THE INFLUENCE OF RACIAL IDENTITY AND SOCIAL SUPPORT ON THE

EMPLOYMENT STATUS OF AFRICAN AMERICAN WOMEN

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Katie L. Jackson

Certificate of Approval:

_____   _____

Renée A. Middleton	Holly A. Stadler, Chair
Professor	Professor
Counselor Education, Counseling	Counselor Education, Counseling
Psychology, and School Psychology	Psychology, and School Psychology

Anthony Guarino	Joe F. Pittman
Associate Professor	Interim Dean
Educational Foundations, Leadership	Graduate School
and Technology	

THE INFLUENCE OF RACIAL IDENTITY AND SOCIAL SUPPORT ON THE

EMPLOYMENT STATUS OF AFRICAN AMERICAN WOMEN

Katie L. Jackson

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Katie L. Jackson

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Signature of Author

_____

Date of Graduation

VITA

Katie Lee Jackson, daughter of Charlie and Pauline Jackson was born August 15, 1947, in Sylacauga Alabama. She graduated valedictorian from Phyllis Wheatley High School, in Childersburg, Alabama in 1965. In 1973, Katie received a Bachelor of Science degree (Nursing) from Tuskegee University (formerly Tuskegee Institute). In 1981 she received a Master's of Science degree in Community Health Nursing at the University of Alabama in Birmingham. Katie has spent several years in higher education serving as Assistant Professor of Nursing for two major universities, the University of Alabama in Birmingham (1985–1991) and Auburn University (1992–1998). She has an established career as a consultant, acting as the Mental Health Consultant to Head Start in Alabama, Georgia, Florida, and Mississippi (1993–2000) and as an Employment Consultant and Trainer (1997–2000). She has worked as the Executive Director of The Career Center in Valdosta, Georgia (2000–2002). A decorated veteran of Desert Shield Desert Storm, Katie severed as an Army Nurse Corps Officer (1975–2001). She has received numerous awards/accommodations such as the Who's Who in American Nursing (1998), American Nurses' Association Fellow (1994-1998), The Army Commendation Medal (1993), The Minute Man Award from the National Guard Bureau in Arlington, Virginia (1992). Katie retired from the Alabama National Guard as a Lieutenant Colonel and has returned to her alma mater, Tuskegee University, where she is employed as an Assistant Professor of Nursing.

DISSERTATION ABSTRACT

THE INFLUENCE OF RACIAL IDENTITY AND SOCIAL SUPPORT ON THE

EMPLOYMENT STATUS OF AFRICAN AMERICAN WOMEN

Katie L. Jackson

Doctor of Education, December 15, 2006
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(M.S.N., Community Health, 1981)
(B.S., Nursing, 1973)

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African American women represent the highest group of all unemployed Americans. As a consequence of long-term unemployment and subsequent impoverishment, African American women experience chronic stressors that affect their self-concept, physiological and psychological well being.

Despite numerous public health programs designed to decrease poor health outcomes, African American women have only benefited marginally. Hence, health disparities among this group continues to grow. To explain this growing phenomenon, researchers have begun to look beyond the poverty status of African American women to examine other socio and environmental influences to address the effect of unemployment on mental and physical health.

Racial identity is shaped by beliefs and attitudes and is believed to be part of the self concept, which ultimately may influence the way in which African American women use social support systems. Thus, racial identity is one way of examining within group differences that may have been overlooked in research on African American women. Currently, there are no studies that link racial identity to social support. Therefore, the researcher undertook this study to examine the influence of racial identity and social support on employment status. Two hundred African American women who were unemployed or employed part-time were sampled. Their responses to a demographic profile, and two multidimensional attitude surveys were analyzed to determined whether racial identity influenced employment status and the extent to which social support moderated the racial identity-employment relation.

Results were not consistent with theory. While there was a reverse significant relationship between racial identity and social support, neither variable influenced employment status. The study provides significant implications for the counseling profession and research.

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I. INTRODUCTION

The purpose of this study is to test Cutrona and Russell's (1987) model of social support and its relationship to racial identity and employment status of African American women. People are faced with stressful events in every stage of their life span. With the empirical relationship between stress and illness well documented, an evolving area of interest is the study of social support in counteracting the negative consequences of stressful events. A number of studies have examined the role of social support in relation to health, personal adjustment, coping styles and psychological well being (Cohen & Wills, 1985; Hobfall, 1988; Sarason & Sarason, 1985). Research outcomes regarding the effects of social support have also been reported across diverse populations, a wide range of life stresses, and a number of health and illness variables (Cohen, Underwood & Gottlieb, 2000; Cutrona, 1990; Wills & Fagan, 2000). However, there exist some conceptual differences and contradictory findings on what constitutes social support and how it influences an individual's ability to respond to stress. The lack of consensus regarding the nature of social support has been attributed to a complexity of findings drawn from several disciplines such as epidemiology, sociology, medicine, community and clinical psychology (Sarason et al., 1990).

A point of convergence noted among support researchers regardless of discipline seems to be the understanding that support increases coping ability which has become the

etiological gate to health and well being (Gore, 1979). Several researchers (Cohen et al., 2000; Wills & Fagen, 2000; Buunk, 1990; Dunkel-Schetter & Bennett, 1990, Sarason & Sarason, 1990) have outlined categories of social support to distinguish those concepts and theories that are commonly used across disciplines. This approach has been used to facilitate an understanding of various social support perspectives. Still, no single explanation has emerged as to how support mitigates the response to stress and well being (p. 157). While the buffering hypothesis has provided a plausible link between stress and social support (Cohen & Wills, 1985), the fact that several studies contradict these findings (Israel et al., 1989) suggests that perhaps more complex interactions are involved. In other words, according to Sarason et al. (1990), "dichotomizing events as stressful or non-stressful may be inadequate to account for the role of social support in health and well being" (p. 489). The research of Cutrona and Russell offers an alternative to the stressful/non stressful theory, emphasizing an optimal matching framework. These researchers believe that while situations may be equally stressful, their challenge or demands may be different thus requiring variations in the type of social support needed. This belief forms the basic tenet of their optimal matching model, theorizing that social support is optimally beneficial only when it meets the needs created by the stressful situation. This model seems to offer a practical approach to matching support type with type of stress as well as to provide insight into patterns of optimal matching among various groups.

Background

The interrelationship among the concepts of social support, stress and psychophysical well being has been well documented. An area that remains largely open for study is the relationship between social support and work place diversity as it relates to issues of gender and race. Sue (1990) contended that perhaps no area is experiencing more rapid changes than in the area involving characteristics of the workplace and the workers. He projected that 75% of those entering the United States workforce are minorities and women which translates to the workforce becoming a multi-cultural, multi-racial, and multi-lingual society. Paradoxically, unemployment is at a nine year high with approximately 9.4 million of unemployed Americans seeking jobs (U.S. News and World Report, February 24–March 3, 2003). While the majority of those unemployed are women in general, African American women rank higher than all unemployed Americans (Bayne-Smith, 1996).

A paucity of literature exists that speaks to workplace stress and the use of social support systems (Sheffield et al., 1994; Gillespie, 2001). Even more scarce are studies that address the effects of unemployment on mental or physical health (Gore, 1978; Linn et al., 1984; Bailey et al., 1996).

A significant finding in these studies has been that the negative psychological consequences of unemployment are likely to be substantially decreased in the face of a supportive network (Ratliff & Bogdan, 1988). Few of these studies include women, or address the differences in men and women's unemployment experiences. Even fewer have examined the unemployment experiences of African American women. A common approach has been to consolidate the work experience of African American women with

those of all women or women of color (Bayne-Smith, 1996; Smith, 2000). The fallacy of this strategy is that it negates the significance of the multitude of environmental and personal factors that influence the employment status of African American women. African American women face issues of gender, equity and equality that (1) compromise their status in society (Bayne-Smith, 1996); (2) cause conflict between their racial identity and womanhood (Kern-Foxworth, 2000); and, (3) encourage the use of support systems in ways that are contradictory to their cultural heritage (Smith, 2000).

Disparities in socioeconomic status combined with single parenting responsibilities, financial stress, and the lack of needed resources associated with poverty (i.e., inadequate medical care, housing, child care) causes a deterioration of well being. According to the U.S. Department of Health and Human Services (1999), income is one of the strongest predictors of a mental health disorder. Unemployment is perceived as a negative uncontrollable event by the standards of several empirical studies (Abramson et al, 1978; Seligman, 1975; Cutrona & Russell, 1990) and is therefore more depressogenic. Thus to assist African Americans to prevent and/or alleviate the long term consequences of unemployment, more research is needed that examines within group differences in response to stress so as to identify specific components of social supports that will be most beneficial.

Racial Identity

Racial identity is one way of describing within group differences that are overlooked. Several researchers suggested that racial identity is vital to the psychological development in African American females (Parham, 1989) and is positively related to

well being (Parham & Helm, 1985a, 1985b). According to Shorter-Gooden and Washington (1996), research is limited as to how African American women develop attitudes and feelings about themselves. It has been hypothesized that African Americans who have a strong racial identity are likely to have better mental health than those who have a racial identity that is weak or less positive (Butler, 1975; Thomas & Thomas, 1971; Helms, 1990). African American women experience chronic stressors related to life events that may potentially affect their self-esteem and their psychological and physiological well being.

Helms' (1990) Black Racial Identity Scale (BRAIS) is used in this study to examine the beliefs and attitudes of African American women who are faced with employment issues. Racial identity as described by Cross (1971) as an evolving dynamic process. It is hypothesized that as African Americans begin to accept their own racial identity, they may increasingly gain a sense of internal control of their lives.

The value of including the BRAIS in this study revolves around its potential to pinpoint attitudes and beliefs that reflect various levels of psychological adjustments especially during periods of high stress. Research in this area is critical to identify actual and potential stressors that can be minimized through appropriate interventions.

<div align="center">Social Support</div>

Cutrona and Russell's (1990) Model of Social Support has been chosen for this study based upon its practical and theoretical potential. The model involves the use of the Social Provision Scale (SPS), a measure developed by Cutrona and Russell (1987) based on Weiss' (1974) typology of social relationships. The model maintains that the essential

elements of social support are provided to an individual through different social

relationships, which are classified into six (6) types that comprise the subscales of the

SPS. The scales included are Attachment (A), Social Integration (SI), Reliable Alliance

(RA), Guidance (G), Reassurance of Worth (ROW), and Opportunities for Nurturance

and Care of Others (OfN). This measure has been used to examine social support in

relation to two kinds of stresses (i.e., the transition to parenthood and stress in the

workplace). It has been replicated across independent samples with diverse demographic

characteristics (i.e., adult and adolescent mothers, teachers, nurses, elderly and

individuals of low socioeconomic status) (Cutrona, 1990). Life events (i.e., bereavement,

divorce, unemployment) have been tested for specific components of social support and

have achieved significant correlations with health outcomes.

African American women who are unemployed or underemployed experience

stressors with long-term consequences that require special services to serve this

population. Research using this measure (SPS) will help to delineate those stressors so

that appropriate interventions can be planned.

Rationale for Study

Several features make this study's focus and design appropriate for an exploration

of the effects of social support and racial identity. First, the increasing prevalence of

unemployment and poverty among African American women make this study timely

given its relevance to this social problem. Studies continue to find significant gaps

between African Americans and Whites. A national survey in 2002 reported the

unemployment rate for African American women to be 9.8 percent, preceded only by

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African American males at 10.9 percent. Unemployment rates for both African American

males and females exceeded the national rate of 5.8 percent. Comparatively, the

unemployment rate for White males was 5.3 percent and White females at 4.9 percent.

Additionally, 56% of African American women ages 15–44 have family incomes below

the federal poverty level. According to Bayne-Smith (1996), economic disparity has

adversely affected the self-concept of African American females and has created a

myriad of health risks and problems that are both physical and mental.

Second, research on poverty, unemployment and mental illness has largely

ignored the perceptions and understanding of those directly involved, namely African

American women. This research allowed this group to share their perceptions within the

context of two dynamic measures: the Social Provision Scale and the Black Racial

Identity Scale. Information gained from this research will further our understanding and

add to the literature on social support and racial identity especially within group

differences as related to these concepts.

Fourth, the findings of this study will be of value to organizations and social

groups who are instrumental in policy development, program interventions and

implementation, and those who plan strategies for advocacy.

