other child had been using it for a long time. Leslie got mad and didn't want to wait any longer to ride it. Leslie had to decide what to do.

Listed below are some solutions kids in other groups have given for this problem. Say how good or bad you think each one is by circling which ever response you think fits best. You can say that the solution was: (5) Very good, (4) Good, (3) Neither good nor bad; (2) Bad, or (1) Very bad. Please CIRCLE one choice for each solution.

Please assume each solution starts with: Leslie could \_\_\_\_\_.

Possible Solution Leslie could...	Solution Rating				
	VERY GOOD	GOOD	NEITHER GOOD NOR BAD	BAD	VERY BAD
1. grab the bike.	5	4	3	2	1
2. say, "Get off, it's my turn."	5	4	3	2	1
3. call the other child names.	5	4	3	2	1
4. tell the other child's mother.	5	4	3	2	1
5. scare the kid off.	5	4	3	2	1
6. say, "Please."	5	4	3	2	1
7. put a log in front of the bike.	5	4	3	2	1
8. say, "Let's take turns."	5	4	3	2	1
9. bargain with the other kid.	5	4	3	2	1
10. get another bike.	5	4	3	2	1
11. knock the kid off.	5	4	3	2	1
12. say, "It's my turn. You've had it a long time."	5	4	3	2	1

Finally, go back over the above solutions and circle the numbers in front of the *three* things you would really do if you were face with the above situation.

Name: \_\_\_\_\_

Jessie borrowed Kelly's favorite toy and lost it. Jessie was worried that Kelly would be angry. Jessie had to decide what to do.

Listed below are some solutions kids in other groups have given for this problem. Say how good or bad you think each one is by circling which ever response you think fits best. You can say that the solution was: (5) Very good, (4) Good, (3) Neither good nor bad; (2) Bad, or (1) Very bad. Please CIRCLE one choice for each solution.

Please assume each solution starts with: Jessie could \_\_\_\_\_.

Possible Solution Jessie could...	Solution Rating				
	VERY GOOD	GOOD	NEITHER GOOD NOR BAD	BAD	VERY BAD
1. lie and tell Kelly it broke.	5	4	3	2	1
2. make Kelly one.	5	4	3	2	1
3. give Kelly a toy like the one that was lost.	5	4	3	2	1
4. say, "If you wait a few days it will probably show up.	5	4	3	2	1
5. play with a toy away from Kelly.	5	4	3	2	1
6. play with Kelly, be a friend.	5	4	3	2	1
7. give Kelly money to buy a new toy.	5	4	3	2	1
8. tell Kelly the right thing and say it was lost.	5	4	3	2	1
9. steal something.	5	4	3	2	1
10. blame it on someone else.	5	4	3	2	1
11. ignore Kelly when Kelly came over.	5	4	3	2	1
12. give Kelly one of Jessie 's own toys.	5	4	3	2	1

Name: \_\_\_\_\_

Pat was hoping to take the class gerbil home over the weekend, when Chris came up and said, "I wanted to take the gerbil home too. This made Pat upset because pat really wanted to take the gerbil that weekend. Pat had to decide what to do.

Listed below are some solutions kids in other groups have given for this problem. Say how good or bad you think each one is by circling which ever response you think fits best. You can say that the solution was: (5) Very good, (4) Good, (3) Neither good nor bad; (2) Bad, or (1) Very bad. Please CIRCLE one choice for each solution.

Please assume each solution starts with: Pat could \_\_\_\_\_.

Possible Solution Pat could...	Solution Rating				
	VERY GOOD	GOOD	NEITHER GOOD NOR BAD	BAD	VERY BAD
1. say, "Why don't you let me have it first?"	5	4	3	2	1
2. stay after school and sneak the gerbil home.	5	4	3	2	1
3. beg for it.	5	4	3	2	1
4. try to find another gerbil.	5	4	3	2	1
5. invite Chris over on the weekend to play with the gerbil.	5	4	3	2	1
6. think of a way to make Chris feel sad so she wouldn't want it.	5	4	3	2	1
7. ask the teacher to decide who gets to take it.	5	4	3	2	1
8. take turns.	5	4	3	2	1
9. fight over it.	5	4	3	2	1
10. write both names on a piece of paper and pick one name out.	5	4	3	2	1
11. take it without anyone knowing.	5	4	3	2	1
12. tell Chris "It's not fair, it's my turn.	5	4	3	2	1

Name: \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age

**Lynn just got a haircut and another child thought it looked funny, so the child began to make fun of Lynn. Lynn felt upset and didn't want to be teased anymore. Lynn had to decide what to do.**

**DIRECTIONS:** Write down all the different things Lynn could do to solve the situation. Remember, you can describe each situation with just a few words.

Name: \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age

**Leslie and another child were supposed to be sharing a bike, but the other child had been using it for a long time. Leslie got mad and didn't want to wait any longer to ride it. Leslie had to decide what to do.**

**DIRECTIONS:** Write down all the different things Leslie could do to solve the situation. Remember, you can describe each situation with just a few words.

Name: \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age

**Jessie borrowed Kelly's favorite toy and lost it. Jessie was worried that Kelly would be angry. Jessie had to decide what to do.**

**DIRECTIONS:** Write down all the different things Jessie could do to solve the situation. Remember, you can describe each situation with just a few words.

Name: \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_ age

**Pat was hoping to take the class gerbil home over the weekend, when Chris came up and said, "I wanted to take the gerbil home too. This made Pat upset because pat really wanted to take the gerbil that weekend. Pat had to decide what to do.**

**DIRECTIONS:** Write down all the different things Jessie could do to solve the situation. Remember, you can describe each situation with just a few words.

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