The Relationships Between Race-Related Stress, Racial Identity, and Mental Health for Black Americans

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The purpose of this study was to explore the relationships between race-related stress, racial identity, and mental health in a sample of 255 Black American adults. Hierarchical regression analyses indicated that racial identity and race-related stress predicted mental health; however, racial identity accounted for more of the variance in mental health. These findings provide evidence that a person’s racial identity must be considered when understanding race-related stress and mental health. Implications for practice and research are discussed.

Keywords: race-related stress; racial identity; mental health; African Americans; racism

Although racism and racial discrimination have been highlighted as important factors in understanding the mental health and physical health status of Blacks (Braithwaite & Taylor, 2001; Darity, 2003; Kessler, Mickelson, & Williams, 1999; Nazroo, 2003; Smedley, Stith, & Nelson, 2003), only recently has racism been conceptualized as a possible contributor to mental health disparities in use and access to mental health care (Harris, Edlund, & Larson, 2005). In an issue reported by the U.S. Department of

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Health and Human Services (USDHSS) Surgeon General’s supplemental report on mental health (USDHHS, 2001), racism in the form of discrimination is discussed as a factor that contributes to stress and poor mental health outcomes for Blacks.

Studies that have examined the relationship between racism, race-related encounters, stress, and mental health effects (Clark, Anderson, Clark, & Williams, 1999; Landrine & Klonoff, 1996; Utsey, Ponterotto, Reynolds, & Cancelli, 2000; Williams & Williams-Morris, 2000) have found negative outcomes associated with experiences of racism. Researchers have found that encounters with racism have led to psychological symptoms such as trauma (Carter, in press), general psychological distress (i.e., anxiety; Carter, Forsyth, Mazzula, & Williams, 2005; Klonoff, Landrine, & Ullman, 1999), cultural mistrust (Combs et al., 2006), poor quality of life, less life satisfaction, and depression (Noh & Kaspar, 2003; Utsey & Payne, 2000).

Consequently, scholars and researchers (Clark et al., 1999; Feagin & McKinney, 2003; Harrell, 2000; Utsey & Ponterotto, 1996; Williams & Williams-Morris, 2000) have hypothesized that racism embedded in American society and enacted by individuals, institutions, and systems can act as a chronic or life event stressor for Blacks and that the experience of racism may play a role in the high rate of stress-related mental and physical illnesses prevalent among Blacks. Life event stressors are time specific, such as the death of a loved one or a divorce (Lazarus & Folkman, 1984). Chronic stressors are ongoing experiences that can produce problematic conditions for individuals (McLean & Link, 1994). Researchers have shown that both chronic and stressful life events are related to psychological distress (i.e., depression; e.g., Davis, Neighbors, & Jackson, 2003; Klonoff & Landrine, 1999; Landrine & Klonoff, 1996; Utsey & Payne, 2000; Williams & Williams-Morris, 2000).

Utsey, Chae, Brown, and Kelly (2002) found that for people of color, cultural racism was related to lower levels of quality of life and that Blacks reported more experiences of individual and cultural race-related stress than other people of color and had equal levels of institutional race-related stress. Utsey, Payne, Jackson, and Jones (2002) explored relationships between race-related stress, quality of life, and life satisfaction among Black elderly and found that men and women differed in their experiences of race-related stress and that “institutional racism had a negative impact on mental health functioning” (p. 230). Yet in the studies, not all participants reported having experiences with racism or race-related stress, and not all reported the experiences as stressful. Furthermore, not all who have encounters with racism report psychological symptoms (Carter, Forsyth, et al., 2005). Stress reactions depend on the individual’s perception that the event or experience is negative and unwanted. Also, the person’s ability to cope with the stressful experience must be unsuccessful. Thus, how one perceives an event is
important in its being experienced as stressful (Lazarus & Folkman, 1984; Slavin, Rainer, McCreary, & Gowda, 1991).

To understand variations in the experience of stress among individuals, the cognitive assessment process must be taken into account. The perception of stress is determined by a number of factors such as personality (e.g., racial identity status), past experience, and social attitudes. Slavin et al. (1991) noted that belonging to a particular racial group may affect the way in which events are defined, suggesting the importance of individual, ethnic, and racial group differences (Hall & Carter, 2006). Therefore, within-group differences must be considered when trying to understand how race-related stress affects mental health.

