

AN EXPLORATION OF THE RELATIONSHIPS AMONG DEPRESSION,  
WOMANIST AND RACIAL IDENTITY IN AFRICAN AMERICAN  
COLLEGIATE WOMEN

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Caroline R. Simpson

Certificate of Approval:

---

Douglas M. Hanks  
Research Fellow  
Kinesiology

---

John C. Dagley, Chair  
Associate Professor  
Counselor Education, Counseling  
Psychology and School Psychology

---

Kimberly L. King-Jupiter  
Associate Professor  
Educational Foundations, Leadership  
and Technology

---

George T. Flowers  
Interim Dean  
Graduate School

AN EXPLORATION OF THE RELATIONSHIPS AMONG DEPRESSION,  
WOMANIST IDENTITY AND RACIAL IDENTITY IN AFRICAN  
AMERICAN COLLEGIATE WOMEN

Caroline R. Simpson

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DISSERTATION ABSTRACT

AN EXPLORATION OF THE RELATIONSHIPS AMONG DEPRESSION,  
WOMANIST IDENTITY AND RACIAL IDENTITY IN AFRICAN  
AMERICAN COLLEGIATE WOMEN

Caroline R. Simpson

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Available evidence suggests that women face an increased vulnerability to depression because of economic instability, isolation, and constricting forces associated with traditional beliefs about the roles of women (Graveline, 1990). Although depression is reported to be one of the more common mental health problems among women in Western countries (Nolen-Hoeksema, 1990), relatively little research attention has been paid to women's accounts of their experiences with depression, especially African American women. Even less is known about the experiences of the segment of African American women who are attending "predominantly white institutions" (PWIs) of higher education. This study examined African American collegiate women's levels of racial and womanist identity development, and the relationships of their development on these

dimensions with depression. It was of particular interest to discover how African American collegiate women understand, experience, and cope with feelings of distress and how these experiences are constructed in relation to ideals of the dominant culture and sub-cultures, and to campus climate. The study was designed to increase our understanding of environments, social contexts, and the meanings attached to life situations by African American collegiate women. While the limited sample size prevented findings of significance among the targeted variables, the study contributes to our understanding of social context and the experiences of African American collegiate women.

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## I. INTRODUCTION

The number of racially and ethnically diverse students on college campuses throughout the United States continues to increase, profoundly changing the traditional landscape of America's institutions, especially predominantly White institutions. In fact, over two-thirds of Black women currently attending college are enrolled in previously all-White institutions (Marks, 1977). Historically silenced voices have become an undeniable part of the entire college campus.

Portraits of college life commonly portray a very active social scene with students coming together to form a community. Unfortunately, community-building has not extended to the newly arrived group of African American women, often resulting in feelings of alienation and isolation. Social activities continue to reinforce traditional gender roles and to separate students along racial and sexual lines (Hall, & Sandler, 1984). Problems most often experienced and reported by Black women on PWI campuses tend to be social rather than academic. These young women report feelings of isolation as a product of being excluded from the extracurricular life of the campus (Fleming, 1984, pp. 145-148; Moses, 1989, p. 7). Consequently, for many students, the absence of this form of social and psychological support makes the rigors of academic responsibilities even more stressful. Nonetheless, institutions continue to reflect views and policies that often alienate students from diverse populations (Torres, Howard-Hamilton & Cooper,

2003). Thus, the collegiate experiences of African American women inside and outside the academy continue to be shaped by conceptions of gender and race. Yet, many Black women expect that college will provide them with the skills and knowledge to lead a full and productive life. However, traditional concepts of womanhood may discourage independent thought and action, and instead encourage women to look outward, not inward, for solutions to their problems. Some also assume that a college education will facilitate their assimilation into the American mainstream. Visible and climatic changes necessitate the challenging of traditional paradigms within our practices and policies to improve our commitment of maximizing the education of students from diverse populations. Stereotypes of gender and race persist, making it difficult for black women to assert themselves and to challenge the status quo (National Center for Education Statistics, 1990). Culturally enshrined misconceptions about race and gender often result in the belief that the individuals' status is self-determined rather than a result of institutional policies and practices. Such a belief reflects an attributional error often made by individuals and institutions when faced with a need to come up with an explanation of a bad event or situation (surely this situation is the result of something that a particular student does or those students in the aggregate do).

The impact of the twin discriminative forces of sexism and racism surrounding African American women on the college campus is not only social in nature, but also academic in that their options of academic fields are often limited, their relationships with their professors and classmates are restricted, and their goals and achievements are constricted. It appears that African American women face a wide range of isolating experiences and unique pressures that often result in personal depression. To better

understand and respond to the needs of this growing population on college campuses, it is critically important that a study of depression in African American collegiate women include an exploration of the campus climate in the interplay of psychological and socio-environmental factors (e.g., racial and womanist identity development) to better comprehend the possible impact of experiences of racial and gender discrimination on college campuses.

### Statement of the Problem

#### *An Inhospitable Campus Climate*

Sedlacek (1999) concluded from a review of research on the quality of life for black students at predominantly White institutions from 1987 to 1999 that the collegiate environment for Black students has not changed exponentially. Findings suggest that African American collegians have continued to experience difficulties with self concept development and nurturance, with oppression and racism, with white faculty, and in developing a sense of community. Consequently, it is quite conceivable that such circumstances hinder their psychosocial and cognitive development.

Black students continue to find the environment at predominantly White colleges and universities to be racist (Feagin, Vera, & Imani, 1996). For example, Moses (1989) quoted a woman who described the university she attended as “a white, traditional, male-oriented society that expects very little of women ... it expects even less of Black women like me” (p. 2). It was also noted that several professors continue the practice of using Black students in their classrooms as representatives of their race rather than as individuals. Some faculty members even appear surprised when African American

women volunteer the “correct” answers; other professors simply ignore them unless they want to know “what Blacks think” on a certain subject.

McCormack (1995) compared data from 1988 and 1992 on the number of incidents and type of discrimination on college campuses, and detected a shift in the nature of racism from subtle, covert forms (e.g., ostracism) in the 1988 data to more overt forms of blatant attacks (e.g., verbal harassment and differential treatment) in the 1992 data. In a follow up study, the same author (McCormack, 1998) found that incidents of discrimination in universities had again increased, and were more overtly expressed. The most common forms of discrimination were verbal harassment in the form of racial slurs, exclusion from activities, and physical violence (Suarez-Balcazar, Orellana-Damacela, Portillo, Rowan, & Andrews-Guillen, 2003).

When compared with White students, most African American students view the campus to be more challenging and hostile (D’Augelli & Hershberger, 1993; Gloria & Pope-Davis, 1997; Perka, Matherly, Fishman, & Ridge, 1992), and thereby more likely to increase the stress levels and lead to dissatisfaction and attrition (Feagin, Vera, & Imani, 1996; Lang & Ford, 1992; Pascarella & Terenzini, 1991). Undoubtedly, many considerations must be explored and understood to appreciate the difficulty of developing an identity while experiencing oppression and prejudice in social, political, and educational structures of society.

Race has a strong impact on the daily experiences of African American college students. According to Farrell and Jones (1988), unclear rules and a lack of punishment for discriminatory behavior, low percentage of minority faculty and students, and lack of institutional initiatives to promote integration are factors that influence African

Americans students' perceptions of the campus climate. Chang (2000) also suggested that racial dynamics in universities are very fragile. Dilemmas such as excellence versus equal access need to be addressed if higher education institutions aspire to improve racial relations and provide minority students with the conditions conducive to developing their full capacities (Suarez-Balcazar, Orellana-Damacela, Portillo, Rowan, & Andrews-Guillen, 2003). It is critical that all those who work on college campuses understand how racial identity develops. Moreover, we need to develop a greater awareness of the extent to which, as well as ways in which, Black racial identity development may affect students' mental health issues, such as depression. An enhanced awareness can lead to heightened understanding, earlier diagnosis, and treatment. To date, the identification and treatment of depression in African American college women remains an unexamined need.

### Significance of the Study

Historically, the impacts of racism and sexism have been particularly brutal for African American women. Institutional policies based on rigid cultural distinctions have been relentless and perilous in the lives of these women. The chronic strain associated with the oppressiveness that often permeates institutional environments has been implicated in the development of several stress-related diseases, for example, high blood pressure, substance abuse and depression. In fact, racism and sexism rank high on the list of problems African American collegiate women bring to the counseling process. The deleterious effects on the psychological and somatic health of this population represent an

ethical obligation by counselors to incorporate the most effective strategies for addressing such issues with Black collegiate women.

For the most part, the numerous attempts by psychologists and other mental health practitioners to address issues related to the racism and sexism experienced by African American collegiate women continue to utilize traditional approaches that have often served to maintain the status quo by encouraging the woman to adapt to an oppressive social structure. What is needed is the inclusion of approaches that honor not only the collective sociohistorical heritage of these young women, but also incorporate existing contexts within which these women endeavor to thrive. Such approaches would hold promise for establishing more culturally relevant interventions that facilitate the development of racial and womanist identity.

Many mental health and human development theories continue to assume that racial and gender groups are essentially monolithic, based as they are upon the perspectives of White, able bodied male therapists, thereby focusing on understanding a client who is “other” (Carter, 1995; Helms, 1984, 1990). The negotiation of the intertwined statuses of being women and ethnic group members limits African American collegiate women’s abilities to access mental health professionals who offer interventions that include an understanding of the experiences of these women. Without adequate social support and unsure of where to turn or how to address their circumstances, many collegiate Black women develop unhealthy perspectives, thoughts, and feelings about their own identity. Such challenges among African American women may quite conceivably impact ongoing developmental processes (e.g. racial and womanist identity) having been manipulated and clouded by depressive symptomatology.



Taub and McEwen (1992) found that African American “women may experience developmental pulls in different directions by their psychosocial development of autonomy and interpersonal relationships on the one hand and their racial identity development on the other hand” (p. 444). The environment of predominantly White collegiate institutions can be counterproductive to the development of African American students and thus postpone or delay their development (Taub & McEwen, 1992). Many African American collegiate women live in environments where feelings of isolation and ongoing stigmas about mental health exist. The presence of depression among African American women is clearly one of the most neglected yet needed areas of research in mental health. Importantly, the tendency to report higher levels of depression has been attributed to the stress of feeling isolated. Isolation may occur in a number of forms for these women. Others of their ethnicity may be grossly under-represented in their interracial environment, depriving the women of community interactions. Black women may also feel isolated from their intraracial environment as well. This may be as a result of the perception by other African Americans that an individual in such environments has lost some degree of “black identity” (Jackson, Thoits & Taylor 1995; Munford, 1994), possibly leading to difficulties negotiating between home and collegiate identities.

Out of necessity, Black women have had to learn to cope with extremely adverse conditions (Swigonski, 1995), which may mask the need for support and contribute to under-use of available services and vulnerability to increased rates of negative psychological outcomes (Greene, 1994). Race and gender have a strong impact on the daily experiences of African American collegiate women.

The present study explored self-reported levels of racial and womanist identity development, and assessed their possible relationships with depressive symptomatology among African American collegiate women. The study also considered these students' perceptions of campus situations that might influence such developmental processes and the extent to which depressive symptomatology accompanies such interactions.

Of particular interest in this study were the relationships among Collegiate African Women's self-reported levels of depression, racial and gender identity development. The principal theoretical assumption underlying the study was the hypothesis that the level of depressive symptomatology both influences and is influenced by racial and womanist identity development among this population.

### Research Questions

This investigation sought to assess the self reported levels of depressive symptoms, racial and womanist identity among African American collegiate women between the ages of nineteen and twenty five years old attending a southeastern PWI. The following research questions set the framework for the proposed study.

1. Is there a significant relationship between depression and racial identity in African American collegiate women?
2. Is there a significant relationship between depression and womanist identity in African American collegiate women?
3. Is there a significant relationship between racial and womanist identity in African American collegiate women?

## II. REVIEW OF THE LITERATURE

The review of the literature presents the relevant research associated with each of the primary components of the present study. Namely, the review presents research related to depression, to depression among African American women, to campus climate, womanist identity development and to racial identity development.

### Depression

Depression affects millions of Americans each day. Consequences of the disorder have great impact, from lost days at work to families devastated by the suicide of a family member. Depression as a condition is rather broad and can have one of three meanings: as a mood, a symptom, or a syndrome. Researchers, who conceive of depression as a mood, consider depression as a relatively normal affective state that does not lend itself to formal definition. Because moods are often short-lived, psychiatric help is generally not sought. Blatt (1990) and his colleagues for example, have argued that depressive experience occurs along a continuum influenced by dependency and self-criticism. Depression is described as part of normal sadness stemming from the general ups and downs of life. Depression is also viewed in terms of specific symptomatology such as feeling “sad” or “blue” (Klerman & Weissman, 1980). The manifestations of symptoms of a depressive disorder may vary in several dimensions (e.g. ethnicity,

gender, age). More complicated still is the view of depression as a syndrome around which is a clustering of particular symptoms the identification of which is used as the basis for a diagnosis of a major affective disorder. Consequently, distinctions among models are to some degree blurred. Increasingly, however, a growing empirical base necessitates contemporary approaches to become multifactorial and integrative (Lambert, Hatch, Kingston, & Edwards, 1986). Nonetheless, depression research clearly informs us that in varying ways and degrees the onset, maintenance, and relapse of depressive episodes are influenced by negative life events, biochemistry, social skills, interpersonal interactions, and cognitive/affective processes.

### *Models of Depression*

Historically, the most widely accepted models of depression tended to focus on single causal agents. The various aspects of causality are diverse ranging from determining vulnerability to onset of depression, vulnerability to maintenance, factors impacting treatment, and factors that are relevant to remission in the absence of treatment. These models consider psychological/emotional factors in a causal manner with the onset and maintenance of depression (Ingram, Scott & Siegle, 1999).

Psychoanalytic formations of depression such as those advanced by Bibring (1953) center on the dynamic process whereby anger is directed toward the self. Medical perspectives define depression in terms of demonstrable physical symptomatology, such as changes in sleep, appetite, energy and enjoyment level (American Psychiatric Association, 1987). In contrast, models of depression from cognitive perspectives as those proposed by Beck (1967) and Hammen and Cochran, (1981) typically emphasize the influences of mental processes in predisposing individuals to depression in the presence of precipitating

events. Additionally, some view depressive behavior as a response consistent with learned helplessness (Hiroto & Seligman, 1975).

*Negative life events models.* Negative life events models refer to sudden or at least relatively noticeable changes in the individual's external environment. Basically, this approach purports that people get depressed because a bad thing happens to them. However, life event models do not solely consider life events; presently notions of vulnerability, cognitive mediation, and interpersonal behavior are also considered. This integration includes the role of disruptive life events, behavioral functioning, interpersonal models, cognitive constructs and cognitive approaches. Although earlier research appeared to support a relationship between negative life events and depression, some researchers assert that methodological weaknesses resulting from the use of self-report checklists and questionnaires to assess life events made such findings inconclusive (Paykel & Cooper, 1992).

