DIFFERENTIATING ACCULTURATION AND ETHNIC IDENTITY IN PREDICTING AFRICAN AMERICAN PSYCHOSOCIAL FUNCTIONING

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DIFFERENTIATING ACCULTURATION AND ETHNIC IDENTITY IN PREDICTING AFRICAN AMERICAN PSYCHOSOCIAL FUNCTIONING

Ethnic identity is a significant psychological variable for the study of African Americans in the United States and often associated with psychological health. However, the nature of this relationship is sometimes unclear. One reason for the confusion may be that ethnic identity is often confounded with acculturation as they are sometimes used interchangeably in research. Because of this confounding problem, it is not clear whether the relationship between ethnic identity and psychological health is really a reflection of ethnic identity or of ethnic identity confounded with acculturation. Thus, the aim of this study was to use factor analysis to separate ethnic identity and acculturation at the measurement level and examine the unique impact of each on both positive and negative psychosocial functioning among African Americans.

Two ethnic identity measures (MEIM and the MIBI) and two acculturation measures (AfAAS and the MASPAD) were administered to 173 (65 males and 118 females) African American students attending a historically Black university (mean age = 21, SD = 2.7). The 96 items from these measures were factor analyzed using principal components analysis.

Findings support the hypothesis of confounding in existing measures. However, results indicate that acculturation and ethnic identity are differentiable at the item level and are multidimensional. Eight internally reliable factors emerged representing different dimensions of these constructs. Three of the factors (ethnic pride, ethnic belonging, and public regard) were consistent with existing definitions of ethnic identity. The remaining five factors (out-group comfort, in-group rejection, assimilationist ideology, traditional behaviors/beliefs, and in-group preference) were consistent with the bi-dimensional definition of acculturation. These ethnic identity and acculturation factors predicted some outcomes similarly but differentially predicted others.

Several implications follow from this study. First, in order to better understand the relationship between ethnic identity and psychosocial functioning, researchers need to use measures that are not confounded with other related but different constructs. Future research should focus on the dimension level rather than the overall construct level.
Focusing more narrowly on the dimension level may produce research that can more accurately inform interventions with African Americans.

KEYWORDS: Ethnic Identity, Acculturation, Coping Strategies, Mental Health, Factor Analysis
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DIFFERENTIATING ACCULTURATION AND ETHNIC IDENTITY IN PREDICTING AFRICAN AMERICAN PSYCHOSOCIAL FUNCTIONING

THESIS

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the College of Arts and Sciences at the University of Kentucky

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Lexington, Kentucky
2006
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TABLE OF CONTENTS

Acknowledgments...........................................................................................................iii

List of Tables................................................................................................................... vi

Chapter One: Introduction
  Ethnic Identity ...........................................................................................................1
    Models Emphasizing the Unique Experience of African Americans ........3
    Models Emphasizing Universal Process of Ethnic Identity ...............9
    Commonalities Across Models .................................................................12
    Relationship between African American Identity and Psychosocial Functioning .........................14
  Acculturation .......................................................................................................16
    African American Acculturation ...............................................................19
    Models of Acculturation .............................................................................14
    Relationship between African American Acculturation and Psychosocial Functioning ................24

Chapter Two: Methodology
  Participants ..........................................................................................................32
  Measures .............................................................................................................32
    Ethnic Identity ..............................................................................................32
    Acculturation .................................................................................................34
    Psychosocial Distress ...................................................................................35
    Coping Strategies .........................................................................................36
    Substance Use ...............................................................................................37
    Self Esteem ..................................................................................................37
    Demographic Information ..........................................................................37
  Procedure ..........................................................................................................38

Chapter Three: Results
  Descriptive Information ...................................................................................39
  Results of Factor Analysis .............................................................................40
  Relationship Between Ethnic Identity and Psychosocial Functioning ........43
    Predicting Mental Health ............................................................................43
    Predicting Coping Strategies ....................................................................44
    Predicting Substance Use ...........................................................................44
  Relationship Between Acculturation and Psychosocial Functioning ........45
    Predicting Mental Health ............................................................................45
    Predicting Coping Strategies ....................................................................45
    Predicting Substance Use ...........................................................................45
LIST OF TABLES

Table 1, Description of Current Sample .........................................................48
Table 2, Intercorrelations Between Eight Extracted Factors .............................49
Table 3, Factors Extracted, Items Loading, and Scale of Origin .........................50
Table 4, Eigenvalues, Variance Accounted, and Internal Consistency for Factors Extracted after Oblique Rotation .......................................................52
Table 5, Hierarchical Multiple Regression with Psychological Distress as the Dependent Variable ..............................................................................53
Table 6, Hierarchical Multiple Regression with Self-Esteem as the Dependent Variable .........................................................................................55
Table 7, Hierarchical Multiple Regression with Self Distraction (Coping) as the Dependent Variable ......................................................................57
Table 8, Hierarchical Multiple Regression with Religion (Coping) as the Dependent Variable ..............................................................................59
Table 9, Hierarchical Multiple Regression with Alcohol Use Frequency as the Dependent Variable ......................................................................61
Table 10, Hierarchical Multiple Regression with Incidence of Alcohol Induced Objections/Problems as the Dependent Variable ...........................63
Chapter One

Introduction

Identity development, a process of individual change that can occur along social, cultural, and psychological domains, is a key function of adolescence and young adulthood. According to Erikson (1968), identity is achieved after a period of exploration and experimentation, typically during adolescence, and leads to various decisions and commitments. Identity development is a time when people try to determine what is unique and special about them. They try to discover who they are, what their strengths are, and which types of roles they are best suited to play for the rest of their lives – in short, their identity (Feldman, 2002). Individuals who are able to successfully establish an identity not only enter adulthood with a secure sense of self that guides their adult development, behavior, and interpersonal relationships, but they also tend to be more psychologically healthy (Adams, Gullota, & Montemayor, 1992; Marcia et al., 1994).

Ethnic Identity

For people of color, the development of an ethnic identity is a critical component of identity development and is associated with psychological health. Phinney (1996) defines ethnic identity as “an enduring, fundamental aspect of the self that includes a sense of membership in an ethnic group and the attitudes and feelings associated with that membership” (p. 923). Ethnic identity is essentially the sense of identity that comes from one’s membership in an ethnic group. More or less, ethnic identity refers to the infusion of one’s ethnic group membership and the feelings associated with that membership into one’s self-perception and overall identity (Yancey, Aneshensel, & Driscoll, 2001), a process that has been described as an essential human need for people of color because it provides them a sense of belonging and historical continuity (Smith, 1991). According to Erikson (1950), ethnic identity formation is a process located both in the core of the individual and in his or her communal culture. The formation of an ethnic identity can be conceptualized as a distinct form of identity development, a process taking place over time as individuals explore and make decisions about the role of ethnicity in their lives (Phinney, 1990). This process of ethnic identity development is not salient for European
Americans, as research shows that they consistently score lower on measures of ethnic identity than do persons of color (Roberts et al., 1999).

Ethnic identity is a significant psychological variable for the study of African Americans in the United States (US) and one of the most prominent variables in research involving US ethnic groups (Greig, 2003; Phinney, 1990, 1996). Research findings indicate ethnic identity is most predictive of what constitutes a sense of self in African Americans (Aries & Morehead, 1989). Not only do African Americans rate ethnicity as an issue of importance in the formation of their identity (Phinney & Alipuria, 1990), but ethnic identity has been shown to predict numerous important psychosocial outcomes in African American young adults such as perceptions of racial bias (Jefferson & Caldwell, 2002), academic efficacy (Oyserman, Harrison, & Bybee, 2001), school performance (Beale Spencer, Noll, Stoltzfus, & Harpalani, 2001; Sandoval, Gutkin, & Naumann, 1997), moral development (Moreland & Leach, 2001), self-esteem, optimism, and coping skills (Roberts et al., 1999).

Several conceptual models have described ethnic identity development in African American adolescents and adults. In the next section, I will describe some of the most frequently referenced of these models. Some models are referred to as racial identity models by their authors while others are referred to as ethnic identity models. Although there are some important distinctions between racial and ethnic identity models (e.g., racial identity models tend to refer only to African Americans and include biological components such as physical characteristics, whereas ethnic identity models tend to refer more broadly to multiple ethnic groups), these distinctions are not germane to the central theme of the current study. Thus, for the purpose of this study, I will use the terms interchangeably and will use the term ethnic identity when making statements that encompass both racial and ethnic identity models. However, this is not intended to diminish or negate the importance of the distinctions between them. As might be anticipated, there are several common themes that cut across these models. Thus after describing the most frequently referenced models, I will highlight these commonalities. Subsequently, I will discuss the relationship between African American identity and psychosocial functioning.

Several theoretical models have been proposed to describe and explain how
African Americans come to identify with their ethnic/racial group. Some of these models emphasize the connections associated with the unique experience of being African American in a society that is not primarily African American (Sellers et al., 1998b). An example of this type of model is the Multidimensional Model of Racial Identity (Sellers et al., 1998b). Other models emphasize the importance of culture and identity, but view ethnic group membership as one example of a more universal process of identity development that all ethnic groups, including European Americans, go through (e.g., Phinney, 1992). One such model is Phinney’s (1992) Multigroup Ethnic Identity Model. Though these types of models have different labels attached to them and varying conceptual frameworks, the foundational bases are quite similar. These foundational aspects will be the focus of this section.

*Models Emphasizing the Unique Experience of Being African American*

In models that are specific to African Americans, ethnic identity has been defined as the extent to which an individual holds positive, negative, or mixed attitudes toward his or her own racial or cultural group and his or her place in it (Carter & Helms, 1988). This ethnic group identification refers to the psychological attachment associated with individuals sharing an implicit understanding of what it means to be African American (Sanders Thompson, 2001). The concept of ethnic identity is not simplistic in that not all African Americans choose to identify with the group, nor do all African Americans have equivalent levels of identification with the group. A number of researchers have formulated models of ethnic identity aimed at capturing the varying nature of ethnic identification across the African American community as well as its developmental evolution (Hyers, 2001). Among those are Cross’ model of Nigrescence, Helms’ Model of Racial Identity Development, and Sellers’ Multidimensional Model of Racial Identity. In these models, racial identity is comprised of attitudes, thoughts, feelings, and behaviors toward oneself as a member a racial group and toward members of the dominant racial group. The manner in which one’s racial identity is integrated into one’s personality depends on several factors such as family, community, society, and the manner in which these important others validate, deny, or ignore this aspect of one’s identity (Cross, 1978).

*Cross’ Nigrescence Model.* William Cross (1971) developed one of the first and
most popular stage theories of ethnic identity, of which he called Nigrescence, which is considered the origin of ethnic identity development theory. He defined Nigrescence as the developmental process by which a person becomes African American, where African American is defined in terms of one’s manner of thinking about and evaluating oneself and one’s reference groups rather than in terms of skin color (Helms, 1990). The Nigrescence model outlines the five stages through which people go in becoming racially oriented: Pre-encounter, Encounter, Immersion/Emersion, Internalization and Internalization/Commitment.

Pre-encounter (pre-discovery) is the stage in which, the individual assimilates himself or herself into the White-Anglo-Saxon-Protestant standard. These standards are anti-African American and pro-European American beliefs in which, the person views African Americans as inferior and European Americans as superior. At this stage, there is a strong desire to assimilate into European American society. In the Encounter (discovery) stage, a two-step process begins to occur. First, the individual encounters a profound crisis or event that challenges his or her previous mode of thinking and behaving, an experience which awakens the person to the condition of African Americans in the US. For example, a person may experience racism at a job interview or be denied access to an organization because of his or her race. Second, the person begins to reinterpret the world and a shift in worldview results. Cross pointed out how the murder of Martin Luther King, Jr. was such a significant experience for many African Americans, an experience that left people feeling guilt and anger over being brainwashed by European American society (Sue & Sue, 1999).

In the Immersion-Emersion stage, the person withdraws from the dominant culture and immerses him or herself in African American culture. Though not internalized, a sense of Black pride begins to develop which Cross (1971) describes as “an immersion into Blackness and a liberation from whiteness” (p. 18). During the Internalization stage, the individual “incorporates aspects of the immersion-emersion experience in their [sic] self-concept. They achieve a feeling of inner security and are more satisfied with themselves” (Cross, 1971, p. 21), as conflicts between the old and new identity are resolved. Finally in the Internalization-Commitment stage, the individual attains a new self-image. The person in this stage is confident in their personal standards.
of Blackness, progressing “from uncontrolled rage toward [European Americans] to controlled; from insecure, rigid, feelings of inferiority to Black pride, self-love and a deep sense of Black communalism” (Cross, 1971, p. 23). It is at this point that global anti-White feelings subside and the person becomes more flexible, tolerant, and bicultural.

Cross (1971) refers to this process as the “Negro-to-Black conversion” experience. The Negro-to-Black conversion experience illustrates a change in African American people from dependency on European American leadership (i.e., Pre-encounter stage) to the internalization of positive African American attitudes (i.e., Internalization-Commitment stage). This model suggests that African Americans move toward affirming culture as a significant component of their self-concept as their ethnic identity develops.

**Helms’ Black Racial Identity Model.** Although several models of ethnic identity development have evolved following Cross’ (1971) theory, the most widely used is Helms’ (1990) Black Racial Identity Model. In this model, one moves from a self-denigrating view of oneself as a racial being to a view with a solid and healthy sense of oneself as a racial being. Parham and Helms (1985) revised Cross’ (1971) model of psychological Nigrescence, proposing only four statuses of ethnic identity development: Pre-encounter, Encounter, Immersion/Emersion, and Internalization. According to Helms, the predominant racial identity operates psychologically as a worldview, and each level has its own constellation of emotions, beliefs, motives, and behaviors which influence its expression (Carter, 1995).

At the Pre-encounter level, the individual is programmed to view and think of the world from a European American frame of reference as he or she thinks, acts, and behaves in ways that devalue his or her own race. In Pre-encounter, race has little or no personal or social meaning, as individuals view their personal and social status as determined solely by personality, ability, and effort. This can be expressed in two distinct ways, passively or actively. An individual who is in passive pre-encounter has staunch individualistic views that are characteristic of US cultural beliefs. An African American with this status accepts European American cultural values without question or awareness, internalizes them, views other African Americans in stereotypic ways, and invests considerable psychological energy maintaining distance between himself or herself and other African Americans (Carter, 1995). African Americans in active Pre-
encounter, on the other hand, consciously idealize Whiteness and White culture and denigrate Blackness and Black people, and in an effort to be accepted into White society and culture, he or she tries to assimilate. Whether active or passive, the individual at this level considers ethnicity as a minor component of personal identity, and disregards his or her ethnic group as a significant reference group.

Encounter is the level of racial identity that is most tumultuous and disconcerting, for it is at this level that an individual has an experience or series of experiences that challenge his or her previously held beliefs, after which there is a search for a new African American identity (Carter, 1995). Development of this level occurs in two phases. In the first phase, there is a jolt to the person’s identity as an event or series of events shatter his or her feelings about himself or herself with respect to race and his or her interpretation of the European Americans and African Americans in America (Carter, 1995). “The encounter event has the effect of ‘pulling the rug’ from under the feet of the person” (Cross, Parham, & Helms, 1991, p. 324). In the second phase, the person begins to consciously experience conflict and confusion about who he or she is as a person and as racial being. This leads to an energized decision to discover the meaning and significance of his or her Blackness; the individual begins to view his or her racial identity more positively, and he or she wants to become deeply involved in learning and experiencing the meaning and values of his or her race and culture (Carter, 1995).

During the Immersion/Emersion stage the individual has general anger toward European Americans and idealizes all things African American. Immersion-Emersion has two distinct phases. The first phase, Immersion, is characterized by an all-consuming involvement in African American culture. The person immerses himself or herself in African American experiences (e.g., clubs, groups, political organizations) and withdraws physically (when possible) and psychologically from White society as a way to discover and affirm his or her Black identity. Tremendous energy is invested in discovering a new and decidedly more Black identity, and the person develops a positive and idealized view of Blackness that is juxtaposed with a negative and hostile view of Whiteness (Carter, 1995). In time, Immersion subsides and the person enters Emersion which involves integrating the new identity into his or her personality. The person begins to acknowledge and accept the strengths and weaknesses of African American people and their role in
When an individual begins to internalize and integrate the new African American identity into his or her personality, this person is moving toward the next level of racial identity, Internalization. This stage characterizes a resolution of ethnic identity conflicts. During Internalization, the individual achieves a sense of inner pride, strengthening his or her racial identity, and develops a sense of security with respect to his or her cultural heritage (Carter, 1995). “While still using Blacks as a primary reference group, the person moves toward a pluralistic and non-racist perspective” (Cross et al., 1991, p. 32). The individual internalizes and gains a greater appreciation for the African American self, a sense of inner security with his or her ethnicity, and a decline in anti-European American feelings, where he or she no longer generalizes his or her anger towards all European Americans (Parham & Helms, 1985).

Sellers’ Multidimensional Model of Racial Identity. Sellers and colleagues developed the Multidimensional Model of Racial Identity (MMRI), which focuses on the multidimensional nature of ethnic identity and the heterogeneity in ethnic identity (Sellers, Smith, Shelton, Rowley, & Chavous, 1998), both in significance and in how the individual defines what it means to be African American. The MMRI was one of the first models of ethnic identity that did not assume race to be the ultimate defining characteristic for all African Americans across all situations. It, instead, provides a conceptual framework for understanding racial identity in African Americans, defining the term as “the significance and qualitative meaning that individuals attribute to their membership within the Black racial group within their self-concepts” (Sellers et al., 1998, p. 23).