One way of understanding differences among Blacks in their perceptions of discrimination or racism and in perceptions of racism as a stressor is through examining Black racial identity status attitudes or profiles (e.g., Carter, Helms, & Juby, 2004; Helms, 2001; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Sellers & Shelton, 2003; Thompson & Carter, 1997). The way in which a Black person identifies with his or her race or ethnic group may influence his or her perception of individual, institutional, or cultural race-related events (Hall & Carter, 2006). Helms (2001) and Thompson and Carter (1997) described the Black racial identity model as a set of different worldviews or “ego statuses” that serve as a filter for race-based information. Black racial identity consists of four statuses: preencounter, a status in which one denies the salience of one’s race and racial group; encounter, a status in which one confronts an experience that makes race more salient, leading to a psychological state of transition and confusion; immersion-emersion, a status that involves an active process of learning about one’s race and culture; and internalization, a status wherein one integrates race and its meaning with one’s personal identity (Carter, 1995, 2005a, in press; Carter, Williams, & Pieterse, 2005). Thus, racial identity might serve as a lens through which racism is experienced. However, despite the vast literature on racial identity attitudes, not many studies have examined the relationship between race-related stress, racial identity status attitudes, and effects on mental health (e.g., Sellers & Shelton, 2003; Watts & Carter, 1991).

In studies that examined racial identity, racial discrimination, and institutional racism, Watts and Carter (1991) found that Black people’s perception of discrimination varied as a function of their racial identity. Watts and Carter found that adults with high levels of preencounter status attitudes had the most favorable perceptions of the racial climate and did not perceive themselves to be subject to personal discrimination in the workplace, whereas individuals who endorsed higher levels of immersion-emersion status attitudes and internalization status attitudes perceived their racial climate as less favorable. Sellers and Shelton (2003) used the Multidimensional
Inventory of Black Identity (MIBI), which is a measure of racial identity, and found that Blacks’ perceptions and judgment of race was influenced by how they experienced racial discrimination. Furthermore, the researchers found that facets of racial identity served as both a risk factor for perceived discrimination and a protective factor against the effect of this discrimination on the psychological distress of Blacks.

Sellers et al. (2003) also used the MIBI in an investigation of racial identity, racial discrimination, perceptions of stress, and psychological distress in Black young adults. They reported that 38% of the sample of 555 college student participants reported at least one racial incident in the past year. These authors also found that the more central race is to one’s identity, the less psychological distress was associated with discrimination. Furthermore, “Racial hassles (or discrimination) seem to make life more stressful for African Americans, which in turn has an effect on their levels of anxiety and depression” (p. 311). Thus, there was a direct relationship between racial discrimination and psychological distress. Pillay (2005) found Black racial identity status attitudes to be predictive of psychological health (e.g., depression, anxiety, positive affect, and behavioral control) over and above gender and acculturation in Black college students; in particular, preencounter and encounter status attitudes were inversely related to psychological health as measured by the Mental Health Inventory (Veit & Ware, 1983). Researchers have not examined the connection between race-related stress, racial identity statuses, and psychological health with community or adult groups. Thus, research indicates that racial identity may influence people’s perception of racism and discrimination and therefore is an important variable to consider in studies of race-related stress and mental health.

Investigators have also examined the relationship between perceptions of racism as stressful and mental health (e.g., Klonoff & Landrine, 1999; Landrine & Klonoff, 1996; Sanders-Thompson, 1996). Sanders-Thompson (1996) noted that her findings showed that “The experience of racism, like other stressful life events, produces measurable reports of subjective distress” (p. 231). Her study did consider types of racism. In a comparison of racial groups study, she (Sanders-Thompson, 2002) found that minorities reported discrimination at the same frequency but with more frequency than Whites. Thus, stress of discrimination may be a unique stressor for Blacks and may be a source of mental health distress. Landrine and Klonoff (1999) found that the appraisal of racist events as stressful was related to a variety of psychological symptoms such as somatization, low self-esteem, and anxiety. However, the study was limited in that it did not consider within-group variations.

For the purpose of this study, mental health will be treated as psychological distress that consists of depression and anxiety among other symptoms and psychological well-being as expressed in positive affect and emotional
ties. Bradburn (1969) theorized that psychological well-being is composed of positive and negative affect. Incorporating both psychological distress (anxiety) and psychological well-being (positive affect) extends the definition of mental health beyond negative mental health symptoms. Positive affect is also important when trying to understand the mental health effects of race-related stress because focusing only on pathology and/or deficits in Blacks minimizes the strengths that have historically sustained many Black people through the centuries.

The current study will examine the relationships between individual, institutional, and cultural race-related stress; racial identity status attitudes; and psychological health or mental health. We expected that the various types of race-related stress would predict psychological distress and well-being. For instance, individual race-related stress might be related to psychological distress, and none of the race-related stress variables would be associated with psychological well-being. We also expected that racial identity status attitudes would add to the predictive relationship such that immersion-emersion and internalization status attitudes will be positive predictors of psychological health and preencounter and encounter will predict psychological distress.