Specifically, life event items interpreted idiosyncratically resulted in a considerable degree of variability in the types of events that were included under life events categories. For example, illness in a close family member could be perceived by one person to mean having a child who has had a one-day bout with the flu and by another person to mean having a spouse who suffered a serious heart attack. Therefore, the seriousness of a given life event may be interpreted differently and have diverse meanings from one person to the next.

In regard to respondent-based assessment procedures, it is also problematic as well to use retrospective reporting methods that tend to increase the probability of reliability concerns. Reliance upon memory processes may also limit the validity of self-

reports and lead to inaccuracies in reporting of past events. The negative life event divorce, for example, might appear as a consequence rather than a cause of depression. In this case the depression-generated negative life event might contribute to maintaining or even exacerbating the depressed state (Holmes & Rahe, 1967).

Life event researchers also investigate the specific quality of negative life events, as well as matching and vulnerability characteristics of the individual. For instance, negative life events that contain qualitative themes of loss, especially loss of self-esteem and self worth, appear most related to depression. This is particularly true of losses that match valued domains of the person. Key vulnerability factors such as poor social support and low self-esteem have been identified in individuals who are most susceptible to the depressing influence of negative life events. Moreover, researchers have begun to investigate how depressed individuals may in fact generate their own negative life events. Such investigations endeavor to provide supporting evidence of life event models of depression through the use of detailed structured interviews, and incorporate a variety of features. Well-designed studies of negative life events, for example, might investigate the role of cognitive and interpersonal variables and even the bi-directional nature of the link between depression and life events.

*Social skills models.* Coyne's (1976) and Lewinsohn's (1974) models stipulated that social skill is a major determinant of social reinforcement or social support from others. Both described a direct causal relation between depression and social skill. Coyne suggested that depression leads to social skill deficits, whereas Lewinsohn expected the reverse: that social skill deficits lead to depression. Most of the empirical work on both Coyne's and Lewinsohn's models has been conducted on college students. To compare

Coyne's (1976) interpersonal model of depression to Lewinsohn's (1974) social skill model of depression Cole and Milstead (1989) used a large sample of non-referred college students. The results of this study suggested that depression had a significant negative effect on social skill; however social skill had no significant influence on depression. Using linear structural equation modeling the results partially supported Coyne's theory that depression inhibits social skill and social skill deficits negatively affect social support. Lewinsohn's theory that social skill deficits promote depression was not supported. Contrary to both Coyne and Lewinsohn, no evidence of a direct relation between social support and depression was found. Results also suggested that social skill deficits are a consequence, not a cause, of depression.

*Cognitive models.* Social and cognitive models have contributed significantly to an understanding of several key aspects of depression. Although they have not been without criticism, many of the most widely accepted models of depression are cognitive in nature, although not exclusively so. Models proposed by cognitive researchers tend to focus on information processing and cognitive structures such as schemas. Cognitive theories assume that errors in depressive judgment result from a negative bias introduced by the negative self-schemas of depressed people. Schema models have received empirical support in that factors hypothesized by these models are generally found to be associated with depression. Schema research findings have also found that these cognitive factors tend to no longer be detectable when depressed individuals are in remission. Subsequent research however, found that among those who have been depressed in the past, these cognitive factors again become detectable when vulnerable individuals encounter situations that are theorized to provoke the resurgence of negative

cognitive structures. These findings have led some researchers to question the adequacy of all cognitive models.

One of several criticisms of both the conceptual and the empirical foundations of cognitive approaches to depression noted by Coyne and Gotlib (1983) and Coyne (1992) is that such a bias would only produce an error if the environmental input were not consistent with current cognitive structures. Alloy and Abramson (1988) suggested that such biases would be most likely to be observed when processing information about the self. However, self-schemas may also affect processing of information about others (Holtgraves & Athanassopoulou, 1991; Markus, Smith, & Moreland, 1985).

Although social and cognitive models have offered various proposals for causality, few data have actually assessed these causal elements. Nevertheless, many of the valid criticisms of cognitive approaches to depression have proved to be extremely valuable in leading to theoretical refinements and new research paradigms. Criticisms of causal statements of cognitive models of depression have driven to a large degree the resurgence of interest in issues such as diathesis-stress perspectives and vulnerability (Ingram et al., 1999). Diathesis-stress perspectives form the core features of models of causality. Several other researchers have proposed a specific cognitive subtype of depression. Growing out of the learned helplessness model and most recently the hopelessness model, these researchers have suggested a hopelessness subtype of depression. Although much research has found a link between depression and helplessness, and attributional tendencies, the hopelessness model has not yet received extensive research scrutiny.



One of the key tasks for researchers in these areas is thus to move beyond the description of social and cognitive features to an understanding of how and to what extent the causal pathways intersect with pathways from other levels of analysis (e.g. biochemical). This goal may not be obtainable, but it must be an aspiration for continued progress in understanding the social and cognitive aspects of depression.

#### *Depression Among African American Women*

Major Depressive Disorder is one of the most commonly occurring affective or mood disorders in the general population and among African American women. For some individuals, social and environmental factors such as stressful events may precipitate major depressive disorder (American Psychiatric Association, 1987). For others, MDD may have a larger genetic component, or it may be the result of a medical illness or changes in the central nervous system, often as a consequence of substance use or medication (Weissman, Bruce, Leaf, Florio & Holzer, 1991). Clearly the causes of MDD are multiple. Well-documented stress-related illnesses found in African Americans are traceable in part to social factors, including most prominently the long history of enduring racism, poverty, discrimination and the lack of adequate health services, including mental health care. Consequently, what may seem as a sense of paranoia is actually fear that leads to a strong disinclination to seek mental health care among this population. However, this form of resistance can be traced to a historical context that often includes segregation and discrimination where white doctors, nurses, and other staff at health care institutions were routinely racist.

In some instances the mistreatment that African Americans were exposed to during their limited contact with the health care establishment included instances of

unconsenting Blacks being used as research subjects, for example the infamous case in which White government doctors directed syphilis experiments on unwitting Black patients through the Tuskegee Institute during the 1940s and 1950s. The lack of regard and dehumanizing treatment has thus fostered such distrust. Aware of such demonstrations of little or no regard for the value of Black life, African Americans are often left with no reason to trust American medical and psychiatric/psychological establishments (Poussaint, & Alexander, 2003).

Societal assumptions about class, race, ethnicity, and gender have always influenced how a mental disorder was identified and treated. Therefore, cultural background plays a large role in how symptoms are reported, interpreted, and consequently, if and how identified disorders are treated. Differences in symptom presentation may also affect the way depression is recognized and diagnosed among minorities (NIMH, 2000). In short, when counseling and assessing African American women, it is paramount to include an understanding of home environments, social contexts, and the meanings attached to life situations (Mitchell & Herring, 1998).

The lives of most women of color in the United States are embedded within an ethnic minority family, which is typically in the context of an ethnic minority community, which is itself embedded within the dominant White society. Hudson-Weems (1980) described the experience of Black women in terms of a tripartite form of oppression that includes racism, classism, and sexism. The history of Black women is laden with struggles for survival, identity and protection of and support for her family. Considering these factors and the negotiation of the intertwined statuses of being women and ethnic group members is critical towards the understanding of the experiences of

African American women (Reid & Comas-Diaz, 1990). Further, to better identify their perspectives and understand their thoughts, feelings, and experiences a theoretical framework that includes such components is important when studying African American women.

Absent of these considerations, professional knowledge about commonly identified symptoms of a depression is often rendered inadequate when treating diverse populations (Poussaint, & Alexander, 2003). For example, African American women often possess a strong work ethic. Thus, as long as the women work (i.e. attend to academic responsibilities) major depression and other mental health related problems, in large part go untreated or overlooked. Without adequate social support and unsure of where to turn or how to address their circumstances, many Black women are limited in terms of not only accessing but also challenging mental health professionals about the methods and quality of care offered. Therefore, it is important to note that many Black women carry in silence overwhelming grief, shame, and confusion that may accompany psychological distress. This further highlights the necessity that practitioners are aware and willing to engage such individuals in a manner that exemplifies knowledge of perhaps less than obvious, although culturally relevant, symptoms that may be indicative of a depressive disorder among this population (Poussaint, & Alexander, 2003).

Endeavors to inform and train psychologists to understand the experiences of women of color include a variety of gender-aware counseling approaches that purport to represent movement toward a more inclusive and integrated vision of functioning. However, many of these theories continue to assume that racial and gender groups are essentially monolithic and are based upon the perspectives of White, able-bodied male

therapists, thereby focusing on understanding a client who is “other” (Carter, 1995; Helms, 1984, 1990). Attempts to effectively assist African American collegiate women who seek treatment not only for major depression, but also for mental health in general, requires in part, that practitioners attend to the complex interaction of social, historical, and psychological factors relevant to the critical number of underserved African American women.

### *Research*

Understandably, the quality of mental health care is often suspect among African Americans in general. The unique challenges of African American women impact the extent to which African American women manifest and manage depressive symptoms and depend in part, on their interpersonal and therapeutic milieu. Investigators, as attested to by the paucity of studies with this population, have only just begun to approach the problem of depression and African American women. Several studies have indicated that females tend to score higher on depression than males (Kessler, et al., 1994; Weissman, Bruce, Leaf, Florio, & Holzer, 1991). Culbertson (1997) called for further cross-cultural research in the area of gender differences and depression. Nonetheless; few studies have examined this gender difference cross-culturally (Rosenthal & Schreiner, 2000). Despite the broad literature on depression, particularly depression and women, the absence of studies of depression among African American women is quite evident. Depression in African American women is clearly one of the most neglected yet needed areas of research in mental health.

Few studies have examined depression among African Americans, in particular African American women college students. The current consensus appears to be that the

incidence of depression is unrelated to ethnicity (American Psychiatric Association, 1994; Casper, Offer, Casper & Belanoff, 1996; Lester & DeSimone, 1995). However, there have been discrepancies in the literature regarding this issue. Biafora (1995) found that African Americans manifest significantly higher depressive symptoms than Whites. Conversely, Kessler, et al. (1994) found the prevalence of depression to be lower for African Americans than for Whites.

Interestingly, Jackson, Thoits, and Taylor (1995) found that elite African American leaders in the United States demonstrate significantly greater symptoms of depression than African Americans not in an elite position. This finding may indicate that African Americans living in environments where others of their ethnicity are grossly under-represented may be at a greater risk of experiencing depression. Additionally, it has been suggested that the tendency to report higher levels of depression is related to the stress of feeling isolated as a result of the perception by other African Americans that an individual in such environments has lost some degree of “black identity” (Jackson et al., 1995; Munford, 1994). Noting the lack of clarity in the findings of the current literature regarding rates of depression according to gender and race, it becomes clear that further research is needed examining this issue.

Although some studies have identified greater prevalence of depression among African American women compared to all other groups, examinations that include the broader societal problems of racism and other social injustices experienced by African American women are sparse at best (Fisher-Collins, 1996). Important here is that among investigations of depression, the connections between racial oppression, hopelessness, self-hatred, economics, stress, and patterns of self-destructive behavior exhibited by some

Black women have been historically overlooked. Thus, the diagnostic models accepted by mental health care professionals over the past fifty years have not always been effective in addressing the unique mental health concerns of Black Americans.

Further, research about the interactions of gender and ethnicity, as well as the impact of other factors based in social contexts has been traditionally ignored. For example, a review of relevant literature conducted by Trotman-Reid (2002) revealed that from 1995 to 2000, fewer than 20% of the publications discussing racism included females or gender issues; and fewer than 18% of publications included discussions on cultural diversity. Although the overall number of publications was much greater for African Americans from 1997 to 2000, the proportions addressing gender issues were only slightly higher than for other ethnic minority groups, with fewer than 30% including gender and under 15% addressing girls or women (Trotman-Reid, 2002). Little attention is paid to the question of the various types of identification an African American woman might have with her race and gender and in turn, the effect that these attitudes might have on her functioning (Trotman-Reid, 2002). Therefore, to truly comprehend the issues relevant to women of color, one cannot just examine them in isolation.

Survey research is the more prominent method of discerning discrete psychiatric conditions (e.g., depression), but use of such methodology is not without concern. For example, the appropriateness of depression researched in African Americans, mostly through treatment studies and early community surveys have been criticized (Myers & Weissman, 1980). Some express concern because of several problems that may result in response bias as well as problems with inaccurate data (Worthington, 1992). Still others have identified the difficulties of conducting large scale surveys in minority communities

(Milburn, 1991). Gender-related, societal, and cultural conditions compound risk factors for depression in African American women. Mental health research, specifically designed to understand depression in African American women, must be structured to reflect knowledge of, and sensitivity to, the effects of continuing social inequality. Therefore, it is now imperative that researchers begin to build from scratch culturally relevant theories of the causation, course, and treatment of depression in African American women. It is firmly established, though not without continuing questions, that certain risk factors place African American women at risk for greater prevalence of depression and that they suffer, according to most studies, disproportionately. While we have a preponderance of data on risk factors about depression, we still know very little about the mechanisms by which these factors contribute either singly or interactively to cause. What is needed is a focused research approach identifying specific variables, much as the feminists identified patriarchy and gender. They continue to examine various dimensions of aspects of both. Studies of African American women and depression also need to reflect a construct-racism — and to build the research on African American women and depression around the mechanisms by which racism creates and contributes to depression in these women (Brooks-Bertram, 1996).

#### *How Stereotypes of Black Women Contribute to Depression*

It was long taken for granted that because mental illness was a disease of civilization, it afflicted white people more than it did African Americans. This form of moral exclusion viewed African Americans in general, and women specifically, as non-entities, expendable, or undeserving (Opotow, 1990). The social stigma caused by erroneous and harmful opinions about African American women have become so

pervasive that attempts to understand these women have been plagued by prejudice and discrimination. Consequently, many African American women are often not prepared to cope with their depression. Influenced by the social stigma, often the most likely advice offered by family and friends carries an implicit, if not explicit, message that those suffering depressive symptoms should “just get over it” (Mitchell & Herring, 1998).

Context, worldview and ethnic characteristics influence ways that both individuals and communities perceive depressive symptoms and have important implications for mental health interventions (NIMH, 2000). The interactions between human beings can influence and can be influenced by family, society and culture. Social stigma both physically and emotionally-trying can be detrimental in the lives and treatment of individuals with major depression. It leaves the individual vulnerable to the opinions and judgments of others. Although phenotypic similarities may seem apparent, African American women in fact possess unique experiential histories, relationships, varying ideologies of white supremacy, and privilege that necessitate a more complex navigation of the environments which they occupy. For individuals battling depression, the additional burden of social stigma and subsequent stereotypes influences both their internal and external worlds.

### *Stereotypes of Black Women*

An individual's sense of self may be influenced strongly by the way in which she is perceived by others. Historically, how African American women are perceived and treated is often devoid of the consideration that African American women are forced to combat the dual stereotypes of race and gender. Therefore, in an attempt to gain some understanding of the ways in which Black women establish a sense of self, it is important



to review the identities that have been ascribed to her by others. There are numerous myths related to the identities and social roles of Black women that serve to reaffirm beliefs that African American women are less individualistic than White women. The three most common stereotypes include characterizations of African American women as asexual Mammies, promiscuous Jezebels, and antagonistic Sapphires. These stereotypes evolved during slavery, and are rooted in negative anti-woman ideologies. The myths of Mammy, Jezebel and Sapphire continue to exist and still contribute to the unique harassment experiences of African American women today. Many people find it difficult to appreciate the diversity of African American women and instead impose identities based on negative stereotypes. Moreover, at any time, each of these images is used to characterize African American women in a monolithic image.