Three assumptions underlie the MMRI. The first assumption is that racial identity is not only a stable property of a person, but can also be influenced by situations. The second assumption is that social identities vary in their level of importance to the individual and are hierarchically ordered. Essentially, the MMRI assumes African Americans have a number of hierarchically ordered identities of which race is only one. The third assumption is that the individuals’ perceptions of what it means to be Black are the most valid indicator of racial identity. Thus, this model makes no value judgment as to what constitutes a psychologically healthy versus unhealthy identity (Marks et al.,
In addition to these assumptions, the MMRI focuses on describing the status of individuals' racial identity at a specific point in their lives as opposed to describing the process of identity development. Rather than being concerned with determining the stage at which along a developmental sequence a person is, this model posits that racial identity is multi-dimensional, and that it is important to distinguish between the significance (importance) and meaning of racial group membership (Sellers et al., 1998). For example, racial group membership (i.e., being African American) may be equally important to the self concept of two individuals, but those individuals may hold very different beliefs regarding what it means to be African American.

The MMRI distinguishes four dimensions of racial identity: Centrality and Salience, which tap into the significance of race, and Ideology and Regard, which describe the meaning of race. Racial Centrality refers to how important an individual’s race is to him or her across all situations and time. Racial Salience refers to the relevance of race to a person’s self-concept within specific contexts. This dimension focuses on different situations to see when and where an individual is especially cued to think about his or her race. According to Sellers and colleagues (1998), the interaction between racial centrality and racial salience is key to understanding African American identity. Individuals may express a high racial centrality though racial identity may vary in salience in different contexts. For example, an individual may identify strongly as an African American overall, but not be particularly cued to think about this identity in the workplace. However, in general the more central a person’s racial identity is, the more likely racial identity is to become salient in racially ambiguous situations.

Racial Ideology describes an individual's beliefs, opinions and attitudes regarding the way that African Americans should live and interact with others. Sellers and colleagues propose four ideological philosophies: Nationalist, Oppressed Minority, Assimilation, and Humanist. The Nationalist philosophy emphasizes the uniqueness of being of African descent. The Oppressed Minority philosophy emphasizes the similarities between African Americans and other oppressed groups. The Assimilation philosophy emphasizes the similarities between African Americans and the rest of American society. The Humanist philosophy emphasizes the similarities among all humans. Individuals may primarily operate under one ideology, though most hold all ideologies to varying degrees
as they apply to various areas of functioning (Sellers et al., 1997).

The fourth dimension, Regard, describes individuals’ affective and evaluative judgment of their race. There are two types of regard, namely private and public. Private Regard refers to the extent to which individuals feel positively or negatively toward African Americans and their membership in that group, while Public Regard refers to the extent to which individuals feel that others view African Americans positively or negatively. It has been argued that the “other” groups’ perceptions affect individuals’ views concerning their own group (Sellers et al., 1997).

The MMRI conceptualizes Centrality, Regard, and Ideology to be stable across various situations, but this does not mean the dimensions are immutable. These dimensions may change over time, with change in location, social environment, or as a result of a life-changing racial event (Shelton & Sellers, 2000). However, the magnitude of the change is likely slight and the process gradual. Racial salience is the only dimension in this model significantly susceptible to contextual influence and variance across situation.

Models that Emphasize the Universal Process of Ethnic Identity Development

Models that emphasize the universal process of ethnic identity development tend to focus on the common properties associated with group identity for all ethnic groups, including European Americans. Research in this area tends to be comparative in nature as the same models are used to measure the group identities of different ethnic groups. The models for studying ethnic identity authored by Phinney (1990) and Smith (1991) are considered “mainstream” because they ignore aspects of racial/ethnic identity that are unique to specific ethnic groups and focus instead on the universal aspects associated with group identity for all ethnic groups (Shelton & Sellers, 2000).

Phinney’s Multigroup Ethnic Identity Model. Phinney (1990) suggests that ethnic identity is a general phenomenon common to all people. Although she does not discount that each ethnic group possesses unique qualities, her model only includes the four aspects of ethnic identity she believes are universal for all ethnic groups. First, she posits that one’s self-identification as a member of an ethnic group is a prerequisite for ethnic identity. Essentially, individuals must define themselves as members of a particular ethnic group before their attitudes about their ethnic group are likely to be significant to
them. Another component is the extent to which individuals are involved in social
activities with members of their group and participate in cultural traditions. A third
component of Phinney’s model emphasizes individuals’ feelings with respect to their
affirmation of, and belonging to, their ethnic group. Specifically, this component consists
of one’s feelings of ethnic pride. The final component, ethnic identity achievement,
stresses the notion that ethnic identity is dynamic in that it develops in an ongoing
manner over time.

Further illustrative of this “mainstream” approach to studying ethnic identity is
Phinney’s predominant concern with the developmental process of group identity
(Shelton & Sellers, 2000). Phinney’s model of ethnic identity stems from Erikson’s
(1968) and Marcia’s (1980) research on ego identity. These researchers suggest that
identity development takes place linearly during adolescence, and that the optimal
outcome is characterized by an “achieved” identity. Phinney’s model assumes that once
achieved, group identity will remain relatively consistent throughout the individual’s life.

The identity stages that Phinney discusses in her model include
Diffuse/Foreclosed, Moratorium, and Achieved. Someone who has not explored or made
any commitments to his or her ethnic identity is said to be diffuse. These individuals have
not had to address the issue of ethnicity. As a result, ethnicity is not a significant
component of the individual’s self-concept, nor does he or she have a comprehensive
understanding of the value of ethnicity (Marks, Settles, Cooke, et al., 2000). Someone
who has made a commitment to his or her ethnic group without exploration is said to be
foreclosed. These individuals may have accepted an ethnic identity that has been
expressed to them by family or significant others, though they themselves have not
questioned the values and ideologies to which they have been exposed. A person who is
engaged in exploration but lacks commitment is said to be in moratorium. These
individuals spend a lot of time experimenting with methods of understanding their
identity by discussing ethnicity with their counterparts, reading literature that concerns
race and/or discrimination, or simply being more aware of race/ethnicity related issues
(Marks et al., 2000). An individual who has made a commitment after a period of
exploration has an achieved identity (Marcia, 1966; 1980). This identity state is
characterized by the individual’s deeper sense of belonging to the group, clearer
understanding of his or her group, and acceptance of the group (Mark et al., 2000).

Smith’s Ethnic Identity Development Model. An alternate but similar model of
ethnic identity development is Smith’s Ethnic Identity Development Model. Smith (1991)
defines ethnic identity as the “sum total of group members’ feelings about those values,
symbols, and common histories that identify them as a distinct group” (pp. 181-182). She
conceptualizes ethnic identity development as a process of coming to terms with one’s
ethnic/racial membership group as a salient reference group (Smith, 1989). A primary
focus of Smith’s theory is that both minority and majority status influence the process of
ethnic identity development. Specifically, while the ethnic identity development of
European Americans is continually validated and positively reinforced by both group
membership and the structure of society’s institutions, such is not the case for people of
color (Smith, 1991). This lack of positive reinforcement puts increased focus on the
ethnicity of people of color. On the other hand, positive reinforcement frees European
Americans to focus on aspects of their lives other than ethnicity.

Further stemming from this issue of minority versus majority group status,
Smith’s model conceptualizes ethnic identity development as a life long process of
boundary-line drawing, of deciding what individuals and what groups are included in
one’s inner and outer boundary groups (Smith, 1991). The process is one that moves from
a state of unawareness of ethnic group differences to awareness, from non-ethnic self
identification to ethnic self identification, and from partial ethnic identifications to
identity formation. Individuals traverse through four phases as their ethnic identity
develops. In the first phase, preoccupation with self or preservation of ethnic self-
identity, an individual’s “ethnic self-equilibrium” (i.e., ethnic identity) is challenged by
positive or negative contact experience with an outside group. The second phase is the
preoccupation with the ethnic conflict and with the salient ethnic outer boundary group.
In this phase, individuals who have significant contact with an out-group experience
strong feelings that motivate them to seek safety and support from their own in-group. In
the third phase, resolution of conflict, the individual restores his or her “ethnic self-
equilibrium” by seeking a solution to the ethnic identity conflict. The final phase,
integration, is characterized by an integration of current and previous experiences of
ethnic contact. Individuals attempt to balance a negative or positive ethnic contact
experience with the totality of past ethnic contact experiences.

**Commonalities Across Models**

The components of ethnic identity achievement, a sense of belonging and acceptance, ethnic involvement, and recognition of majority versus minority status are consistently found across the various conceptualizations of racial and ethnic identity, including those that emphasize universal aspects of ethnic identity development, those that emphasize attributes germane to African Americans, and both multidimensional and stage models of ethnic identity.

**Ethnic identity achievement.** The idea that ethnic identity is dynamic and that it develops over time is a consistent theme across all of the models. Cross’ Nigrescence Model specifically refers to a conversion experience, suggesting a process of change precipitated by some significant race related event before ethnic identity can be achieved. This is mirrored in Helms’ model of racial identity development. Phinney’s model of ethnic identity depicts development taking place in a linear fashion with an achieved ethnic identity is the ultimate outcome. Smith describes development in terms of traversing through a series of delineated ethnic identity conflicts before arriving at an achieved ethnic identity. Sellers’ and colleagues’ model of racial identity focuses on the status of one’s racial identity at a given time. However, their model does recognize that a person’s ideology, regard, and centrality may change over time as a result of developmental changes. It seems that regardless of their distinction as a stage or multidimensional model, universal model or specific to African Americans, all of the delineated models postulate that ethnic identity development is a process that is not arrived at all at once.

**Belonging/Acceptance.** A sense of belonging and acceptance of one’s ethnic group is also a significant component of ethnic identity that cuts across all models. These positive attitudes include feelings of ethnic pride, pleasure, satisfaction, and contentment with one’s own group (Phinney, 1990). Smith (1991) delineates arriving at a state of self-acceptance (versus other-group acceptance) as a task of ethnic identity development. Sellers’ and colleagues’ (1998b) model of racial identity highlights these positive attitudes toward African Americans and their membership in that group in the dimension of Private Regard. This component of ethnic identity may correspond to the Encounter
stage and continuing on through the Internalization stage of Cross’ and Helms’ models. During these stages individuals examine their views about race, explore aspects of a new identity, and begin to appreciate their ethnicity. A sense of belonging and acceptance emphasizes the importance attributed to one’s ethnicity and feelings of concern for one’s culture (Phinney, 1990).

*Ethnic involvement.* Involvement in the social life and cultural practices of one’s ethnic group is the most widely used indicator of ethnic identity (Phinney, 1990). The indicators of ethnic involvement that are most commonly used are language, one’s choice of friends, the social organizations to which one belongs, religious affiliations, the cultural traditions one practices, and political involvement. This ethnic involvement delineated by Phinney is reflected in Sellers’ and colleagues’ dimension of Centrality in that the more central racial identity is to the individual, the more likely he or she is to participate in activities related to his or her ethnic group. Such ethnic involvement is likely to occur during the Immersion stage of Helms’ and Cross’ models in which the individual idealizes all things African American. This stage is characterized by an all-consuming involvement in African American culture as the person immerses himself or herself in African American experiences and withdraws from mainstream society. The person’s energy is put towards ascertaining a new African American identity by this escalation of ethnic involvement (Carter, 1995). With this escalation in ethnic involvement, the person may experience ethnocentrism, an exaggerated preference for one’s own ethnic group and things associated with that ethnic group and key identity conflict during Smith’s model of ethnic identity development (1991). Contact with those not of one’s ethnic group is what usually precipitates the conflict, or challenge to the one’s ethnic identity.

*Minority status.* Smith’s model of ethnic identity development focuses on minority versus majority status and depicts the process as one of life long boundary-line drawing, of deciding what individuals and groups are to be included in one’s inner and outer boundary groups (1991). The previously depicted models of ethnic identity each highlight this issue of in-group versus out-group as a central theme. Helms (1990) conceptualizes ethnic identity as one’s manner of thinking about and evaluating oneself and one’s reference group. The reference group refers to the in-group. Cross (1971)
further illustrates this through his reference to a process of change in African American people from dependency on European Americans as a reference group to the internalization of positive African American attitudes. In her conceptual framework for understanding ethnic identity, Phinney (1990) emphasizes social identity theory in which the feelings of identification and belonging associated with membership in a social group, or in-group, lead to increased welfare and improved self. Once again, reference is made to African Americans (and other people of color) drawing boundaries between themselves, the in-group, and European Americans, the out-group. This identification with the in-group meets a basic psychological need by establishing a sense of belonging and foundation (Sanders Thompson, 2001).

Clearly, existing literature demonstrates the commonalities of the ethnic identity development models reviewed. However, the clearest discrepancies between the models lie in the manner in which researchers conceptualize ethnic identity, taking the stance of focusing on universal properties of the process or addressing a specific ethnic group. The other primary distinction between these models is the mode of ethnic identity development. Ground breaking models in the field of ethnic identity were typically stage models that provided a precise path of development (i.e., Cross’s Nigrescence Model). Progressively, however, multidimensional models of ethnic identity have been advanced that conceptualize ethnic identity as a continuing or serial process with each dimension of ethnic identity able to change at different points during the person’s life. Nonetheless, the substantial degree of overlap of these models sheds light on key components of ethnic identity necessary to consider when conducting investigations focused persons of color in the US.

**Relationship between African American Identity and Psychosocial Functioning**

Researchers have asserted that ethnic identity is critical to self-concept and encompasses a number of psychological ramifications as African Americans struggle to understand their ethnicity (DuBois, 1983; Phinney, 1990). Ethnic identity can be regarded as a facet of self concept that develops in psychologically healthy individuals, though the level of ethnic identity required of psychological health is not universal across all individuals (Greig, 2003). Among African American adolescents, ethnic identity is generally related to indicators of positive mental health such as self-esteem, self-concept,
and self-efficacy (Phinney, 1991; Beale Spencer et al., 2001), as well as with levels of coping, mastery, and optimism (Roberts et al., 1999; Smith et al., 1999), and as buffer against adverse mental health outcomes (Roberts et al., 1999). One of the most cited studies on ethnic identity and positive mental health, conducted by Parham and Helms (1981), examined the relationship between ethnic identity and self-esteem. They found Pre-encounter and Encounter attitudes to be associated with low self-esteem. Further, Speight et al. (1996) indicates a positive association between immersion attitudes and self-esteem. The findings suggest that African Americans for whom ethnicity has little or no personal meaning (i.e., Pre-encounter) or who experience confusion about being African American (i.e., Encounter) tend to have lower self-esteem than those who hold positive views of their ethnicity (i.e., Immersion) (Parham & Helms, 1981).

A number of researchers have hypothesized that ethnic identity is negatively related to a variety of adverse mental health outcomes (Arroyo & Zigler, 1995; Roberts et al., 1999; Arbona et al., 1999) such as loneliness and depression. Nevertheless, research investigating adverse mental health and ethnic identity is not as fully developed as that investigating positive mental health functioning (Greig, 2003) and may be dependent on the outcome variable in question. For example, though a number of studies confirm a negative relationship between African American identity and both eating disorders (Abrams, Allen, & Gray, 1993; Petersons et al., 2000; Siegel, Yancey, & McCarthy, 2000) and adult depression (e.g., Mumford, 1994; Pyant & Yanico, 1992; Siegel et al., 2000), there seems to be no relationship between African American identity and phobic symptoms, obsessive-compulsive symptoms, or somatization (Carter, 1991; Chambers et al., 1998; Neville & Lilly, 2000). Additionally, there are also cases in which African American identity measures have positively predicted adverse mental health outcomes such as substance use (Marsiglia, Kulis, & Hecht, 2001; Scheier et al., 1997). While existing theory suggests that ethnic identity is related to overall psychosocial functioning, distinguishing between positive and adverse mental health is beneficial in depicting the actual relationship between the constructs.

While the link between ethnic identity and psychosocial functioning for African Americans has been demonstrated in the literature, there are shortcomings in the literature that raise questions about the nature of this relationship. One such shortcoming
is the confounding of ethnic identity and acculturation. Ethnic identity and acculturation are sometimes used interchangeably in research and at other times they are used as though they are very different processes (Cuellar et al., 1997). Moreover, apparent overlap in the two constructs complicates attempts to make clear empirical distinctions between them and to examine their interrelationships. Because of this confounding problem, it is not clear whether the relationship between ethnic identity and mental health is really a reflection of ethnic identity or of ethnic identity confounded with acculturation. Further, inconsistent findings with regard to ethnic identity and negative mental health outcomes could be a result of this confounding problem. To better understand the relationship between ethnic identity and both positive and negative psychosocial functioning, ethnic identity needs to be disentangled from acculturation both methodologically and conceptually. Hence, the goal of the current study is to separate ethnic identity and acculturation at the measurement level and then examine the unique impact of each on African American psychosocial functioning. In the following section, I will describe acculturation, why it is considered a cultural variable, both universal and ethnic group specific theories of acculturation, and acculturations’ impact on African American mental health. From that point, a more detailed depiction of the confounding of ethnic identity and acculturation will be presented.

**Acculturation**

In the middle of the 19th century, anthropologists (and others) wanted to understand the origin of culture traits and how they are spread from one culture to another. Acculturation became one term to describe this process; it reflected the cultural change process that happens when two autonomous cultures interact for prolonged periods of time. Put differently, acculturation comprised those changes in a culture brought about by another culture and which result in increased similarity between the two cultures (Kroeber, 1948). Though this type of change may be reciprocal, typically this process is asymmetrical with one culture changing more than the other; the result is the gradual, and usually partial, incorporation of one culture into another. Most often studied in immigrants to the US and in ethnic groups already living in the US, the acculturation process occurs under conditions of direct contact between cultures and typically involves
the individual from the immigrant or ethnic group learning (and adopting) the language, habits, and values of the dominant culture.

