

STRESS RESILIENCE IN AFRICAN AMERICAN ADOLESCENTS:
THE ROLE OF CULTURE-SPECIFIC PROTECTIVE FACTORS

By

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To everyone who believed in me.

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Literature highlights the significance of culture in one's behavioral and emotional functioning. However, few studies have explored the role of culture in stress resilience among African American youth. Our purpose was to assess whether the relationship between stressful events and externalizing/internalizing behavior in African American adolescents is moderated by culture-specific variables. The investigated culture-specific variables include ethnic identity (sense of belonging to one's ethnic group), Africentric values (adherence to an African worldview), and Africultural coping style (cognitive/emotional debriefing [efforts to manage perceived environmental stressors], collective coping [dependence on group activities to cope with stressors], spiritual-centered coping [behavior that reflect harmony with spiritual aspects of the universe], and ritual-centered coping [use of rituals to handle stress]). The extent to which these variables serve as protective factors is explored from a culturally-relevant theory of stress. This culturally-relevant theory gives explicit attention to the role of culture in each element of the stress experience as it emphasizes the social embeddedness of each individual.

The participant sample included 146 African American adolescents between the ages of 13-18 years old involved in academic enrichment programs in their respective schools. The

sample was comprised of 101 females and 45 males. Sixty-six percent of the sample qualified for reduced-fee or free lunch.

Hierarchical regression analyses were conducted to test the moderating effects of the culture-specific variables on the relationship between stressful events and externalizing/internalizing behavior. Findings indicated that (1) ethnic identity moderated the relationship between stressful events and internalizing behavior, (2) Africentric values had a moderating effect on the relationship between stressful events and externalizing behavior, (3) cognitive/emotional debriefing served as a moderator in the relationship between stressful events and externalizing behavior, and (4) cognitive/emotional debriefing moderated the relationship between stressful events and internalizing behavior. These findings suggest that intervention and prevention strategies aimed at reducing psychological symptoms associated with stress should integrate a cultural enrichment component in order to increase the effectiveness of these strategies with African American adolescents. Future research must continue to identify culture-specific factors that may promote positive outcomes for a population considered to be “at risk” for psychological symptoms (i.e. externalizing behavior and internalizing behavior).

CHAPTER 1 INTRODUCTION

Adolescence is a developmental period in which an individual experiences psychological, physical, and social changes. It has been described as a “time of accelerated growth and change, second only to infancy; a time of expanding horizons, self-discovery, and emerging independence; a time of metamorphosis from childhood to adulthood” (National Research Council and Institute of Medicine, 1999, p. 2). During this developmental period, adolescents may be exposed to positive behaviors and situations that enable adaptive functioning such as nurturing parent and/or peer relationships, community involvement, and extracurricular activity. On the other hand, adolescents may experience situations that compromise their adaptive functioning such as negative peer relationships and weak parental relationships (Arrington & Wilson, 2000).

Adolescent Development

The developmental changes that come with adolescence are typically physical/biological, cognitive, and psychosocial (Steinberg, 1999). Physical development involves rapid acceleration in height and weight and development of primary sex characteristics. Cognitive development involves “if-then” thinking, advanced reasoning, metacognition, and relative thinking. Issues of psychosocial development include development related to one’s identity, autonomy, intimacy, achievement, and comfort with one’s sexuality.

Three distinct stages of adolescence can be identified in the psychological development of adolescents. These three stages include early, middle, and late adolescence (National Research Council and Institute of Medicine, 1999). During early adolescence (ages 11-13), there is a focus on the self-image in addition to the biological, physical, behavioral, and social changes associated with transitioning from elementary school to middle/junior high school. Middle

adolescence (ages 14-15) is characterized by increased autonomy because of efforts to be independent of parents and by an increased sense of responsibility. During late adolescence (ages 16-19), adolescents evidence a more secure sense of identity and status in society. By this stage, adolescents ideally feel psychologically integrated, as there is an established balance among dreams, goals, and reality (Steinberg, 1999). During all stages of development, adolescents depend not only on their families, but also on the neighborhoods in which they reside, the schools they attend, the health care system available to them, and the workplace in which they may work (Steinberg, 1999).

Culture and Development

Greenfield, Keller, Fuligni, and Maynard (2003) emphasize that culture (a system of beliefs, values, and behaviors) affects how a developmental pathway is negotiated. Greenfield et al. (2003) address two idealized developmental pathways: (1) a pathway focused on individuation and independence (i.e. individualistic), and (2) a pathway valuing group membership and interdependence (i.e. collectivistic). In the individualistic pathway, individuation is the developmental goal as social obligations are individually negotiated. The focus is on creativity, curiosity, assertiveness, and self-esteem. On the other hand, the developmental goal of the collectivistic pathway is conformity with established social norms as greater emphasis is placed on social responsibilities rather than individual choice. The emphasis is on responsibility, politeness, respect for elders, and family loyalty.

While developmental psychology has traditionally stressed the individualistic pathway of development, Greenfield et al. (2003) highlight culture's impact on three universal tasks of human development: relationship formation, knowledge acquisition, and the balance between autonomy and relatedness. With regard to relationship formation, individualistic cultures value independent functioning while collectivistic cultures emphasize family loyalty and

intergenerational harmony. Socialization practices, as a result, may differ across cultural groups. For example, some cultures may perceive assertiveness and autonomy as immaturity while other cultures encourage it.

For the developmental task of knowledge acquisition, the collectivistic pathway encourages social intelligence above the scientific knowledge valued in the individualistic pathway. There may be greater focus on social roles and character development than academic achievement. More specifically, collectivistic cultures may place emphasis on the social effects and context of one's actions while individualistic cultures stress the individual's intentions behind the actions (Greenfield et al., 2003).

The elements of autonomy and relatedness also differ across the two developmental pathways. In collectivistic cultures, children often play central roles in the maintenance of the household, have increased levels of responsibility, and are expected to transition to adulthood quicker than adolescents of individualistic cultures. Individualistic cultures often employ authoritative parenting which provides children with the opportunity to think and act independently but within the context of supportive parents. On the other hand, authoritative parenting used by some collectivistic cultures promotes obedience and conformity among children. The focus may be on hard work and discipline rather than intimacy between a parent and child. Cultural differences in value systems and socialization practices may greatly impact the developmental outcomes for adolescents (Greenfield et al., 2003).

Risk Factors in Adolescence

In addition to developmental changes, all adolescents encounter stressful events during adolescence. Normative stressful events may include peer pressure, intimate/sexual relationships with peers, the desire to be independent of family, and academic underachievement. However, some stressful events may threaten the development of personal competence and positive mental

health critical to healthy adaptation to the changes that come with adolescence. Additionally, risk factors, either biological or environmental, may increase the likelihood of psychopathology among adolescents. Some examples of risk factors are (a) having a congenital defect, (b) surviving or witnessing violence, (c) living in a single family home, (d) having low socioeconomic status, or (e) experiencing racism or discrimination (Markstrom, Marshall, & Tryon, 2000; Smith & Carlson, 1997).

Ethnic Minority Adolescents

Ethnic minority adolescents, who comprise 37% of the adolescent population, are placed at greater risk for stress and adversity due to experiences of prejudice, racism, and discrimination (Ozer, Park, Paul, Brindis, & Irwin, 2003). Jaret (1995) explained the three components of identifying a minority group. A group is considered a minority due to (a) being visibly different from others due to particular physical and cultural characteristics, (b) appearing powerless, unequally treated, and limited in social, political, and economic opportunities, and (c) developing a sense of identity from an awareness of isolation and discrimination by the larger society.

Structural factors such as opportunity inequity, inadequate schooling, and limited resources may promote the vulnerability of many ethnic minority groups, such as African Americans. Ozer et al. (2003) emphasized the dilemma facing minority adolescents by presenting noteworthy statistical data. For example, 88% of White children are in good health compared to only 75% of African American children. Moreover, 34% of African American children live in poverty compared to 10% of White children. Ten percent of African American children dropped out of school compared to 6% of White adolescents. Additionally, while 75% of White adolescents reside with both parents, only 41% of African American adolescents live in two-parent households. The additional stress experienced by ethnic minority adolescents as compared to majority adolescents may help explain the ethnic/racial differences in these statistics.

Stress among Minority Adolescents

Ethnic minority adolescents are not homogenous in their life experiences, social situations, or health status. Ethnic minority adolescents may experience stressful events that result from holding different cultural values, communication styles, and interpersonal relationship norms from those of the dominant culture (Carter, 1991). For example, the collectivistic cultures experienced by many minority adolescents often teach and reinforce mutual empathy, conformity to one's family's expectations, and subordination of personal interests. These adolescents must learn to be assertive, independent, and confident to succeed in society while being responsive to cultural expectations at home and in the community. Such adjusting across contexts and situations may create stress for the ethnic minority adolescent. This additional stress may be related to the need to use different languages, communication styles, problem-solving strategies, and interpersonal interaction styles across contexts (Arrington & Wilson, 2000).

Boykin (1983) utilized the Triple Quandary framework to explain the cultural influences that affect the stress experience and resilience among African Americans. Boykin's theory holds that Africans in America must cope with three realms of experience: Anglocultural, minority, and Afrocultural. Individuals may gravitate towards one or more realms to varying degrees. The Anglocultural realm involves adherence to the worldview, values, and behaviors consistent with European Americans. Such components include individualism, democracy, materialism, competition, and effort optimism. These qualities are often perceived as necessary for success (i.e. resilience) in mainstream society (Jagers and Mock, 1993).

The minority realm entails attitudes and adaptive strategies aimed at handling ongoing racial and economic oppression (Jagers & Mock, 1993). Marginalization is a strategy often used by individuals in the minority realm and entails not adhering to the traditional or mainstream cultures. No cultural-specific approaches are utilized to deal with limited opportunities. Coping

behaviors may include dropping out of school, involvement in a gang, or illegal substance use (Jagers, 1996). Therefore, the likelihood of positive outcomes for African Americans may be hindered by orientation in the minority realm.

The final domain, Afrocultural realm, entails endorsement of traditional African culture. Historical African beliefs and values include spirituality, movement, harmony, energy, affect, communalism, expressive individualism, oral tradition, and social time perspective (Boykin, 1985). Karenga (1980) identified principles of traditional African culture, including unity, self-determination, collective responsibility, cooperative economics, purpose, creativity, and faith. Many of these traditional beliefs and values remain central to African American individuals. Therefore, African American adolescents may experience stress due to being of minority status and coping with the social and behavioral demands of the majority group in addition to normal adolescent development. This stress may place these youth at risk for poor outcomes.

There are several other factors that place African American adolescents at risk for poorer outcomes. These factors include the following: (a) ineffectual adult role models, (b) the declining significance of church and family, (c) premature parenting, (d) economic difficulties, (e) decreasing school and community resources, (f) the distant temperament of urban environments (Day-Vines & Day-Hairston, 2005). The poor outcomes that come with the conflict between the values of African American culture and those of the majority culture include aggression, substance use, illegal behavior, and poor academic performance. Such conflict in values may also explain the acting tough behavior in African American adolescent males. Indeed, these males are expected to be tough and not display evidence of vulnerability. While appearing tough, these adolescents may internalize feelings of sadness, insecurity, fear, or self-doubt (Day-Vines

& Day-Hairston, 2005). The stress associated with such internalization may lead to self-defeating behavior such as delinquency, aggression, and school problems.

Risk and Resilience

Risk factors can be the result of “multiple stressful life events, one single traumatic event, and/or an accumulation of stress from various personal and environmental sources” (Place, Reynolds, Cousins, & O’Neill, 2002, p. 162). Much research has explored the effect of different risk factors, such as stress, on the well-being of adolescents. However, there are problems with research focusing on risk factors (Howard, Dryden, and Johnson, 1999). First, most youth labeled “at-risk” are usually labeled as a result of differences from the majority culture with regard to appearance, values, home life, or family structures. This leads to stigmatization or labeling of the youth, family, and community. Second, many practitioners use unfamiliar or antisocial behavior as a basis for defining a youth as “at-risk”. This practice ignores the quiet, withdrawn youth who present with no behavior problems but may exhibit unhealthy internalizing behavior. Third, research aimed at evaluating vulnerable or “at-risk” youth usually utilizes a deficit model in which the participants are perceived as deficient.

Howard et al., (2002) stressed that the deficit model facilitates programs that focus on changing the youth rather than the systems that interact with that youth. Although the risk approach has yielded productive and valuable interventions, the deficit model presents some disadvantages such as viewing the child as the problem (i.e. blaming the victim) and identifying a problem after poor behavior has occurred (Howard et al., 1999). Constantine, Benard, and Diaz (1999) also stress that risk-focused research obscures ability to recognize a youth’s strengths, leaves youth advocates feeling hopeless, and does not inform service providers as to what is most effective in working with these youth.

In order to avoid the “blaming the victim” syndrome, many researchers are employing an asset-focused approach to research (Benard, 1995). This approach allows researchers to capitalize on strengths, protection, and assets as it moves beyond identification of risk factors. This asset-driven research identifies resilience as the ability to adapt well in the face of major life stress (Howard et al., 1999). Research on resilience permits movement from “fixing” the child to identifying the positive factors that facilitate adaptation. There is an emphasis on strengthening youth in addition to their home, schools, and communities (Krovetz, 1999). Thus, the asset-focused approach is proactive as it builds upon protective factors, the qualities that contribute to successful adaptation and resilience.

While risk factors hinder resilience, protective factors foster the development of resilience. This fostering of resilience is achieved by decreasing the likelihood of undesirable outcomes. The protective processes permit “stress-affected individuals to manifest surprising levels of external competence, distinguishing resilient children from their high stress but incompetent counterparts” (D’Imperio, Dubow, & Ippolito, 2000, p. 130). Protective factors moderate the relationship that exists between stress and psychological well-being so that individuals may be competent based on observable social adaptation (D’Imperio et al., 2000). This protective process reduces the likelihood of maladjustment (i.e. internalizing and externalizing behaviors) that can transpire among highly stressed individuals.

Protective factors are commonly classified as individual personality attributes, family characteristics, and environmental influences (Benard, 1999). Benard’s (1991) synthesis of resilience research outlined some factors in each domain. First, individual factors included social competence, autonomy, problem-solving skills, and sense of purpose and future. Second, protective factors within the family included caring and support, high expectations, and

encouragement of participation in extracurricular activities. Third, environmental factors included caring and support, high expectations, and opportunities for participation. Some protective factors delineated in previous research studies include high self-esteem (Cowen, Wyman, & Work, 1996), supportive family members, and positive role models (Cowen & Work, 1988).

A Multicultural Model of Stress

Based upon the traditional stress model of Lazarus and Folkman (1984), Slavin, Rainer, McCreary, and Gowda (1991) expanded the stress model to include cultural-relevant dimensions at each stage of the stress process. The traditional stress model is comprised of five major elements: (a) occurrence of one or more stressful events, (b) primary appraisal of each stressful event, (c) appraisal of coping resources, (d) implementation of coping efforts and strategies, and (e) manifestation of adaptational outcomes (Lazarus & Folkman, 1984). The model set forth by Slavin et al. (1991), the Multicultural Model of the Stress Process, gives explicit attention to the role of culture in each element of the stress experience as it emphasizes the social embeddedness of each individual. According to Slavin et al. (1991), culture-relevant dimensions critical to the standard components of the stress model established by Lazarus and Folkman (1984) include the following: events related to minority status, the cultural definition of the stressful event, the cultural frame for understanding the event, cultural beliefs/values, ethnic identity, cultural definition of behavior, social network, culture-specific coping behaviors, biculturation, and cultural norms. Slavin et al. (1991) emphasize the importance of researchers using culture-specific models to understand how culturally different individuals adjust to stress.

Statement of the Problem

Middle and high school students constantly have to cope with the multiple pressures of adolescence. African American adolescents may experience even more pressures, as they must cope with the burdens of belonging to the mainstream, identifying with their own culture, and/or being a member of an oppressed group. Friedman (1995) underscored the additional stress that many African American adolescents face:

Adolescent independence, competitiveness, non-differentiation between the sexes, and professional intervention are sometimes promoted at the expense of familial decision-making, cooperativeness, respect for elders, social cohesion, and differentiated roles for each gender (p. 5).

Many studies have provided evidence for the relationship between stressful events and externalizing behaviors (Jackson & Warren, 2000; Hoffman & Su, 1997; Vaux & Ruggiero, 1983). The protective processes that facilitate positive adaptation in the face of adversity enable adolescents to progress toward successful and adaptive functioning. Research must be aimed at identification of the protective factors that reduce the chance of risk and increase the likelihood of resilience among African American youth.

Purpose of the Study

Much of the resilience literature is limited by its emphasis on White Americans (Arrington & Wilson, 2000). Few studies have explored the construct of resilience among African American adolescents. Taylor, Seaton, and Rodriguez (2002) stress the need for more research linking culture to adolescent adjustment, as culturally based patterns may be sources of strength for culturally different youth. Arrington and Wilson (2000) further emphasized that research on resilience in ethnic minority youth would be more beneficial if the framework of such research employed theories that encompass culture and diversity. While several studies have explored the role of cultural variables in stress resilience (Miller, 1999; Grady, 2004; Grant, et al., 2000),

these studies did not utilize a theoretical foundation that entails the cultural context of stress resilience. The current study sought to understand stress resilience among a sample of African American adolescents using a culturally relevant theory of stress. Specifically, the current study utilized the Multicultural Model of the Stress Process outlined by Slavin et al. (1991). In sum, this model asserts that the role of culture-specific variables must be considered when exploring how stress may affect adaptive outcomes in ethnic minority populations. Consistent with this model and using a culture-specific stress measure, the current study explored the role of ethnic identity, Africentric values, and Africultural coping styles in stress resilience among African American adolescents.

Identification of culture-specific protective factors in the process of resilience will assist school administrators, community programs, policymakers, and mental health professionals in enhancing the development of protective processes among adolescents. Resilience research will also promote policies aimed at shifting education, mental health, and community programs from crisis intervention to primary prevention. In addition, such research will promote a shift from preventing youth problems to endorsement of youth development (Schoon & Bynner, 2003).