*Mammy*. Sometimes referred to as “Aunt Jemima,” her image is the symbol of African American womanhood and is inextricably integrated into the folklore of American culture. Mammy is perceived as nurturing and everyone's favorite aunt or grandmother. The evolution of the Mammy image can be attributed to female slaves performing domestic duties for the family of the slave owner. She was a loyal, faithful, but still untrustworthy member of the family. Most portrayals of Mammy depict her as an obese African American woman, of dark complexion, with extremely large breasts and buttocks. Accordingly, in this society she was rendered the antithesis of White womanhood. Mammy is first and foremost asexual, a portrayal that was significant for both White male slave-owners and their White female counterparts. This image not only allowed White males to disavow their sexual interests in African American women but also was less threatening to White females. Mammy's harassment claims would go

unheard because no one would believe that a man would desire an asexual woman. By characterizing Mammy as an asexual, maternal and deeply religious woman whose main task was caring for the master's children and running his household, the slave-owner found in her the perfect slave who always knew her place. Moreover, her behavior connoted satisfaction and comfort with her station in life, wherein she is devoid of emotional needs, selfless and content in her service to others' needs. She is ready to soothe everyone's hurt, envelop them in her always-ample bosom, and wipe away their tears.

*Jezebel.* The name Jezebel has become synonymous with women depicted as alluring and deliberately seductive who possess the ability to indiscriminately mesmerize men; especially those she determines have something of value to offer her. Rendering men powerless, this seductress is erotically appealing and openly engages in lewd sexual acts to take advantage of men. The Jezebel stereotype was used to excuse slave owners' and later the White employers' sexual abuse of their servants, thereby, most clearly supports particularly, the sexual exploitation of African American women. The myth of Jezebel functions as a tool for controlling African American women. Consequently, sexual promiscuity is imputed to them even absent specific evidence of their individual sexual histories. This imputation ensures that their credibility is doubted when any issue of sexual exploitation is involved. All credible possibility that her character might suit the norm of the day (an alleged chaste woman) was replaced with the image of one who personifies the stereotype of dishonesty. In other words, African American women were not, and often are not, portrayed as being truthful and, therefore, they should not be trusted.

Such a stereotype is clearly an affront to the moral reputation of African American women. Throughout history, the myth of Jezebel has been used in a manner that conceivably justifies not only the sexual exploitation but also racism and sexism of African American women. The great concern for morality was used to justify Black women's education in the late nineteenth and early twentieth centuries. A commonly held idea, particularly among Whites, assumed the African American women tended to be promiscuous, a view that conveniently disregarded and distorted the tradition from slavery of White men's sexual assault of Black women with impunity. Whether or not educators believed in this negative stereotype, they were determined to better assure high moral standards of African American women, it was not only consciously used as a compelling argument but also justified the strict day-to-day school policies governing the student life of Black women.

*Sapphire.* Finally, Sapphire, is everything that Mammy is not. Ernestine Ward popularized the Sapphire image in the Amos and Andy television series. She portrayed the character known as Sapphire, and her husband, Kingfish, was played by Tim Moore. Although the Sapphire image is typically one that includes her complexion as brown or dark brown, the stereotype asserts no other specific physical features. Through this image African American women are portrayed as discontent, argumentative, stubborn and detestable. Unlike other images that symbolize African American women, the most salient features of the Sapphire myth of Black females are her lack of femininity, her sexless, harshly aggressive nature, and her inclination to emasculate the Black male at every opportunity. This image of the Black woman is deeply rooted in commonly held beliefs regarding the so-called matriarchal structure of the Black family.

Staples (1972) notes that, in large part, the patriarchal family structure is based on the economic dependence of the female on her male partner. Because American society traditionally denied Black men the economic opportunities necessary to support their families, Black women, during slavery and beyond, are often forced to economically function independent of Black men. The influence of this stereotype is detrimental to the psychological well being of African American women because in order to avoid being perceived by others as Sapphire, many African American women suppress feelings of bitterness and rage for fear of being regarded as a Sapphire.

It long has been established in the psychological literature that an individual's sense of self may be influenced strongly by the way in which she is perceived by others. Therefore, in an attempt to gain some understanding of the way in which the Black woman establishes a sense of herself, it is important to review the identities that have been ascribed to her by others. Wilson (1986) suggests that the images of Black women are negative and conflicting in many ways. However, the sexless, but nurturing Mammy, the Jezebel, or sexually "loose" Black woman, and the emasculating Sapphire appear to be the three most recurrent stereotypes of Black women. Though different from one another, these images developed out of an important historical and sociological context. Collins (1990) states that these "controlling images of Black women are not simply grafted onto existing social institutions but are so pervasive that even though the images themselves change in the popular imagination, Black women's portrayal of the Other persists" (p. 78). Therefore, it is important to consider how such images influence the identity development of Black women.

## Womanist Development

Gender, like ethnicity, is a dynamic representation and a negotiated domain, based on shared understandings, beliefs, and practices (Unger, 1990). Hudson-Weems (1993) described the experience of Black women in terms of a tripartite form of oppression that includes racism, classism, and sexism. Considering these factors and the negotiation of the intertwined statuses of being women and ethnic group members is critical towards the understanding of the experiences of African American women (Reid & Comas-Diaz, 1990). Black feminism, Africana womanism and Womanist theory espouse ideologies that include a focus on relevant social contexts and highlight the significance of the unique experiences of African American women. However, there are distinctions between these theories.

### *Black Feminism*

Events throughout American history exemplify that all too often, “Black” was equated with Black men and “woman” was equated with White women. Traditionally, the feminist agenda was influenced by the struggles for economic equality, freedom from violence, and equality within the family as defined from White women’s experiences. Excluded from this definition are the varying experiences of women of color. Women of color not only fight against the patriarchy; the fears of many African American women include racist’s acts against them and those they love. Although African American women often draw on an Afrocentric worldview to cope with racial oppression, Collins (1998) notes that African American women who identified as Black feminists faced demands from Afrocentric movements in that many found it problematic that although

gender discrimination was acknowledged, it was always seen as secondary to issues of race.

Due to the inability of Black men and White women to acknowledge and denounce their oppression of Black women, neither the Women's Movement nor the Black Liberation Movements were able to meet the needs of Black women. Often Black women's Afrocentric consciousness remains unarticulated and not fully developed into a self-defined standpoint. In response to the needs of Black women who felt they were being racially oppressed in the Women's Movement and sexually oppressed in the Black Liberation Movement, the Black Feminist Movement was formed. Black feminism has been defined as a process of self-conscious struggle that empowers women and men to actualize a humanist vision of community. Therefore, the Black Feminist Movement grew out of the need of Black women to adequately address the way race, gender, and class are interconnected in their lives and to take action to respond to racist, sexist, and classist discrimination.

### *Africana Womanism*

Africana womanism is a term suggested by Hudson-Weems in 1993 to establish the significance of cultural identity as it relates directly to ancestry and land base — Africa. Africana womanism is an ideology created and designed for all women of African descent. It is grounded in African culture, and therefore, it necessarily focuses on the unique experiences, struggles, needs and desires of African women. It critically addresses the dynamics of the conflict between the mainstream feminist, Black feminist, the African feminist and the African womanist. Africana Womanism and its agenda are unique and separate from both White and Black feminism (Hudson-Weems, 1993).

According to Asante (1987), Afrocentricity means “placing African ideals at the center of any analysis that involves African culture and behavior” (1987 p. 6). In this same way, Africana Womanism commends an African-centered perspective of Africana women’s lives. This includes their historical, current and future interaction with their community, which includes their male counterparts (Hudson-Weems, 1993).

The African womanist perceives herself as the companion to the African man, and works diligently toward continuing their established union in the struggle against racial oppression (Hudson-Weems, 1998). Africana men and women do not accept the idea of Africana women as feminists. There is a general consensus in the Africana community that the feminist movement, by and large, is a White woman’s movement for two reasons. First, the Africana womanist does not see the man as her primary enemy as does the White feminist, carrying out a battle with her White male counterpart for subjugating her as property. Africana womanism acknowledges the importance of participation in commonly identified feminist agendas (e.g., poverty and child care) and the role of Africana women in the struggle; with the caveat that Africana men do not possess the institutionalized power to oppress African women. Therefore, female subjugation is not the most critical issue they face. Secondly, Africana women reject the feminist movement because of their apprehension and distrust of White organizations (Hudson-Weems, 1998).

Because Africana women suffer from triple marginality; one must consider the order in which to address these concerns. This necessitates that the definition and reaction to their plight warrants taking charge in their lives by dealing with first things first. According to the Africana womanist, the problems of Africana women are perpetrated

both within and outside the race, and need to be resolved on a collective basis within Africana communities. Africana womanism acknowledges societal gender problems as critical issues to be resolved; however, it views feminism, the suggested alternative to these problems, as yet another sort of White patriarchy, with White feminists in command and on top (Hudson-Weems, 1993). Africana womanist theory asserts that the woman must direct her attention toward the relevant special interests she deems prominent. However, ideological components of Africana womanism commonly espouse that the liberation of the entire Africana family has priority over women's liberation for African women and thus, their chief role is to work toward the liberation of the entire race. It follows that the family is not viewed as a symbol of oppression, and in fact, may be the main source of solace and support against external oppression. A family is a place to go to find support and understanding regarding outside hurdles (Hudson-Weems, 1993).

### *Womanist*

Several theorists suggest that Black women are less likely than White women to identify as feminists. Further, Myaskovsky and Wittig (1997) found that Black women and other Women of Color were far less likely than White college women to identify publicly as feminists. Therefore, although Black women may support the premises of the women's movement, they may not ultimately identify with being feminist. Hemmons (1974b) posited that the women's movement did not specifically address issues central to the concerns of Black women, and Kelly (2001) reiterated that, contemporary feminism fails to be relevant to young Black women's lives. In fact, recent theories and treatment approaches that include traditional feminist approaches place little, if any focus on issues



of race. Women of color feel compassion for the slights and slanders experienced by men of color, as they share that oppression. Consequently, some Black women totally reject the term feminist, preferring instead to use the term womanist to describe their commitment to womanhood and the Black community.

Black feminist writer Alice Walker (1983) first used the term “womanist” to describe a distinct interpretation of feminism. According to Walker, one is a womanist when one is “committed to the survival and wholeness of entire people, male and female.” Further, Walker asserts that “womanist is to feminist as purple is to lavender,” and addresses the notion of solidarity of humanity. Thus, it is thought that womanist may be more appropriate or relevant to the experiences of Black woman. Additionally, there appears to be a trend in the literature (King, 1999; Levitt, 1996; Poindexter-Cameron & Robinson, 1997; Watt, 1997) that suggests that researchers may view the womanist identity development model as more relevant for Black women than White women. Although the womanist identity model was not based upon the womanist theory, per se, the fundamental ideologies are quite similar. It follows that Black women may be more likely to identify with and respond to womanist statements than feminist ones.

#### *Womanist Identity Development Model*

Just as Cross (1971) theorized that African Americans move through five stages during which being Black transitions from low or neutral to high salience, Helms (1992) and Downing and Roush (1985) proposed that womanist identity like feminist identity occurs in a like process. Both models parallel the stage progression in the Black identity development model, however, an important distinction between the two models is how the woman ultimately defines her new identity. In the case of the Downing and Roush

model, she adopts feminist views, whereas the Helms model suggests that she adopts whatever positive views of womanhood she defined for herself. This is an important distinction because research shows, identification with the term “feminist” in general, is often met with resistance (Fox & Auerbach, 1983; Jacobson, 1979), and the terminology can affect people’s willingness to support beliefs perceived as feminist (Breinlinger & Kelly, 1994; Buschman & Lenart, 1996; Jacobson, 1981). Consequently, some Black women who, as part of their commitment to womanhood and the Black community not only reject the term feminist, but also what they perceive as feminist ideologies, prefer to use the term womanist. Therefore, womanist identity is further defined here. Foremost here, it is important to note that, while the stages of the Helms womanist identity model closely parallel those of the Cross model, no specific ethnic group is recognized as more suited for the model. Helms (as cited in Ossana, Helms, & Leonard, 1992) developed the womanist identity model to describe the experiences of how women in general, move from external, societal definitions of womanhood to an internal, personally salient definition of womanhood. However, as stated earlier, there does appear to be a trend in the research literature suggesting that researchers, in terms of appropriateness, seem to favor the application of the womanist model in conjunction with Black samples more often than for other populations.

The Helms womanist model purports that during stage one, Pre-Encounter, the woman, aligning her views with societal ideals about gender, conforms to societal norms. Theoretically, during this stage a woman not only thinks but also behaves in ways that devalue women and value men. Encounter, stage two, occurs when novel information or experiences emerge in the woman’s awareness. As a result, greater salience of the

meaning of being a woman, she begins to question previously accepted values and beliefs. Subsequently, in search of positive self-affirmations of womanhood along with an intense affiliation with other women, the transition toward stage three, Immersion-Emersion, begins. During stage three a noted investment in the idealization of women and the rejection of perceived male-supremacist views of women is apparent. Through this lens all that is social, political and psychological is critically filtered. Finally, processing and claiming a more positive view of what it means to be a woman, the boundaries along with the external definitions of womanhood give way allowing the woman to fully incorporate into her identity her own unique panorama. Helms (1992), pinpoints this experience as congruent with Internalization, the final stage of womanist identity development. What follows then, according to Helms, is a flexible personal ideology that may or may not involve identifying as feminist or adopting feminist beliefs, and characterizes a “healthy” development in terms of womanhood. Whatever role she may choose for herself the woman comes to value herself as a woman. Therefore, a womanist identity is one of many possible results of a woman’s search for a positive identity (Boisnier, 2003).

### Racial Identity Development and African American Students

The outcome of developmental processes in which college students engage are manifested through the quality of not only their self concept and adjustment but also their interactions with faculty and staff. Pope (1998) suggests that when influenced by the campus environment, students’ racial identity development could affect other aspects of their psychosocial development. Thus, the college campus environment understandably

has implications for the racial identity development for students from traditionally marginalized groups. Recognizing the process of racial identity development leads to better understanding of the variation in psychosocial and cognitive growth of African American students.

Racial identity development for African American students, like White students, includes a process during which positive as well as negative experiences in and out of the college campus understandably presents consequences for their mental health. It is important to recognize that through this process, which is both dynamic and informative, students are informed about the meaning of their own race and ethnicity. Thus, understanding how racial identity impacts and is impacted provides critical knowledge for those who work on college campuses. Greater awareness of black racial identity development can lead to heightened understanding, earlier diagnosis, and treatment having particular significance for African American collegiate women.