Redfield, Linton, & Herskovits (1936) were among the first researchers in social science to define acculturation, and they defined it as a culture change that results from continuous, firsthand contact between two distinct cultural groups. In 1954, the definition was expanded by the Social Science Research Council, to “the merger of two or more independent cultural systems, leading to dynamic processes that include the adaptation of value systems and transformation within relationships and personality traits” (Chun, Balls Organista, & Marin, 2003, p. xxiii). This shift in definition was implemented to counteract the prior definitions’ portrayal of acculturation as a process of moving from one culture to another, a concept now characterized as assimilation (Romero, 1981). Current conceptions of acculturation, however, refer to an individual’s adaptation to the mainstream culture, in this case the United States (Cauce, 2002).

The simplest approach to conceptualizing acculturation is to think of it as a continuum from traditional to acculturated (Landrine & Klonoff, 1996). At one end of the spectrum are traditional individuals who remain immersed in many of the beliefs, practices, and values of their own culture. The middle of the spectrum contains those who have retained the beliefs and practices of their culture of origin but also participate in practices of the dominant society. At the other extreme of the spectrum are those highly acculturated individuals who rarely participate in the beliefs and practices of their culture of origin and who immerse themselves in the dominant culture’s traditions.

While clarifying the concept of acculturation, it is imperative to differentiate it from assimilation, as the two concepts are often thought to be one in the same. The term assimilation requires the cultural absorption of a person of color into the main cultural body, a process which results in complete cultural loss for the person of color. Acculturation has been described as giving up most cultural traits of the culture of origin and assuming traits of the dominant culture (Berry, Trimble, & Olmedo, 1986). It is an adjustment process whereby, as a result of sociocultural interactions, a person acquires the customs of an alternative culture (Phinney, 1990). Essentially, acculturation reflects the degree to which an individual identifies with or conforms to the attitudes, lifestyles, and values of the dominant culture (Lee, 1997). In contrast to assimilation, acculturation
does not result in complete cultural loss, nor is the transference of cultural traits constrained to occur with people of color, as traits can be transferred to the dominant culture as well. Thus, even though acculturation has formerly been used to mean assimilation, where it is assumed that an acculturated individual will completely lose his or her original cultural identity and be absorbed by the dominant society, this outcome actually occurs during the process of assimilation, not acculturation.

**African American Acculturation**

African Americans have often been overlooked or not considered at all in acculturation research (Landrine & Klonoff, 1996; Snowden & Hines, 1999). One reason is because most acculturation research has focused on recent immigrants to the US including Asian Americans (Gim, Atkinson, & Whiteley, 1990; Lee & Zane, 1998; Uba, 1994) and Latinos (Cuellar et al., 1997), as the impact of acculturation is more readily accessible for these groups. As a consequence, measures devised to assess acculturation include questions about English-language use or proficiency, length of US residence, compliance with traditional cultural beliefs, and observance of cultural traditions (Balls Organista, Organista, & Kurasaki, 2003), questions that are particularly difficult to apply to African Americans (Snowden & Hines, 1999). Thus, very few studies directly measure African American acculturation, and more specifically, its relation to psychosocial functioning.

Landrine and Klonoff (1994) indicate that another reason why investigations of acculturation rarely include African Americans is because researchers have primarily focused on the poorly defined concept of “racial group” rather than on the ethnicity and culture of African Americans. In other words, psychologists tend to conceptualize African Americans as a race rather than as an ethnic or cultural group like Latinos, Asian Americans, or other people of color. Rather than exploring their traditional cultural beliefs, values, and practices, African Americans are often thought of as being simply American (Balls Organista, Organisa, & Kurasaki, 2003; Landrine and Klonoff, 1994). Detraction from the viability of African American culture hinders the potential of research with this ethnic group. As a result, research focusing on African Americans as a race lacks the depth that could be obtained if research focused on African Americans as an ethnic of cultural group. Given that African Americans are inherently an ethnic group
(as opposed to a race), the most appropriate approach to the study of this group is to examine their culture, varying degrees of immersion in it (level of acculturation), responses to demands to adapt to mainstream society, and the role these play in their behavior and beliefs (Landrine & Klonoff, 1996; Balls Organista, Organisa, & Kurasaki, 2003).

Models of Acculturation

Several theoretical models have been proposed to describe and explain how people of color have come to adapt to the mainstream culture while maintaining (or not maintaining) a connection with their own ethnic/racial group. Although there is wide consensus that acculturation is an important part of cross-cultural psychology, there is disagreement about how to conceptualize it. Some of these models emphasize the importance of culture and change, but view acculturation as a more universal process of adaptation that all ethnic groups experience similarly. One such model is that of Berry’s and Kim’s (1988) conceptualization of acculturation. Other models, though few in number, emphasize the connections associated with the unique experiences of being African American in a society that is not primarily African American, such as Landrine’s and Klonoff’s model of African American acculturation (1996). Both types of models will be presented to demonstrate the process of acculturation as conceptualized from each perspective.

Model Emphasizing the Universal Process of Acculturation. Models that emphasize the universal process of acculturation focus on the common properties associated with adaptation for all ethnic groups. They generalize over aspects that are unique to specific ethnic groups and focus instead on the universal aspects associated with cultural adaptation for all ethnic groups.

According to Berry and Kim (1988), acculturation is a process that takes place over time, specifically as a series of five phases: precontact, contact, conflict, crisis, and adaptation. The duration of each phase varies from person to person. The precontact phase denotes the time prior to the ethnic group coming into contact with another cultural group. During this phase, each cultural group is composed of independent and individual characteristics. At this point, the groups have not experienced any cultural or psychological changes in practices or beliefs as a result of coming into contact with
others. Subsequently, the groups interact during the contact phase, the beginning of cultural and behavioral exchange. Typically a conflict phase follows, where the interaction that occurs leads to a building of tensions and pressure, especially by the non-dominant group, to change its way of life. In this phase, individuals often feel overwhelmed by the experience of discrepancies between the demands of their own traditional system of values and norms and those of the host society. A feasible way to solve this conflict is not seen yet.

Continuous build up of tensions and pressures may lead to a crisis phase, in which the conflict comes to a head and a resolution is required. During crisis phase, an individual becomes more active and attempts to test different acculturative strategies, such as integration, assimilation, separation, and marginalization in an attempt to find a personally adequate coping strategy. Actively coping with the crisis is accompanied by a relatively high degree of uncertainty, and is therefore experienced by individuals as highly stressful. A successful resolution of the conflict/crisis leads to the adaptation phase, wherein group relations are clearly defined and stabilized in one form or another. Once having reached the phase of adaptation and having selected a successful acculturation strategy, the experience of acculturation stress and acculturative stress reactions, such as psychosomatic complaints, homesickness and depressive reactions, decrease (Schmitz, 2003).

The way groups acculturate is not simply a function of time, but also depends on the way the dominant culture makes contact, as the initial contact can dictate the attitudes toward the dominant culture. Whether acculturation takes place, often depends on the relationship between the culture that is receiving the new traits and the culture of origin. Thus, if one ethnic group is dominant in their contact with another culture and it perceives its own culture as being superior to the other, it is not likely that it will be acculturated. Berry, Kim, Power, Young, and Bujaki (1989) described four ways in which the individual relates to the dominant European American culture in the US, which they call acculturation strategies. They are defined by the answering of two important questions:

(1) Is it considered to be of value to maintain cultural identity and characteristics?
(2) Is it considered to be of value to maintain relationships with the other group?
Answering yes or no to one or both of these questions creates a conceptual framework that posits four varieties of acculturation emerges, including assimilation, separation, integration, and marginalization. In the assimilation mode, the individual adheres to the dominant cultures’ values while subsequently relinquishing his or her own cultural identity. For example, an African American who customarily worships in the African Methodist Episcopal church, upon asking himself or herself the two prior mentioned questions, may decide that that part of their culture is no longer of value to them and that is more valuable to fit in with the dominant society. As a result, he or she may alter his or her spiritual practices by joining a predominantly European American Presbyterian church, in order to align with the dominant White culture’s spiritual practices.

In the separation mode, the individual adheres to his or her own cultural values and rejects the dominant culture’s norms. For example, if an African American who only dates individuals of his or her same ethnic group asks himself or herself the two prior mentioned questions, he or she may decide that that part of his or her culture is of value and that it is not as valuable to fit in with the dominant society by dating members of the dominant ethnic group. As a result, he or she would continue to solely date other African Americans.

Integration implies acceptance of both sets of cultural norms, where the individual retains his or her cultural identity and successfully functions in the larger society. For example, an African American who speaks a particular dialect (or set of colloquialisms) associated with his or her ethnic group, such as African American Vernacular English (i.e., Black English; Smitherman, 1991; Larkey, Hecht, & Martin, 1993), may ask himself or herself the two prior mentioned questions. He or she may decide that speaking African American Vernacular English is of value but that it is also valuable to speak Standard American English in order to fit in with the dominant European American society. As a result, he or she would continue to speak his or her culture’s dialect as well as the language of the dominant cultural group and pass both sets of linguistics to his or her children.

The final option is that of marginalization. This mode involves the rejection of both the dominant culture and one’s own culture. The individual decides that when
making decisions about his or her actions or behaviors, it is neither of value to maintain his or her cultural identity nor to function in the dominant society. For example, an African American may choose to uphold the teachings of Confucius in how he or she operates in life even though these beliefs are not held by either the African American culture or the dominant European American society.

As illustrated in the framework posited by Berry and Kim (1988), the type of acculturation strategy employed and the individual’s judgment concerning subsequent behaviors is dependent upon the importance of his or her ethnic identity and the importance of “other” group acceptance. Moreover, the process of acculturation impacts behavior differently across dimensions. Thus, one could be assimilatory at work by behaving in a manner the majority of co-workers behave, operate an integrationist strategy in worship by attending a non-denominational church, but revert to separation in personal life by only dating members of one’s ethnic group.

Model Emphasizing the Unique Experiences of Being African American. In acculturation models that are specific to African Americans, acculturation loosely refers to the extent to which African Americans participate in the cultural traditions, values, beliefs, and practices of their own culture versus those of the dominant European American society (Landrine & Klonoff, 1996). In Landrine’s and Klonoff’s (1996) theory of African American acculturation, the primary focus is on the differences among individual African Americans in the extent to which they participate in African American culture and in the role that such levels of acculturation play in African American behavior. Specifically, these researchers believe that regardless of the general degree of acculturation of an entire ethnic group, some members within that group remain traditional, whereas others are highly acculturated.

This model of African American acculturation centers around four primary principles: return, fractionization and allopatricity, quality contact, and ethnic socialization. These principles describe properties of acculturation and how acculturation operates in the African American community. According to the principle of return, acculturation is a dynamic and circular process whereby all members inevitably return to the beliefs, values, and traditions of their culture of origin (Landrine & Klonoff, 1996). The authors posit that as acculturated African Americans age, they experience a sense of
loss regarding the extent to which they have departed from the practices, values, and
traditions of African American culture and eventually feel a renewed love and pride for
their roots. Individuals return to their African American culture for reasons of age,
children, and racism and discrimination. Further, as acculturated African Americans
begin having children, they may likely feel a duty to educate their children about their
culture of origin (their roots) and assure that their children have adequate knowledge of
African American practices and beliefs. This may involve re-involvement in the African
American cultural community and extended contact with very traditional grandparents or
other. Thus, in the process of assuring sound cultural education for their children, these
individuals must return to their African American heritage. Furthermore, one’s African
American ethnicity and involvement in African American culture may become more
salient after an experience of racism or discrimination is faced in the dominant European
American society. Acculturated African Americans are often the sole minority in their
local environment and, thus, are likely keenly aware of their ethnic identity and its social
meanings. After a racist event has occurred, these individuals may regret the path they
once chose and believe acculturation was not worth it. Any one or combination of these
three variables may account for an individual’s return to African American culture.

Fractionization and allopatricity is the second principle in this model. The authors
posit that acculturation proceeds by fractionization, or the splitting off of an individual or
family from the values and traditions represented by the parent group and other
traditional members of the culture. This process occurs through allopatricity (allopatric
means in another place). Simply put, the members of the culture who are most likely to
acculturate are less “traditional” than most members of the culture. These individuals
differ somewhat from the traditional person in that they are more “prepared” to
acculturate (Landrine & Klonoff, 1996). These differences may be the result of several
positive experiences and exposure to the dominant group, frequent negative experiences
with the African American community, or being a child of mixed ethnicity. These
“prepared” individuals already deviate from the traditional center of the culture and, thus,
have a smaller cultural “distance” to traverse to acculturate.

The third principle of this model of acculturation is that of quality of contact. This
principle states that African Americans must have extended contact with the dominant
European American culture to successfully acculturate, (Landrine & Klonoff, 1996). The nature of this contact (positive or negative) predicts the speed and path of the acculturation process. Similarly, ethnic socialization, the final principle of acculturation, speculates that the content of the message that African Americans have learned about the dominant European American culture also predicts the nature, speed, and path of the acculturative process.

This African American acculturation model hypothesizes that the actual process of acculturation is a function of social comparison processes (Festinger, 1954). Social comparison is a process in which people compare themselves to others in a situation to evaluate the extent to which their behaviors and responses are acceptable, where acceptable means that responses and behaviors will be positively reinforced (with praise, money, liking, etc.) or punished (through ignoring, exclusion, etc.). African Americans become acculturated by comparing themselves to the dominant European American society, who subsequently appraise the extent to which African American behavior is acceptable within the dominant European American society.

*Relationship between African American Acculturation and Psychosocial Functioning*

Researchers studying the changes associated with acculturation argue, “differences in level of acculturation play a crucial role in many areas of psychological functioning, including cognition, personality, and the expression of psychopathology” (Burnam et al., 1987, p. 106). Specifically, for many African Americans, acculturation appears to be associated with negative mental health outcomes.

Acculturation has been found to be inversely related to suicidal ideation (Kimbrough, Molock, & Walton, 1996), such that African Americans who hold Afrocentric beliefs were less likely to experience suicidal ideation, whereas those holding beliefs aligned with the dominant European American society are more likely to have experienced suicidal ideation. Furthermore, acculturation has also been linked with eating disorders in African Americans. Osvold & Sodowsky (1993) found that African American women who were more accepting of European American culture showed significantly more symptoms of anorexia and bulimia than did those who were less accepting. Klonoff and Landrine (1999) showed that African Americans who abstain from drinking alcohol are more culturally traditional or immersed in African American
culture, whereas African American alcohol drinkers are more acculturated to mainstream culture. These findings highlight the mental health benefits of immersion in African American culture and the potentially deleterious effects associated with acculturating to the dominant European American society in the US.

In another study, Landrine and Klonoff (1996) explored the relationship between acculturation and stress, coping, and psychiatric symptomatology for African Americans. They reasoned that acculturation should play a role in how stressful life events impact African American lives, the type of coping utilized, and the stress-related symptoms incurred. Results indicated that of all of the variables analyzed (e.g., skin color, social class, generic stressors, etc.), acculturation emerged as the only variable to account for a statistically significant amount of the variance in psychiatric symptoms (e.g., depression, anxiety, somatization, etc.) among African Americans (Landrine & Klonoff, 1996). Additionally, the relationship between psychiatric symptoms and acculturation was positive and significant, indicating that for African Americans, the number of psychiatric symptoms increases with an increase in their level of acculturation. With acculturation accounting for 13.7%, beyond social class, skin color, and experiences with racism, of the variance in the prediction of psychiatric symptoms, researchers suggest that acculturation should continue to be taken into account in future efforts to predict and understood psychiatric symptoms in African Americans. The preponderance of studies linking acculturation with negative mental health outcomes in African Americans coupled with the absence of studies linking it with positive mental health outcomes fuels the supposition that acculturation is generally associated with negative mental health outcomes in African Americans.

**Confounding Ethnic Identity with Acculturation**

Ethnic identity and acculturation are related constructs with limited research findings suggesting that the more acculturated to mainstream European American society the individual is, the lower his or her level of ethnic identity (Hamm & Coleman, 2001; Cuellar et al., 1997). Nevertheless, ethnic identity and acculturation are separate constructs. More or less, ethnic identity refers to the infusion of one’s ethnic group membership and the feelings associated with that membership into one’s self-perception.
and overall identity (Yancey, Aneshensel, & Driscoll, 2001). Acculturation is also a factor in overall identity, though it concerns the extent to which an individual elects to participate in the cultural traditions, values, beliefs, and practices of the dominant European American culture versus those of his or her own culture (Landrine & Klonoff, 1996). Even though they are distinct constructs, they are not consistently conceptualized or measured as distinct constructs. Sometimes the constructs are used interchangeably as if they mean the same thing, and at other times they are used to refer to very different processes (Cuellar et al., 1997). This inconsistent use of these constructs has made it difficult to accurately understand whether and how ethnic identity is associated with health outcomes for African Americans. In order to make clear empirical distinctions between them and to examine their interrelationships, acculturation and ethnic identity must be disentangled, both conceptually and methodologically.

*Conceptual Confounding of Ethnic Identity and Acculturation*

It makes sense that people conceptually confuse ethnic identity and acculturation. The relationship between ethnic identity and acculturation is not well understood. Identifying and studying the relationship among aspects of acculturation and ethnic identity is not straightforward as both constructs are complex and multidimensional (Phinney, 2003). Findings indicate significant overlap in how ethnic identity and acculturation are conceptualized. Even though acculturation adaptation is a response to the dominant group while ethnic identity is a response to one’s own ethnic group (Sodowsky & Lai, 1997), one process typically coincides with the other. According to Roysirea-Sodowsky & Maestas (2000), ethnic identity formation is possible only in the context of both the dominant (in this case European American) and non-dominant (in this case African American) societies. Stated differently, the process of ethnic identity formation can only take place in a bi-cultural or multi-cultural society. Essentially, the process of ethnic identity formation loses its relevance in a monocultural society, one where the acculturation process is not possible.

