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**AN EXAMINATION OF RACE-RELATED STRESS, AFRICAN
SELF-CONSCIOUSNESS, AND ACADEMIC INSTITUTION AS
PREDICTORS OF DEPRESSION AMONG AFRICAN AMERICAN
COLLEGIANS**

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Dedication

To my father, mother, brother, sisters, and my son; you are my greatest inspiration and motivation. I dedicate this to you.

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The University of Texas at Austin, 2017

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Scholars within the field of African/Black Psychology argue that racial oppression negatively impacts African American psychological well-being. A large body of research exists supporting the claim that race-related stress is associated with poor mental health outcomes. Some Black psychologists contend that African self-consciousness is central to healthy psychological functioning suggesting that disordered Black personality results from the impact of racism on African Americans' African self-consciousness. Lastly, when examining the psychosocial development of African American college students' researchers often make comparisons between student experiences based on Academic Institution. The current study utilized Pearson's correlations, hierarchical multiple regressions, and an independent samples T-test to investigate the roles that race-related stress, African self-consciousness and Academic Institution have on depression among African American collegians.

The sample consisted of 167 Black college students (117 women and

50 males) recruited from a Predominately White institution (PWI) (111 participants) and a Historically Black College/Institution (HBCU) (56 participants). Results revealed total race-related stress and cultural racism significantly predicted depression. Additionally, African self-consciousness (ASCS) moderated the relationship between individual racism and depression such that, higher levels of ASCS eliminated the relationship between individual racism and depression for this sample.

These findings suggest the need to further examine the unique impact of cultural, individual and institutional racism on mental health outcomes of African American collegians, along with various factors that influence these relationships. Implications of these findings for university personnel and mental health professionals are identified.

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CHAPTER 1

INTRODUCTION

In his text entitled *The Souls of Black Folk*, African American scholar W.E.B Du Bois details the internal mental struggle of African Americans through a collection of essays. He refers to this internal struggle between two ways of being as “double consciousness” and describes this popular theory of the Black psyche within his text by stating, “one ever feels his twoness, -- an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder” (Du Bois, 1903, p.5). Within his text, Du Bois defines the condition of Blackness as an internal battle existing within African Americans in which they try to navigate between two beings, their natural African being and the European dominant culture. This mental conflict exists due to the constant comparison of African Americans to European Americans which heavily dominates Western society. As such, there exists a belief within society that the African American race is inferior to the European American race, creating an inferiority complex within this population causing the inferior subject to desire to be the superior subject. Du Bois’s suggests that Blacks exist and are viewed only through the eyes of the White other; therefore, possessing no true Black consciousness, but rather a Black consciousness hidden behind a White gaze (Du Bois, 1903). Therefore, due to the years of oppression Blacks have faced and in an effort to achieve acceptance and status within a European dominated society, Blacks make the conscious effort to present themselves in a manner pleasing to Whites

disregarding any culturally compromising effects. Du Bois supports his theory of double-consciousness within the African American psyche through describing various experiences and encounters African Americans are exposed to within American society and how double consciousness plays a significant role in the interpretation and outcome of these lived experiences. Experiences such as access to education, health care, and various everyday life resources and opportunities which should be of equal opportunity to all mankind, have historically and continually posed great challenges to African Americans due to the condition of Blackness placed upon them by Western societal norms and practices.

Like Du Bois, psychiatrist and author Frantz Fanon suggests that a particular internal conflict exists within African Americans resulting from the societal condition of Blackness placed upon people of African descent living in Western society. In his text entitled *Black Skin, White Masks* he also details the oppression suffered by African Americans within Western society and defines the condition of Blackness as being a psychological state in which African Americans combine a sense of external and internal self-hate and desire to become the White other (Fanon, 1967). Like Du Bois, Fanon notes the societal view of the inferiority of the Black race and the ultimate role this view has on the Black lived experience. Fanon suggests that the influence of this view results in Blacks developing a sense of hatred for who they are on the outside and who they are on the inside, developing a desire to become the driving force that has instilled upon them this mentality of hate. He supports this view by describing how “not only must the black

man be black; he must be black in relation to the white man,” (Fanon, 1967, p.90) and stressing the idea that Blacks are slaves to their appearance. He would argue that the very definition of the Black condition within Western society is that of self-hate experienced by people of African descent. He argues that the Black condition develops into a pathology within a person of African descent living in a European dominated society by stating, “with the exception of a few misfits within the closed environment, we can say that every neurosis, every abnormal manifestation, every affective erethism in an Antillian is the product of his cultural situation” (Fanon, 1967, p.152). Thus, he argues that the very exposure to European culture establishes a sense of internalizing feelings of inferiority within people of African descent. Fanons argument can be applied to the African American population, who like people of African descent, when exposed to European culture internalize a sense of inferiority in comparison to their European American counterparts. This sense of inferiority manifests into self-hate and ultimately a pathological disorder within African Americans and people of African descent exposed to the Black condition within Western society.

Nathan Hare, author of *The Black Anglo-Saxons*, presents a similar definition to Du Bois and Fanon regarding the condition of Blackness within American society. Like Du Bois and Fanon, Hare argues that an internal conflict exists between a seemingly Black and White state of being within the African American living within American society (Hare, 1965). In his definition of the condition of Blackness he includes the notion of social class and defines the Negro population of high class as being Black

Anglo-Saxons. Hare identifies Black Anglo-Saxons as members of the African American population who “disown their own history and mores in order to assume those of the biological descendants of the White Anglo-Saxons” (Hare, 1965, p.33). He also suggests that this condition within the African American population is rooted in the institution of slavery. In addition to slavery, Hare argues that another societal practice which reinforces the Black Anglo-Saxon condition within the African American population is that of ascribed leadership. He describes individuals within the African American population who are in positions of power and influence, and suggests that European individuals of power have afforded these African Americans leadership roles within American society. He argues that African American leaders in Western society generally suffer from the Black Anglo-Saxon condition and ultimately contribute to “the retardation of Negro progress” (Hare, 1965, p.42) due to their thirst for status as opposed to a desire to influence others. His characterization of the Black condition highlights the European control over African American progress within American society via a focus and striving for wealth and power as opposed to Black agency. Du Bois, Fanon, and Hare are only a few of the many scholars who have detailed their theories regarding the state of the Black psyche in their literary works. These theories have been incorporated in various academic fields and utilized by scholars in an effort to articulate the mental state of African Americans living in Western society.

Within the field of psychology there exists a history of an interest in the differences between Black and White people. Psychological research pertaining to

African American mental health has historically focused on making comparisons between African American and European American people (Azibo, 1988; Neighbors, 1984; Earl, Williams & Anglade, 2011). Belgrave and Allison (2014) state that a large amount of this comparative research is interested in determining whether the psychological differences between Blacks and Whites is reflective of genetic differences. As such, these studies have traditionally been utilized to support the notion that African Americans are an inferior race (Montagu, 1965; Guthrie, 2004). Azibo (1988) argues that conducting comparative research with racial groups that are not equal on all other relevant variables poses an epistemological problem. He suggests that given the various differences between African Americans and European Americans particularly that of culture would deem comparative research an improper paradigm for the study of African Americans (Azibo, 1988). Researchers also contest that the social and psychological experiential differences between African American and European Americans suggest that comparative studies utilizing these two racial groups are inappropriate (Awad & Cokley, 2009; Azibo, 1988; Khatib & Nobles, 1977).

Although Earl, Williams and Anglade (2011) note that a strength in race comparative research is in its ability to help identify how Blacks mental health is distinctive from Whites, they argue that the mental health disparities of Blacks warrant exclusive examination of the mental health of African Americans. Wilson and Williams (2004) further this argument by suggesting that rather than comparative studies, research should assess the social, environmental, and psychological resources and stressors that

impact mental health outcomes to gain a better understanding of African American mental health. Given that one's mental health can be heavily impacted by various social, and environmental factors, there is a need to examine these specific factors as they pertain to African American mental health. Earl, Williams and Anglade (2011) identify factors such as residential segregation, socioeconomic status, racism and discrimination, and resilience as being unique to the African American population and may distinctly contribute to their mental health outcomes. Similarly, in a review of racial variations in health Williams et al (2010) suggest that social disparities in health are reflective of the race, socioeconomic status, and gender inequalities present within society.

Belgrave et al. (2006) detail the various ways in which racial oppression can impact African American health, suggesting that experiences can cause psychological distress and negative coping which can impair physical and mental health functioning. Vontress and Epp (1997) utilize the term *Cultural Hostility* to define a collective consciousness that exists among African Americans rooted in the memory of the pain and suffering the group has experienced over time. These authors propose that African Americans approach cross-racial relationships and environments apprehensively, reflecting their fear of the pain of oppression which is at the root of this historical cultural hostility. Vontress, Woodland, and Epp (2007) extended this argument by suggesting that the social discrimination resulting from the remnants of slavery has caused behavioral reactions of sadness, anger, and acting out, which transmits into a form of depression. Scholars recommend that this form of depression which has been characterized as

Cultural Dysthymia, be considered by mental health care providers as a diagnosis for African American maladaptive behavior in terms of cultural reactions to institutional racism. Similarly, Sue and Sue (2008) describe a decrease in the desire to achieve personal goals resulting from continued racism. They advance that a variety of defense and survival mechanisms have been adopted by African Americans resulting from racism (Sue & Sue, 2008). As such, Jones (1985) suggests that reactions to racism are one of a set of four interacting factors that should be considered in conceptualizing an African American client's presenting concern. An African American's inability to effectively cope with racial oppression puts them at risk for psychosocial dysfunction (Anderson, 2003). Thus, it appears critical that researchers, scholars and mental health professionals consider the impact of racism and discrimination in their study and articulation of the African American population.

Statement of the Problem

One's perception of racism and discrimination has been heavily examined in empirical research assessing African American mental health. Williams and Williams-Morris (2000) argue that racism influences African American mental health through its impact on 1) socioeconomic mobility, 2) stressful discriminatory experiences, and adopted feelings of inferiority. The effects of racism are said to have a pervasive impact on African American psychological well-being given its ingrained presence within American society (Schultz, 2003). Williams, Neighbors and Jackson (2003) conducted a review of racism and discrimination literature and found that racism and discrimination

are generally associated with poor mental health outcomes. While individuals of varying race, gender, sexual orientation and other demographics are at risk for experiencing discrimination, Forman, Williams, and Jackson (1997) found that African Americans report higher levels of discrimination in comparison to Whites across these demographic variables. Schmitt et al. (2014) suggest that discrimination can have a negative impact on psychological well-being through its influence on finding employment and housing, educational experiences, and the health care system. These authors argue that the perception of discrimination results in negative outcomes due to its implication of one's lack of worth in society (Schmitt et al., 2014).

Some Black psychologists believe that an African consciousness is a normal and natural mentality for African Americans. In fact, “a fundamental thesis of Black psychology is that the normative or healthy psychological functioning of the African American depends significantly on the extent that the individual has developed or manifested a positive African/Black self-consciousness” (Anderson, 2003, p.30). African self-consciousness (ASC) is a construct developed to explain the personality and psychological functioning of African American people from an African-centered perspective. The most recognized research assessing ASC examines levels among African Americans from differing college environments, and has shown support suggesting that African Americans from Historically Black College/University (HBCU) environments have higher levels of ASC than African American students from Predominately White Institutions (PWIs) (Baldwin, Duncan & Bell, 1987).

Much of the research exploring African American students' experiences at HBCUs comparative to students at PWIs examines racial identity and personality development (i.e., Baldwin, Duncan, and Bell, 1987; Cheatham, Slaney, and Coleman, 1990; Cheatham, Tomlinson, and Ward, 1990; Cokley, 1999), and psychosocial development (i.e., Desousa & Kuh 1996; Fleming, 1984; Pascarella & Terenzini, 1991; Watson & Kuh, 1996; Bohr, Pascarella, Nora, and Ternzini, 1995; Pascarella, Edison, Nora, Hagedorn, and Terenzini, 1996; Davis, 1994). Researchers have compared the influence of HBCUs and PWIs on African American students and some have found support suggesting HBCUs provide a more healthy and positive environment for the racial and cultural development of African American students (Baldwin, Duncan & Bell, 1987). However, few studies have examined differences in African American mental health outcomes based on academic institutional environment.

Research within the field of Black psychology is aimed at examining African American psychological functioning. In a 12-year content analysis of the *Journal of Black Psychology*, Cokley, Awosogba and Taylor (2014) note that the popularity of mental health and well-being research is reflective of the growing interest in understanding the impact of racism and race-related stress on people of African descent. While many studies examine the relationship between racism and mental health, few of these research studies detail what factors influence this relationship. Thus, the current study will examine the extent to which aspects of racism and discrimination, Black personality and Academic Institution impact the mental health of African Americans.

Theoretical Framework

While a number of psychologists have developed African American personality theories, the contributions of Kobi Kambon have had significant implications within the field of Black Psychology and the conceptualization of African/Black personality. Kambons' theoretical model consists of two core constructs which are unconscious and conscious expressions of African spirituality and are central to optimal personality development (Kambon, 1998). He defined African Self-Extension Orientation (ASEO) as the unconscious biological foundation of Black personality, shared by all Black people and the root of behavioral characteristics of African Americans (Baldwin et al., 1990). He defined African Self-Consciousness (ASC) as the conscious functional expression of ASEO influenced by socio-environmental factors (Baldwin et al., 1990). Kambon argued that ASEO and ASC work together to maintain the *African Survival Thrust*; the striving toward African affirmation and self-determination within Black people (Kambon, 1998). Consequently, a disordered sense of Blackness revolves around factors such as racial oppression which influence ASC and disrupts the *African Survival Thrust*. Kambon defined this condition of disordered African personality as Cultural Misorientation (CM) to account for the pathology resulting from the influence of European oppression on African people living in American society (Kambon et al, 2009).

According to Kambons' model, individuals with optimal African/Black personality and healthy ASC should embrace their African biological, psychological and cultural identity and reject anti-African entities (Baldwin, 1984). Kambon (1992)

hypothesized that when African Americans are exposed to African-centered culturally enriching environments which reinforce African cultural values they will develop a strong and healthy ASC. In contrast, environments that emphasize European cultural values with minimal to no exposure to African culture not only weaken ASC but have significant implications for the development of a disordered African American personality (Kambon, 1992). Thus, Kambon contends that preventative intervention for disordered Black personality is rooted in the restoration of African self-consciousness (Baldwin, 1984). While Kambon does not purport a theory regarding academic institution, he argues that HBCUs offer the culturally enriching environment needed to strengthen ASC and maintain the African Survival Thrust.

In his text *Prejudice and Racism*, social psychologist James Jones conceptualizes his tripartite model of racism. Jones' (1997) model of racism details three levels of racism: individual, institutional, and cultural racism. Individual racism is the conscious belief that one's racial group is superior to another based on racial prejudice involving explicit discriminatory behaviors utilized to maintain such beliefs. An example of individual racism would be the belief that African Americans are intellectually inferior to Whites based on their lack of White blood. Institutional racism is the intentional or unintentional manipulation of institutional policies that place certain groups of people at a significant disadvantage in comparison to the majority. Jones argues that institutional racism is the extension of individual racism, and the result of institutional practices which reinforce individual racism. The historical trend of African Americans' poor performance

on standardized tests resulting from poor preparation received at unequal schools is an example of institutional racism. Lastly, Cultural racism is a more subtle form of racism which consists of a held belief suggesting that one's racial heritage is superior to another and is expressed through various individual and institutional structures. Thus, cultural racism allows the majority group to determine the cultural values of society and those who practice such values are rewarded while those who do not are marginalized (Jones, 1997). While individual racism can be exhibited by any racial group, Jones' model of racism suggests that each level of racism is predominately and effectively exhibited by Whites given their position of power within various institutions and the dominance of White culture within American society. Jones also suggests that these categories of racism interact with each other and are manifested in four ways: the interpersonal, collective, cultural-symbolic and sociopolitical context (Harrell, 2000). Thus, experiences of racism are embedded in these contexts and are believed to be sources of stress for African Americans.

Psychoanalyst Aaron T. Beck conducted several experiments in an effort to explain depression and identified distorted, negative thoughts and beliefs as key features of depression (Beck, 2011). Beck utilized what is now recognized as Cognitive Behavioral Therapy (CBT) to help his patients "identify, evaluate, and respond to their unrealistic and maladaptive thinking" (Beck, 2011, p.5). He suggested that key aspects of CBT for depression include helping patients solve their own problems through utilizing behavioral activation to address their negative thoughts about themselves and the

environment in which they live. Beck suggested that a short-term psychotherapy focused on current problems and addressing dysfunctional thinking would be ideal for addressing depression. Ultimately, the cognitive model which guides this therapeutic approach to conceptualizing and treating depression suggests that a more realistic and adaptive approach to evaluating thinking can influence an individual's emotional and behavioral experience. In her text entitled *Cognitive Behavior Therapy: Basics and Beyond*, Judith Beck (2011) stresses the validity of CBT by stating the overwhelming number of studies that have examined the effectiveness of the use of CBT for the treatment of various psychological diagnoses and the cognitive model as a method of defining depressive symptoms. African-Centered psychologists have been critical of the use of mental health diagnoses and focus on mental order and disorder to articulate the mental health status of African Americans (Belgrave & Allison, 2014).

The theoretical framework guiding this study incorporates Kambon's theory of Black Personality, Jones' theoretical model of Racism, and Beck's Cognitive theory of Depression.

Organization of the Study

Chapter one consists of a brief overview of the variables under review for the current study. Chapter two provides a more comprehensive discussion of relevant literature and previous research on the study of African American mental health, various factors that impact African American mental health outcomes, African/Black psychological perspective regarding factors that impact African American mental health,

and the impact of stress on depression. Chapter two will also detail the various research questions, hypotheses, and rationale guiding the current study. Chapter three presents the research methodology, measures used and statistical procedures. Chapter four details the analyses and statistical findings. Chapter five provides a more detailed discussion of the results, study limitations, and implications for future research, clinical practice and institutional personnel.

