



The role of ethnic identity in symptoms of anxiety and depression in African Americans

Monnica Terwilliger Williams^{a,*}, Lloyd Kevin Chapman^a, Judy Wong^b, Eric Turkheimer^c

^a Department of Psychological and Brain Sciences, Center for Mental Health Disparities, University of Louisville, 2301 South Third Street, Louisville, KY 40292, USA

^b Department of Psychology, Adult Anxiety Clinic of Temple, Temple University, 1701 North 13th Street, Philadelphia, PA 19122-6085, USA

^c Department of Psychology, University of Virginia, Box 400400, Charlottesville, VA 22904, USA

ARTICLE INFO

Article history:

Received 1 October 2011

Received in revised form

11 February 2012

Accepted 24 March 2012

Keywords:

Ethnic identity
Ethnic differences
African Americans
Affect
Mood disorders
Anxiety disorders

ABSTRACT

Ethnic identity has been identified as a factor contributing to resilience and coping in African Americans. Ethnic identity includes positive feelings of ethnic affirmation and belonging, appreciation for one's ethnic identity, and increased ethnic behaviors. This study examines the role of ethnic identity in symptoms of anxiety and depression. Participants were an adult student and community sample ($N=572$), administered the Beck Anxiety Inventory (BAI), Center for Epidemiologic Studies of Depression Scale (CES-D), State Trait Anxiety Inventory–state portion (STAI-S), and Multigroup Ethnic Identity Measure (MEIM). Compared to European Americans, African Americans reported significantly greater depression and more negative state anxiety, as well as higher levels of ethnic identity. For African Americans, higher ethnic identity was correlated to reduced anxiety and depression, whereas this was not true for European Americans. Findings support the proposition that a strong, positive ethnic identity may serve a protective role among African Americans by moderating the relationship between discriminatory experiences and psychological well-being. An Afrocentric perspective may also contribute to reduced anxiety due to a greater emphasis on a present versus future-oriented worldview. Clinical implications and directions for future research are discussed.

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1. Introduction

In the United States, it is estimated that 28.8% suffer from an anxiety disorder at some point in their lives (Kessler et al., 2005). Due to the increasing recognition that mental disorders affect various populations differently, there is a growing interest in the study of these disorders cross-culturally. This has led to an increase in minority mental health research, including several large-scale studies that have specifically examined mental disorders in African Americans and other underrepresented populations (Zhang and Snowden, 1999; Breslau et al., 2005; Williams et al., 2007; Himle et al., 2009). Epidemiological studies consistently find that disadvantaged minorities report an equal or decreased incidence of most anxious and depressive disorders; researchers have suggested differential recall, selective non-response, measurement bias, and differential experience of pathological symptoms as the possible explanations for these paradoxical findings, yet none of these provide a completely satisfactory explanation (Breslau et al., 2005; Williams et al., 2007; Himle et al., 2009).

Ethnic minorities may be at risk for psychopathology due to distress over experiences of racism, stress over unequal treatment, and anxiety about future experiences of discrimination (i.e., Johnson, 2006; Soto et al., 2011). One factor that may confer resilience against psychopathology is the construct of ethnic identity. Ethnic identity consists of a sense of commitment and belonging to an ethnic group, positive feelings about the group, and behaviors that indicate involvement with the ethnic group (Phinney, 1992; Roberts et al., 1999; Avery et al., 2007). Established models conceptualize ethnic identity development as a process facilitated by examination of one's membership in an ethnic group (Cross, 1978; Helms, 1984; Phinney, 1990), and an individual's ethnic identity can be characterized by the stage or status of his or her exploration. Those who have given little thought or exploration of their ethnic identity are said to be in an *unexamined* stage, and may hold a negative view of their ethnic group. Those who have gone through a stage of *searching* and have developed a clear meaning of and appreciation for their ethnic background are described as being in an *achieved* or *integrated* stage (Phinney, 1990).

Unsurprisingly, studies have shown that ethnic identity is generally stronger and more salient among African Americans and other ethnic minorities than among European Americans (Phinney, 1992; Roberts et al., 1999). One reason is related to the nature of ethnic identity, as it becomes salient and meaningful

* Corresponding author. Tel.: +1 502 852 2521; fax: +1 502 852 8904.

E-mail addresses: m.williams@louisville.edu (M.T. Williams),

kevin.chapman@louisville.edu (L.K. Chapman),

judywong1221@temple.edu (J. Wong), ent3c@virginia.edu (E. Turkheimer).

only when two or more ethnic groups come into prolonged contact (Phinney, 1990). In the United States, “Whiteness” is considered normative; as such, European Americans are less likely to be regularly reminded of their race or ethnicity as compared to African Americans (McDermott and Samson, 2005).