**METHOD**

**PARTICIPANTS**

Participants were 255 Black adults (121 women and 134 men). Of the 255 participants, 129 participants were recruited from community organizations in Maryland, the District of Columbia, and New York City, and 126 participants were recruited through a national mail survey. Most of the participants reported their ethnicity as African American (95%). The average age of the participants was 37.68 (SD = 11.48), ranging from 18 to 81. About 5% (n = 14) completed high school, 22% (n = 56) some college, 36% (n = 91) college, and 37% (n = 94) graduate school. For self-reported socioeconomic status, 16% (n = 43) indicated lower or working class, whereas 59% (n = 147) indicated middle class, and 25% (n = 65) upper middle or upper class.

**MEASURES**

The Index of Race Related Stress-Brief Version (IRRS-B; Utsey, 1999) is a short version of the Index of Race Related Stress created by Utsey and Ponterotto (1996). The IRRS-B was designed to assess the stress experienced by Blacks as a result of their daily encounters with racism and discrimination.
The scale is a 22-item multidimensional self-report questionnaire with three subscales—the Cultural Racism subscale has 10 items to assess if Black culture has been denigrated, the Institutional Racism subscale has 6 items to assess experiences with institutional policies, and the Individual Racism subscale has 6 items that assess interpersonal level encounters—and a global racism index. Respondents are asked to indicate which race-related events they have experienced during their lifetime and to indicate their reaction to the event on a 5-point Likert scale (0 = *this never happened to me* to 4 = *this event happened to me and I was extremely upset*). Higher global scores indicate more overall race-related stress, and low global scores indicate lower overall race-related stress. Utsey (1999) found the internal consistency reliability coefficients for the IRRS-B were as follows: cultural = .78, institutional = .69, individual = .78. In the current study sample, the internal consistency reliability coefficients were as follows: cultural = .81, institutional = .64, individual racism = .74. The obtained alpha levels in the current study are consistent with those reported by Utsey. Moreover, Helms (2005) argued that adequate reliabilities are influenced by sample characteristics and other factors such as individual interpretations of the items. She argued that these factors may negatively influence reliability (see also Onwuegbuzie & Daniel, 2002; Wilkinson & APA Task Force on Statistical Inference, 1999). Thus, low alpha reliability coefficients may not be sufficient to infer that the measure is not accessing the corresponding construct (i.e., institutional race-related stress).

Validity for this instrument has been investigated through the examination of the correlation between the IRRS-B (Utsey, 1999) and the Racism and Life Experience Scale-Revised (RaLES-B) Self and Group subscales and was found to demonstrate construct and convergent validity.

The Black Racial Identity Attitude Scale-Long Form (BRIAS-L; Helms & Parham, 1996) is a self-report, 50-item scale that assesses racial identity status attitudes (preencounter, encounter, immersion-emersion, and internalization) rather than racial identity profiles (Carter, 1995; Carter et al., 2004). Helms (1990) contended that it is important to understand the degree to which individuals hold attitudes from each subscale. Respondents use a 5-point Likert format (1 = *strongly disagree* to 5 = *strongly agree*). Each scale score is summed to the appropriately keyed items. Higher scores indicate higher levels of that attitude. Pillay (2005) used the long form and reported Cronbach’s alpha reliabilities were as follows: preencounter = .73, encounter = .42, immersion-emersion = .62, and internalization = .67. In the current sample, Cronbach’s alpha internal consistency reliabilities for the subscales were preencounter = .61, encounter = .47, immersion-emersion = .70, and internalization = .50.

Helms (1996, 2005) contended that “adequate” reliabilities are relative to the study of racial identity statuses and are influenced by sample characteristics.
and other factors and psychological processes such as social desirability and individual interpretations of the items (see also American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1999; Onwuegbuzie & Daniel, 2002; Wilkinson, & APA Task Force on Statistical Inference, 1999). She pointed out that these factors may negatively influence reliability. Thus, low alpha reliability coefficients may not be sufficient to infer that the racial identity items on the measure are not accessing the corresponding construct (i.e., status attitudes).

Numerous studies have provided evidence of the instrument’s content and construct validity (Carter, 1995; Munford, 1994; Pyant & Yanico, 1991). The Mental Health Inventory (MHI; Veit & Ware, 1983) is a 38-item self-report measure of psychological well-being and distress for the general population. It has three scale formats. The first scale has five factors (anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties). The second scale has two factors: psychological distress (PD), which is the combination of anxiety, depression, and loss of behavioral/emotional control, and psychological well-being (PWB), which consists of general positive affect and emotional ties. The third scale is the Mental Health Index, or global score.

For the purposes of this study, the second scale with the two factors of psychological distress and psychological well-being was used. Participants rate items on a 6-point Likert-type scale (1 = all of the time to 6 = none of the time). Higher scores on PD indicate negative states of mental health during the past month. Higher scores on PWB indicate positive states of mental health during the past month.

Veit and Ware (1983) reported internal consistency reliability estimates from large samples (N = 5,089) for psychological distress as .96 and psychological well-being as .92. For the current sample, internal consistency reliability coefficients for the scores of the Psychological Distress and the Psychological Well-Being subscales were .85 and .93, respectively. Several studies have provided evidence of content, concurrent, and construct validity of the MHI (e.g., Pillay, 2005).