Examining resilience through empirical research can lead to the development of interventions to improve the life chances of children and adolescents by reducing the impact of risk factors and ensuring that effective protective factors are developed in these youth. This is because such research typically focuses on identifying specific internal and external assets that promote healthy youth development (Benard, 1991). It is also noteworthy that whereas risk-focused research often leads to interventions to modify problem behavior, resilience-focused research often leads to more proactive interventions that protect against the development of such problems. More specifically, the identification of culture-specific protective factors can lead to

interventions that foster positive attributes, such as problem-solving skills, social competency, sense of purpose, and essential awareness of oppression (Arrington & Wilson, 2000).

CHAPTER 2 LITERATURE REVIEW

This literature review is organized into five sections. The first section discusses stress and resilience during adolescence and presents a review of the literature that addresses these constructs. Second, the literature on the relationship between ethnic identity and stress resilience is discussed. Third, the literature on Africentric values as a protective factor in stress resilience is presented. Fourth, the research findings having to do with coping style as a protective factor in stress resilience are discussed. Finally, the hypotheses of the current study are stated.

Stress and Resilience in Adolescents

Research has revealed a consistent relationship between stressful life events and emotional and behavioral problems. For example, Jackson and Warren (2000) discovered a positive relationship between stressful life events and externalizing behaviors (i.e. aggression, hyperactivity, and conduct problems). Hoffman and Su (1997) found that life stressors significantly predicted delinquency, while Vaux and Ruggiero (1983) demonstrated a relationship between stressful life events and delinquency including violence, property damage, drug use, theft, and nonserious delinquent behavior. Studies also indicate that stressors increase risk for internalizing symptoms, such as depression and anxiety (Dornbusch, Mont-Reynaud, Ritter, Chen, & Steinberg, 1991). Moreover, the stress experienced by adolescents can affect the developmental process and can promote internalizing and externalizing behaviors.

Transactional Stress Model

Lazarus and Folkman (1984) proposed a transactional model of the stress process. The model is comprised of five major components: (a) occurrence of a stressful event, (b) primary cognitive appraisal of the events, (c) secondary cognitive appraisal of the event, (d) implementation of a coping strategy, and (e) physical and mental outcomes. The term *event*

applies to both major life changes and minor life incidents as well as ongoing life situations. In the primary appraisal phase, it is determined whether or not the event is a threat. The event may be appraised as irrelevant, benign, or stressful. In the secondary cognitive appraisal, the availability of both internal and external resources is evaluated. Such resources may include intelligence or social support. The coping strategy selected may be problem-focused or emotion-focused. Problem-focused strategies focus on changing the stressful situation. On the other hand, emotion-focused strategies, such as relaxation, include making efforts to control emotional responses to the event.

Multicultural Model of the Stress Process

While Lazarus and Folkman's (1984) model has been used to explore stress among various populations, there are some noted limitations. The model has been described as reflecting cultural biases in its basic assumptions (Slavin, Rainer, McCreary, & Gowda, 1991). The model's assumptions reflect Eurocentric culture, which is oriented toward independence and individual mastery. However, some ethnic groups stress harmony and collective well-being (Nobles, 1976). Therefore, a stress model must also consider the social embeddedness of an individual. To gain a better understanding of the stress process in ethnic minority individuals, Slavin et al. (1991) proposed the Multicultural Model of the Stress Process, building upon the traditional stress model.

Slavin et al. (1991) identified several culture-relevant dimensions of the stress process. First, cultural group membership may affect the nature and frequency of potential stressful events. Prospective stressors may be related to being a minority. For example, members may be more likely to experience both overt and covert discrimination. Since many minority cultural groups are often concentrated in low socioeconomic areas, some stressful events may occur more frequently for the poor and those lacking political power. Furthermore, many stressful events

may be directly related to the unique traditions of that group. In other words, the stressful event may be greatly influenced by membership in a particular cultural group.

Second, Slavin et al. (1991) addressed the impact of culture on primary and secondary cognitive appraisals. In a primary appraisal, one must consider the degree of fit between the event and the cultural frame for understanding that event. This fit may be determined by ownership of the event. Where one cultural group may perceive an event as being a personal issue, another culture may believe that the stressful event is an issue for the family or community. In addition, the primary appraisal may be impacted by concern about the possibility of cultural harassment increasing the stress related to an otherwise benign event. Cultural group membership can also affect a secondary appraisal by influencing ideas about the appropriate way to handle a given situation. Beliefs associated with a particular culture may affect appraisal of coping options.

Third, coping efforts can also be affected by culture-specific coping behaviors, cultural values for or against particular coping strategies, and the experience of biculturation (i.e. demand to function in multiple cultural settings). Therefore, Slavin, et al, (1991) recommend that the influence of culture on the stress process be considered when conducting research with ethnic minority individuals. The Multicultural Model of the Stress Process (Slavin et al., 1991) considers how stress may affect adaptive outcomes in ethnic minority populations and, as a result, provided the theoretical basis for this study.

Resilience

Resilience was first conceptualized by Werner (1984) and was defined as the “ability to cope effectively with stress and to exhibit an unusual degree of psychological strength for one’s age and set of circumstances” (O’Donnell, Schwab-Stone, & Muyeed, 2002, p. 1266). The definition of resilience has expanded and the term has been used to describe the capacity of

individuals exposed to risk factors to overcome those risks and avoid negative outcomes (Arrington, & Wilson, 2002). Such undesirable outcomes may include delinquency, academic problems, or psychological maladjustment (Hauser, Vieyra, Jacobson, & Wertlieb, 1985). According to Winfield (1994), resilience is “the relative strength of individual characteristics and external protective processes (supports provided by school staff, communities, and families) compared to the influence of risks and vulnerabilities in the external environment” (p. 2). Foster (1997) identifies resilience as “positive changes in maintaining active or latent coping and adaptation capacities through various mechanisms...that may not be immediately apparent but become evident over time” (p. 190).

The term *resilience* has often been used interchangeably with adaptation, positive adjustment, positive coping, or competence (Fergus & Zimmerman, 2005). In addition, it has often been conceptualized in the research literature as academic achievement, positive behavioral adjustment, absence of psychopathology, or intellectual functioning (Harvey & Delfabbro, 2004). However, although resilience has been measured in various ways, it generally refers to manifested competence in the presence of opposition to adaptation (Arrington & Wilson, 2002).

Luthar, Cicchetti, and Becker (2000) further explained that resilience has a multidimensional nature. Resilience does not represent invulnerability. Resilient adolescents may still experience difficulty coping with some stressful life events. For example, it is possible for a youth to display educational resilience, while struggling with emotional or behavioral resilience. The ability to adapt to a stressful encounter may not apply in all domains of the youth’s life. Therefore, it is important that the particular domain of resilience be assessed and clarified. On the other hand, Garmezy (1983) emphasized that successful adaptation in one situation intensifies future coping ability.

In order to identify resilience, two conditions must occur (Garmezy, 1983). First, there must be a significant threat to the individual, usually identified by high risk or exposure to severe adversity (i.e. stressful experiences). The risk factor must be such that there is likelihood of a poor outcome. These risk factors may be found within the child, family, community, and/or societal structures (Armstrong, Birnie-Lefcovitch, & Ungar, 2005). Second, there is positive adaptation despite major adversity (i.e. low internalizing and externalizing behavior). According to this delineation, simply positive outcomes are not sufficient to conclude resilience. Resilient individuals are able to thrive in spite of distressing life experiences. It is through the presence of protective factors that the individual is able to adapt in a particular stressful event. Therefore, resilience must not be confined strictly to the individual. Instead, resilience is a process that occurs when an individual reacts to risk factors experienced in the environment (Winfield, 1995). Resilience is the product of individual characteristics and the environmental experiences.

Classic Resilience Research Studies

Research concerning the resilience phenomenon can be delineated into three main categories within psychological literature (Masten, Best, & Garmezy, 1990). The first category entails studies of individual differences in trauma recovery. The second category of resilience research involves studying individuals from high-risk groups who obtained better behavioral outcomes than expected. The final category is comprised of studies exploring the ability to adapt despite stressful experiences.

Rutter (1979) conducted a ten-year study that falls into the first category of resilience research. The study explored the resilient qualities youth who either had parents diagnosed with a mental illness, experienced family discord, were classified as having a low socioeconomic status, or had been placed in government care. The participants resided in the Isle of Wight (England) and inner city London. Interviews revealed that many of the children developed

unharmed (i.e. resilient) as evidenced by no development of mental illness themselves nor presentation of maladaptive behavior. The resilient attributes included being female, self-efficacy, self-mastery, planning skills, close relationship with an adult, and easy temperament. In addition, the school environment included protective factors such as fostering a sense of achievement, enhancing personal growth, and increasing social contacts.

Werner and Smith (1977) conducted a study of resilience that falls into the second category of resilience research. In this longitudinal study, researchers followed high-risk Hawaiian children into adulthood. Many of the children were high risk due to certain environmental factors such as biological and prenatal stress, parental psychopathology, and family instability/discord. One third of the study's high-risk participants did well despite the risk factors. Individuals were classified as resilient if they did not develop serious problems. The personal characteristics that fostered the resilience of the sample included tolerant, adaptable, being socially responsible, positive self-esteem, robustness, being female, achievement oriented, and good communication skills. The resilient participants also had support within and outside the family unit.

The third category of resilience research was illustrated by Garmezy, Masten, and Tellegen (1984). These researchers conducted a ten-year study that focused on the impact of stressors on competency levels of elementary school students from urban environments in the mainland United States. Approximately two hundred children and their families participated in the study. Stress resistance was assessed through an examination of stressful life events and overall competence. School-based competence was assessed based on academic achievement, classroom behavior, intelligence test scores, and peer ratings of interpersonal competence. Child competence was evaluated through in-depth interviews with parents regarding the child's

strengths and family structure. Results indicated that many disadvantaged children displayed competence and did not engage in problem behaviors. Children with lower IQs and socioeconomic status and less positive family characteristics were less competent and more likely to engage in disruptive behavior. This study led the researchers to conduct follow-up studies to examine why some disadvantaged children did not succumb to adversity.

Contemporary Studies of Resilience

Magnus, Cowen, Wyman, Fagen, and Work (1999) conducted a study to differentiate stress-affected and stress-resilient outcomes among African American and White American children. The sample included 125 fourth to sixth grade children at nine inner-city schools. The measures that were administered to this sample assessed stressful life events, parent and teachers' ratings of child adjustment, school adjustment, perceived competence, self-esteem, locus of control, empathy, coping strategies, depression, anxiety, social problem solving, and realistic control (i.e. beliefs about one's ability to control controllable and uncontrollable events). Participants were classified as stress-resilient based on the following criteria: (a) experiencing more than four stressful life events, (b) falling in the top third on two of the three adjustment screens (i.e. parents, current teachers, and prior year teachers) and, (c) falling no worse than the middle third on the third screen. Individuals classified as stress-affected had to be in the bottom third on at least two of the three screens and no better than the middle third on the other. In both racial groups, stress-resilient versus stress-affected differentiators included self-rated adjustment, empathy, and realistic control. In addition, coping style was a differentiator (i.e. "positive" coping for White children and "negative" coping for African American children) related to resilient outcomes. Positive coping (i.e. self-reliance and support seeking) was significantly related to resilience for White participants, and negative coping (i.e. immobilization, wishful thinking, and distancing) was significantly correlated with resilience for Black participants. For

the African American children sample, social acceptance and behavioral conduct were also differentiators, while scholastic competence and physical appearance were differentiators for children in the White sample.

Markstrom, Marshall, and Tryon (2000) conducted a study on social support and resiliency in a sample of one hundred thirteen rural, low-income African American and White adolescents. Participants resided in rural towns, had household incomes below \$20,795, and were in the tenth grade. Completed questionnaires assessed ego strengths, perceived social support, and coping style. Resiliency was assessed by the Psychosocial Inventory of Egos Strengths (Markstrom, Sabino, Turner, & Berman, 1997). Correlational analyses indicated significant correlations between family and friend social support and resiliency for the total sample. This study emphasized the importance of family and friend social support in regards to ego strengths (i.e. hope, will, purpose, competence, fidelity, love, care, and wisdom).

Flores, Cicchetti, and Rogosch (2005) examined the predictors of resilience in maltreated and nonmaltreated Latino children. Participants included 133 Latino youth who attended a summer day camp research program designed for low-income, disadvantaged children. The adolescents completed questionnaires assessing maltreatment experiences, interpersonal functioning, social behavior, teacher relationships, ego resiliency, ego control, and receptive vocabulary. In this study, resilience was defined by adaptive functioning including social competence and behavioral symptomatology. Social competence evaluations were obtained from peers and camp counselors while behavioral symptomatology evaluations were obtained from camp counselors only. Children were grouped into three levels: high, medium, and low adaptive functioning. Personal resources assessed as predictive of resilient functioning included ego resiliency, ego-control, receptive vocabulary, and ability to form a relationship with a camp

counselor. Analyses indicated that ego resiliency, ego control, and ability to form a positive relationship with an adult predicted resiliency in the sample.

The role of social support from parent, school, and peers in multidimensional resilience was explored in a study by O'Donnell, Schwab-Stone, and Muyeed (2002). Participants included 1,855 students (42% Black) exposed to community violence, either victimized or witnessed. Indices of resilience included future expectations, self-reliance, interpersonal relations, substance abuse, delinquency/school misconduct, depression/anxiety, and somatization. Studied protective factors included parent support (i.e. parent communication, parent concern, and parental supervision), peer support, and school support (i.e. attachment to school, teacher support, and academic motivation). For the non-exposed group, school support was a significant predictor of future expectations and interpersonal relations. For the sample of youth who witnessed violence, results were as follows: (a) parent support was a statistically significant relationship with all domains of resilience except somatization, (b) school support predicted resilience in all domains except depression and somatization, and (c) higher levels of peer support led to lower substance abuse, school misconduct, and depression. Among the youth victimized by violence, parent support significantly predicted all domains of resilience, and school support significantly predicted resilience against substance abuse and school misconduct. In addition, peer support predicted lower levels of resilience against substance abuse and school misconduct, and peer support predicted higher levels of future expectations, self-reliance, and interpersonal relations. This study evidenced the importance of social support promoting resilience among "at-risk" youth.

Cunningham (2005) explored protective factors in regards to emotional and behavioral resilience in a sample of multiracial, high school adolescents. One hundred fifty-six adolescents

participated in the study and completed assessments of adjustment, family coping, religious coping, sense of school membership, neighborhood experiences, and economic hardship. Sixty-five participants met the criteria for economic disadvantage. Resilience was defined as having low levels of maladaptive functioning. In the economically disadvantaged group, results indicated that sense of school membership was inversely related to antisocial behavior while religious coping behaviors were predictive of decreased anger management problems. In the full sample, sense of school membership was inversely related to antisocial behavior and problems with anger control. In addition, the use of positive coping strategies was predictive of a more positive sense of self and inversely related to emotional distress. This study highlighted some protective factors that may serve as buffers in the stress process experienced by economically disadvantaged adolescents.

Cultural Context of Resilience

Stressful events, which are also considered risk factors, are experienced by everyone in their development. However, African American youth often experience additional risk factors such as racism, prejudice, and discrimination. Culture and ethnicity “interact with psychological development and adversity so that people experience risk differently” (Arrington & Wilson, 2000, p. 226). Each culture consists of socially transmitted ideas and feelings that shape one’s behavior, organize one’s perceptions, and label one’s experiences (Lu, Lim, & Mezzich, 1995). Culture embodies a worldview developed through beliefs, values, and practices, and it is informed by historical and political forces (American Psychological Association, 2003). It is within this cultural context that resources for stress resilience are embedded. The cultural norms of group members foster survival of adversity, adjustment to the environment, and the future of the culture (Arrington & Wilson, 2000).

Cultures may differ in regards to what values are central to each of them. Friedman (1999) identified common cultural conflicts: (1) emphasis on the individual versus emphasis on the family, (2) autonomy versus independence, (3) youth culture versus respect for elders, (4) unisex versus gender differences, (5) individualism versus a communal style, and (6) competition versus competition.

The philosophical underpinning of the African/African-American cultural worldview focuses on the metaphysical rather than purely on physical interrelationships. The nine dimensions outlining the Africultural orientation include spirituality, affect, communication, orality, verve, social time perspective, harmony, movement, and expressive individualism (Boykin & Ellison, 1995). Adherence to these traditional cultural values and beliefs may serve as a source of strength that facilitates the maintenance of stress resilience in Black adolescents (Berardo, 1991).

Culture has been described as a sustaining system “that nourishes a human being like the roots that sustain and nourish a plant” (Falicov, 1996, p.170). Carlo, Fabes, Laible, and Kupanoff (1999) stressed the importance of studying the impact of culture and ethnicity on the prosocial and moral development of the adolescent. Additionally, the multicultural guidelines outlined by the American Psychological Association (2003) emphasize the need to expand psychological research to consider the psychological contextual factors of the cultural dimensions of personal experience. The guidelines explain that culture is a central and specific contextual variable that may lead to more effective intervention and prevention programs.

The cultural context of stress resilience must be considered and understood to facilitate positive mental health outcomes for today’s culturally different adolescent. The Multicultural Model of the Stress Process (Slavin et al., 1991) acknowledges the impact of cultural group

membership on the experience, appraisal, and manifestation of stressful events. This model provided the theoretical foundation in the current study, which was designed to explore the roles of culturally relevant dimensions, specifically ethnic identity, Africentric values (i.e. cultural beliefs), and Africultural coping style (i.e. culture-specific coping strategy) in stress resilience. Stress resilience was conceptualized as lower levels of externalizing and internalizing behaviors despite the presence of several stressful life events. These culturally relevant factors will now be discussed in detail.