It is paramount that each practitioner understands how he or she as an individual and member of the psychological community influences the success or failure of African American collegiate women. Students struggling to stay connected with their home culture and attempting to make meaning of race and ethnicity may present in attitudes or behaviors which, although indicative of racial identity development, can be misunderstood by counseling center practitioners, faculty or staff. Diverse students who attend institutions of higher learning can significantly benefit from practitioners with the ability to utilize more appropriate interventions gained through examining theories of racial identity. Because not all students are alike it is important that we as practitioners, understand the process of racial identity development (Helms, 1994). Thus, a review of

current racial identity development theories not only furthers efforts towards its investigation, but also highlights the complexity of conducting research in this area.

Racial identity development for African American, like White students, includes a process during which positive as well as negative experiences in and out of the college campus understandably present consequences for their mental health. The outcomes of this developmental process are manifested through the quality of not only their self concept and adjustment but also social interactions in which African American students must engage. Additionally, as suggested by Pope (1998), when influenced by the campus environment, students' racial identity development could affect other aspects of their psychosocial development. It is important to recognize that through this process, which is both dynamic and informative, students are informed about the meaning of their own race and ethnicity. Therefore, the college campus environment understandably has implications for the racial identity development of students from traditionally marginalized groups.

#### *Black Racial Identity Development*

The research on racial/ethnic/cultural identity development has made a significant contribution to research on identity development generally. How racial identity impacts, and is impacted, provides critical knowledge for those who work on college campuses. While it is important that practitioners understand the process of racial identity development it is also paramount that African Americans should be examined as a heterogeneous group in terms of backgrounds and beliefs (e.g., Pascarella & Terenzini, 1991) because not all students are alike (Helms, 1994). Moreover, a number of researchers have focused on African American students' differing beliefs and

philosophies regarding race and how these beliefs and perceptions relate to their academic adjustment in the PWI college environment (e.g., Baldwin, Duncan & Bell, 1987; Sellers, Chavous & Cooke, 1998). Such research asserts, for example, that African American students who perceive discrimination from faculty and White peers avoid interaction with them outside the classroom are less likely to fit in, feel alienated, and adjust poorly to PWI campuses (Stage & Hossler, 1989). Consequently, African American students on majority campuses may be particularly vulnerable, in that they may be less likely to ask for help from their professors or other professionals, participate in curricular-related activity, and generally less socially involved in the college environment (Allen, 1988; Fleming, 1984).

Greater awareness of Black racial identity development can contribute to further understanding student's perspectives and experiences which may lead not only to earlier diagnosis but more appropriate treatment by practitioners, thus having particular significance for African American collegiate women. Therefore, a review of racial identity development theories is presented here not only to further efforts towards its investigation, but also highlight the complexity of conducting research in this area (Torres Howard-Hamilton, & Cooper, 2003).

Research on racial identity and subsequent theory endeavors to provide an explanation of what occurs when a person goes through an identity transformation. Authors in the United States, particularly those from underrepresented populations (e.g., Black Americans), have reflected on culture and identity issues in social, political, and economic contexts. Although the implications of their ideas often appear psychological, the literature regarding underrepresented groups and identity development continues to

span several disciplines and may not always be found or presented by psychologists (Pedersen, 2003). Although early theories of identity development, Erikson (1968), and Horney (1967), emphasized the importance of sociocultural context in identity formation such identity development models do not account for the adaptation process in change and assume that identity will develop in a linear, continuous process. Current research on ethnic identity development models describes an alternative framework. In the past few decades several researchers have developed identity models that assert that race cannot be treated merely as a demographic or sociological variable but attempt to approach race psychologically, and based on the levels of identification with one's race.

There are many differences across the various research models studying racial identity development. However, it is important to note that research or theories of racial identity development that make assertions that form homogeneous thoughts, behaviors or characteristics among African Americans, or any other group for that matter exist, is likely to be inaccurate and inadequate. Black identity varies widely, and group members experience the consequences of racial identity development differently, exactly what the task will involve is conceivably different for each group member. African Americans differ in their degree of identification with African American culture (Carter, 1991, 1995; Carter & Helms, 1987; Helms, 1990; Parham & Helms, 1985).

For example, many recent theories define a process by which individuals move from less healthy white-defined stages of identity to more healthy self-defined racial transcendence (Helms, 1985). Such theories are based upon the model developed by Cross (1971), who proposed a four stage process he described as a "Negro to Black conversion experience" or Nigrescence. Nigrescence is a French word meaning the

process of becoming Black, asserts “the gradual transcendence of Black individuals from a world view in which African Americans are devalued and Whites are reified to a world view characterized by an inner confidence in and appreciation of self and others as racial beings” (Thompson & Carter, 1997, p. 18). Cross (1971) posited that Black ethnic identity consists of five stages. His model emphasized that African Americans, based on their interactions with societal oppression, experience notable psychological and behavioral characteristics. Each stage described by the Cross (1971) model takes under consideration that African Americans differ in their degree of identification with African American culture. Research (Carter, 1991, 1995; Carter & Helms, 1987; Helms, 1990; Parham & Helms, 1985) has shown that these different types of identification are associated with very different profiles of individual psychological functioning. During the first stage, pre-encounter, the individual appears to be against whatever is perceived as pertaining to Blackness. The second stage required an encounter that validated the person’s Blackness with such an experience leading to the third stage during which the individual deliberately immerses themselves in Black culture and rejects non Black values. The fourth stage emphasized internalization and a secure sense of Black identity. Helms and Parham (1985) operationalized the four stages proposed by Cross and found support for them. Additional research has been found that tends to support the Cross Black racial identity development model (Carter, 1991, 1995; Carter & Helms, 1987; Helms, 1990; Helms & Parham, 1985; Parham & Helms, 1985; Pyant & Yanico, 1991).

During the same period that Cross (1971) introduced nigrescence theory several other researchers reacting to racism and prejudice in society, worked independently on the topic. For example, Thomas (1971) also introduced a five stage model he called



“Negromachy,” to address the confusion about Black ethnic identity development as a process. Helms (1985) highlighted the significance of the role that differences in perceptions of “social power” plays in the process of racial identity development. Interestingly, although the labels of the espoused stages differed for each theory, similarities of content may be noted in models, which were developed independently, and described by Akbar (1979), Banks (1981), Cross (1971), Dizzard (1970), Gay (1984), Jackson (1975), Milliones (1980), Thomas (1971) and Vontress (1971).

Helms (1990) summarized the literature on Nigrescence theories of identity development and highlighted five assumptions that appeared to pervade the literature on development of an identity by minority persons.

1. Minority groups develop modal personality patterns in response to White racism.
2. Some styles of identity resolution are healthier than others.
3. Cultural identity development involves shifts in attitudes involving cognitive, affective, and cognitive components.
4. Styles of identity resolution are distinguishable and can be assessed.
5. Intracultural and intercultural interactions are influenced by the manner of cultural identification of the participants. (Helms, 1985, p 241)

Helm’s adaptation of these models in her *Racial Attitudes Identity Scale* summarized these perspectives into the four stages of Pre-Encounter, Encounter, Immersion/Emersion, and Internalization (Helms, 1990). She described each stage as a worldview used to organize information about self and society, related to the person’s maturation level. Preencounter, the first stage is divided into an “active form” during

which the person consciously idealizes stereotypically white ideals or maligns Blacks, or a “passive form” in which the individual attempts to assimilate into White society. The second stage, Encounter, is evidenced by Blacks, once confronted with racial affronts and indignities search for their own Black identity. Immersion, the third stage is where the Black person is theorized to withdraw into an internally defined, stereotyped Black perspective. A nonstereotyped Black perspective is developed during the fourth stage, Emersion. The fifth stage, Internalization, is characterized by the Black person seeking a positive, internalized perspective of Black identity, and involves commitment to that positive internalized perspective.

Helms (1984, 1990), who continues to be a leader in researching the various minority identity models, later characterized stage-based identity development models as putting the responsibility for adaptations on the minority individual rather than society, which tends to blame the victim. Instead, her cognitive developmental model traces the development of racial conscious from historical and sociocultural information, through skill building and cognitive/affective self-awareness, and finally to cultural immersion. Consequently, recent revisions of the models of racial identity (Carter, 1995; Helms, 1994; Helms & Piper, 1994) have shifted from stage-oppression focused development to sequential ego identity status and personality integration. Thus, stages have been replaced by statuses, and oppression as the essential feature has been replaced by ego-differentiation and personality development (Block & Carter, 1996).

Since its conception, Cross’s nigrescence model (1971) has also been revised (Cross, 1991, 1995) and expanded (Cross & Vandiver, 2001; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002; Vandiver & Worrell, 2001). Cross (1985) modified his earlier

(Cross, 1971) views on Black ethnic identity development and emphasized salience as a primary concept. Unlike the original model, the names of the stages in the revised model describe the overarching theme of the stage and do not represent identities. Additionally, the revised model consisted of four stages of Black racial identities rather than five. The expanded nigrescence theory (NT-E) differs from the original and revised theories in several ways. Perhaps most important is the change from a developmental-stage theory to one that focuses on attitudes or social identities (Cross & Vandiver, 2001; Vandiver, 2001; Vandiver et al., 2002; Worrell, Cross, & Vandiver, 2001), with emphasis on recurring psychological themes in the social history of Black people (Cross & Strauss, 1998).

The NT-E theory espouses that although racial identity attitudes are influenced and changed by events and contexts across the life span, they are not developmental in the traditional sense—thus occurring in a set sequence of qualitatively different stages. The expanded theory asserts that Black attitudes are socialized across the life span (Worrell, Vandiver, Cross & Fhagen-Smith, 2004) and conceptualizes the multiple ways that Black identities are transacted or enacted in everyday life (Cross, Smith, & Payne, 2002; Cross & Strauss, 1998). NT-E also maintains the distinction between personal identity (PI) and reference-group orientation (RGO) (Cross, 1991). Using this conceptualization, it is plausible that self-concept may be viewed through two domains: a general personality, or personal identity domain, and a group identity, social identity, or reference group orientation domain (Cross, 1985; Spencer, 1982). Because NT-E focuses on reference-group orientation it views each variant of Black identity as a form of group

identity (Cross & Vandiver, 2001) rather than as a variable representing general personality characteristics.

NT-E groups racial identity attitudes into three thematic categories: pre-encounter, immersion-emersion, and internalization (Cross & Vandiver, 2001; Worrell, Vandiver, Cross, & Fhagen-Smith, 2004). Pre-encounter themes refer to identities that accord low or even negative salience to race and Black culture. Pre-encounter attitudes include assimilation, which reflects low race salience, as well as mis-education and self-hatred, both forms of negative race salience.

Consequently, these attitudes may be the focus of identity change when a significant racial experience presents. Immersion-emersion themes indicate a state of limbo representing identity instability and conflict. The immersion-emersion attitudes—anti-White and intense Black involvement—bring about intense pro-Black or anti-White absorption (immersing), or it can reflect a state of emerging when a person is moving from intolerant attitudes to more sophisticated views of the Black and White community. Finally, a sense of reconciliation with being Black in a multicultural world is indicative of Internalization themes. All identities falling within this category receive moderate to high importance to race and Black cultural issues. Internalization attitudes include Afrocentric, bicultural, and multicultural identities, however the positionality of such attitudes is not hierarchal. Such attitudes exemplify identity attitudes where positive feelings about being Black while acknowledging other salient identities in self or others. These multiple identity attitudes give emphasis to a central theme of NT-E, that there are multiple Black identity attitudes (Cross & Vandiver, 2001), and individuals can manifest

differing levels of the various attitudes at the same time, although one attitude or a particular theme (e.g., pre-encounter) may be more salient.

Context, worldview and ethnic characteristics influence ways that both individuals and communities perceive psychological (e.g. depression) symptoms and have important implications for mental health interventions (NIMH, 2000). Historically, the most widely accepted models of depression tended to focus on single causal agents. However, an examination of these models suggests that there are various aspects of causality in regard to depression, factors that are as diverse and dynamic as identity development; ranging from vulnerability to onset, vulnerability to maintenance, factors impacting treatment, and factors that are relevant to the absence of treatment. For example, models of depression from cognitive perspectives as those proposed by Beck (1967) and Hammen and Cochran, (1981) typically emphasize the influences of mental processes in predisposing individuals to depression in the presence of precipitating events. Would it be useful to construe context as a precipitating situation when conducting research on depression, racial and womanist identity development? Further, psychoanalytic models of depression such as those advanced by Bibring (1953) center on the dynamic process whereby anger is directed toward the self. Considering that both the NT-E (Cross, 1991) and the WIAS (Helms, 1994) take under consideration personal identity and reference-group orientation, it is possible to examine the psychological responses that accompany the espoused statuses. Theoretically, the CRIS Pre-encounter/self hatred and the WIAS Encounter statuses both occur when novel information or experiences emerge. As a result, previously accepted values and beliefs are questioned. In other words, this is a time of intense self exploration that quite

conceivably could have an impact on the individual's mood and self appraisal, thereby influencing reported levels of depression. Past depression theories traditionally have ignored such factors. Understanding these factors is important because depressed African American women's assessment and treatment process is impacted not only by the women's attitudes but also by the attitudes of the health care professionals who provide services for them. A concentration on Black-White comparisons of social, educational, occupational, and psychological functioning has obscured differences within the African American population (Neighbors, Jackson, Brinman, & Thompson, 1996). Psychological research, specifically designed to understand depression in African American women, must be structured to reflect knowledge of, and sensitivity to, the effects of continuing social inequality. In this way researchers may begin to build culturally relevant theories of the causation, course, and treatment of depression in African American women. Further, the heterogeneity of African American women's experiences has been overlooked in much prior research. There is a pressing need to gain understanding of the wide variations in experiences among African American women. African American women have strengths, however, may experience increased stress, guilt, and depressive symptoms when their developmental needs (Carrington, 1980; Outlaw, 1993) go unattended. It is important to emphasize that, racial and gender identity varies widely, and group members experience the consequences of the development of these identities differently. Exactly what the task will involve and how identified factors impact African American women is conceivably different for each group member.

### III. METHODOLOGY

The present study sought to identify and examine the self-reported levels of depression, racial identity development, and womanist identity development of African American collegiate women between the ages of nineteen and twenty five years old attending a southeastern predominantly White institution (PWI) of higher education. The investigation was designed to measure the primary constructs through the administration of a select battery of self-report instruments. Each instrument was chosen on the basis of sound psychometric properties. Scores of particular interest in this study were not only the independent scores on the primary scales, but also the relationships among collegiate African American women's self reported levels of depression, and both racial and gender identity development. It was hypothesized that the level of depressive symptomatology both influences and is influenced by the level of racial and womanist identity development. The research questions that guided this investigation were the following:

1. Is there a significant relationship between depression and racial identity in African American collegiate women?
2. Is there a significant relationship between depression and womanist identity in African American collegiate women?
3. Is there a significant relationship between racial and womanist identity in African American collegiate women?