CHAPTER 2

REVIEW OF LITERATURE

The Study of African American Mental Health

In one of the first studies examining intellectual differences between Blacks and Whites, Strong (1913) utilized the Goddard revised version of the Binet scale and divided Black children into groups based on skin pigmentation to determine the effect of White blood on intelligence. She concluded that colored children were intellectually inferior to Whites; however, the lighter complexioned Black children were mentally superior to their darker counter parts. Although further investigation of this study's findings suggested that colored children did excel in some aspects of the Binet intelligence test, Strong still utilized these findings to support the *mulatto hypothesis*, arguing that intelligence is determined by the amount of White blood (Guthrie, 2004). Similar studies not only argued that Blacks were intellectually inferior to Whites (Pyle, 1915) but that Blacks should be educated at separate institutions (Phillips, 1914), and trained as manual laborers (Ferguson, 1916). Sunne (1917) conducted a comparison study of White and Negro children's scores on the Binet, Yerkes Point Scales and other intelligence assessments and found that with some assessment items, Negro children were superior to Whites, and on others, Whites were superior to Negro children. The results of her study suggest that intellectual differences may be the result of race differences, sex differences or variations in individual abilities (Sunne, 1917). Thus, Sunne (1917) suggests that the variation in performance by participants on the various assessment subtests does not yield

evidence to argue racial intellectual superiority. Similarly, Horace Mann Bonds response to this early research warns Blacks to be cautious of the findings as conclusions are the result of the use of flaws in research design and measurement instruments (Guthrie, 2004). Several Black graduate students considered the problematic nature of previous research articulating Black intelligence and conducted their own research in response to the psychological testing results arguing for the mulatto hypothesis. Herman Canady's (1936) results highlight the impact that the testing environment and race of examiner can have on Blacks' performance on intelligence assessments. Albert S. Beckman (1933) compared IQ test results of Black children and found results suggesting that these children fell within the average range of intelligence, once again providing evidence refuting the belief that Blacks are intellectually inferior to Whites.

During first half of the 20th century information regarding African American mental health disorders was predominately obtained through large studies of hospitalized mentally ill patients (Livingston, 1994). Similarly to intelligence, research regarding mental illness focused on racial differences. Results were largely in favor of the belief that African Americans had higher rates of mental illness than Whites. Scholars argue these earlier studies to be problematic given they consist of several methodological flaws. Livingston (1994) argued that these studies only examined patients at State mental hospitals which only accounts for the severely ill population. Additionally, these studies do not take into account factors such as socioeconomic status, race and racial

discrimination, and help seeking behaviors which influence who is admitted into mental hospitals and the sample for such studies (Livingston, 1994).

In his text entitled *The Protest Psychosis: How Schizophrenia Became a Black Disease*, psychiatrist and author Jonathan Metzl describes how psychiatry pathologized the African American population. Metzl conducted a study in which he details the conditions and treatment of hundreds of patients at the Ionia State Hospital for the Criminally Insane in Ionia Michigan. He suggests that mental health disorder criteria were created based on race and psychiatric diagnoses were utilized to maintain racism. In the preface of his text Metzl describes a story that appeared in the Washington Post which detailed the over diagnosis of Schizophrenia among Blacks, particularly Black men, although it was believed to affect all ethnic groups equally. He also details reports suggesting African Americans had higher rates of Schizophrenia than Whites due to their receiving the diagnosis more frequently than any other mental health diagnosis. Ultimately, Metzl details the impact of institutional racism on African Americans within mental health institutions by stating that “race impacts medical communication because racial tensions are structured into clinical interactions long before doctors or patients enter examination rooms” (Metzl, 2010, p.xi). Through his review of the treatment of African American men hospitalized at the Ionia State Hospital, Metzl highlights the implications of race based mental health diagnoses in the lives of present day African Americans. The methodological concerns and racial discrimination associated with early

studies regarding African American mental health outcomes suggests that there is a need to gain a more accurate understanding of disorders within this population.

African American Mental Health Outcomes. In an effort to provide an estimate of lifetime prevalence and age of onset distribution of DSM-IV disorders, Kessler et al (2005) replicated the National Comorbidity Survey conducting face to face interviews with nine thousand two hundred eighty-two individuals' ages 18 years and older between February 2001 to April 2003. The results of this study found Major Depression to have the highest lifetime prevalence and Anxiety disorders were found to be the highest class of disorders. These authors also found prevalence of disorders to vary based on age for several specific disorders; however, they report that generally speaking there seems to be a gradual increase in prevalence with age and gradual decrease in prevalence for older adults. Additionally, they found women to have significantly higher risk of anxiety and mood disorders than men, and men to have significantly higher risk of impulse-control and substance use than women. Lastly, with regards to race, these authors found Non-Hispanic Blacks and Hispanics to have significantly lower risk of anxiety, mood, and substance use disorders than non-Hispanic Whites. While Kessler et al (2005) recognize several limitations of their study (particularly associated with the use of a survey which requires participants to self-report and recall past experiences) they argue that their results highlight the fact that mental disorders are highly prevalent, lifetime prevalence is underestimated, and age-of-onset can vary based on disorder. Large studies like this bring to light the need to further examine mental health outcomes within America and the

various factors that influence prevalence and age-of-onset for the various population groups living in this country.

Vega and Rumbaut (1991) suggest that our knowledge regarding the prevalence of African American mental health disorders are the result of data from anecdotal accounts; treatment records; and epidemiologic surveys. Due to the absence of Blacks receiving mental health treatment in noninstitutionalized settings during the first three decades, scholars concluded that Blacks had lower rates of mental illness in comparison to Whites. However, beginning in the 1930s, researchers published works suggesting Blacks had higher rates of mental illness in comparison to Whites based on studies of Black patients in mental health institutions. These authors argue that anecdotal accounts and treatment records provide information that consists of a great deal of methodological error. Faris and Dunham (1939) and Malzberg (1944) for example, developed their conclusions of higher Black mental health rates based on their research utilizing data exclusively from institutions in specific regions of the country (Chicago and New York respectively). Vega and Rumbaut (1991) argue that their conclusions are problematic due to racial discrimination within the field of psychiatry which heavily impacted the demographics of mental health institutions within these cities. These authors argue that anecdotal accounts and treatment records provide information that consists of a great deal of methodological error and suggest that epidemiological surveys which survey a more representative sample of the population are more scientifically sound assessment of mental health prevalence.

Research regarding racial differences in mental health outcomes detail results in terms of risk, prevalence and persistence of mental health disorders. In an examination of the lifetime risk and persistence of psychiatric disorders, Breslau et al (2005) compared various ethnic groups in the United States and found Blacks had lower lifetime risk of mood, anxiety and substance use disorders relative to Non-Hispanic Whites. These authors also found that Blacks had higher persistence of disorders in that Blacks with mood disorders and anxiety disorders were more likely to be persistently ill (Breslau et al, 2005). The National Comorbidity Survey (NCS) examined 666 African Americans, 4,498 whites, and 713 additional persons living in the U.S and asked whether they had experienced symptoms of frequently diagnosed mental disorders in the past month, year, or any time during their lives (Kessler et al., 1994). The results of the NCS found African Americans to have significantly lower prevalence of affective disorders, substance use disorders, and lifetime comorbidity than whites (Kessler et al., 1994). Williams et al (2007) detail the prevalence, persistence, treatment and disability of depression in African Americans, Caribbean Blacks and non-Hispanic Whites from the National Survey of American Life. The results of their survey suggest a higher prevalence of lifetime major depressive disorder for Whites, yet both Black groups had higher persistence of major depressive disorder than Whites (Williams et al., 2007). Earl and Williams (2009) found research results arguing racial differences in the prevalence of certain anxiety disorders, mood disorders and substance abuse disorders. Data found through their psychiatric epidemiological study suggests that Blacks tend to have

significantly higher levels of persistence and severity of mental health disorders in comparison to Whites (Earl & Williams, 2009). Thus, while African Americans may not be at a greater risk of experiencing mental health disorders, the length of onset and severity of symptoms differ significantly for African Americans in comparison to Whites (Breslau et al, 2005; Williams et al, 2007).

African American college student mental health outcomes. In a review of the state of mental health on college campuses, Wood (2012) argues for an increase in mental health care services due to the many violent events that have taken place within these environments. Throughout her article Wood (2012) presents various facts suggesting an increase in mental health disorders and need for mental health care services on college campuses, yet suggests that many college campus are ill equipped to meet the student's needs. She sites reasons such as a lack of financial resources, stigmatization and misconceptions of the mentally ill as reasons for which college student's health care needs are not being appropriately met. Mistler et al. (2013) detail the results of the Association for University and College Counseling Center Directors (AUCCCD) annual survey in an effort to promote college student mental health. The AUCCCD is an organization that brings awareness to college student mental health through the distribution of research results pertaining to college student mental health campus trends worldwide. Four hundred university counseling center directors completed the 2012 survey providing information regarding the mental health and use of mental health services of students on their respective campuses. The researchers who conducted this

study found Anxiety to be the leading mental health concern with 41.6% of college students reporting it as a presenting concern followed by depression at 36.4% and relationship problems at 35.8% (Mistler et al, 2012). Although these authors report that the use of mental health services by African American students was proportional to that of the campus student body, they also report that they believed this population was being underserved. They cite several steps being taken to reach out to African American students such as partnerships with African American student organizations and creating various programs to promote mental health awareness.

While there is evidence supporting African Americans risk of mental illness, there appears to be concerns regarding help seeking and adequacy of services particularly within college environments. In a study examining the impact of majority and minority student status on mental health, Smith et al (2014) suggest that the growth in diverse student populations brings about an increase in mental health care services. These researchers suggest that there is a need to gain a better understanding regarding the factors that impact minority mental health outcomes given the change in student population and increase in mental health needs. Similarly, Hunt and Eisenberg (2010) note that mental health concerns vary across demographic and social factors yet minority students may experience additional stressors based on academic institution. Earl, Williams and Angelade (2011) note that the quality of a person's social environment can have implications on their mental health outcomes and argue that future research

regarding African American mental health should focus on identifying factors that cause mental illness within this population.

Racism and African American mental health. Racism is a term used to define a categorization of populations into racial groups with assigned rankings, with the perceived superior groups gaining preferential treatment within various institutions (Bonilla-Silva, 1996, Jones, 1972, 1997; Neville & Pieterse, 2009). Jones (1972,1997) identified three levels of racism in his text entitled *Prejudice and Racism*. The first level he defined as *individual racism*, suggesting it consists of racist acts against an individual. The second level, *institutional racism*, refers to formal racist practices experienced within various institutions. Lastly, *cultural racism* in the third level of racism and refers to the overall racist attitudes and beliefs expressed towards a race/culture group. Several scholars have extended Jones' model of racism to include subtypes of individual racism such as *everyday racism* (Essed, 1991), and *microaggressions* (Wing Sue et al, 2007), along with an additional form of racism entitled *internalized racism* (Neville & Pieterse, 2009; Phyllis-Jones, 2000). Essed (1991) suggest that everyday racism isn't based on individual or institutional problems; rather, that one can be confronted with racist views in all aspects of their lives. Wing Sue et al (2007) define racial microaggressions as routine intentional or unintentional negative racial insults directed towards a minority group or person. Neville and Pieterse (2009) define internalized racism as the victim's acceptance of the racist views society holds of them. While these scholars appear to

highlight different aspects in their articulation of racism, one thing that remains the same is its impact on one's life.

Several scholars argue that African Americans are in a state of psychological oppression resulting from years of racism (Anderson, 2003; DuBois, 1898, 1903; Fanon, 1963, 1967; Kambon, 1998). Anderson (2003) states that results from research conducted within the discipline of African/Black psychology argue for the existence of forms of depression and stress related disorders specific to African Americans resulting from their unique social reality. In their literary works, DuBois (1898, 1903) and Fanon (1963, 1967) suggest that Africans living in Western society face an inevitable fate in which they are aware of the negative view society has of their race and conduct their daily lives with hopes to dispel such beliefs. Like Anderson (2003), Kambon(1998) believed a disorder resulted from psychological oppression and utilized the term *Cultural Misorientation* to define the mental health disorder causing African Americans to reject their natural cultural being and adopt a European cultural way of being.

African American, Black, and African Psychology

There is a history within Western psychology of scholars conducting and producing research studies yielding racist conclusions calling into question the intention of researchers within the field (Guthrie, 2004). African Americans within the field recognized the problematic nature of traditional Western psychological research as it pertained to the study of the mental health and psychosocial development of the African American population. In his article entitled *Towards a Black Psychology*, Joseph White

(1970) stressed the need for a discipline examining the mental health of the African American population derived from their cultural experiences. Nobles (1972) argued that this field of study should be rooted in traditional African culture given African Americans African origins. Ultimately, the field of Black Psychology was established as a culturally appropriate approach to the study of the psychological well-being of African Americans and people of African descent (Jackson, 1982; Kambon, 1998; Meyers, 2009; Williams, 1974). As a discipline Black psychology allows for the empowerment of African Americans within the field of psychology through the ability to evaluate the Black mental condition from an African American perspective. Karenga (1993) identifies the traditional school, the reformist school and the radical school as the three schools of thought pertaining to Black Psychology. While these three schools are a reflection of the variation of thought and approach to the assessment of African Americans by Black psychologists, they maintain the objective of conducting research aimed at promoting the psychological well-being and racial uplift of people of African descent. Thus, Black psychologists (i.e., Akbar, 1984; Azibo, 1983; Baldwin, 1987; Nobles, 1986; Williams, 1981) have conducted research and developed theories in an effort to better understand the behaviors and mental health outcomes of African Americans (Baldwin, Brown, and Rackley, 1990).

Africentric Psychology. Africentric psychologists argue that the conceptualization of African American mental health requires the use of African-centered values, assumptions, and analyses (Speight et al, 2009). As such, the creation and use of

assessment tools which quantify optimal and disordered personality resulting from factors such as racism, oppression and discrimination are required. Several Black psychologists have created assessment tools to examine various aspects of African American mental health; however, this has not come without controversy. Kambon (1998) details the Africentric and non-Africentric models of Black mental health suggesting that the non-Africentric models are problematic as they are rooted in a European worldview as opposed to an African worldview in which Africentric models are based. Worldview refers to an individual's attitudes, beliefs, values, and expectations which impact their perceptions, thoughts, feelings, behaviors and experiences in the world (Belgrave et al, 2006). African worldview is the worldview of peoples of African descent and European worldview is the worldview of peoples of European descent. Therefore, the *worldviews paradigm* proposes that African Americans and European Americans operate according to their distinct cultural worldview, and that this orientation is natural and normal for their cultural group. African-centered theories pertaining to the assessment of African American mental health are rooted in an African worldview paradigm. Thus, according to the Africentric model of Black psychology, the degree to which African Americans display a European worldview is the basis for several African-centered theories of disordered Black personality theories.

Belgrave and Allison (2014) state that the limited studies that utilize an Africentric approach have examined worldview dimension differences between African Americans and European Americans, the relationship between the Africentric worldview

and psychological and social variables, and the effectiveness of African-centered programs for African Americans. They propose that the results of such studies suggest that there are behavioral differences between African Americans and European Americans reflective of worldview differences. Baldwin and Hopkins (1990) were interested in discriminating worldview differences between African-American and European-American people and developed a Worldview Scale (WVS). They administered the 26 item scale to 94 Black and 87 White college students and found a significant difference in scores regardless of age or sex. Black participants scored significantly more Africentric and White participants scored significantly more Eurocentric in their worldview orientation on the bipolar dimensional scale. Similarly, Obasi, Flores, and James-Myers (2007) developed a Worldview Analysis Scale (WAS) to examine the nature in which various peoples experience within the world. These researchers assessed eight hundred sixteen African, African American, European, European American, and multiethnic participants in four studies to construct and validate the WAS and found evidence suggesting significant cultural differences in worldview at the ethnic level (Obasi, Flores, & James-Myers, 2007). These two studies provide evidence for significant cultural differences between African American and European American people and highlight the need to identify and assess the culturally based variables that specifically impact African Americans psychosocial behavior.

African Self- Consciousness. Kambon's theory of Black personality ultimately suggests that empirical analysis of African Self-Consciousness is essential to the assessment and

understanding of African American behavior and psychological functioning (Baldwin, Brown and Rackley, 1990). Much of the literature detailing African self-consciousness is theoretical in nature. There are limited empirical studies investigating the African self-consciousness construct; with much of the earlier studies attempting to provide support for the theoretical claims. In one of the earliest empirical investigations of ASC, Baldwin, Duncan and Bell (1987) examined the influence of environmental and background characteristics on ASC in Black college students. Results from the study provided support for several factors impacting ASC levels such as students attending HBCUs reporting higher levels of ASC than students attending PWIs, students with Black studies course exposure reporting higher levels of ASC, students who attended a predominately Black elementary school reporting higher levels of ASC, and older students and upper level students also reporting higher levels of ASC (Baldwin et al., 1987). In a replication and extension of Baldwin et al's study, Cheatham et al (1990b) examined ASC within 327 African American college students attending traditional Black institution (TBI) and predominately White institution (PWI). In an effort to better understand African American college student development within these institutions Cheatham et al (1990b) research results suggest that while students at TBIs reported greater incidence of Black cultural activity, there was no evidence that students at PWIs experienced significantly more detrimental attacks on their ASC. Thus, with regards to ASC development, Cheatham et al's (1990b) study suggests that either Academic Institution is suitable depending on the personal and psychological development of the student. Cokley (1999)

also replicated Baldwin et al's study and found African American students at HBCUs have reported higher levels of ASC than students at PWIs. In a similar study, Cheatham et al (1990a) investigated whether the social and intellectual development of African-American college students is strengthened by attendance at traditional Black Institutions versus predominately White college environments. These scholars hypothesized that students at TBIs would be developmentally superior to their counterparts at PWIs. In a sample of 250 African-American students Cheatham et al (1990a) examined scores on The Racial Identity Attitude Scale, the Student Development Task Inventory, and the Career Decision Scale and did not find clear support for the superiority of the TBIs in facilitating the development of African-American college students. The results from these three studies provide some support for Kambon's theory of Black personality; however they do not provide clear evidence regarding the specific environmental factors that influence ASC development within this population.