Definition of Terms

Employment — those employees who are retained on a permanent basis.

Generally, employers expect these employees to remain in their employ for an extended

period of time (New York Bureau of Labor [NYBOL], 2004).

Full-time Employment — those employees who work 35 hours or more per week for at least one employer (NYBOL, 2004).

Part-time Employment — those employees who work less than 35 hours per week.

Racial Identity — A person's beliefs or attitudes about their own race (Parham & Helms, 1981); a sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group (Helms, 1990).

Social Support — any process through which social relationships might promote health and well being (Cohen, Underwood & Gottlieb, 2000).

Temporary Employment — those employees who are retained on a limited basis. Generally, the duration of a temporary assignment is known at the onset of employment. Temporary workers can be full-time or part-time employees.

Underemployment — individuals who are unable to earn wages adequate for self-sufficiency; are currently unable to realize their full potential, or who want to work additional hours but are unable to due to lack of education, training, or experience; or because of other circumstances; an individual who is currently employed, has a family income less than 75% of the poverty level, and whose job has one or more of the following characteristics:

- Is temporary, seasonal or interim in nature;

- An occupation/industry that is subject to or has a history of repeated layoffs;

- A company that offers little or no career advancement opportunities;

- Is working part-time but desires full-time employment;

- Employment that is not commensurate with the individual's demonstrated level of education.(Georgia Department of Labor, 2004)

Unemployment — persons 16 years and over who have had no employment for four (4) consecutive weeks, who were available for work (except for temporary illness), and who had made specific effort to find employment during the four week period of unemployment; persons who are waiting to be recalled to a job from which they had been laid off.

Research Questions

Based on Cutrona and Russell's (1990) Model of Social Support and Helms' (1990) theory of racial identity, the following research questions were developed.

1. What is the direct effect of racial identity on the employment status of African American women?

2. What is the indirect effect of racial identity on the employment status of African American women as mediated by social support?

Limitations

Several limitations should be kept in mind when interpreting the findings. A correlational design is used, so inferences about causality cannot be made. Second, a small non-random sample (all of whom are low-income African American women) drawn from one social service agency may limit the degree to which the study can be generalized to African American women outside the agency or to women of other minority groups. Also, the sample is homogeneous in terms of race and gender. While the

Social Provision Scale (SPS) and the Racial Identity Attitude Scale (RIAS) both appear to have heuristic value, the psychometric properties of both measures continues to be in a process of refinement and validation. Therefore, this study should be replicated to improve the value of both instruments.

Implications for Counseling and Counselor Education

Changes in social policies and the workplace have created a need for effective counseling. This study has implications for both the therapeutic process and education. First, multiple competing priorities of individuals who are on public assistance and whose employment status is problematic may impose difficulties with attending groups or individual counseling sessions. Creative strategies to promote attendance is imperative. Prior experience with other human service programs may have been negative. Gaining trust will also require creativity, understanding, and patience. It may also prevent aborting the therapeutic process by both the client and practitioner.

The multiplicity of problems experienced by clients in this study will require multiple solutions. Skills in collaboration with other resources along with conflict resolution skills are essential. Counselors must be aware of sociopolitical influences (some of which may be beyond the counselor's purview or orientation) that pose barriers to the therapeutic process such as class, gender, race and other discriminative practices. Counselors must also be aware of their personal biases also. Working with clients with multiple barriers may be frustrating and overwhelming. Therefore, counselors will benefit from practicing stress management as well as teaching it to clients. Counselors must be knowledgeable and aware of research outcomes and integrate these into their practices,

such as being able to understand individual differences and accommodating those differences with appropriate strategies.

For the academician, more research on within group differences is needed to distinguish individual needs and to facilitate the development of appropriate interventions. Low income women are often the target of many social programs yet mental health outcomes are rarely assessed. Therefore, more evaluation research is needed to test theories that are associated with specific interventions.

Individuals may be at different levels of racial identity or in their use of support systems. Research is needed regarding these differences to guide interventions as indicated by attitudes, feelings, and behaviors. Research is needed regarding these differences as well as the timing of these individuations. For example, determining from research whether attitudes and feeling occur before, during or after a stressful event. This is significant to the employment of appropriate social support systems. For both academics and practitioners strategies to assist organizational leaders to employ practices to facilitate the effectiveness of African American women and other minority group members is essential for a diverse workforce as well as an economic imperative.

Finally, training counselors to understand and accept differences should be an integral part of multicultural education and training programs. Because counselors often offer interpretations of clients' experiences, they should be taught to explore the complexities of a client's racial and cultural background and how these variables influence a client's racial identity.

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II. REVIEW OF LITERATURE

The following chapter summarizes the literature concerning racial identity, social support and the employment status of African American women. The chapter will cover: (a) a general overview of racial identity development and theory in African Americans and applied to African American women; (b) an overview of social support theory with special attention to the application of Cutrona and Russell's (1987) Social Provision Scale as applied to the use of social support in African American women; and, (c) the issues, problems, and workplace challenges of African American women.

Racial Identity: Definition

Researchers have encouraged the examination of the effects of within-group differences to differentiate those who are at risk for developing psychological problems. Whereas racial identity development has been empirically associated with mental health and other psychological functioning (Carter, 1991; Parham & Helms, 1985a, 1985b), accordingly it should serve as a useful framework to explore the effects of within-group differences and to further our knowledge of mental health challenges and successes of African American women.

Racial identity theory examines the extent to which a person of color perceives to share a common racial heritage with a respective socio-racial group (Helms, 1990).

Earlier, Parham and Helms (1981) defined racial identity as a person's belief and attitude about their race and the extent to which one ascribes to a particular culture. Helms (1990) further described racial identity as the quality of a person's commitment to a specific racial group, noting that the degree of the commitment as being largely determined by an individuals perception, life experiences and responses to environmental influences. Racial identity development was later defined by Helms (1994) as a process by which members of oppressed groups "overcome society's negative evaluation of their group and develop an identity with its roots in the cultural and socio-political experiences in their ascribed group" (p. 301).

Park et al. (1996) reviewed early models of Black identity development and observe a common approach used by researchers to define race. According to Park et al. (1996), the premise of these models is that race is psychologically oriented, and undergirded by the levels of identification with one's race.

Racial Identity: Historical Overview

To understand racial identity development, it is necessary to be familiar with how identity is formed. Early theorists of identity formation proffered identity development to be grounded in developmental changes and emphasized the role of "self" as a significant contributor to the process. Terms such as "self as objects" (Felker, 1974), "self-esteem" (Coopersmith, 1967), "self system" (Sullivan, 1953), "self actualization" (Rogers, 1951), and "self-concept" (Mead, 1934) reflects theoretical perspectives that suggest that identity is grounded in developmental and attitudinal changes.

One group of theorists, however, challenged the notion that identity is grounded in developmental changes. The feminist theorists (Chodrow, 1989; Gilligan, 1982, 1991; Surrey, 1991) contended that the experience of self is the outcome of sequential interactions of an individual with significant others, beginning with the mother or primary caretakers. These experiences are believed to shape a female's self esteem and ultimately determines the strength of the identity.

Demo and Hughes (1990) showed support for the connectiveness between the self and identity as it relates to being African American. According to these researchers, identity is that part of the self concept that provides meaning to the self through the process of socialization. They posit that being Black in America means occupying a racially defined status that is associated with roles in the family, community, and society. Similarly, Baumeister and Murvan (1996) view identity as a composite definition of the self. According to Baumeister and Murvan, "identity is a set of meaningful definitions that are ascribed or attached to the self, including social roles, reputations, a structure of values and priorities and a conception of one's potentiality" (p. 406).

Cross (1991) theorizes the relationship between the identity and self to be as follows: Identity is closely related to self concept and self esteem. Individuals form an identity by internalizing bits from people we relate to within our families, cultural groups, and society as well as our life experiences. The self concept or self image is the combination of these elements. The feelings about self image is what is called self esteem (p. 45). Thus, from the perspectives of the aforementioned theorists it can be reasoned that:

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1.   Identity formation is influenced by the value that individuals place on themselves based on socio-cultural influences.

2.   Though theories of identity development differ, they each refer to the concept of self as being significant in shaping the identity.

Models of Racial Identity Development

Early efforts to explain the racial identity as it relates to the counseling process were drawn from models developed by Black researchers. These models focused primarily on the process by which minority individuals achieve identification within a Eurocentric society. The most notable and often cited models of racial identity development are those of Thomas (1971) and Cross (1971). Both Thomas and Cross wrote about the "psychology of nigrescence" which is defined as the developmental process of becoming Black. Black within the context of nigrescence is defined in terms of a manner of thinking about and evaluating self and one's reference group rather than in terms of skin color.

Thomas (1971) used the term "Negromachy" to describe an individual experiencing conflict between the self-concept and the need for validation within a White society. Behaviors characterizing this state were compliance, subservience, repressed anger and heightened sensitivity to racial issues. Thomas (1971) suggested that overcoming negromachy and establishing self identity could be achieved only by understanding the "self." Thomas described a four-stage process of identity development. The first stage is described as one of confusion. Anger is directed toward the oppressor while attempting to gain an understanding of the dynamics of negromachy. The second

stage is characterized by an acknowledgment of an individual's conflict with his/her identity. Tension and anxiety develops as the individual struggles with defining appropriate "Black" behavior for the new "self" or identity. During the third stage, the individual actualizes a new identity through social group membership. According to Thomas (1971), the new identity reflects characteristics of goal directedness, adaptability, resiliency, and an internal local of control. Thomas's final stage of Black identity is internalization. In this stage, the individual seeks unity with other reference groups regardless of age, sex, religion or race.

The most popular model of racial identity development is that of Cross (1971) who proposed five stages focusing on nigrescence. Cross (1971, 1991) hypothesized that African Americans are socialized into the predominant culture that results in a diminished identity. To regain the integrity of their identity, African Americans must go through a growth process or a resocializing experience. According to Cross, the resocialization process is driven by a series of circumstances that transforms a pre-existing non-Afrocentric identity to an identity that is more Black or Afrocentric aligned.

Cross described the five stages of identity development as: (a) Pre-encounter, the first stage or the stage that focuses on the pre-existing identity or the identity to be changed; (b) Encounter, the second stage in which the individual has a desire to change; (c) the third stage, Immersion-Emersion, the vortex of identity change, and (d) Internalization and Internalization/Commitment, stages four and five. Commitment describes internalization of the new identity.

Pre-Encounter

The Pre-Encounter stage characterizes an attitude of embracing values of the dominant culture and devaluation of the Black value system. Pre-Encounter attitudes may range from low salience to anti-Black. Individual who hold low salience views place little emphasis on Blackness. While they don't deny being Black, neither do they view the "physical" characteristic as being significant to their sense of happiness or well being. They may, however, place value on other aspects of identity such as religion, social status, profession or life style.

Cross (1991) suggests that "some low salience types simply have not given much thought to race issues; they seem to be dumbfounded and naive during racial discussions" (p. 191). There are also those who have given some thought to being Black but share the low salience perspective in that they view race as a problem or a stigma. They relate race to issues of social discrimination while viewing race as an impediment to their well being.

A variant of low salience attitudes may be seen in individuals who view Black as being important, but from a negative vantage point. According to Ponterotto and Pederson (1993), these individuals are anti-Black, feel alienated from other Blacks, and do not see the Black community as a support system.

Cross (1991) asserts that the pre-encounter identity begins in childhood, continues through early adulthood, and is shaped by the environment namely the family, schools, and the community. The second stage, Encounter, is marked by some critical incident that challenges the person's worldview and personal identity, precipitated by a personal or social event, causing a search for a new identity. The incidence may be a

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single dramatic event or a series of enlightening events that challenge an individual's

worldview. Cross (1991) notes that the encounter may be positive (developing an

awareness of historical information about the Black experience) or negative (having a

personal experience with racism). Regardless of the context in which the experience

occurs, the cumulative effects of these events become that catalyst that steer the

individual toward nigrescence. The Pre-Encounter identity in an effort to resist change

causes the individual to experience cognitive dissonance thus engendering a wide range

of emotions: guilt, anger, anxiety, confusion or depression. There is a subsequent

abandonment of one's White identity and a quest for a Black identity. Cross (1978)

suggests that "at the end of the Encounter stage the person is not yet Black but has made

the decision to become Black" (p. 85).