## Procedure

Permission to recruit volunteers who would be willing to complete questionnaire packets was sought from appropriate faculty or staff affiliated with student organizations on campus most likely to be comprised of or associated with African American women enrolled in the university. Contacts with representatives of the BSU (Black Student Union), Office of Diversity and Multicultural Affairs, NSBE (National Society of Black Engineers), SWE (Society of Women Engineers), NAACP (National Association for the Advancement of Colored People), and Delta Sigma Theta, Alpha Kappa Alpha and Zeta Phi Beta sororities were made via e-mail, telephone or personal contact. A brief description of the study, an invitation to participate that included a brief description of a drawing for gift certificates available to randomly selected participants, and relevant times and dates of administration were sent out campus wide via member listservs by representatives from NSBE, BSU and Office of Diversity and Multicultural Affairs. The researcher followed up initial indications of interest by collaborating with faculty/staff members to ascertain a convenient time that the researcher could meet with the respective groups and administer the survey packets.

Once the follow-up was complete, the researcher notified the groups, as well as individuals who had expressed an interest in participating in the study, of times and places on campus where the researcher would be present to administer survey packets to all volunteers. Data were collected throughout the summer semester of 2007. Numerical codes were assigned to post cards included in each survey packet (no identifiable participant information was displayed).



In sum, the researcher invited African American female students between the ages of 19–25 years old enrolled in a summer semester of a large land grant institution of higher education located in the Southeastern section of the U.S. to participate in this study. The only criteria for participation included a willingness to complete the battery of instruments, affirmation of current enrollment, self-identification as African American, and acknowledgement of having parents as well as grandparents of the same ethnic group.

The researcher offered a drawing consisting of six \$25.00 gift certificates redeemable for books and/or supplies at the University bookstore to participants in the study. Participants were informed that inclusion in the drawing and participation in the study were completely voluntary. They were also assured that they could discontinue participation at any time. As this was primarily an exploratory study examining the relationships among variables, group assignments were not made.

Participants were asked to complete a survey packet which included: The *Beck Depression Inventory-II* (Beck, Steer & Brown 1996) used to assess depressive symptomology; The *Womanist Identity Attitudes Scale* (Ossana, Helms & Leonard, 1992) used to assess Womanist Identity Development; and *The Cross Racial Identity Scale* (CRIS) (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002) used to assess Racial Identity Development and demographic information.

The research design utilized may be described as somewhat passive in nature. A passive design as described by Heppner, Kivlighan, and Wampold (1999) is one used to explore relationships among variables and is one in which the researcher “neither forms groups or conditions through random or nonrandom assignment, nor actively manipulates

an independent variable” (p. 221). The intent of this study was to obtain descriptive data on undergraduate African American college women attending the southeastern predominantly White university. As such, there are neither groups formed nor manipulation of an independent variable through any type of treatment. Instead, the participants in this study were already in intact organizations, and as volunteers reflected the population for which the study was intended. Using this passive design, the researcher investigated possible relationships as well as the strength and direction of any relationships among the relevant variables.

Research instruments were presented in the form of a questionnaire packet by the researcher, who read and reviewed verbal instructions for completing the instruments. The cover sheet of this packet consisted of an informed consent form assuring confidentiality, and a brief statement of the purpose of the research project, namely to examine the mental and social attitudes of African American collegiate women. Participants were also made aware that they might experience minimal psychological discomfort while considering their responses to items on the questionnaires, particularly the BDI-II. To attend to this possibility the researcher remained present and a university counseling center senior staff member was made available throughout the administration of the questionnaires. Additionally, a referral list of campus and local counseling resources was included in the questionnaire packet. Volunteers were also instructed that they could discontinue participation at any point in the process.

## Appraisal Instruments

### *Beck Depression Inventory II*

The lack of consensus in depression research may result largely from the various, and often-discordant, ways in which depression is construed and measured. A large number of rating scales have been developed to assess depression severity and change. The *Beck Depression Inventory II* (BDI-II; Beck, Steer, & Brown, 1996) is used primarily to assess depression and depressive symptoms, and has also been applied in working with stress because it is helpful in distinguishing the incidence of traumatizing stress from that of other types of stress. As the symptomatology associated with traumatization stress is related to clinical depression, both theoretically and descriptively, the BDI-II is considered an important diagnostic screening measure in terms of addressing co-morbidity. The BDI-II, a 21-item self-report measure, is one of the most frequently used self report measures for detecting symptoms of depression among individuals (adults and adolescents) with or without psychiatric histories (Beck et al., 1996; Beck et al., 1979; Buckley, Parker, & Heggie, 2001). Each item assesses an attitude or symptom of depression (e.g., sadness, self-accusation, insomnia). The measure has 21 items, each consisting of four self-evaluative statements describing symptom severity. These statements are coded along an ordinal continuum ranging from absent or mild (scored as 0) to severe (scored as 3). The scores from the 21 items are summed to yield a total value (range 0–63). According to the BDI-II Manual (Beck et al., 1996), depression scores are interpreted as 0–13 (minimal), 14 to 16 (mild), 17 to 29 (moderate) and 30–63 (severe). Responses are multiple choice, with each response weighted 0–3, depending on severity

of the symptom. Total scores can range from 0 to 63 with higher scores indicating greater degrees of depression (Goldberger & Breznitz, 1993).

When the BDI was administered to populations, such as college students, the results yielded high internal consistency coefficients ( $\alpha = 0.92$  and  $0.93$ ) with test-retest reliability of ( $r = 0.93$ ). The factor structure of the BDI-II showed two components: cognitive symptoms and somatic-affective symptoms. According to researchers, African Americans have comprised about 1% to 10% of the sample in preliminary BDI-II studies (Buckley et al., 2001). No studies were found that elucidated the factor structure of the BDI-II for the African American women used in the validity and reliability construction of this instrument (Beck, Steer, & Brown, 1996). The performance of African Americans on the BDI-II has not been reported.

#### *The Cross Racial Identity Scale (CRIS)*

The Cross Racial Identity Scale (CRIS) developed by Vandiver, Cross, Worrell, and Fhagen-Smith (2002), measures the attitudes of Black individuals regarding their own and other racial groups. It is a 40-item, self-report instrument that consists of four subscales related to the first four attitudes in Cross's (1971) original model: Pre-encounter, Encounter, Immersion-Emersion, and Internalization. However, the current version of the CRIS, measures six identities; three Pre Encounter identities (Assimilation, PA; Miseducation, PM, and Self-Hatred, PSH); one Immersion-Emersion identity (Anti-White, IEAW), and two Internalization identities (Afrocentricity, IA; Multiculturalist Inclusive, IMCI). Raw scores are derived from responses endorsed on a Likert-type format (1 = strongly disagree, to 7 = strongly agree) and computed by adding scores for all items in a particular subscale.

Evidence of validity of the original Cross Racial Identity Scale is given in Carter and Helms (1997). They report reliability data as follows: Pre-encounter, .69; Encounter, .50; Immersion-Emersion, .67; and Internalization, .80. The low reliability coefficients may limit the generalizability of the study or may reflect environmental effects. Further research is warranted to clarify the psychometric issues.

Confirmation of the validity of the scales has been provided by studies in which they have been found to be differentially related to cognitive styles (Helms & Parham, 1985), psychological well-being (Pyant & Yanico, 1991), psychological functioning (Carter, 1991, 1995), value orientations (Carter & Helms, 1987), self-esteem (Parham & Helms, 1985), self-actualization (Parham & Helms, 1985), satisfaction in supervision (Cook & Helms, 1988), counselor preference (Parham & Helms, 1985), client satisfaction (Bradby & Helms, 1990), counselor intentions (Carter, 1991, 1995), counseling relationship types (Carter & Helms, 1987), locus of control, and racial self-designation (Martin & Nagayama-Hall, 1992).

#### *Womanist Identity Attitudes Scale (WIAS)*

The WIAS is a 55 item self report inventory that was developed to measure attitudes associated with Helm's (1990) four stages of womanist identity development. This inventory uses a Likert-type format (1 = strongly disagree, 5 = strongly agree). Items for each of the four attitude groups are summed to yield four subscales, one for each attitude. Preencounter (8items), Encounter (8 items), Immersion-Emersion (16 items), and Internalization (11 items). Ossana et al. (1992) reported internal consistency reliabilities of Preencounter, .55 to .59; Encounter, .34 to .43; Immersion-Emersion, .71 to .82; and Internalization, .54 to .77.

A brief demographic questionnaire was also administered to the volunteers. Included in the brief survey were questions related to religious attendance and importance, physical and mental health estimate, parents' years of schooling, and age.

## IV. RESULTS

SPSS (Version 12.0) was used to analyze the data collected in this study. To explore the relationships among the African American collegiate women a correlation matrix was developed. Four subscales of the CRIS (Preencounter, Encounter, Immersion-Emersion, and Internalization), the BDI-II, and four subscales of the WIAS (Preencounter, Encounter, Immersion-Emersion and Internalization) were included in the analysis.

### Sample

Potential respondents consisted of 421 African American undergraduate females. Of the total number (421) of African American females enrolled during summer semester 2007 at the southeastern predominantly White university (PWI), 40 (approximately 10%) volunteered to participate in this study. Those participating in this study ranged from nineteen to twenty-five years with a mean age of 20.5 years ( $SD = 1.45$ ). Participation in the study was voluntary and anonymous, in that identifying data was not collected. All undergraduate levels were represented in the sample, with the largest percentage being freshmen (40.0%), and seniors (25%) representing the next highest percentage. The mean grade point average reported by the students was 2.71 ( $SD = .722$ ). About 42% of the students classified their physical health as “good” and 45% indicated that they considered

their mental health “very good”. The means and standard deviations further describing this sample are reflected in Table 1.

Table 1

*Means and Standard Deviations for Demographic Variables*

<i>Demographic Variables</i>	<i>x</i>	<i>SD</i>
Age	20.5	1.45
Year in School	2.22	1.23
GPA	2.71	.722
Religious Services Attendance	2.45	.714
Importance of Religion	2.75	.543
Membership in ethnic organizations	1.45	1.06
Mother’s Education	5.7	2.38
Father’s Education	5.5	2.38
Status of Your Physical Health	4.2	.733
Status of Your Mental Health	4.2	.831

*Note.* Religious Service Attendance ranges from 1 (Seldom) to 3 (Often). Importance of Religion ranged from 1 (Not Important) to 3 (Very Important). Range of Mother’s and Father’s Education is: 1 (Elementary school), 2 (Some high school), 3 (High school diploma or equivalent), 4 (Business or trade school), 5 (Some college), 6 (Associate or two-year degree), 7 (Bachelor’s or four-year degree), 8 (Some graduate or professional school), 9 (Graduate or professional degree). Ranges for Status of Your Physical/Mental Health: 1 (Very Poor), 2 (Poor), 3 (Fair), 4 (Good), and 5 (Very Good).

n = 40 for all demographic variables.



## Research Questions

### *Question 1*

Is there a significant relationship between depression and racial identity in African American collegiate women? Beck Depression Inventory (BDI)-II Total scores were not significantly correlated with any of the Cross Racial Identity Attitude Scale (CRIS) subscales as reflected in Table 2. Bivariate correlations for the CRIS Subscales and BDI-II Total scores are shown in Table 4.

*BDI-II.* The mean total score for the BDI-II ( $n = 40$ ) was 11.27 ( $SD = 7.97$ ). According to the cutoff scores and interpretive labels (Beck et al., 1996), 62.5% scored in the minimal range (0-13), 27.5% in the mild range (14-19), 7.5% in the moderate range (20-28), and 2.5% in the severe range (29-63). The coefficient alpha of the BDI-II for the sample was 0.88, suggesting that the BDI-II exhibited a high level of internal consistency for the study sample. An inverse relationship was found between two religion variables on the demographic questionnaire and BDI-II Total scores, “Religious Services Attendance” ( $r(39) = -.346, p < 0.05$ ) and “Importance of Religion” ( $r(39) = -.256, p < 0.05$ ). Additionally, a significant inverse relationship was observed between the demographic variable, “Religious Services Attendance” ( $r(39) = -.407, p < 0.01$ ) and the BDI-II item related to “loss of interest in sex,” as well as a significant inverse relationship between BDI-II item related to guilt and the demographic variable “Importance of Religion” ( $r(39) = -.407, p < 0.01$ ). Further, among this sample, BDI-II Total scores were significantly intercorrelated with all BDI-II individual items except three, item number five, guilt; item number two, pessimism; and item number 21, loss of interest in sex.

Table 2

*Bivariate Correlations of Cross Racial Identity Attitude Scale Subscales, Womanist Identity Attitude Scale Subscales, BDI-II Total Scores, and Demographic Variable Year in School*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Year In School														
2. BDI-Total Score	.053													
3. Pre-Encounter Assimilation	-.090	-.190												
4. Pre-Encounter Miseducation	-.011	.256	.176											
5. Pre-Encounter Self Hatred	-.003	.310	.116	.286										
6. Immersion- Emersion/Anti- White	.078	.191	.056	.193	.502**									
7. Internalization Afrocentricity	-.250	.271	.123	.547**	.279	.326*								
8. Internalization Multiculturalist/ Inclusive	-.414**	-.024	.155	.207	.090	-.240	.287							
9. Pre-Encounter Conformity	-.005	.124	.234	.225	.306	.496**	.342*	-.196						
10. Pre-Encounter Traditional Woman	-.078	.234	-.017	.160	.526**	.613**	.285	-.085	.573**					
11. Encounter Dissonance	-.146	-.033	.146	.059	.324*	.201	-.012	-.103	.052	.375*				
12. Immersion	-.059	.298	.028	.106	.217	.243	.338*	-.119	.416**	.310	-.210			
13. Emersion	-.198	.258	-.029	-.013	.544**	.358*	.192	.022	.343*	.402*	.059	.329*		
14. Internalization	-.207	-.117	.001	-.052	-.342*	-.538**	-.202	.217	-.583**	-.429**	-.056	-.248	-.265	

Note. n = 40; \* p < 0.05 (2-tailed); \*\* p < 0.01

Table 3

*Bivariate Correlations of Demographic Variables ,BDI-II Items 5,2 and 12, and BDI-II Total Scores*

Variables	1	2	3	4	5	6	7
1. Year In School							
2. Religious Services Attendance	-.060						
3. Importance of Religion	-.144	.099					
4. Guilty Feelings	.379*	.016	-.408**				
5. Pessimism	.165	.261	-.181	.540**			
6. Loss of Interest in Sex	.085	-.407**	.000	-.006	.039		
7. BDIT	.135	-.346*	-.256	.401**	.290	.386*	

Note. *Guilty Feelings is BDI-II item number 5, Pessimism is BDI number 2, and Loss of Interest in Sex is BDI-II number 12.*

$n = 40$ ; \*  $p < 0.05$  (2-tailed). \*\*  $p < 0.01$ .

This indicates that the women participating in this study reporting mild to moderate levels of depressive symptoms did not significantly endorse guilt or pessimism as problematic. As shown in Table 3, these two BDI-II items (I feel guilty and pessimism) however showed a significant positive ( $r(39) = .540, p < 0.01$ ) intercorrelation.

## *CRIS*

There was a significant negative correlation found between Internalization (Multiculturalist Inclusive) and the demographic variable, Year in School ( $r(39) = -.414$ ,  $p < 0.01$ ). This inverse relationship suggests that women who endorsed higher levels of Internalization held lower classification in regard to their academic class standing. The sophistication of racial identity and maturity pertains not only to whether a status has evolved within the ego, but also to whether the racial identity status is strong enough to be called upon to assist the person in coping with racial material (Helms, 1995).