Ethnic Identity

Identity Formation in Adolescence

The primary developmental task of adolescence is identity development. According to Erikson (1968), adolescents are at the stage of identity versus identity diffusion. Adolescents at this stage possess the mental capacity to tackle the task of achieving a balanced sense of identity. The process of identity formation is affected by the interpersonal, intrapersonal, and environmental characteristics along with the interactions of significant elements of an adolescent's unique world (Bronfenbrenner, 1979). Achieving a sense of identity is "characterized by exploration and commitment to an identity" (Spencer & Markstrom-Adams, 1990, p. 297).

Erikson (1968) emphasized three problems that may occur in identity formation: identity diffusion, identity foreclosure, and negative identity. First, identity diffusion may occur, which refers to development of a disjointed or incomplete sense of self. The severity of diffusion may vary from mild to severe. Second, adolescents may experience identity foreclosure; that is, they may bypass, willingly or unwillingly, the period of exploration that precedes formation of a healthy sense of identity. These youth may take on the identity set by parents or authority

figures. Third, the problem of negative identity may occur, which involves selecting an identity unfavorable to parents or community. This decision may be the result of efforts to self-define.

Identity in Ethnic Minority Youth

While adolescent development presents many challenges for youth, it can be particularly stressful for adolescents belonging to ethnic minority groups, as the course of identity development varies across cultures (Kroger, 1993). The adolescent is confronted with the ethnic beliefs and values of her/his parents and the often conflicting beliefs and values of mainstream society. The culturally different adolescent begins to examine the meaning of his or her own ethnicity and status as a culturally different group member (Phinney & Chavira, 1995).

Additionally, individual identity formation for culturally different youth may be affected by government policies, media stereotypes, institutional racism, and/or societal values. Stereotypes associated with cultural group status often stem from larger society and pervade various domains of the environment in which these adolescents function. Therefore, extra culture group related stress may exist throughout development of the culturally different adolescent.

Traditional Racial Identity Models

One of the most widely used models of racial identity development is Cross' model of Nigrescence (1971, 1991), which is comprised of five stages. In the first stage of preencounter, race is not considered an important component of identity. The second stage, encounter, involves an overwhelming experience or series of events linked to race leading to a reexamination of current identity. As an individual enters the third stage, immersion/emersion, extreme pro-Black and anti-White attitudes emerge. The fourth stage, internalization, is characterized by feelings of security and satisfaction about being Black while acknowledging the positives and negatives about being Black. In the fifth and final stage, internalization-commitment, there is a translation of internalized identity into action.

Parham and Helms (1985) revised Cross' model of Nigrescence (1971) and proposed four stages of racial identity: preencounter, encounter, immersion/emersion, and internalization. In the preencounter stage, the individual does not view race as important and views the world from a Eurocentric frame of reference. A dreadful personal or social event moves the individual to the encounter stage as the appreciation of Blackness begins. In the stage of immersion/ emersion, the individual rids self of the old frame of reference, and there is a focus on everything representing Blackness. The final stage of internalization represents a resolution of racial identity conflict as anti-white attitudes decrease and a sense of inner security develops.

Although these traditional racial identity models have been widely used to guide psychological research, some researchers have challenged the focus on the racial identity construct. For example, Parham (2002) encourages a shift from racial identity to ethnic identity due to racial identity's focus on phenotypical traits as the most salient feature of identity. McMahon and Watts (2002) further emphasized the difference between racial identity and ethnic identity:

Racial identity focuses more on the social and political impact of visible group membership on psychological functioning. Ethnicity refers to a shared worldview, language and set of behaviors that is associated with a cultural heritage (p. 412).

Parham (2002) and other researchers (Cokley 2002; Hilliard, 1997; Nobles, 1998) stress that identity among African Americans can be best understood through a focus on ethnic identity and adherence to an Africentric worldview.

Ethnic Identity Formation

Ethnic identity addresses the sense of identification with, or sense of belonging to, one's ethnic group. The importance of understanding ethnic identity is delineated by Phinney (1990) as follows:

Attitudes towards one's ethnicity are central to the psychological functioning of those who live in societies where their group and its culture are at best poorly represented (politically, economically, and in the media) and are at worst discriminated against or even attacked verbally and physically; the concept of ethnic identity provides a way of understanding the need to assert oneself in the face of threats to one's identity (p. 499).

Phinney (1989) proposed a three-stage progression model of ethnic identity formation. This model proposes that adolescents or adults who have not been exposed to issues addressing ethnic identity are in the first stage called unexamined ethnic identity. This stage may be characterized by a preference for the dominant culture. Although the child knows what race or ethnicity she/he belongs to, that race or ethnicity has low salience. The adolescent may give little thought to ethnicity. It is also possible that the youth has grasped positive ethnic attitudes from parents or other like individuals and may not show a preference for the majority group. Cross (1991) explained that unexamined ethnic identity might be expressed by low salience, social stigma associated with ethnic group, negative reference group orientation in which negative stereotypes are endorsed or believed, or Eurocentric cultural perspectives due to being a product of a monoracial or monocultural system.

Stage two of Phinney's (1989) progression model involves an exploration of personal ethnicity that may be initiated by a significant experience that demands awareness of one's ethnicity. The adolescent realizes that individuals are sometimes treated differently or unfairly because of their ethnicity. Adolescents in the second stage may immerse themselves in their own culture by engaging in consciousness-raising activities such as attending cultural events or reading information concerning their culture. The youth comes to understand the social significance of ethnic membership and begins to develop an appreciation for the personal significance of this membership. Youth at this stage of ethnic identity development must explore the positive aspects of their ethnic group membership, develop ways of functioning in the

mainstream culture, and develop an independent sense of self (Phinney, 1990). It is also important that racism and discrimination be confronted as directly as possible at this stage (Casey Family Programs, 2003).

The final stage of Phinney's (1989) progression model involves a deeper understanding and appreciation of one's ethnicity, also known as ethnic identity achievement or internalization. This stage may require accepting that (a) cultural differences exist between one's own culture and the dominant culture, and (b) there exists a lower or disadvantaged status of one's own culture in society (Phinney, Lochner, & Murphy, 1990). At this stage, an adolescent must explore positive aspects of group membership, develop ways to function in the mainstream, and develop an independent sense of self (Casey Family Programs, 2003). Ethnic identity achievement involves a secure sense of oneself as a member of a minority group (Phinney, 1992). The youth acquires a positive commitment to her/his ethnic group and accepts the positive and negative attributes of all ethnic groups. However, achievement does not imply a high degree of ethnic involvement. In addition, the process of ethnic identity may not end with ethnic identity achievement "but may continue in cycles that involve further exploration or rethinking of the role or meaning of one's ethnicity" (Phinney, 1990, p. 502).

Spencer and Markstrom-Adams (1990) identified factors that may impede identity development in culturally different adolescents. An adolescent may endure conflicting values of the larger society and those of her/his culture. In addition, there may be a lack of adequate adult role models or socializing agents in the youth's life. Negative stereotypes may interfere with a healthy ethnic identity, or the adolescent may not have culture-focused guidance from the family. All of these factors may make the task of ethnic identity formation difficult for the adolescent. In culturally different adolescents, the likelihood of achieving a positive identity may be affected by

“prejudice, discrimination, immigration or replacement (loss of significant others, loss of country, uncertainty, instability), socioeconomic reality, institutional barriers, acculturation (children and parents), personal impotence, societal inconsistency and conflicts, and developmental factors” (Guanipa & Guanipa, 2003). In order for an adolescent to achieve a secure self-identity, there must be an integration of the ethnic identity with a personal identity (Guanipa & Guanipa, 2003).

Components of Ethnic Identity

Phinney (1992) identified three major components of ethnic identity that are common to all ethnic group members: self-identification, sense of belonging, and attitudes towards one’s group. Self-identification connotes the ethnic label one uses for oneself. This is distinguishable from ethnicity, which is considered objective group membership as determined by parental heritage. Individuals may use a particular ethnic label but not have a strong sense of belonging to that group. The attachment to one’s ethnic group must be assessed in terms of ethnic identity. In addition to self-identification and a sense of belonging, individuals may have positive or negative feelings about their own cultural group. Positive attitudes may include pleasure, pride, and contentment. On the other hand, negative attitudes may include dissatisfaction, feelings of inferiority, or desire to hide cultural membership.

Phinney (1992) developed the Multigroup Ethnic Identity Measure (MEIM) based upon his three major components of ethnic identity, which were specified in the above paragraph. The measure explores ethnic identity as a general experience as opposed to as characteristics of one ethnic group. The MEIM has also been used with diverse ethnic groups. The current study used Phinney’s (1992) measure to assess ethnic identity among a sample of African American youth.

Studies on Ethnic Identity as a Protective Factor

Ethnic identity's role in resilience was explored by Miller (1999) among a sample of 131 African American adolescents recruited from urban schools, from programs providing services to at-risk and disadvantaged youth, from a juvenile court, and through an advertisement in a local African American newspaper. Completed measures assessed perceived stress, urban hassles, racial socialization, racelessness, collective self-esteem, and ethnic identity. Ethnic identity was measured through use of the Multigroup Ethnic Identity Measure (Phinney, 1992), a Likert-type assessment. Participants were classified as exhibiting resilience by self-reported educational achievement (i.e. grade point average and school involvement). Ethnic identity was found to have a significant positive relationship with grade point average in the sample. The study reinforced the protective role of ethnic identity in academic resilience as defined by grade point average.

In a study by Yasui, Dorham, and Dishion (2004), the relationship between ethnic identity and psychological adjustment was examined in a sample of European and African American adolescents. One hundred fifty-nine adolescents were identified as high risk or successful based upon discipline referrals, and grade point average. Participants completed measures of risk behaviors, depression, internalizing and externalizing behaviors, competence, and academic achievement. The Multigroup Ethnic Identity Measure (Phinney, 1992) was used to measure ethnic identity. Analyses indicated that ethnic identity (total score) for African American participants was significantly associated with all measures of psychological adjustment in expected directions. In other words, as ethnic identity total score increased, level of depression and internalizing behaviors decreased and total competence, grade point average, and externalizing behaviors increased. For European Americans in the sample, ethnic identity total score significantly correlated with all dimensions of psychological adjustment except

externalizing and internalizing behaviors. As ethnic identity increased, depression decreased and total competence and grade point average increased. The affirmation and belonging subcomponent of ethnic identity also significantly correlated with all domains of psychological adjustment across both ethnic groups. However, the ethnic identity achievement subscale of the ethnic identity measure, which indicates a secure commitment to one's ethnic group, significantly correlated with social adaptation and emotional adjustment for the African American adolescents only. The latter finding suggests that ethnic identity achievement is a resilience factor for African American adolescents. Overall, the study illustrated that ethnic identity functioned as a protective factor for adolescents.

Roberts, Phinney, Masse, Chen, Roberts, and Romero (1999) studied the relationship between ethnic identity and psychological well-being among 5,423 students in grades six through eight. The sample included African American, Central American, Chinese American, European American, Mexican American, Pakistani American, Vietnamese American, and Pacific Islander adolescents. Ethnic group membership, ethnic identity, ethnic salience, coping ability, mastery, self-esteem, optimism, loneliness, and level of depression of these adolescents were assessed. The Multigroup Ethnic Identity Measure (Phinney, 1992) was used to assess ethnic identity in the sample. The relationship of ethnic identity with psychological well-being was explored in the African American, European American, and Mexican American adolescents. In general, across all ethnic groups, greater ethnic identity was positively associated with greater coping, self-esteem, mastery, and optimism. Ethnic identity was negatively associated with loneliness and depression. The study confirmed the importance of considering the protective role of ethnic identity among adolescents.

Several studies have examined ethnic identity among culturally diverse adolescents. Although the mentioned studies highlight the protective role of ethnic identity, few studies have examined ethnic identity within a stress resilience framework (Greig, 2003). Therefore, the current study sought to examine the role of ethnic identity in stress resilience among a sample of African American adolescents.

Africentric Values

As stated by Parham (2002), identity among people of African descent also includes adherence to an Africentric worldview that has been described by Myers (1988) as a set of beliefs, values, and assumptions that reflect traditional African values. Thomas, Townsend, and Belgrave (2003) emphasize that while the adherence to African cultural traditions have been affected by sociohistorical experiences, the Africentric worldview continues to be the core identity of contemporary African Americans.

Table 2.1 illustrates how the values of the Africentric worldview conflicts with those of the Eurocentric worldview. Africentric epistemology is grounded in communalism, cooperation, ethics, spirituality, and morality. Knowledge is the result of lived experiences. On the other hand, Eurocentric epistemology places emphasis on knowledge gained through science and technology. This positivistic knowledge is expected to be value-free and objective.

Dimensions of Africentric Worldview

Randolph and Banks (1993) outlined the eight factors common to the Africentric worldview. These are (a) spirituality, (b) interpersonal orientation and communalism, (c) harmony, (d) time, (e) affective sensitivity, (f) expressive communication and orality, (g) multidimensional perception and verve, and (h) a negativity to positivity orientation. Spirituality is the belief that a force greater than self exists. This force is considered more important than the material and may be manifested through worship, prayer, or other rituals. Interpersonal

orientation and communalism represent the importance of interrelatedness and connection to others. The group or collective is valued above the individual. This dimension is represented by the “I am because we are” axiom. The belief of harmony holds that all aspects of life must be balanced and connected. The aspects of life include physical, emotional, spiritual, and vocational. Time is considered a social phenomenon. In other words, time is a consequence of interpersonal interaction and all things flow into each other. In the Africentric perspective, the clock does not dictate an event’s beginning or end. The value on affect sensitivity to emotional cues represents sensitivity to the feelings and emotional needs of others. The expression of these feelings and needs may be transmitted through both verbal and nonverbal communication. The Africentric worldview places value on expressive communication and orality. Oral expression has the same value as written communication and can be expressed in less direct ways such as art and music. Multidimensional perception and verve acknowledges preference for multimodal, simultaneous learning, which includes visual, auditory, tactile, and motor styles. The negativity to positivity orientation refers to the ability to turn a bad situation into a positive one and seeing the good in something bad.

Africentric Worldview and Stress

Jackson and Sears (1992) summarized how adherence to an Africentric worldview may affect the experience of stress. First, the Africentric worldview offers knowledge and an understanding of African people and their descendents. In understanding their own human processes and development, the Africentric perspective allows persons of African descent to know themselves in relation to other cultural groups. This knowledge of self can be empowering and serve as a protective factor against stress.

Second, the Africentric paradigm provides a positive framework for understanding behaviors of people of African descent. The values common to the worldview may counter

experiences of racism and sexism. Therefore, the worldview may promote beneficial reactions to an oppressive society (Nobles, 1976).

Third, the very nature of the Africentric worldview can be perceived as a stress reducer. The worldview promotes a multidimensional and holistic reality, which involves the integration and unification of all experience. In addition, there is a focus on both the spiritual and material aspects of life. Particularly noteworthy is that the Africentric worldview fosters intrinsic self-worth as less emphasis is placed on material and external possessions. The value of self builds self-esteem and confidence, which serve as resources for alleviating stress (Lazarus & Folkman, 1984). The integration of spiritual and material reality also cultivates harmony and communalism. Individuals are not considered to be in competition with each other. Harmony implies peace, which is regarded as a state of minimal stress. The collective orientation of the Africentric worldview functions as a natural source of social support, which can lessen the negative effect of stress on psychological well-being (Thoits, 1982). In addition, the Africentric perspective places less emphasis on the future and more emphasis on a past-present time orientation. Due to less anxiety about the future, individuals flow with the circumstances of life.

Studies of Africentric Worldview as a Protective Factor

Grady (2004) explored the role of the Africentric worldview in resilience among a sample of 118 African American women. Resilience was conceptualized as the reporting of psychological well-being despite exposure to stressful life events. The protective factors examined included Africentric worldview, religious coping style, and coping strategies. Africentric worldview was assessed using the Belief Systems Analysis Scale (Montgomery, Fine, & James-Myers, 1990). Analyses revealed that an orientation towards an Africentric worldview, collaborative coping style, and a religious coping style were positively associated

with psychological well-being. This finding provides empirical support for the importance of cultural values and beliefs to resilience.

Belgrave, Townsend, Cherry, and Cunningham (1997) examined whether Africentric values serve as a protective factor for negative drug outcomes. The study included 189 African American fourth- and fifth-grade students at inner-city public schools. Participants were considered “at-risk” for alcohol or drug abuse due to high levels of poverty, crime, and substance abuse within their neighborhoods and communities. Students completed questionnaires assessing Africentric values, spirituality, living situation, drug attitudes (i.e. attitudes toward drug use and perceived harmfulness of drugs), drug knowledge, and drug usage. Africentric values were measured using the Children’s Africentric Value Scale (CAVS; Belgrave et al., 1997), which corresponds to the seven principles of *Nguzo Saba* (Karenga, 1977). The CAVS is comprised of three distinct factors: collective work and responsibility, cooperative economics, and self-determination. Analyses indicated that Collective Work/Responsibility and Cooperative Economics were significant predictors of drug attitudes and were associated with intolerant attitudes toward drug use. In addition, Collective Work/Responsibility and spirituality were significant predictors of perceived drug harmfulness. Africentric values did not explain any variance in drug use. Spirituality, which is one dimension of the Africentric worldview, was also significantly associated with drug use, such that as level of spirituality increased, drug use decreased. The study’s findings indicated that (1) a relationship exists between Africentric values and drug use and (2) spirituality, an aspect of the Africentric worldview, serves a protective role for African American youth.

The influence of Africentric values on the psychosocial adjustment of African American children was studied by Thomas, Townsend, and Belgrave (2003). Participants were 104 fourth-

grade students at an inner-city public school. The students were involved in an Africentric prevention program designed to encourage the healthy development of African American youth through the promotion of positive, prosocial roles within the family, schools, and community. Measures addressed (1) self-identification as defined by Africentric values and racial identity and (2) psychosocial adjustment as indicated by self-esteem, self-ratings of child behavior, and teacher ratings of child behavior. The Children's Africentric Values Scale (Belgrave et al., 1997) assessed adherence to an Africentric worldview. The self-ratings of child behavior addressed behavior control and school interest while the teacher ratings of child behavior addressed child problems and child strengths. As hypothesized, it was found that a higher level of Africentric values was significantly related to a higher level of self-esteem and a lower level of problems in the classroom setting.