The processes of ethnic identity formation and acculturation develop simultaneously in which the person of color, “while trying to locate [himself or herself] with reference to the dominant group, is simultaneously attempting to locate [himself or herself] socially and psychologically with reference to an ethnic group” (Remer, 1999).
Conceptually, the relationship between processes of acculturation and ethnic identity formation can be described as a push-and-pull psychological phenomenon. One feels both the push to acculturate to the dominant society and the pull toward one’s own ethnic group. This process is particularly difficult for African Americans and other persons of color, as they undergo a dual socialization process involving pressure to learn and unlearn two opposing cultural systems. The tension between the push and pull can be described as acculturative stress and bicultural stress. The feelings of identification and belonging associated with membership in an ethnic group (i.e., ethnic identity) tend to lead to increased welfare and improved self-concept in persons of color (Lewin, 1948; Tajfel & Turner, 1979). However, if the dominant European American society holds negative evaluations of people of color, those targeted people of color may develop negative feelings towards being associated with their ethnic group. People of color who attempt to overcome this negative evaluation by identifying with the dominant European American society at the expense of ethnic group identification (i.e., acculturation) may develop negative mental health problems (Tajfel, 1978; Phinney, 1990), hence the psychological impact of the push-pull phenomenon.

Stress is a primary negative mental health outcome of both ethnic identity development and acculturation. In addition, both ethnic identity formation and acculturation bring about psychosocial functioning concerns including emotional turmoil and alienation, cultural marginality, poor self-concept, depression, and anxiety. Though these psychosocial problems can be attributed to both constructs in African Americans, it remains unclear, due to the common practice of confounding these constructs, whether these problems are solely attributable to one construct or the other, or, if both acculturation and ethnic identity development trigger these concerns, whether that effect is additive or multiplicative.

It is not surprising that people confuse the ethnic identity and acculturation. Often, both processes occur simultaneously in a push-pull type fashion which can make it seem that there is only one underlying process when in fact there are two. Further, both the ethnic identity formation process and the acculturation process seem to produce similar negative mental health concerns such as stress, depression, and poor self-concept. Nonetheless, they are most commonly considered to be distinct constructs – one is
focused on a person’s adjustment to another culture and the other focused on one’s efforts to maintain connections with one’s own cultural heritage. Moreover, based on their definitions, the underlying mechanism whereby they are associated with negative mental health concerns may be different as well. However, it will be impossible to make these fine-grained distinctions if these constructs remain confounded, a problem that shows up most clearly at the measurement level.

Methodological Confounding of Ethnic Identity and Acculturation

Not only is there conceptual confusion about the difference between acculturation and ethnic identity, but there is confusion at the level of measurement as well. Because researchers have differing views about what constitutes acculturation and ethnic identity and how they are different from one another, scales that have been developed to measure these constructs are often inconsistent with one another. That is, two scales purporting to measure acculturation may have very different item content, and two scales purporting to measure ethnic identity may have very different item content as well. Even worse, the same items are often included in measures of both constructs. For example, ethnic self-identification (e.g., “In terms of ethnic group, I consider myself to be…?”; Multigroup Ethnic Identity Measure; Phinney, 1990), a central aspect of ethnic identity measures, is often included in acculturation scales as well (e.g., “What is your ethnicity?”; Measurement of Acculturation Strategies for People of African Decent (MASPAD); Obasi, 2004). Further, behavioral markers of acculturation, such as daily cultural activities, adherence to cultural tradition, and personal preferences (e.g., “I attend a predominantly Black church;” African American Acculturation Scale- Revised; Klonoff & Landrine, 2000), are often included in measures of ethnic identity (e.g., “It is important for Black people to surround their children with Black art, music, and literature…;” Multidimensional Inventory of Black Identity (MIBI); Sellers et al., 1998). This overlap in items complicates attempts to make clear empirical distinctions between acculturation and ethnic identity and to examine their unique and shared relationships with psychosocial functioning.

To make matters worse, there is no published empirical literature investigating the relationship between acculturation and ethnic identity in African Americans. Nonetheless, this topic was addressed in three dissertation studies. One study (Smith,
2001), utilizing a sample of African American college students and prison inmates, claimed to find support for the possibility that ethnic identity may be a component of African American acculturation using popular measures of racial identity (Racial Identity Attitudes Scale (RIAS); Helms, 1990) and acculturation (African American Acculturation Scale- Revised; Klonoff & Landrine, 2000). Smith used Blockwise Multiple Regression to discover that, after controlling for age, racial identity scores account for a significant amount of the variance in acculturation scores. Although Smith interpreted this finding to mean that racial identity and acculturation are part of the same construct, the fact of the matter is that with the statistical analyses utilized (i.e., regression), Smith only showed that ethnic identity and acculturation are correlated, something that is already known. In fact, the problem of using these constructs interchangeably and inconsistently is predicated on the fact that ethnic identity and acculturation are, indeed, correlated. However, that they are correlated constructs does not necessarily mean they are one in the same. Just as height and shoe size are highly correlated, but are not the same thing, so too can ethnic identity and acculturation be highly correlated and yet not be one in the same. Additionally, since Smith did not correct for overlapping measure content in her study, her finding that ethnic identity and acculturation are highly correlated may be simply due to method error. That is, the constructs may appear be correlated because the measures contain some of the same items. Thus, while Smith has provided questionable empirical support for the widely-held idea that ethnic identity and acculturation are associated with each other, she has left unanswered the question of whether they are, in fact, overlapping constructs.

In another dissertation study, Helm (2002) performed a principal component analysis on Cross’s Racial Identity Scale (CRIS) and Sellers’ Multidimensional Inventory of Black Identity (Sellers et al., 1998) to determine areas of convergence and divergence. She utilized hierarchical regression analyses to determine whether these instruments predicted acculturation in African Americans. Helm found the CRIS Immersion/Emersion subscale and the MIBI Assimilation and Nationalist subscales were significant predictors of acculturation (Helm, 2002). While Helm was on the right track by performing a principal component analysis to uncover the underlying factor structure of African American racial identity, this method of statistical analysis did not carry over
in determining its convergence with acculturation. Thus, although, Helm has shown that
certain components of ethnic identity are more highly correlated with acculturation than
are other components, she has still failed to determine the extent to which ethnic identity
overlaps with acculturation, that is, whether they are the same or different constructs at
the level of measurement.

Similarly, another dissertation study (Wilcots, 2001) investigated whether certain
components of racial identity development in African American undergraduate students,
as measured by the short form of the RIAS (Parham & Helms, 1981), are more highly
correlated with acculturation, as measured by the AAAS (Landrine & Klonoff, 1994),
than others. In order to test her hypotheses regarding the relationship between ethnic
identity and acculturation, Wilcots utilized correlation analyses to examine the how
subscales of each measure were associated with the other. Her findings demonstrated that
higher levels of acculturation coincide with earlier stages of racial identity development
(i.e., Encounter) and lower levels of acculturation coincide with later stages of racial
identity development (i.e., Internalization). This study has not clearly demonstrated that
ethnic identity and acculturation overlap, but has only alluded to the idea that ethnic
identity development and acculturation are co-occurring processes.

Each of these studies claimed to illustrate overlap or convergence of ethnic
identity and acculturation, when in fact each of them only demonstrated the first step in
detecting overlap, namely that a relationship exists between the two constructs of interest.
Thus, the question of overlap is still an open one, and was the focus of the current study.
Specifically, this study had two aims. The first aim was to investigate the overlap in
measures of ethnic identity and acculturation at the factor level using exploratory factor
analysis. This analytic approach was used because it is a “set of statistical methods for
analyzing the correlations among several variables in order to estimate the number of
fundamental dimensions that underlie the observed data and to describe and measure
those dimensions” (Health Statistics, 2005). Assuming ethnic identity and acculturation
are separate factors, the second aim was to use hierarchical multiple regression to
examine their independent association with psychosocial functioning in African
Americans. In this study, psychosocial functioning was conceptualized in three ways:
mental health, coping strategies, and substance use. Measures of self-esteem and
psychological distress were used as indicators of mental health, coping through self-
distraction (negative coping) and religion (positive coping) were used as indicators of
coping strategies, and single item alcohol use questions measured substance use. These
categories of psychosocial functioning were chosen in an effort to demonstrate
convergent and divergent validity for ethnic identity and acculturation. For example,
previous studies have shown that both ethnic identity and acculturation are associated
with positive indicators of mental health like self-esteem (e.g., Roberts et al., 1999). In
contrast, previous studies have shown a relationship between ethnic identity and
substance use (Marsiglia, Kulis, & Hecht, 2001) but this relationship has not been shown
for acculturation. Thus, the aim was to select variables that would provide the greatest
opportunity to see both similarities and differences in the patterns of association with
ethnic identity and acculturation.
Chapter Two

Methodology

Participants

Participants were 185 African American university students from Florida Agricultural and Mechanical University, a predominantly African American university. However, due to excessive missing data, 12 participants were deleted from the dataset. This left a sample of 173 (65 males and 118 females) for the current study. The average age for the total sample was 21.3 (SD = 2.646); males had an average age of 21.6 (SD = 2.58) and females had an average age of 21.3 (SD = 2.66), a difference that was not statistically significant. In terms of level of education, males, at the time of data collection, had attained an average of 4.66 (SD = 1.05) translating to between two and three years of college. Females did not statistically differ in level of education, averaging 4.59 (SD = 1.06). In terms of socioeconomic status, 35 participants chose not to respond to the inquiry regarding family income. The remaining 138 who did respond averaged a family income level of 4.36 (SD = 2.28), which translates to between $30,000 and $50,000. However, the mode for this sample was an income level between $50,000 and $75,000. In terms of geographical location of residence, over 95% of participants currently reside within Tallahassee and surrounding areas.

Measures

Ethnic identity. Ethnic identity was assessed with two measures: the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) and the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1998). The MEIM (see Appendix A) is based on the universal processes of ethnic identity development and is designed to measure ethnic identity in individuals from all ethnic groups. It is comprised of 12 items answered on a four-point continuum ranging from “strongly disagree” (1) to “strongly agree” (4), and has two subscales, an ethnic identity search subscale (a developmental and cognitive component) and an affirmation, belonging, and commitment subscale (an affective component). The search or exploration subscale consists of five items (e.g. “I have spent time trying to find out more about my ethnic group, such as its history, traditions, and
customs”). The affirmation, belonging, and commitment subscale consists of seven items (e.g., “I have a strong sense of belonging to my own ethnic group”). In the current study, Cronbach’s alpha was .87, demonstrating adequate internal consistency for the whole measure. The MEIM’s construct validity is shown in studies that relate ethnic identity to variables such as self-esteem (e.g., Goodstein & Ponterotto, 1997; Phinney, Cantu, & Kurtz, 1997; Phinney, 1992).

In contrast, the MIBI (See Appendix B) is based on the unique experience of ethnic identity development in African Americans (MIBI; Sellers et al., 1998). It consists of 56 items assessing four aspects of racial identity including private regard (e.g., “I feel good about Black people”), public regard (e.g., “Overall, Blacks are considered good by others”), centrality (e.g., “In general, being Black is an important part of my self-image”) and ideology (e.g., Black people would be better off if they adopted Afrocentric values”). The ideology scale is further divided into four subscales that measure a person’s beliefs, opinions and attitudes regarding the ways that African Americans should act and the beliefs that African Americans should hold, namely nationalist, assimilationist, humanist, and oppressed minority; they each consist of nine items (Sellers et al., 1997). The nationalist subscale ($\alpha = .78$ in the current study) measures the extent to which respondents emphasize the uniqueness of African Americans’ experiences in contrast to the experiences of other groups (e.g., “Black people must organize themselves into a separate Black political force”). The assimilationist subscale ($\alpha = .71$ in the current study) focuses on the extent to which participants accentuate the similarities between African Americans and European Americans (e.g., “A sign of progress is that Blacks are in the mainstream of America more than ever before”). The humanist subscale ($\alpha = .71$ in the current study) measures the extent to which respondents endorse the belief that there are similarities among all human beings (e.g., “Blacks should have a choice to marry interracially”). The oppressed minority subscale ($\alpha = .74$ in the current study) measures the extent to which participants endorse the beliefs that African Americans should recognize the similarities between African Americans and other oppressed groups (e.g., “The same forces that have led to the oppression of Black people have also led to the oppression of other groups”).

All MIBI items were answered on a seven-point continuum ranging from
“strongly disagree (1)” to “strongly agree (7).” Intercorrelations among the MIBI subscales have been reported as being low, ranging from .05 to .57 (Sellers et al., 1997), which indicates that each subscale measures a distinct aspect of ethnic identity. Only the centrality (comprised of ten items), private regard (comprised of seven items), public regard (comprised of six items), and assimilation ideology (comprised of 12 items) subscales were used in this study, as these scales were deemed most relevant to the scope of the current study. In previous research, internal consistency values for these scales have been reported as $\alpha = .63$ for public regard (Sellers et al., 2003), $\alpha = .73$ for private regard, $\alpha = .73$ for centrality (Rowley et al., 1998), and $\alpha = .73$ (Sellers et al., 1997) for assimilation ideology. In this study, Cronbach’s alphas were .46 for public regard, .76 for private regard, .74 for centrality, and .71 for assimilation ideology.

Acculturation. At the present, only three acculturation measures have been developed for African American populations. One of these measures, the African American Acculturation Scale (AAAS; Klonoff & Landrine, 2000), though frequently used in past acculturation research, has been criticized for being offensive to African Americans and, therefore, was not used in this study. The two remaining scales, however, were employed in the current study, one of which has only emerged within the past year.

The extent to which participants have adapted to mainstream U.S. culture was assessed with the African American Acculturation Scale (AfAAS; Snowden & Hines, 1999), a measure gauging the unique experience of acculturation in African Americans (see Appendix C). The AfAAS consists of 10 items assessing dimensions of African American culture including the extent to which one engages in behaviors and attitudes concerning media preferences, social interactions, and race relations (e.g., “I prefer to listen to Black music,” “Indicate the proportion of your friends who are Black”). Individuals rate their endorsement of African American cultural involvement on a four-point continuum ranging from “strongly agree” (1) to “strongly disagree” (4). The measure attained a Cronbach’s alpha internal consistency of .75 in a validation study of adults 18 years of age and older (Snowden & Hines, 1999). A factor analysis demonstrated the unidimensionality of the scale (Snowden & Hines, 1999). Lower scores on this instrument reflected a greater orientation towards mainstream U.S. culture and high scores reflect an orientation towards African American culture. In terms of internal
consistency, the current sample yielded $\alpha = .31$ for these ten items, which is much lower than that found in the validation study of the instrument.

Acculturation was also assessed utilizing the Measurement of Acculturation Strategies for People of African Descent (MASPAD), a measure based on the universal processes of acculturation, though formulated specifically for African Americans (Obasi, 2004; see Appendix D). The MASPAD is the first multidimensional acculturation instrument for people of African descent and avoids historical inaccuracies and potentially offensive stereotypes intrinsic in the African American Acculturation Scale (Klonoff & Landrine, 2000). The MASPAD assesses four different acculturation strategies (Traditionalist, Integrationist, Assimilationist, and Marginalist) based on Berry’s (1980) bidimensional model of acculturation.

The MASPAD consists of 45 items assessing two dimensions of African American culture: “relative preference for maintaining the heritage of one’s ethnocultural group” and “relative preference for having contact with and participating in the society of a different ethnocultural group” (Obasi, 2004, p. 2). Each dimension is divided into two sub-dimensions: beliefs and behaviors. Individuals rated their endorsement of African American acculturation strategies on a six-point continuum ranging from “strongly disagree” (1) to “strongly agree” (6). In terms of internal consistency, the current sample yielded $\alpha = .74$ for the traditionalist beliefs subscale (e.g., “I was socialized to treat my elders with respect”), $\alpha = .75$ for the assimilationist beliefs subscale (e.g., “I do not feel connected to my African heritage”), $\alpha = .80$ for the traditionalist behaviors subscale (e.g., “I actively support Black-owned businesses”), and $\alpha = .72$ on the assimilationist behaviors subscale (e.g., “I am comfortable putting on the mask in order to fit in”). High scores on traditionalist subscale items reflect a preference for maintaining the heritage of one’s own ethnocultural group in behaviors and beliefs, and high scores on assimilationist subscales reflect a preference for having contact with and participating in the society of a different ethnocultural group in behaviors and beliefs.

Psychosocial distress. The Adult Self Report Form (ASR; Achenbach & Rescorla, 2003) was utilized as a measure of psychological distress (see Appendix E). The ASR includes 131 items designed to assess various forms of psychopathology, adaptive functioning, and substance use in adults aged 18 to 59. For each item, participants
indicated whether the statement was “not true” (coded as 0), “somewhat or sometimes true” (coded as 1), or “very true or often true” (coded as 2) in the past six months. Psychopathology scales include eight syndrome scales: withdrawn (e.g., “I don’t get along easily with other people”), anxious/depressed (e.g., “I complain of loneliness”), intrusive behavior (e.g., “I demand a lot of attention”), delinquent behavior (e.g., “I break rules at work or elsewhere”), aggressive behavior (e.g., “I get in many fights”), somatic complaints (e.g., “I feel tired without good reason”), thought problems (e.g., “I can’t get my mind off certain thoughts”), and attention problems (e.g., “I daydream or get lost in my thoughts”). These eight syndrome scales are combined to create a total problems score and it is this total problems score that was used in this study as an indicator of psychological distress. Test-retest reliability for the total problem score in a general population sample was high (r = 0.89; Ferdinand, Verhulst, & Wiznitzer, 1995). In the current sample, internal reliability for the total problem scale was \( \alpha = .96 \).