Immersion-Emersion

Immersion-Emersion is characterized by identification with Blacks and the Black

culture and a denigration of Whites and the White culture. The stage is considered one of

transition during which the old worldview is destroyed with a simultaneous effort to

define a new African American frame of reference.

Immersion marks the first phase of this stage, where the individual immerses into

an Afrocentric world. Intense emotions are evident as the individual struggles with

conflicting values of an old or familiar identity and an emerging new identity.

Dichotomous thinking characterizes the cognitive development of individuals in

Immersion. Cross (1991) describes an Immersion individual as "being constantly

energized by rage at White people and culture, guilt at having been once tricked into

thinking Negro ideas, and a developing sense of pride in one's Black self, in Black

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people, and in Black culture" (p. 203). During the Emersion phase, the individual moves beyond the emotionality of early conversion experiences. Although the individual's worldview is Black, it is primarily proactive rather than reactive. While the individual has not internalized a new African American identity there is evidence of having developed more flexibility and critical thinking.

Internalization

The fourth stage, Internalization, marks the point of dissonance resolution in that the old and new worldview conflicts are resolved. The individual develops a more integrated and positive self-concept that represents a more balanced non-racial perspective. There is an observable tolerance for diversity.

Internalization/Commitment

The fifth stage, Internalization/Commitment, is characterized by political activism to bring about social change that will bring resolution to racial problems. The characteristic that distinguishes this stage from Internalization is a sustained long term commitment to activity in Black issues.

In summary, the Cross (1971) model suggest that race is not sufficient to describe characteristics of racial identity group members. He further suggested that African Americans identification is characterized by a wide range of attitudinal changes that varies in kind as well as strength. Cross also noted the process of identification to be sequential and developmental.

Although a number of models exist within the racial-ethnic identity literature — Parham and Helms (1981, 1989), counseling; Milliones (1980) psychotherapy; Jackson

(1975) education — most are modeled on the Cross Model of Racial Identity (Ponterotto & Pedersen, 1993, p. 48).

Factors Related to Racial Identity Development

Helms (1990) reviewed the emerging literature on factors that affect the development of racial identity. Implicit in Helms' review of racial identity development is that racial identity occurs in response to a variety of environmental factors that influence the impact and extent of the overall identification process. According to Helms' research, data exists that describes three aspect of racial identity. Personal identity refers to feelings and attitudes that one holds about self and is inclusive of self esteem. Reference group orientation is the extent to which a particular racial group serves a "frame of reference" for the feelings, thoughts and behaviors that are reflective of one's value systems. Ascribed identity is described as a deliberate commitment to a particular racial group (Helms, 1990, p. 5). Racial identity strongly influences a person's interpretation and response to information received from the environment.

Helms concluded that racial identity is a complex construct involving the interaction of cognition, feeling, and behavior rather than merely an awareness of one's skin color. Helms further suggests that racial identity refers to the quality of one's identification with a particular racial group. Moreover, the quality of identification may be determined by a combination of personal identity, reference group identity and ascribed identity.

In essence, an individual may exhibit attitudes, behaviors and emotions that are derived from interactions of environmental factors, personality traits and life experiences.

The combined effects of these interactions may subsequently influence racial attitudes at any stage of racial identity development. Helms (1990) theorized than an understanding of the interrelatedness of these components may be useful in making diagnosis and intervention relevant to racial identity (Helms, 1994, p. 191).

As a part of their study on interpersonal relationships, Parham and Helms (1981) developed the Racial Identity Attitude Scale (RIAS). In its original form, the RIAS is designed to measure attitudes specific to the theory of Cross' (1971) racial development model. Parham and Helms (1981) used the RIAS to operationalize the first four stages of Cross' (1971) Negro to Black self actualization model and found support for them.

Although Cross' (1971) model was originally conceptualized as five states of Racial Identity development, later empirical and theoretical research focused on the first four stages while excluding the fifth stage (Helms, 1984; Parham & Helms, 1981). Parham and Helms (1985) expressed difficulty in empirically distinguishing behavior and attitude in the internalization/commitment stage. Cross (1980) suggested the major differences between the two stages to be a sustained political involvement in African American issues which is incorporated into the new identity.

Since the advent of the RIAS, several researchers have used various forms of the instrument to suggest links between racial identity development, psychological functioning and other counseling related variables (Bagley & Copeland, 1994; Carter, 1991; Carter & Helms, 1987; Martin & Hall, 1992; Neville, Heppner, & Wang, 1997; Parham & Helms, 1985, 1987; Parham, Helms, & Parham, 1990; Pyant & Yanico, 1991).

Application of the Racial Identity Attitude Scale to Research

In a study conducted by Parham and Helms (1985a) it was hypothesized that as African Americans move through the nigrescence process, a concurrent shift in the self concept occurs. Sampling 166 African American college students, findings indicated that Pre-Encounter, Encounter, and Immersion-Emersion attitudes were significantly related to self regard. The Immersion-Emersion attitudes were inversely proportionate to self regard, suggesting that higher immersion attitudes were indicative of low self regard. The results indicated a lack of homogeneity among African Americans with regards to self esteem. This may have been influenced by a difference in identity attitudes within the sample.

Parham and Helms (1985b) explored the relations between racial identity attitudes and self actualization. It was noted by these researchers that there is a paucity of empirical studies regarding the influence of personality and psychological characteristics on the psychological wellbeing of African Americans in a White society. Supporting the significance of this issue to the counseling process were earlier studies conducted by Cross (1971, 1978) and Butler (1975). Cross suggested that affective states and stages of identity development are correlated during the nigrescence to self actualization process. That is, self actualization and feeling of self acceptance may be preceded by feelings suggestive of low self esteem.

Butler (1975) conducted research regarding the significance of racial identity on stages of the counseling relationship. It was hypothesized that individuals in the Pre-encounter stage would show a decline in the self-concept, while encounter clients would have a positive sense of self accompanied by negative feelings (e.g., confusion and

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anxiety). Additionally, Immersion-Emersion clients were expected to manifest more intense behaviors (e.g., guilt and rage) while internalization behaviors were to be less defensive and more self appreciating. Findings on the stage of relationships were consistent with Cross' theory supporting the hypothesis that changes in the self concept does occur as an individual evolves through the counseling process.

Building on the hypotheses set forth by Cross (1971, 1978) and Butler (1975), Parham and Helms (1985) believed that the relationships among the various identity attitudes and other personality constructs to be relevant. Using a combination of instruments — the Personal Orientation Inventory (POI) and the RIAS — 166 African American college students were tested relative to their racial identity attitudes, self actualizing tendencies, and various affective states. Two hypotheses were proposed: (1) racial identity attitudes were differentially related to self actualizing tendencies, and (2) racial identity attitudes would be differentially relative to affective states. It was expected that self actualizing tendencies (i.e., time competence and inter-directed support) would be negatively related to Pre-encounter attitudes, while encounter, immersion and internalization attitudes would reflect a positive relation. Regarding racial identity attitudes and affective states, the expectation was that a positive correlation would exist between identity stages and various emotions. The following are examples of the paired predicted associations between racial identity attitudes and affective states: Pre-encounter (feelings of inferiority), Encounter (anxiety), Immersion-Emersion (anger), and Internalization (feelings of acceptance).

Findings of the study did not support the hypothesis in the manner predicted. Both Pre-encounter attitudes (pro-White—anti-Black) and Immersion attitudes (anti-White—

pro-Black) were positively related to feelings of inferiority and personal inadequacies but negatively related to self actualizing tendencies. The Pre-encounter attitudes were consistent with theory whereas the Emersion attitudes were not. According to theory (Cross, 1971), Immersion attitudes are associated with behaviors that idealize blackness and devalue whiteness. This deviation may represent an immature Black identity that has yet to achieve inner security as expected in the Internalization attitudes. Even so, both Pre-encounter and Immersion attitudes in this study represent racial identity attitudes that are psychologically unhealthy, with speculations by Parham and Helms (1985) that the former to be less healthy than the latter. Encounter attitudes did not support the prediction of aligning with less healthy affective states as anxiety. Instead, the Encounter attitudes reflected low levels of anxiety as well as a positive relation to self actualizing tendencies. On the other hand, Internalization attitudes did not significantly associate with either measures of affective states or self actualizing tendencies.

Noteworthy were specific explanations given for the significance of self actualizing tendencies to measures time competence, and inner directedness. According to Parham and Helms (1985), higher Pre-encounter (pro White—anti Black) tends to be more present-oriented. Regarding inner directness, Pre-encounter attitudes were negatively related whereas Encounter attitudes were positively related. Parham and Helms (1985) suggested that Pre-encounter attitudes indicate an individual's tendency to rely on others for support. Encounter attitudes, on the other hand, indicated more self-reliance for interpersonal support.

The deviations from the literature that were evident in this study were attributed to several methodological issues. First, Parham and Helms (1985) questioned the ability

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of the RIAS as purported by Cross to predict individual differences with respect to the various types of attitudes that one may possess simultaneously. Additionally, given that African Americans face present day socio-cultural influences that may be different from their predecessors, one may question the ability of Cross' (1975) nigrescence model to be sensitive to these changes. Second, the measure used to operationalize affective states and self actualizing tendencies was a concern. According to Parham and Helms (1985), the Personal Orientation Inventory (POI) was not viewed as evolving from Black personality theory, and as such may produce data that are misleading about African Americans within counseling contexts.

Concerning demographic characteristics, gender differences seemed to be a significant predictor of racial identity. For example, African American women endorsed fewer Pre-encounter attitudes and more internalization attitudes than men, especially in terms of inner directed self actualizing tendencies. The researchers suggested that perhaps African American women have fewer diversity experiences with the dominant culture than African American men and therefore may be more self reliant. An alternative view is the supposition that women are socialized through groups and relationships (Chodrow, 1989; Gilligan, 1982, 1991; Surrey, 1991) believed to shape their world differently from men. Accordingly, from this pattern of socialization women may be more likely to form support systems that facilitate the process of positive self identification. Parham and Helms (1985) concluded that the findings of this study may provide insight into understanding the dynamics of African Americans involved in the counseling process. However, they also lay caution to the interpretation and predictability of their findings, suggesting further exploration through research.

Carter and Helms (1987) used a Value Orientation Inventory as a basis for studying Black value orientation and racial identity attitudes. Using Kluckholn and Stordteck's (1961) value orientation alternatives, a sample of 174 Black students were placed in categories based on whether or not they reflected a pro-White or pro-Black reference. From this study, researchers' findings were that racial identity attitudes predicted African Americans' cultural values as it relates to their belief in harmonious social relationships. This prediction was based on the high levels of Immersion-Emersion and Internalization attitudes manifested in the findings of this study.

The researchers interpreted these results as supportive of Cross' (1978) hypothesis that the Immersion-Emersion stage of racial identity is characterized by a complete withdrawal into the Black culture. Findings were also consistent with the internalization stage where the individual moves into a stage of biculturalism. It was noted that African American women when compared to African American men indicated a greater harmony with nature and preference for time orientation; time orientation being how one perceives events over the course of time. It was inferred from this study that racial identity attitudes and gender may be a significant place to explore to gain more insight about African Americans.

Helms and Parham (1990) conducted an exploratory study to investigate the relationship between racial identity and cognitive styles. The purpose of this investigation was to assess the decision making styles of African American students. It was inferred that racial identity attitudes may influence the decision making styles of African American students.

In their review of Cross' model (1971, 1978), Helms and Parham suggested that racial identity attitudes may influence the information processing strategies used by African Americans. To explore this issue further, the researchers operationalized the study based on Harren's (1976) decision making model. Harren theorized that people make decisions based on three styles: Rational Style is characterized by decision making that is logical, systematic, and objective. The Intuitive Style is described as being imaginative, attentive to present feeling and self awareness. The Dependent Style relies on others' expectations and ideas. It was predicted that Internalization attitudes would associate positively to a rational decision making style. The Encounter attitudes were expected to positively associate with an impulsive or intuitive decision making style, while Pre-encounter and Immersion would use a dependent style.

To test their theory, 142 Black college and university students were assessed on Harren's (1979b) Assessment of Career Decision Making (ACDM) scale, Racial Identity Assessment Scale (RIAS), and a personal data sheet. Only one of three hypotheses was supported. As predicted, there was a positive relationship between Internalization attitudes and a rational decision making style. The positive relationship between Internalization attitudes and a rational decision making style seems to support Cross' (1971) theory that assumes intellectualization to be the primary defensive strategy associated with Internalization attitudes.