The studies mentioned above highlight the importance of Africentric values to the behavior of African Americans. However, the research exploring the protective role of Africentric values with regard to stress resilience among African American adolescents is very limited. This study sought to explore how internalization of Africentric values may moderate the relationship between stress and psychological functioning.

Coping Style

Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Coping with stress may include acceptance, tolerance, avoidance, or minimization. In addition, it is not confined to solely successful attempts but includes all efforts to manage stress (Lazarus & Folkman, 1984).

Compas (1987) explained the differences between coping resources, coping styles, and coping efforts. Coping resources refer to aspects of the self and social environment that facilitate

adaptation to stress. These resources may include interpersonal skills, self-esteem, or the availability of a social network. Coping style indicates the methods of coping used to manage a stressful situation. The style is usually consistent with personal values and beliefs. Lastly, coping efforts include the cognitive or behavioral attempts made during a stressful situation. The resources, styles, and efforts of coping may vary across time and context.

Types of Coping

Folkman and Lazarus (1980) delineated two main types of coping - problem-focused coping and emotion-focused coping. Problem-focused coping involves intentions to act upon the stressor. Also known as primary or active coping, problem-focused coping strategies may include seeking information, seeking support from others, or attempting to modify the stress. These strategies are preferred when the stressor is perceived as easily manipulated. On the other hand, emotion-focused (also called secondary or passive) coping entails the intent to regulate the emotional state associated with the stressor. The regulation may be achieved through avoidance, cognitive reframing, or attending to positive aspects of the stressor. Emotion-focused strategies are used more often when the stressor is considered uncontrollable. Both types of coping styles can involve cognitive and/or behavioral strategies.

Grant, O’Koon, Davis, Roache, Poindexter, Armstrong, Minden, and McIntosh (2000) explored the protective role of coping strategies among 224 low-income African American adolescents. Participants completed measures assessing stressful life experiences, internalizing and externalizing symptoms, coping style, perceived quality of parent/child relationships, and religious involvement. The Children’s Coping Strategies Checklist (Ayers, Sandler, West, & Roosa, 1996) was used to measure coping style (i.e. active coping, distraction coping, social support-seeking coping, and avoidant coping). Regression analyses revealed avoidant coping to be a significant predictor of externalizing behaviors for boys. Specifically, higher levels of

avoidant coping were associated with lower rates of externalizing behaviors. Avoidant coping was the coping style that served as a protective factor in the study. The researchers concluded that the study provided little evidence for the protective processes of individual coping strategies in a sample of African American youth.

Cultural Context of Coping

Daly, Jennings, Beckett, and Leashore (1995) asserted that there are culture-specific coping strategies used by African Americans at multiple levels. One of these strategies is having a strong value system, which entails “belief in self, industrious efforts, desire and motivation to achieve, religious beliefs, self-respect and respect for others, responsibility towards one’s family, and cooperation (p. 242). A value system facilitates successful coping. Another culture-specific coping strategy is utilizing social supports such as the extended family, non-nuclear family members, or long-time residence in the neighborhood. Daly et al. (1995) also stressed using extended kin and kinship networks at the community level as an important culture-specific coping strategy.

Utsey, Adams, and Bolden (2000) explained that current measures of coping are rooted in a European worldview as evidenced by coping being defined as either problem focused or emotion focused. Although many cultural groups exhibit these types of coping strategies, these responses do not include the culture-specific behaviors and strategies displayed by other cultural groups. Clearly, research with culturally different populations should consider the role of cultural beliefs and values in the coping process (Slavin et al., 1991).

Only a few studies have considered how coping may be influenced by cultural beliefs and values (Moore & Constantine, 2005; Constantine, Donnelly, & Myers, 2002). The coping strategies used by many individuals in Western society include “assertive self-disclosure, expressing one’s own thoughts, and confronting others, as evident in problem-focused and

emotion-focused coping styles” (Moore & Constantine, p. 330). However, when adolescents positively value their cultural group, they are more likely to behave in ways consistent with the practices of that group (Constantine et al., 2002).

Coping Style of African Americans

Utsey et al. (2000) explained one type of coping style influenced by cultural worldview. Specifically, he discussed Africultural coping which refers to the degree to which one employs coping behaviors that are embedded in African American culture. Due to the nonexistence of measures of coping behaviors of African Americans and given the ethical responsibility to use cultural-specific measures in coping research, Utsey et al. (2000) developed the Africultural Coping Systems Inventory. Within the Africentric worldview, coping is considered to be “an effort to maintain a sense of harmony and balance within the physical, metaphysical, collective/communal, and the spiritual/psychological realms of existence” (Utsey et al., 2000, p. 197).

Africultural coping is comprised of four main components: cognitive/emotional debriefing, spiritual centered coping, collective coping, and ritual-centered coping. Cognitive/emotional debriefing includes efforts to manage perceived environmental stressors most likely resulting from racial oppression. Spiritual-centered coping entails behaviors that reflect harmony with the spiritual aspects of the universe and a relationship with the Creator. Collective coping refers to dependence on group activities to cope with stressors and maintain balance. Finally, ritual-centered coping involves the use of rituals to deal with stress. The rituals are a means to pay homage to religious deities, celebrate important life events, and/or honor role of ancestors in one’s life.

Very few studies have employed measures of cultural-specific strategies in exploring the protective role of coping. One such study was conducted by Conner (2003). The purpose of the research was to explore the roles of African-centered worldview and African-centered coping,

spirituality, collective self-esteem, and creativity in depression among Black youth. The participants included 208 Black students, between the ages of fourteen and eighteen, at a public high school. African-centered coping was assessed with the Africultural Coping Systems Inventory (Utsey et al., 2000), and the Children's Africentric Scale (Belgrave et al., 1997) measured African-centered worldview. Regression analyses revealed a predictive relationship between African-centered coping and depression. As level of adherence to Africultural coping increased, level of depression decreased. The study also found that the other culture-specific variables (i.e. African-centered worldview, spirituality, and collective self-esteem) significantly predicted lower levels of depression in the sample of Black adolescents. These findings underscore the importance of exploring culture-specific factors in the psychological outcomes of Black youth.

Our Study

Grant et al. (2000) stressed the need for research identifying protective factors in African American children:

Given the disproportionately high representation of African American youth among individuals living in poverty, the increased exposure to stress in the context of poverty, and the association between stress and psychological symptoms, the search for protective factors that foster resilience for low-income African American youth is important (p. 390).

One approach to studying resilience has been to explore protective factors among subgroups that experience extreme stressful life events while maintaining high levels of competence (Wyman et al., 1991). This approach is reinforced by Garmezy (1993) who emphasized the need to seek positive factors that contribute to positive outcomes in highly disadvantaged youth. However, few studies have employed this method with culturally different samples and within a culturally appropriate framework.

The current study sought to explore cultural-specific protective factors among a sample of African American adolescents. The study employed the Multicultural Model of the Stress Process (Slavin et al., 1991) to highlight the importance of culture in the stress process for adolescents of color. In addition, the study investigated stress resilience within the context of the targeted population by using a measure of stress that assesses common stressors experienced by ethnic minority youth. The stress-buffering role of each culture-specific protective factor was examined.

Previous studies, as mentioned in this literature review, have indicated the importance of cultural values as protective factors in achieving positive outcomes. However, the current study sought to gain a more thorough understanding of stress resilience (i.e. competence despite highly stressful events) among African American youth using a culturally sensitive theoretical foundation - the Multicultural Model of the Stress Process (Slavin et al. 1991). This model identifies potential culturally relevant dimensions that may impact the experience of stress for ethnic minority youth. Cultural aspects such as ethnic identity, Africentric values, and Africultural coping may serve as protective factors in the stress resilience among African American adolescents. The role of these factors in the stress resilience of African American adolescents has not been previously studied using a culturally based model of stress. Identification of such culturally relevant protective factors may better inform policymakers and prevention programs about how to increase the likelihood of positive outcomes among the increasingly more culturally diverse youth in the United States.

Hypotheses

The following hypotheses and research question were tested in the current research:

- **Hypothesis 1:** Ethnic identity will moderate the relationship between stress and psychological symptoms (i.e. internalizing behaviors and externalizing behaviors) such

that the strength of the relationship is lessened for youth who report higher levels of ethnic identity.

- **Hypothesis 2:** Africentric values will moderate the relationship between stress and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of Africentric values.
- **Hypothesis 3:** Level of each Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping) will moderate the relationship between stress and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of the investigated Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping).
- **Research question 1:** Is there a significant difference in level of ethnic identity, level of Africentric values, level of each Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping), quantity of stressful events, or level of psychological symptoms (i.e. internalizing and externalizing behaviors) in association with age, gender, ethnicity (i.e. African American, Caribbean, or Latino/Hispanic-Black), current grade level, socioeconomic status, and number of people residing in home?

Table 2-1. Africentric worldview in contrast to Eurocentric worldview

| | Africentric worldview | Eurocentric worldview |
|------------------------|---|--|
| Nature of reality | Spiritual and material equally valued | Material more important than spiritual |
| Value placement | Group orientation, cooperation, interdependence | Individualism, competition, independence |
| Relationship to nature | Harmony with nature | Control over nature |
| Nature of knowledge | Emphasis on self-knowledge | Emphasis on external knowledge |
| Nature of time | Focus on past and present | Focus on future |

CHAPTER 3 METHODOLOGY

Participants

After approval by the University of Florida's Institutional Review Board, the Principal Investigator (PI) contacted the program directors at seven academic and social enrichment programs in South Carolina to request permission to recruit research participants from among the ninth through twelfth grade African American students who participate in the programs. The criteria for participation in the academic enrichment programs included having an academic need, meeting United States Department of Education low-income family requirement, and at least being in the ninth grade. Questionnaires were distributed to 398 interested students and collected during subsequent program meetings. All participants were informed that participation in the study was completely voluntary and anonymous. The response rate was thirty-eight percent.

The final sample included 146 participants among whom were 101 females and 45 males (Table 3-1). The age range for the participant sample was thirteen to eighteen, and the median age for this sample was fifteen. The distribution of grade levels was 29.5% ninth grade, 19.2% tenth grade, 28.8 % eleventh grade, and 22.6% twelfth grade.

Instruments

- A demographic questionnaire was used to obtain information including age, gender, ethnicity, current grade level, socioeconomic status, and number of people residing in one's home.
- A Multicultural Events Schedule for Adolescents (MESA; Gonzales, Gunnoe, Jackson, & Samaniego, 1996) was used to assess level of stress (i.e. quantity of stressful events) among adolescents. The MESA consists of eighty-two items that form the following eight subscales: Family trouble/change, Family conflict, Peer hassles, School hassles, Economic stress, Perceived discrimination, Language conflicts, and Violence/ Personal victimization. Respondents indicate whether the event has occurred within the past three months. However, only a total score for the MESA was used in this research study. A total score was calculated based on the quantity of stressful life events endorsed. Higher

scores denote a higher level of stress. Sample stressful events are “Your parent lost a job” and “You were unfairly accused of something because of your race or ethnicity”. The MESA has demonstrated acceptable test-retest reliability ($r = 0.81$) for African-American youth. The Cronbach’s alpha for this sample was .83.

- A Youth Self-Report (YSR; Achenbach, 1991) was used to assess level of internalizing and externalizing behaviors self-reported by the research participants. The subscales of the 112-item YSR include internalizing behaviors, externalizing behaviors, and total problems. Only the internalizing behaviors and externalizing behaviors subscales were used in the current research. The internalizing behaviors subscale includes the following three subtests: withdrawn/depressed, somatic complaints, and anxious/depressed. A sample internalizing behavior item is “I keep from getting involved with others”. The externalizing behaviors subscale is comprised of the rule breaking behavior and aggressive behaviors subtests. A sample externalizing behavior item is “I break rules at home, school, or elsewhere”. Items on the YSR are rated using a Likert-type scale that consists of a 3-point rating scale from Not true to Very true. The measure has been normed on various ethnic/racial groups including groups of African Americans (Achenbach, 2001). Reported internal consistency of the YSR range from .71 to .95, and reported test-retest values for this measure range from .47 to .79. The internal consistency of the YSR in a study conducted with African American adolescents was .86 (Armstrong, 1999). The Cronbach’s alpha for the current sample was .82 for the externalizing subscale and .76 for the internalizing behavior subscale.
- A Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) was used to assess ethnic identity. The MEIM consists of three subscales: positive ethnic attitudes and sense of belonging, ethnic identity achievement, and ethnic behaviors or practices. The measure consists of 14 items rated on a 4-point scale from strongly agree to strongly disagree. The total score for the MEIM, which was used for the current study, is obtained by reversing negatively worded items, summing all items, and obtaining the mean. Scores can range from 4 (i.e. high ethnic identity) to 1 (i.e. low ethnic identity). A sample item is “I think a lot about how my life will be affected by my ethnic group membership”. The reported Cronbach’s alpha for the MEIM is .81. The construct validity of the MEIM is indicated by its high correlation with measures of psychological well-being, including self-esteem, coping, optimism, happiness, depression, and mastery (Roberts et al., 1999).
- A Children’s Africentric Values Scale (CAVS; Belgrave, et al., 1997) was used to assess cultural values among African American youth. The CAVS has 14 items that form the following three subscales: (a) collective work and responsibility, (b) cooperative economics, and (c) self-determination. Items are ranked on a three-point scale: 0-No, 1-Not Sure, and 2-Yes. The total CAVS score was used in the current research study. This total score is obtained by summing the responses. A high score indicates a strong endorsement of Africentric values. An item example on the CAVS is “When possible, Black people should spend their money in Black-owned stores and shops”. The Cronbach’s reliability coefficient for the CAVS is .65 for the measure.

- An Africultural Coping Systems Inventory (ACSI; Utsey et al., 2000) was used to measure the culture-specific coping strategies used by participants during stressful situations. The ACSI includes 30 items rated on a 4-point, Likert-type scale from 0 (does not apply or did not use) to 3 (used a great deal). In the first section, respondents think of a recent stressful event and write a brief description of it. In the second part, respondents answer the 30 items representing four coping style subscales: cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping. Sample items are “Shared my feelings with a family member or friend” (collective coping), “Used a cross or other object for its special powers in dealing with a problem” (ritual-centered coping), “Asked someone to pray for you” (spiritual-centered coping) and “Tried to remove yourself from the situation” (cognitive/emotional debriefing). Scores for these four distinct Africultural coping style subscales were used in the current study. These subscales were scored by summing the item responses for each subscale. Reported Cronbach’s alphas for these subscales of the ACSI range from .71 to .80. With regard to concurrent validity, the subscales of ACSI have been shown to positively and significantly correlate with measures of coping, religious problem solving, and spirituality (Utsey et al., 2004). The Cronbach’s alpha for the current sample was .80 for the total measure.
- The Marlowe-Crowne Social Desirability Scale, short form (M-CSDS[20]; Strahan & Gerbasi, 1972) was used to measure the amount of variance in the data obtained that is due to a participant’s desire to present self in a socially desirable manner. Participants responses helped determine the validity of the responses to the Assessment Battery. Reliability coefficients for the 20-item M-CSDS range from .78 to .83.

Procedure

Before data collection, the program directors at seven academic and social enrichment programs in South Carolina were contacted to request permission to recruit participants for the research from among the ninth through twelfth grade African American students who participate in the programs. All program participants were introduced to the investigator at a program meeting and invited to participate in this study. Each potential participant was offered an incentive of a pizza party or five dollars, informed that his/her participation would be anonymous and voluntary, and informed that all obtained information would be confidential. Participants were instructed that anyone could withdraw from the study or refuse to answer any question. Students were informed that the purpose of the study is to explore the beliefs, behaviors, and attitudes of adolescents. The investigator read the informed consent forms aloud to program

participants. Those who were interested in participating in the study were asked to demonstrate their interest by signing a roster or approaching investigator at the end of the meeting.

Interested students were given parental informed consent and teen assent forms and a copy of the earlier described Assessment Battery, all of which were contained in a manila envelope. The Assessment Battery consisted of a total of 271 items. Participants were instructed to (1) read over the informed consent forms again, (2) have a primary caregiver sign the parent consent form, (3) personally sign the teen assent form, (4) complete the enclosed Assessment Battery, and (5) return the completed packet at the next program meeting, which occurred in two to three weeks. Participants were then informed about the contents of the packet, given instructions for completing its contents, and informed that the estimated completion time for the questionnaire packet was 30-45 minutes. To ensure confidentiality, participants were instructed to not place their names on the manila envelope or the questionnaires contained in it. Each questionnaire was coded with a number to ensure the privacy of personal identity and item responses. Upon return of each manila envelope, the informed consent forms were removed from the envelope and placed in a separate box from the completed Assessment Battery. To receive the incentive offered during the introduction session, participants were asked to immediately sign a roster upon submission of the completed/signed study documents. The roster was used by the investigator to distribute the incentive one week following the program meeting where completed/signed study documents were returned, which was a date designated by the program director. Overall, the study's duration was to four weeks.

Table 3-1 Demographic characteristics for the participant sample

| Characteristic | <i>N</i> | % |
|-----------------------|----------|------|
| Age | | |
| 13 | 2 | 1.4 |
| 14 | 28 | 19.2 |
| 15 | 37 | 25.3 |
| 16 | 41 | 28.1 |
| 17 | 32 | 21.9 |
| 18 | 6 | 4.1 |
| Gender | | |
| Female | 101 | 69.2 |
| Male | 45 | 30.8 |
| Ethnicity | | |
| African American | 146 | 100 |
| Caribbean | 0 | 0 |
| Latino-Hispanic Black | 0 | 0 |
| Other | 0 | 0 |
| Grade level | | |
| Ninth | 43 | 29.5 |
| Tenth | 28 | 19.2 |
| Eleventh | 42 | 28.8 |
| Twelfth | 33 | 22.6 |
| Socioeconomic status | | |
| Reduced-fee lunch | 30 | 20.5 |
| Free lunch | 67 | 45.9 |
| Neither | 49 | 33.6 |

CHAPTER 4 RESULTS

The results of the analyses to test the hypotheses and investigate the research question are reported in this chapter.