Therefore, it may be appropriate to determine how comfortable these women feel with the content of racial identity attitude development. Theoretically, those women operating at the status of Internalization would feel comfortable with racial stimuli. Maturation and the perceptions of social norms within the environment may well be a reason for the observed inverse relationship. This observation will be addressed further in the discussion section to follow. The means and standard deviation for the subscales of the CRIS are provided in Table 5.

Table 4

*Bivariate Correlations for Cross Racial Identity Scale Subscales and BDI-II Total Scores*

Variables	1	2	3	4	5	6	7
1. Pre-Encounter/Assimilation							
2. Pre-Encounter/Miseducation	.176						
3. Pre-Encounter/Self Hatred	.116	.286					
4. Immersion/Anti-White	.056	.193	.502**				
6. Internalization/Afrocentricity	.123	.547**	.279	.326*			
6. Internalization/Multiculturalist	.155	.207	.090	-.240	.287		
7. BDI-II Total Score	-.190	.256	.310	.191	.271	-.024	

Note. n = 40; \* p < 0.05 (2-tailed); \*\* p < 0.01.

Table 5

*Means and Standard Deviations of Cross Racial Identity Attitude Scale Subscales,  
Womanist Identity Attitude Scale Subscales and BDI-II Total Scores*

Variables	Means	SD
1. Pre-Encounter/Assimilation	17.63	4.78
2. Pre-Encounter/Miseducation	18.93	6.31
3. Pre-Encounter/Self Hatred	11.43	5.57
4. Immersion-Emersion/Anti-White	9.53	4.65
5. Internalization/Afrocentricity	16.73	4.70
6. Internalization/Multiculturalist/Inclusive	24.08	6.10
7. Pre-Encounter/Conformity	23.13	5.04
8 Pre-Encounter/Traditional Woman	32.43	7.14
9. Encounter Dissonance	28.33	3.57
10. Immersion	24.95	4.77
11. Emersion	13.18	3.01
12. Internalization	43.80	6.16
13.BDI-II Total Score	11.27	7.97

Note. n = 40

## *Question 2*

Is there a significant relationship between depression and womanist identity in African American collegiate women? As reflected in Table 2, there were no significant relationships found among WIAS subscales and BDI-II Total scores. Table 6 shows that the strongest association was found between BDI-II Total score and the WIAS Immersion subscale. This positive relationship may indicate that as reported levels of depressive symptoms elevated so does Immersion. A plausible explanation for the observed finding is that during the Immersion status, Helm theorized that women attempt to reject stereotypical male supremacist views of womanhood and search for a more self-affirming definition (Helms, 1990). During this intense examination of self, these women may experience role confusion as they struggle to reconcile the transition from previously held beliefs and values to new not only self ascribed but also self affirming views of womanhood. Further observation revealed an inverse relationship in regard to BDI-II scores and the WIAS Encounter/ Dissonance subscale. According to Helms (1992) this occurs when novel information or experiences emerge in the woman's awareness. Theoretically this results in greater salience of the meaning of being a woman, and the individual begins to question previously accepted values and beliefs. The results here suggest that the extent to which the woman operates at the Encounter/ Dissonance inversely relates to the reported level of depression. Thus, it may be indicative that the women are utilizing possible alternatives and coping strategies sufficient for protecting themselves from potentially negative self appraisals that might adversely impact their mood.

Table 6

*Bivariate Correlations for Womanist Identity Attitude Scales Subscales and BDI-II Total Scores*

Womanist Identity Subscales	1	2	3	4	5	6	7
1. Pre-Encounter/Conformity							
2. Pre-Encounter/Traditional Woman	.573**						
3. Encounter Dissonance	.052	.375*					
4. Immersion	.416**	.310	-.210				
5. Emersion	.343	.402*	.059	.329*			
6. Internalization	-.583**	-.429**	-.056	-.248	-.265		
7. BDI-II Total Score	.124	.234	-.033	.298	.258	-.117	

Note. n = 40; \* p < 0.05 (2-tailed); \*\* p < 0.01.

#### WIAS

The means and standard deviation for the subscales of the WIAS are presented in Table 5. As reflected in Table 5, the scores indicate participants' womanist identity development: Pre-Encounter/Conformity (Idealization of Men) (M = 23.13, SD = 5.0), Pre-Encounter/Traditional Woman (M = 32.43, SD = 7.1), Encounter/Dissonance (M = 28.32, SD = 3.5), Immersion (M = 24.95, SD = 4.8), Emersion (M = 13.18, SD = 3.0), Internalization (M = 43.8, SD = 6.26). Table 7 presents the correlations observed between demographic variables "Religious Services Attendance, "Importance of Religion" and WIAS subscale scores. There was an inverse relationship among all WIAS subscale scores and the demographic variable "Year in School" as reflected in Table 2. "Religious



Services Attendance” reflected an inverse relationship with WIAS Encounter/Dissonance; this suggests that as the frequency of attendance of religious services increases the Encounter/Dissonance status may become less salient. Recall that this status entails greater salience of the meaning of being a woman, and questioning previously accepted values and beliefs; it is possible that cultural norms within this population include expectations of women’s roles within religious contexts. It is also conceivable that women seeking alternative ways to identify womanhood may not find support for independently derived ideologies within religious services. When considering the demographic variable, an inverse relationship was also observed with the Emersion status of womanist identity attitude scale. Theoretically, Emersion consists of a more cognitively sophisticated way of incorporating relevant information. On the other hand, there was an inverse relationship between “Importance of Religion” and Encounter/Dissonance as well as the Emersion status. This observation may indicate that women, as theoretically espoused, operating highly at this status, critically filtering social, political and psychological information are invested in the process in a manner that their sense of womanhood derives more independent of previously held beliefs about religion. Additionally, it’s possible that because the religious environment no longer offers the needed support for her newly emerging identity, the frequency of attending services becomes less.

Table 7

*Bivariate Correlations for Womanist Identity Attitude Scales Subscales and Religion**Variables*

Variables	1	2	3	4	5	6	7	8	9
1. Religious Service Attendance	-.060								
2. Importance of Religion	-.144	.099							
3. Pre-Encounter/Conformity	-.005	.098	-.213						
4. Pre-Encounter/Traditional	-.078	.268	-.157	.573**					
5. Encounter/Dissonance	-.146	.022	-.036	.052	.375*				
6. Immersion	-.059	-.181	-.193	.416**	.310	-.210			
7. Emersion	-.198	-.038	-.145	.343*	.402*	.059	.329*		
8. Internalization	-.207	-.131	.161	-.583**	-.429**	-.056	-.248	-.265	

Note. n = 40; \* p < 0.05 (2-tailed); \*\* p < 0.01.

*Question 3*

Is there a significant relationship between racial and womanist identity in African American collegiate women? Significant and positive correlations were found among the WIAS Pre-Encounter/Conformity ( $r(39) = .496, p < 0.01$ ), Pre-Encounter/Traditional Woman subscales and the CRIS Immersion-Emersion (Anti-White) racial identity attitude subscale ( $r(39) = .613, p < 0.01$ ). The WIAS Pre-encounter/Traditional woman subscale was also significantly correlated with the CRIS Pre-Encounter/Self Hatred ( $r(39) = .526, p < 0.01$ ) as shown in Table 8. An inverse relationship was also found between WIAS Internalization and CRIS Immersion-Emersion (Anti-White) ( $r(39) =$

-.538),  $p < 0.01$ ). Intercorrelations among the WIAS subscales revealed an inverse relationship between WIAS Internalization and all other WIAS subscales. Inverse relationships were also observed among WIAS Internalization and all except two of the CRIS subscales, CRIS Pre-Encounter/Acculturation and CRIS Internalization/Multiculturalist-Inclusive.

Table 8

*Bivariate Correlations for Womanist Identity Attitudes Scale Subscales and Cross Racial Identity*

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Pre-Encounter/ Conformity												
2. Pre-Encounter/ Traditional Woman	.573**											
3. Encounter Dissonance	.052	.375*										
4. Immersion	.416**	.310	-.210									
5. Emersion	.343*	.402*	.059	.329*								
6. Internalization	-.583**	-.429**	-.056	-.248	-.265							
7. Pre-Encounter/Assimilation	.234	-.017	.146	.028	-.029	.001						
8. Pre-Encounter/Miseducation	.225	.160	.059	.106	-.013	-.052	.176					
9. Pre-Encounter/Self Hatred	.306	.526**	.324*	.217	.544**	-.342*	.116	.286				
10. Immersion- Emersion/Anti-White	.496**	.613**	.201	.243	.358*	-.538**	.056	.193	.502**			
11. Internalization/Afrocentric	.342*	.285	-.012	.338	.192	-.202	.123	.547**	.279	.326*		
12. Internalization/Multiculturalist Inclusive	-.196	-.085	-.103	-.119	.022	.217	.155	.207	.090	-.240	.287.	

Note. n=40 for all subscale variables; \* p< 0.05 (2-tailed); \*\* p< 0.01.

## V. DISCUSSION

The purpose of the current study was to investigate the possible interrelationships among self-reported levels of depression, womanist identity and racial identity attitudes. A sample of African American collegiate women was surveyed. It was of interest to explore the extent to which racial and womanist identity attitudes contributed to the level of depression reported by these collegiate women. What is the level of depression reported by a sample of undergraduate African American women attending a large southeastern predominantly White university? Is there a significant relationship between depression and racial identity in African American collegiate women attending a large southeastern predominantly White university? Is there a significant relationship between depression and womanist identity in African American collegiate women attending a large southeastern predominantly White university? Is there a significant relationship between racial and womanist identity in African American collegiate women attending a large southeastern predominantly White university? This study was specifically designed to measure the relationships between the variables as each relates to African American collegiate women attending a large southeastern predominantly White university. Therefore, the inclusion of information pertaining to HBCUs and African American women was not appropriate for this discussion.

While the general purpose of this study was to examine the associations between racial and womanist identity attitude development, and self reported levels of depression, specific demographic variables were also of interest. Previous research (e.g. Churgin, 1978; Leland, 1982) found evidence that the experience and effects of differential treatment increase throughout women's college years, therefore the role of maturation (as represented in this study by Year in School) was taken into account. The results of this study suggest an inverse relationship between Year in School and all womanist identity attitude statuses. The relationship found between Year in School and all racial identity attitude statuses except Immersion-Emersion/Anti-White was inverse as well. In regard to the positive association between Year in School and Immersion-Emersion/Anti-White identity attitude, it appears that as Year in School increases this status does as well. A positive relationship was also found between Year in School and BDI-II Total scores. It appears that as Year in School increased so did the levels of depression.

The expectation that women might report higher statuses of racial and womanist identity attitudes as they mature seems plausible. However, this study revealed an inverse relationship between Year in School and Internalization attitudes of both identity measures. One explanation for this observation is that during the early years when one initially engages a novel environment, there may be less attribution of psychological discomfort to external sources, particularly for African American women who have learned survival strategies and defenses to buffer the impact of adverse psychosocial data. This finding may indicate a type of bias that is most salient during earlier years within the environment. Second, perhaps those individuals who adjusted and were assimilated into the campus environment became more aware of environmental stressors as they

progressed through their collegiate years. In the absence of longitudinal studies, it is difficult to determine which of these possibilities is most accurate.

Both Pre-Encounter attitudes of the WIAS (Pre-Encounter/Conformity (Idealization of Men) Pre- Encounter/Traditional Woman) were positively related to BDI-II scores. WIAS Pre-Encounter attitudes are characterized by beliefs and values that support stereotypical gender roles and behaviors. A plausible explanation for the positive relationship observed between WIAS Pre-Encounter and BDI-II scores is that it reflects gender attitudes among these women that may be inconsistent with views or behaviors they experience within their present environment. For example, views about gender roles consist of particular expectations about interacting and responding socially. If women's experiences are contrary to their beliefs, such circumstances could conceivably contribute to the level of depressive symptoms reported.

An inverse relationship was observed between BDI-II scores Womanist Internalization and Womanist Encounter/Dissonance. The inverse relationship between depression and WIAS Internalization attitudes suggests fewer depressive symptoms, and may be indicative of a more positive sense of womanhood. Womanist Internalization status is a cognitively sophisticated level of Womanist identity during which women are coming to terms with their identity as women and internalizing positive feelings about womanhood. The relationship between Internalization attitudes and depression seems to support Helms' (1990) theoretical characterization of Internalization attitudes as reflecting a more individualized identity and, consequently, a more positive sense of self. It is possible that to develop Internalization attitudes, women must learn to screen out (that is, be less attuned to) environmental cues concerning what is appropriate for them as

women. It should be noted that intellectualization is a primary defensive strategy assumed to be associated with the Internalization status. Therefore, it is possible that Internalization attitudes are related to women's capacity to shield themselves against environmental inequities by using better defensive strategies. Conceivably, more highly developed Womanist identity attitudes may buffer the impact of depressive symptoms. An alternative explanation is that women's attitudes during Internalization elicit more positive cues and less biased responses from the environment. Yet another explanation may be that women exhibiting dominant functioning in this status may be able to protect themselves from the consequences of environmental bias by developing their own support systems (e.g. joining social or political organizations).

A positive relation was observed between depression and WIAS Immersion-Emersion. During Immersion-Emersion according to Helms (1990), idealization of women and rejection of perceived male-supremacist views of women is salient. Thus, it is possible that this sample's response to environmental pressures to conform to social or political norms may have manifested in increased levels of depressive symptoms. It is also possible that high levels of attitudes reflecting these two statuses of womanist identity indicate greater sensitivity to environmental stressors. Both kinds of attitudes evolve from stages in which the woman is seeking support for trying different forms of womanhood. In the Encounter stage, the woman is just discovering the dimensions of these alternatives. Thus, the inverse relationship observed between BDI-II scores and WIAS Encounter is consistent with conceivable attempts to not only find support for but also transition and adjust to the emerging identity. Encounter and Immersion-Emersion attitudes are high, individuals may need nurturant attention from their environment(s) to



develop. That is, high levels of these attitudes may indicate that individuals' coping strategies are not sufficient for protecting themselves from potentially hostile environments.

Two of the three CRIS Pre-encounter attitudes (Pre-Encounter/Miseducation and Pre-Encounter/Self Hatred) revealed a positive relation to the BDI-II scores among this sample. Pre-encounter themes refer to identities that accord low or even negative salience to race and Black culture. Pre-Encounter/Assimilation reflects low race salience. These statuses are characterized by anti-black attitudes or racial information that reinforces stereotypes. Those operating at these statuses, for example may internalize racial information derived from the media or other sources that characterize Blackness as negative. The relation between Pre-Encounter/Miseducation and Pre-Encounter/Self Hatred and BDI-II scores suggest that such attitudes about identity may influence the levels of reported depressive symptoms. It is possible that these women struggle with condescending racial information in a manner that increases their level of reported depressive symptoms. Another explanation is that exposure to societal norms that are adverse to Black culture, may result in these women's perceptions of Black identity as less than positive. Although racial cues within the environment may be appropriately interpreted by these women, they conflict and do not align with their personal expectations or experience. Conversely, (CRIS) Pre- Encounter/Assimilation had an inverse relationship with BDI-II scores. The relation observed is that women operating more strongly from this status report fewer depressive symptoms and as Pre-Encounter/Assimilation attitudes decline reported depressive symptom increase. Pre-Encounter/Assimilation status reflects low race salience. Therefore, an explanation for

this finding might be that women's reported level of depressive symptoms are contingent upon their ability to dismiss or ignore racial stimuli that is contrary to norms within the environment.