Therefore it is possible that the high Internalization levels in this study may be a reflection of a positive Black identity that governs decision making based on intellect versus emotions. Neither the intuitive nor the dependent decision making styles were predicted by racial identity attitudes.

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These data support the notion that Pre-encounter, Encounter, and Immersion-Emmersion attitudes are associated with an identity that is either in conflict or evolving. A point of emphasis made by Helms and Parham (1990) is the possibility that the scale used to measure decision making (Harren, 1979) lacked the sensitivity to measure the varied decision making styles of African Americans.

Another contrast between this study and previous research (Harren, 1979) is the use of an adult population whereas the majority of cognitive studies have used elementary school children. Given that adults' cognitive development is more advanced and sophisticated than children's, it is conceivable that current studies would generate outcomes that are significantly different from previous research. Noteworthy also was the suggestions that this study was the first to use an instrument from Black personality theory to study cognitive styles (Helms & Parham, 1980, p. 131). The results of the study indicated that the Rational Style was the primary cognitive style used by subjects in the study. These findings were inconsistent with previous research (Harrell, 1979; Shaele, 1982) that found Blacks to be emotional and dependent in their decision making.

It can be concluded that in the absence of measures that determine within group differences, conclusions can be misleading relative to the cognitive styles of African Americans. These researchers emphasized the need for future studies on cognitive styles of African American subjects using variations in age groups, occupations and measures.

Martin and Nagayama-Hall's (1992) work on racial identity expanded on Parham and Helm's (1985b) research regarding self actualization, specifically inner directness. Helms (1990) posited that racial identity may influence personality variables such as locus of control. According to Helms (1990), African Americans with a pre-encounter

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world view may believe their existence as being controlled by others or by chance occurrences. As an individual becomes more self actualized, they gain internal locus of control (Martin & Nagayama-Hall, 1992, p. 510). Martin and Nagayama-Hall examined the influence of racial identity on attitudes toward feminism, locus of control, racial self designation, and African Americans among 177 African American women.

The researchers hypothesized that women with high Pre-encounter scores will hold traditional world views. Behaviors were expected to correlate with anti-feminism, limited internal control, and use of racial designations "Negro" and "colored." High Encounter scores were expected of women who identify with feminist beliefs or use system blame. Regarding the Immersion-Emersion stage, high scores were expected to associate with anger and other feelings of oppression. High scores were also expected to associate with racial designations "Black" and "African Americans." The hypothesis for the internalization stage was expected to relate positively to feminism, feelings of inner locus of control, and self directedness while acknowledging the influence of an oppressive system.

The researchers found partial support for all hypotheses. The RIAS Pre-encounter scores were consistent with theory. That is, high scores were associated with expected racial self designations (i.e., "Negro" or "colored"). The hypotheses for the Encounter stage was not confirmed. The RIAS Encounter scores were related to chance locus of control. This finding is consistent with previous research (Cross, 1971), suggesting the belief system of individuals during this stage to be internally controlled.

The hypotheses for the RIAS Immersion-Emersion stage was supported in the scores that were associated with traditional attitudes toward women. The RIAS

Internalization stage correlated with an internal locus of control consistent with Carter and Helms' (1987) research findings. That is, individuals who feel they are in control of their lives have a positive outlook on life. The study also indicated that for many women, their initial identification was as an African American rather than as a woman. In terms of the therapeutic process, neither a female nor a feminist therapist should expect a therapeutic relationship to be established solely on the fact that both are women.

As previously noted, self esteem is related to healthier stages of racial identity development and problem solving (Butler, 1975; Cross, 1977; Helms, 1990; Parham & Helms, 1981). Moreover, it is believed that effective problem solvers experience less emotional stress and psychological dysfunctions (Heppner & Anderson, 1985; Nezee, 1986). Bagley and Copeland (1994) reviewed previous research and designed a study to examine problem solving strategies among African and African American graduate students. The researchers proposed that a secure racial identity would enhance one's problem solving ability. The RIAS and the Problem Solving Inventory (PSI; Heppner, 1981, 1988) were used to study differences among 34 African and 48 African American graduate students on three measures: racial identity, coping strategies (i.e., personal problem solving and acculturation effects), and time spent in the country.

Significant differences were found on the RIAS Pre-encounter and Internalization stages. African graduate students' scores were associated with the Pre-encounter state of racial identity, whereas African American graduate students' scores were more often aligned with the Internalization state. Consistent with Parham and Helms' (1985a) study evaluating affective states of identity, Pre-encounter attitudes were associated with feelings of inferiority, personal inadequacy, and hypersensitivity. Helms (1995) also

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reports that all individuals are assumed to experience a racial identity development

process regardless of racial or ethnic group process (p. 1983). The findings of differences

between the two groups may be indicative of Africans beginning to cycle through the

identity states with the experiences of African Americans. There was also an

acculturation effect for the African graduate students. Possible explanations for these

findings were related to African's length of stay in the United States. It was noted that

these findings were possibly related to Africans not being considered minorities in their

countries, therefore they have not experienced racial awareness in the same way as

African Americans (May, 1986). One can assume that the longer an individual remains in

the United States, the more likely their attitudes to be reflective of the members of their

socio-racial groups. The findings of the high internalization state for African Americans

were noted by the researchers to be both positive as well as a limitation. Previous

research shows the internalization as the healthy and ideal state of racial identity. Helms

and Parham (1990) postulated that individuals having a preponderance of Internalization

attitudes are likely to use a rational decision making style and positive self esteem

(Helms, 1985). The researchers of this study spoke of the limitations of their findings.

According to Pruitt and Isaac (1985), involvement in graduate study is a symbol of pre-

existing strength and self-esteem. Therefore it was suggested that a more diverse sample

may give rise to different results.

Austin, Carter and Vaux (1990) used the R1AS to investigate whether racial

identity attitudes of African American students are predictive of their attitude toward

counseling centers. It was predicted that individuals having Pre-encounter attitudes were

likely to view counseling as a source of support. Conversely, it was predicted that

individuals with higher internalized attitudes may not view counseling to be as supportive. The researchers observed a positive association between Pre-encounter attitudes and counseling effectiveness, counseling information and the stigma of counseling. On the one hand, these same variables were negatively associated with internalization attitudes. Thus it was inferred that students whose scores were more internalized did not value counseling as a support system. In theory, internalization attitudes are suggestive of a balanced identity, where one establishes links with other groups to eliminate oppression. One plausible explanation of these findings is that higher internalized attitudes may be reflective of students having established an existing support network to assist them in dealing with stressful situations (Neville, Heppner, & Wang, 1997).

Building on the RIAS stress and coping research, Neville, Heppner and Wang (1997) examined racial identity attitudes as they relate to culture specific stressors and problem focused coping styles of African American college students at predominantly White institutions. Ninety African American college students were administered the Racial Identity Attitude Scale (RIAS), Black Student Stress Inventory (BSSI), and the Problem-Focused Styles of Coping Scale (PFSOC) to test the theory that racial identity attitudes were significant predictors of both general and culture specific stressors. The results of the study provided empirical support for Helms' (1990, 1995) culture specific adaptation model of African Americans. As hypothesized, the findings were supportive of a theoretical link between the RIAS Immersion-Emersion states and negative problem solving appraisal. Higher endorsement of Pro-Black/Anti-White were associated with lacking confidence and avoidance of problem solving.

Findings were relevant to previous research that linked the Immersion-Emersion attitudes to lower levels of general psychological adjustments (Parham & Helms, 1985a, 1985b), problem solving and psychological health (Negee, Kalmar, Ronal, & Clavijo, 1986; Negee & Roman, 1988), and suppressive coping styles (Neville, Heppner, & Wang, 1997). A limitation of the study was the results did not clearly differentiate the roles of the variable RIAS, Problem Solving, and Coping Styles. That is, it was not determined whether the variable played a causal role or whether they covaried. The results of this study may be viewed as groundbreaking in that it provided initial theoretical link between racial identity theory, and level and type of perceived stressors (Neville, Heppner, & Wang, 1997). Lazarus and Folkman (1984) pointed out the influence of cognitive factors (i.e., beliefs and attitudes) to individual's appraisal of events and their coping abilities. According to Lazarus and Folkman (1984), attitudes may affect whether a situation is perceived as stressful and whether stressful situations are viewed as threats or challenges to the self. Along those lines, Neville, Heppner and Wang (1997) suggested more culture-related research be done to distinguish between racial stressors encountered versus perceived stressors.

Another outcome of this study was the identification of the need for more empirical research regarding social networks. Willis (1987) noted the value of social support as a buffer to stressful life events. The researchers of this study further suggested that future research explore perceived availability and utilization of support systems to facilitate the development of culturally sensitive interventions that will assist African American students to deal with stress.

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In summary, the development and use of the RIAS has generated considerable empirical evidence to suggest links to a number of counseling variables. The consensus drawn from these data indicated a need to refine the RIAS so that it is accepted as a useful counseling assessment tool. Further exploration of different variables through research is needed to prevent mental health professionals from inferring pathology where none exists (Parham & Helms, 1985, p. 440).

Critique of Racial Identity Models

Helms (1990) points out that a major difficulty in using the Racial Identity models and accompanying instruments is that they were not originally designed for the purpose of gathering clinical diagnostic information. However, Helms (1990) describes a potential useful value of the RIAS as providing a framework for interventions that are relevant to promoting health identity development in health professionals and clients. To that end, several researchers have examined the psychometric properties of the RIAS to determine its limitations, and to improve is usability.

Helms (1990) evaluated the RIAS on the basis of three theoretical assumptions. That is, racial identity develops in stages and can be assessed, incorporates both African American and White attitudes into the identity, and is stable but not permanent (p. 37). The major objective of this evaluation was to assess the extent that the RIAS addressed the aforementioned assumptions.

Regarding the premise that identity encompasses both White and African American world views, Helms' (1990) research showed a pattern of alignment of all RIAS subscales with selective world views as postulated by previous theory. Also evident was a complete absence of all Encounter subscale data. The Encounter stage has

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been previously theorized as a stage of transition and confusion. Helms posits that the RIAS may lack the sensitivity to adequately measure the attitudes that accompany this stage.

Other empirical research, however, has found results that suggest psychometric limitations of the RIAS subscales. For example, Ponterotto and Wise (1987) examined the original RIAS and found support for three of the four stages of Cross' (1971, 1978) models, namely the Pre-encounter, Immersion-Emersion and Internalization stages. No support was found for the Encounter stage.

Yanico, Swanson and Wise (1994) reported similar results having found inconsistencies for all subscales of the RIAS. Likewise, the findings of Fischer, Tokar and Serno (1998) were mixed with limited support for the Pre-encounter and Encounter subscales. A consideration for these findings as inferred by these researchers was the possible impact that individual response style may have on their racial identity profile. Given that the Pre-encounter and Immersion-Emersion subscales are characterized by dichotomous beliefs and attitudes that are either defensive or volatile (i.e., anger, confusion, depression), Cross (1995) noted that respondents may be reluctant to give negative responses. In other words, individual differences in people's willingness to respond non-defensively may influence their test-taking attitudes and their responses (Fischer, Tokar, & Serno, 1998).

Another concern held by Helms and colleagues is whether the RIAS is appropriate to measure a stage wise process as purported by Cross' model of racial identity development. Helms (1992) and Helms and Piper (1994) contend that the use of stage for describing the process of racial identity has been inadequate. According to

Helms (1989, 1990), the construct stage implies a "static process as opposed to a dynamic and evolving relationship between cognitive and emotional processes" (p. 183). Moreover, it is Helms' belief that stages are not mutually exclusive, but permeable to precursor attitudes. That is, attitudes, behaviors, and emotions may exist from earlier stages of identity development. To that end, Helms (1995) revised her racial identity model by addressing stages as "statuses" to allow for individual progression and regression across various stages of identity development.

Another issue regarding the use of the RIAS observed by Helms is generalizability of research data. Given that the racial identity research has mainly focused on the relationship between racial identity attitudes and the psychological well being of African American college students, it is unclear whether the data can be appropriately generalized to non-college samples and non-African Americans.

Pyant and Yanico's (1991) research was the first to explore this issue. In their use of the RIAS with a non-college sample, results of their research suggested the instrument to be as useful with non-college students as with college students.