Coping strategies. As another indicator of psychosocial functioning, I administered the Brief COPE (Carver, 1997) to assess the strategies participants typically use to cope with problems they have dealt with within the last six months. The Brief COPE (see Appendix F) is a 28-item measure that assesses 14 different coping strategies: self-distraction (e.g., “I've been turning to work or other activities to take my mind off things.”), active coping (e.g., “I've been concentrating my efforts on doing something about the situation I'm in.”), denial (e.g., “I've been saying to myself "this isn't real."”), substance use (e.g., “I've been using alcohol or other drugs to make myself feel better.”), use of emotional support, (“I've been getting emotional support from others.”), use of instrumental support, (e.g., “I've been getting help and advice from other people.”), behavioral disengagement (e.g., "I've been giving up trying to deal with it.”), venting (e.g., “I've been saying things to let my unpleasant feelings escape.”), positive reframing (e.g., “I've been trying to see it in a different light, to make it seem more positive.”), planning (e.g., “I've been trying to come up with a strategy about what to do.”), humor (e.g., “I've been making jokes about it.”), acceptance (e.g., “I've been accepting the reality of the fact that it has happened.”), religion (e.g., “I've been trying to find comfort in my religion or spiritual beliefs.”), and self-blame (e.g., “I've been criticizing myself.”). In this study, four items were used to assess two of these coping strategies (i.e., two items
per strategy): self-distraction ($\alpha = .39$) and religion ($\alpha = .67$). The aim was to select a strategy that reflected a positive coping approach (religion) and one that reflected a negative coping approach (self-distraction). Response options ranged from “I haven’t been doing this at all” (0) to “I’ve been doing this a lot” (3). A score to reflect utilization of each coping strategy was calculated by summing the two items for that particularly scale.

**Substance use.** Substance use was assessed using two single item questions. Frequency of alcohol consumption (i.e., “In the last year, how often did you drink alcohol on the average?”) was assessed on an 18-point scale ranging from “I didn’t drink any alcohol” (0) to “four or more times a day” (17). Frequency of consumption averaged 4.29 (SD = 3.45), translating to approximately once every one to two months for this sample. Experience of problems related to drinking (i.e., “Have you ever experience any problems or objections to your drinking?”) was assessed on a five-point scale ranging from “I do no drink any alcohol” (0) to “Frequent objections or problems” (4). Experience of problems related to drinking averaged .99 (SD = .74), translating to almost no objections or problems for this sample.

**Self-esteem.** To assess self-esteem, I administered the Rosenberg Self Esteem Scale (RSE; Rosenberg, 1965; see Appendix G), a ten-item scale designed to assess respondents’ feelings and thoughts about their own perceived worth (e.g., “On the whole, I am satisfied with myself” and “At times, I think I am no good at all”). Responses were recorded on a four-point continuum ranging from “strongly disagree” (0) to “strongly agree” (3). Half of the items on this scale were worded in a negative direction. The internal consistency reliability of this scale was high in the present sample, $\alpha = .81$. Self-esteem was computed by summing the ten items after reverse scoring items worded in the negative direction.

**Demographic information.** The demographic information questionnaire (see Appendix H) included questions regarding a number of background variables including age, gender, level of education, and socioeconomic status indicators including household income and relationship status (i.e., single, married, widowed, etc.).
Procedure

Florida Agricultural and Mechanical University was selected for pragmatic reasons. Networks between the primary investigator and professors at the institution were utilized to gain access to students. Additionally, it was hypothesized that collecting data from a predominantly African American college campus would provide a sample for which cultural constructs such as ethnic identity and acculturation would be more salient.

Two psychology professors at Florida Agricultural and Mechanical University were presented the opportunity for African American undergraduate students to participate in this study. Both instructors offered students opportunities to earn extra credit through participation in this research study. After providing informed consent, participants completed the measures described above. Each participant completed the measures individually. After completing the instruments, participants were debriefed, given the opportunity to ask questions, thanked for their participation, and dismissed. No compensation or incentive was provided by the investigator.
Chapter Three

Results

Descriptive Information

Participants had high levels of ethnic identity as assessed by the MEIM. With a possible range of 1 to 4, participants scored a mean of 3.17 (SD = .60) on the MEIM affirmation, belonging, and commitment subscale and 3.54 (SD = .48) on the ethnic identity search subscale. Participants also attained high ethnic identity scores as assessed by the MIBI. Scores on the MIBI centrality subscale had a possible range from 8 to 56. This sample attained a mean centrality level of 44.24 (SD = 7.65). Scores on the MIBI private and public regard subscales had a possible range from 6 to 42. This sample attained a mean private regard level of 37.98 (SD = 4.95) and a mean public regard level of 20.82 (SD = 5.30). Lastly, scores on the MIBI assimilationist ideology subscale had a possible range from 9 to 63. This sample attained a mean assimilationist ideology level of 37.75 (SD = 12.16).

Participants seemed to have more variation in how they scored on the acculturation measures. Specifically, with a possible range of 11 to 66 participants scored a mean of 41.50 (SD = 9.29) on the traditional behaviors subscale, 54.87 (SD = 7.02) on the traditional beliefs subscale, and 26.55 (SD = 8.42) on the assimilation behaviors subscale. With a possible range of 12 to 72 participants scored a mean of 33.79 (SD = 9.74) on the assimilation beliefs subscale.

Means, standard deviations, possible ranges of data, and obtained ranges of responses obtained from the current sample on each of the dependent variables described above are presented in Table 1. As can be seen from the table, participants attained a sample mean of 24.09 (SD = 5.46) on the Rosenberg Self Esteem Scale, scores ranging from a possible 0 to 30. Participants reported a relatively low level of distress on the ASR total problems scale, attaining a mean problem level of 52.24 (SD = 31.84) with scores ranging from a possible 0 to 262.

Participants endorsed similar use of the coping strategies of religion and self distraction. Specifically, with scores ranging from a possible 2 to 8, participants utilized religion at a mean level of 6.06 (SD = 1.70) and self distraction at a mean level of 5.54.
For substance use questions, participants endorsed a low frequency of alcohol use, attaining a mean of 5.46 (SD = 2.97). The mean level of use translates into drinking one or twice a month. It follows that participants did not report many problems/objections to their drinking. Specifically, this sample reported a mean level of 1.26 (SD = .59) objections, translating into almost no objections or problems.

### Results of Factor Analysis

Methodological confounding of ethnic identity and acculturation at the measurement level has made it impossible to understand the relationship between these constructs and mental health. Thus, a main question of this study was whether acculturation and ethnic identity could be disentangled. To answer this question, I used exploratory factor analysis. Because the items drawn from different measures were scored using different metrics, I first computed standardized scores by transforming each item into a percentile score by dividing the raw score by the maximum score attainable for that item. For example, if a person scored a three on an item with a five-point scale, I divided the three by the five and this person received a score of .60 for this item. As a result, all scores had a maximum of 1. Standardizing multiple distributions originally measured on different scales by this method or by computing z-scores, the approach traditionally utilized, allows for the comparison of scores from one distribution with scores from the other, directly. Although conceptually, both percentiles and z-scores are acceptable data transformations (Kachigan, 1991), percentile scores are preferable for the type of research conducted in this study. By transforming each scale's mean to zero, z-scores equate average high values obtained on one scale with average low values obtained on another (Ferketich, & Verran, 1994). Since, in this study, I am interested in absolute value comparisons across scales, using z-scores would eliminate meaningful information (Kline, 1994). Because they maintain the meaningful differences between average scores in different scales (i.e., average high scores on one scale are not equated to average low scores on another) while placing them on a comparable scaling metric, percentile scores are a more appropriate data transformation for this study (Kachigan, 1991).
Next, I conducted the exploratory factor analysis by entering the 96 items from
the AfAAS, MASPAD, MEIM, and MIBI into a principal components analysis
performed through SPSS. Promax rotation was used because the items were expected to
be highly related. Twenty-seven factors were extracted, utilizing a cut of .40 for inclusion
of an item on a factor. The .40 cutoff level is considered a “fair” loading for item
inclusion and interpretation (Comrey & Lee, 1992). Using this criterion, some items
loaded on multiple factors while other factors emerged that had no items loading at or
above .40 and some items loaded on more than one factor. I conducted a scree plot
analysis which revealed that there were only seven or eight factors. I also examined the
list of factors to determine how many had at least two items that loaded uniquely on each;
only eight factors fulfilled this criterion. Thus, taking both of these approaches into
account, I re-ran the factor analysis forcing an eight factor solution on the initial set of
items. The data went through four iterations of item deletions beyond the initial forced
eight factor solution. Items were deleted from the solution if they did not load on only
one factor or if they had a factor loading of less than the .40 level (Comrey & Lee, 1992).
Items loading on more than one factor were forced on the factor obtaining the highest
loading. The remaining items were subsequently re-run until only items satisfying these
criteria remained.

Table 2 shows correlations among the eight factors that were extracted. Twenty-
two out of the possible thirty intercorrelations were significant at the .01 level, and two
were significant at the .05 level. This indicates that the factors are highly related. In
general, the pattern of correlations revealed that ethnic identity factors were strongly
positively correlated with traditional orientation factors while negatively correlated with
assimilation orientation factors. However, there were some exceptions. Specifically, the
public regard factor correlated with all of the factors, except out-group comfort, in the
negative direction. This may be a reflection of the public regard items. Participants
tended to endorse these items at a much lower level than items loading on the other seven
factors.

Additionally, of the eight factors that were extracted, some seemed to reflect
aspects of previous conceptualizations of ethnic identity, whereas others seemed to reflect
aspects of previous conceptualizations of acculturation, indicating that ethnic identity and
acculturation are distinct but multidimensional constructs. Factor labels were given in an attempt to capture what each set of items assessed.

Three factors representing previous conceptualizations of ethnic identity were identified. As can be seen in Table 3, I labeled the first factor “ethnic belonging” ($\alpha = \ldots 88$). It was comprised of 10 items, all from the MEIM, that seemed to reflect the degree to which an individual accepts and is involved in his or her ethnic group (e.g., “I am happy that I am a member of the group I belong to”). I labeled the second ethnic identity factor “ethnic pride” ($\alpha = \ldots 78$), as it seemed to reflect the degree of respect and/or pleasure one takes in being a member of one’s ethnic group. This factor was made up of eight items primarily from the MIBI (e.g., “I am proud to be Black”). I labeled the third factor “public regard” ($\alpha = \ldots 73$). It was comprised of four items (e.g., “Overall, Blacks are considered good by others”), all from the MIBI, and characterizes the degree of positive (or negative) views one believes the greater society has about African Americans.

Five factors that capture what has been thought of as acculturation were also identified by the factor analysis. In line with present conceptualizations of acculturation, the process can occur in both the direction toward one’s culture of origin and towards another culture. This has been referred to as the traditional and assimilation orientations of the acculturation process, respectively. Two of the five acculturation factors that emerged seemed to represent the traditional orientation component of acculturation, the first of which I labeled “traditional beliefs and behaviors” ($\alpha = \ldots 78$). It was comprised of 11 items, all from the MASPAD, that seemed to reflect the degree to which the individual believes in and/or practices customs associated with African American culture (e.g., “I perform various rituals for my departed ancestors”). I labeled the second traditional orientation factor “in-group preference” ($\alpha = \ldots 81$), as it seemed to reflect the degree to which one prefers components of African American culture over that of other ethnic groups. This factor was made up of five items primarily from the AAAS (e.g., “I prefer to watch Black television shows”).

The remaining three acculturation factors seemed to describe acculturation toward U.S. culture, otherwise referred to as the assimilation orientation component of acculturation. I labeled the first of these “out-group comfort” (integrationalist ideology), as it seemed to reflect the degree to which one is comfortable with and supports
integrating beliefs and practices of other cultural groups in with one’s own (e.g., “I tend to generate friendships with people from different racial and cultural backgrounds”). Its alpha level of .80 was the highest attained in this sample. Most of the eight items from this factor came from the MIBI. The second assimilation orientation factor was labeled “in-group rejection” (α = .74), as it seemed to indicate the degree to which one denies components of African American culture (e.g., “Being Black is not a major factor in my social relationships”). Most of the six items that loaded on this factor originated from the MASPAD. I labeled the last assimilation orientation factor “assimilationist ideology” (α = .58), the degree to which behaviors reflect a departure from one’s ethnic group’s cultural values and beliefs. This scale also only comprised four items (e.g., “I am comfortable putting on the mask in order to fit in”), though all of these were from the MASPAD. Table 3 lists each of the eight factors, their significantly loading items, scale of origin, and corresponding factor loadings. Table 4 shows the eigenvalues, percents of variance, and internal reliabilities for each of these factors. Variables are ordered and grouped by loading and classification of “ethnic identity,” “traditional orientation,” or “assimilation orientation” to facilitate interpretation.

**Relationship Between Ethnic Identity and Psychosocial Functioning**

To examine the relationship between ethnic identity and psychosocial functioning, I first used the output of the factor analysis to create factor scores for the ethnic identity variables by computing the mean of the unit scores of the items loading on each factor. Then, I conducted six hierarchical multiple regression analyses, one for each of the dependent variables. In each analysis, I entered age, gender, and level of education on step one as control variables; and I entered the three ethnic identity factors on step two.

*Predicting mental health.* As can be seen in Table 5, panel I, ethnic pride was the only ethnic identity factor that significantly predicted psychological distress (β = -.18, p<.05). This indicated that greater pride in one’s ethnic group was associated with fewer psychological problems. However, as a group, ethnic identity factors together accounted for virtually no variance in total problems reported. This may be because the other two ethnic identity factors – ethnic belonging and public regard – which were not significantly associated with psychological distress, canceled out the effect of ethnic
pride at the omnibus level.

Ethnic identity also predicted self-esteem, accounting for 9.8% of the variance. After controlling for the demographic variables, ethnic group belonging \((\beta = .18, p<.05)\) and ethnic pride \((\beta = .23, p<.01)\) emerged to significantly predict self-esteem (see Table 6, panel I). Essentially, greater commitment to African American culture and greater ethnic pride were associated with greater feelings of self esteem. It should also be noted that one of the demographic variables, education level, also predicted self-esteem \((\beta = .18, p<.05)\), indicating that students with higher levels of education reported higher self esteem.

Predicting coping strategies. Neither demographic nor ethnic identity factors significantly predicted using self distraction as a coping strategy (see Table 7, panel I), but ethnic identity was predictive of using religion as a coping strategy. Table 8, panel I shows that ethnic identity factors accounted for 5.6% of the variance in predicting utilization of religion as a coping strategy. Only ethnic group belonging significantly predicting religious coping \((\beta = .23, p<.01)\), suggesting that greater commitment to African American culture is associated with greater use of religion as a coping strategy.

Predicting substance use. Only participants who indicated that they had ever consumed alcohol were included in these analyses. The results show that none of the ethnic identity factors was predictive of frequency of alcohol use or alcohol use problems. The only significant relationships that emerged were with gender and age. Specifically, males were more likely to consume alcohol more often than females \((\beta = -.38, p<.01; \text{see Table 9, panel I})\), which accounted for 12.3% of the variance in explaining alcohol use, and they were more likely to experience problems related to their alcohol use than females \((\beta = -.18, p<.05; \text{see Table 10, panel I})\). Analysis of descriptive statistics showed males in this sample report drinking an average of one or twice a month, while females reported drinking only an average of once every two or three months. Age also predicted alcohol use problems \((\beta = -.24, p<.05)\) such that older participants seemed to have less objections to or problems related to their alcohol usage. Together, age and gender accounted for a significant 4.8% of the variance in alcohol use problems.
Relationship Between Acculturation and Psychosocial Functioning

The same series of hierarchical multiple regression analyses was conducted for acculturation. The same control variables were entered on step one and the five acculturation factors were entered on step two.

Predicting mental health. As can be seen in Table 5, Panel II, none of the acculturation variables significantly predicted psychological distress. However, acculturation did significantly predict self-esteem, accounting for 9.3% of the variance. Specifically, in-group preference ($\beta = .30, p < .01$), a traditional orientation factor, emerged to significantly predict self-esteem (see Table 6, panel II). Essentially, greater preference for components of African American culture was associated with greater feelings of self-esteem.

Predicting coping strategies. Unlike ethnic identity, acculturation was predictive of using self distraction as a coping strategy (see Table 7, Panel II). All together, acculturation factors accounted for 6.8% of the predictive variance. Specifically, out-group comfort ($\beta = .31, p < .01$) and assimilationist ideology ($\beta = .18, p < .05$), both of which are assimilation orientation acculturation factors, emerged as significant predictors. These results suggest that African Americans who are more comfortable integrating the beliefs and practices of other cultural groups in with their own (out-group comfort) and whose behavior reflects a departure from the cultural values and beliefs of their own ethnic group (assimilation ideology) are more likely one is to use distraction as a coping mechanism. In contrast, African Americans who greatly adhere to the beliefs and customs associated with African American culture are more likely to use religion as a coping strategy. As can be seen in Table 8, panel II, traditional behaviors and beliefs was the only acculturation factor that significantly predicted using religion as a coping strategy ($\beta = .23, p < .01$); it accounted for 9% of the variance in religious coping.

Predicting substance use. As with analyses performed on ethnic identity factors, only participants who indicated that they had ever consumed alcohol were included in these analyses. Just like with ethnic identity, none of the acculturation factors was associated with frequency of alcohol use (see Table 9, panel II). However, unlike ethnic identity, acculturation was associated with alcohol-related problems. As can be seen in Table 10, Panel II, in-group rejection ($\beta = .26, p < .01$) emerged as a significant predictor,
suggesting that participants who rejected African American culture experienced more objections and problems related to their drinking.

**Examining the Independent Contribution of Ethnic Identity and Acculturation**

I also wanted to determine the independent contributions of ethnic identity and acculturation. That is, I wanted to determine whether ethnic identity remained predictive of psychosocial variables after taking acculturation into account, and whether acculturation remained predictive after taking ethnic identity into account. To answer this question, I again ran two sets of six hierarchical multiple regression analyses. In the first set, I entered the demographic variables on step one as control variables, the ethnic identity factors on step two, and the acculturation factors on step three. In the second set of regressions, steps two and three were reversed.