The Personal Data Sheet asked participants to indicate their gender, age, race, ethnicity, whether or not they and their parents were born in the United States, years in the United States, education level, and self-reported socio-economic status (SES).

PROCEDURE

The instruments were counterbalanced to control for order effects. Participants were recruited in two ways; one was through a voluntary national mail survey that used a snowball sampling procedure. Some 320
packets were mailed, and 172 were returned (response rate = 54%). A total of 46 participants were not included because they did not fit the criteria; thus, 126 mail survey participants were included in the study.

Participants were also recruited from three community organizations (a Black male fraternity, a sales association, and a legal group) in Maryland, Washington, D.C., and a Baptist church in New York City. The study was presented to participants at their monthly or weekly meeting. To assure anonymity, consent forms were kept separate from the questionnaire packet. Participants received a briefing statement explaining the purpose of the study. In all, 147 packets were administered at the various sites in the community. Of these, 18 participants were excluded because they did not fit the criteria for participation; thus, 129 recruited via this method were retained for the study. The 126 mailed surveys and 129 participants from the community make up the total of 255.

RESULTS

PRELIMINARY ANALYSES

Means and standard deviations for the instruments used in the study are presented in Table 1. A multivariate analysis of variance (MANOVA) was conducted to determine if demographic variables (gender, SES, and administration site) had effects on the instruments.

The MANOVA revealed no significant effect for gender, Wilks’s Lambda $F(4, 245) = 1.42, p < .07$, on the dependent variables; however, significant effects were found for participant’s socioeconomic status, Wilks’s Lambda $F(4, 245) = 1.92, p < .001, \eta^2_p = .06$, and administration sites, Wilks’s Lambda $F(4, 245) = 2.41, p < .000, \eta^2_p = .084$. Psychological distress, $F(4, 245) = 2.96, p < .02, \eta^2_p = .046$; psychological well-being, $F(4, 245) = 3.41, p < .01, \eta^2_p = .053$; immersion/emersion status attitudes, $F(4, 245) = 2.48, p < .05, \eta^2_p = .039$; and internalization status attitudes, $F(4, 245) = 2.64, p < .03, \eta^2_p = .041$, differed by participant’s socioeconomic status. Tukey’s honestly significant difference test (HSD) post hoc analysis showed that working-class participants ($M = 58.26, SD = 19.62$) had higher levels of psychological distress compared to the upper-middle-class group ($M = 47.97, SD = 14.26$), whereas upper-middle-class respondents ($M = 61.54, SD = 10.76$) had higher levels of psychological well-being ($M = 51.97, SD = 13.13$). The post hoc analysis for socioeconomic status further revealed that members from the working class ($M = 59.42, SD = 6.43$) had higher levels of immersion/
emersion status attitudes compared to middle-class participants ($M = 33.77$, $SD = 6.08$), whereas upper-middle-class participants ($M = 63.29$, $SD = 4.82$) had higher levels of internalization status attitudes compared to the working-class group ($M = 59.42$, $SD = 6.43$).

Individual race-related stress, $F(4, 245) = 3.23, p < .01, \eta^2_{p} = .050$, and immersion/emersion status attitudes, $F(4, 245) = 3.11, p < .02, \eta^2_{p} = .048$, were also significant for administration site. Post hoc analyses showed that the participants from the Baptist church site ($M = 16.66$, $SD = 5.03$) had higher individual race-related stress scores than other site respondents (mail survey: $M = 13.87$, $SD = 5.17$; national sales organization: $M = 13.00$, $SD = 6.29$). The post hoc comparison also showed that members from the Baptist church site ($M = 37.46$, $SD = 5.87$) had higher immersion/emersion status attitudes than the other site groups (mail survey: $M = 33.55$, $SD = 6.03$; national sales organization site: $M = 33.38$, $SD = 4.94$; Black male fraternity: $M = 32.17$, $SD = 5.60$).

**TABLE 1**

Summary of Means and Standard Deviations for the Index of Race-Related Stress-Brief Form, Black Racial Identity Attitude Scale, and the Mental Health Inventory