Some research findings support the theoretical claim that high levels of ASC are linked to positive psychological functioning and behavior among African American college students (Baldwin et al, 1990; Bell et al, 1990; Chambers et al, 1994). In a study examining the relationship between ASC, background experiences, and affirmative behaviors among African American college students, Baldwin, Brown and Rackley (1990) administered the African Self-Consciousness Scale (ASCS), Africentric activities questionnaire and a background questionnaire to 219 African American college students attending a HBCU. The results from this research yield several findings such as a

relationship between the number of Black studies courses taken or not taken and levels of ASC, a relationship between prior experiences with racism/racial prejudice and ASC scores, and individuals with high ASC scores were more likely to pursue self-knowledge, and engage in activities that are African culturally centered and self-affirming (Baldwin, Brown & Rackley, 1990). Bell et al (1990) examined the relationship between Afrocentric cultural consciousness and perceptions of male-female relationships among African-Americans. These researchers were interested in challenging the belief that Black heterosexual relationships were filled with conflict and hypothesized that ASC would be positively related to healthy Black heterosexual relationships. These authors found that subjects with a high African self-consciousness prioritized their ideal mate in terms of an Africentric cultural consciousness and placed more value on heterosexual attitudes that were also Africentric. Thus, the participants in this study with high levels of ASC, prioritized such cultural consciousness in their potential mate and within their relationship. The results of this study could provide evidence for the claim that there is a relationship between ASC and positive African-American heterosexual relationships. Lastly, Chambers et al (1994) conducted a study examining the relationships between perceived attractiveness, facial features, and ASC and found individuals high in ASC described African facial features more positive than those low in ASC. In addition, those participants low in ASC assigned more positive adjectives to facial features that were more European. The results from this study suggest that individuals higher in ASC have positive associations with African facial features. The results from the previously mentioned studies provide some support for Kambo's theory of Black personality regarding the positive implications of ASC on

African American psychosocial development suggesting further research is needed examining ASC on other mental health outcomes.

Few studies have examined the implications of ASC on the mental health outcomes of African Americans. In a study examining a behavioral profile involving stress and Africentric identity, Chambers et al. (1998) administered the African Self-Consciousness scale, Anger Expression Scale, Beck Depression Inventory, Inventory of College Students Recent Life Experiences, Perceived Stress Scale, Rosenberg Self-esteem Scale, Symptoms Checklist-90, and a background health questionnaire to a sample of 701 African American collegians attending a HBCU. The results of their study indicated that while ASC was not significantly correlated with the stress related variables, it was correlated with GPA for both males and females and self-esteem for males (Chambers et al, 1998). Pierre and Mahalik (2005) investigated African self-consciousness and Black racial identity as predictors of psychological distress and self-esteem among African American men. They evaluated ASC in terms of the four-factor structure of 1) personal identification with the group, 2) self-reinforcement against racism, 3) racial and cultural awareness, and 4) value for African culture supported by Stokes et al (1994). They found that Black males who endorsed self-reinforcement against racism reported less psychological distress and greater self-esteem; however, they also found that Black men who identified with the group reported less self-esteem (Pierre & Mahalik, 2005). While these studies only partially support the theoretical argument for a relationship between ASC and mental health outcomes, their findings offer implications

for future studies examining African self-consciousness and mental health outcomes of African Americans.

Academic Institution. African Americans' experience within the institution of academia has been a popular topic of interest among scholars. While desegregation has allowed African American students access to equal educational opportunities, these academic institutions bring about specific challenges unique to this population (Ashburn-Nardo et al, 2008). Although the student population within academic institutions is becoming more diverse, research has shown that minority students do not share academic institutional experiences in comparison to majority students (Ancis et al, 2000). In a study assessing perceptions and experiences of campus cultural climate, Ancis, Sedlacek & Mohr (2000) found that African American students experienced racial–ethnic hostility; pressure to conform to stereotypes; unequal treatment by faculty, staff, and teaching assistants; and faculty racism at a greater rate than other racial groups. In a similar study, Rankin and Reason (2005) examined whether students of different racial groups experienced their campus climate differently and found that students of color were more likely to describe the campus climate as racist, hostile, disrespectful, and less accepting of minority groups, while White students described the campus climate as nonracist, friendly, and respectful (Rankin & Reason, 2005). Swim et al (2003) examined African American students' experiences with everyday racism and found that about two thirds of African American students will report at least one experience in a 2-week period. Consequently, the results

from this research support the argument that there are differences in campus climate experiences based on race.

Much of the research that has dominated African American experiences within academia literature has examined and compared these students' experiences at academic institutions with different racial compositions (Cokley, 2002). Some studies have found that African American students attending HBCUs report higher grade point averages (Allen, 1992; Cokley, 2000), academic self-concept (Berger and Milem, 2000; Cokley, 2002), college graduation rates (Allen, 1992; Ehrenburg & Rothstein, 1993; Freeman, 2005; Just, 1999), favorable relationships with professors (Allen, 1992; Cokley, 2000), and intrinsic motivation (Cokley, 2003) in comparison to their peers attending PWIs. For example, Allen (1992) compared a national sample of African American college freshman who attended Predominately White Colleges/Universities (PWCUs) and those who attended Historically Black Colleges/Universities (HBCUs), analyzing their academic and social achievement and occupational goals. Although the African American students attending PWCUs came from families of high socioeconomic status, with better academic backgrounds attending better quality high schools, Allen (1992) found that Black students who attended HBCUs had higher academic achievements (GPA and graduation rates), higher levels of social involvement, and more favorable relationships with their professors. Berger and Milem (2000) conducted a longitudinal study in an effort to better understand how academic institutions affect African American college students' academic self-concept and found students attending HBCUs developed

significantly higher academic self-concept than their peers at Predominately White Institutions. Lastly, in a study investigating the relationships between intrinsic motivation, extrinsic motivation, a motivation, academic self-concept, self-esteem, and academic performance Cokley (2003) found African American students who attended HBCUs to have significantly higher intrinsic motivation, academic self-concept, and more positive perceptions of faculty encouragement than their peers attending PWCUs.

When examining psychological development, some research results suggest that Black students attending predominately Black campuses reported higher levels of African self-consciousness (Baldwin et al, 1987; Cokley, 1999), racial attitudes (Cokley, 1999), positive self-image, strong racial pride, higher aspirations (Gurin & Epps, 1975), and positive psychosocial adjustment (Fleming, 1984) in comparison to Blacks attending predominately White campuses. Scholars have argued that the differences in African American students' experiences based on an academic institutions' racial composition are reflective of the increased exposure to prejudice (Swim et al, 2003), racial microaggressions (Sue et al., 2007) and discrimination (Feagin & Sikes, 1995; Nettles et al, 1986) Blacks experience at PWIs. Thus, the results from such research suggests that African American college students who attend PWIs may be at a greater risk of race related stressors in comparison to their peers at HBCUs (Ashburn-Nardo & Smith, 2008; Greer & Chwalisz, 2007).

To date, there have been two empirical studies that have examined differences in mental health outcomes based on academic institution. In an examination of the

relationships among perceived social support, acculturation, depression and suicidal ideation among African American college students, Kimborough et al (1996) found there to be no significant difference in depression and suicidal ideation for Black students attending predominately Black and predominately White institutions. Similarly, Smith et al (2014) examined whether majority student status buffered the relationship between poor mental health outcomes and minority status and found that racial/ethnic minority students, regardless of majority/minority status had poorer mental health outcomes in comparison to their White counterparts.

Perceived Racism and Discrimination. Scholars suggest that research has shown support for the argument that African Americans report higher levels of discrimination in comparison to Whites across age, gender, education and income (Forman et al., 1997; Schultz, 2003). The implications of racism and discrimination on the psychological well-being of African Americans have informed several theories of African American mental health. The degree to which an individual interprets an experience as race-related and rooted in racial discrimination, otherwise referred to as perceived discrimination, has been a popular topic of interest within the field of mental health research (Neville & Pieterse, 2009). Researchers argue that given the deeply rooted nature of racism and discrimination within Western society, it is crucial that psychologists have a means of assessing its impact on African American mental health (Green, 1995; Harrell, 1994; McNeilly et al., 1996; Landrine & Klonoff, 1996; Thompson et al., 1990; Utsey, 1998; Utsey & Ponterotto, 1996). The Index of Race-related Stress- Brief Version (IRRS-B)

developed by Utsey and Ponterotto (1996) is one of several scales utilized to assess racism and discrimination through its examination of daily racist experiences. Based on Jones' theory of racism, the IRRS-B consists of an overall global score along with individual, institutional and cultural racism scale scores which help articulate the nature of racism and discrimination experienced.

Several researchers have examined racism in the form of discrimination among African Americans and found discrimination to be associated with mental and physical health symptoms (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Jackson et al., 1996; Kessler, Mickelson, & Williams, 1999; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Ren, Amick, & Williams, 1999; Salgado de Snyder, 1987; Williams, Yu, Jackson, & Anderson, 1997; Williams & Williams-Morris, 2000). More specifically, research has found support for a relationship between discrimination and morbidity (Williams et al. 2003; Krieger, 1999), adolescent behavior problems (Brody et al., 2006), depression (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Kessler et al., 1999; Noh et al., 1999; Ren et al., 1999; Salgado de Snyder, 1987) and anxiety symptoms (Kessler et al., 1999). Research studies have also found support for racist encounters leading to trauma (Carter, 2007), psychological distress (Carter, Forsyth, Mazzula, & Williams, 2005; Klonoff, Landrine, & Ullman, 1999; Williams & Williams-Morris, 2000), cultural mistrust (Combs et al., 2006), poor quality of life, less life satisfaction, and depression (Noh & Kasper, 2003; Utsey & Payne, 2000).

There is a large body of research which has examined the impact of racism and discrimination on the mental health of African Americans. Scholars have argued that African Americans are at risk of self-hate and self-devaluation resulting from their internalization of racial discrimination (Allport, 1954; Cross, 1991; Kambon, 1984). In a review of over 100 research studies published from 2005 to 2007 in PubMed examining discrimination and health, Williams and Mohammed (2009) found overwhelming evidence supporting a positive relationship between discrimination and poor health outcomes. Of these studies, several found positive associations between discrimination and poor mental health variables such as anxiety, depression, and psychological distress (Banks et al, 2006; Brody et al, 2006; Franklin-Jackson & Carter, 2007)). In a study examining African Americans experiences with everyday discrimination and symptoms of distress, Banks et al (2006) found that perceived discrimination was significantly associated with anxiety and depressive symptoms with gender moderating the relationship. Similarly, in a 5 year longitudinal study of African American fifth grade youth Brody et al (2006) found a positive relationship between perceived discrimination and depressive symptoms. In a preliminary investigation of the prevalence, distribution, and mental health correlates of perceived discrimination among disadvantaged persons in the United States, Kessler et al's (1994) found that perceived discrimination accounts for some of the association between disadvantaged social status and mental health outcomes. These results highlight the need to further examine the impact of perceived discrimination on mental health outcomes among socially disadvantaged groups.

Scholars who have utilized the IRRS to examine perceived racial discrimination have found similar research conclusions providing more details regarding the racism and discrimination experienced. In a study examining the relationship between race-related stress, racial identity and mental health, Franklin-Jackson and Carter (2007) found race-related stress and racial identity to predict mental health with racial identity accounting for more of the variance. Franklin-Jackson and Carters' (2007) study provided a more detailed description regarding the aspects of discrimination that impact mental health by examining each of Jones' levels of racisms' influence and demographic variables. While they found that individual racism was significantly positively related to psychological distress, racial identity accounted for more of the variance. These authors suggest that while overall race-related stress was found to predict psychological distress, individual racism may explain more variance given it may be a more severe racial experience and more difficult for individuals to cope (Franklin-Jackson & Carter, 2007). In an examination of the relationship between race-related stress, quality of life and life satisfaction, Utsey et al. (2002b) found institutional racism to be a significant predictor of mental health. Although the findings from these two studies yield conflicting results regarding which level of racial discrimination contributes the most variance in mental health outcomes, they do provide evidence for the relationship between race-related stress and mental health outcomes. Moreover, these studies provide support for future research to further examine the extent in which these levels of race-related stress impact mental health outcomes.

Stress, Allostasis, and Allostatic load among African Americans

Lazarus and Folkman (1984) define stress as a person-environment experience that impacts a person's well-being to the extent that it places significant strain on the individual's ability to cope with a situation. These scholars detailed a theory of stress which consists of a person-environment experience, a primary appraisal of evaluating the stressor and a secondary appraisal which evaluates the individual's ability to cope with the stressor (Lazarus & Folkman, 1984). Outlaw (1993) first utilized this theory of stress to gain an understanding of the psychological effects of an African Americans' encounter with racism and discrimination. She suggested that when an African American encounters a person-environment experience of racism and/or discrimination they first make a primary appraisal determining if the situation is harmful, followed by a secondary appraisal determining their ability to cope with the situation (Outlaw, 1993).

Neuroscientist, Bruce McEwen has examined the impact of stress on the human body through his utilization of the terms *allostasis* and *allostatic load* to detail the short term protective effects and long term damaging effects of the hormones associated with stress (McEwen, 1998). Sterling and Eyer (1988) first introduced allostasis, defined as "maintaining stability through change", to describe how the cardiovascular system adjusts to the body in resting or active states. This articulation of stress highlights the body's production of hormones and neurotransmitters which activate physiological responses of cells and tissues throughout the body, resulting in physiological responses to current circumstances (McEwen and Seeman, 2009). The term provides context regarding

how hormones attempt to restore homeostasis when the body is exposed to stress. In this theoretical model, McEwen suggests that allostasis must be activated to appropriately respond to stress, and deactivated once homeostasis is achieved. Thus, allostasis ultimately refers to an individual's ability to effectively respond and recover from an experienced stressor. McEwen (2000) defines allostatic load as the toll the body takes from needing to find ways to adapt to adverse situations. He has identified four conditions that lead to allostatic load: 1) Repetitive hits from multiple stressors, 2) an inability to adapt, 3) an extended response resulting from a failure to shut down; and 4) an insufficient response resulting in that need to reactivate allostasis (McEwen, 2000, p. 111). Thus, he argues that when persistent demands are repetitively placed on the body's regulatory systems for extended periods of time the body will eventually lose its ability to effectively respond to the demands (McEwen 2004, 2005).

McEwen and Seeman (2009) suggest that "the measurement of the physiological responses of the body to environmental challenges constitutes the primary means of connecting experience with resilience or the risk for disease" (p.1). In a review of studies examining race-based health disparities, Mays et al (2007) argue that McEwen's model of allostasis and allostatic load could be used to support the argument of race-based discrimination as representing a "chronic biological challenge to the human regulatory system" (p.209). These authors argue that continuous exposure to the stress associated with race based discrimination could significantly impact an African American's physiological response to such stressors. Brody et al. (2014) note the disproportionate

amount of psychosocial stressors African Americans experience, arguing for their impact on this population's risk of poor health outcomes. In a longitudinal study examining the relationship between perceived discrimination and allostatic load among African American adolescence, Brody et al. (2014) found a positive relationship between the two variables. This supports the hypothesis that exposure to race based discrimination can have negative effects on the body's stress regulatory system. In addition, they found that the relationship between perceived discrimination and allostatic load was mitigated when high levels of social support were received (Brody et al, 2014). The results of this study highlight the significant impact of prolonged perceived racial discrimination on African Americans at an early age and leading into young adulthood. These results also provide some evidence for the need for social support as a means to moderate this relationship. In a similar study, Upchurch et al. (2015) examined racial and socioeconomic status differences in allostatic load levels over time among middle aged women and found African American women and women of lower socioeconomic status to have higher levels of allostatic load. Like Brody et al.'s 2014 study, these researchers found that women who reported higher levels of discrimination had higher levels of allostatic load.

The theoretical model of allostasis and allostatic load provide context as to how stress can impact mental health. While several studies argue for a relationship between various forms of stress and mental health outcomes, allostatic load provides some physiological evidence for what specifically takes place in the body when an individual experiences stress. McEwen (2000) suggests that stress can cause a chemical imbalance

within the central nervous system, altering the interpretation of stimuli and influencing behavioral responses which can be associated with mental health disorders such as depression. Future research should draw upon the theory of allostatic load to articulate how race related stress impacts mental health outcomes.

Depression among African Americans

It has been argued that the Diagnostic and Statistical Manual, 5th edition (DSM-V) is inappropriate for the diagnosis of African American maladaptive mental health as it compares African American emotion and behavior to European norms (Schultz, 2003). Thus, the diagnostic criteria accepted by mental health professionals and utilized to diagnose African American mental health disorders determines normal healthy African American functioning based on the normal healthy functioning of European American people. While several African-centered assessment tools and constructs have been developed to articulate African American mental health outcomes, the field of mental health has failed to include such measurements and constructs in clinical practice. As such, theoretically proposed African American mental health outcomes such as Cultural Misorientation and Cultural Dysthymia are not recognized as mental health diagnoses. Thus, psychologists interested in exploring the mental health concerns of African Americans must do so utilizing the criteria and diagnoses found within the DSM-V and assessment tools normed on European American populations.