The purpose of this study is to explore racial identity and general role attitudes in relation to African American women's psychological well being. The sample consisted of 143 adult African American women, 78 college students, and 65 non-college students. Five standard instruments were used to examine whether racial identity attitudes and gender role attitudes predicted psychological well being in African American women. The results of the study revealed that racial identity attitudes predicted mental health for both groups. Further racial identity attitudes were more predictors for non-college students than college students. In the student group only Pre-encounter attitudes were

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associated negatively to psychological well being and self-esteem. On the other hand, in the non-student group there was a preponderance of Pre-encounter and Encounter attitudes characterized by decreased psychological well being, self esteem and increased depression symptoms.

For both groups, the dominance of Pre-encounter attitudes is consistent with theory in that it involves rejection of one's own racial group. In the non-student group, there were high levels of Encounter attitudes. Consistent with theory, Encounter attitudes represent a transitional process whereby the identity is couched between two externally defined identities, one that is pro White—anti Black (Pre-encounter) and the other pro Black—anti White (Immersion-Emersion). High levels of Encounter attitudes is indicative of identity confusion, characterized by decreased mental health, self esteem and more depressive symptoms.

According to Pyant and Yanico (1991), both Pre-encounter and Encounter attitudes are considered the least psychologically health. Attitudes regarding gender roles were not a significant predictor of mental health in this study. The researchers identified several factors that suggested the differences between the two samples to be related to participant characteristics.

First, the non-student sample was comprised of women fulfilling various roles. Most were married and/or had children and maintain full-time employment. On the other hand, the college students were single with fewer responsibilities and fewer roles than non-students. The researchers suggested that multiple roles and full-time employment may expose the non-students to more psychological distress and racial encounters.

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Pyant and Yanico (1991) compared their findings to those of Parham and Helms (1985a, 1985b) and found similarities and inconsistencies. Consistencies were found in the Pre-encounter attitudes as discussed earlier. There were also no significant relationship between internalization attitudes and psychological well being as in previous research.

Pyant and Yanico emphasized history and cohort effects as significant contributors to differences. For example, Parham and Helms (1985a, l985b) used successive samples whereas the current researchers used a more heterogenous sample. Important also is the fact that the current researchers used a different form of the RIAS (Form B) whereas Parham and Helms (1985a, 1985b) used an earlier form of the RIAS (Form A).

Regarding gender role attitudes, the lack of an association with any variable in the study were noteworthy. Plausible explanations were given for this occurrence. The researchers reasoned that the value that African women place on recession possibly outweighs concerns about gender issues. Another possibility was the appropriateness of the instrument used to measure gender role attitudes. The Attitude toward Women Scale (AWS) is one that deals with the rights and roles of women. The Attitude toward Women Scale was developed and normed with a White college sample which perhaps limited its effectiveness in measuring attitudes of African American women. Earlier researchers (Luther X, 1974; Parham & Helms, 1985) spoke to the issues of using non-Black personality measures to conduct research on Black subjects. In other words, if the available personality measure is inconsistent with theory, the desired outcomes may not be achieved.

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This research is valued for being first to use a non-student sample in racial identity research. Additionally, the results of the study clearly suggest the need for more empirical research to include African American women of different ages, backgrounds, and life experiences.

Racial identity development researchers have recently expanded their models to capture the nuances of the socially-based nature of identity development. Cross' (1987, 1991) Black Racial Identity Model has incorporated an expanded form of self-concept called reference group orientation (RGO). Reference group orientation, according to Cross, promotes understanding individuals in relation to their social and relational experiences. In early research, Helms (1990) questioned the ability of previous models to capture the complexities of evolving racial identity attitudes, and to measure their dynamics appropriately. Helms (1995) revised her model to address this need. The revised model (People of Color Racial Identity Model) is based on the tenet that racial identity development is a dynamic process whereby all socio-cultural groups, regardless of their racial or ethnic classification, experience a racial identity development process (Helms, 1995, p. 189). The model is culture-specific and de-emphasizes a linear stage wise process. Instead, statuses are used to allow for progress and regression of attitudes. Thus, an individual can possess attitudes and behaviors characteristic of more than one status within the context of their interpersonal or social relationships. According to Helms (1995), the process of developing a positive racial identity involves five interactive ego statuses:

1) Conformity (Pre-encounter) involves integrating negative societal stereotypes of Blacks and the idealization of Whites;

2)   Dissonance (Encounter): an individual becomes conflicted about

commitment to one's socio-racial group. An individual may have been

confronted by either a positive or negative experience that caused racial

confusion;

3)   Immersion-Emersion status: characterized by dichotomous tendencies

where Blackness is valued and Whiteness devalued;

4)   Internalization status: characterizes an identity that maintains a balanced

perspective between being Black and responding objectively to the

dominant culture;

5)   Intergrative awareness status: an appreciation for one's collective

identities and develops positive links with other oppressed groups.

Helms (1995) views this model as a tool for assisting all people of color to recognize and

to overcome the psychological impact of internalized racism. As of May, 2003, the RIAS

was changed to the Social Attitude Inventory (SAI).

Another major issue regarding the racial identity development models in general

is the sparse attention given to race and gender differences. Parks, Carter and Gushue

(1996) suggested that little consideration has been given to individual differences of

identity development within one's race and gender. Parks, Carter and Gushue further

stated that "the general approach to racial and gender research has been to focus on a

collective psychology of women that was meant to apply to all women or to all Blacks"

(p. 624). This approach is especially daunting for African American women whose dual

status of being African American and female has been fraught with negative

consequences (Hooks, 1984; McCombs, 1986; Reid, 1988; Tony, 1979). Martin and

Nagayama-Hall (1992) maintain that the duality of race and gender, as in the past, continues to manifest currently in inequalities of educational and job opportunities and which can lead to chronic stress. Pyant and Yanico (1991) observed that the stressful experiences of racism and sexism may, in the long term, affect the psychological well being of African American women.

Early research by Lazarus and Folkman (1984), however, supposed that there are individual differences in interpretation and response to stressful events. Thus, according to Pyant and Yanico (1996), African American women's attitudes about being female and African American may differentially affect their responses to stress and their psychological well being.

In summary, the research on racial identity development has provided several paths of exploration to enhance our understanding of this phenomena. Many of the researchers have focused on the relationship of racial identity attitudes to psychological functioning using Helms' (1990, 1995) theory and corresponding instrument. Helms' racial identity theory is a derivative of Cross' (1971) nigrescence theory. Although these investigations have all contributed to the counseling literature, researchers have faced a tremendous challenge in making racial identity development clear, accessible and measurable. Generally, psychological variables have shown consistency with racial identity theory. For example, Pre-encounter attitudes (denial of one's Blackness) and Immersion-Emersion attitudes (idealization of one's Blackness) were found to be associated with greater levels of stress and lower self esteem. Studies conducted by Parham and Helms (1985a, 1985b) revealed lower levels of self esteem, self actualization with concomitant high levels of anxiety and feelings of personal inadequacy as predicted

by a preponderance of Pre-encounter and Immersion-Emersion levels. Positive psychological health such as high levels of self esteem was found to be associated with encounter attitudes (ambivalence about one's Blackness) and internalization attitudes (positive self identity) as observed by Parham and Helms (1985a, 1985b). Similar results were found by Carter (1991) and Pyant and Yanico (1991) in that Pre-encounter scores were associated with lower levels of general well being and less involvement in enrichment experiences by college students. Contrary to the findings of previous research, Pyant and Yanico (1991) found encounter attitudes to be associated with lower levels of mental health.

There are several possible explanations for a lack of consistency among these dimensions to include a lack of variation in sample populations, size and diversity as well as the use of assessment instruments that were not culturally sensitive. Despite the qualifications of these investigations, they encourage the recognition that racial identity attitudes are inevitably altered by socio-cultural and environmental influences. Therefore, additional research is needed to extend these results to more fully understand the experiences of African American women.

Introduction to Social Support

An important component of this study is a review of the role of social support in relation to racial identity in unemployed and underemployed African American women. This section of the study will include the following: a historical overview of social support, definitions of social support, social support theories, models of social support

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and stress, social support mechanisms, factors related to receiving social support, and lastly the African American experience of social support.

Historical Overview of Social Support

Social relationships as a link to psychological well being feature prominently in several theories of psychological development and in particular bonding and attachment (Bowlby, 1969), psychosocial forces (Freud, 1968), learning experiences (Bandura, 1969), and social exchange (Thibaut & Kelley, 1959). While couched in a range of conceptual distinctions and disciplines, each theory commonly supports the benefits of secure human connectiveness, and the possible difficulties that occur when this connection is lacking or is ambiguous or insecure. That is, according to Newcomb (1990), the quality of the social support system during early childhood, directly influences one's psychosocial functioning throughout the life cycle.

The foundation of current research interests in social support was laid by Cassel (1974), Caplan (1974) and Cobb (1976). Cassel (1974) used ecological findings, such as poor environmental conditions to link social issues to the development of psychosocial and physical problems. He theorized that a disruption of significant social relationships could result in disequilibrium and increased susceptibility to disease (p. 5). He viewed primary groups both as providers of social support and as a "buffer" between individuals and stress. He further suggested that the degree of protection received by an individual is contingent upon the amount of feedback or support provided by the primary groups. In other words, the "greater the support, the greater protection from stress." The strength of

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Cassel's work is the emphasis on the mobilization of social support as opposed to a reduction in exposure to environmental stressors.

Caplan (1974) expanded Cassel's views on social feedback adding the term social systems to explain the influence of others on the outcomes of crises or developmental issues experienced by an individual. Caplan suggested that social support is a system that facilitates one's well being through a sense of mastery and sharing tasks, giving material and cognitive assistance, and providing emotional comfort. A limitation of Caplan's theory is that he did not provide an explanation regarding how social systems are structured, developed or maintained.

Cobb (1976) viewed social supports as information that influence one's sense of self worth. Cobb believed that major life transitions and crises place individuals at risk. According to Cobb, those who interpret communication from others indicating that they are esteemed, cared for, loved and valued and that they belong to a definite network, were protected. He concluded that social support facilitated these perceptions through coping and adaptation.

Cassel, Caplan and Cobb have been credited as pioneers for work on social support. While the tenets of their theories were similar, they are not synonymous. A major criticism of these theorists' work is the lack of a unifying theory or specificity in defining social support. Nevertheless, their work contributed significantly to the research issue that: (1) social support buffers both psychological and physiological stress, and (2) social support is an essential component for social intervention.

Definition of Social Support

In the absence of a unifying theory, research in social support has been marked by a profusion of definitions of what constitutes social support. Vaux (1988) reviewed the social support literature and argued that "it is best to view social support as a metaconstruct comprised of several legitimate and distinguishable theoretical constructs." From his review of the literature, Vaux (1988) suggested that the social support literature has evolved around three issues: the range of social relationships, individual perception or appraisal of social support, and forms of social support. He argued that though diverse, many of the conceptualizations were also valued.

Social Relationships Definition

The first issue is the range of social relationships which include social integration, intimate relationships, and social networks. Social integration involves contacts within the community that are capable of influencing health. Proponents of this area of research (Berkman & Syme, 1979; Eaton, 1978; Lin, 1979; Myers, Lindenthal & Pepper, 1975) used measures such as intimate confidantes, church membership, and participation in informal and formal organizations to demonstrate the influence of social factors on health status. General outcomes of these data indicated that social ties reduced the probability of psychological distress, illness and thus mortality. The social integration approach, however, has been criticized for failure to delineate the levels of social ties or the nature of social involvement.

Gottlieb (1981) argues that while social integration studies document the salience of social factors for reducing psychological distress, they do not account for the number and type of social contacts nor the interpersonal processes that provide the protection

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associated with low risk status (p. 205). In other words, the social integration approach lacks detailed assessment of the nature and quality of social ties.

The value of intimate relationships to well being however has been well documented. A plethora of research exists defining the negative consequences of a disruption in close social ties. Some researchers have focused on the effect a loss had or disruption on close and intimate relationships. Parker, Benjamin and Fitzgerald (1969) focused on death rates of widowed persons. Fried (1963) examined the effects of relocation and the associated disruption of friendships, while Bloom, Asher and White (1978) researched the consequences of divorce and separation on relationships. Still other researchers have emphasized the positive effects of intimate relationships in protecting individuals from stressors (Lowenthal & Haven, 1968, the role of confidantes; Medalie & Golbourt, 1976, the quality of marital relationships).