A sense of reconciliation with being Black in a multicultural world is indicative of Internalization themes. Examination of the CRIS Internalization/Afrocentricity, revealed a positive relationship with BDI-II scores. Internalization attitudes exemplify identity attitudes where the individual has positive feelings about being Black and acknowledges other salient identities in self or others. However, the positive relationship observed here suggests that as depressive symptoms increase so do Internalization/Afrocentricity attitudes. Further, an inverse relationship was observed between Internalization/Multiculturalist Inclusive and BDI-II scores. According to Cross and Vandiver (2001), identities falling within this category assign moderate to high importance to race and Black cultural issues. Internalization attitudes are not hierarchal and context is relevant. One explanation for these findings is that women operating from the Internalization/Afrocentric status may experience more isolation. An Afrocentric perspective consists of largely identifying with one group. Lack of support and social connections could be reflected in reporting of higher levels of depressive symptoms. Women who are operating at the Multiculturalist/Inclusive status may tend to feel more connected recognizing multiple identities relevant to not only to self but also others.

The relationships suggested among the womanist identity attitudes and other variables should be interpreted with caution given the relative early stages of the Womanist Identity Attitudes of instrument development. Further studies examining

correlates of the four womanist identity attitudes in other settings comprised of a more diverse population would further enhance the psychometric properties of the WIAS.

Understanding of womanist identity development might assist counselors in better understanding and designing appropriate interventions for African American collegiate women. For example, counselors working with the knowledge of how womanist and racial identity attitudes might be expressed can better focus individual or group counseling sessions.

Women expressing higher levels of the Encounter or Immersion-Emersion (WIAS) or Immersion-Emersion and Internalization (CRIS) identity attitude development might also benefit from specific treatment modalities or from joining women's support groups not only to help them cope with depression but also to expose them to a variety of ways that women define themselves as racial and gendered beings. Further, the clinician could use information on identity attitudes of clients to assess that such groups as discussed above would potentially be inappropriate for those high in the Pre-encounter status of both identity attitude development because such women might perceive stereotypes about race and gender as an acceptable norm.

Overall, the sample of collegiate women perceived themselves to have similar levels of depressive symptoms. Therefore, it does not appear that the women experienced any perceived differences in levels of depression. However, as stipulated by Cross and Vandiver (2001), the measurement of racial and womanist identity attitude development may vary as a function of context or sample population. In regard to racial identity attitude development, the sample of collegiate women observed in this study was operating predominately at the Internalization (Multiculturalist Inclusive) status. Cross

(1991) asserts that this status may include as many as three or more reference points or identity anchors in the identity structure. Such attitudes exemplify racial identity attitudes where positive feelings about being Black while acknowledging other salient identities in self or others.

Among this sample BDI-II total scores were significantly intercorrelated except scores on three items: number five, guilt; item number two, pessimism; and item number 21, loss of interest in sex. What might these findings suggest and what significance might they have for African American women on their association with depression be explained? Dispositional optimism may play a key role in their beliefs about their future and their morale. Religious beliefs may be equally relevant among this population regardless of the context because beliefs are independent of current circumstances. In fact negative correlations were found between both variables concerning religion and BDI-II total scores, “Religious Services Attendance” ( $r(39) = -.346, p < 0.05$ ) and “Importance of Religion” ( $r(39) = -.256, p < 0.05$ ). One’s outlook for the future may be especially relevant to well-being. Although the present appears bleak, one’s beliefs about the future may be closely linked to distress because hope is tied to a belief that the future will be better than the present. An inhospitable campus climate may allow a wide range of beliefs about the future because the information contained in current surroundings is ambiguous with respect to the future.

### Limitations

A number of limitations of the current study should be mentioned. As noted above, the sample was composed of African American undergraduate collegiate women

who were 19 to 25 years old and located on a large southeastern PWI, so findings may not be generalizable to a broader spectrum of African American women undergraduate students. Furthermore, the number of women who volunteered for this study was low, again potentially limiting the generalizability of results. The sample did not reflect a wide range of responses. The restricted range and the limited size of the sample were both limitations. It is possible that the data would have shown stronger effects with a larger sample. Restriction of range may have prevented some relationships from attaining significance (see Stoolmiller, 1999). Finally, the data on depression may be restricted by the fact that the sample was comprised of volunteers. The more severely depressed may volunteer in much smaller numbers that is present on a campus. Depressed students may not tend to volunteer for much of anything. Because the time commitment required for participation was considerable, it is possible that some depressed women might have felt overwhelmed by the task and thus declined to participate. As a consequence of the low sample size, the interpretation and direction of all bivariate relations may be somewhat ambiguous.

Replication in independent samples is needed before much significance is attached to the specific pattern of interactions. It is possible that specific personal characteristics enable some African American women to overcome the deleterious effects of socially impoverished and unsupportive environments in which they must frequently live. The positive effects of an optimistic outlook, personal resources (religious beliefs, positive affectivity) and good interpersonal relationships, were not considered here but may be helpful in future research in order to detect the possibility of a clear pattern of protection or buffering.

Survey methodology using self-report measures were used in this investigation. Although such questionnaires are a prominent method of discerning individual attitudes and reports of psychological conditions (e.g., depression), the use of self-report measures raises a number of research concerns. For example, some researchers express concern with response bias that may result in problems with inaccurate data (Worthington, 1992). Still others have identified the difficulties of conducting large-scale, self-report surveys among underrepresented groups (Milburn, 1991). The timing of the present study may have also served as a moderating variable. Data collection began toward the end of spring semester and continued into the transition into summer semester on the university campus. This resulted in a significant reduction in the actual number of the population of African American women on campus, and relatively free of final examinations, papers, and other academic matters that tend to concentrate around the final third of an academic semester. During summer semester many students return to their home of residence, few if any student organizations meet during summer semester, and many students are occupied with jobs or time-compressed academic calendars. Thus, hard-pressed for time or not present on campus at all, this created a dilemma in regard to how to best access potential volunteers.

African American women may also be reticent to participate in research studies because they are uncertain as to how research data will be disseminated or are afraid that data will be misinterpreted. Further, such circumstances not only make accessing participants for research purposes particularly difficult but also suggest an overall lack of social support available for African American collegiate women on campus as well. Nevertheless, this study, though limited in some ways, may have some important

implications for counselors, educators, supervisors and others who work with African American female undergraduates.

Future research might consider utilizing longitudinal research data collection methods. Using such methodology would allow for observation and tracking of the influence of changes in the campus environment, life events, and concomitant changes in personal characteristics over time. It might help identify a possible reciprocal pattern of relationships among identity development attitudes and collegiate environmental factors, as can be more clearly understood over time by observing and measuring African American collegiate women at more than one data point. Furthermore, future research might utilize a comparison group from an HBCU to examine and emphasize possible influences attributable to differences in campus climate on levels of depression, racial and identity development. It is important to note however, that even using such methodology, it remains difficult to assign causality because changes in individual circumstances influence and are influenced by identity development. It will be difficult to disentangle the effects of individual change from change in the campus environment. Individuals choose and influence their environments and in turn are modified by the environments that they have chosen. Understanding the complexity of such reciprocal relations provides considerable challenge. Nonetheless, models in which racial and womanist identity development predicts both perceptions and reports of individual levels of depression are plausible.

Finally, African American women have strengths, and historically have been involved in the development of family and group survival strategies. African American women display signs of considerable adaptability and resilience (Giddings, 1992; Hooks,

1989). Further research might incorporate an examination of the strengths of African American women and the cultural competency of mental health professionals. Past depression theories traditionally have neglected cultural factors, such as resilience, adaptability, and resourcefulness. Understanding these factors is important because such knowledge influences the attitudes of the counseling professionals who provide services for African American women. This has implications for the ways in which African American women are assessed and treated for depression.

### Conclusion

In summary, the results of this study indicate that BDI-II Total scores were not significantly correlated to WIAS or CRIS subscale scores. BDI-II scores were, however, positively associated with CRIS Pre-Encounter (Self hatred) racial identity attitude status. Thus, it is plausible that when women engaged in this status attribute racial stimuli to stereotypical or conflictual self and group appraisals, they experience higher levels of depression. An inverse relationship was found between both demographic variables concerning religion and BDI-II Total scores, “Religious Services Attendance” and “Importance of Religion”. This suggests that among this sample, religion may serve as a protective variable. The inverse relationship observed between the CRIS Internalization status suggests that women who endorsed higher levels of Internalization held lower classification in regard to their academic class standing. This could indicate that, in regard to racial identity development, women who were operating at a higher racial identity status upon entering the college environment subsequently accumulated experiences that called their perceptions of racial identity to question.



In regard to BDI-II total score and the WIAS Immersion subscale, reported levels of depression elevated in concert with the Immersion status. A plausible explanation for this observation is that the task of reconciling the transition from previously held beliefs and values to new self affirming views of womanhood, conceivably impact mood.

“Religious Services Attendance” reflected a positive relationship with WIAS Encounter/Dissonance. This suggests that women seeking alternative ways to identify womanhood may seek support within religious services and because cultural norms within this context exemplify expectations of traditional women’s roles within religious contexts. An inverse relationship was observed with the Emersion status of womanist identity attitude scale. Theoretically, Emersion consists of a more cognitively sophisticated way of incorporating relevant information which may be incongruent with the woman’s emerging identity development. Additionally, the inverse relationship between “Importance of Religion” and Encounter/Dissonance as well as the Emersion status indicates that women, as theoretically espoused, operating highly at these statuses, may filter religious norms in regard to womanhood in a manner that currently conflicts with their emerging identity, thereby challenging their previously held beliefs about women’s role as espoused by her religious belief.

Finally, in regard to the examination of racial and womanist identity attitude development, significant and positive correlations were found among the WIAS Pre-Encounter/Conformity, Pre-Encounter/Traditional Woman subscales and the CRIS Immersion-Emersion (Anti-White) racial identity attitude subscales. This means that as the expression of WIAS Pre-Encounter attitudes increase so do those of the CRIS Immersion-Emersion status. According to Cross and Vandiver (2001), the Immersion-

Emersion status is characterized by a state of limbo representing identity instability and conflict. The individual may increase Black involvement and even absorb all they perceive as anti-White. The results here may be indicative that this sample of women lack sufficient racial models to provide alternatives to in regard to racial identity. Moreover, these women may respond by utilizing Pre-Encounter womanist attitudes and exhibit stereotypical ideas and values about women which are more accessible within her environment. This assumption appears to be further supported by the observation of the positive relation between WIAS Pre-encounter/Traditional woman subscale and the CRIS Pre-Encounter/Self Hatred.

An inverse relationship was found between WIAS Internalization and CRIS Immersion-Emersion (Anti- White). Women operating at the WIAS Internalization status are characterized as having a positive sense of womanhood. The observed relation here may indicate that women operating at this status have a more salient womanist identity. Thus having a positive sense of self as a woman might buffer the negative influence of the limbo and conflict experienced during the Immersion-Emersion status. In fact, inverse relationships were observed among WIAS Internalization and all except two of the CRIS subscales, CRIS Pre-Encounter/Assimilation and CRIS Internalization/Multiculturalist-Inclusive. WIAS Internalization is also characterized by the woman's ability to intellectually account for social and political ideologies that pertain to womanhood. Conceivably, this information allows her to respond in ways that further facilitates her growth as a woman. The positive relation between CRIS Pre-Encounter/Assimilation may indicate that the woman utilizes assimilation attitudes as a strategy to deflect racial information. Therefore, she may respond in a manner that is consistent with social norms.

There is a particular need to examine the effects of context when studying African American collegiate women. The range of contexts in which African Americans reside is vast, including PWI and HBCU settings as well as other social environments. Characteristics of the college campus may profoundly affect the daily lives of African American women. It should be considered if such contexts include exposure to victimization, positive and negative role models, and a variety of emotions, attitudes, and behavioral responses that derive from the objective characteristics of people's surroundings (Aneshensel & Sucoff, 1996; Sampson, Raudenbush, & Earls, 1997). However, to date relatively little research on depression among African American collegiate women has been conducted from a contextual or ecological perspective. Considerably more work needs to be done on the contribution of campus context on depressive symptomatology. Further, the heterogeneity of African American collegiate women's experiences has been overlooked in much prior research. A concentration on Black-White comparisons of social, educational, occupational, and psychological functioning may obscure differences within the African American population (Neighbors, Jackson, Brinman, & Thompson 1996). There is a pressing need to gain understanding of the wide variations in experiences among African American women in different social contexts. There are legitimate reasons to question extrapolation from studies of exclusively European American samples to African American individuals. It is most important to emphasize that, black identity varies widely, and group members experience the consequences of racial identity development differently. What the task will involve is conceivably different for each group member.

African Americans differ in their degree of identification with African American culture (Carter, 1991, 1995; Carter & Helms, 1987; Helms, 1990; Parham & Helms, 1985). Future research might consider differences in economic resources, employment opportunities, social support, and other factors that may modify the impact of depression, masking not only the presence of risk factors, but also protective factors. Researchers might consider campus climate, not in isolation but in the context of a set of individual-level risk and resource variables that previous researchers have identified as important to the well-being of African American women (e.g., Dressler, 1991; Neighbors et al, 1996). Risk variables might include negative life events, economic strain, racial discrimination, gender discrimination, interpersonal conflict, and negative affectivity. Beyond individual demographic variables, religiosity, physical health, and mental health were among the resource variables included in this study and an inverse relationship between religion variable and BDI-II scores was observed. However, other resource variables such as social support, and optimism might be useful in conducting future explorations of identity development and depression.

The current study was not designed to isolate the specific components of racial or womanist identity attitude development or to imply causation in regard to depression. Identity development sets in motion a cascade of life events and circumstances that impose a level of strain on women's lives. Often, this strain may not manifest as higher levels of depressive symptoms for many years. However, this kind of strain is not typically included on traditional life-events measures and thus may not be captured in measures of individual-level stress, particularly among the sample considered here. Finally, the daily routines of collegiate women are affected by their environment. Daily

exposure to (e.g. academic demands, adjustment concerns, and financial hardship) and other signs of distress may lead to depression. Once again, such strains are not likely to be included in individual-level measures of negative life events.