<table>
<thead>
<tr>
<th>Scale</th>
<th>$N$</th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Index of Race-Related Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>255</td>
<td>14.47</td>
<td>5.37</td>
<td>0 to 24</td>
</tr>
<tr>
<td>Institutional</td>
<td>255</td>
<td>7.65</td>
<td>5.66</td>
<td>0 to 24</td>
</tr>
<tr>
<td>Cultural</td>
<td>255</td>
<td>27.08</td>
<td>7.80</td>
<td>0 to 40</td>
</tr>
<tr>
<td>Black Racial Identity Attitude Scale</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Preencounter</td>
<td>255</td>
<td>31.94</td>
<td>6.36</td>
<td>14 to 70</td>
</tr>
<tr>
<td>Encounter</td>
<td>255</td>
<td>16.00</td>
<td>3.46</td>
<td>4 to 20</td>
</tr>
<tr>
<td>Immersion-emersion</td>
<td>255</td>
<td>34.31</td>
<td>6.11</td>
<td>9 to 45</td>
</tr>
<tr>
<td>Internalization</td>
<td>255</td>
<td>61.61</td>
<td>5.33</td>
<td>12 to 60</td>
</tr>
<tr>
<td>Mental Health Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological distress</td>
<td>255</td>
<td>51.07</td>
<td>16.62</td>
<td>24 to 144</td>
</tr>
<tr>
<td>Psychological well-being</td>
<td>255</td>
<td>58.07</td>
<td>12.94</td>
<td>14 to 84</td>
</tr>
</tbody>
</table>

**PRIMARY ANALYSIS**

*Racial identity status attitudes, race-related stress, and psychological health.* Pearson correlation coefficients were computed to investigate the relationships between race-related stress, Black racial identity, and mental...
Table 2 displays a correlation matrix of these variables. Inspection of the table indicates that the significant correlations were low to moderate in most cases involving interscale relationships. The exception is the mental health measure, which showed a high inverse correlation (–.75) between psychological distress and well-being that seems to support the idea that these are related but different aspects of psychological experience.

The patterns of correlations between racial identity status attitudes; individual (INDRS), institutional (INSTRS), and cultural (CULTRS) race-related stress; psychological well-being; and distress revealed that a different pattern of relationships exists for each type of race-related stress with psychological outcomes and racial identity. Preencounter (PRE) was not related to INDRS or INSTRS and was inversely related to CULTRS, positively related to PD, and inversely related to PWB. Encounter (ENC) was more strongly related to INDRS and CULTRS and less so for INSTRS. ENC had an inverse relationship to PWB and was almost nonexistent and positively related for PD. The pattern for immersion-emersion (IEM) changes with a stronger relationship with racism and no relationship to psychological health. The correlations with types of race-related stress were the strongest with INSTRS (.25), followed by INDRS (.29) and CULTRS (.34). The correlations with PD and PWB were zero or close to zero. Internalization (INT) was not strongly related to race-related stress but more strongly related to PWB and inversely

<table>
<thead>
<tr>
<th>Subscale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>1. Preencounter</td>
<td></td>
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<td></td>
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<tr>
<td>2. Encounter</td>
<td>.08</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3. Immersion/emersion</td>
<td>.03</td>
<td>.54**</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Internalization</td>
<td>−.21</td>
<td>.16*</td>
<td>.24**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Individual</td>
<td>.00</td>
<td>.23**</td>
<td>.29**</td>
<td>.11</td>
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</tr>
<tr>
<td>6. Institutional</td>
<td>.05</td>
<td>.14*</td>
<td>.25**</td>
<td>.03</td>
<td>.47**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Cultural</td>
<td>−.15*</td>
<td>.27**</td>
<td>.34**</td>
<td>.19</td>
<td>.54**</td>
<td>.38**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Psychological distress</td>
<td>.22**</td>
<td>.19**</td>
<td>.06</td>
<td>−.19**</td>
<td>.18**</td>
<td>.09</td>
<td>.09</td>
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</tr>
<tr>
<td>9. Psychological well-being</td>
<td>−.16**</td>
<td>−.09</td>
<td>.00</td>
<td>.32**</td>
<td>−.06</td>
<td>−.02</td>
<td>.00</td>
<td>−.75**</td>
<td></td>
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</tbody>
</table>

*p < .05. **p < .01.
related to PD. The aspect of race-related stress associated with INT was CULTRS.

**Race-related stress and racial identity status attitude as predictors of psychological health.** To determine if racial identity status and race-related stress predicted psychological distress and well-being, two hierarchical multiple regression analyses were performed. Although correlation (–.75) found between the global scores for psychological distress and well-being indicated that these are not independent variables, the inverse relationships suggest that they are different elements on a continuum of mental health. Moreover, the pattern of correlations found and reported earlier support our belief that well-being and distress may be distinct but related elements of mental or psychological health. According to G*Power, 194 participants are needed for a medium effect size (.15) at a $p < .05$ level of significance with power at .95 and 14 variables for multiple regression analyses.

In both cases, the subscales of racial identity status attitudes with the subscales of race-related stress and demographic variables (SES and administration site) served as control and predictor variables, and mental health (psychological distress and psychological well-being) served as the criterion variable. The three subscales of race-related stress (individual, institutional, and cultural) and the demographic variables (SES and administration site) were entered into the equation on the first step, and the four subscales of racial identity (preencounter, encounter, immersion-emersion, and internalization) were entered simultaneously on the second step (see Tables 3 and 4).