A concern for this type of research is whether intimate relationships may be too restrictive to capture everything that's important in social support. In other words, people with different talents and resources may provide assistance in different situations. Thus intimate relationships may not be inclusive enough to provide total support based on individual needs.

The social network approach provided a wide range of concepts in which social support might be examined. Specific features that might be assessed are structure (the number and interconnectiveness of individuals in the network), composition (propartion and homogeneity of network membership), and component relationships (frequency of contact, geographic proximity, durability, and reciprocity within relationships). A major concern for the social network approach is the inability to conceptually differentiate

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social networks from support networks. This point of contention seems to create more ambiguity regarding a definitive meaning of social support.

Individual Perception or Appraisal of Social Support Definition

A second issue is being able to conceptually distinguish actual and perceived features of social support. Vaux (1988) noted that while perception and actuality often correspond, they may also diverge in the opposite direction. For example, as suggested by Vaux, "supportive acts may be misunderstood, go unrecognized or taken for granted" (p. 16). Therefore, in order to understand social support, both objective and subjective elements must be addressed.

This view echoes Hobfall's (1988) stance on the need to amplify the role of "perception in supportive relationships." He argued that the concept of perception as it has been used in the literature is misleading. Hobfall (1988) purported that assessment inventories used to measure perception are limited in their capability of extracting objective information. Hobfall concluded that:

1) there are distinct differences between subjective and objective information that must be clarified to fully appreciate the value of perceptions in the appraisal of supportive relationships;

2) distinguishing these concepts is clearly a measurement issue;

3) more empirical research is needed to identify and/or refine techniques appropriate to this process.

Forms of Support Definition

A final issue concerns the various forms and functions of social support. As noted earlier, in this paper, Cassel (1974), Caplan (1974), and Cobb (1976) distinguished

functions that might be served by social support. Other researchers have also distinguished varied modes and functions of social support such as Pattison (1977) instrumental and affective support; Hersch (1980) emotional support; tangible assistance and reinforcement; Cohen and Habermas (1983) self-esteem, appraisal, belonging and tangible support; Vaux (1982) emotional support, practical assistance, financial assistance, advice and guidance; Weiss (1974) types and provisions of relationships.

Wohlgemuth and Betz (1991) reviewed the literature and identified three typologies to define social support. According to these researchers, social support has been assessed in terms of structural dimensions such as size, density and number of family members. This type of support is defined as structural perceived social support.

A second category is the support system functions or the types of support being offered to include tangible assistance, cognitive guidance, self esteem support, and emotional support. This type of support is defined as functional perceived support because measurement is based on subjective self reports of the quantity of social support received. Still a third category focused on individual satisfaction with support received. Wohlgemuth and Betz (1991) suggested, given the various approaches to defining social support, more research is needed to understand the utility of these social support constructs in predicting stress outcomes.

Streeter and Franklin (1992) in their review of the literature identified three classifications of social support. The first classification, the definition of social support, is viewed as having three components: (1) social embeddedness — the interconnections among individuals; (2) perceived support — an individual's cognitive assessment of the interconnections; and (3) enacted supports — actual behaviors used to express support. A

second classification identified social support as being of two types: instrumental or tangible forms of support such as financial and material assistance; and affective support which consists of intangible forms such as social recognition and intangible support. A third classification refers to sources of social support as either formal or informal support.

Streeter and Franklin (1992) identified a variety of approaches used in the study of social support. They proposed the three aforementioned classifications as being most prominent in both empirical and theoretical research. Drawing from Vaux's (1988) metaconstruct view of social support, Hobfall and Vaux (1993) defined three social support constructs:

1) Support Network Resources — defined as social relationships that are available, accessible, and offers stable group membership;

2) Supportive Behavior — viewed as "an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well being of the recipient (p. 17),

3) Subjective Appraisals of Support — defined as a subjective assessment of supportive relationships and the accompanying supportive behavior.

These constructs are closely related in that they imply that perceptions play a major role in the interpretation of the meaning or significance of social support. A major concern addressed by Hobfall (1988) is the lack of assessment instruments sensitive to differentiate between subjective as well as the objective features of social support.

Pierce, Sarason, Sarason, Joseph and Henderson (1996) proffered that social support encompasses three components: support schemata, supportive relationships, and supportive transactions. These researchers purported that the components of social

support are not mutually exclusive, but are interconnected and mutually influence each other. An example would be the parent-child relationship. Pierce et al. (1996) describes the process as follows:

> Supportive transactions with parents leading children to develop positive support schemata that in turn influence the development of supportive relationships later, in childhood and adulthood. (p. 9)

In essence, children who perceive their parents as supportive and sensitive to their needs develop positive expectations about the willingness of others to provide support, while children who don't feel nurtured by parents develop a negative view regarding support from others. Elaborating on a theory proposed by Lakey and Cassidy (1990) that perceived social support as positively related to self appraisals, it seems that the self concept would be affected by the nature of parental support during early development.

Pierce et al. (1996) noted limitations of early studies on social support as having both short and long term implications. Given the components of the constructs comprising social support, more research on the reciprocal influences they have on one another is needed. It was further suggested that more developmental studies are needed to examine changes in the nature of relationships over time so as to determine the impact of social support on coping and personal development.

Sarason, Sarason and Pierce (1990) concentrated on an esteem-building social exchange framework to define social support. This view is similar to Cobb (1976) who suggested social support is the product of beliefs that one is esteemed and cared for which bolsters the self worth.

From this perspective, social support is viewed as a process that involves an interaction between three constructs: social structures, social relationships, and personal attributes. Social structures were described as schools, business organizations, neighborhoods and families. These structures are believed to provide a milieu that fosters social activities and relationships.

Sarason et al. (1990), in their theory of social exchange, emphasized the unique way in which reciprocity maintains and sustains relationships. People were thought to need opportunities to provide and receive support as a means of maintaining equity in relationships. In essence, the opportunity to reciprocate enhances self worth and attachment to others (Throits, 1985). Another group of theorists addressed personal attributes in relation to social support. They suggested that an individual's view of support and the stability of social relationships are contingent upon personal attributes as well as the purpose of a social activity. Further, a sense of belonging or feeling esteemed occurs only when one perceived a relationship as being supportive. It was noted that social support and social activity are not synonymous in that not all relationships or social activities are perceived as supportive. In other words, though the intent of the support was meant to be helpful, it can also undermine the process. It can be concluded that more research is needed in the areas of social roles, structures as well as social relationships and the role that perception plays in this process.

Felner, Farber, and Primavera (1983) operationally defined social support as a measure of life transitions where individuals must master specific tasks for successful adaptation. These tasks are believed to be event-specific and will vary based on life transitions (i.e., marriage, divorce, unemployment) while requiring a concomitant change

in personal and social relationships. From this perspective, social networks used at an earlier age may need to be expanded to cope with changing life circumstances.

Newcomb (1990) viewed social support as a provision of the social environment where there is an exchange between an individual and the social world. Newcomb argued that all forms of human connectiveness possess both common and unique features with regards to structure, functions and processes. He argued that specifying and empirically verifying these features have been made difficult owing to a lack of a unified approach to conceptualizing social support a major concern was that research findings regarding various types of personal relationships are embedded in a number of behavioral and medical disciplines. This issue has not only inhibited the integration of research across disciplines but has also prevented the formulation of a unified conceptualization of those elements that comprise social networks. According to Newcomb (1990), integration of research across discipline should include the study of multiple types of relationships and their response to situations during transactional life circumstances (i.e., adult relationships with spouses, children, friends, supervisors, kinships), and changes in relationships that correspond to developmental stages (i.e., mother-child, peer groups, grammar and high school). Newcomb recommended that more interdisciplinary research be done focusing on social support as a key component of all types of personal relationships. It is believed that an integrative approach to understanding social support may provide insight to understanding various types of human connectiveness such as developmental trajectories and the dynamics that occurs during the process of forming relationships.

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In summary, researchers have used a wide variety of constructs to create a vision of what constitutes social support. Anecdotal research evidenced that social support takes many forms and functions, all of which may have different connotations. There is a general agreement among researchers that various elements of social support possess different properties, are subject to different influences, have distinct relationships, and influences on stress and well being. It was further agreed that these constructs alone do not capture the full meaning of social support, but collectively they provide significant details and insight regarding the process of establishing and maintaining personal relationships.

Social Support Theories

Like definitions of social support, theories have also varied, and as such researchers have endeavored to gain consensus. A major issue complicating this effort is that most social support research has preceded the development of a well-defined theoretical base so that end research has proliferated in a profusion of varieties.

Cohen, Underwood and Gottlieb (2000) referred to social support as a process by which social relationships influence health and well being. They attempted to categorize contemporary theorists by this perspective of social support. Based on this perspective, these researchers categorized contemporary theorists into four areas: sociological, cognitive, interpersonal, and intervention. This discussion will provide an overview of these four areas.

Sociological Theory

Durkheim, in the early 1890s, performed analysis on epidemiological data and associated a breakdown in social ties with diminished psychological well being. He suggested that the disruption in family, community and work relationships accompanied by a decline in social roles, norms, and resources, ultimately led to suicide. Durkheim found suicide to be most prevalent among those with fewer social ties. Similar findings of social disorganization and social problems were identified among immigrants (Thomas & Znaniecki, 1920, 1930) and migrant workers (Park & Burgess, 1926).

Sociologists continued to explore the relationships between social ties and psychological well being and found support particularly in the area of social network participation and social integration. It was found that those who were active participants in their community had better mental health than those who were less active (Cohen & Wills, 1985) and those who reported having more personal relationships (i.e., spouse, family members, friends, social and religious group membership) were perceived as being more socially integrated. According to Cohen (2000), having more types of relationships is equated with a greater level of social integration measures to demonstrate a connection between social ties, morbidity and mortality.

Berkman and Syme (1979) conducted a longitudinal study examining social integration and morbidity and found that those who were socially enmeshed were at lower risk of mortality than those who were socially isolated or had fewer social ties. Other benefits of high social integration has been associated with decreased likelihood of heart attacks (Kaplan et al., 1988), and increased potential for breast cancer survival

(Vogt et al., 1992). On the other hand, lower levels of social integration have been

connected to health risk such as high blood pressure and obesity (House et al., 1988).

A major issue related to the sociological perspective is the challenge in

determining which characteristics of social networks are most beneficial to health.

Cognitive Theory

A preponderance of research exists suggesting that social support acts to buffer

the adverse effects of stress. This phenomenon known as the "stress buffering

hypothesis" was steered by the works of Cassel (1974), Caplan (1974) and Cobb (1976).

These researchers laid the foundation of social support theory, but without specifying the

mechanisms as to how the process works.

Cognitive researchers emphasize the role that "perception" plays in moderating

the effects of stress. However, distinguishing between the subjective and objective

appraisals of perceptions has proven to be a challenge. In short, there are discrepancies

that exist between support perceived as available (perceived support) and actual support

received (received support). An example of this interaction was cited by Hobfall and

Vaux (1993): "An act of kindness may not be interpreted as such, while an act of

treachery may be viewed as helpful" (p. 687). Cohen et al. (2000) proposed that the

perception that resources will be available when needed is the key to stress buffering. In

other words, it seems that an individual's beliefs about the availability of support is more

beneficial than actually receiving support. In this same vein, Heller and Surndle (1983)

viewed in Goldberger and Breznitz (1993) suggested that perceptions are important

because they are based on one's world view, that is, their interpretation of the world as

opposed to the reality of how the world is (p. 687).

Comer et al. (1987) provided insight into the connection between self and perceptions. In a study by Comer et al., the self concept of 253 African American middle school children was examined by comparing the children's perception of their social competence to those of their parents' and teachers' perceptions. The findings of the study revealed that the children's ratings of their social competence were higher than the ratings of their teachers and significantly correlated with their self concept. The researchers concluded that the individual's subjective experience is often more important than reality.