*Predicting mental health.* Although, as reported earlier, ethnic identity (specifically ethnic pride) was predictive of psychological distress (see Table 5, panel I), it was no longer a significant predictor once acculturation was already in the model (see Table 5, panel III). This suggests that whatever information ethnic pride was providing could be accounted for by acculturation factors. Since acculturation was not initially predictive of psychological distress, it was not expected that it would become significant once ethnic identity was in the model. As can be seen in Table 5, panel IV, this was, indeed, the case; acculturation was not a significant predictor of distress when ethnic identity was already in the model.

A different pattern emerged with self-esteem. As reported earlier, ethnic identity (specifically ethnic belonging and ethnic pride) was initially predictive of self-esteem (see Table 6, panel I) and it remained a significant predictor even when acculturation was already in the model (see Table 6, panel III). Once acculturation was in the model, all of the ethnic identity factors, together as a group, accounted for an additional significant 6% of the variance beyond acculturation’s 9%. The same pattern emerged when steps two and three were reversed. Acculturation (specifically in-group preference) was initial predictive of self-esteem (see Table 6, panel II) and it remained a significant predictor even when ethnic identity was already in the model (see Table 6, panel IV). Once ethnic identity was already in the model, acculturation accounted for an additional significant
4% of the variance above ethnic identity’s 10% contribution. Taken together, this pattern of findings suggests that both ethnic identity (ethnic belonging and ethnic pride) and acculturation factors (in-group preference) add something unique to the prediction of self-esteem.

**Predicting coping strategies.** As previously reported, ethnic identity was not initially predictive of using distraction as a coping strategy (see Table 7, panel I). However, as can be seen in Table 7, panel III, after accounting for acculturation, public regard emerges as a significant predictor ($\beta = -.18$, $p<.01$). This is despite the fact that as a group, ethnic identity accounted for a non-significant increment of 2% of variance explained. Not surprisingly, acculturation accounted for a significant 8% of variance above and beyond ethnic identity’s negligible contribution (see Table 7, panel IV). Specifically, as was the case when ethnic identity was not in the model, this effect is carried by out-group comfort and assimilation ideology.

In terms of religion coping, although ethnic identity was initially predictive of this coping strategy (see Table 8, panel I), Table 8, panel III shows that when acculturation factors were entered first, ethnic identity factors are no longer significant. But the reverse is not true. Acculturation remains a significant predictor of religious coping, even after ethnic identity is in the model (see Table 8, panel IV). Taken together, these findings suggest that acculturation factors (specifically traditional behaviors and beliefs) account for unique information in the prediction of religious coping that ethnic identity (ethnic belonging) does not.

**Predicting substance use.** Neither acculturation nor ethnic identity became significant predictors of frequency of alcohol use once the other variable was in the model, a finding that was not surprising (see Table 9, panels III and IV). Additionally, ethnic identity did not significantly predict alcohol-related problems once acculturation was already in the model (see Table 10, panel III). This was not surprising since ethnic identity was not predictive of alcohol problems initially (see Table 10, panel I). Finally, acculturation factors as a group did not add significant variance once ethnic identity was already in the model (see Table 10, panel IV); acculturation provided a 4% increment after ethnic identity was in the model. Moreover, in-group rejection, the one acculturation that was initially significant, remained a significant predictor after accounting for ethnic
identity ($\beta = .32, p < .01$). This pattern of findings, specifically both acculturation’s independent and incremental contributions, suggests that acculturation adds something unique to the prediction of alcohol related problems or objections.
Table 3.1
Description of the Current Sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Possible Range*</th>
<th>Obtained Range*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21.31</td>
<td>2.65</td>
<td></td>
<td>16 - 34</td>
</tr>
<tr>
<td>Level of Education</td>
<td>4.57</td>
<td>1.10</td>
<td>1 - 9</td>
<td>1 - 7</td>
</tr>
<tr>
<td>SES Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income</td>
<td>4.36</td>
<td>2.28</td>
<td>1 - 8</td>
<td>1 - 8</td>
</tr>
<tr>
<td>Relationship Status</td>
<td>1.69</td>
<td>0.92</td>
<td>1 - 7</td>
<td>1 - 6</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>24.09</td>
<td>5.46</td>
<td>0 – 30</td>
<td>7 - 30</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>52.24</td>
<td>31.84</td>
<td>0 – 262</td>
<td>1 - 176</td>
</tr>
<tr>
<td>Self-Distraction Coping</td>
<td>5.54</td>
<td>1.58</td>
<td>2 - 8</td>
<td>2 - 8</td>
</tr>
<tr>
<td>Religious Coping</td>
<td>6.06</td>
<td>1.70</td>
<td>2 - 8</td>
<td>2 - 8</td>
</tr>
<tr>
<td>Frequency of Alcohol Use</td>
<td>5.46</td>
<td>2.97</td>
<td>0 – 17</td>
<td>0 – 15</td>
</tr>
<tr>
<td>Alcohol Use Problems</td>
<td>1.26</td>
<td>0.59</td>
<td>0 – 4</td>
<td>0 - 4</td>
</tr>
</tbody>
</table>

Note: * denotes statistic given only when applicable
Table 3.2
Intercorrelations Between Eight Extracted Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethic group Belonging</td>
<td>0.39**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Traditional Behaviors and Beliefs</td>
<td></td>
<td>0.27**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ethnic Group Pride</td>
<td>0.44**</td>
<td>0.33**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In-group Rejection</td>
<td>0.33**</td>
<td>0.23**</td>
<td>0.34**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Out-group Comfort</td>
<td>-0.25**</td>
<td>-0.24**</td>
<td>-0.15*</td>
<td>-0.36**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In-group Preference</td>
<td>0.45**</td>
<td>0.25**</td>
<td>0.43*</td>
<td>0.31**</td>
<td>-0.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Public Regard</td>
<td>-0.15*</td>
<td>-0.06</td>
<td>-0.13</td>
<td>-0.36**</td>
<td>0.31**</td>
<td>-0.21**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assimilationist Ideology</td>
<td>0.23**</td>
<td>0.23**</td>
<td>0.25**</td>
<td>0.31**</td>
<td>-0.23**</td>
<td>0.28**</td>
<td>-0.11</td>
<td></td>
</tr>
</tbody>
</table>

Note: N=173. *p < .05, **p < .01.
Table 3.3
Factors Extracted, Items Loading, and Scale of Origin

<table>
<thead>
<tr>
<th>Factor Label</th>
<th>Item Label</th>
<th>Scale of Origin</th>
<th>Abbreviated Item Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Identity Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Belonging</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.81 MEIM</td>
<td>I have much pride in my ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.77 MEIM</td>
<td>Understand what ethnic group membership means</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.75 MEIM</td>
<td>Happy being member of the ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.71 MEIM</td>
<td>Feels good about cultural background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.69 MEIM</td>
<td>Strong sense of belonging to ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.67 MEIM</td>
<td>Clear sense of ethnic background and what it means</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.61 MEIM</td>
<td>Feel strong attachment towards my own ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.61 MEIM</td>
<td>Have often talked to other people about ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.52 MEIM</td>
<td>Have spent time finding out about my ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.49 MEIM</td>
<td>Participate in cultural practices of my own group</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Pride</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.88 MIBI</td>
<td>Happy that I am Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.79 MIBI</td>
<td>Proud to be Black.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.73 MASPAD</td>
<td>Being Black is important reflection of who I am.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.70 MIBI</td>
<td>Feel Blacks have made major accomplishments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.68 MIBI</td>
<td>Take pride in being a person of African ancestry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.65 MIBI</td>
<td>Feel Blacks made valuable contributions to society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.49 MIBI</td>
<td>I feel good about Black people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.43 MIBI</td>
<td>Have strong attachment to other Black people</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Regard</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.70 MIBI</td>
<td>Other groups view Blacks in a positive manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.69 MIBI</td>
<td>Others respect Black people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.65 MIBI</td>
<td>Society views Black people as an asset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.63 MIBI</td>
<td>Overall, Blacks are considered good by others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Traditional Orientation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Traditional Behaviors/ Beliefs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.72 MASPAD</td>
<td>Actively involved in African spiritual system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.70 MASPAD</td>
<td>Perform rituals for my departed ancestors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.70 MASPAD</td>
<td>Use African words during spiritual practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.65 MASPAD</td>
<td>Do not take things from the Earth w/o giving back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.62 MASPAD</td>
<td>Will give children an African naming ceremony</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.53 MASPAD</td>
<td>Buy products made by people of African ancestry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.47 MASPAD</td>
<td>Behavior consistent with people of African ancestry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3.3 (continued)

<table>
<thead>
<tr>
<th>Factor Label</th>
<th>Item</th>
<th>Scale of Origin</th>
<th>Abbreviated Item Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-group Preference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.46</td>
<td>MASPAD</td>
<td>Communalistic describes my interactions with others</td>
</tr>
<tr>
<td></td>
<td>0.45</td>
<td>MASPAD</td>
<td>Raised to maintain practices consistent with Black people</td>
</tr>
<tr>
<td></td>
<td>0.43</td>
<td>MASPAD</td>
<td>Vital to be actively involved in the Black community</td>
</tr>
<tr>
<td></td>
<td>0.41</td>
<td>MASPAD</td>
<td>Believe festivals maintain balance in my community</td>
</tr>
<tr>
<td>Assimilation Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-group Comfort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.84</td>
<td>AfAAS</td>
<td>I prefer to watch Black television shows</td>
</tr>
<tr>
<td></td>
<td>0.83</td>
<td>AfAAS</td>
<td>I prefer Black radio</td>
</tr>
<tr>
<td></td>
<td>0.72</td>
<td>AfAAS</td>
<td>I prefer to listen to Black music</td>
</tr>
<tr>
<td></td>
<td>0.51</td>
<td>MASPAD</td>
<td>Difficulty accepting ideas held by Black community</td>
</tr>
<tr>
<td></td>
<td>0.46</td>
<td>MASPAD</td>
<td>I prefer entertainment highlighting Black talent</td>
</tr>
<tr>
<td>In group rejection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-0.66</td>
<td>MASPAD</td>
<td>Doesn't speak against injustices that impact Blacks</td>
</tr>
<tr>
<td></td>
<td>-0.62</td>
<td>MASPAD</td>
<td>My success more important than success of Blacks</td>
</tr>
<tr>
<td></td>
<td>0.61</td>
<td>MIBI</td>
<td>Being Black unimportant to sense of who I am</td>
</tr>
<tr>
<td></td>
<td>-0.57</td>
<td>MASPAD</td>
<td>Should modify values to fit those of surroundings</td>
</tr>
<tr>
<td></td>
<td>0.53</td>
<td>MIBI</td>
<td>Being Black not major factor in social relationships</td>
</tr>
<tr>
<td>Assimilationist Ideology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.75</td>
<td>MASPAD</td>
<td>Behavior in public different from home behavior</td>
</tr>
<tr>
<td></td>
<td>-0.55</td>
<td>MASPAD</td>
<td>Comfortable putting on the mask in order to fit in</td>
</tr>
<tr>
<td></td>
<td>0.48</td>
<td>MASPAD</td>
<td>No problem assimilating to be financially successful</td>
</tr>
<tr>
<td></td>
<td>-0.42</td>
<td>MASPAD</td>
<td>I actively support Black owned businesses</td>
</tr>
</tbody>
</table>
Table 3.4

Eigenvalues, Variance Accounted, and Internal Consistency for Factors Extracted after Oblique Rotation

<table>
<thead>
<tr>
<th></th>
<th>Eigenvalue</th>
<th>Variance explained</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic group belonging (1)</td>
<td>10.78</td>
<td>19.26</td>
<td>0.88</td>
</tr>
<tr>
<td>Ethnic pride (3)</td>
<td>3.69</td>
<td>6.60</td>
<td>0.79</td>
</tr>
<tr>
<td>Public regard (7)</td>
<td>1.99</td>
<td>3.56</td>
<td>0.73</td>
</tr>
<tr>
<td>Traditional Orientation Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional beliefs and behaviors (2)</td>
<td>4.02</td>
<td>7.17</td>
<td>0.78</td>
</tr>
<tr>
<td>In-group preference (6)</td>
<td>2.21</td>
<td>3.95</td>
<td>0.81</td>
</tr>
<tr>
<td>Assimilation Orientation Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-group comfort (5)</td>
<td>2.23</td>
<td>3.98</td>
<td>0.80</td>
</tr>
<tr>
<td>Assimilationist Ideology (8)</td>
<td>1.59</td>
<td>2.84</td>
<td>0.58</td>
</tr>
<tr>
<td>In-group rejection (4)</td>
<td>2.75</td>
<td>4.90</td>
<td>0.74</td>
</tr>
<tr>
<td>Total Variance Explained</td>
<td></td>
<td>52.26</td>
<td></td>
</tr>
</tbody>
</table>

Note: Value in parentheses indicates order of extraction
Table 3.5
Hierarchical Multiple Regression with Psychological Distress as the Dependent Variable

<table>
<thead>
<tr>
<th>Variable/Step</th>
<th>R²</th>
<th>ΔR²</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
</table>

**Panel I: Examining Ethnic Identity's Contribution**

**Step 1: Demographics**
- Gender: -2.05, 5.22, -0.03
- Age: 0.54, 1.06, 0.05
- Education: -2.76, 2.55, -0.10

**Step 2: Ethnic Identity**
- Belonging: 24.00, 24.00, 0.09
- Pride: -50.90, 25.35, -0.17*
- Public Regard: 12.62, 14.63, 0.07

**Panel II: Examining Acculturation's Contribution**

**Step 1: Demographics**
- Gender: -2.05, 5.22, -0.03
- Age: 0.54, 1.06, 0.05
- Education: -2.76, 2.55, -0.10

**Step 2: Acculturation**
- Traditional Beh/Bel: 5.00, 19.49, 0.02
- In-group Rejection: -9.17, 16.82, -0.05
- Out-group Comfort: -1.80, 16.26, -0.01
- In-group Preference: -19.72, 17.97, -0.10
- Assimilation Ideology: -0.56, 17.13, 0.00

**Panel III: Examining Whether Ethnic Identity Predicts Above and Beyond Acculturation**

**Step 1: Demographics**
- Gender: -2.05, 5.22, -0.03
- Age: 0.54, 1.06, 0.05
- Education: -2.76, 2.55, -0.10

**Step 2: Acculturation**
- Traditional Beh/Bel: 5.00, 19.49, 0.02
- In-group Rejection: -9.17, 16.82, -0.05
- Out-group Comfort: -1.80, 16.26, -0.01
- In-group Preference: -19.72, 17.97, -0.10
- Assimilation Ideology: -0.56, 17.13, 0.00

**Step 3: Ethnic Identity**
- Belonging: 29.40, 26.78, 0.11
- Pride: -44.09, 27.44, -0.15
- Public Regard: 10.40, 15.97, 0.06
Table 3.5 (continued)

Panel IV: Examining Whether Acculturation Predicts Above and Beyond Ethnic Identity

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Note: $N=173$. *p < .05, **p < .01.
Table 3.6
Hierarchical Multiple Regression with Self-Esteem as the Dependent Variable

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Note: \( N = 173 \). *\( p < .05 \), **\( p < .01 \).
Table 3.7
Hierarchical Multiple Regression with Self Distraction (Coping) as the Dependent Variable

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Note: N=173. *p < .05, **p < .01.
Table 3.8
Hierarchical Multiple Regression with Religion (Coping) as the Dependent Variable

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<th>( \Delta R^2 )</th>
<th>( B )</th>
<th>SE ( B )</th>
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| **Panel II: Examining Acculturation's Contribution** |
| Step 1: Demographics | 0.00 | 0.00 | | | |
| Gender | 0.26 | 0.28 | 0.07 |
| Age | -0.04 | 0.06 | -0.06 |
| Education | 0.20 | 0.14 | 0.13 |
| Step 2: Acculturation | 0.09 | 0.09** | 2.81 | 0.99 | 0.23** |
| Traditional Beh/Bel | | | | | |
| In-group Rejection | 0.14 | 0.85 | 0.01 |
| Out-group Comfort | 1.25 | 0.82 | 0.13 |
| In-group Preference | 1.68 | 0.91 | 0.15 |
| Assimilation Ideology | 1.10 | 0.87 | 0.11 |

| **Panel III: Examining Whether Ethnic Identity Predicts Above and Beyond Acculturation** |
| Step 1: Demographics | 0.00 | 0.00 | | | |
| Gender | 0.26 | 0.28 | 0.07 |
| Age | -0.04 | 0.06 | -0.06 |
| Education | 0.20 | 0.14 | 0.13 |
| Step 2: Acculturation | 0.09 | 0.09** | 2.81 | 0.99 | 0.23** |
| Traditional Beh/Bel | | | | | |
| In-group Rejection | 0.14 | 0.85 | 0.01 |
| Out-group Comfort | 1.25 | 0.82 | 0.13 |
| In-group Preference | 1.68 | 0.91 | 0.15 |
| Assimilation Ideology | 1.10 | 0.87 | 0.11 |
| Step 3: Ethnic Identity | 0.09 | 0.00 | 2.21 | 1.36 | 0.15 |
| Belonging | | | | | |
| Pride | 0.13 | 1.39 | 0.01 |
| Public Regard | -0.75 | 0.81 | -0.08 |
Table 3.8 (continued)

Panel IV: Examining Whether Acculturation Predicts Above and Beyond Ethnic Identity

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<th>B</th>
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<th>β</th>
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Note: N=173. *p < .05, **p < .01.
Table 3.9
Hierarchical Multiple Regression with Alcohol Use Frequency as the Dependent Variable