The first step of the first hierarchical regression analysis revealed that race-related stress and demographic variables accounted for 9% of the variance for psychological distress and were significant predictors, $F(8, 246) = 3.23, p < .01$. Examination of the beta weights indicates that individual race-related stress ($\beta = .20, p < .01$), socioeconomic status ($\beta = -.19, p < .01$), and sales organization site ($\beta = .16, p < .01$) contributed to the overall regression model. This means that individual race-related stress and the sales organization site were significantly positively related to psychological distress, and socioeconomic status was significantly inversely related to psychological distress. The second step of the regression revealed that over and above race-related stress and demographic variables, racial identity status attitudes predicted psychological distress ($R^2$ change = .08, $F$ change = 6.12, $p < .01$). Examination of the beta weights indicates that preencounter ($\beta = .15, p < .02$) and internalization ($\beta = -.18, p < .01$) status attitudes contributed most strongly to the overall regression model. Preencounter was significantly positively related to psychological distress, and internalization was significantly
inversely related to psychological distress. Thus, participants who endorsed higher levels of preencounter status attitudes also reported higher levels of psychological distress. Those participants endorsing higher internalization status attitudes reported lower levels of psychological distress.

The second hierarchical regression revealed that SES both accounted for 7% of the variance for psychological well-being and was a significant predictor, $F(8, 246) = 2.47, p < .01$. Examination of the beta weights indicates that SES ($\beta = .22, p < .01$) contributed most strongly to the overall regression model, indicating that SES was significantly positively related to psychological well-being. Therefore, the higher the participant’s SES, the higher the reported psychological well-being.

### TABLE 3
Hierarchical Multiple Regression Analyses for Variables Predicting: Psychological Distress ($N = 255$)

<table>
<thead>
<tr>
<th>Variables</th>
<th>$B$</th>
<th>$SE B$</th>
<th>$\beta$</th>
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<td><strong>Step 1</strong></td>
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<tr>
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**NOTE:** $R^2 = .09$ for Step 1 ($p < .00$); $\Delta R^2 = .08$ for Step 2 ($p < .00$). Site 1 = Baptist church, Site 2 = national sales organization, Site 3 = community group site, Site 4 = Black male fraternity.

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


The second step of the hierarchical regression analysis revealed that over and above race-related stress and demographic variables, racial identity status attitudes significantly predicted psychological well-being, ($R^2$ change = .09, $F$ change = 6.6, $p < .01$). Examination of the beta weights indicates that internalization ($\beta = .28$, $p < .01$) contributed most strongly to the overall regression model, indicating that internalization was significantly positively related to psychological well-being. Therefore, the more participants endorsed internalization status attitudes, the higher their psychological well-being.
DISCUSSION

Scholars have suggested that the psychosocial effects of racism can produce and maintain levels of conscious and subconscious stress in Black Americans (Carter, in press; Essed, 1991; Feagin & McKinney, 2003; Jones, 1997; Utsey, Payne, et al., 2002). Moreover, the conscious and subconscious stress of racism has the potential to influence mental health (Landrine & Klonoff, 1996; Williams, Neighbors, & Jackson, 2003). The purpose of this study was to explore the relationships between racism as a form of stress on individual, institutional, and cultural levels; Black racial identity status attitudes; and psychological health.

In general, our analyses suggest that racial identity status attitudes are important to consider when examining the mental health outcomes of race-related stress for Black Americans. One pattern of results found in our preliminary analyses indicated that the participants from the Black church had higher levels of immersion-emersion status attitudes and reported more individual race-related stress compared to the participants from other data collection sites. These preliminary findings suggest that participants who sought membership in Black institutions might be more aware of racism and racial issues and that this awareness might influence their experience of higher levels of individual race-related stress.

Another pattern of results emerged from the Pearson correlational analyses where different racial identity status attitudes were related to race-related stress and psychological health in distinct ways. Each racial identity status showed a unique pattern of relationships. Our findings are similar to the results found by other researchers in that racial identity is related to how one experiences race-related stress and the effect on mental health (e.g., Pillay, 2005; Sellers et al., 2003). Preencounter was inversely related to both cultural racism and psychological distress, meaning that predominance of preencounter status attitudes were related to higher levels of psychological distress and less awareness of cultural racism. Encounter’s pattern of correlations indicated positive relationships with each form of race-related stress but with stronger associations with individual and cultural racism than with institutional and a positive relationship with psychological distress. These findings were similar to those reported by Pillay (2005) in that these statuses were inversely related to psychological distress. The strongest (i.e., highest) correlations were between immersion-emersion status attitudes and cultural race-related stress, followed by individual and institutional racism with zero-order correlations to psychological health. Thus, for immersion-emersion, psychological health was not associated with race-related stress or racial identity. Therefore, high levels of immersion-emersion status attitudes were more
strongly associated with race-related stress than with psychological distress or well-being. Lastly, internalization status attitudes were primarily related to cultural racism and psychological well-being and negatively related to psychological distress. High levels of internalization status attitudes reflected greater psychological well-being and moderate effects of cultural racism. Thus, each racial identity status attitude seems to have a distinct relationship with race-related stress and psychological health wherein less mature statuses are related to more psychological distress and less awareness of the types of racism and more developed statuses are related to awareness of race-related stress but less impact on psychological health. In the work of Sellers and Shelton (2003), the patterns seemed to show that racial identity statuses may serve as both risk and protective factors in relations to race-related stress and perceptions or discrimination and the impact on psychological health.