Descriptive Statistics for Major Investigated Variables

This section contains information regarding the major investigated variables in the current study as outlined in Table 4-1 and Table 4-2. Exploration of the descriptive data indicated that the current sample reported coping style levels that tended to be lower than the norm (Utsey, et al., 2000) and ethnic identity levels that tended to be higher than the norm (Phinney, 1992). In addition, the frequency of stressful events and levels of internalizing behaviors (i.e. anxiety/depression, withdrawn behavior, and somatic complaints) and externalizing behaviors (i.e. rule-breaking behavior and aggression) seem to be relatively low given the possible score ranges, while Africentric values seem relatively high given the possible range of scores.

Preliminary Analysis

A preliminary Pearson Product Moment Correlation was performed to determine whether there were any significant correlations among all investigated variables of interest and to examine the relationship between social desirability and the other studied variables (see Table 4-3). Findings included that frequency of stressful events had a significant positive low correlation with externalizing behavior ($r = .48, p = .00$), internalizing behavior ($r = .56, p = .00$), cognitive/emotional debriefing ($r = .26, p = .00$), spiritual-centered coping ($r = .16, p = .05$), and ritual-centered coping ($r = .27, p = .00$). However, frequency of stressful events had a significant negative correlation with Africentric values ($r = -.19, p = .02$). As stressful events scores increased, scores for the variables externalizing behavior, internalizing behavior, cognitive/emotional debriefing, spiritual-centered coping, and ritual-centered coping also

increased, while endorsement of Africentric values decreased. Externalizing behavior was shown to have a significant positive low correlation with internalizing behavior ($r = .58, p = .00$) and ritual-centered coping ($r = .17, p = .04$), and had a significant negative low correlation with ethnic identity ($r = -.16, p = .05$). As levels of externalizing behavior, internalizing behavior and ritual-centered coping increased, level of ethnic identity decreased. Internalizing behavior was found to have a significant negative low correlation with Africentric values ($r = -.18, p = .03$) and a significant positive low correlation with cognitive/emotional debriefing ($r = .21, p = .01$). As level of internalizing behavior increased, level of cognitive/emotional debriefing increased as level of Africentric values decreased. Africentric values had a significant negative correlation with ritual-centered coping ($r = -.20, p = .01$); that is, as level of Africentric values decreased, level of ritual-centered coping increased.

It was also been shown that a significant positive correlation existed among the four coping styles (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping). Cognitive/emotional debriefing had a significant positive correlation with spiritual-centered coping ($r = .60, p = .002$), collective coping ($r = .59, p = .000$), and ritual-centered coping ($r = .28, p = .001$). Spiritual-centered coping had a significant positive correlation with collective coping ($r = .65, p = .000$) and ritual-centered coping ($r = .34, p = .000$). Collective coping also had a significant positive correlation with ritual-centered coping ($r = .29, p = .000$). As the level of one coping style increased, there were increases in the levels of the three other coping styles.

The correlational analysis also revealed that social desirability had a significant negative correlation with stressful events ($r = .25, p = .002$), externalizing behavior ($r = .50, p = .000$), and internalizing behavior ($r = .26, p = .001$). In other words, as level of social desirability

increased, the levels of stressful events, externalizing behavior, and internalizing behavior decreased. Therefore, social desirability was controlled for in the analyses used to test the hypotheses and research question.

Data Analyses to Test the Study's Hypotheses

The three hypotheses set forth in the current study each hypothesized the existence of moderator effects. Baron and Kenny (1986) recommend conducting hierarchical multiple regression analyses to test moderator effects. Thus, these analyses were used to test the hypotheses set forth in the current study, as presented in Tables 4-4 through 4-15. In addition, centered predictor and hypothesized moderator variables (i.e. mean deviation scores) were used to reduce problems associated with multicollinearity (i.e. high correlations) among the variables in the regression analyses (Aiken & West, 1991). In each of the hierarchical multiple regression analyses conducted, the variance accounted for by social desirability was controlled for by entering social desirability at Step 1, the main effects at Step 2, and the interaction term at Step 3 of the hierarchical regression, as indicated in the guidelines provided by Aiken and West (1991). A significant change in R^2 for the interaction term indicates a significant moderator effect.

Significant interaction effects found in the hierarchical multiple regression analyses were then examined in follow-up simple slope regression analyses and plots. The post hoc analyses were performed to determine which simple slopes were significantly different from zero and to confirm the conditions of the moderator for which the interaction term was significant (Aiken & West, 1991). This procedure of conducting simple regression analyses involved the criterion variable being regressed on the predictor, the moderator being at two standard deviations above or below the mean, and the interaction of the predictor and moderator. Plots were then created at two standard deviations above and below the mean of the moderating variable. Adjusting the point at which the moderating variable is centered permits a greater examination of the

significance of the relations between the predictor and the dependent variable at differing levels of the moderator (Cohen, Cohen, West, & Aiken, 2003).

First, it was hypothesized that ethnic identity will moderate the relationship between stressful events and psychological symptoms (i.e. externalizing and internalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of ethnic identity. Social desirability accounted for a significant amount of variance in both externalizing scores ($\Delta R^2 = .25, p < .01$) and internalizing scores ($\Delta R^2 = .07, p < .01$). After controlling for social desirability, stressful events and ethnic identity explained a significant amount of variance in externalizing scores ($\Delta R^2 = .14, p < .01$). However, the interaction term *stressful events x ethnic identity* did not reveal any moderating effects for externalizing behavior ($\Delta R^2 = .01, p = .27$), which suggests that ethnic identity did not moderate or lessen the relationship between stressful events and externalizing behavior as presented in Table 4-4.

After controlling for social desirability, stressful events and ethnic identity accounted for a significant amount of variance in internalizing scores ($\Delta R^2 = .26, p < .01$). When the interaction term *stressful events x ethnic identity* was entered, results indicated that ethnic identity moderated the relationship between stressful events and internalizing behavior ($\Delta R^2 = .04, p < .01$) as shown in Table 4-5. Post hoc power analysis was conducted to determine the likelihood that the overall hypothesized interaction effect would be statistically significant, given the sample size of 146 and an alpha level of .05. It was determined that the study had an adequate power of .96 to detect the overall interaction effect.

In a post hoc analysis, simple slope analysis revealed that when levels of ethnic identity were higher, stressful events was significantly and positively related to internalizing behavior, $B = .72, SE = .08, t(141) = 6.45, p < .001$ but not at lower levels of ethnic identity, $B = .17, SE =$

.10, $t(141) = 1.71, p = .09$. As illustrated in Figure 4-1, the greatest slope is present at higher levels of ethnic identity and is lowest at the lower levels. Participants with low levels of ethnic identity and high levels of stressful events reported lower levels of internalizing behavior. On the other hand, participants with high levels of ethnic identity and high levels of stressful events reported higher levels of internalizing behavior. The above findings provide partial support for hypothesis one such in that ethnic identity had a significant moderating effect on the relationship between stressful events and internalizing behavior as hypothesized; however, ethnic identity did not have a significant moderating effect on the relationship between stressful events and externalizing behavior as also hypothesized. Hypothesis two stated that Africentric values will moderate the relationship between stressful events and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of Africentric values. Social desirability was found to account for a significant amount of variance in externalizing behaviors ($\Delta R^2 = .25, p < .01$) and internalizing behaviors ($\Delta R^2 = .07, p < .01$). After controlling for social desirability, stressful events and Africentric values accounted for a significant amount of variance in externalizing behavior ($\Delta R^2 = .14, p < .01$). Entering the interaction term *stressful events x Africentric values* showed that Africentric values served as a moderator in the relationship between stressful events and externalizing behavior ($\Delta R^2 = .03, p < .05$) as shown in Table 4-6. For internalizing behavior scores, stressful events and ethnic identity, after controlling for social desirability, accounted for a significant amount of variance ($\Delta R^2 = .26, p < .01$). However, the interaction term *stressful events x Africentric values* did not reveal any moderating effects for internalizing behavior ($\Delta R^2 = .00, p = .63$) as shown in Table 4-7. Post hoc power analysis was conducted to determine the likelihood that the overall hypothesized interaction effect would be statistically significant, given

the sample size of 146 and an alpha level of .05. It was determined that the study had an adequate power of .99 to detect the overall interaction effect.

Simple slope regression analysis demonstrated that at lower levels of Africentric values, stressful events had a significant negative relationship with externalizing behavior, $B = .51$, $SE = .11$, $t(141) = 4.83$, $p < .001$, but not at higher levels of Africentric values, $B = -.01$, $SE = .12$, $t(141) = -0.10$, $p = .92$ (see Figure 4-2). Participants with high levels of Africentric values and high levels of stressful events reported lower levels of externalizing behavior. On the other hand, participants with low levels of Africentric values and high levels of stressful events reported higher levels of externalizing behavior. Support for hypothesis two was partially found. While Africentric values served as a moderator for the relationship between stressful events and externalizing behavior as hypothesized, it did not have a significant moderating effect on the relationship between stressful events and internalizing behavior as also hypothesized.

Third, it was hypothesized that the level of each Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping) will moderate the relationship between stressful events and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for adolescents who report higher levels of the investigated Africultural coping style. Separate hierarchical multiple regression analyses were conducted for each type of Africultural coping style. First, social desirability accounted for a significant amount of variance in externalizing behavior ($\Delta R^2 = .25$, $p < .01$) and internalizing behavior ($\Delta R^2 = .07$, $p < .01$). After controlling for social desirability, stressful events and cognitive/emotional debriefing also accounted for a significant amount of variance in externalizing behavior ($\Delta R^2 = .14$, $p < .01$). As shown in Table 4-8, the interaction term *stressful events x cognitive/emotional debriefing* revealed that

cognitive/emotional debriefing had a moderating (i.e. lessening) effect on the relationship between stressful events and externalizing behavior ($\Delta R^2 = .02, p < .05$). Stressful events and cognitive/emotional debriefing, after controlling for social desirability, were also found to significantly account for variance in internalizing behavior ($\Delta R^2 = .26, p < .01$). The interaction term *stressful events x cognitive/emotional debriefing* was significant, thus indicating that cognitive/emotional debriefing moderated (i.e. lessened) the relationship between stressful events and internalizing behavior as well ($\Delta R^2 = .04, p < .01$) as shown in Table 4-9. Post hoc power analysis was conducted to determine the likelihood that the overall hypothesized interaction effects would be statistically significant, given the sample size of 146 and an alpha level of .05. It was determined that the study had an adequate power of .99 and .96, respectively, to detect the overall interaction effects for externalizing and internalizing behaviors.

After controlling for social desirability, which accounted for a significant of variance in externalizing behavior ($\Delta R^2 = .25, p < .01$) and internalizing behavior ($\Delta R^2 = .07, p < .01$), stressful events and spiritual-centered coping explained a significant amount of variance in externalizing behavior ($\Delta R^2 = .15, p < .01$) and internalizing behavior ($\Delta R^2 = .26, p < .01$). The interaction term *stressful events x spiritual-centered coping* was not significant, which suggests that spiritual-centered coping did not moderate the relationship between stressful events and externalizing behavior ($\Delta R^2 = .01, p = .24$) nor the relationship between stressful events and internalizing behavior ($\Delta R^2 = .00, p = .71$), as indicated in Tables 4-10 and 4-11, respectively.

Stressful events and collective coping, upon controlling for social desirability which accounted for a significant of variance in externalizing behavior ($\Delta R^2 = .25, p < .01$) and internalizing behavior ($\Delta R^2 = .07, p < .01$), were found to account for significant amounts of variance in both externalizing behavior ($\Delta R^2 = .15, p < .01$) and internalizing behavior ($\Delta R^2 =$

.26, $p < .01$). However, the interaction term *stressful events x collective coping* did not indicate any moderating effects on the relationship between stressful events and externalizing behavior ($\Delta R^2 = .00, p = .33$) nor on the relationship between stressful events and internalizing behavior ($\Delta R^2 = .00, p = .52$) as in Tables 4-12 and 4-13, respectively.

Lastly, after controlling for social desirability, which accounted for a significant of variance in externalizing behavior ($\Delta R^2 = .25, p < .01$) and internalizing behavior ($\Delta R^2 = .07, p < .01$), stressful events and ritual-centered coping significantly accounted for variance in externalizing behavior ($\Delta R^2 = .15, p < .01$) and internalizing behavior ($\Delta R^2 = .26, p < .01$). As shown in Tables 4-14 and 4-15, respectively, the interaction term *stressful events x ritual-centered coping* did not reveal any moderating effects for either externalizing behavior ($\Delta R^2 = .01, p = .16$) or internalizing behavior ($\Delta R^2 = .01, p = .13$).

In the post hoc analyses to further explore hypothesis three, simple slope analysis demonstrated that there was a significant positive relationship between stressful events and externalizing behavior at higher levels of cognitive/emotional debriefing, $B = .48, SE = .10, t(141) = 5.05, p < .001$, but not at lower levels of cognitive/emotional debriefing, $B = .05, SE = .11, t(141) = .50, p = .62$, as demonstrated in Figure 4-3. Participants with low levels of cognitive/emotional debriefing and high levels of stressful events reported lower levels of externalizing behavior. Conversely, participants with high levels of cognitive/emotional debriefing and high levels of stressful events reported higher levels of externalizing behavior.

Post hoc analyses also revealed a significant relationship between stressful events and internalizing behavior when levels of cognitive/emotional debriefing were higher, $B = .69, SE = .11, t(141) = 6.34, p < .001$ but not at lower levels of cognitive/emotional debriefing, $B = .07, SE = .12, t(141) = .62, p = .53$. Participants with low levels of cognitive/emotional debriefing and

high levels of stressful events reported lower levels of internalizing behavior. On the other hand, participants with high levels of cognitive/emotional debriefing and high levels of stressful events reported higher levels of internalizing behavior. Hypothesis three was partially supported as cognitive/emotional debriefing had a moderating effect on the relationship between stressful events and internalizing behavior as well as on the relationship between stressful events and externalizing behavior. However, spiritual-centered coping, collective coping, and ritual-centered coping did not moderate the relationship between stressful events and externalizing behavior nor the relationship between stressful events and internalizing behavior as hypothesized.

Data Analysis to Test the Study's Research Question

The study's research question asked whether there is a significant difference in the level of ethnic identity, Africentric values, Africultural coping styles (i.e. cognitive/ emotional debriefing, spiritual-centered coping, collective coping, or ritual-centered coping), stressful events, internalizing behavior, and externalizing behavior in association with age, gender, current grade level, and socioeconomic status. The research question was addressed using two univariate analysis of covariance (ANCOVA) and two multivariate analysis of covariance (MANCOVA). Social desirability was entered as a covariate in each analysis. The independent variables in the ANCOVAs and MANCOVAs were age, gender, current grade level, and socioeconomic status. The dependent variable in the first ANCOVA was ethnic identity. No significant differences were found. The second ANCOVA included Africentric values as the dependent variable, revealing no significant findings. The dependent variables in the first MANCOVA included the four Africultural coping styles (i.e. cognitive/ emotional debriefing, spiritual-centered coping, collective coping, or ritual-centered coping). No significant differences were found for any of the coping styles in relation to the independent variables. Stressful events, internalizing behavior, and externalizing behavior were the dependent variables in the second MANCOVA. The

multivariate analysis revealed that gender was statistically significant, Wilks Lambda = .807, $F(9,84) = 2.24, p < .05$. Univariate results indicated that gender was significantly associated with level of internalizing behavior, $F(1,145) = 4.78, p < .05$. In the current study, female participants reported significantly higher levels of internalizing behavior than male participants.