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</tbody>
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| **Panel II: Examining Acculturation's Contribution** |             |     |    |      |      |
| Step 1: Demographics | 0.12 | 0.12** | -2.42 | 0.54 | -0.38** |
| Gender |          |     | -2.42 | 0.54 | -0.38** |
| Age | 0.00 | 0.11 | 0.00 |
| Education | -0.11 | 0.27 | -0.04 |
| Step 2: Acculturation | 0.13 | 0.01 | -3.08 | 1.85 | -0.15 |
| Traditional Beh/Bel |          |     | -3.08 | 1.85 | -0.15 |
| In-group Rejection | 2.03 | 1.66 | 0.12 |
| Out-group Comfort | 1.28 | 1.65 | 0.07 |
| In-group Preference | -1.38 | 1.80 | -0.07 |
| Assimilation Ideology | -0.55 | 1.73 | -0.03 |

| **Panel III: Examining Whether Ethnic Identity Predicts Above and Beyond Acculturation** |             |     |    |      |      |
| Step 1: Demographics | 0.12 | 0.12** | -2.42 | 0.54 | -0.38** |
| Gender |          |     | -2.42 | 0.54 | -0.38** |
| Age | 0.00 | 0.11 | 0.00 |
| Education | -0.11 | 0.27 | -0.04 |
| Step 2: Acculturation | 0.13 | 0.01 | -3.08 | 1.85 | -0.15 |
| Traditional Beh/Bel |          |     | -3.08 | 1.85 | -0.15 |
| In-group Rejection | 2.03 | 1.66 | 0.12 |
| Out-group Comfort | 1.28 | 1.65 | 0.07 |
| In-group Preference | -1.38 | 1.80 | -0.07 |
| Assimilation Ideology | -0.55 | 1.73 | -0.03 |
| Step 3: Ethnic Identity | 0.13 | 0.00 | -3.77 | 2.61 | -0.15 |
| Belonging |          |     | -3.77 | 2.61 | -0.15 |
| Pride | 2.74 | 4.36 | 0.07 |
| Public Regard | 1.56 | 1.55 | 0.10 |
Table 3.9 (continued)

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Note: N=173. *p < .05, **p < .01.
Table 3.10
Hierarchical Multiple Regression with Incidence of Alcohol Induced Objections/Problems as the Dependent Variable

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### Table 3.10 (continued)

Panel IV: Examining Whether Acculturation Predicts Above and Beyond Ethnic Identity

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Note: N=173. *p < .05, **p < .01.
Chapter Four

Discussion

Ethnic identity and acculturation are highly researched cultural constructs in the study of African American mental health. Even though they have been considered distinct constructs, previous research has not consistently conceptualized or measured them as distinct constructs. Sometimes the constructs have been used interchangeably as if they mean the same thing, and at other times they are used to refer to very different processes (Cuellar et al., 1997). This inconsistent use of these constructs has made it difficult to accurately understand whether and how ethnic identity is associated with health outcomes for African Americans. In an effort to make clear empirical distinctions between them and to examine their interrelationships, acculturation and ethnic identity have to be disentangled methodologically. Thus, the aim of this study was two-fold: (1) to investigate the overlap in measures of ethnic identity and acculturation at the factor level, and (2) assuming they are separate factors, to examine their independent and combined association with psychosocial functioning in African Americans.

Are Ethnic Identity and Acculturation Distinct Constructs?

Results of the factor analysis indicate the answer is yes, but that it is more complicated than this. Rather than having two factors emerge, one for ethnic identity and one for acculturation, eight factors emerged from the factor analysis. Three of the factors that emerged (i.e., ethnic belonging, ethnic pride, and public regard) reflected previous conceptualizations of ethnic identity and five of the factors (i.e., traditional behaviors and beliefs, in-group preference, out-group comfort, in-group rejection, and assimilation ideology) reflected previous conceptualizations of acculturation. Thus, the factor analyses demonstrated that not only are ethnic identity and acculturation distinct constructs, but also that they are both multidimensional.

Correlation analyses showed that these eight factors are highly related, as the vast majority of the coefficients were significant at the .01 level. This is consistent with existing research done with a Mexican American sample (Cuellar et al., 1997). Though, the pattern of results did not yield eight factors, this study did include ethnic identity and
both traditional and assimilation orientation components of acculturation. Specifically, this study is consistent with the current research’s pattern of correlations between these constructs. Cuellar et al. (1997) found ethnic identity scores on the MEIM to be strongly positively correlated with traditional orientation scores on an acculturation measure while negatively correlated with assimilation orientation scores. In the current study, correlation analyses generally reflected this pattern with few exceptions. Specifically, the public regard factor did not behave as anticipated, correlating with all of the factors, except out-group comfort, in the negative direction. Even so, though highly related, the factors are distinguishable.

Even more, the factors can be traced back to existing conceptualizations of ethnic identity and acculturation. The extant research has discussed ethnic identity as a multidimensional construct. Researchers (i.e., Sellers et al., 1998, Phinney, 1990) have identified different components of ethnic identity including participation, affirmation and belonging, centrality and salience, and pride, among others. Thus, it is not surprising that the constructs and components of those constructs emerged from this study, in that the measures used in the factor analysis originated with researchers who have defined ethnic identity in multidimensional terms. For example, the factor ethnic belonging is very similar to Phinney’s (1990) component of ethnic identity, affirmation, belonging, and commitment. Further, the factor public regard was labeled in this manner because all of the items originated from Sellers and colleagues (1998) existing construct also named public regard.

The same, however, cannot be said for acculturation. Typically, acculturation has been conceived as a unidimensional construct rather than a multidimensional one. Only recently has African American acculturation been considered to be a product of two components or orientations, traditional and assimilation (Obasi, 2004). The factor analysis did pick up on these two orientations, but differentiated those items further into five factors. That acculturation has not been conceptualized multidimensionally in previous research with African Americans may suggest that the process is more complex than the current bidimensional conceptualization.

The results of the factor analysis also revealed the problem of content overlap in measures of ethnic identity and acculturation. Two measures of ethnic identity were used
in this study, the MEIM and the MIBI. Yet, not all of the items from these measures loaded on the ethnic identity factors that emerged. Although the MEIM items that loaded onto factors all loaded on one of the three ethnic identity factors that emerged from the factor analysis, not all of the MIBI items did. Several of the MIBI items loaded on the acculturation factors. For example, the MIBI item “Blacks should strive to integrate all segregated institutions” loaded on the out-group comfort acculturation factor. The fact that these items loaded on any factor suggests that they are important and connected to other items assessing similar concepts. However, that they originated from an ethnic identity scale suggests that the ethnic identity scale may be including content not tied to the construct of ethnic identity. Similar findings occurred with the MASPAD and the AfAAS, the two acculturation measures administered in this study. Although all of the AfAAS items and most of the MASPAD items that loaded onto factors loaded on acculturation factors, one of the MASPAD items, “Being Black is an important reflection of who I am,” loaded on ethnic pride, an ethnic identity factor. This suggests that acculturation inventories also may include content that is not tied to the construct of acculturation.

This suggests that research is needed that differentiates ethnic identity and acculturation measures. Most ethnic identity researchers do not do acculturation research and acculturation researchers tend not to do ethnic identity research. Consequently, because acculturation and ethnic identity are so highly correlated, it is easy to see how ethnic identity researchers, operating in isolation from acculturation researchers, can mistakenly include acculturation items on their measures and, likewise, acculturation researchers, operating in isolation from ethnic identity researchers, can mistakenly include ethnic identity items on their acculturation measures. However, to effectively determine how culture influences psychological functioning, better precision is needed in measures of ethnic identity and acculturation. Thus, in addition to replicating the factor structure that emerged in this study, future research should examine the item content of ethnic identity and acculturation measures before investigating how these measures are associated with outcomes. Items that confound ethnic identity and acculturation should be deleted so that a clearer, more accurate picture can be formed of how these constructs are
similarly and differentially related to mental health functioning among African Americans.

Additionally, some items did not load on any of the factors that emerged in this study. For example, in terms of ethnic identity, two of the ten MEIM items and ten of the 56 MIBI items did not load on any factors. Some of the MIBI items that did not load came from the centrality, private regard, and public regard subscales; these items reflected content of connecting to one’s ethnic group (e.g., “I generally, being Black is an important part of my self-image,” “My destiny is tied to the destiny of other Black people.”). Although these items sound similar in content to items that loaded on the ethnic belonging factor, these non-loading items made reference to a specific ethnic group (e.g., Black people), whereas items that did load did not (e.g., “my ethnic group”). It is likely that this variation is a significant enough differentiation to result in these items not loading on the ethnic belonging factor. The remaining MIBI items that did not load came from the assimilationist ideology subscale, and seemed to reflect a generalized tendency to accept European American culture (e.g. “Because America is predominantly White, it is important that Blacks go to White schools so that they can gain experience interacting with Whites.”). Items that successfully loaded seemed to reflect a more compartmentalized or specific tendency to acculturate rather than a generalized disregard for one’s culture. The items that loaded on the assimilation factor all seem to reflect a bicultural understanding of acculturation. For example, “The way that I behave in public (work, school, etc.) is different than how I behave at home,” “I actively support Black owned businesses,” and “I see no problem assimilating into other cultural values in order to be financially successful.” all loaded on the assimilation factor. Together these items seem to suggest that assimilation for these participants means fitting in, but not discarding their own culture. In contrast, the items that did not load all seemed to reflect a more wholesale disregard of one’s own culture that is more akin to traditional notions of assimilation rather than acculturation (e.g., “Blacks should view themselves as American first and foremost.”).

In terms of acculturation, 21 of the 45 MASPAD items and half of the ten AfAAS items did not load on any factors. Of the 21 items from the MASPAD, 13 were items reflecting beliefs as opposed to behaviors (e.g., “People in America should only speak
English.”). In fact, all of the traditional behavior subscale items were retained in the factor analysis. Similar results were found for the AfAAS; items that were deleted seemed to reflect beliefs (e.g., “I believe Blacks should only marry Blacks.”). In all, this suggests that, for this sample, behavioral aspects of acculturation may be more salient than cognitive or attitudinal aspects of the construct.

These findings may have been hindered by the forced eight-factor solution on the data. It is possible that there are additional factors lying beyond this solution that may include this cognitive component of acculturation. In the same token, these items may have been left out of the solution because they were redundant data that only added imprecision to the constructs. In that the scree plot suggested that a seven or eight factor solution provided an optimal amount of predicted variance, the latter explanation may be more feasible. Altogether, these findings suggest that while many of the initial items contain important information in defining these constructs, some of the items on measures of these constructs might not be centrally related to ethnic identity or acculturation, but only serve as superfluous information. It is difficult to verify this with the existing data in that only exploratory analyses were run and only one sample was used. In order to make more confident statements about the findings from this factor analysis, a confirmatory factor analysis or structural equation model using a larger sample should be performed to verify the factor structure found. Additionally, the factor structure that emerged in this sample of African Americans from a predominantly African American context may be different in a sample of African Americans from a predominantly European American context. Thus, future research should also replicate this study with African Americans from diverse environmental contexts.

**Are Ethnic Identity and Acculturation Differentially Associated with Psychosocial Functioning?**

Beyond determining whether ethnic identity and acculturation can be distinguished at the level of measurement, another way to look at whether they are distinct constructs is to examine whether they are associated with outcomes in different ways. If they are, it gives further support for the argument that these are, indeed, different constructs. Given that they are correlated constructs, one would expect they would be
associated with some outcomes in the same way, but if they are distinct there should also be instances in which they are differentially associated with outcome. Thus, the second aim of the study was to determine whether ethnic identity and acculturation were differentially and incrementally associated with mental health, coping strategies, and substance use. Indeed, the results seem to suggest that, although ethnic identity and acculturation are associated with some psychosocial variables in similar ways, there are some differences in the ways in which they are associated with other psychosocial variables.

Two mental health variables were measured in this study: psychological distress and self-esteem. Although both ethnic identity and acculturation were associated with self-esteem, only ethnic identity was associated with psychological distress. Ethnic pride was the ethnic identity factor that significantly predicted psychological distress. While there are no studies that have linked ethnic pride, specifically, to psychological problems, there are studies that have found an association with the larger construct of ethnic identity. Specifically, African American identity has been shown to be inversely related to depression and eating disorder symptoms (Abrams, Allen, & Gray, 1993; Petersons et al., 2000; Siegel, Yancey, & McCarthey, 2000; Mumford, 1994; Pyant & Yanico, 1992; Siegel et al., 2000). Thus, it was not surprising to find that an ethnic identity factor was predictive of distress. What was surprising, however, was that ethnic belonging and public regard were not predictive of distress. One explanation lies in the definition and content of the factors. Ethnic pride may have emerged as significant because it deals with how good participants feel about African American people. Ethnic belonging contained items concerning involvement and sense of belonging with one’s “ethnic group,” while public regard concerned how participants think others feel about African Americans. Thus, it is possible that contentment with, and proud feelings about, being African American is more protective than simple involvement with one’s ethnic group or concerns of other’s attitudes toward it.

That none of the acculturation factors was predictive of psychological distress was also surprising because previous research has shown that higher levels of acculturation towards mainstream culture are associated with suicidal ideation (Kimbrough, Molock, & Walton, 1996), more symptoms of anorexia and bulimia
(Osvold & Sodowsky, 1993), and psychiatric symptoms (Landrine and Klonoff, 1996). In that acculturation has been linked to specific adverse mental health outcomes in previous research, it is possible that distress was defined too broadly in the current study. Thus, acculturation factors may significantly predict distress in African Americans if more narrowly assessed.

As mentioned previously, both ethnic identity and acculturation were predictive of self-esteem. Ethnic identity factors provided a significant 6% increment in predictive variance over and above acculturation factors, primarily due to factors ethnic group belonging and ethnic pride, while acculturation factors provided a significant 4% increment in variance over and above ethnic identity factors, specifically due to the significance of the in-group preference factor. Findings suggest that higher self-esteem was associated with greater ethnic pride, ethnic belonging, and in-group preference. This pattern of results is entirely consistent with existing research that shows strong ethnic identity to be largely predictive of higher levels of self-esteem (Roberts et al., 1999; Parham & Helms, 1981; Speight et al., 1996). The only significant acculturation factor was in-group preference, a traditional orientation factor. While different from ethnic identity, this finding is also consistent with the literature that highlights the mental health benefits of immersion in African American culture (Osvold & Sodowsky, 1993; Klonoff & Landrine, 1999). Findings provide evidence that ethnic identity’s contribution of belonging and pride are significant and unique enough to supply information beyond the contribution of in-group preference in predicting self-esteem. The reverse of this statement is true as well.

While consistent with extant literature on self-esteem, the contribution of this study’s findings is the ability to discern which aspects or dimensions of these constructs are tied to self-esteem. The results of this study make clear that not all aspects of ethnic identity or acculturation are predictive of self-esteem. Since low self-esteem has been linked with myriad negative outcomes, it is important to know which specific dimensions to focus on in designing interventions aimed at increasing self-esteem. Rather than continue to focus primarily at the omnibus construct level, future research should examine links with self-esteem and other outcome variables at the level of dimensions of ethnic identity and acculturation. Evaluating these relationships at the construct level, as
is done by most existing research, is too gross a level of measurement to effectively inform prevention and intervention research with African American youth. It follows that future pursuits in this line of research should continue to investigate which dimensions of ethnic identity and acculturation predict positive indicators of psychosocial function like self-esteem, in addition to the typically assessed negative outcomes. This will allow for clearer analysis of how these constructs impact the full scope of psychosocial functioning, not just a portion of it.

For coping strategies, ethnic identity and acculturation showed further differentiation. Two coping strategies were assessed, using self-distraction and utilizing religion. Results revealed that ethnic identity was only predictive of religious coping whereas acculturation was predictive of both types of coping behavior. For self-distraction, regression analyses showed that ethnic identity had neither a significant independent or incremental contribution. Acculturation, on the other hand, had both, primarily carried by the assimilation orientation factors out-group comfort and assimilation orientation. Specifically, results indicated that greater comfort with integrating beliefs and practices of other cultural groups in with one’s own and a greater degree of departure from the cultural values and beliefs of one’s ethnic group were associated with higher endorsement of this coping strategy. As self-distraction is conceptualized as a negative method of coping, these findings are consistent with, and add to, the existing literature that links departing from one’s culture with adverse mental health outcomes (Sue & Chu, 2003). With assimilation orientation acculturation, many of the ethnic cultural strengths such as family cohesion may be extinguished or dramatically decreased. Some speculate that increased acculturation to U.S. society may lead to erosion of traditional family networks and the family structure, which provide family members with support, resources, and protective/preventive benefits (Escobar et al., 2000).

For coping by utilizing one’s religion, regression analyses showed ethnic identity to have a significant independent contribution, primarily due to the factor ethnic belonging, but not an incremental contribution beyond acculturation factors. Acculturation, again, had both a significant independent and incremental contribution to the use of religion as a coping strategy. Acculturation’s contribution was due primarily to
the factor of traditional behaviors and beliefs. This makes sense conceptually as religion and spirituality have been long standing components of traditional African American culture (Coleman, 1996). As religious coping is viewed as a positive coping strategy, these findings are also consistent with existing literature that provides evidence that immersion in African American culture contributes to adaptive mental health behavior (Landrine & Klonoff, 1996). Results suggest that item content endorsing immersion in African American culture may be subsuming the effects of items simply assessing one’s sense of belonging to their ethnic group. In that only two coping strategies were the focus of this study, future research with acculturation and ethnic identity should investigate a larger variety of positive and negative coping strategies. Perhaps this will serve to answer the question of whether culture determines the type of strategy utilized (i.e., positive, negative).