Gottlieb and Hooley (1988) shared a different view of how perceptions may influence one's view of support. They suggested that apparent supportive behavior may actually be a distortion that subsequently influences the recipient's perception. For example, a friend offers another friend a loan. This behavior may be accurately viewed as unsupportive by the recipient of the loan if there was prior knowledge that the provider of the loan espoused to a philosophy that relationships are jeopardized when friends borrow money from each other. This scenario is demonstrable of the differential and powerful influence that perceptions have on behavior, especially as it relates to the initiation, usage and maintenance of supportive relationships. It also implies the need for more research to bring clarity to the constructs of perceived and received social support. This is significant for women, especially African American women who may have identity issues that affect their ability to access and use resources.

Intervention Theory

The aim of this perspective is to mobilize social support systems through program planning. Cassel (1974), the originator of this idea, encouraged improving and

strengthening social support rather than reducing exposure to environmental stressors. Cohen, Underwood and Gottlieb (2002) identified three approaches to social support intervention. The first approach targeted informal community caregivers such as teachers, police, and clergy to improve or develop productive helping shells while discouraging those helping practices that were less productive. A second approach involved the development of support groups for various populations at risk needing crisis interventions. Such groups included bereavement, natural disasters, marital strife, parenting and chronic illnesses such as cancer. A third approach to mobilizing support included mentoring and coaching programs (i.e., Big Brothers and Big Sisters programs).

Cohen et al. (2002) noted that the focus of intervention programs has changed from an emphasis on teaching helping skills to focusing on network structures or behavioral patterns. It was suggested that the impetus for change was to improve program effectiveness as well as to accommodate diversity in clinical and community populations. For example, demonstration projects and clinical trials have been created to address various types and sources of support for at risk populations (i.e., chronic illnesses, life events, developmental transitions, and addictions). An array of support programs have been implemented in a variety of medical settings. More recent studies of this nature include studies of patients with cancer (Helgeson & Cohen, 1996), teenage mothers (Olds et al., 1997), controlling addictions such as smoking and weight loss (Gottlieb, 1988), workplace health education and health promotion groups (Cohen, 1988), as well as a variety of mental health, and peer counseling support groups. The value of these programs lies in their approach in mobilizing support for those who are confronted by diverse stressful life circumstances. Outcome studies however have presented contrasting

results. Lavoie (1995) and Helgeson and Cohen (1996) did not find support groups

helpful. The researchers attributed these findings to a lack of mutuality in goal setting,

and premature ending of programs. Cohen et al. (2002) on the other hand argued that the

undesired outcomes resulted from insufficient data collection on those support processes

hypothesized to mediate between stress and well being. It was suggested that a more

research on those mediating processes (i.e., self efficacy, self concept, coping, stress, and

disease entities) are needed in order to establish a sound empirical basis for future

intervention programs.

Conservation of Resources Theory

Hobfall (1988, 1989) found an ecological framework to be useful in formulating

the theory of conservation of resources (COR theory) as a foundation for social support.

The stress process, according to COR theory, is based on four principles. The first

principle involves the loss and gain of resources. It is maintained that people protect what

they value. Valued resources may take the form of objects (home), personal

characteristics (achievement, social skills), conditions (good relationships), and energies

(money, knowledge).

The second principle involves coping with losses and gains of resources. To cope

with gains or losses requires the use of resources including social support. Third, the

process requires active involvement whereby individuals are viewed as controlling their

resources, determining priorities in using resources, and influencing circumstances that

serve to maximize the use of resources while minimizing loss. Lastly, the individual's

evaluation of the process of loss, gain and conservation of resources is based upon

subjective appraisal of objective circumstances. Based upon the description of the stress

process, according to COR theory, one might conclude that those who are endowed with resources are more likely to experience gains while those with fewer resources are more vulnerable to loss.

Models of Social Support

Wills and Fagen (2000) identified two statistical models believed to be relevant to testing different types of theoretical mechanism: the buffering effect and main effect models, and direct versus indirect effects models.

Buffering Versus Main Effect Models

First, the buffer hypothesis suggests that social support acts to protect individuals from stressful circumstances. It could be interpreted that the association between stressful experiences and psychological distress would decrease in situations where social support is greater. The main effect, also termed direct effect, proposes that social support has a beneficial effect on well being regardless of the stress process. Studies of perceived availability of support (functional support) most often show evidence of the buffering effects while social integration studies (structural) aligns with main effects (Cohen & Willis, 1985).

Wills and Fagen (2000) described three hypotheses regarding the effects of social support on stress: a pure main effect, a partial buffering effect, and a complete buffering effect. A pure main effect relationship suggests that individuals with higher support will have more favorable health status regardless of whether the individual is confronted by high or low stress.

A partial buffering effect is described as one in which the impact of stress is attenuated by high levels of social support. In this situation, the impact of stress remains. Thus, an individual experiencing high levels of stress, even with a generous support system, will have more physical symptoms compared to those with low stress and high support. A complete buffering effect takes place when the support completely removes the stress. The outcome of this effect is that no significant differences exist between individuals experiencing high stress or low stress when social support is high for both. In other words, social support is viewed as being equally beneficial to persons with high or low stress (p. 211). This model works best when samples are robust.

Researchers have divergent views regarding the different mechanisms by which the main effects and buffer effects influence social support consequential of conceptual differences, methodological problems and inappropriate statistical measurements (Hobfall & Vaux, 1993).

A few studies attempted to reconcile differences by distinguishing between the health protective effects of available support (perceived) and received support (enacted), suggesting that perceptions of available support moderates the relationship between stress and psychological outcomes while received support does not.

Cohen et al. (1984) conducted a prospective study examining the roles of available support and received support in moderating the relationship between negative life events and psychological problems among college students. The findings revealed both main and buffering effects for available support but not for received support. Kessler and McLeod (1985) performed a more comprehensive review of the literature by categorizing studies by type of support measures. They, too, found evidence of stress

buffering effects for emotional support and perceived availability of support but not for

network measures which is associated more with main effects. Although the studies

described differed on several dimensions, there is general agreement that available

support buffers the effects of stress whereas received support does not (Dunkel-Schetter

& Bennett, 1990).

Cohen and Willis (1985) attempted to account for differences operating from a

hypothesis that support will buffer stress when it matches the functional coping

requirements of the stressor. Two dimensions of support measures were used: (1) specific

versus global, and (2) structural versus functional. Consistent with previous studies, the

majority of buffer effects were observed for functional support measures. Worthington

and Kessler (1986), on the other hand, used a community sample and non-standardized

measures to analyze cross-sectional data from a national survey to identify differences in

available and received support. Findings of the study revealed stress buffering effect for

available but not received support.

Even so, another issue cited by Cohen et al. (2000) is that while main effects have

been associated with social integration studies, there are existing studies that show main

effects as well as buffering effects with perceived support. According to these

researchers, attributable factors may include poor or inadequate measurement of stressful

events, positive affective and cognitive states owing to feeling secure in that others are

available when needed.

Other limitations of the studies reviewed were insufficient numbers of support

measures, and outdated information (most studies occurred in the early 1980s).

Additionally, most studies involved stressful life events where the buffer effect was

evasive and did not assess minor daily stressors. Moreover, quantitative reviews revealed extreme variations in measures of reliability and validity. It was concluded that the futility of the main and buffer effect models in questionable and suggestive of the need for models that can address specific factors, one of which is variations in statistical correlations resulting from the lack of reliable and valued measures of support.

Direct and Indirect Effects Models

Wills and Fagen's (2000) second statistical model suggests that support may directly or indirectly influence variables relevant to health status. For example, social support may have a direct influence on blood pressure as the criterion variable. Additionally, social support may indirectly influence blood pressure indirectly through health life style behaviors which becomes an intermediary variable. Wills and Fagen (2000) noted that at times the effects are mixed having both direct and indirect effects. This model, according to Wills and Fagen, is believed to work best with variables that mediate the effects of social support.

The difference in the direct and the indirect statistical models as distinguished by Wills and Feagan (2000) is that the former model of social support is related directly to outcome without requiring an intermediate variable to be effective. Conversely, for the indirect model, social support influences an intermediate variable creating a causal relationship to outcome, known as a mediated process (Wills & Fagan, 2002, p. 213). A point of convergence is that social support is associated with improved health outcomes for both models.

Alternative Models

A number of alternative models have been established to account for the variations previous models failed to address. Most relevant are the counter model (Len, 1986) and the suppressive model (Wheaton, 1985). Advantages of these models are their focus on support mobilization while diminishing stress. A major disadvantage is that these models have received little recognition. Moreover, because of their similarities there are perceived difficulties in differentiating their effects.

Specificity Models

Criticisms of the buffer models are related to the mechanisms by which support influences the stress process. Questions relevant to this issue are when, why and how does support work. Specificity models have proposed to address these questions based on a process termed by Cutrona et al. (1990) as optimal matching. The matching hypothesis purports that particular stressors elicit different coping demands and will be buffered only by support that meets those demands (Cohen & McKay, 1984; Cutrona, 1990). It is believed that network members, based upon their relationship with a support recipient, will specialize in providing different types of support based upon the circumstances.

Cutrona and Russell's (1990) model of optimal matching was developed from findings from a series of field studies conducted on stress and social support related to transition to parenthood and work place stress. A comprehensive review of the social support literature showed a consensus of five basic support dimensions, but with differences relative to terminology. The social support dimensions identified are: (1) emotional support (expressions of comfort and caring); (2) social integration or network support (group membership with shared interests and concerns); (3) esteem support

(bolstering of an individual's sense of competence or self-esteem); (4) tangible aid (services or resources); and (5) informational support (advice or guidance).

Cutrona and Russell (1990) proposed four dimensions of stressful events based upon their ability to precipitate psychopathology: first, desirability, controllability, duration or consequences, and life domain. Desirability is described as those events having the potential for gain or growth. For example, stress may occur from insecurity about one's ability to achieve a desired goal such as success in parenting or securing a job. The response to uncertainty can illicit feelings of anxiety. On the other hand, undesirable events are known to produce more intense responses such as depression (Throits, 1985). Therefore, based on the optimal matching framework, social support that helps to alleviate anxiety seems to be more beneficial in coping with positive events while support that alleviates depression would be a more effective way of coping with negative events. It is believed that because undesirable events are more taxing than are desirable events, more support would be required for undesirable stressors than for desirable stressors.

A second dimension of controllable events are viewed as those events related to individual goal achievement and prevention of loss or minimizing the consequences of an experienced loss. Cutrona and Russell argued that controllable events are the most influential dimension in terms of needed social support. Based upon Folkman and Lazarus' (1984) theory of coping, regulating emotions or distress is considered emotion-focused coping, while managing the problems that caused the distress is termed problem-focused coping. It is hypothesized that controllability of events will predict whether an individual will use emotion-focused or problem-focused coping.

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Cutrona and Russell (1990) suggested that, "when an event is uncontrollable, nothing can be done to prevent the event or lessen the consequences, the most important task for the individual is to recover from the negative emotions elicited by the event" (p. 8). They believed that uncontrollable events require social support that will attentuate the individual's response. Thus uncontrollable events such as negative life experiences are best matched with emotional support (reassurance of caring and concern) to achieve optimal outcomes. Conversely, when confronted by a controllable event, the individual's goal is to prevent the occurrence or mitigate the consequences. Thus, based on the matching framework, controllable events require social support that encourages problem-focused coping (informational or tangible support).

The third dimension, life domain, was divided into the four categories in which stressful events can occur: assets, relationship, achievement, and social role. Cutrona and Russell (1990) suggested that this dimension is one in which the nature of the loss affects the nature of the replacement (p. 330). The principle of the gain and loss as described by Conservation of Resources (Hobfall, 1988) can be applied with this dimension.

Cutrona and Russell argued that because uncontrollable events are likely to involve loss or endangerment to assets, support should correlate with the specific domain in which the loss occurred and replaced accordingly. For example, the loss of a friend would be associated with a need for attachment or social integration, or a financial need can be supported by a loan. These researchers further suggested that uncontrollable events are likely to be associated with a permanent deficit while controllable events are more likely to be temporary in nature. Relevant to this study, it seems that unemployment

may include stress that will affect several domains. Thus, a wide range of social support may be necessary.

Lastly, the duration of consequences dimension was described as stressful events that may have short- or long-term effects. In their research, Cutrona and Russell (1990) found neither duration of consequences nor desirability to be significant to controllability. Therefore, neither dimension was included in their model (p. 9.).