In a study examining African Americans' beliefs about mental illness, attitudes towards seeking mental health services, and coping behaviors, Ward et al (2013) found

depression to be the most common mental illness reported among this population. Little is known regarding factors which influence depression among African Americans given much of the research focuses on White samples (Salami & Walker, 2014). Robins and Regier (1991) stress that African Americans report similar levels of clinical depression in comparison to other ethnic groups; however, they express more depressive symptoms. Ayalon and Young (2003) examined differences in symptoms of depression as measured by the Beck Depression Inventory in 278 African Americans and 278 Caucasian Americans seeking psychotherapy. The results of their study found African Americans to report less pessimism, dissatisfaction, self-blame, and suicidal ideation in comparison to Caucasian Americans. These authors also found Caucasian Americans to report higher Self-dislike while African Americans reported higher sleep disturbance, loss of appetite, and loss of libido (Ayalon & Young, 2003). These authors note that no demographic variables accounted for group differences in their results. Thus, their research findings suggest that when demographic variables are controlled, racial group differences may still exist with regards to depressive symptomology. Similarly, results from Walker et al.'s (2008) comparative study suggest that Blacks may not endorse certain somatic symptoms of depression at the same level as their White peers. Nguyen et al. (2004) suggest that the inconsistent results regarding ethnic differences in depression may be reflective of the lack of valid measures of depression for ethnically diverse individuals. Similarly, Walker and Hunter (2009) suggest that one potential problem in assessing depression among

African Americans is the lack of a measurement tool which has been validated to assess depression among this population.

The National Institute of Mental Health Center for Epidemiological Studies developed The Center for Epidemiological Studies Depression Scale (CES-D) to assess the presence and intensity of symptoms of depression in community and population specific samples (Nguyen et al., 2004). Based on the Beck Depression Inventory and rooted in Becks Cognitive model of depression, the CES-D was designed to measure current symptoms of depression, such as depressed mood in an effort to study the relationship between depression and other variables across population subgroups (Radloff, 1977). Radloff (1977) identified (1) depressed affect, (2) positive affect, (3) somatic complaints, and (4) interpersonal problems as the four factor structure of the CES-D. In a study examining the ability to replicate the four-factor structure of the CES-D across race and socioeconomic status, Nguyen et al. (2004) duplicated the four-factor structure among low SES African Americans. Nguyen et al. (2004) also found evidence that supported the validity for the use of the measurement to examine African Americans' experiences of depression.

Several studies have utilized the CES-D to investigate depression among African American samples (Lincoln et al., 2007; Prelow et al, 2006; Banks, 2010). In a study investigating the demographic correlations between symptoms of depression, serious psychological distress (SPD) and major depressive disorder (MDD) among a national sample of African American men, Lincoln et al (2011) found several different

demographic correlates with depressive symptoms. These authors found that African American men reported greater symptoms of depression when they were within the ages of 18 – 34 years of age, in the lowest poverty levels, had less than 12 years of formal education, were unemployed and were separated in comparison to the other African American men in the study (Lincoln et al, 2011). Prelow et al (2006) examined the relationship between perceived discrimination, social support, and indicators of psychological adjustment in a sample of 135 African American college students. Of the three models examined, these authors found significant support for the relationship between perceived racial discrimination and lower perceptions of social support, greater symptoms of depression, and lower levels of life satisfaction. Banks (2010) examined racial discrimination, college hassles and depression among a sample of African American collegians and found a relationship between racial discrimination and depression symptoms with college hassles mediating this relationship. In a study examining hopelessness as a mediator in the relationship between socioeconomic status and symptoms of depression and anxiety among African American college students, Salami and Walker (2014) found that those who reported higher SES also reported higher levels of depression, anxiety and hopelessness. Williams et al (2012) investigated the role of ethnic identity in symptoms of anxiety and depression in African Americans and found African Americans to report significantly higher depression and anxiety in comparison to European Americans. While these studies are just a few of the studies examining depressive symptoms among African Americans utilizing the CES-D, these studies

provide support for the use of this measure to assess depression within this population. Additionally, the collection of research studies reviewed investigating depression among African Americans provides support for the need to examine this diagnosis within the population. Thus, these research studies highlight the need to further examine the various factors that influence African Americans experience with depression.

Summary

The contextualization of African American mental health proves to be multifaceted. Some Black psychologists argue for the need to incorporate the influence of racism and discrimination in the conceptualization of African American psychological well-being, and others argue that Western psychology fails to accurately detail African American mental health due to a lack of culturally appropriate measurements. Accordingly, Parham et al. (1990) suggest that it is difficult for mental health professionals to improve the mental health of African Americans if they have a conflicted understanding as to what constitutes normal and healthy functioning within this population. Despite the complexity in assessment and articulation of African American mental health, there exists a need for research aimed at the comprehension of adaptive and maladaptive psychological well-being of African Americans. Few studies have empirically examined the influence of African-centered personality and academic institution on depression among African Americans. Similarly, little is known regarding the link between race-related stress and African Americans' experience of depression. Thus, the proposed study will expand current literature by providing a more detailed

profile of the factors that influence depression among African American college students. The current study aims to outline African American mental health through the examination of various factors' impact on depression among African American college students. More specifically this study will investigate the extent to which race-related stress and African self-consciousness influence the mental health outcome of depression among African American college students. Additionally, African self-consciousness and academic institution will be examined as potential moderators between race-related stress and depression.

Research Questions, Hypotheses, Rationale, and Analyses

Primary Research Questions

Primary Research Question 1: What is the nature of the relationship between race-related stress and depression?

Hypothesis 1. It is expected that race-related stress will positively predict depression. More specifically individual racism, institutional racism and cultural racism will each positively and uniquely predict depression.

Rationale 1: Several studies have produced results indicating a relationship between racial discrimination and depression (e.g. Banks et al, 2006; Bridt et al, 2006; Lincoln et al, 2007; Schultz et al, 2006a; Schultz et al, 2006b; and Utsey & Hook, 2007). The relationship between race-related stress and depression has also been examined within psychological research. Research investigating race-related stress and depression among African Americans has resulted in inferences suggesting a positive association

between the two variables (Franklin-Jackson & Carter, 2007; Williams & Mohammed, 2009), such that higher levels of race-related stress are associated with higher scores on measures of depression. In Franklin-Jackson and Carters' (2007) study, race-related stress and racial identity was found to predict mental health outcomes with a significant positive relationship between individual racism and psychological distress. Whereas Utsey et al. (2002b) found institutional racism to be a significant predictor of mental health. These two studies provide support for the relationship between race-related stress and depression within this population while highlighting the need to gain a better understanding as to the significance of each level of race-related stress on the experience of depression within African American college students.

Analysis 1. A hierarchical regression will be used to determine the relationship between race-related stress and depression. To control for any effects based on sex, ASCS and academic institution a hierarchical regression will be utilized in a Block entry design. The first Block entered will consist of the demographic of sex, academic institution and ASCS. The second block entered will be the race-related stress variable. Along with determining the significance of the overall regression, the block entry design allows the researcher to determine the nature of the relationship between cultural racism, institutional racism and individual racism and depression. Thus, these steps were repeated for each race-related stress subscale

Primary Research Question 2: Is there a relationship between African self-consciousness and depression?

Hypothesis 2. It is expected that African self-consciousness will negatively predict depression. In addition, ASC will predict depression above and beyond demographic factors.

Rationale 2. In Kambon's (1998) theory of Black personality, he argues that ASC is an essential component to African American psychosocial development. While largely theoretical, much of the literature regarding ASC argues that there is a positive relationship between ASC and psychosocial functioning (Baldwin, Brown & Rackley, 1990; Baldwin et al, 1990; Baldwin et al, 1987; Bell et al, 1990; Chambers et al, 1994). While Pierre and Mahalik (2005) found partial support for a relationship between aspects of ASC and mental health outcomes, Chambers et al (1998) found correlations between ASC and self-esteem among African American males. Given the heavy environmental influence on ASC levels within African Americans, it appears important to gain an understanding of the relationship between ASC and depression as this relationship may be rooted in environmental factors.

Analysis 2. The researcher will also assess this hypothesis through the use of hierarchical regression. A hierarchical regression will be used to determine the relationship between African self-consciousness and depression. To control for any effects based on sex and academic environment, a hierarchical regression will be utilized in a Block entry design. The first Block entered will consist of the demographic of sex and academic environment. The second block entered will include the controlled variables and ASCS. Along with determining the significance of the overall regression,

the block entry design allows the researcher to determine if African self-consciousness explains statistical significance above and beyond sex and academic environment.

Primary Research Question 3: Is the relationship between race-related stress and depression moderated by students' level of African self-consciousness?

Primary Hypothesis 3. It is hypothesized that African self-consciousness will moderate the relationship between race-related stress and depression such that an increase in race-related stress is more strongly associated with depression among students with high levels of African self-consciousness than among students with low levels of African self-consciousness.

Primary Rationale 3. As previously mentioned, much of the research exploring the relationship between race-related stress and mental health outcomes fails to provide a detailed account regarding the link between discrimination and mental health outcomes. Some research studies have provided support for various moderators of the effects of race-related stress on psychological well-being (Kaiser, Major, & McCoy, 2004; McCoy & Major, 2003; B. Miller, Rote, & Keith, 2013; Schmitt & Branscombe, 2002). Schmitt et al. (2014) conducted a meta-analysis of studies examining the relationship between race-related stress and psychological well-being and identified several studies that found group identification to either buffer or exacerbate the relationship. Thus, there is some support that one's strong identification with a group moderates the relationship between race-related stress and psychological well-being. McCoy and Major (2003) conducted a study investigating the moderating role of group identification on the relationship

between emotional responses to discrimination for a sample of Latino-American adults. They found support suggesting the more a Latino-American identified with the group, the stronger their depressed emotional response to prejudice (McCoy & Major, 2003).

African self-consciousness is theoretically defined as the aspect of Black personality that is rooted in the connection and identification with traditional African culture. Baldwin's theory argues that Black behavior is influenced by African self-consciousness and that some aspect of ASC should function as an independent or moderating variable in analyses of Black behavior (Baldwin, 1987; Baldwin & Bell, 1985; Baldwin, Brown, & Rackley, 1990). Thus, if ASC explains Black behavior, differing levels of ASC should explain why various experiences bring about various behavioral responses among African Americans. In addition, if ASC is a measure of an African American's knowledge and identification with their traditional African roots, it can be argued that this heightened knowledge and awareness may make that individual more sensitive to experiences of racism and prejudice.

Primary Analysis 3. A multiple regression will be conducted to test this hypothesis using the Block entry design. The first block will consist of the variables controlled for such as sex and academic institution. The second block will consist of race-related stress variable, and African self-conscious, and the final block will consist of an interaction term. Given that both race-related stress and African self-consciousness are continuous variables, to create an interaction term, these variables will need to be standardized through mean centering (Frazier, Tix & Barron, 2004). Once these variables

have been standardized they will be multiplied and the cross-product (race-related stress X African self-consciousness) will be the interaction term entered as the final block. These steps will be repeated for each race-related stress subscale to determine any moderation effects of ASCS on the relationship between cultural, institutional and individual racism and depression.

Exploratory Research Questions

The role academic institution plays in African American collegians mental health outcomes is an area of great interest and worth exploring. Due to the small number of students within the sample from the HBCU, the examination of academic institution influence will have to be exploratory as it is difficult to do a robust comparison between PWI and HBCU students.

Exploratory Research Question 1: Is there a difference in depression by Academic Institution?

Exploratory Hypothesis 1. It is hypothesized that students who attend HBCUs will report lower scores on the depression inventory and individuals who attend PWIs will report higher scores on the depression inventory.

Exploratory Rationale 1. Few studies have examined the impact of academic institution on African American students' mental health outcomes; studies that exist suggest that there is no significant difference in depression based on academic institution (Smith et al., 2014 & Kimbrough et al., 1996). However, scholars argue that HBCUs promote positive psychological functioning and PWIs bring about the risk of maladaptive

psychological functioning for African American students (Baldwin, Duncan, and Bell, 1987; Greer & Chwalisz, 2007). Research has also found support suggesting that HBCUs provide African American students with a greater sense of satisfaction, social support, faculty support and minimal racialized experiences in comparison to students at PWIs (Nettles, et al., 1986; Allen, 1987; Allen, Epps, & Haniff, 1991; Pascarella & Terenzini, 1991). Research regarding African American students' feelings of comfort and satisfaction within their academic institution may bring to light support for how aspects of academic institutions can influence overall psychological well-being. Thus, African American students attending PWIs are at risk of experiencing person to environment incongruence causing them to become susceptible to maladaptive psychological outcomes (Greer & Chwalisz, 2007).

Exploratory Analysis 1. An independent samples t-test will be used to test the mean difference in depression by academic environment. Students who identified attending the HBCUs will make up one sampling population and students who identified attending the PWIs will make up the second sampling population. The assumptions of normal distribution, ratio or interval dependent variable scores, and the presence of population variances that are not statistically different must be met in order for the t-statistic to be valid in determining statistical significance (Borich, 2011). A Levene's test examines whether group variances are equal, if the result is not significant than the researcher can assume the assumption of population variances that are not statistically different has been met (Green & Salkind, 2008).

Exploratory Research Question 2: Is the relationship between race-related stress and depression moderated by the type of academic institution the student attends?

Exploratory Hypothesis 2. It is hypothesized that Academic Institution will moderate the relationship between race-related stress and depression such that an increase in race-related stress is more strongly associated with depression among students who attend PWIs than students who attend HBCUs

Exploratory Rationale 2. This question is exploratory given no previous study has examined academic institution as a moderating variable in the relationship between race-related stress and depression. As previously mentioned, HBCUs are suggested to provide a more safe and comfortable environment for African American students in comparison to PWIs. Researchers have argued that one significant aspect of HBCUs that allow for more safe and comfortable environments is their ability to facilitate racial pride and identity (Allen, 1992; Gun and Epps, 1975). In an exploration of Black students' reasons for choosing to attend HBCUs, Van Camp et al. (2010) identified racial centrality and racial contact as two significant reasons Blacks choose to attend HBCUs. As a result, Black students who have a strong identification with their race/racial identity and/or wish to have more contact with individuals of their same race choose to attend HBCUs to have those experiences. In a meta-analysis examining moderating variables of the relationship between race-related stress and psychological well-being, Schmitt et al. (2014) found several studies which argued that social support such as support from friends, family and classmates buffered or exacerbated this relationship. Thus, if HBCUs are argued to

provide more social support to African American students and social support is argued to serve as a moderator of the relationship between race-related stress and psychological well-being it could be argued that HBCUs may impact this relationship.

Exploratory Analysis 2. A multiple regression will be conducted to test this hypothesis using the Block entry design. The first block will consist of sex and ASCS as controlled variables, the second block will consist of the race-related stress variable along with the controlled variables, and the final block will consist of all the previously mentioned variables and the interaction term. Given that race-related stress is a continuous variable and academic environment is a categorical variable, to create an interaction term, these variables will need to be standardized (Frazier, Tix & Barron, 2004). Once these variables have been standardized they will be multiplied and the cross-product (Race-related stress X Academic environment) will be the interaction term entered as the final block. These steps will be repeated for each race-related stress subscale to determine any moderation effects of academic institution on the relationship between cultural, institutional and individual racism and depression.

CHAPTER 3

METHODS

Participants. The study's sample consisted of Black college students enrolled at The University of Texas at Austin which is a Predominately White Institution (PWI) and Huston-Tillotson University which is a Historically Black College/University (HBCU). Participants were drawn from the University of Texas at Austin's College of Education's subject pool and various courses at Huston-Tillotson University. A primary focus of the study is to do comparative analyses utilizing African/Black students who attend a PWI and an HBCU. The choice to utilize these two specific institutions is not only do they represent a PWI and HBCU respectively, but they are institutions located in the same city; thus helping to control for factors such as geographical location. Recruitment strategies such as convenience and snowball sampling were also utilized; soliciting participants directly through Black student organizations, Black Studies course email distributions, campus wide email distributions, and social media announcements. Based on G-Power for power analysis a total of 200 participants will be needed for 80% power for an alpha of .05.

The final sample consisted of 167 Black college students. Of these participants, 132 (79%) identified as African American/Black, 23 (13.8%) as African, 11(6.6%) as Multiracial/Biracial, and 1(.6%) as Caribbean. There were 117 (70.1%) women and 50 (29.9%) men in the sample. Participants ranged in age from 18 years of age to 53 years of age, with a mean age of 20 years of age. Majority of the sample identified as middle-class

57 (34.1%), followed closely by working class 49 (29.3%). A total of 121 (72.5%) participants identified as third generation or higher American, 31 (18.6%) participants identified as second generation American, and 15 (9%) participants identified as first generation American.

Of the 167 participants, 111 (66.5%) were enrolled at the University of Texas at Austin which was the PWI; while 56 (33.5%) were enrolled at Huston-Tillotson University which was the HCBU. In terms of classification, there were 21 (12.6%) freshman, 29 (17.4%) sophomores, 41 (24.6%) juniors, 61 (36.5%) seniors, 12 (7.2%) graduate students, and 3 (1.8%) other. A total of 69 (41.3%) participants identified as first generation college student, 66 (39.5%) participants identified as second generation college student, and 32 (19.2%) participants identified as third generation or higher college student. With regards to cumulative Grade Point Average (GPA) 52 (31.1%) participants reported a GPA of 4.0 – 3.5, 49 (29.3%) reported a GPA of 3.49-3.0, 47(28.1%) reported a GPA of 2.99-2.50, 16(9.6%) reported a GPA of 2.49-2.0, and 3 (1.8%) reported a GPA of below 2.0. Lastly, of those participants who identified their field of study, a vast majority of the participants are of concentration fell within the College of Liberal Arts, 47 (31%), followed by The College of Education and The College of Natural Science, 25 (16.4%), the School of Business, 13 (8.6%), and the College of Communication, 12(7.9%).