Research has shown ethnic identity to be associated with a number of psychological variables. Much of the previous research on the psychological correlates of ethnic identity has focused on children and adolescents because the process of developing an ethnic identity is thought to typically begin in adolescence. Among adolescents, achieved identity has been found to be positively associated with self-esteem, coping, sense of mastery, and optimism; conversely, loneliness and depression have been negatively related to ethnic identity (Roberts et al., 1999). Research examining ethnic identity development across the life-span suggests that an achieved ethnic identity may serve as a protective factor against psychological distress among adults as well. For instance, a comparison of Dominican, Puerto Rican, and African American adults showed that ethnic identity was positively associated with self-esteem in all three groups (Lorenzo-Hernandez and Ouellette, 1998). In a study conducted in The Netherlands, non-Western immigrants who exhibited psychosis were more likely to have a negative ethnic identity compared to matched controls (Veling et al., 2010). Although, a study conducted in the U.K. by Reininghaus et al. (2010) found that ethnic minorities with psychosis were more likely to report strong ethnic identity compared to ethnic minority controls, and that the association between ethnic identity and psychosis was not found among White British individuals. The authors explain that the contrast in the findings of the two studies may be due to methodological differences between the studies, and possibly that the impact of ethnic identity on risk for psychosis may vary depending on group and setting (Reininghaus et al., 2010).

Among African American adults, being in an unexamined stage or holding negative views of being African American has been found to be associated with poorer psychological well-being and lower self-esteem, and greater symptoms of depression (Pyant and Yanico, 1991; Munford, 1994; Yip et al., 2006; Walker et al., 2008; Settles et al., 2010). Thus, degree of ethnic identity varies widely among African Americans, and the available evidence

suggests that a strong, positive ethnic identity may serve as a protective factor against poor psychological health for this group.

Previous investigations into ethnic identity and mental health have generally utilized either global measures of psychological distress (Carter, 1991; Caldwell et al., 2002; Sellers et al., 2003; Franklin-Jackson and Carter, 2007), or have primarily focused on depressive symptoms (Pyant and Yanico, 1991; Yip et al., 2006; Settles et al., 2010). In their comprehensive review of anxiety psychopathology in African Americans, Hunter and Schmidt (2010) hypothesize that ethnic identity serves a protective role against anxiety as well. The present study aims to investigate the connection between ethnic identity and symptoms of anxiety in addition to depression. This is significant given the prevalence of anxiety disorders in the United States and the paucity of research on anxiety disorders among African Americans (Neal and Turner, 1991; Hunter and Schmidt, 2010; Williams et al., 2010). It is hypothesized that higher levels of ethnic identity will be correlated to lower anxiety and depression in African Americans but not European Americans.

2. Method

2.1. Sample

Data was collected from 2004 to 2005. Community participants were recruited through direct mail, telephone solicitation, and flyers, and students were recruited via the University of Virginia psychology department student subject pool. When conducting research on minority groups, it is often necessary to oversample to ensure enough minorities are included to provide adequate statistical power for comparisons. Therefore, we intentionally attempted to recruit a greater proportion of African Americans, and as a result the ethnic composition of the final sample was not representative of the national population. Using census data, neighborhoods were selected that were demographically approximately 50% African American in composition. Contact information for a random sample of both European American and African American residents in these areas was purchased from a professional organization that specialized in providing contact information for survey research. Personalized mailings advertising the study were then sent to the identified individuals. Non-responders received a second mailing, and if there was still no response, this was followed by phone call from a research assistant or the PI inviting the person to participate in the study.

Participants self-identified their racial group as “Black/African American” or “White/Caucasian”. Excluded were participants whose racial identification did not fit into one of the aforementioned categories, and those who reported having lived in the US for less than five years. The final sample included 572 participants, whose demographic characteristics are shown in Table 1. Community participants

Table 1
Demographic information.

Participant ethnicity/race, age, gender, and student status information						
	Age (S.D.)	Male	Female	Student	Community	Total
Black	26.76 (14.14)	44	107	101	50	151
White	22.29 (9.94)	206	215	365	56	421
Total	23.46 (11.35)	250	322	466	106	572
Participant marital status information						
	Single living alone	Single with parents	Married/cohabiting	Divorced/separated/ widowed	Total	
Black	50	67	23	10	150	
White	239	140	26	15	420	
Total	289	207	49	25	570	
Highest education obtained						
	HS Graduate/GED or less	Some college or associate degree	Four year or graduate degree	Total		
Black	56	73	9	138		
White	123	213	59	395		
Total	179	286	68	533		

Black=African American, White=European American.
HS Graduate/GED=High School Diploma or Equivalent.

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