Additionally, two substance use variables were assessed: frequency of alcohol use and whether or not the individual had encountered problems and/or objections to his or her drinking. Regression analyses showed that neither ethnic identity nor acculturation provided any significant independent or incremental contribution to either of these substance use variables. The absence of a connection between alcohol use and ethnic identity factors was not surprising considering that previous research has been inconsistent in drawing this connection as well, describing inverse, positive, and no relations between these variables (Marsiglia, Kulis, & Hecht, 2001; Scheier et al., 1997; Herd & Grube, 1996; Strunin & Demissie, 2001). The lack of a significant finding in the current study may be due to the fact that there was not a great deal of variability in responses to the question of frequency of alcohol use. In fact, most participants reported drinking only once or twice in a month’s time. Future research should investigate this connection using a sample that drinks more routinely or at least one with greater variability in substance use. For predicting problems or objections to drinking, only in-group rejection, an assimilation orientation factor, emerged as significant. Specifically, greater rejection of components of African American culture was associated with more problems or objections to drinking. The limited existing literature linking acculturation with substance use supports the findings in the current study by revealing that those African Americans who report being frequent alcohol drinkers were more acculturated to
mainstream culture (Klonoff & Landrine, 1999). Though alcohol was the focus of the current study, use of other substances such as illegal drugs and cigarettes have also been a cause for concern in the African American community. In an effort to clarify the cause and impact of the use of these substances, future research should not only replicate the findings of this study regarding alcohol, but should also investigate other substances, as the nature of the relationship might vary depending on the substance being used.

**Study Limitations**

As with all research, this study had some limitations that could be improved upon in future research. First, the sample size of 173 is slightly below what is deemed appropriate for drawing valid conclusions from a factor analysis. Comrey and Lee (1992) suggest a minimum of 200 participants. Thus, replicating this study with a larger sample would strengthen confidence in these findings. A second limitation is that all the participants in this study were attending a historically Black university. It is possible that the findings of this study may not generalize to students attending predominantly White institutions or to community (i.e., non-college) samples. Future research should replicate this study varying the environmental context and age of participants. A third limitation is the study’s cross-sectional design. A longitudinal design that measured students ethnic identity and acculturation levels and outcomes across time, would add depth to the picture that emerged in this study. Such a study would not only provide information about the relationship between these constructs and outcomes at different points in time, but it would also show, for example, how changes in these cultural variables over time are related to outcomes. A fourth concern is the number of items used to assess the coping strategies. The coping strategies were taken from a common measure, the Brief COPE, which assesses twelve coping strategies with 24 items. Thus, each coping strategy is computed from only two items. The measure, in its entirety, is valid and reliability. In that the scale was not intended to be parsed out into specific coping strategies, by only utilizing specific scales from the inventory, I may have jeopardized the reliability of the assessment. Despite the adequate alpha levels obtained by the sample, additional items would strengthen my confidence in these being reliable indicators of participant endorsement of these coping strategies.
Conclusions

In all, the findings of the regression analyses conducted in this study provide further support for the argument that ethnic identity and acculturation are distinct constructs. Factor analysis extracted eight factors, not just one. The eight factors, in and of themselves, provide evidence that acculturation and ethnic identity are both multidimensional and distinguishable at the item level. Though for convenience purposes, I grouped factors together according to previous conceptualizations of the constructs, the fact that ethnic identity, for example, consists of three separable components may suggest that the independent components are viable entities. Looking at the individual micro-level factors may be more informative than the looking at the macro-level construct. This might also account for inconsistencies in the literature. Perhaps the constructs of ethnic identity and acculturation are too large and too nebulous. Instead, by operating at factor level, researchers and practitioners may gain more – and more consistent – information.

The contention that ethnic identity and acculturation are distinct was further supported by the regression analyses. The differential associations between ethnic identity and acculturation factors that emerged in this study suggest that these constructs should not be considered interchangeable as they sometimes have been in the past. In fact, regression analyses showed that only certain dimensions accounted for the contributions ethnic identity and acculturation made to predicting outcome variables. Ethnic identity is a largely researched topic and very important for this area. But if the purpose of this line of research is to harness these cultural variables for use with formulating empirically validated treatments, it would be better to know what specific aspects of ethnic identity are really making the difference. The same idea applies for acculturation. Though acculturation has not been as widely researched, it seems that a similar approach, looking at the factor level instead of the larger construct, might be more informative as well.

Finally, it is important to understand that an overlap in the factor structure of measures of ethnic identity and acculturation does not necessarily speak to an overlap between the constructs. There is a possibility that the existing scales measuring these constructs were simply poorly crafted or that the theories behind the scales require re-conceptualization. One way to begin to eradicate this overlap might be to design scales
that measure the various dimensions of these constructs well rather than trying to measure the overall construct. Greater measurement precision at the dimension level would not only reduce overlap, but it might also help pinpoint how these constructs influence both positive and negative psychological functioning among African Americans. If the purpose of this line of research is to inform interventions for African Americans using cultural variables, the constructs should and must be assessed accurately.
Appendix A

Multigroup Ethnic Identity Measure

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree    (3) Agree    (2) Disagree    (1) Strongly Disagree

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

2. I am active in organizations or social groups that include mostly members of my own ethnic group.

3. I have a clear sense of my ethnic background and what it means for me.

4. I think a lot about how my life will be affected by my ethnic group membership.

5. I am happy that I am a member of the group I belong to.

6. I have a strong sense of belonging to my own ethnic group.

7. I understand pretty well what my ethnic group membership means to me.

8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

9. I have a lot of pride in my ethnic group.

10. I participate in cultural practices of my own group, such as special food, music, or customs.

11. I feel a strong attachment towards my own ethnic group.

12. I feel good about my cultural or ethnic background.
Appendix B

Multidimensional Inventory of Black Identity

Response scale  1= Strongly Disagree    7= Strongly Agree

(R) items should be reverse coded

Centrality

1. Overall, being Black has very little to do with how I feel about myself. (R)
2. In general, being Black is an important part of my self-image.
3. My destiny is tied to the destiny of other Black people.
4. Being Black is unimportant to my sense of what kind of person I am. (R)
5. I have a strong sense of belonging to Black people.
6. I have a strong attachment to other Black people.
7. Being Black is an important reflection of who I am.
8. Being Black is not a major factor in my social relationships. (R)

Private Regard

1. I feel good about Black people.
2. I am happy that I am Black.
3. I feel that Blacks have made major accomplishments and advancements.
4. I often regret that I am Black. (R)
5. I am proud to be Black.
6. I feel that the Black community has made valuable contributions to this society.

Public Regard

1. Overall, Blacks are considered good by others.
2. In general, others respect Black people.
3. Most people consider Blacks, on the average, to be more ineffective than other racial groups. (R)
4. Blacks are not respected by the broader society. (R)
5. In general, other groups view Blacks in a positive manner.

Assimilationist Ideology

1. Blacks who espouse separatism are as racist as White people who also espouse separatism.
2. A sign of progress is that Blacks are in the mainstream of America more than ever before.
3. Because America is predominantly white, it is important that Blacks go to White schools so that they can gain experience interacting with Whites.
4. Blacks should strive to be full members of the American political system.
5. Blacks should try to work within the system to achieve their political and economic goals.
6. Blacks should strive to integrate all institutions which are segregated.
7. Blacks should feel free to interact socially with White people.
8. Blacks should view themselves as being Americans first and foremost.
9. The plight of Blacks in America will improve only when Blacks are in important positions within the system.
Appendix C

African American Acculturation Scale

Please indicate the degree to which you agree with the following statements.

4 = Strongly Agree   3 = Agree   2 = Disagree   1 = Strongly Disagree

1. I prefer to listen to Black music.
2. I prefer to watch Black television shows.
3. I prefer Black radio.
4. I am less at ease with Whites.
5. I rely mainly on my relatives.
6. I believe Blacks should only marry Blacks.

Please estimate the proportion of African Americans you encounter in the requested setting.

1= All   2= Most   3= About half   4= Less than half

1. Proportion of my friends who are Black
2. Proportion of the church I attend who are Black
3. Proportion of individuals at parties I attend who are Black
4. Proportion of my childhood neighborhood who are Black
Appendix D

Multidimensional Acculturation Scale for People of African Descent

Identify the response that best reflects your agreement/disagreement to each item
1= Strongly Disagree  2= Disagree  3=Slightly Disagree
4=Slightly Agree   5= Agree  6= Strongly Agree

1. I take a great deal of pride in being a person of African ancestry (African, African American, Black Cuban, Black Brazilian, Trinidadian, Jamaican, etc.)
2. If I have children, I will give them an African naming ceremony.
3. I do not feel connected to my African heritage.
4. If I have children, I will raise them to be American first and a person of African ancestry second.
5. I was raised to maintain cultural practices that are consistent with people of African descent.
6. I have difficulty accepting ideas held by the Black community.
7. I tend to generate friendships with people from different racial and cultural backgrounds.
8. I was socialized to treat my elders with respect.
9. Everyone has an equal opportunity to be financially successful in this country.
10. I am comfortable putting on the mask in order to fit in.
11. Despite facing potential discrimination, it is important for me to maintain my cultural beliefs.
12. I have in ways that are consistent with people of African ancestry even if other cultural groups do not accept it.
13. The way that I behave in public (work, school, etc.) is different than how I behave at home.
14. I consider myself to be a spiritual person.
15. I do not take things from the Earth without giving back to it.
16. I consider myself to be a religious (Christian, Catholic, Muslim, etc.) person.
17. It is vital for me to be actively involved in the Black community.
18. The word, "communalistic" describes how I interact with other people.
19. I prefer to be around people that are not Black.
20. I participate in many social events where few Blacks are in attendance.
21. I actively support Black owned businesses.
22. People should modify many of their values to fit those of their surroundings.
23. I express different cultural values in order to fit in.
24. I was socialized to support Black owned businesses.
25. My beliefs are largely shaped by my religion (Christianity, Catholicism, Islam, etc.)
26. Most of my closest friends and past romantic partners are from a variety of different cultural groups.
27. I prefer entertainment (movies, music, plays, etc.) that highlights Black talent.
28. I buy products that are made by people of African ancestry.
29. I do not purchase products from Black owned businesses.
30. I believe festivals maintain spiritual and physical balance in my community.
31. I perform various rituals for my departed ancestors.
32. I see no problem assimilating into other cultural values in order to be financially successful.
33. People of African descent should know about their rich history that began with the birth of humanity.
34. I am actively involved in an African spiritual system.
35. Verbal agreements do no mean as much to be as written contracts do.
36. I do not own products that were made by people of African descent.
37. I use words from an African language when participating in my spiritual practices.
38. People in America should only speak English.
39. I will probably marry someone that is not Black.
40. Members of my culture should have an appreciation for African art and music.
41. My individual success is more important than the overall success of the Black community.
42. I expose myself to various forms of media (television, magazines, newspapers, internet, etc.) in order to keep up with current events that impact my community.
43. Blacks should not obtain reparations for being descendants of enslaved Africans since we are all reaping the benefits of slavery today.
44. I choose not to speak out against the injustices that impact people of African descent.
45. In embracing my culture, I can also recognize the dignity and humanity of other cultural groups.
Appendix E

Adult Self Report Form

Please answer all items as well as you can, even if some do not seem to apply to you
0 = Not True   1 = Somewhat or Sometimes True   2 = Very True or Often True

1. I am too forgetful
2. I make good use of my opportunities
3. I argue a lot
4. I work up to my ability
5. I blame others for my problems
6. I use drugs (other than alcohol and nicotine) for nonmedical purposes
7. I brag
8. I have trouble concentrating or paying attention for long
9. I can’t get my mind off certain thoughts
10. I have trouble sitting still
11. I am too dependent on others
12. I feel lonely
13. I feel confused or in a fog
14. I cry a lot
15. I am pretty honest
16. I am mean to others
17. I daydream a lot
18. I deliberately try to hurt or kill myself
19. I try to get a lot of attention
20. I damage or destroy my things
21. I damage or destroy things belonging to others
22. I worry about my future
23. I break rules at work or elsewhere
24. I don't eat as well as I should
25. I don't get along with other people
26. I don't feel guilty after doing something I shouldn’t
27. I am jealous of others
28. I get along badly with my family
29. I am afraid of certain animals, situations, or places
30. My relations with the opposite sex are poor
31. I am afraid I might think or do something bad
32. I feel that I have to be perfect
33. I feel that no one loves me
34. I feel that others are out to get me
35. I feel worthless or inferior
36. I accidentally get hurt a lot
37. I get in many fights
38. My relations with neighbors are poor
39. I hang around people who get in trouble
40. I hear sounds or voices that other people think aren’t there
41. I am impulsive or act without thinking
42. I would rather be alone than with others
43. I lie or cheat
44. I feel overwhelmed by my responsibilities
45. I am nervous or tense
46. Parts of my body twitch or make nervous movements
47. I lack self-confidence
48. I am not liked by others
49. I can do certain things better than other people
50. I am too fearful or anxious
51. I feel dizzy or lightheaded
52. I feel too guilty
53. I have trouble planning for the future
54. I feel tired without good reason
55. My moods swing between elation and depression

Physical problems without known medical cause:
56. Aches or pains (not stomach or headaches)
57. Headaches
58. Nausea, feel sick
59. Problems with eyes (not if corrected by glasses)
60. Rashes or other skin problems
61. Stomachaches
62. Vomiting, throwing up
63. Heart pounding or racing
64. Numbness or tingling in body parts

65. I physically attack people
66. I pick my skin or other parts of my body
67. I fail to finish things I should do
68. There is very little that I enjoy
69. My work performance is poor
70. I am poorly coordinated or clumsy
71. I would rather be with older people than with people of my own age
72. I have trouble setting priorities
73. I refuse to talk
74. I repeat certain acts over and over
75. I have trouble making or keeping friends
76. I scream or yell a lot
77. I am secretive or keep things to myself
78. I see things that other people think aren’t there
79. I am self-conscious or easily embarrassed
80. I worry about my family
81. I meet my responsibilities to my family
82. I show off or clown
83. I am too shy or timid
84. My behavior is irresponsible
85. I sleep more than most other people during day and/or night (describe):
86. I have trouble making decisions
87. I have a speech problem (describe):
88. I stand up for my rights
89. My behavior is very changeable
90. I steal
91. I am easily bored
92. I do things that other people think are strange
93. I have thoughts that other people would think are strange
94. I am stubborn, sullen, or irritable
95. My moods or feelings change suddenly
96. I enjoy being with people
97. I rush into things without considering the risks
98. I drink too much alcohol or get drunk
99. I think about killing myself
100. I do things that may cause me trouble with the law
101. I talk too much
102. I tease others a lot
103. I have a hot temper
104. I think about sex too much
105. I threaten to hurt people
106. I like to help others
107. I dislike staying in one place for very long
108. I have trouble sleeping
109. I stay away from my job even when I’m not sick and not on vacation
110. I don't have much energy
111. I am unhappy, sad, or depressed
112. I am louder than others
113. People think I am disorganized
114. I try to be fair to others
115. I feel that I can't succeed
116. I tend to lose things
117. I like to try new things
118. I wish I were of the opposite sex
119. I keep from getting involved with others
120. I worry a lot
121. I worry about my relations with the opposite sex
122. I fail to pay my debts or meet other financial responsibilities
123. I feel restless or fidgety
124. I get upset too easily
125. I have trouble managing money or credit cards
126. I am too impatient
127. I am not good at details
128. I drive too fast
129. I tend to be late for appointments
130. I have trouble keeping a job
131. I am a happy person
Appendix F

Brief COPE

1= "I usually don't do this at all."
2= "I usually do this a little bit."
3= "I usually do this a medium amount."
4= "I usually do this a lot."

1. I've been concentrating my efforts on doing something about the situation I'm in.
2. I've been taking action to try to make the situation better.
3. I've been trying to come up with a strategy about what to do.
4. I've been thinking hard about what steps to take.
5. I've been trying to see it in a different light, to make it seem more positive.
6. I've been looking for something good in what is happening.
7. I've been learning to live with it.
8. I've been making jokes about it.
9. I've been making fun of the situation.
10. I've been trying to find comfort in my religion or spiritual beliefs.
11. I've been praying or meditating.
12. I've been getting emotional support from others.
13. I've been getting comfort and understanding from someone.
14. I've been trying to get advice or help from other people about what to do.
15. I've been getting help and advice from other people.
16. I've been turning to work or other activities to take my mind off things.
17. I've been doing something to think about it less, such as going to the movies,
    watching TV, reading, daydreaming, sleeping, or shopping.
18. I've been saying to myself "this isn't real."
19. I've been refusing to believe that it has happened.
20. I've been saying things to let my unpleasant feelings escape.
21. I've been expressing my negative feelings.
22. I've been using alcohol or other drugs to make myself feel better.
23. I've been using alcohol or other drugs to help me get through it.
24. I've been giving up trying to deal with it.
25. I've been giving up the attempt to cope.
26. I've been criticizing myself.
27. I've been blaming myself for things that happened.
28. I've been accepting the reality of the fact that it has happened.
Appendix G

Rosenberg Self Esteem Scale

4 = Strongly Agree  3 = Agree  2 = Disagree  1 = Strongly Disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I'm a person of worth, at least on a level equal with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I'm a failure.
10. I take a positive attitude toward myself.
Appendix H

Demographic Questionnaire

1. What is your age?
2. What is your current zip code?
3. What is your home/permanent zip code?
4. What is your current relationship status?
   a. Not married, & not in a romantic relationship
   b. Not married, but in a romantic relationship
   c. Divorced or separated
   d. Widowed
   e. Married, first marriage
   f. Married, previously married
   g. Married, previously widowed
5. What is your family income level?
   a. 10,000 or less
   b. 10,001 to 20,000
   c. 20,001 to 30,000
   d. 30,001 to 40,000
   e. 40,001 to 50,000
   f. 50,001 to 75,000
   g. 75,001 to 100,000
   h. 100,001 and over
   i. Do not care to respond
6. How many years of education have you completed?
   a. Less than a high school diploma/GED
   b. High school diploma/GED
   c. 1 year college/vocational school
   d. 2 years college/vocational school
   e. 3 years college/vocation school
   f. College graduate
   g. Some graduate education
   h. Master’s degree
   i. PhD/MD/JD
References


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