Table 1: Demographic Characteristics of Participants

Characteristics	n	%
Race		
African American/Black	132	79
African	23	13.8
Caribbean	1	.6
Multiracial/Biracial	11	6.6
Age		
18	16	9.6
19	21	12.6
20	26	15.6
21	39	23.4
22	28	16.8
23	10	6.0
24	9	5.4
25	6	3.6
26	2	1.2
27	2	1.2
28	1	.6
30	2	1.2
35	2	1.2
39	1	.6
53	2	1.2
Gender		
Female	117	70.1
Male	50	29.9
Class Standing		
Freshman	21	12.6
Sophomore	29	17.4
Junior	41	24.6
Senior	61	36.5
Graduate Student	12	7.2
Other	3	1.8
SES		
Working Class	49	29.3
Lower-Middle Class	39	23.4
Middle-Class	57	34.1
Upper-Middle Class	20	12.0
Upper-Class	2	1.2

Table 1 (cont): Demographic Characteristics of Participants

Generational Status		
First Generation American	15	9
Second Generation American	31	18.6
Third Generation or Higher American	121	72.5
Student Status		
First Generation College Student	69	41.3
Second Generation College Student	66	39.5
Third Generation or Higher College Student	32	19.2
Major		
College of Business	13	8.6
College of Communication	12	7.9
College of Education	25	16.4
College of Engineering	3	2
Fine Arts	3	2
Geosciences	2	1.3
Liberal Arts	47	31
Natural Sciences	25	16.4
Social Work	4	2.6
Undergraduate Studies	1	.6
Undeclared	5	3.3
Double Major	12	7.9
Cumulative GPA		
4.0-3.5	52	31.1
3.49-3.0	49	29.3
2.99-2.50	47	28.1
2.49-2.0	16	9.6
Below 2.0	3	1.8
Academic Institution		
Huston-Tillotson University	56	33.5
The University of Texas at Austin	111	66.5

Measures

Demographic Questionnaire: A brief demographic questionnaire will obtain information on participants' age, gender, GPA, ethnicity, socioeconomic status (SES), classification, major, and academic institution.

African Self-Consciousness Scale: The African Self-Consciousness Scale (ASC; Baldwin & Bell, 1985) is a 42-item measure used to assess four basic components of African self-consciousness based on an 8-point Likert scale (1-very strongly disagree, 8-very strongly agree). The four basic components of ASC are (a) an awareness/recognition of one's African identity and cultural heritage; (b) general ideological and activity priorities placed on African/Black survival, liberation, and development; (c) self-knowledge and self-affirmation related to Africentric values, customs, and institutions; and (d) resolute resistance and defense against anti-African/Black forces and threats to African/Black survival. Baldwin and Bell (1985) reported the overall ASC scale to have strong test-retest reliability (.90) and satisfactory internal consistency (.70). The scale's validity has been examined in several studies with results demonstrating that ASC scores relate to Black personality (Baldwin & Bell, 1985), more positive evaluations of African facial features (Chambers, Clark, Dantzer, & Baldwin, 1994), and scores on the African American Behavior Checklist (Stokes, Murray, Peacock, & Kaiser, 1994).

Index of Race-related Stress- Brief Version: The Index of Race-related Stress-Brief Version (IRRS-B; Utsey, 1999) is a shortened version of the Index of Race-related Stress created by Utsey and Ponterotto (1996). The IRRS-B was designed to assess stress experienced by Blacks resulting from their daily encounters with racism and discrimination. This multidimensional self-report measure consists of 22-items in three subscales—the Cultural Racism subscale which consists of 10 items assessing if Black culture has been denigrated, the Institutional Racism subscale consisting of 6 items

assessing experiences with institutional policies, and the Individual Racism subscale consisting of 6 items assessing interpersonal level encounters—along with a global racism index. Respondents are asked to indicate on a 5-point Likert scale (where 0= this never happened to me to 4= this event happened to me and I was extremely upset) which race-related events they have experienced during their lifetime and their reaction to the event. Higher scores are indicative of a more overall race-related stress, and low scores are indicative of lower overall race-related stress. The internal consistency reliability coefficients for the cultural racism subscale =.78, for the institutional racism subscale = .69, and the individual racism subscale = .78 (Utsey, 1999). The IRRS-B also reports test-retest reliability coefficients as: cultural racism =.58; institutional racism=.71 and individual racism =.78.

Academic Institution: Students will identify whether they currently attend a Historically Black College/University (HBCU) or a Predominately White Institution (PWI) on the demographic questionnaire. Florida Agricultural & Mechanical University and Huston Tillotson University will be identified as HBCUs and The University of Texas at Austin and Florida State University will be identified as PWIs.

The Center for Epidemiological Studies Depression Scale (CES-D, Radloff, 1977). The National Institute of Mental Health Center for Epidemiological Studies developed The Center for Epidemiological Studies Depression Scale (CES-D) to assess the presence and intensity of symptoms of depression in community and population specific samples (Nguyen et al., 2004). The CES-D is a 20-item measure that assesses the

occurrence and strength of depressive symptoms (Radloff, 1977). Respondents are asked to rate the frequency for each symptom over the past week with responses ranging from 1 (rarely or none of the time—less than 1 day) to 4 (most of the time—5 to 7 days). A total score is obtained with a maximum score of 60. Sample items include “I felt fearful,” and “I felt that people disliked me.” Cronbach’s alpha ranges from .84 to .90 in field studies with test-retest reliability ranges from .51 to .67 in 2- to 8-week intervals and .41 to .54 in 3- to 12-month intervals. Concurrent validity studies have found CES-D to have correlations ranging from the .50s to .80s with the Hamilton rating scale, .30s to .80s with the Raskin rating scale, .40s to .50s with the Lubin Depression Adjective Checklist, and .50s with the Langner scale (Radloff, 1977; Comstock & Helsing, 1976 & Weissman et al, 1977). Radloff (1977) identified (1) depressed affect, (2) positive affect, (3) somatic complaints, and (4) interpersonal problems as the four-factor structure of the CES-D. In a study examining the ability to replicate the four-factor structure of the CES-D across race and socioeconomic status, Nguyen et al. (2004) duplicated the four-factor structure among low SES African Americans. Nguyen et al. (2004) also found evidence that supported the validity for the use of the measurement to examine African Americans’ experiences of depression. In fact, several studies have utilized the CES-D to investigate depression among African American samples (Barbee, 1992; Lincoln et al., 2007; Schultz et al., 2006a; Schultz et al., 2006b). Based on the Beck Depression Inventory and rooted in Beck’s cognitive model of depression, the CES-D was designed to measure current symptoms of depression, such as depressed mood in an effort to study the relationship

between depression and other variables across population subgroups (Radloff, 1977).

This scale has been frequently used in previous research with African Americans (Barbee, 1992).

Procedures.

Approval for the current research study was granted through the Institutional Review Boards (IRB) at the University of Texas at Austin and Huston-Tillotson University. This process required the researcher to submit various documents such as the research proposal, informed consent and a draft of the research study questionnaire that would be completed by participants. Participants were recruited utilizing a variety of methods such as convenience sampling, snowball sampling, email and verbal recruitment, and the Subject Pool in the Department of Educational Psychology at the University of Texas at Austin. Participants were emailed a recruitment statement (see Appendix A) which detailed participation criteria, briefly detailed the researcher and study and provided a link to the online survey. The following measures were included in the online survey through Qualtrics: demographic questionnaire, African Self-Consciousness Scale (ASCS), Index of Race-Related Stress Scale- Brief Version (IRRS-B), and The Center for Epidemiological Studies Depression Scale (CES-D). On the webpage, participants viewed a cover letter (see Appendix B) describing a research study examining “psychosocial factors as predictors of the psychological wellbeing of African American collegians”. The cover letter provided details regarding study implications, participant confidentiality, study risks, and contact information to address any questions

or concerns. If participants consented to the terms of the study, they were directed to the start of the survey. Once participants completed the study they received the end of survey message (see Appendix C) thanking them for their participation and instructed them to email the investigator in the event that they wished to be entered into a draw to receive one of six visa gift cards.

CHAPTER 4

RESULTS

Preliminary Analyses. The variables being investigated for this study were race-related stress, African self-consciousness, academic institution and depression among African American collegians. Pearson R correlations were conducted as a preliminary data analysis to 1) examine simple correlations between the various variables, and to 2) determine if statistical assumptions for multiple regressions are met. Given that some of the research questions were exploratory and largely based on theoretical literature; simple correlations provided basic empirical support for the various theories. The correlation matrix contains the sex demographic variable, academic institution, each subscale of the race-related stress scale (individual racism, institutional racism and cultural racism), the race-related stress total scale, the African self-consciousness scale, and the center for epidemiologic studies depression scale. The correlation matrix allows for the identification of multiple regression relevant assumptions such as normality, linearity between variables, homoscedasticity, independence of error, and lack of multicollinearity (Tabachnick & Fidell, 2000). Correlation coefficients were computed among the variables under investigation using Pearson product correlations. The Bonferroni approach was used to control for Type I error across the 16 correlations, and a p value of less than .003 ($.05/16 = .003$) was required for significance. Given that the only significantly high correlations exist between each of the IRRS subscales and the IRRS total scale (which is to be expected since they make up the total scale) it can be assumed

that multicollinearity does not exist between test variables. The correlation matrix and significant correlations are presented in *Table 2*.

Table 2: Correlation Matrix

Variable	1	2	3	4	5	6	7	8
1. Sex								
2. Academic Institution	-.02							
3. Cultural Racism	.13	.12						
4. Institutional Racism	-.07	-.04	.43*					
5. Individual Racism	.13	.09	.59*	.60*				
6. IRRS Total	.88	.08	.85*	.78*	.87*			
7. ASCS Total	.18	.19	.43*	.19	.28*	.38*		
8. CESD Total	.01	-.05	.25*	.25*	.19*	.28*	-.09	

* $p < .05$ (Bonferroni adjusted p =value, $p < .003$)

Residuals were plotted and evaluated to determine normality of the data (Tabachnick & Fidell, 2000). Additionally, Q-Q plots, histograms, skewness and kurtosis values were also used to evaluate normality of the data and assess for potential outliers, homoscedasticity and linearity of the data (Osborne & Walters, 2002). Lastly, multicollinearity was assessed by evaluating whether the Variance Inflation Factor (VIF) was greater than 4 and the tolerance factors were below .2 (Tabachnick & Fidell, 2000). Skewness values for dependent variables ranged from .937 to -.992. While these values indicate some level of skewness, they do suggest an acceptable symmetry of distribution

(George & Mallery, 2010). Kurtosis values were acceptable with a range of .621 to -1.523 (George & Mallery, 2010). Tolerance values for the current study ranged from .484 to 1.0, and VIF values ranged from 1.0 to 2.051. Both Tolerance and VIF value ranges for the current study sample do not suggest problems with multicollinearity (Tabachnick & Fidell, 2000).

Descriptive Statistics. Descriptive statistics including means and standard deviations for each independent variable were reported and participants with missing data were excluded from data analyses. Descriptive statistics are presented in *Table 3*.

Table 3: Descriptive Statistics

Variable	Range	Mean	Standard Deviation
Cultural Racism	14-50	39.65	8.34
Institutional Racism	6-30	12.84	5.96
Individual Racism	6-30	19.13	6.96
IRRS Total	19.34-100.34	61.97	17.74
ASCS Total	148-311	209.30	28.83
CESD Total	22-127	55.77	21.71

**n* = 167

Primary Data Analyses.

Hypothesis 1. It was expected that race-related stress would positively predict depression. Additionally, I predicted that individual racism, institutional racism and cultural racism will each positively and uniquely predict depression. To examine these predictions, two separate hierarchical regression analyses were run using a block entry

design. The first hierarchical regression (results in *table 4*) was run to determine the relationship between the total race-related stress scale and depression; while the second hierarchical regression (results in *table 5*) was run to determine the unique relationship of each race-related stress subscale and depression. To control for any effects based on differences in sex, academic institution and African self-consciousness a Block entry design with each controlled variable entered in the first block was utilized in each hierarchical regression analysis.

Table 4: Hierarchical Regression Analysis for IRRS predicting depression

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	70.537	13.657		5.165	.000
	Sex	1.030	3.749	.022	.275	.784
	Academic Institution	-1.634	3.644	-.036	-.448	.654
	ASCS	-.066	.061	-.088	-1.084	.280
2	(Constant)	65.240	12.952		5.037	.000
	Sex	.663	3.542	.014	.187	.852
	Academic Institution	-1.761	3.442	-.038	-.512	.610
	ASCS	-.168	.062	-.223	-2.723	.007
	IRRS	.443	.097	.362	4.551	.000
	Total					

Note: $p < .05$. ASCS= African self-consciousness Scale, IRRS= Index of race-related stress total scale

The results of the first hierarchical regression support the first part of hypothesis 1 in that race-related stress as a whole significantly predicted depression, $F(4,162) = 5.64, < .001$, $R^2 = .122$ (adjusted $R^2 = .100$). It was found that ASCS significantly predicted depression ($\beta = -.223, p < .05$), as did IRRS Total ($\beta = .362, p < .001$). As ASCS increases, depression

decreased by .168 and when IRRS increases, depression increases by .443. IRRS is a more important predictor in this model and accounts for 11.2% of the variability after accounting for all variables included in the model $F(1,162) = 20.711, p < .001$. The following were nonsignificant predictors, sex ($\beta = .014, p > .05$), and academic institution ($\beta = -.038, p > .05$).

Table 5: Hierarchical Regression Analysis for each IRRS subscale predicting CESD

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	70.537	13.657		5.165	.000
	Sex	1.030	3.749	.022	.275	.784
	Academic Institution	-1.634	3.644	-.036	-.448	.654
	ASCS	-.066	.061	-.088	-1.084	.280
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	Academic Institution	-1.389	3.480	-.030	-.399	.690
	ASCS	-.182	.063	-.242	-2.904	.004
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	Racism					

Note: $p < .05$. ASCS= African self-consciousness Scale

The results of the second hierarchical regression provided partial support for the second part of hypothesis 1 $F(6,160) = 4.210, < .001, R^2 = .136$ (adjusted $R^2 = .104$). Cultural racism significantly predicted depression ($\beta = .281, p < .05$) such that as cultural racism increases, depression increases by .732. Institutional racism was a marginally significant predictor of depression ($\beta = .185, P = .56$) suggesting that as institutional racism increases,

depression increases by .672. ASCS also significantly predicted depression in this model ($\beta = -.242$, $p < .05$) such that as ASCS increases, depression decreases by .182. Cultural racism is the strongest predictor in this model and accounts for 12.6% of the variability after accounting for all of the variables in the model $F(3,160) = 7.806$, $p < .001$.

The following factors were nonsignificant predictors of depression in this model, sex ($\beta = .029$, $p = .883$), academic institution ($\beta = -.030$, $p = .883$), and individual racism ($\beta = -.147$, $p = .883$).

Hypothesis 2. It was expected that ASCS will negatively predict depression. It was also predicted that ASCS will predict depression above and beyond sex. A hierarchical regression was also used to determine the relationship between African self-consciousness and depression. To control for any effects based on difference in sex and academic institution a block entry design with each controlled variable entered in the first block was utilized. The results are presented in *Table 6*:

Table 6: Hierarchical Regression Analysis for ASCS predicting CESD

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Standard Error	Beta	T	
1	(Constant)	59.302	8.898		6.665	.000
	Sex	.279	3.686	.006	.076	.940
	Academic Institution	-2.405	3.576	-.052	-.673	.502
2	(Constant)	70.537	13.657		5.165	.000
	Sex	1.030	3.749	.022	.275	.784
	Academic Institution	-1.634	3.644	-.036	-.448	.654
	ASCS	-.066	.061	-.088	-1.084	.280

Note: $p < .05$, ASCS = African self-consciousness

The results of this hierarchical regression did not support hypothesis 2 in that African self-consciousness was a non-significant negative predictor of depression $F(3, 163) = .545, p = .65, R^2 = .010$. Similarly, ASCS did not predict depression above and beyond sex ($\beta = -.088, p = .28$).

Hypothesis 3. It was predicted that African self-consciousness would moderate the relationship between race-related stress and depression, such that an increase in race-related stress would be more strongly associated with depression among students with high levels of African self-consciousness than among students with low levels of African self-consciousness. It was also predicted that African self-consciousness would moderate the relationship between each race-related stress subscale and depression such that an increase in each subscale would be more strongly associated with depression among students with high levels of African self-consciousness than among students with low levels of African self-consciousness. Four separate hierarchical multiple regression analyses were conducted to test this hypothesis using the Block entry design. Each multiple regression analysis controlled for sex and academic institution and a different interaction term was created for each analysis. One interaction term was created for ASCS by the total race-related stress scale and one interaction term was created for ASCS by each race related stress subscale. The results are presented in *table 7, table 8, table 9, and table 10*:

Table 7: Hierarchical Regression Analysis for IRRS predicting CESD, ASCS as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	59.302	8.898		6.665	.000
	Sex	.279	3.686	.006	.076	.940
	Academic Institution	-2.405	3.576	-.052	-.673	.502
2	(Constant)	65.240	12.952		5.037	.000
	Sex	.663	3.542	.014	.187	.852
	Academic Institution	-1.761	3.442	-.038	-.512	.610
	IRRS Total	.443	.097	.362	4.551	.000
	ASCS	-.168	.062	-.223	-2.723	.007
3	(Constant)	61.518	13.090		4.700	.000
	Sex	.088	3.542	.002	.025	.980
	Academic Institution	-1.782	3.425	-.039	-.520	.604
	IRRS Total	.400	.101	.327	3.978	.000
	ASCS	-.128	.066	-.170	-1.932	.055
	ASCSXIRRS	-.005	.003	-.130	-1.624	.106

Note: $p < .05$. ASCS= African self-consciousness Scale, IRRS= Index of race-related stress; ASCSXIRRS= African self-consciousness total scale by Index of race-related stress total scale interaction term

The results of the first hierarchical multiple regression did not support hypothesis 3, in that African self-consciousness did not moderate the relationship between overall race related stress and depression ($\beta = -.130$, $p = .11$); however IRRS was found to be a significant predictor of depression in this model, $F(5,161) = 5.082$, $p < .001$, $R^2 = .136$ (adjusted $R^2 = .109$), $\beta = .327$, $p = .001$. As IRRS increases, depression increases by .400. IRRS is the most important predictor in this model and accounts for 1.4% of the variability over all the predictors in this model $F(1,161) = 2.64$, $p < .001$. ASCS was found to be a marginally significant predictor of depression ($\beta = -.170$, $p = .055$); while sex ($\beta =$

.002, $p > .05$) and academic institution ($\beta = -.039$, $p > .05$) were nonsignificant predictors of depression.