Table 4-1 Descriptive data for major variables of interest in study

| Variable | N | Mean | Norm Mean | SD | Range |
|--------------------------------|-----|-------|-----------|-------|-----------|
| Stressful events | 146 | 16.08 | - | 11.69 | 0-52 |
| Externalizing behavior | 146 | 13.23 | - | 8.51 | 0-36 |
| Internalizing behavior | 146 | 13.07 | - | 9.32 | 0-44 |
| Ethnic identity | 146 | 3.13 | 2.94 | .48 | 1.57-4.00 |
| Africentric values | 146 | 23.81 | - | 3.73 | 1-28 |
| Coping style | | | | | |
| Cognitive-emotional debriefing | 146 | 16.32 | 19.82 | 7.39 | 0-32 |
| Spiritual-centered coping | 146 | 10.11 | 14.06 | 5.41 | 0-24 |
| Collective coping | 146 | 10.76 | 13.54 | 5.17 | 0-23 |
| Ritual-centered coping | 146 | 1.27 | 4.35 | 2.07 | 0-9 |
| Social desirability | 146 | 10.06 | - | 3.50 | 1-19 |

Table 4-2 Means and standard deviations of major variables of interest in study by gender

| Variable | Male | Female |
|--------------------------------|---------------|---------------|
| Stressful events | 17.71 (11.76) | 15.35 (11.64) |
| Externalizing behavior | 12.27 (7.88) | 13.66 (8.77) |
| Internalizing behavior | 10.29 (7.32) | 14.31 (9.86) |
| Ethnic identity | 3.15 (.44) | 3.12 (.50) |
| Africentric values | 24.47 (3.03) | 23.52 (3.98) |
| Coping style | | |
| Cognitive-emotional debriefing | 16.64 (6.97) | 16.17 (7.60) |
| Spiritual-centered coping | 9.89 (5.60) | 10.21 (5.35) |
| Collective coping | 10.96 (4.76) | 10.67 (5.36) |
| Ritual-centered coping | .98 (1.82) | 1.40 (2.17) |
| Social desirability | 10.31 (3.67) | 9.95 (3.43) |

Table 4-3 Correlations of major investigated variables including social desirability

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------------|---|-------|-------|-------|------|-------|-------|-------|-------|--------|
| 1. Stressful events | | .48** | .56** | -.05 | .19* | .26** | .16* | .15 | .27** | -.25** |
| 2. Externalizing behavior | - | | .58** | -.16* | .14 | .09 | -.09 | -.10 | .17* | -.50** |
| 3. Internalizing behavior | - | - | | -.01 | .18* | .21** | .12 | -.01 | .13 | -.26** |
| 4. Ethnic identity | - | - | - | | -.12 | .15 | .10 | .06 | -.02 | .16 |
| 5. Africentric values | - | - | - | - | | -.02 | .02 | .06 | .20** | -.06 |
| 6. Cognitive-emotional debriefing | - | - | - | - | - | | .60** | .59** | .28** | -.04 |
| 7. Spiritual-centered coping | - | - | - | - | - | - | | .65** | .34** | .16 |
| 8. Collective coping | - | - | - | - | - | - | - | | .29** | .15 |
| 9. Ritual-centered coping | - | - | - | - | - | - | - | - | | .11 |
| 10. Social desirability | - | - | - | - | - | - | - | - | - | |

Note: * $p < .05$; ** $p < .01$

Table 4-4 Effect of ethnic identity on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | <i>R</i> ² | ΔR^2 | ΔF | df |
|--------------------------|----------|-------------|---------|----------|-----------------------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.88** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.28 | 0.05 | 0.38 | 5.65** | | | | |
| Ethnic identity | -1.56 | 1.17 | -0.09 | -1.33 | 0.39 | 0.14 | 16.88** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Ethnic identity | 0.09 | 0.09 | 0.07 | 1.10 | 0.40 | 0.01 | 1.22 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-5 Effect of ethnic identity on stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | <i>R</i> ² | ΔR^2 | ΔF | df |
|--------------------------|----------|-------------|---------|----------|-----------------------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.42 | 0.06 | 0.52 | 7.36** | | | | |
| Ethnic identity | 0.60 | 1.36 | 0.03 | 0.44 | 0.33 | 0.26 | 27.14** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Ethnic identity | 0.29 | 0.10 | 0.21 | 3.02* | 0.37 | 0.04 | 9.14** | 1,141 |

Note: **p* <.05; ***p* <.01

Table 4-6 Effect of Africentric values on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | <i>R</i> ² | ΔR^2 | ΔF | df |
|-----------------------------|----------|-------------|---------|----------|-----------------------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.88** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.27 | 0.05 | 0.37 | 5.42** | | | | |
| Africentric values | 1.45 | 2.14 | 0.05 | 0.68 | 0.39 | 0.14 | 16.09** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Africentric values | 0.49 | 0.20 | 0.17 | 2.50* | 0.41 | 0.03 | 6.25* | 1,141 |

Note: **p* <.05; ***p* <.01

Table 4-7 Effect of Africentric values on stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | <i>R</i> ² | ΔR^2 | ΔF | df |
|-----------------------------|----------|-------------|---------|----------|-----------------------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.41 | 0.06 | 0.51 | 7.06** | | | | |
| Africentric values | 2.75 | 2.45 | 0.08 | 1.12 | 0.33 | 0.26 | 27.87** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Africentric values | 0.11 | 0.23 | 0.03 | 0.48 | 0.33 | 0.00 | 0.23 | 1,141 |

Note: **p* <.05; ***p* <.01

Table 4-8 Effect of cognitive/emotional debriefing on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|--|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.87** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.28 | 0.50 | 0.39 | 5.51** | | | | |
| Cognitive/ emotional debriefing | -0.02 | 0.08 | -0.02 | -0.30 | 0.39 | 0.14 | 15.86** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Cognitive/ emotional debriefing | 0.02 | 0.01 | 0.16 | 2.38* | 0.41 | 0.02 | 5.65* | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-9 Effect of cognitive/emotional debriefing on stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|--|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.40 | 0.06 | 0.50 | 6.84** | | | | |
| Cognitive/ emotional debriefing | 0.10 | 0.09 | 0.08 | 1.09 | 0.33 | 0.26 | 27.83** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Cognitive/ emotional debriefing | 0.02 | 0.01 | 0.20 | 2.99** | 0.37 | 0.04 | 8.93** | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-10 Effect of spiritual-centered coping on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|------------------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.88** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.29 | 0.05 | 0.40 | 5.84** | | | | |
| Spiritual-centered coping | -0.15 | 0.11 | -0.10 | -1.44 | 0.40 | 0.15 | 17.08** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Spiritual-centered coping | -0.01 | 0.01 | -0.08 | -1.19 | 0.40 | 0.01 | 1.42 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-11 Effect of spiritual-centered coping on stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|------------------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.41 | 0.06 | 0.51 | 7.01** | | | | |
| Spiritual-centered coping | 0.11 | 0.12 | 0.06 | 0.86 | 0.33 | 0.26 | 27.51** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Spiritual-centered coping | 0.00 | 0.01 | 0.03 | 0.36 | 0.33 | 0.00 | 0.13 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-12 Effect of collective coping on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|----------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.88** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.29 | 0.05 | 0.40 | 5.87** | | | | |
| Collective coping | -0.18 | 0.11 | -0.11 | -1.59 | 0.40 | 0.15 | 17.35** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Collective coping | -0.01 | 0.01 | -0.07 | -1.00 | 0.40 | 0.00 | 1.00 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-13 Effect of collective coping on the stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|----------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.43 | 0.06 | 0.54 | 7.42** | | | | |
| Collective coping | -0.13 | 0.13 | -0.07 | -0.99 | 0.33 | 0.26 | 27.67** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Collective coping | -0.01 | 0.01 | -0.05 | -0.66 | 0.33 | 0.00 | 0.54 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-14 Effect of ritual-centered coping on stress and externalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|---------------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -1.22 | 0.18 | -0.50 | -6.92** | 0.25 | 0.25 | 47.88** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.25 | 0.05 | 0.34 | 4.83** | | | | |
| Ritual-centered coping | 0.54 | 0.28 | 0.13 | 1.91 | 0.40 | 0.15 | 18.04** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Ritual-centered coping | 0.03 | 0.02 | 0.09 | 1.36 | 0.41 | 0.01 | 1.85 | 1,141 |

Note: * $p < .05$; ** $p < .01$

Table 4-15 Effect of ritual-centered coping on stress and internalizing behavior

| Step and variable | <i>B</i> | SE <i>B</i> | β | <i>t</i> | R^2 | ΔR^2 | ΔF | df |
|---------------------------------|----------|-------------|---------|----------|-------|--------------|------------|-------|
| Step 1 | | | | | | | | |
| Social desirability | -0.70 | 0.21 | -0.26 | -3.25** | 0.07 | 0.07 | 10.54** | 1,144 |
| Step 2 | | | | | | | | |
| Stress | 0.42 | 0.06 | 0.52 | 6.95** | | | | |
| Ritual-centered coping | 0.04 | 0.33 | 0.01 | 0.13 | 0.33 | 0.26 | 27.01** | 2,142 |
| Step 3 | | | | | | | | |
| Stress x Ritual-centered coping | 0.04 | 0.03 | 0.11 | 1.48 | 0.34 | 0.01 | 2.91 | 1,141 |

Note: * $p < .05$; ** $p < .01$

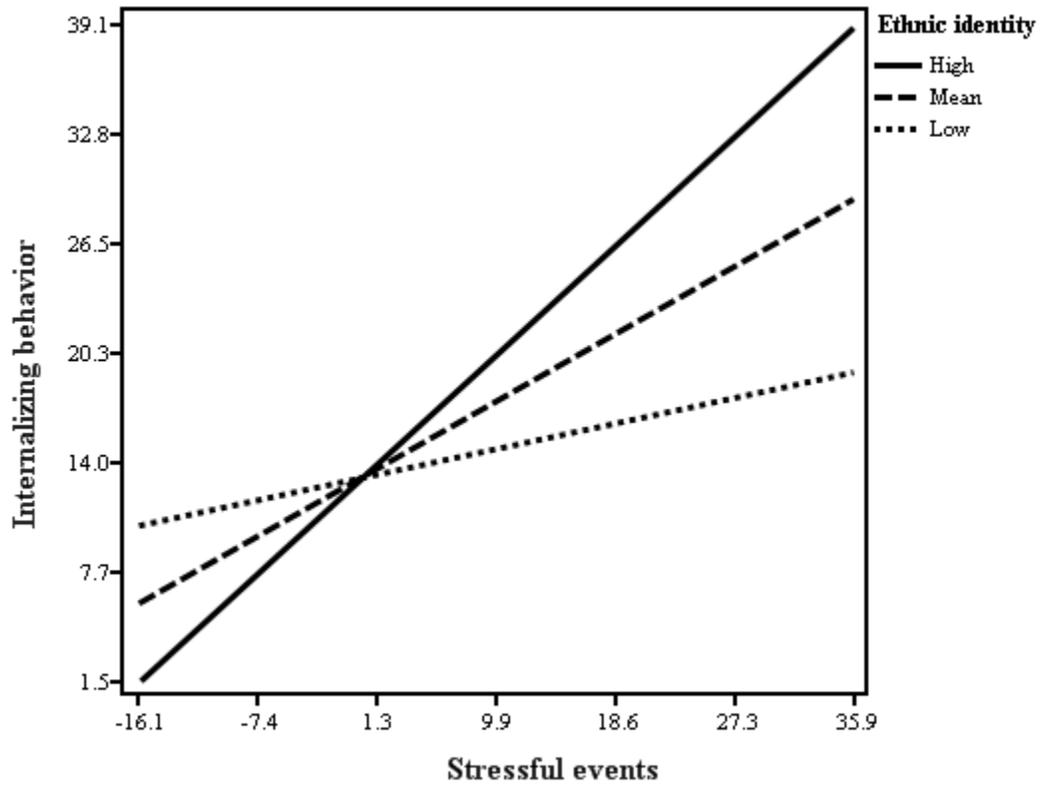


Figure 4-1 Ethnic identity

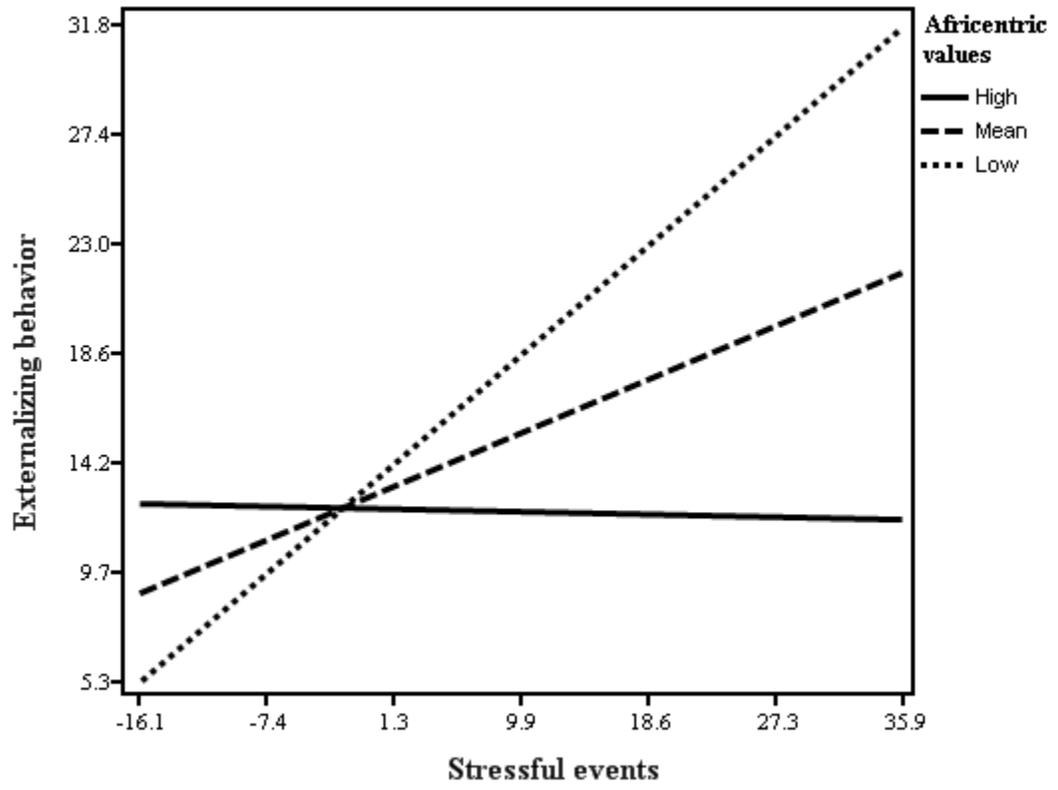


Figure 4-2 Africentric values

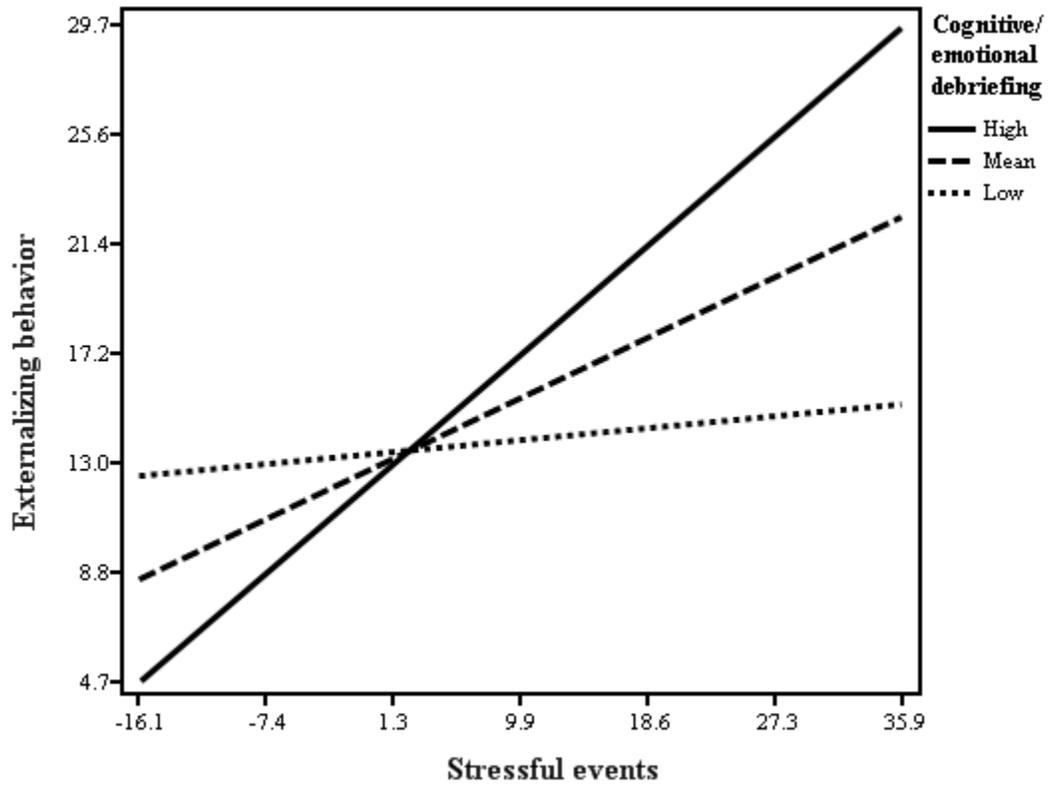


Figure 4-3 Cognitive/emotional debriefing

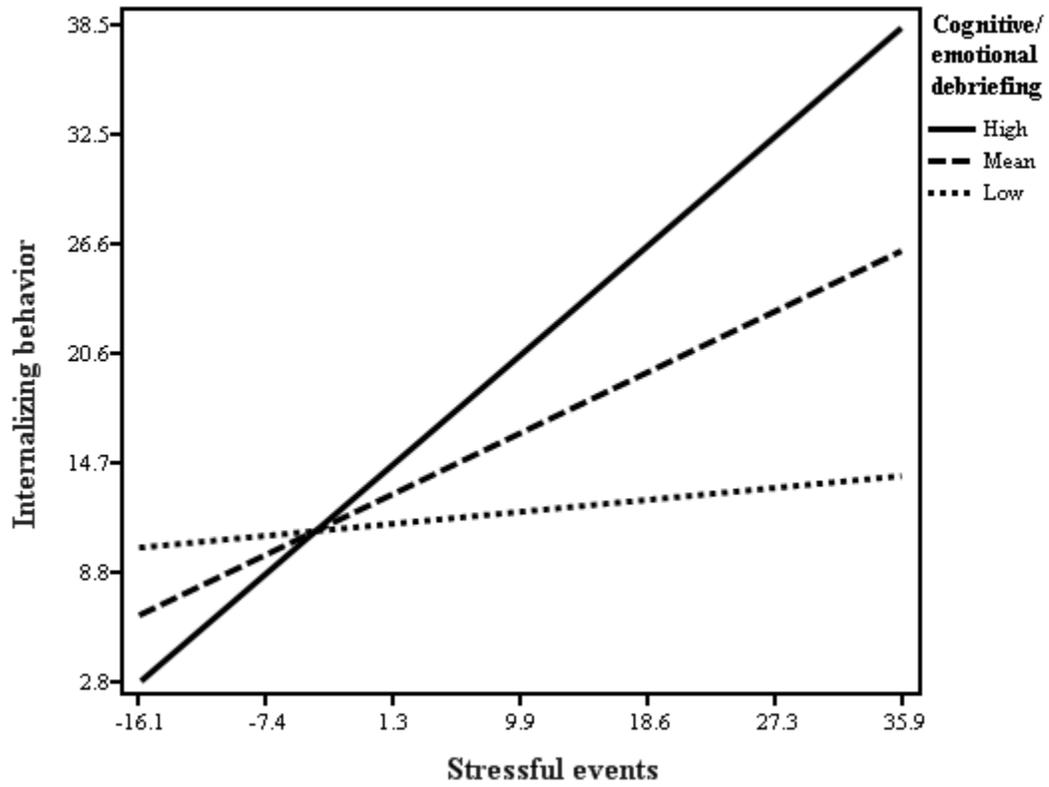


Figure 4-4 Cognitive/emotional debriefing

CHAPTER 5 DISCUSSION

The purpose of this study was to explore culture-specific factors that moderate the relationship between stress and internalizing (i.e. anxiety/depression, withdrawn behavior, and somatic complaints) and externalizing behaviors (i.e. rule-breaking behavior and aggression) among Black adolescents. The ultimate objective of this study was to identify culture-related protective factors for African American adolescents. The specific factors investigated in this study included ethnic identity, Africentric values, and Africultural coping styles (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping). This study also examined whether age, gender, current grade level, and socioeconomic status were significantly associated with Black adolescents' levels of stress, externalizing behaviors, internalizing behaviors, ethnic identity, Africentric values, and Africultural coping styles. This chapter will provide a summary of the study's findings and interpretations of the results. In addition, the implications of the research, limitations of the current study, and future research directions will be addressed.