The correlations provide some indication that racial identity variations might influence how race-related stress is perceived and experienced. However, a direct test of the predictive relationship would provide further insight (Sellers et al., 2003). Therefore, the regression analyses were used such that race-related stress was entered as predictors of psychological well-being and distress with racial identity status attitudes.

When race-related stress and racial identity were used as predictors in the hierarchical regression analyses of psychological outcomes (i.e., well-being and distress), we found that personal encounters with racism, or individual race-related stress, positively predicted psychological distress, whereas more subtle or less personal forms of race-related stress (institutional and cultural) did not. It is possible that individual forms of racism might be experienced as personal attacks and that the resulting stress might be more difficult to cope with than more subtle or indirect forms of race-related stress (institutional and cultural). This finding is consistent with Utsey, Payne, et al.’s (2002) investigation of race-related stress and life satisfaction, which found that for Blacks, experienced individual race-related stress was a factor that lowered quality of life.

In the hierarchical regression analyses we found that both racial identity status attitudes and race-related stress variables predicted psychological distress and well-being; however, racial identity accounted for more of the variance in psychological distress. Pillay (2005) in a related study also found that racial identity was a stronger predictor of mental health over and above gender and acculturation in a sample of college students.

More specifically, the less mature status of racial identity (preencounter) was positively related to psychological distress. Conversely, the more mature status of racial identity (internalization) was negatively related to psychological distress. Similar findings regarding preencounter have been reported by
numerous researchers (see Carter, 1995; Pillay, 2005; Sellers & Shelton, 2003). The fact that denial of one’s race and its significance is associated with greater psychological distress suggests that racial identity plays a key role in one’s psychological make-up and supports racial identity theorists’ contention that racial identity is a component of one’s personality structure (Carter, 1995, 2005b; Helms, 2001; Thompson & Carter, 1997). Furthermore, the results of this analysis suggest that racial identity may serve as a complex filter for racial stimuli and psychological outcomes as proposed by theory (Carter, 1995; Helms, 2001; Sellers et al., 2003).

The correlation analysis revealed that individual race-related stress was associated with psychological distress, which is consistent with Sellers and Shelton’s (2003) and Sanders-Thompson’s (1996) findings regarding perceived discrimination. Based on all of the analyses for this study sample, our overall findings indicate that mental health as measured by well-being and distress were predicted by both race-related stress and racial identity status attitudes, with racial identity as a stronger predictor. Higher SES and the predominance of internalization racial identity status attitudes predicted psychological well-being. Psychological distress was associated with individual race-related stress and a predominance of preencounter status attitudes. These results indicate that to understand how race-related stress affects one’s psychological health or mental health, a person’s racial identity status must be considered, and this finding has been supported by other researchers (Carter, in press; Pillay, 2005; Sellers & Shelton, 2003). In addition, the patterns of relationships found in the preliminary analyses with respect to Black churches suggest that one’s setting may influence the type of race-related stress experienced. There has been less emphasis in the empirical research literature on the effect of settings, but there has been some speculation. Our findings would suggest that the notion of the influence of setting should be explored in more depth by researchers. It may be that some settings are more toxic than others where race-related stress is concerned (Utsey, Chae, et al., 2002).

IMPLICATIONS FOR PRACTICE AND RESEARCH

Blacks in America must live and adapt to a social and cultural environment that is steeped in racism. On an individual level, Blacks are exposed to acts of prejudice and discrimination. Culturally, Blacks are forced to adapt and accept the dominant society’s culture even if it conflicts with their own cultural values. Institutionally, Blacks have difficulty obtaining housing, jobs, health care, education, and equal justice. The present study has demonstrated that race-related stress influences mental health outcomes. However, the
experience of race-related stress depends on the Black person’s psychological orientation to his or her racial group. Consequently, it would be helpful if Blacks were able to explore these experiences related to race in counseling and psychotherapy. Clinicians (Boyd-Franklin, 2003; Carter, 1995; Franklin, 2004; Franklin & Boyd-Franklin, 2000; Scurfield & Mackey, 2001) note that racism is generally not the presenting problem for Black clients and that stress associated with the experience of racism ranks high on the list of problems brought to therapy by Blacks but one that many may be unwilling to discuss with therapists (Sanders-Thompson, Bazile, & Akbar, 2004). Therefore, clinicians can assist Black clients with the amelioration of the negative effects of racism in several ways.