Table 8: Hierarchical Regression Analysis for cultural racism predicting CESD, ASCS as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	59.302	8.898		6.665	.000
	Sex	.279	3.686	.006	.076	.940
	Academic Institution	-2.405	3.576	-.052	-.673	.502
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	Academic Institution	-1.389	3.480	-.030	-.399	.690
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	ASCS	-.182	.063	-.242	-2.904	.004
3	(Constant)	57.358	13.364		4.292	.000
	Sex	1.428	3.710	.030	.385	.701
	Academic Institution	-1.403	3.493	-.031	-.402	.688
	Cultural Racism	.743	.276	.285	2.694	.008
	Institutional Racism	.670	.351	.184	1.910	.058
	Individual Racism	-.047	.329	-.015	-.143	.886
	ASCS	-.186	.072	-.247	-2.577	.011
	ASCSXCultural Racism	.001	.008	.009	.105	.917

Note: $p < .05$. ASCS= African self-consciousness Scale, IRRS= Index of race-related stress; ASCSXCultural Racism= African self-consciousness total scale by Cultural racism subscale interaction term

The results of the second hierarchical multiple regression also did not support hypothesis 3, in that African self-consciousness did not moderate the relationship between cultural racism and depression ($\beta .009$, $p=.917$); however, cultural racism was found to be a significant predictor of depression in this model, $F(7,159)=3.588$, $p<.001$, $R^2 = .136$ (adjusted $R^2=.098$), $\beta .285$, $p<.05$. As cultural racism increases, depression increases by .743. ASCS was also a significant predictor of depression in this model ($\beta -.247$, $p<.05$), such that as ASCS increases, depression decreases by .186. Institutional racism was found to be a marginally significant predictor of depression ($\beta .184$, $p=.058$) such that as individual racism increases, depression decreases by .047. Cultural racism was the most important predictor in this model and accounted for .01% of the variability when considering all the predictors in this model, $F(1,159)=.011$, $p<.001$. The following did not predict depression, sex ($\beta .143$, $p>.05$), academic institution ($\beta -1.403$, $p>.05$), and individual racism ($\beta -.057$, $p>.05$).

Table 9: Hierarchical Regression Analysis for institutional racism predicting CESD, ASCS as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	59.302	8.898		6.665	.000
	Sex	.279	3.686	.006	.076	.940
	Academic Institution	-2.405	3.576	-.052	-.673	.502
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	Academic Institution	-1.389	3.480	-.030	-.399	.690
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	ASCS	-.182	.063	-.242	-2.904	.004
3	(Constant)	52.925	13.391		3.952	.000
	Sex	1.428	3.610	.030	.396	.693
	Academic Institution	-1.291	3.458	-.028	-.373	.709
	Cultural Racism	.659	.255	.253	2.583	.011
	Institutional Racism	.726	.349	.199	2.083	.039
	Individual Racism	-.072	.326	-.023	-.219	.827
	ASCS	-.148	.065	-.197	-2.272	.024
	ASCSXInstitutional Racism	-.014	.008	-.135	-1.752	.082

Note: $p < .05$. ASCS= African self-consciousness Scale, IRRS= Index of race-related stress; ASCSXInstitutional Racism= African self-consciousness total scale by Institutional racism subscale interaction term

The results of the third hierarchical multiple regression also did not support hypothesis 3, in that African self-consciousness did not moderate the relationship between institutional

racism and depression (β -.135, p =.08); however, cultural racism (β .253, p <.05), institutional racism (β .199, p <.05), and ASCS (β -.197, p <.05) significantly predicted depression ($F(7,159)=4.094$, p <.001, $R^2 = .153$ (adjusted R^2 = .098). As cultural racism increases, depression increases by .659. Similarly, as institutional racism increases, depression increases by .726. As ASCS increases, depression decreases by .148. Cultural racism was the most important predictor in this model and accounted for 1.6% of the variability when considering all the predictors in this model, $F(1,159)=3.07$ p <.001. The following did not predict depression sex (β .030, p >.05), academic institution (β – .028, p >.05), and individual racism (β -.023, p >.05).

Table 10: Hierarchical Regression Analysis for individual racism predicting CESD, ASCS as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	59.302	8.898		6.665	.000
	Sex	.279	3.686	.006	.076	.940
	Academic Institution	-2.405	3.576	-.052	-.673	.502
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	Academic Institution	-1.389	3.480	-.030	-.399	.690
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	ASCS	-.182	.063	-.242	-2.904	.004
	ASCSXIndividual Racism					
3	(Constant)	54.677	13.126		4.166	.000
	Sex	1.485	3.587	.031	.414	.679
	Academic Institution	-1.337	3.435	-.029	-.389	.698
	Cultural Racism	.623	.255	.239	2.445	.016
	Institutional Racism	.740	.346	.203	2.137	.034
	Individual Racism	-.113	.325	-.036	-.348	.728
	ASCS	-.144	.064	-.192	-2.248	.026
	ASCSXIndividual Racism	-.018	.008	-.174	-2.285	.024

Note: $p < .05$. ASCS= African self-consciousness Scale, IRRS= Index of race-related stress; ASCSXIndividual Racism= African self-consciousness total scale by Individual racism subscale interaction term

The results of the fourth hierarchical multiple regression were significant in that African self-consciousness did moderate the relationship between individual racism and

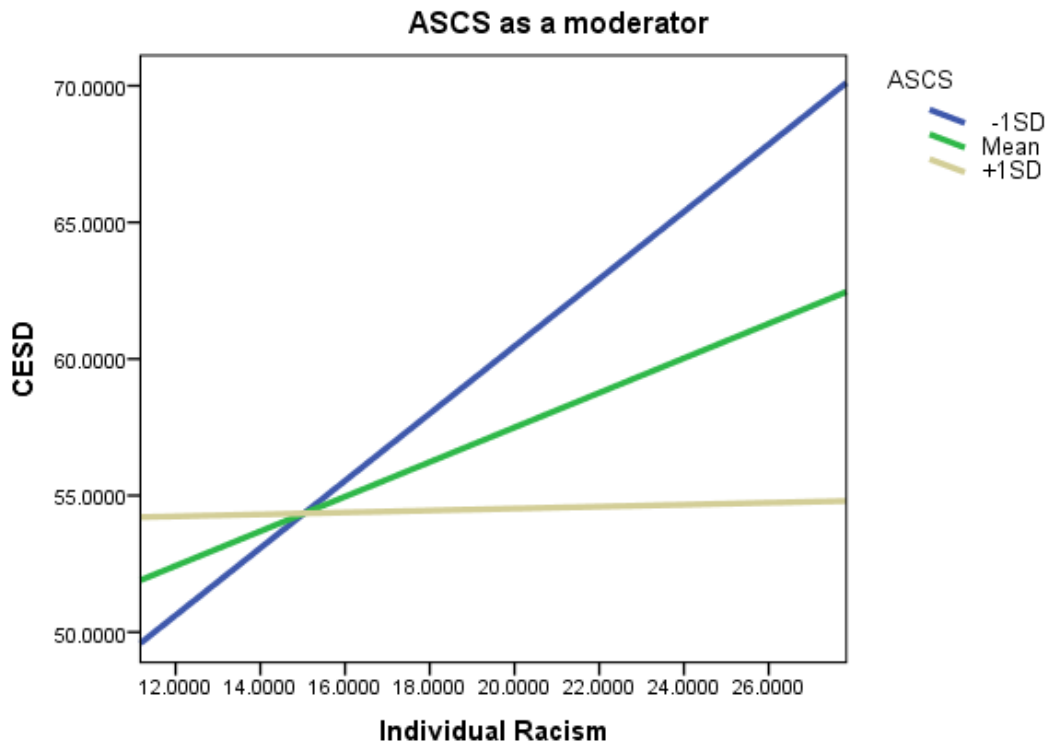
depression $F(7,159) = 4.449, <.001, R^2 = .164$ (adjusted $R^2 = .127$), $\beta = -.174, p < .05$). These significant negative results were counter to our predicted interaction in that an increase in individual racism was more strongly associated with depression among students with lower levels of African self-consciousness than among students with high levels of African self-consciousness. Cultural racism ($\beta .239, p < .05$), institutional racism ($\beta .1203, p < .05$), and ASCS ($\beta -.192, p < .05$) also significantly predicted depression. As cultural racism increases, depression increases by .623. Similarly, as institutional racism increases, depression increases by .740. As ASCS increases, depression decreases by .144. Cultural racism was the most important predictor in this model and accounted for 2.7% of the variability when considering all the predictors in this model, $F(1,159) = 5.220, p < .001$. The following did not predict depression sex ($\beta .031, p > .05$), academic institution ($\beta -.029, p > .05$), and individual racism ($\beta -.348, p > .05$).

To determine the nature of the significant interaction the PROCESS macro (Hayes, 2013) was utilized to obtain the simple slopes for the mean, 1 standard deviation above the mean and one standard deviation below the mean. The conditional effect of individual racism on CESD at the values of ASCS statistics are presented in *Table 11* and are also displayed in *Graph 1*.

Table 11: Conditional effect of Individual Racism on CESD at values of the ASCS

ASCS	Effect	SE	T	P	Lower Level CI	Upper Level CI
180.4685	1.2313	.3081	3.9965	.0001	.6229	1.8397
209.2994	.6334	.2458	2.5767	.0109	.1480	1.1189
238.1303	.0356	.3661	.0972	.9227	-.6873	.7584

Graph 1: The relationship between individual Racism and CESD at different levels of ASCS



When the significant interaction of ASCS on the relationship between individual racism and CESD is further examined you can see that the significant interaction exists when

ASCS values are 1 standard deviation below the mean ($p=.0001$) and when ASCS values are at the mean ($p=.0109$). As levels of ASCS get higher and reach 1 standard deviation above the mean, the significant correlation no longer exists.

Exploratory Analyses

Exploratory Hypothesis 1. It was predicted that students who attend HBCUs would report lower scores on the depression inventory and individuals who attend PWIs would report higher scores on the depression inventory. An independent samples t-test was used to test the mean difference in depression by Academic Institution. Students who identified attending the HBCU made up one sampling population and students who identified attending the PWI made up the second sampling population. The results are presented in *table 12* and *table 13*:

Table 12: Academic Institution Means and Standard Deviations

	Academic Institution	M	SD	N
CESD Total	Huston-Tillotson University (HBCU)	57.375	21.852	56
	The University of Texas at Austin (PWI)	54.964	21.695	111

Table 13: CESD scores based on Academic Institution

		Levene's Test for Equality of Variances		T-Test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Differences	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CESD	Equal Variances Assumed	.768	.382	.676	165	.500	2.411	3.565	-4.627	9.449
	Equal Variances not assumed			.675	109.735	.501	2.411	3.573	-4.670	9.492

Note: $p < .05$, CESD Total = Center for Epidemiologic Studies Depression Scale

The results of the independent samples t-test do not support our exploratory hypothesis 1 in that there was not a significant difference in the depression scores for students attending the HBCU ($M=57.38$, $SD=21.85$) and the students attending the PWI ($M=54.96$, $SD=21.70$); $t(165)=.676$, $p=.50$.

Exploratory Hypothesis 2. It was predicted that Academic Institution will moderate the relationship between race-related stress and depression such that an increase in race-related stress is more strongly associated with depression among students who attended the PWI than students who attended the HBCU. A multiple regression was conducted to test this hypothesis using the Block entry design. It was also predicted that academic institution would moderate the relationship between each race-related stress subscale and depression such that an increase in each subscale would be more strongly

associated with depression among students who attended the PWI than students who attended the HBCU. Four separate hierarchical multiple regression analyses were conducted to test this hypothesis using the Block entry design. Each multiple regression analysis controlled for sex and African self-consciousness and a different interaction term was created for each analysis. One interaction term for academic institution by the total race-related stress scale and one interaction term for Academic institution by each race related stress subscale. The results are presented in *table 14*, *table 15*, *table 16* and *table 17*.

Table 14: Hierarchical Regression Analysis for IRRS predicting CESD, academic institution as moderator

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Standard Error	Beta	T	Sig.
1	(Constant)	68.769	13.044		5.272	.000
	Sex	1.125	3.734	.024	.301	.764
	ASCS	-.071	.059	-.095	-1.197	.233
2	(Constant)	65.240	12.952		5.037	.000
	Sex	.663	3.542	.014	.187	.852
	ASCS	-.168	.062	-.223	-2.723	.007
	IRRS Total	.443	.097	.362	4.551	.000
	Academic Institution	-1.761	3.442	-.038	-.512	.610
3	(Constant)	65.187	12.981		5.022	.000
	Sex	.620	3.551	.013	.175	.862
	ASCS	-.164	.062	-.217	-2.631	.009
	IRRS Total	.436	.099	.356	4.420	.000
	Academic Institution	-1.881	3.457	-.041	-.544	.587
	aiXIRRS	-.099	.187	-.040	-.529	.597

Note: $p < .05$. ASCS= African self-consciousness scale, IRRS= Index of race-related stress; aiXIRRS= Academic institution by race-related stress interaction term

The results of the first hierarchical multiple regression did not support the exploratory hypothesis 2, in that academic institution did not moderate the relationship between race-related stress and depression ($\beta = -.040$, $p = .597$); however, ASCS ($\beta = -.217$, $p < .05$) and IRRS ($\beta = .356$, $p < .05$) significantly predicted depression in this model $F(5, 161) = 4.545$, $p < .001$, $R^2 = .124$ (adjusted $R^2 = .096$). As ASCS increases, depression decreases by .164 and as IRRS increases, depression increases by .436. IRRS was the most important predictor as it accounted for .2% of the variability when considering all the variables in this model $F(1, 161) = .280$, $p < .01$. The following did not predict depression sex ($\beta = .013$, $p > .05$), and academic institution ($\beta = .014$, $p > .05$).

Table 15: Hierarchical Regression Analysis for cultural racism predicting CESD, academic institution as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	68.769	13.044		5.272	.000
	Sex	1.125	3.734	.024	.301	.764
	ASCS	-.071	.059	-.095	-1.197	.233
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	ASCS	-.182	.063	-.242	-2.904	.004
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	Academic Institution	-1.389	3.480	-.030	-.339	.690
3	(Constant)	57.071	13.281		4.297	.000
	Sex	1.381	3.642	.029	.379	.705
	ASCS	-.188	.064	-.250	-2.952	.004
	Cultural Racism	.758	.258	.291	2.937	.004
	Institutional Racism	.677	.350	.186	1.933	.055
	Individual Racism	-.057	.329	-.018	-.172	.863
	Academic Institution	-1.208	3.502	-.026	-.345	.731
	aiXculturalR	.227	.399	.043	.568	.571

Note: $p < .05$. ASCS= African self-consciousness scale, IRRS= Index of race-related stress; aiXculturalR= Academic institution by Cultural Racism interaction term

The results of the second hierarchical multiple regression did not support the exploratory hypothesis 2, in that academic institution did not moderate the relationship between cultural racism and depression ($\beta=.043$, $p=.571$); however, ASCS ($\beta=-.250$, $p<.05$) and

cultural racism ($\beta = -.291$, $p < .05$) significantly predicted depression in this model, $F(7, 159) = 3.64$, $p < .001$, $R^2 = .138$, (adjusted $R^2 = .100$). As ASCS increases, depression decreases by .188 and as cultural racism increases, depression increases by .753. Institutional racism was a marginally significant predictor of depression ($\beta = .186$, $p = .055$). Cultural racism was the most important predictor as it accounted for .2% of the variability when considering all the variables in this model $F(1, 159) = .323$, $p < .01$. The following did not predict depression sex ($\beta = .029$, $p > .05$), individual racism ($\beta = -.018$, $p > .05$), and academic institution ($\beta = -.026$, $p > .05$).

Table 16: Hierarchical Regression Analysis for institutional racism predicting CESD, academic institution as moderator:

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	68.769	13.044		5.272	.000
	Sex	1.125	3.734	.024	.301	.764
	ASCS	-.071	.059	-.095	-1.197	.233
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	ASCS	-.182	.063	-.242	-2.904	.004
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	Academic Institution	-1.389	3.480	-.030	-.339	.690
3	(Constant)	56.950	13.264		4.294	.000
	Sex	1.152	3.644	.024	.316	.752
	ASCS	-.177	.063	-.235	-2.807	.006
	Cultural Racism	.726	.254	.279	2.863	.005
	Institutional Racism	.668	.350	.183	1.911	.058
	Individual Racism	-.067	.329	-.021	-.203	.840
	Academic Institution	-1.335	3.483	-.029	-.383	.702
	aiXInstitutional	-.487	.560	-.065	-.869	.386
	al					

Note: p < .05. ASCS= African self-consciousness scale, IRRS= Index of race-related stress; aiXInstitutional= Academic institution by Institutional Racism interaction term

The results of the third hierarchical multiple regression did not support the exploratory hypothesis 2, in that academic institution did not moderate the relationship between institutional racism and depression (β -.065, p =.386); however, ASCS (β =-.235, p <.05)

and cultural racism ($\beta=.279$, $p<.05$) significantly predicted depression in this model $F(7,159)=3.71$, $p<.001$, $R^2=.140$ (adjusted $R^2=.103$). As ASCS increases, depression decreases by .177 and as cultural racism increases, depression increases by .726. Institutional racism was a marginally significant predictor of depression ($\beta=.183$, $p=.058$). Cultural racism was the most important predictor as it accounted for .4% of the variability when considering all the variables in this model $F(1,159)=.754$, $p<.01$. The following did not predict depression sex ($\beta=.024$, $p>.05$), individual racism ($\beta=-.021$, $p>.05$), and academic institution ($\beta=-.029$, $p>.05$).