### Need for Additional Research

Research on the interactions of gender and ethnicity, as well as the impact of other factors concerning African American collegiate women have often been neglected in psychological literature. Trotman-Reid (2002) reviewed relevant literature and found that from 1995 to 2000, fewer than 20% of the publications discussing racism included females or gender issues; and fewer than 18% of publications included discussions on cultural diversity. Although the overall number of publications was much greater for African Americans from 1997 to 2000, fewer than 30% included gender and fewer than 15% addressed girls or women. Their review highlights how scarcely traditional research has attended to the question of not only the various types of identity development among African American woman but also the possible impact that such processes have on her mental health functioning (Trotman-Reid, 2002). Depression in African American women is clearly one of the most neglected yet needed areas of research in mental health. While we have a preponderance of data on risk factors about depression in general, we still know very little about the mechanisms by which these factors contribute either singly or interactively and impact racial and womanist identity development among African American collegiate women. Continuing questions about the risk factors that may place African American women at risk for greater prevalence of depression should be explored in order to better focus research approaches, prevention, and effective interventions.

Gender-related, societal, and cultural conditions conceivably compound risk factors for depression in African American women. Mental health research, specifically designed to understand depression in African American women, must be structured to reflect knowledge of, and sensitivity to, the effects of continuing social inequality and continue to examine various dimensions of aspects of both race and gender. Studies of African-American women and depression also need to reflect the mechanisms by which race and gender contribute to depression in these women. Cultural competence involves a mental health professionals use of cultural awareness (sensitivity when interacting with other cultures), cultural knowledge (educational basis of other cultures' world views), cultural skill (the ability to conduct a cultural assessment), and cultural encounter (the ability to engage meaningfully in interactions with persons from different cultural arenas) (Campinha-Bacote, 1994; Capers, 1994). When culturally competent, counseling professionals acknowledge and understand African American women's cultural strengths and values, counseling outcomes are likely to be more successful.

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## APPENDICES

APPENDIX A

BECK DEPRESSION INVENTORY-II (BDI-II)



Date \_\_\_\_\_

Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Occupation \_\_\_\_\_ Education \_\_\_\_\_

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

**1. Sadness**

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

**2. Pessimism**

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

**3. Past Failure**

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

**4. Loss of Pleasure**

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

**5. Guilty Feelings**

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

**6. Punishment Feelings**

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

**7. Self-Dislike**

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

**8. Self-Criticalness**

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

**9. Suicidal Thoughts or Wishes**


- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

**10. Crying**

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

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**11. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

**12. Loss of Interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

**13. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

**14. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

**15. Loss of Energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

**16. Changes in Sleeping Pattern**

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

**17. Irritability**

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

**18. Changes in Appetite**

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**21. Loss of Interest in Sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

18 19 20 A B C D E

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\_\_\_\_\_ Subtotal Page 2

\_\_\_\_\_ Subtotal Page 1

\_\_\_\_\_ Total Score

APPENDIX B

WOMANIST IDENTITY ATTITUDES SCALES (WAIS)

### Social Attitudes Inventory (Form W)

**Instructions:** This questionnaire is intended to measure people's social and political attitudes about women and men in society. There are no right or wrong answers. Use the scale below to respond to each statement. In the column next to each item, circle the number that best describes how you feel.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
circle your answer here (see above scale)				
1 2 3 4 5	1.	In general, I believe that men are superior to women.		
1 2 3 4 5	2.	I try not to take part in activities that make me appear to be un-lady like.		
1 2 3 4 5	3.	I believe that being a woman has caused me to have many strengths.		
1 2 3 4 5	4.	Women should not blame men for all their social problems.		
1 2 3 4 5	5.	I would feel incomplete if I did not marry.		
1 2 3 4 5	6.	I don't know whether being a woman is an asset or a deficit.		
1 2 3 4 5	7.	I feel more comfortable being around men than I do being around women.		
1 2 3 4 5	8.	I feel unable to involve myself in men's activities, and I am increasing my involvement in activities involving women.		
1 2 3 4 5	9.	I am insulted when people call me a "feminist".		
1 2 3 4 5	10.	I am comfortable wherever I am.		
1 2 3 4 5	11.	Maybe I can learn something from women.		
1 2 3 4 5	12.	Sometimes I think men are superior and sometimes I think they're inferior to women.		



1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
1 2 3 4 5	13.	Women usually don't have anything intelligent to say about politics.		
1 2 3 4 5	14.	In general, women have not contributed much to American society.		
1 2 3 4 5	15.	When I think about how men have treated women, I feel an overwhelming anger.		
1 2 3 4 5	16.	People, regardless of their sex, have strengths and limitations.		
1 2 3 4 5	17.	A woman's most important role in life is to provide emotional support for others.		
1 2 3 4 5	18.	Sometimes I am proud of belonging to the female sex and sometimes I am ashamed of it.		
1 2 3 4 5	19.	Sometimes, I am embarrassed to be the sex I am.		
1 2 3 4 5	20.	I am determined to find out more about the female sex.		
1 2 3 4 5	21.	I use the word "girl" to describe myself and/or my female friends.		
1 2 3 4 5	22.	Being a member of the female sex is a source of pride to me.		
1 2 3 4 5	23.	Thinking about my values and beliefs takes up a lot of my time.		
1 2 3 4 5	24.	I do not think I should feel positively about people just because they belong to the same sexual group as I do.		
1 2 3 4 5	25.	A woman's appearance is her most important asset.		
1 2 3 4 5	26.	I would have accomplished more in this life if I had been born a man.		
1 2 3 4 5	27.	Most men are insensitive.		
1 2 3 4 5	28.	Women and men have much to learn from each other.		
1 2 3 4 5	29.	Women who think and act like men are a disgrace.		

	1	2	3	4	5
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1 2 3 4 5		30.	I'm not sure how I feel about myself.		
1 2 3 4 5		31.	Sometimes I wonder how much of myself I should give up for the sake of helping minorities.		
1 2 3 4 5		32.	Men are more attractive than women.		
1 2 3 4 5		33.	I try to do only those things that increase my femininity.		
1 2 3 4 5		34.	I reject all male values.		
1 2 3 4 5		35.	Men have some customs I enjoy.		
1 2 3 4 5		36.	Men are difficult to understand.		
1 2 3 4 5		37.	It embarrasses me when other women act unfeminine.		
1 2 3 4 5		38.	I wonder if I should feel a kinship with all minority group people.		
1 2 3 4 5		39.	Women should learn to think and act like men.		
1 2 3 4 5		40.	My most important goal in life is to fight the oppression of women.		
1 2 3 4 5		41.	My most important goal in life is to raise healthy children.		
1 2 3 4 5		42.	I enjoy being around people regardless of their sex.		
1 2 3 4 5		43.	I find myself replacing old friends with new ones who share my beliefs about women.		
1 2 3 4 5		44.	The burden of living up to society's expectations of women is sometimes more than I can bear.		
1 2 3 4 5		45.	I limit myself to male activities.		
1 2 3 4 5		46.	I don't trust women.		
1 2 3 4 5		47.	Both sexual groups have some good people and some bad people.		

	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					
1 2 3 4 5					

48. I feel anxious about some of the things I feel about women.
49. I feel like I am betraying my sex when I take advantage of the opportunities available to me in the male world.
50. I want to know more about the female culture.
51. I think women and men differ from each other in some ways, but neither group is superior.
52. I find that I function better when I am able to view men as individuals.
53. I limit myself to activities involving women.
54. Most men are untrustworthy.
55. American society would be better off if it were based on the cultural values of women.

APPENDIX C

CROSS RACIAL IDENTITY SCALES (CRIS)

Code: \_\_\_\_\_

## CROSS SOCIAL ATTITUDE SCALE

Beverly J. Vandiver, William E. Cross, Jr., Peony E. Fhagen-Smith, Frank C. Worrell, Janet K. Swim, & Leon D. Caldwell

### Section I

1. Male ☐ Female ☐

2. How old are you? \_\_\_\_\_

3. Please indicate your ethnic background by circling the answer that applies to you. Choose **only one** category.

a. African	e. Hispanic Black
b. African-American	f. Mixed _____ / _____
c. Black	g. Other _____
d. West Indian/Caribbean Black	

4. If you are **currently** a student, are you a high schooler ☐ an undergraduate ☐ or a graduate student ☐?

5. Name of School: \_\_\_\_\_ 5b. City where school is located: \_\_\_\_\_

6. What is your semester standing in the school you listed in #5? \_\_\_\_\_

7. What is the racial composition of the school listed in #5? Mostly Black ☐ Mixed ☐ Mostly White ☐

8. What is your current grade point average? \_\_\_\_\_

9. If you are attending college, what is your major? \_\_\_\_\_

10. If you are **no longer a student**, what is the highest education level obtained? Circle one.

a. Elementary school	d. Business or trade school	g. Bachelor's or four-year degree
b. Some high school	e. Some college	h. Some graduate/professional school
c. High school diploma/equivalent	f. Associate or two-year degree	i. Graduate or professional degree

11. If you are **no longer a student**, what is your current occupation? \_\_\_\_\_

12. What religious affiliation do you hold? \_\_\_\_\_

13. How often do you attend religious services? Seldom ☐ Sometimes ☐ Often ☐

14. How important is your religion to you? Not Important ☐ Somewhat Important ☐ Very Important ☐

15. What is the best estimate of your/your family's yearly income before taxes? Circle "Y" for yours and "F" for family.

a. Less than \$10,000	Y F	d. Between \$30,000 and \$40,000	Y F
b. Between \$10,000 and \$20,000	Y F	e. Between \$40,000 and \$60,000	Y F
c. Between \$20,000 and \$30,000	Y F	f. Over \$60,000	Y F

16. How would you describe the primary community in which you were raised?

Rural ☐ Suburban ☐ Urban ☐ Other \_\_\_\_\_

17. What is the racial composition of the community listed in #16? Mostly Black ☐ Mixed ☐ Mostly White ☐

18. Are you a United States citizen ☐ a permanent resident of the US ☐ or Other ☐ \_\_\_\_\_?

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Code: \_\_\_\_\_

19. How many ethnic organizations do you belong to?      1      2      3      4      5      5+

20. What is the highest education level obtained by your mother (or female guardian) and father (or male guardian)?  
For mother, circle the "M" in the appropriate box; for father, circle the "F."

a. Elementary school	M	F	f. Associate or two-year degree	M	F
b. Some high school	M	F	g. Bachelor's or four-year degree	M	F
c. High school diploma or equivalent	M	F	h. Some graduate or professional school	M	F
d. Business or trade school	M	F	i. Graduate or professional degree	M	F
e. Some college	M	F			

21. How would you describe your family's socioeconomic status?

Poor ☐      Working Class ☐      Middle Class ☐      Upper Middle ☐      Wealthy ☐

22. How would you describe your current physical health?

Very Poor ☐      Poor ☐      Fair ☐      Good ☐      Very Good ☐

23. How would you describe your current mental health?

Very Poor ☐      Poor ☐      Fair ☐      Good ☐      Very Good ☐

## Section II

**Instructions:** Read each item and indicate to what degree it reflects your own thoughts and feelings, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time. **To ensure that your answers can be used, please respond to the statements as written**, and place your numerical response on the line provided to the left of each question.

1	2	3	4	5	6	7
strongly disagree	disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	strongly agree

- \_\_\_\_\_ 1. As an African American, life in America is good for me.
- \_\_\_\_\_ 2. I think of myself primarily as an American, and seldom as a member of a racial group.
- \_\_\_\_\_ 3. Too many Blacks "glamorize" the drug trade and fail to see opportunities that don't involve crime.
- \_\_\_\_\_ 4. I go through periods when I am down on myself because I am Black.
- \_\_\_\_\_ 5. As a multiculturalist, I am connected to many groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.).
- \_\_\_\_\_ 6. I have a strong feeling of hatred and disdain for all White people.
- \_\_\_\_\_ 7. I see and think about things from an Afrocentric perspective.

Code: \_\_\_\_\_

1	2	3	4	5	6	7
strongly disagree	disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	strongly agree

- \_\_\_\_\_ 8. When I walk into a room, I always take note of the racial make-up of the people around me.
- \_\_\_\_\_ 9. I am not so much a member of a racial group, as I am an American.
- \_\_\_\_\_ 10. I sometimes struggle with negative feelings about being Black.
- \_\_\_\_\_ 11. My relationship with God plays an important role in my life.
- \_\_\_\_\_ 12. Blacks place more emphasis on having a good time than on hard work.
- \_\_\_\_\_ 13. I believe that only those Black people who accept an Afrocentric perspective can truly solve the race problem in America.
- \_\_\_\_\_ 14. I hate the White community and all that it represents.
- \_\_\_\_\_ 15. When I have a chance to make a new friend, issues of race and ethnicity seldom play a role in who that person might be.
- \_\_\_\_\_ 16. I believe it is important to have both a Black identity and a multicultural perspective, which is inclusive of everyone (e.g., Asians, Latinos, gays & lesbians, Jews, Whites, etc.).
- \_\_\_\_\_ 17. When I look in the mirror at my Black image, sometimes I do not feel good about what I see.
- \_\_\_\_\_ 18. If I had to put a label on my identity, it would be "American," and not African American.
- \_\_\_\_\_ 19. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.
- \_\_\_\_\_ 20. Many African Americans are too lazy to see opportunities that are right in front of them.
- \_\_\_\_\_ 21. As far as I am concerned, affirmative action will be needed for a long time.
- \_\_\_\_\_ 22. Black people cannot truly be free until our daily lives are guided by Afrocentric values and principles.
- \_\_\_\_\_ 23. White people should be destroyed.
- \_\_\_\_\_ 24. I embrace my own Black identity, but I also respect and celebrate the cultural identities of other groups (e.g., Native Americans, Whites, Latinos, Jews, Asian Americans, gays & lesbians, etc.).

Code: \_\_\_\_\_

1	2	3	4	5	6	7
strongly disagree	disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	strongly agree

- \_\_\_\_\_25. Privately, I sometimes have negative feelings about being Black.
- \_\_\_\_\_26. If I had to put myself into categories, first I would say I am an American, and second I am a member of a racial group.
- \_\_\_\_\_27. My feelings and thoughts about God are very important to me.
- \_\_\_\_\_28. African Americans are too quick to turn to crime to solve their problems.
- \_\_\_\_\_29. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong racial-cultural themes.
- \_\_\_\_\_30. I hate White people.
- \_\_\_\_\_31. I respect the ideas that other Black people hold, but I believe that the best way to solve our problems is to think Afrocentrically.
- \_\_\_\_\_32. When I vote in an election, the first thing I think about is the candidate's record on racial and cultural issues.
- \_\_\_\_\_33. I believe it is important to have both a Black identity and a multicultural perspective, because this connects me to other groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.).
- \_\_\_\_\_34. I have developed an identity that stresses my experiences as an American more than my experiences as a member of a racial group.
- \_\_\_\_\_35. During a typical week in my life, I think about racial and cultural issues many, many times.
- \_\_\_\_\_36. Blacks place too much importance on racial protest and not enough on hard work and education.
- \_\_\_\_\_37. Black people will never be free until we embrace an Afrocentric perspective.
- \_\_\_\_\_38. My negative feelings toward White people are very intense.
- \_\_\_\_\_39. I sometimes have negative feelings about being Black.
- \_\_\_\_\_40. As a multiculturalist, it is important for me to be connected with individuals from all cultural backgrounds (Latinos, gays & lesbians, Jews, Native Americans, Asian-Americans, etc.).