First, professionals who work with Black populations should broaden their understanding of human behavior and psychological health beyond the intrapsychic, developmental, or family systems orientation to include a social/cultural orientation. Carter (in press) noted that most professionals in the field of mental health are taught traditional theories of human development and personality while ignoring psychological issues associated with a sociocultural context. When trying to understand the impact of racism on the psyche of Blacks, clinicians must understand and integrate into clinical formulations the impact of the social/cultural environments and develop appropriate social/cultural treatments and interventions (Scurfield & Mackey, 2001).

Second, it is important for clinicians and researchers, when working with Blacks, to be mindful of within-group differences. Traditionally, Blacks have been treated as if they are a homogenous group. However, Blacks differ in how they identify with their racial group and vary regarding their ethnic group memberships (Carter, in press). The present study demonstrates that racial identity is an important psychological filter for perceiving race-related stress that affects psychological health (Pillay, 2005).

In addition, clinicians can help clients develop appropriate coping strategies and behaviors for various levels of race-related stress. In a study on race-related stress coping and other variables, Utsey et al. (2000) and Utsey (1997) found that Blacks who sought social support when confronted with individual race-related stress and who used problem-solving coping strategies to deal with institutional race-related stress had greater and more positive views of life. But avoidance was also the best predictor of life satisfaction and self-esteem (Utsey et al., 2000). These findings are important to note because the assumption for many is that racism is a single act perpetrated by an individual. Clinicians and researchers should be mindful that Blacks experience racism in various ways and might have to employ different coping strategies for different types of racist events.
The current study was an initial investigation of the relationships between race-related stress, racial identity, and mental health in Blacks. More research is needed to understand the relationship between the study’s variables. Although several empirical studies have examined racial identity and racism (e.g., Sellers & Shelton, 2003), to date, relatively few studies have examined how racial identity might increase or decrease perceptions of race-related stress. In addition, there is a need for studies that examine racial identity and psychological health in Black adult samples because many studies have primarily focused on college-aged participants (Pillay, 2005). Therefore, additional research exploring racial identity ego statuses and race-related stress are recommended (Dovidio, Gaertner, Kawakami, & Hodson, 2002). Finally, there is a need for additional qualitative studies on racism, stress, and psychological outcomes to clarify the processes examined herein. Qualitative research might consist of focus groups discussing experiences with racism and psychological responses related to race-related stress.

The findings of this study should be interpreted in the context of several limitations. One limitation concerns instrumentation. More specifically, the retrospective reporting used by two of the measures limits the ability to draw definitive conclusions regarding the relationships found. The Mental Health Inventory questionnaire asked participants to report “in the last month” how they were feeling. It is possible the measure could be appraising a momentary mood at the time of completing the scale rather than directly accessing their actual state over the past month. Thus, the psychological outcomes related to race-related stress were not as robust. Similar to the MHI, the Index of Race-Related Stress asks respondents to report retrospectively the experiences of stress related to race-related events. Based on recall, it may be difficult for respondents to remember the stress associated with an event that occurred 1 month prior. The retrospective response becomes a limitation because the reporting of stress levels may not reflect the actual reaction at the time of the event; rather, it might be a reflection of the reaction at the time of administration.

Another limitation of the study concerns the Black Racial Identity Attitude Scale. Although racial identity theory has developed through the years, the measurement of the theory has been slower to evolve. Carter (1995) noted that the current instrumentation has not kept pace with the evolving nuances and complexities of the multifaceted theory. Some researchers (e.g., Pyant & Yanico, 1991) argued that low reliability coefficients of the scales used in the study (i.e., racial identity) may compromise the validity of the finding and are a significant limitation, although others have pointed out that internal consistency reliability reflects sample not scale characteristics (American Educational Research Association et al., 1999; Helms, 2005;
In addition, in terms of external validity, it is not clear if the results of this study can be generalized to Black adults because the sample consisted mostly of middle-class participants located on the East Coast. Investigators should be cautious when attempting to generalize the findings to Black adults in other areas of the country or individuals of higher or lower socioeconomic statuses.

In conclusion, results of the study suggest that perceptions of racism and mental health are more complex than originally asserted in the literature. Racism continues to plague Blacks in America operating through individual, institutional, and cultural means. It is important to recognize racism as operating on these multiple levels because when racism is examined solely as an individual act, much of the experience of racism becomes lost. Furthermore, through the investigation of racial identity and perceptions of racism it is evident there are individual differences in the ways in which Black people view the world and the ways in which their views impact psychological functioning. The current study contributed to the research literature on the psychological outcomes of racism as a form of stress and the complexity of how Blacks view their racial environment. However, continued research is needed to provide a better understanding of the etiology of stress-related diseases prevalent in the Black community.

REFERENCES