Table 17: Hierarchical Regression Analysis for individual racism predicting CESD, academic institution as moderator

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Standard Error	Beta	T	Sig.
1	(Constant)	68.769	13.044		5.272	.000
	Sex	1.125	3.734	.024	.301	.764
	ASCS	-.071	.059	-.095	-1.197	.233
2	(Constant)	57.213	13.251		4.318	.000
	Sex	1.355	3.634	.029	.373	.710
	ASCS	-.182	.063	-.242	-2.904	.004
	Cultural Racism	.732	.253	.281	2.888	.004
	Institutional Racism	.672	.349	.185	1.924	.056
	Individual Racism	-.048	.328	-.015	-.147	.883
	Academic Institution	-1.389	3.480	-.030	-.339	.690
	R					
3	(Constant)	57.614	13.249		4.349	.000
	Sex	1.365	3.632	.029	.376	.707
	ASCS	-.178	.063	-.237	-2.840	.005
	Cultural Racism	.725	.253	.278	2.860	.005
	Institutional Racism	.639	.351	.175	1.824	.070
	Individual Racism	-.043	.328	-.014	-.130	.896
	Academic Institution	-1.674	3.488	-.037	-.480	.632
	aiXIndividual	-.520	.481	-.080	-1.081	.281
	R					

Note: $p < .05$. ASCS= African self-consciousness scale, IRRS= Index of race-related stress; aiXIndividualR= Academic institution by Individual Racism interaction term

The results of the fourth hierarchical multiple regression did not support the exploratory hypothesis 2, in that academic institution did not moderate the relationship between individual racism and depression ($\beta = -.080$, $p = .281$); however, ASCS ($\beta = -.237$, $p < .05$)

and cultural racism ($\beta=.278$, $p<.05$) significantly predicted depression in this model $F(7,159)=3.78$, $p<.001$, $R^2=.143$, (adjusted $R^2=.105$). As ASCS increases, depression decreases by .178 and as cultural racism increases, depression increases by .725. Cultural racism was the most important predictor as it accounted for .6% of the variability when considering all the variables in this model $F(1,159)=1.169$, $p<.01$. The following did not predict depression sex ($\beta .029$, $p>.05$), institutional racism ($\beta=.175$, $p>.05$), individual racism ($\beta=-.014$, $p>.05$), and academic institution ($\beta -.037$, $p >.05$).

CHAPTER 5

DISCUSSION

The purpose of this study was to examine the impact of psychosocial factors on depression among African American collegians. A large body of research exists examining the impact of racial discrimination on mental health outcomes among African Americans (Banks et al, 2006; Bynum et al, 2007; Combs et al, 1994; Fernando, 1984; Franklyn-Jackson et al, 2007; Jackson et al, 1996; Kessler et al, 1999; Klonoff et al, 1999; Landrine et al, 1996; Pascoe et al, 2009 & Schmitt et al, 2014), providing support for the relationship between racial discrimination and mental health outcomes. Of these studies, few have specifically focused on the impact of individual, institutional and cultural race-related stress on mental health, more specifically depression. Thus, the current investigation sought to identify any unique influence these three race-related stress factors have on depression. Additionally, this study sought to identify additional correlates with depression such as African self-consciousness and academic institution. Lastly, this study was exploratory in nature as it sought to provide more depth to the existing literature through an examination of African self-consciousness and academic institution as potential moderators of the relationship between race-related stress and depression among African Americans.

The Relationship between Race-related stress and Depression

The findings of this study are consistent with previous studies (Lincoln et al, 2007; Schulz et al, 2006a; Schulz et al, 2006b; Utsey et al, 2007) that have found a

significant relationship between race-related stress and depression. These findings highlight the significant impact that experiences with various forms of racial discrimination have on African American college students' experience with depression. When we further examined this relationship by looking at each specific form of racism, the results from this study found cultural racism to be a significant predictor of depression. These results are consistent with Carter and Reynolds (2011) exploration of the relationship between race-related stress, racial identity status attitudes and emotional states among Black American adults in which they found cultural race-related stress to predict negative mood states. Thus, this current study's results suggest that for this sample, the implications of racist attitudes and beliefs suggesting that one's superiority is determined by their racial groups' heritage, had the greatest impact on their experience with depression. It should be noted that in Jones' (1997) definition of cultural racism, he stresses that while it is the most subtle form of racism, it is also the most pervasive as it is an overall racialized worldview and belief that underlies policies and behaviors in every area of life. Many minority college students, including African American collegans, have a unique college experience in comparison to their European American peers. The majority of the African American students in this sample identified as first generation college students, from working to middle class income families, in their junior and senior year. One possible explanation for the significant impact of cultural racism on depression could be the everyday experiences of this sample resulting from some of these demographic characteristics. Future research should examine additional demographic

factors along with obtaining information about activities, and responsibilities outside of school in which the student may be experiencing racial discrimination.

Consequently, while Seaton and Yip (2009), Franklin-Jackson and Carter (2007), and Utsey et al (2002b) found institutional race-related stress to significantly predict psychological distress (which encompasses depression) among African Americans; Greer et al. (2011) found individual race-related stress to be a significant predictor of depression among African American women. It is important to note the demographic differences in each of these previous studies in comparison to the current study. For example, the Season and Yip (2009) study examined a sample of African American adolescents; while the Franklin-Jackson and Carter (2007), Greer et al (2011) and Utsey et al (2002b) studies consisted of African American adults (with the Utsey et al (2002b) study consisting of elderly African American adults). The difference in age and gender related findings in previous studies in comparison to the current study may play a large role in the different findings regarding the impact of cultural, individual and institutional racism on mental health outcomes.

In the current study, institutional racism was a marginally significant predictor of depression; however, individual racism was a non-significant negative predictor. Jones (1997) defines institutional racism as institutional policies and/or procedures that intentionally or unintentionally restrict opportunities for a particular group. While the findings of this study only showed marginal significance with regards to the impact of institutional racism on depression among this sample, it is important to note that this

study controlled for any differences based on academic institution. Upon further examination of academic institutional differences, there was no significant relationship between institutional racism and depression for either academic institution. Future research should continue to examine the unique impact of cultural, individual and institutional racism on mental health outcomes and any variables that impact such relationships.

The Relationship between African Self-Consciousness and Depression

One rationale for the examination of a relationship between ASCS and depression is based on Kambon's theory of Black personality. Kambon (1992) hypothesized that exposure to environments that emphasize European cultural values with little to no African cultural exposure weaken optimal African personality development, posing a significant risk to African American well-being. In one of the only studies examining the relationship between ASCS and psychological well-being among a sample of African American males, partial support was found (Pierre & Mahalik, 2005). Thus, this study sought to provide some clarity to this finding. The results from this study found ASCS to be a non-significant negative predictor of depression when controlling for gender and academic institution effects. However, when additional predictors were added to the regression (i.e. IRRS, and each race-related stress subscale) ASCS was found to be a significant negative predictor of depression, although not accounting for the most variance. Thus, as one's level of ASCS increased, their level of depression decreased, when also accounting for their level of IRRS, and each race-related stress subscale. One

possible explanation for this outcome could be due to the significant correlations found between ASCS and the IRRS, ASCS and cultural racism, and ASCS and individual racism suggesting possible issues with multicollinearity. Stevens (2007) states that multicollinearity exists when moderate to high intercorrelations are present among predictors. This is problematic in the interpretation of a multiple regression as it limits the size of R, impacts ability to identify effects of a given predictor, and increases the variance of regression coefficients (Stevens, 2007). Multicollinearity can be detected through examining the simple correlations among the predictor variables through a correlation matrix followed by an examination regarding a strong linear association between a predictor and the remaining predictors, known as the variance inflation factor (Stevens, 2007). In this case, although ASCS and institutional racism were not significantly correlated, the significant correlation between ASCS and IRRS, cultural and individual racism caused there to be a significant relationship between ASCS and depression. Therefore, the significant relationship between ASCS and depression can only be understood while accounting for the impact of IRRS, cultural racism and institutional racism. Although no significant relationship was found between ASCS and depression, it should be noted that participants in this study had moderate to high levels of ASCS and average to low scores on the CES-D scale across academic institution.

African Self-Consciousness as a Moderator

Much of the research exploring the relationship between race-related stress and mental health outcomes fails to provide a detailed account regarding any link between

discrimination and mental health outcomes. Of the previous research studies which examine moderating variables on the relationship between race-related stress and depression, some scholars have found group identification to either buffer or exacerbate this relationship (Schmitt et al, 2014 and McCoy & Major, 2003). African self-consciousness is theoretically defined as the aspect of Black personality that is rooted in the connection and identification with traditional African culture (Baldwin, 1987). Baldwin's theory argues that Black behavior is influenced by African self-consciousness and that some aspect of ASCS should function as an independent or moderating variable in analyses of Black behavior (Baldwin, 1987; Baldwin & Bell, 1985; Baldwin, Brown, & Rackley, 1990). Thus, if ASCS explains Black behavior, differing levels of ASCS should explain why various experiences bring about various behavioral responses among African Americans. The results of this study found ASCS to moderate the relationship between individual racism and depression. More specifically, there was a significantly positive relationship between individual racism and depression for African American students who had low to average levels of ASCS. The relationship was no longer positively significant for African American students who had high levels of ASCS. If ASCS is a measure of an African American's knowledge and identification with their traditional African roots, one explanation for this finding could be that this heightened knowledge and awareness may serve as a protective factor from the effects of experiences with individual racism.

Differences in Depression based on Academic Institution

While scholars argue that HBCUs promote optimal psychological functioning for African American college students (Baldwin, Duncan, and Bell, 1987; Greer & Chwalisz, 2007), this study's examination of differences in depression based on academic institution was exploratory due to the small number of participants from the HBCU. The results of Greer and Chawalisz's (2007) study suggest that African American students attending PWIs experienced significantly higher levels of difficulties perceived to be directly associated with their race and ethnicity. The current study attempted to identify any institutional differences on mental health outcomes. The results from this study found no significant differences in depression based on academic institution. These results are consistent with previous research that also found no difference in depression based on academic institution (Smith et al., 2014 & Kimbrough et al., 1996). One possible explanation for this could be due to the study sample as a whole scoring predominately in the low to middle range on the depression scale and in the middle to high range on the African self-consciousness scale. While the sample was obtained from two theoretically different institutions, future research should include an additional academic environment measure to provide depth and context as to how these institutions differ. Similarly, given the overall high scoring of ASCS for the sample as a whole, future research should investigate student activity engagement that may impact ASCS levels at each type of institution.

Academic Institution as a Moderator

While HBCUs are suggested to provide a more culturally sensitive and inclusive environment for African American students in comparison to PWIs (Baldwin, Duncan & Bell, 1987), the examination of academic institution as a moderating variable in the relationship between race-related stress and depression is exploratory given no previous study has examined the moderating effects of academic institution. Previous research has found support for moderating effects of social support such as support from friends, family and classmates on the relationship between race-related stress and depression (Schmitt et al, 2014). Thus, if HBCUs are argued to provide more social support to African American students and social support is argued to moderate the relationship between race-related stress and psychological wellbeing, it could be argued that HBCUs may impact this relationship. This current research failed to find any significant moderating effects of academic institution on the relationship between race-related stress and depression. While theory suggests that HBCUs may provide more social support than PWIs, it is not clear if that is the case for our sample. Future research should include additional measures to detail student experiences at each academic institution to gain a better understanding of support received. Similarly, future research should identify various ways in which African American students seek and/or receive support at each institution.

Limitations

As with all studies, the current study is not without limitations. While there is a large body of research that examines the relationship between race-related stress and psychological distress, namely depression, the goal of this current study was to expand this body of research by providing more context to this relationship. While some of the hypotheses are based on previous research, other hypotheses have a theoretical basis (i.e., Kambon's theory of Black personality) and are exploratory in nature. It is my hope that the research in its entirety will provide implications for future research regarding factors that impact depression among African American collegians.

The use of nonprobability sampling techniques (i.e., convenience sampling, snowball sampling, solicitation through departmental list serve announcement, Black student organization announcement, classroom announcement, EDP subject pool research credit and course extra credit) generally fail to yield results that can be used to make inferences to the general population (Yin, 2014). This approach, however, is typically utilized when the research question(s) require the use of an underrepresented population (Bornstein et al., 2013). Similarly, the failure to utilize an experimental design in which there is an experimental group and a control group suggests that correlational inferences should be made rather than causation.

A total of 104 participants were removed from the study for various reasons such as failure to meet participant criteria and failure to complete all survey items; thus, our final sample size consisted of 167 participants. While this is an acceptable sample size

given the number of predictors utilized in our analyses (Wilson VanVorrhis & Betsey, 2007), there were significantly more participants from the PWI (111 participants) in comparison to the HBCU (56 participants). This large disparity in the number of students representing each academic institution may have had a significant impact on the reliability of the analyses that examined academic institutional differences. It should be noted that The University of Texas at Austin, the PWI utilized in this study has a significantly larger student population than Huston-Tillotson University, the HBCU utilized in this study. Similarly, the proportion of male and female students was also significantly different in that 117 participants identified as female, while 50 participants identified as male. While this may have also impacted the ability to determine significance based on sex, it is important to note that this gap is consistent with Black college student enrollment at both HBCUs and PWIs (McDaniel et al, 2011). Future studies should try to obtain a larger sample size with participants more evenly distributed across academic institution and sex.

In recruitment solicitation materials, participation criteria suggested that students identify as either African American or Black, attend either The University of Texas at Austin or Huston-Tillotson University, and be between 18 to 25 years of age. While a majority of the sample identified as African American/Black on the demographic questionnaire, approximately 21% of participants identified as African (23 participants), Multiracial/Biracial (11 participants), and Caribbean (1 participant). These participants were included in the study sample as it was either detailed in their response or assumed

that their identification still fell under the larger African American/Black group category. Researchers have highlighted the challenges in examining ethnic differences in perceived racial discrimination and mental health outcomes (Sanchez, 2013), such as the generalization of all such groups as being Black (Waters, 1994). While research has shown a significant relationship between the amount of time spent in the United States and the link between perceived racial discrimination and mental health outcomes (Hall & Carter, 2006), research has also found differences in ethnicity and racial identity conformity attitudes and mental health outcomes (Sanchez & Awad, 2016). While 91% of our sample identified as second generation American or higher, it is unclear whether those participants who identified as African, Biracial/Multiracial, and Caribbean have similar perceptions of racial discrimination as those who identify as African American. Similarly, it is also unclear if there was any impact on student's level of African self-consciousness based on ethnicity. Given the low numbers of ethnically diverse participants in our overall sample, we were unable to conduct any analyses to determine possible ethnic differences in ASCS. Future research should examine ethnic differences in ASCS levels.

The decision to restrict participation to students 18 to 25 years of age was to have a sample representative of a traditional college undergraduate population. This age limit was particularly challenging to maintain for participants who attended Huston-Tillotson University as it is a smaller campus with a large proportion of its student population who identify as nontraditional aged students. As such, participants who exceeded the 25 years

of age maximum who indicated that they attended Huston-Tillotson University were kept in the overall sample. The decision to include nontraditional age college students posed significant limitations in the ability to suggest possible generalizations to an African American college student population. Thompson-Ebanks (2017) suggests that there could be unique differences in the needs of nontraditional college age students due to their motivations for attending college and their additional responsibilities such as having children, being married, employment, or caring for an aging parent. Thus, the overall college experience for nontraditional age students may be significantly different than traditional age college students.

Much of the current study is rooted in African-Centered theory; as such, measures that have traditionally been utilized or normed on an African American population rooted in traditional African culture were incorporated. While these measures have acceptable psychometrics, they are not the most commonly used measures to empirically examine African American mental health outcomes. In a 12-year content analysis of the *Journal of Black Psychology* (JBP), Cokley et al. (2014) highlight the shortage of African-centered empirical research published in the journal that is devoted to peer-reviewed empirical research on the psychological wellbeing of people of the African Diaspora. These authors suggest that one possible reason for the limited publications of African-centered research in the JBP may speak to philosophical and ideological differences in empirical methods used by researchers who conduct African-centered research. While the number of publications does not limit the ability to conduct African-centered research, it does make

it difficult to determine an empirically supported rationale for African-centered research. For example, few studies existed examining the relationship between African self-consciousness and depression; thus, providing limited empirical support for a relationship between the two variables.

The use of an online survey generator allows for an easier, more cost efficient way to distribute research surveys to a large number of participants. It allows participants easy access to the survey and more flexibility in the location and length required for completion. This means having to re-create each measurement in an online program, which can present significant error if measures are not identically duplicated.

Unfortunately, when recreating the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) in the online survey generator, three additional response items were included giving a total of 7 response options as opposed to the 4 options on the original hard copy of the scale. While this is a fatal flaw as it changed the measure, the responses were utilized in the analyses given the underlying assumption of a 7-item rating scale based on the descriptions of the 4 items in the CESD-R likert scale. Thus, responses were re-coded on a likert scale of 1 – 7 and included in the analyses. This limitation will not only significantly compromise the ability to publish significant results from the current study, but it also significantly impacts interpretations regarding depression as a whole given the changes to the CESD-R scale.