The theoretical foundation for the current study was the Multicultural Model of Stress proposed by Slavin, et al, (1991). In sum, this model asserts that the role of culture-specific variables must be considered when exploring how stress may affect adaptive outcomes in ethnic minority populations. Based on this model, the present study considered the social embeddedness of the individual by examining culture-relevant dimensions of the stress process. The current research specifically examined (a) whether ethnic identity moderates the relationship between stress and externalizing or externalizing behavior, (b) whether Africentric values moderates the relationship between stress and externalizing or externalizing behavior, and (c)

whether Africentric coping style moderates the relationship between stress and externalizing or externalizing behavior.

Summary and Interpretation of the Descriptive Mean and Correlation Data

The sample in this study reported coping style levels that tended to be lower than the norm mean (Utsey, et al., 2000) and ethnic identity levels that tended to be higher than the norm mean (Phinney, 1992). Additionally, the frequency of stressful events and levels of internalizing and externalizing behavior seem to be lower given the possible score ranges, while levels of Africentric values seem higher given the possible range of scores. It is possible that social desirability partly accounts for the lower frequency of externalizing and internalizing behaviors. In addition, participation in academic enrichment programs consisting of predominantly African American adolescents may foster higher levels of ethnic identity and Africentric values.

The exploration of relationships among the investigated variables revealed both expected and unexpected results. As anticipated, a strong positive relationship existed between stressful events and externalizing and internalizing behavior, consistent with previous studies (Jackson & Warren, 2000; Hoffman & Su, 1997; Vaux & Ruggiero, 1983; Dornbusch, et al., 1991). However, the analyses unexpectedly indicated that higher levels of stressful events was significantly associated with higher levels of cognitive/ emotional debriefing, spiritual-centered coping, and ritual-centered coping. In addition, higher levels of ritual-centered coping were significantly associated with higher levels of externalizing behavior while higher levels of cognitive/emotional debriefing was significantly associated with higher levels of internalizing behavior. While unexpected, the relationship between coping styles and stressful events are consistent with the research of Pierre (2002) in which cognitive/emotional debriefing and ritual-centered coping were positively associated with psychological distress in a sample of African American adult males.

The significant positive relationships found between the two coping styles (i.e. cognitive/emotional debriefing and ritual-centered coping) and psychological distress may be attributed to several issues. First, cognitive/emotional debriefing reflects a coping style similar to avoidance. This domain of coping represents an adaptive reaction to environmental stress and reflects a basic level of survival thrust. Second, there is the possibility that severe, major life events may elicit avoidant coping in urban youth. This coping may have short-term benefits as it provides temporary relief, but it may be less effective in protecting against ongoing stress. Third, ritual-based coping is not perceived as an active, problem-focused coping style. Therefore, such coping may not adequately assist in decreasing psychological symptoms. It is difficult to ascertain whether psychological symptoms (i.e. internalizing and externalizing behavior) are dependent on Africultural coping style or whether the use of Africultural coping style increases level of psychological symptoms. While not viewed negatively in an Africentric worldview, future research should further investigate the relationship of cognitive/emotional debriefing and ritual-centered coping with psychological symptoms.

Summary and Interpretation of the Hypotheses and Research Question Results

Hypothesis one proposed that ethnic identity will moderate the relationship between stress and psychological symptoms (i.e. internalizing behaviors and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of ethnic identity. This hypothesis was partially supported as ethnic identity was found to have a moderating effect on the relationship between stressful events and internalizing behavior but not on the relationship between stressful events and externalizing behavior. More specifically, results from the analyses to test hypothesis one indicated that the strength of relationship between stressful events and internalizing behavior was weakest at lower levels of ethnic identity than at higher levels. While ethnic identity did not buffer the effects of stressful events on externalizing behavior as

hypothesized, the current study did reveal that higher levels of ethnic identity was significantly correlated with lower levels of externalizing behavior.

It should be noted that the total score on the ethnic identity measure used in this study does not have a direct correlation to the stages of development as proposed in Phinney's theory (1992). Moreover, college students scored higher than high school-aged adolescents on this dimension of ethnic identity in a study conducted by Phinney (1992), indicating the developmental nature of ethnic identity achievement. While the current sample indicated high total scores on the ethnic identity measure, it is difficult to conclude that the sample has reached the stage of identity achievement. Phinney and Chavira (1996) indicated that ethnic identity achievement is initiated between 16 and 19 years of age. The average age of the participants in this study was 15.6, suggesting that the African American adolescents in this study may still be in the process of developing a secure sense of self with regards to their ethnic group. In addition, the measure used to assess ethnic identity is a universal measure of ethnic identity. It is possible that a measure that assesses ethnic identity specifically among African Americans may have produced different results. Future research should explore the role of the different dimensions of ethnic identity in the relationship between stress and psychological symptoms.

Hypothesis two proposed that Africentric values will moderate the relationship between stress and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of Africentric values. Partial support for this hypothesis was shown as Africentric values served as a moderator in the relationship between stressful events and externalizing behavior but did not moderate the relationship between stressful events and internalizing behavior. As level of Africentric values increased, the effect of stressful events on externalizing behavior decreased. This finding

emphasizes how adherence to the values of collective work and responsibility, cooperative economics, and self-determination serves as a protective factor against the effects of stressful events on externalizing behavior. These results are consistent with other studies highlighting that the endorsement of African-centered principles serves as a protective factor against negative outcomes (Jagers & Mock, 1993; Nasim, Belgrave, Jagers, Wilson, & Owen 2007). However, Africentric values did not moderate the relationship between stressful events and internalizing behavior as hypothesized. It is possible that adherence to Africentric values is protective against rule-breaking behavior and aggression rather than internalized stress expressed through anxiety/depression, withdrawal, or somatization. The dimension of collective work and responsibility emphasizes having a sense of responsibility for one another and working towards family and community development. As a result, individuals may be less likely to engage in behavior that reflects negatively on the group, such as aggressive or rule-breaking behaviors. It should also be noted that the measure used in the current study, the Children's Africentric Values Scale (Belgrave, et al., 1997), assesses only three of the seven principles of the Nguzo Saba (Karenga, 1977). Therefore, the remaining four principles of the Africentric paradigm (i.e. unity, purpose, creativity, and faith) are not represented in the current study. These other principles should be investigated to determine their roles in the stress resilience process.

Hypothesis three proposed that level of each Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping) will moderate the relationship between stress and psychological symptoms (i.e. internalizing and externalizing behaviors) such that the strength of the relationship is lessened for youth who report higher levels of the investigated Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered

coping). Results of the data analyses to test hypothesis three indicated that cognitive/emotional debriefing moderated the relationship between stressful events and externalizing and internalizing behavior. More specifically, the strength of the relationship between stressful events and psychological symptoms (i.e. externalizing and internalizing behavior) was weakest at lower levels of cognitive/emotional debriefing. This finding suggests that the use of avoidance and/or distraction coping strategies may initially serve as protective factor for African American youth as found by Grant, et al. (2000). The current study indicated that coping strategies that are more problem-focused might not be as immediately adaptive in the context of the stressful events experienced by urban African American youth. The stressors experienced by this population may be perceived as uncontrollable and therefore, permit the use of more avoidant and detached coping strategies. While this coping style may be viewed as negative within a Western worldview, these behaviors reflect a component of survival thrust in an Africentric framework. It should also be noted that the benefits of cognitive/emotional debriefing may be short-term in moderating the relationship between stressful events perceived as uncontrollable and psychological symptoms (Grant, et al., 2000). As use of cognitive/emotional debriefing strategies increases, its effectiveness on weakening the effect of stress may also be diminished. Therefore, longitudinal research may better assist in the understanding of the potential moderating effect of this Africultural coping style over time.

The other coping domains of Africultural coping style did not reveal any moderating effects, demonstrating lack of support for hypothesis three. The participants in the current study exhibited scores lower than the norm mean for each of the Africultural coping styles (Utsey, et al., 2004). Given the difficulty in detecting moderating effects with nonexperimental research (McClelland & Judd, 1993), it is possible that moderating effects would be revealed with greater

statistical power, greater use of the coping styles, and/or larger sample sizes. Furthermore, each Africultural coping style was found to have a significant positive relationship with stressful events, such that as level of stressful events increased, so did implementation of each Africultural coping style. However, due to the inability to determine causality in the investigated relationships, it is unknown whether frequency of stressful events facilitates greater use of Africultural coping styles or whether the use of these Africultural coping styles increases frequency of stressful events.

In each of the hierarchical multiple regression analyses conducted to test the research hypotheses, only stressful events emerged as a predictor of both externalizing and internalizing behavior. This finding indicates that ethnic identity, Africentric values, and Africultural coping style do not predict psychological symptoms among African American youth in this sample. However, the predictive aspect of stressful events in the development of psychological symptoms calls for greater research on the moderating and mediating factors that lessen the strength of the relationship between stress and psychological symptoms (i.e. externalizing behavior and internalizing behavior).

The research question asked whether there is a significant difference in level of ethnic identity, level of Africentric values, level of each Africultural coping style (i.e. cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping), quantity of stressful events, or level of psychological symptoms (i.e. internalizing and externalizing behaviors) in association with age, gender, current grade level, and socioeconomic status. Findings from the analyses revealed that there was a significant difference in internalizing behavior scores in association with gender. More specifically, female participants reported

significantly higher levels of internalized behaviors than male participants. This finding is consistent with previous research (Grant, et al., 2000).

Limitations of Study

Some limitations must be considered when interpreting the results of the current study. These limitations can be categorized into four groups: sampling, administration, instrumentation, and research design.

First, several sampling concerns must be noted. The small sample size is a necessary consideration. Only 146 students fully participated in the study, representing a thirty-eight percent response rate. This response rate is low in comparison to other studies utilizing an urban African American adolescent population (Bolland, Lian, & Formichella, 2005; Palapattu, Kingery, & Ginsburg, 2006; Fitzpatrick, Dulin, & Piko, 2007). In addition, the participants were not randomly selected in this study. Inclusion criteria were being male or female, being a Black adolescent, and being enrolled in a grade level between ninth and twelfth grade. Participants were selected from academic enrichment programs located in urban areas of a southeastern state. The majority of the students, 66%, qualified for free- or reduced fee lunch, indicating a high representation of individuals with low socioeconomic status. While the study presents valuable information, this information is not generalizable to the Black adolescent population. The current study should be replicated with a larger sample, across geographical regions, and with various socioeconomic groups.

Second, administration of the assessment battery may have negatively impacted the results of this study. While the study controlled for the order effect by randomly ordering the instruments in the Assessment Battery, the length of time required to complete the packets may have impacted participant responses. It is estimated that it took approximately forty to fifty

minutes to complete the instruments. Indeed, the number of instruments and length of completion time may have facilitated a fatigue factor.

Third, the instruments used in the current study have not been widely used in the resilience research. More specifically, the Africultural Coping Systems Inventory (Utsey, et al., 2000) and the Africentric Values Scale for Children (Belgrave & Townsend, 1997) have only been employed in a few studies. While these instruments are two of the very few measures exploring the domains of Africentric values and Afrocentric coping styles, more studies utilizing these specific instruments are needed.

Fourth, the research design of the study presents a limitation. While the study answers the call for more research exploring variables that moderate the relationship between stress and psychological symptoms (Grant, et al., 2000), the cross-sectional design does not permit long-term investigation of the studied variables. For example, levels of ethnic identity, Africentric values, and Africentric coping may fluctuate over time. Research that is longitudinal and developmental in nature may further assist in determining the specific relationship between the investigated factors, stressful events, externalizing behavior, and internalizing behavior. Additionally, the current study explored emotional and behavioral resilience among a sample of African-American adolescents. Future research should explore additional indicators of resilience, such as school performance, health lifestyle, interpersonal relationships, and academic performance in relation to cultural factors. It should also be noted that the present study relied solely on the use of self-report measures. This monomethod approach to data collection may have been impacted by several confounding variables, such the presumption of knowledge regarding the variables of interest. In addition, social desirability had a significant impact on self-reported externalizing behavior, internalizing behavior, and stressful events. In efforts to

decrease monomethod bias and the negative impact of socially desirable responses, it is suggested that future investigators gather data from multiple sources and employ qualitative methods such as parent and teen interviews.

Conclusion

The current research is a valuable contribution to the dearth of published research on resilience among ethnic minority youth as is it rooted in a prevention framework (i.e. a strengths-based approach to decreasing the likelihood of a negative outcome). Intervention and prevention programs may be more effective in combating the negative effects of stress among African American youth by incorporating a cultural enrichment component. More specifically, such programs should perhaps focus on the promotion of adherence to traditional Africentric values in efforts to protect youth from the harmful outcomes associated with stress.

Resilience-focused programs with an Africentric worldview as a foundation may entail several dimensions. Interventions should be aimed at fostering respect for elders, interdependence, independence, a sense of belonging, and relationship building. Programs may integrate a rites of passage component that involves self-exploration, bonding experiences, and collective learning. Adolescents may be presented with the opportunity to learn about African history, philosophy, and spiritual life. Efforts to promote adherence to Africentric values may lead to better outcomes among African American adolescents.

The current study also provides useful information for mental health providers working with urban African American adolescents. Therapy that recognizes and employs the principles of Nguzo Saba (Karenga, 1988) may be beneficial as the values of an Africentric worldview guide service provision. The current research findings lend support to implementation of such modalities as NTU psychotherapy proposed by Phillips (1990). The foundation of NTU therapy stresses harmony, balance, interconnectedness, cultural awareness, and authenticity. It is also

based upon the principles of Nguzo Saba (Karenga, 1988) and acknowledges the mind, body, spirit connection. Implementation of such treatment modalities may prove beneficial when providing mental health treatment to African American adolescents.

Given the association between externalizing behavior and academic underachievement among adolescents (Hinshaw, 1992), further exploration regarding the protective role of an Africentric worldview may lead to more effective school-based interventions. By creating a educational experience that is culturally affirming for African American students, academic success rather than academic failure may be facilitated by buffering the effects of stress on externalizing behavior. For example, an Africentric curriculum has been adopted or integrated by several schools in efforts to promote a more conducive learning environment (Asante, 1991). Students are given the opportunity to increase sense of cultural pride, learn more about African American history, and develop awareness of social injustices. More specifically, incorporation of Africentric values places African American students within the context of their own culture. By incorporating aspects of the Africentric worldview into school instruction, teachers may experience greater behavioral outcomes for African American students.

Intervention efforts that adequately reflect the targeted group facilitate greater acceptance and effectiveness of these efforts. Resilience research that incorporates the role of culture-specific factors assists in the identification of variables that may improve the effectiveness of existing prevention programs and contribute to the development of new programs.

Despite the limitations of the current study, the findings contribute to the discourse on the role of culture in resilience. In addition, the current study advances the research on resilience among African American adolescents as attention is given to the moderating effects of cultural variables in relation to stress-related risks. While traditional research has focused on the deficits

of African American youth, the current study sought to identify protective factors that foster positive outcomes for a sample of this “at-risk” population. The current study is based on a theoretical framework that recognizes culture in the manifestation of stress, highlighting the need to consider the cultural experiences and attitudes of youth. This research should serve as inspiration for more culture-based resilience research in efforts to improve the prevention and intervention approaches aimed at promoting the psychological wellbeing African American adolescents. It is through the exploration and systematic study of culture and related protective factors that a greater understanding of the risk and resilience processes among African American youth is gained.

APPENDIX A
PARENTAL INFORMED CONSENT FORM

Dear Parent or Guardian,

My name is Erin Jackson and I am a graduate student at the University of Florida. Today, I am inviting your teen to join me in a study exploring how teens succeed even though they experience much stress. I am interested in their feelings, experiences, and the ways they handle stress. The study may not directly help your teen but may benefit future teenagers. Results of my study may lead to programs that help teens be successful even when they feel stressed a lot.

If your teen participates in my research study, she or he will complete questionnaires about personal attitudes, beliefs, and behaviors. Your teen's name will not be written on the questionnaires so that her or his responses will be kept confidential. Each packet of questionnaires will have a code number on it instead of using your teen's name. Only I will be able to see the completed questionnaires. Each participant will sign her or his name on a list to show that she or he participated in the study. This list will be given directly to me. It will take about one hour to complete the questionnaires.

Your teen's participation is completely voluntary, and she or he may stop participating at any time. Participation is not required for your child's placement in any program. If your teen decides to stop participating, there will be no negative consequences for doing so. She or he can just throw away the uncompleted questionnaires.

There are no expected risks or benefits related to my study. There is no financial compensation for participation. Participants will be given a pizza party as an incentive for participation. Findings from this study will be summarized in a letter that will be given to your teen to give to you. These findings will be for all student participants so that findings for your teen or any other cannot be known.

If you have any questions about the study, please contact me, Erin S. Jackson, or my doctoral committee chairperson, Dr. Carolyn Tucker, at (352) 392-0601, extension 260. Questions or concerns about your teen's rights as a research participant may be addressed to the UF Institutional Review Board, University of Florida, Box 112250, Gainesville, Florida, 32611, (352) 392-0433.

Agreement:

I freely agree for my teen, _____, to participate in this research.

Please print your teen's name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please sign and return this form with your teen. A second copy is provided for you to keep.