Implications

In spite of the limitations, several implications can be drawn from this study and used to inform psychological research and clinical practice. First, findings suggest that all college campuses need to focus on implementing prevention and intervention strategies to address the impact of racial discrimination on African American collegians. The additional finding that cultural racism had the greatest influence on African American students experience with depression highlights the need for future research to further examine the nature of these racially discriminatory acts, and ways in which college campus personnel can address such acts. For example, in an examination of African American college students daily experiences of racism at a PWI, Swim et al (2003) examined the characteristics of such incidents, student's emotional response, their discussion of the incident with others, and their behavioral response. These researchers found that this sample of African American students reported incidents that varied from verbal to nonverbal; expressions of prejudice that were overt and covert in nature, committed directly to them or targeting their minority group; persons they do or do not know, from on and off campus (Swim et al., 2003). What is noteworthy with regards to this study is that these researchers found that when confronted with experiences of racial discrimination, a majority of the sample discussed the incidents with friends and family, and either addressed the acts themselves, or failed to respond to the acts. This failure to involve campus based services or personnel may speak to a lack of appropriate services available, or the level of comfort these students had with the campus services that were in

place. As such, several initiatives should be put in place to address racism on college campuses such as cultural diversity and sensitivity trainings/courses for students, faculty and staff along with a detailed disciplinary plan to address racial discriminatory acts committed by students, faculty and/or staff against minority students. Similarly, college counseling centers can also aid in campus wide initiatives through providing multicultural counseling services such as minority student based focus groups to provide a safe space for students to openly discuss their experiences. Counselors not only need to be aware of the impact of racism and oppression on their students of color, but need to incorporate and utilize this awareness in the psychotherapy they provide. For example, if an African-American student presents with concerns related to experiences with racial discrimination, counselors can help the student identify culturally uplifting and empowering ways to cope such as joining African American student organizations or participating in community based social justice groups. These culturally based coping strategies will allow African American students to express their emotions regarding the racial discrimination in a safe, supportive environment, and may also allow the students to have an active role in policies to address racial discrimination. Lastly, there is a need for college campuses to incorporate services and policies that present a “zero tolerance” for racial discrimination and that support is readily available and accessible when minority students encounter such experiences.

The finding that high levels of African self-consciousness eliminated the impact of individual racism on depression has several implications for research and clinical

practice. In his theory of African/Black personality, Kambon (1998) posits the idea of high levels of African self-consciousness being indicative of optimal African American wellbeing. Thus, this research supports such claims and provides context regarding the protective nature of African self-consciousness. Future research should continue to examine the various ways in which high levels of African self-consciousness can prevent maladaptive African American behaviors and negative mental health outcomes. Similarly, Kambon (1998) argues that culturally enriching and stimulating environments help to increase one's level of African self-consciousness. Future research should incorporate measures to help identify specific indicators of ASCS among African American collegians at different academic institutions. Identification of institutionally specific indicators of ASCS may help to provide campus personnel with specific ideas of culturally enriching and stimulating, activities, organizations, and academic curriculum to incorporate in the campus environment to aid in the development of African self-consciousness for African American students. In a study examining indicators that impact racial cohesion and racial dissonance at different academic institutions, Bentley-Edwards and Chapman-Hilliard (2015) found significant differences in indicators of racial cohesion among African American students at PWIs in comparison to students at HBCUs. For example, these authors found that while participation in extracurricular activities was positively related to racial cohesion, participation in academic based organizations had a positive influence on racial cohesion for African American students at the PWI but not for those attending the HBCU (Bentley-Edwards & Chapman-Hilliard,

2015). As such, these authors argue that this particular finding provides support for the need to have race specific academic organizations (i.e National Society of Black Engineers) available and supported on PWIs for African American students to aid in the development of racial cohesion.

Conclusion

Knowledge regarding African American college student's psychological well-being is critical to enhancing their experiences within a college environment. In an examination of the state of mental health on college campuses, Wood (2012) highlights the growing psychological needs of college students and the importance of college counseling centers working alongside their institutions to provide appropriate services for their students. While she details several areas of clinical growth across college counseling centers, she fails to address cultural concerns and particular strategies to provide adequate services to minority students. Similarly, Smith et al. (2014) details the growing percentage of racial and ethnic minority students on college campuses and the resulting needs of college students, particularly in the area of mental health services. While we know that the minority status of African American students may place them at risk of additional stressors compared to their White counterparts (Greer & Chwalisz, 2007), research needs to focus on the specific social and environmental factors that impact African American mental health outcomes (Earl et al, 2011). While several studies have found support for the relationship between race-related stress and depression among African Americans (e.g Franklin-Jackson & Carter, 2007; Utsey et al., 2002, Williams &

Mohammed, 2009, and Williams & Williams-Morris, 2000), this study sought to expand this body of research through a focus on the psychosocial factors that impact this relationship.

Findings from this study highlight the relationship between racial discrimination and depression among African American collegians and the protective effects of optimal Black personality on this relationship. Implications suggest the importance of college campuses finding ways to minimize racial discrimination on campus and implementing programs and opportunities to develop optimal Black personality development to help build protective factors from the damaging effects of racism on African American students. Future research should continue to examine variables that impact the relationship between race-related stress and depression to determine appropriate strategies to combat the debilitating effects of racial discrimination on African American college students.

APPENDICES

APPENDIX A

Recruitment Statement

Do you identify as an African American and/or Black college student? Do you attend The University of Texas at Austin and/or Huston-Tillotson University? Are you between the ages of 18 and 25 years? How does a chance to win one of a six \$25 visa gift cards sound? If you have answered yes to these questions you are eligible to complete this survey on the psychological wellbeing of African American college students. Then you will be entered into a drawing to receive a visa gift card. Click on this link to complete the survey: http://survey.az1.qualtrics.com/SE/?SID=SV_a4X8o7fj5H1FkJ7

This research initiative and dissertation data collection is being conducted by Stacey Jackson, a counseling psychology doctoral student at The University of Texas-Austin. The mental health of African American collegians is complex; thus, your participation will aid in the articulation of factors that impact the psychological wellbeing of this population. Please consider taking 20-30 minutes to complete this survey. Your feedback could make a huge impact on what we know about the various factors that impact African American mental health. If you are not eligible, please consider sending this link to someone you know who does meet the criteria. Thanks so much!

APPENDIX B

Informed Consent

You are invited to participate in a research study entitled “An Examination of psychosocial factors as predictors of the psychological wellbeing of African American collegians”. Please read the information below and ask questions about anything you do not understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits. You can stop your participation at any time.

The contextualization of African American mental health proves to be multifaceted. Some Black psychologists argue for the need to incorporate the influence of racism and discrimination in the conceptualization of African American psychological well-being. Scholars within the field of African/Black Psychology argue that racial oppression negatively impacts African American mental health. In addition, few studies have empirically examined the influence of African-centered personality and academic environment on the mental health status of African Americans. Thus, the results of this study will have implications for counseling strategies, prevention and intervention programming regarding psychosocial factors which impact the mental health of African American college students.

You must be between the ages of 18 – 25 years, a university student and classify yourself as African American or Black to participate. Participation in the study will involve completing confidential, voluntary on-line surveys. Surveys will take approximately 30-45 minutes to complete. Your participation in this survey is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time without penalty. If you wish to withdraw from the study or have any questions, contact the investigator listed above.

This study contains minimal risk. Some questionnaire items may bring about emotional reactions from students as they bring about topics related to symptoms of depression, identity and beliefs. Students will be informed that they may withdraw from the study at any time without penalty. Students will also be provided with information for their campuses counseling center and encouraged to seek out assistance if needed. In addition to the possible emotional reactions to survey items, there is also a risk of breach of confidentiality. This risk exists because of limitations of technology when completing surveys and the collection of email addresses if the participants enter the drawing. Participants will be directed to a different page to provide their email address which will not be associated with their survey responses.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law.

Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

Compensation for this study will include extra course credit for qualifying students, and/or the possibility to be entered into a drawing to win one of six \$25 visa gift cards. This will involve emailing a secure, third-party account with information that will not be linked to survey answers. Directions will be provided on the last page of the survey. Although there are no direct benefits to participating in this study, your answers will help to provide more complete information regarding the factors the impact African American mental health.

If you feel you are in crisis and need to speak to a mental health care professional please contact The Center for Mental Health Care at (512) 571-3515 at the University of Texas at Austin or The Counseling and Consultation Center at Huston-Tillotson University at (512)-505-3044. If you would like to obtain information about the research study, have questions, concerns, complaints or wish to discuss problems about a research study with someone unaffiliated with the study, please contact the IRB Office at (512) 471-8871. Anonymity, if desired, will be protected to the extent possible. As an alternative method of contact, an email may be sent to orsc@uts.cc.utexas.edu.

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IRB STUDY NUMBER: 2015-10-0018

****By clicking “I Consent” you will be directed to the survey****

APPENDIX C
End of Survey Message

Thank you for your time and participation in the study entitled “An Examination of psychosocial factors as predictors of the psychological wellbeing of African American collegians”. If you are to receive extra credit and/or research participation credit for your participation please email the address listed with your full name. If you are interested in being entered in a draw for the chance to receive one of six \$25 visa gift cards, please send an email to: sjacksdissertation@yahoo.com. Winners will be emailed following completion of the study period.

APPENDIX D
Demographic Questionnaire

Instructions: Read the items below and (a) circle the letter that best describes you, or (b) write in the information that most accurately reflects you.

1. Age: _____
2. Sex
 - a. Male
 - b. Female
3. Race/Ethnicity
 - a. Black
 - b. African American
 - c. Biracial (Specify): _____
 - d. Other (Specify): _____
4. Class Standing
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Graduate Student
 - f. Other (Specify): _____
5. College cumulative GPA
 - a. 4.0 – 3.5
 - b. 3.49 – 3.0
 - c. 2.99 – 2.50
 - d. 2.49 – 2.0
 - e. Below 2.0
6. What is your major?

7. Academic Institution

APPENDIX E
The Index of Race-related Stress-Brief Version (IRRS-B)

_____1. You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.

_____2. Sales people/clerks did not say thank you or show other forms of courtesy and respect (e.g., put your things in a bag) when you shopped at some White/ non-Black owned businesses.

_____3. You notice that when Black people are killed by the police, the media informs the public of the victim's criminal record or negative information in their background, suggesting they got what they deserved.

_____4. You have been threatened with physical violence by an individual or group of White / non- Blacks.

_____5. You have observed that White kids who commit violent crimes are portrayed as 'boys being boys,' while Black kids who commit similar crimes are wild animals.

_____6. You seldom hear or read anything positive about Black people on radio, TV, in newspapers, or history books.

_____7. While shopping at a store, the sales clerk assumed that you couldn't afford certain items (e g, you were directed toward the items on sale).

_____8. You were the victim of a crime and the police treated you as if you should just accept it as part of being Black.

____ 9. You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment.

____ 10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task.

____ 11. Whites/non-Blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business.

____ 12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks.

____ 13 You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you.

____ 14. While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.

____ 15. You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race.

____ 16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up these deeds falsely reported that a Black man was responsible for the crime.

____ 17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed.

____18. You have heard racist remarks or comments about Black people spoken with Impunity by White public officials or other influential White people.

____19. You have been given more work, or the most undesirable jobs at your place of employment while the White/non-Black of equal or less seniority and credentials is given less work, and more desirable tasks.

____20. You have heard or seen other Black people express a desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly.

____21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.

____22. You were refused an apartment or other housing; you suspect it was because you're Black.

APPENDIX F
African Self Consciousness Scale (ASCS)

Please indicate your level of agreement with the items below using the following scale. Your rating for each item should be written in the blank space before each statement. Your responses will remain completely anonymous. Please be open and honest when responding to the items.

1	2	3	4	5	6	7	8
Strongly Disagree		Disagree		Agree			Strongly Agree

___ 1. I don't necessarily feel like I am also being mistreated in a situation where I see another Black person being mistreated.

___ 2. Black people should have their own independent schools which consider their African heritage and values an important part of the curriculum.

___ 3. Blacks who trust Whites in general are basically very intelligent people.

___ 4. Blacks who are committed and prepared to uplift the (Black) race by any means necessary (including violence) are more intelligent than Blacks who are not this committed and prepared.

___ 5. Blacks in America should try harder to be American rather than practicing activities that link them up with their African cultural heritage.

___ 6. Regardless of their interests, educational background and social achievements, I would prefer to associate with Black people than with non-Blacks.

___ 7. It is not such a good idea for Black students to be required to learn an African language.

___ 8. It is not within the best interest of Blacks to depend on Whites for anything, no matter how religious and decent they (the Whites) purport to be.

___ 9. Blacks who place the highest value on Black life (over that of other people) are reverse racists and generally evil people.

___ 10. Black children should be taught that they are African People at an early age.

- ___ 11. White people, generally speaking, are not opposed to self-determination for Black people.
- ___ 12. As a good index of self-respect, Blacks in America should consider adopting traditional African names for themselves.
- ___ 13. A White /European or Caucasian image of God and the “holy family” (among others considered
- ___ 14. Blacks born in the United States are Black or African first, rather than American or just plain people.
- ___ 15. Black people, who talk in a relatively loud manner, show a lot of emotions and feelings, and express themselves with a lot of movement and body motion, are less intelligent than Blacks who do not behave this way.
- ___ 16. Racial consciousness and cultural awareness based on traditional African values are necessary to the development of Black marriages and families that can contribute to the liberation and enhancement of Black people in America.
- ___ 17. In dealing with other Blacks, I consider myself quite different and unique from most of them.
- ___ 18. Blacks should form loving relationships with and marry only other Blacks.
- ___ 19. I have difficulty identifying with the culture of African people.
- ___ 20. It is intelligent for Blacks in America to organize to educate and liberate themselves from White-American domination.
- ___ 21. There is no such thing as African culture among Blacks in America.
- ___ 22. It is good for Black husbands and wives to help each other develop racial consciousness and cultural awareness in themselves and their children.
- ___ 23. Africa is not the ancestral homeland of all Black people throughout the world.
- ___ 24. It is good for Blacks in America to wear traditional African-Type clothing and hair styles if they desire to do so.
- ___ 25. I feel little sense of commitment to Black people who are not close friends or relatives.

- ___ 26. All Black students in Africa and America should be expected to study African culture and history as it occurs throughout the world.
- ___ 27. Black children should be taught to love all races of people, even those races who do harm to them.
- ___ 28. Blacks in America who view Africa as their homeland are more intelligent than those who view America as their homeland.
- ___ 29. If I saw Black children fighting, I would leave them to settle it alone.
- ___ 30. White people, generally speaking, do not respect Black life.
- ___ 31. Blacks in America should view Blacks from other countries (e.g., Ghana, Nigeria, and other countries in Africa) as foreigners rather than as their brothers and sisters.
- ___ 32. When a Black person uses the term “Self, Me, and I” his/her reference should encompass all Black people rather than simply him/herself.
- ___ 33. Religion is dangerous for Black people when it directs and inspires them to become self-determining and independent of the White community.
- ___ 34. Black parents should encourage their children to respect all Black people, good and bad, and punish them when they don’t show respect.
- ___ 35. Blacks who celebrate Kwanzaa practice the “Nguzo Saba” (the Black Value System), both symbolizing African tradition, don’t necessarily have better sense than Blacks who celebrate Easter, Christmas, and the Fourth of July.
- ___ 36. African culture is better for humanity than European culture.
- ___ 37. Black people’s concern for self-knowledge (knowledge of one’s history, philosophy, culture, etc...) and self (collective) determination makes them treat White people badly.
- ___ 38. The success of an individual Black person is not as important as the survival of all Black people.
- ___ 39. If a good/worthwhile education could be obtained at all schools (both Black and White), I would prefer for my child to attend a racially integrated school.

___ 40. It is good for Black people to refer to each other as brother and sister because such a practice is consistent with our African heritage.

___ 41. It is not necessary to require Black/African Studies courses in predominantly Black schools.

___ 42. Being involved in wholesome group activities with other Blacks lifts my spirit more so than being involved in individual oriented activities.

APPENDIX G
Center for Epidemiologic Studies Depression (CES-D)

Below is a list of some ways you may have felt or behaved. Please indicate how often you have felt this way during the last week by checking the appropriate space. Please only provide one answer to each question.

	During the past week:	<i>Rarely</i> or none of the time (less than 1 day)	<i>Some</i> or a <i>little</i> of the time (1-2 days)	<i>Occasionally</i> or a moderate amount of time (3-4 days)	<i>Most</i> or all of the time (5-7 days)
1.	I was bothered by things that usually don't bother me.				
2.	I did not feel like eating; my appetite was poor.				
3.	I felt that I could not shake off the blues even with help from my family or friends.				
4.	I felt I was just as good as other people.				
5.	I had trouble keeping my mind on what I was doing.				
6.	I felt depressed.				
7.	I felt that everything I did was an effort.				
8.	I felt hopeful about the future.				
9.	I thought my life had been a failure.				
10.	I felt fearful.				
11.	My sleep was restless.				
12.	I was happy.				
13.	I talked less than usual.				
14.	I felt lonely.				
15.	People were unfriendly.				
16.	I enjoyed life.				

17.	I had crying spells.				
18.	I felt sad.				
19.	I felt that people disliked me.				
20.	I could not get going.				

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VITAE

Stacey Jackson earned her bachelor's degree in Psychology from South Carolina State University in 2009. She completed her Masters of Science degree in Community Psychology with a specialization in African/Black Psychology at Florida A&M University in 2011. Stacey was admitted to the University of Texas at Austin's Counseling Psychology program to work under Dr. Kevin Cokley in 2011. During her first two years at The University of Texas at Austin, she completed her Masters of Arts degree in African and African Diaspora Studies in 2013. While at the University of Texas at Austin she conducted research with Drs. Cokley, Gigi Awad, Dorie Gilbert, and, Shannon McClain. She also served as a teaching assistant for several undergraduate and graduate courses such as The Psychology of the African American Experiences, Multicultural Counseling, Introduction to Psychological Assessment, and Theories of Counseling. She was also a frequent guest lecturer in the Psychology department at Huston-Tillotson University on such topics as Counseling African Americans, and Family Systems Therapy. Stacey successfully completed her pre-doctoral internship at MercyFirst in Syosset, NY in 2016-2017. This fall she will join the faculty of the Psychology department at the University of Wisconsin-Eau Claire as an Assistant Professor. She can be reached at stacey.jackson05@gmail.com.

This dissertation was typed by the author.