APPENDIX B
TEEN ASSENT FORM

My name is Erin S. Jackson. Today, I am inviting you to join me in a study exploring how teens succeed even though they feel much stress. I am interested in your feelings, experiences, and the ways you handle stress. The study may not directly help you but may benefit future teenagers. Results of my study may lead to programs that help teens be successful even when they feel stressed a lot.

This study is not a measure of intelligence. It is simply a measure of your feelings, beliefs and experiences. There are no right or wrong answers. The questionnaires will take about one hour to complete and your answers will be confidential. You will not place your name on the questionnaires that you complete. Each packet of questionnaires will have a code number on it instead of using your name. Only I will be able to see the completed questionnaires so none of your family members or program staff will see your answers. You will also not get into any trouble for your answers.

There are no anticipated risks or benefits related to your participation in this study. Some of the questions do ask about behaviors such as drug use or other illegal activities. I will be available after you hand in your questionnaires to discuss any discomfort you may feel because of this research and to give you the names of local sources of support if wanted. You do not have to answer any question you do not wish to answer. You will have the right to end your participation at any time without any negative consequences. If you stop participating, just throw away the uncompleted questionnaires. Participation is not required for your placement in any program. You also have the right to ask me any questions about this study.

There is no financial compensation for participating in the study. Participants will be given a pizza party.

Findings from this study will be summarized in a letter that will be given to you. These findings will be for all student participants so that findings for you or any other cannot be known.

If you have any questions about the study, please contact me, Erin S. Jackson, or my doctoral committee chairperson, Dr. Carolyn Tucker, at (352) 392-0601, extension 260. Questions or concerns about rights as a research participant may be addressed to the UF Institutional Review Board, University of Florida, Box 112250, Gainesville, Florida, 32611, (352) 392-0433.

Please sign below if you have read the procedure described above and would like to participate in this study.

Please print your name

Please sign your name

Date

Please sign and return this form to Erin Jackson. A second copy is provided for you to keep.

APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

Please provide the requested information by writing in or shading in your answer.

Age: _____

Gender:

- Male
- Female

Ethnicity:

- African American
- Caribbean
- Latino/Hispanic – Black
- Other (Please specify _____)

Current grade level:

- Ninth grade
- Tenth grade
- Eleventh grade
- Twelfth grade
- Other (Please specify _____)

Have you ever repeated a grade?

- Yes
- No

Do you qualify for the following?

- Reduced-fee lunch
- Free lunch
- None of the above

Who resides in your home? Check all that apply.

- Mother or mother figure
- Father or father figure
- Sister(s): how many? _____
- Brother(s): how many? _____
- Aunt(s): how many? _____
- Uncle(s): how many? _____
- Grandparent(s): how many? _____
- Other relative(s) (Please specify _____)
- Other (Please specify _____)

APPENDIX D
MULTICULTURAL EVENTS SCHEDULE FOR ADOLESCENTS

Here are some events that sometimes happen to teenagers. Please indicate whether each of the following events have happened to you in the past 3 months.

| | | 1 - happened | 2 - did not happen |
|-----|--|--------------------------|--------------------------|
| | | 1 | 2 |
| 1. | Family members, relative, or step-parents moved in or out of your house. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Someone you live with got pregnant or had a baby. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Your family moved to a new home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | You moved far away from family or friends. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | You broke up with your boyfriend / girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | You got pregnant or had a baby or got your girlfriend pregnant. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Your parent lost a job. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | You changed schools. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | You lost your pet or your pet died. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | You were seriously ill or injured. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | A close family member was seriously ill or injured. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | A close family member died. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | A close friend died. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Your parents separated or divorced. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | You got a new guardian or step-parent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Your home was damaged by fire, accident, or natural disaster (i.e. bad storm). | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | People from the government (Immigration, Welfare, Police, etc.) investigated someone in your family. | <input type="checkbox"/> | <input type="checkbox"/> |

1 - happened
2 - did not happen

- | | 1 | 2 |
|--|--------------------------|--------------------------|
| 18. You were pressured to do drugs, smoke or drink alcohol. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. You were pressured against your will to join a gang. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Someone stole something valuable from you (more than \$5). | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Your parent(s) got upset at you for not participating in the family ' s cultural or religious traditions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. You heard gunshots fired at your school or in your neighborhood. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. You did poorly on an exam or school assignment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. You were unfairly accused of doing something bad because of your race or ethnicity. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. A close family member or someone you live with got drunk or high. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. You saw someone carrying a weapon. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Your parent was upset because he or she could not find work. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. You had to wear clothes that were dirty, worn out, or don ' t fit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Your parent(s) criticized you for speaking English. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Your close friend(s) got drunk or high. | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. People put you down for practicing the customs or traditions of your own race or ethnicity or country of origin. | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. A close family member or someone you live with had serious emotional problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. You saw someone being threatened with a knife or gun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. A teacher put you down for not speaking English well. | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Other kids put you down for not speaking English well. | <input type="checkbox"/> | <input type="checkbox"/> |

1 - happened
2 - did not happen

- | | 1 | 2 |
|---|--------------------------|--------------------------|
| 36. A close family member or someone you live with participated in gang activity. | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Someone close to you was threatened with a knife or gun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. You were excluded from a group because of your culture or race. | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Your parent(s) talked about having serious money problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. You had to translate for one of your parents who does not speak English. | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Your family had to stay in a homeless shelter or public place. | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Your friends criticized you for hanging out with other ethnic or racial groups. | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Someone close to you was shot or attacked. | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Other kids made fun of the way you look. | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. A friend that you trusted did not keep a secret. | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. You had a major failure in sports or an extracurricular activity. | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. You were not chosen for a team or activity that you wanted to join. | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Your parent(s) criticized you for hanging out with people of a different race or culture. | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Your boyfriend / girlfriend dumped you or cheated on you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. You heard people say bad things or make jokes about your culture or race. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. You were physically attacked by someone <u>not</u> in your family. | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Things in your home did not work the way they should (no water, no electricity, things falling apart, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. You liked someone who didn't like you. | <input type="checkbox"/> | <input type="checkbox"/> |

1 - happened
2 - did not happen

- | | 1 | 2 |
|---|--------------------------|--------------------------|
| 54. You had a serious disagreement with your mom ' s boyfriend or dad ' s girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Other members of your family (or people you live with) had a serious disagreement or fight. | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. People in your family accused you of not being proud of your culture or race. | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. You had a disagreement or fight with a close friend. | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. You had a disagreement with a teacher or principal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. You had to spend time away from your family because of family problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Other kids wanted to fight with you or tried to fight with you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. You were called a racial name that was a put down. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Members of your family hit or hurt each other. | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. You had a hard time doing things because you don't speak English well. | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. A close friend had a serious emotional problem. | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. A teacher or principal criticized you or tried to embarrass you in front of other students. | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Members of your family refused to speak to each other. | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Your parent did not do something he or she promised. | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Someone broke into your home or damaged it. | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. You had to work to support other family members. | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. You could not buy yourself something important because your family did not have enough money. | <input type="checkbox"/> | <input type="checkbox"/> |

1 - happened
2 - did not happen

- | | 1 | 2 |
|--|--------------------------|--------------------------|
| 71. You were pressured about having sex. | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. You saw another student treated badly or discriminated against because of his/her race/ethnicity. | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Your parents had a serious disagreement or fight with each other. | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Your mom had a serious disagreement or fight with a boyfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Family members could not go someplace they needed to go (work, school, doctor, etc.) because they had no transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. You were threatened with a knife or gun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Your parent(s) acted badly in front of your friends (yelled at them, criticized them, or was drunk in front of them). | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. A close family member or someone you live with committed a crime, got in trouble with the law, or was sent to jail. | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. You had to go without a meal because your family did not have enough money. | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. You saw someone get shot or attacked. | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. You had to do almost all the cooking, cleaning, or childcare in your home because your parent(s) had to work. | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. You saw someone commit a crime (e.g., stealing, selling drugs, etc.) in your neighborhood. | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX E
YOUTH SELF-REPORT

Below is a list of items that describe kids. For each item that describes you now or within the past six months, please fill in the 2 if the item is very true or often true for you. Fill in the 1 if the item is somewhat or sometimes true of you. If the item is not true of you, fill in the 0.

0 – Not true
1 – Somewhat or sometimes true
2 – Very true or often true

| | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 1. I act too young for my age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I drink alcohol without my parent's approval. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I argue a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I fail to finish things that I start. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is very little that I enjoy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I like animals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I brag. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have trouble concentrating or paying attention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I can't get my mind off certain thoughts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I have trouble sitting still. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I'm too dependent on adults. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I feel lonely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel confused or in a fog. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I cry a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I am pretty honest. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I am mean to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 – Not true
1 – Somewhat or sometimes true
2 – Very true or often true

| | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 17. I daydream a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I deliberately try to hurt or kill myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I try to get a lot of attention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I destroy my own things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I destroy things belonging to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I disobey my parents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I disobey at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I don't eat as well as I should. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I don't get along with other kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I don't feel guilty after doing something I shouldn't. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I am jealous of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I break rules at home, school, or elsewhere. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I am afraid of certain animals, situations, or places, other than school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I am afraid of going to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I am afraid I might think or do something bad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I feel that I have to be perfect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. I feel that no one loves me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. I feel that others are out to get me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I feel worthless or inferior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 – Not true
1 – Somewhat or sometimes true
2 – Very true or often true

| | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 36. I accidentally get hurt a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. I get in many fights. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. I get teased a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. I hang around with kids who get in trouble. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. I hear sounds or voices that other people think aren't there. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. I act without stopping to think. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. I would rather be alone than with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. I lie or cheat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. I bite my fingernails. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. I am nervous or tense. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Parts of my body twitch or make nervous movements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. I have nightmares. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. I am not liked by other kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. I can do certain things better than most kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. I am too fearful or anxious. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. I feel dizzy or lightheaded. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. I feel too guilty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. I eat too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. I feel too tired without good reason. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. I am overweight. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

56. Physical problems without known medical cause:

- a. Aches or pains (not stomach or headaches)
- b. Headaches
- c. Nausea, feel sick
- d. Problem with eyes (not if corrected by glasses)
- e. Rashes or other skin problems
- f. Stomachaches
- g. Vomiting, throwing up
- h. Other

57. I physically attack people.

58. I pick my skin or other parts of my body.

59. I can be pretty friendly.

60. I like to try new things.

61. My school work is poor.

62. I am poorly coordinated or clumsy.

63. I would rather be with older kids than kids my own age.

64. I would rather be with younger kids than kids my own age.

65. I refuse to talk.

66. I repeat certain acts over and over.

67. I run away from home.

68. I scream a lot.

69. I am secretive or keep things to myself.

70. I see things that other people think aren't there.

0 – Not true
1 – Somewhat or sometimes true
2 – Very true or often true

| | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 71. I am self-conscious or easily embarrassed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. I set fires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. I can work well with my hands. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. I show off or clown. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. I am too shy or timid. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. I sleep less than most kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. I sleep more than most kids during day and/or night. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. I am inattentive or easily distracted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. I have a speech problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. I stand up for my rights. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. I steal at home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. I steal from places other than my home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. I store up too many things I don't need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. I do things other people think are strange. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. I have thoughts that other people would think are strange. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. I am stubborn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. My moods or feelings change suddenly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. I enjoy being with people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. I am suspicious. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. I swear or use dirty language. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 91. I think about killing myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. I like to make others laugh. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. I talk too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. I tease others a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. I have a hot temper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. I think about sex too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. I threaten to hurt people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. I like to help others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. I smoke, chew, or sniff tobacco. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. I have trouble sleeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. I cut classes or skip school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. I don't have much energy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. I am unhappy, sad, or depressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. I am louder than other kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. I use drugs for nonmedical purposes (don't include alcohol or tobacco) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. I like to be fair to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. I enjoy a good joke. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. I like to take life easy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. I try to help other people when I can. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. I wish I were of the opposite sex. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. I keep from getting involved with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. I worry a lot. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX F
MULTIGROUP ETHNIC IDENTITY MEASURE

In this country, people come from a lot of different cultures and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Mexican-American, Hispanic, Black, Asian-American, American Indian, Anglo-America, and White. Every person is born into an ethnic group, and sometimes two groups, but people differ on how important ethnicity is to them, how they feel about it, and how much their behavior is affected by it. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in:

In terms of ethnic group, I consider myself to be _____.

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

4 – Strongly agree
3 – Somewhat agree
2 – Somewhat disagree
1 – Strongly disagree

| | | | |
|-------------------|---|---|----------------------|
| 4 | 3 | 2 | 1 |
| Strongly Agree | | | Strongly Disagree |

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am active in organizations or social groups that include mostly members of my own ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have a clear sense of my ethnic background and what it means for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I think a lot about how my life will be affected by my ethnic group membership. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am happy that I am a member of the group I belong to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am not very clear about the role of my ethnicity in my life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 – Strongly agree
 3 – Somewhat agree
 2 – Somewhat disagree
 1 – Strongly disagree

| | 4 Strongly Agree | 3 | 2 | 1 Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|---------------------------|
| 7. I really have not spent much time trying to learn more about the culture and history of my ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have a strong sense of belonging to my ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I understand pretty well that my ethnic group membership means to me, in terms of how to relate to my own group and other groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have a lot of pride in my ethnic group and its accomplishments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I participate in cultural practices of my own group, such as special food, music, or customs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel a strong attachment towards my own ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I feel good about my cultural or ethnic background. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX G
CHILDREN'S AFRICENTRIC VALUES SCALE

These statements are about your feelings and thoughts. Please let us know how you feel. Please shade the box for the number describing how you feel.

1 – Yes
2 – Not sure
3 – No

| | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|
| 1. When problems are solved in the community, everyone should benefit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Families, schools, and communities should work together to improve themselves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Black people should treat each other as brothers and sisters. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Decisions that affect the Black community should be made by African Americans and not people of other races. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. African Americans must decide what is best for their own people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. African Americans should work together to make their communities great. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Everyone in the community should help to solve community problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. African Americans should always try to help African Americans in need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When possible, Black people should spend their money in Black-owned stores and shops.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Black people should create more jobs for Black community by starting their own businesses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. African Americans should not let anyone stop them from achieving their goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. We should work to make our neighborhoods look nicer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. People should use creative talents to help improve the community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Our parents, teachers, and community leaders should look out for our best interest. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX H
AFRICULTURAL COPING SYSTEMS INVENTORY

Think of a stressful situation you experienced within the past week or so. Write a brief description of that situation.

Now, respond to the following statements about how you responded to the stressful situation using the scale below.

0 – Does not apply or Did not use
1 – Used a little
2 – Used a lot
3 – Used a great deal

- | | 0 | 1 | 2 | 3 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Prayed that things would work themselves out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Got a group of family or friends together to help with the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shared your feelings with a friend or family member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Remembered what a parent (or other relative) once said about dealing with these kinds of situations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Tried to forget about the situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Went to church (or other religious meeting) to get help from the group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Thought of all the struggles Black people have had to endure, which gave you strength to deal with the situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. To keep from thinking about the situation, you found other things to keep you busy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sought advice about how to handle the situation from an older person in your family or community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 – Does not apply or Did not use
 1 – Used a little
 2 – Used a lot
 3 – Used a great deal

| | 0 | 1 | 2 | 3 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Read a scripture from the Bible (or similar book) for comfort and/or guidance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Asked for suggestions on how to deal with the situation during a meeting of your organization or club. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Tried to convince yourself that it was not bad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Asked someone to pray for you. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Spent more time than usual during group activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Hoped that things would get better with time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Read passage from a daily meditation book. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Spent more time than usual doing things with family and friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Tried to remove yourself from the situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Sought out people you thought would make you laugh. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Got dressed up in my best clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Asked for blessings from a spiritual or religious person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Helped others with their problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Lit a candle for strength or guidance in dealing with the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Sought emotional support from family and friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Burned incense for strength or guidance in dealing with the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Attended a social event (dance, party, movie) to reduce stress caused by the situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 – Does not apply or Did not use
1 – Used a little
2 – Used a lot
3 – Used a great deal

| | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 27.Sung a song to yourself to help reduce the stress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28.Used a cross or other object for its special powers in dealing with the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29.Found yourself watching more comedy shows on television. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30.Left matters in God’s hands. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX I
MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE

For each of the following statements, indicate whether you consider it to be true or false.

| | True | False |
|--|--------------------------|--------------------------|
| 1. I never hesitate to go out of my way to help someone in trouble. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I never intensely liked someone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I sometimes feel resentful when I don't get my way. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I like to gossip at times. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There have been times when I felt like rebelling against people in authority even though I feel they are right. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can remember "playing sick" to get out of something. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. There have been occasions when I took advantage of someone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I'm always willing to admit when I made a mistake. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I always try to practice what I preach . | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I sometimes try to get rather than forgive and forget. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When I don't know something, I don't mind admitting it at all. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I am always courteous, even to people who are disagreeable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. At times I have really insisted on having things my way. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. There have been occasions when I felt like smashing things. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I would never think of letting someone else be punished for my wrongdoings. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I never resent being asked to return a favor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I have never been irked when people expressed ideas very different than my own. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. There have been times when I was quite jealous of the good fortune of others. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I am sometimes irritated by people who ask favors of me. | <input type="checkbox"/> | <input type="checkbox"/> |

True False

20. I have never deliberately said something to hurt someone's feelings.

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BIOGRAPHICAL SKETCH

Erin S. Jackson was born in Charleston, South Carolina. She is the first daughter to Clarence and Yvette Jackson. Erin completed high school in Charleston, South Carolina, in 1994.

After graduating from high school, Erin attended Florida Agricultural and Mechanical University in Tallahassee, Florida. In 1998, she received her Bachelor of Science degree in psychology. Erin then entered the counseling psychology doctoral program at the University of Florida in Gainesville, Florida. In 2002, she received her Master of Science degree. While continuing to pursue her doctoral degree, Erin gained valuable experience working with youth in day treatment, residential substance abuse placement, and school-based mental health services. She was awarded the Ph.D. in May 2008. Erin strives to empower all youth to succeed despite the challenges of life.