To summarize, Cutrona et al. (1990) identified two dimensions of stressors as being pertinent to the optimal matching model: controllability and life domain. Research has revealed several factors that effects prediction with controllable and uncontrollable stressors. It was suggested that controllable stressors are best matched to specific forms of social support. For example, instrumental support to provide information and esteem support to enhance the effectiveness of social support. Because of difficulties in predicting uncontrollable stressors, support at best would require management of emotions and therefore is best matched with emotional support. Life domains stressors (i.e., bereavement and unemployment) are viewed as being more complex in that it is shaped by a myriad of personal and environmental factors and involves losses in several areas. Therefore no single form of support is optimal for this domain. Instead, support is influenced by the nature of the stressor such as assists, relationships, social roles, or achievements.

Specificity models differ from traditional models in that the former are more sophisticated in distinguishing various forms and functions of social support and in delineating when buffer effects might occur. However, like their predecessors, specificity models fail to explain the mechanism by which support influences the stress process.

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Concept of fit. The concept of fit is another dimension of the specificity model and has laid the foundation for a number of social support studies. Hobfall and Vaux (1993) expanded the theory of fit from a passive to a more active process. Guided by Conservation of Resource Theory (COR; more resources equals more choices), these theorists suggest that individuals rich in resources can manipulate and maximize those resources based upon situational demands. In contrast, those who are less endowed with resources are limited in fitting resources to need. Even more significant is the quality of resources. If the resources are inadequate or of poor quality, the needs are not likely to be fulfilled. COR theory also suggests that stressors compete for resources thus compromising coping strategies. Abramson, Seligman and Teasdale (cited in Goldberger & Breznitz, 1993) terms this behavior as "grasping at straws" which is followed by hopelessness.

It was suggested that more research is needed to determine how people continue to cope when resources are compromised. This type of research has implications for this study in that insight can be gained regarding how women manage in the face of dwindling resources as well as how this process influences identity development and conversely how identity influences the use of resources.

The different models of social support have evolved from a traditional perspective that is narrow in focus to one that encompasses a variety of hypotheses regarding how social support influences the stress process. These models have also influenced copious research regarding offering plausible evidence of on the association of stress and well being but not without limitations.

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Social support theorists do agree, however, that the quality of our understanding of the effects of social support may be enhanced by more empirical information about the pathways that specific support measures operate to influence the health outcomes.

Mechanisms of Social Support

Although there have been significant strides made in recognizing that social support benefits health, how social support operates is not clear. A number of mechanisms have been suggested to explain and/or account for the relationship between social support and health. Mechanisms purported by Wills and Fagan (2000) to explain the support process are physiological mechanisms, appraisal and reactivity mechanisms, and behavioral mechanisms.

Psychological Mechanisms

Two mechanisms describe how social support directly impacts physiological variables. One mechanism suggests that the presence of others promotes relaxation and a more positive effective state in an individual thereby ameliorating feelings of loneliness or isolation. This interaction among variables is viewed as a direct effect. The second mechanism suggests that social support influences immune system functioning by decreasing emotional difficulties (i.e., anxiety or depression) resulting from high levels of stress. This interaction is viewed as an indirect effect in that support has an indirect effect on the immune system mediated through emotional responses which further decrease the likelihood of other disease process and thus improving health status.

Appraisal and Relativity Mechanisms

The appraisal mechanism purports that the perception of stressors is attenuated by knowing that support is available to help one to cope with adversity when needed. Support in this instance is viewed as an indirect effect because it occurs by altering the cognitive appraisal. The reactivity mechanism purports that the availability of support decreases physiological reaction to stress. For example, an individual with a history of high blood pressure may be less prone to cardiovascular changes when confronted by stress with the knowledge that supported is available. In other words, the availability of social support moderates physiological responses.

Behavior Mechanisms

Behavior mechanisms are described in terms of linkages to two types of behaviors: harmful behaviors and protective behaviors. First, high levels of social support are associated with decreasing risk-taking behaviors that are harmful to health. For example, according to Wills (1990), individuals with high support may be less likely to engage in substance use and abuse. This mechanism suggests that social support decreases adverse health outcomes by lowering the levels of drug use. Second, protective behaviors link social support to improved health outcomes through help seeking and effective coping behaviors. The outcomes of this mechanism is twofold: (1) support is purported to facilitate more help seeking and utilization of preventive health services thereby reducing mortality rates (Wills & DePaulo, 1991), and (2) social support enhances one's coping and problem solving abilities when confronted by stress which in turn decreases emotional problems and thus improves health status.

In summary, this section has described various theoretical mechanisms of social support. Though not mutually exclusive, these mechanisms offer a framework for understanding how social support may be related to physical health. Consequently, no consensus has been reached as to whether one particular theory or mechanism is superior.

Issues in Measurement and Social Support Theory

This section will provide brief summaries of different measures of social support, specific theoretical perspectives that are congruent with these measures, and mechanisms by which social support influence health and well being. Not surprisingly, problems in defining social support also have led to problems in measuring it. Review of social support measurements (Cohen, Underwood & Gottlieb, 2000; Wills & Fegan, 2000; Cutrona, 1990; Vaux, 1992, 1988; Vaux & Harris, 1985) agree that attempts to assess social support have preceded the development of theories, conceptual models, and definitions of social support. Most instruments measure social support as the researcher understands it. These measurement tools do not always measure the same dimensions of social support and are often time limited in their use because they measure different dimensions.

Vaux (1988) outlined several criteria for evaluating the utility of a given measure. He argued that "a measure may be useful if it focuses on one source or mode of support, if it provides distinct scores of several modes and/or sources sampled, or if it samples evenly across various modes or sources" (p. 35). Vaux noted conditions whereby a measure may be problematic; that is, when a significant mode or source of support is either excluded, or includes one source but is compromised by others. It is generally

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agreed by researchers that measures must be theoretically based so as to facilitate an understanding about how social support influences health and well being. This task has posed challenges for social support researchers given the many variant interpersonal processes and constructs that falls under the heading of social support, coupled by the fact that each has it own uniqueness to health and well being. To assist researchers in making informed choices about measures of social support, several different theoretical mechanisms by which social support is proffered to be related to physical health have been identified as well as approaches for testing each mechanism.

Wills and Fagan (2000) reviewed the results of studies that used different measures of social support with general population samples. Their review failed to reveal consistent relationships between social support and health.

Several longitudinal studies using social network measures were conducted focusing on various social connections and mortality rates (Berkman & Syme, 1979; Kaplan et al., 1988; Ortho-Gomer & Johnson, 1987; Welin et al., 1992). Mortality status verified through death certificates was used as an outcome measure. Results indicated that various social connections were significantly related to mortality. Although stronger for men, significant effects were also observed for women.

Another issue of measurement is whether social network effects are due to a gradient effect or threshold effect. Gradient effect is hypothesized to show a reduction in mortality as the number of social connections increase whereas a threshold effect suggest that high mortality rates were related to fewer social connections. The findings of these studies were mixed with some reporting a threshold effect (House et al., 1982) while others indicated a gradient effect (Berkman & Syme, 1979) as well-as a combination of

gradient and threshold effect for mortality (Welin et al., 1992). The repeated findings of gradient effects as noted by Wills and Fagan is perhaps indicative that multiple social connections within a social network offers protective effects as opposed to one particular aspect of social networks (i.e., marital status or friendship). For example, House et al. (1982) used the Social Participation Scale (SPS) to assess the frequency in which respondents engaged in four categories of social activities during one year. The four categories of social activity include: intimate social relationships (i.e., marital status, friends and family visits), formal organizational involvements outside of work (i.e. attending church meetings), active and relatively social leisure (i.e. going to movies and museums), and passive relatively solitary leisure (i.e. watching television and reading). The amount of time spent in passive solitary leisure activities was associated with higher mortality for women. The Social Network Scale (SNI) created by Berkman and Syme (1979) measures the number and significance of social ties across four network categories to include marital status, a sociability index church membership and group membership. The SNI combines the information in a single summary score by using a weighted scoring system. Berkman and Syme (1979) found high scores on the SNI were associated with less mortality when measured at 9 and 17 year intervals.

In contrast, Welin et al. (1992) used the findings from the Welin Activity Scale (WAS) to measure the frequency of participants' involvement in three categories of activities (social activities, home activities, and outside home activities) during one year. Welin et al. (1992) found increased social activity to predict less cardiovascular mortality. Conversely, high levels of home activities were found related to less mortality but due to factors other than cardiovascular disorders and cancer.

Distinguishing between structural and functional support is another measurement issue given that each is based upon different theoretical frameworks. Structural measures emphasize quantity of social connections, thus the total number of linkages in one's social network is important. These linkages may include a variant connection such as social relationships (i.e., martial status, children), frequency and types of social interactions (i.e., friends, neighbors), sources of communications (i.e., personal telephone, internet, et al.), or social roles (i.e., employment, membership in organizations). This type of information provides quantitative data for measuring structural social support. Analysis of data may either provide a total score or separate test scores when differential information is needed such as gender differences in use of social support. Notable was the fact that structural measures do not address the quality of relationships or the types of resources provided by network members.

Functional measures differ in that the perceived availability of supportive functions is the focus. Functional measures include scales for several support functions defined earlier in this paper (i.e., emotional support, instrumental support, informational support, and companionship). Analysis of data from these scales provides a total cumulative score generated from each supportive function assessed. Wills and Fagan (2000) suggested that scores from different functional measures tend to be highly correlated, indicating that high scores achieved for the emotional support dimension may mirror the scores for both the instrumental and informational dimensions (p. 210). The reasons for high correlation of scores on various support dimensions is unclear. However, individual differences in personality traits, perception, and skills in accessing support have been cited as contributing factors (Cohen et al., 1986; Coble et al., 1996).

Wills and Fagan (2000) presented other important points that may have implications for investigators who choose to use functional support inventories in their research. First, structural and functional measures are not highly correlated, yet they are both related to health outcomes. Second, the mechanisms by which these measures achieve health outcomes is not clearly understood.

Cohen, Underwood and Gottlieb (2000) argued that when choosing measures of social support researchers must: (1) consider the variant and interpersonal processes and constructs categorized under social support along with their uniqueness, and (2) choose measures that are guided by theory.

To support informed decision making regarding the selection of appropriate measures of social support, Lakey and Cohen (2002) identified theoretical categories of social support research along with the appropriate measurements for each category to include (1) stress and coping, (2) social constructionist, and (3) relationship.

Stress and Coping Measurement

The stress and coping hypothesis purports that social supports influence health through a protective mechanism. Social support is believed to protect from the adverse effects of stress by acting as a buffer in two ways: through supportive actions of others, and the belief that support is available. First, supportive actions are believed to enhance coping ability. Building from the optimal stress matching hypothesis (Cutrona & McKay, 1984; Cutrona & Russell, 1990) proffering that social support acts to promote coping and to reduce stress when resources match the demands of the stressor. For example, monetary support may be helpful to a friend when there's loss of employment, but useless when there's a loss of a relationship.

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Supportive Action Measurement

Because supportive actions focus on assistance by others, measures of received support are deemed as most appropriate (Cohen & Lichtenstein, 1990). Measures of received support may include variables of frequency of support, the number of supportive behaviors or the quality of the interactions.

The Inventory of Social Supportive Behavior (ISSB; Barrea et al., 1981) is a measure of received support that has been widely used in etiological research (Wills & Shinar, cited in Cohen et al., 2000). The ISSB is a 40-item inventory that assesses involvement in receipt of social support during the past month. Psychometric properties indicate that an internal consistency score of .90 and a test-retest score of .88, research findings have failed to support either the buffering or the main effects hypotheses.

Another measure of received support is the UCLA Social Support Inventory (SSI) created by Dunkel-Schetter et al. (1987). This 70-item interview measure requires participants to describe social support recently received from three support sources. Wills and Shinar (2000 cited in Cohen et al., 2000) suggested that, due to the infrequent use of the UCLA-SSI as a measure of received support, and the only interview measure of received support found in the literature, more research is needed to establish its psychometric properties.

Several research issues were identified regarding supportive actions. First, measures of self reports have been frequently used generating poor outcomes as to predictors of perceptions of available support (Barrera, 1986; Dunkel-Schetter & Bennett, 1990). Second, the amount of received support and supportive needs are often compounded. Third, to achieve positive outcomes using the stress support matching

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hypothesis (Cutrona et al., 1990), a taxonomy of stressors need to be identified to match each demand. Fourth, the paucity of research on received support suggest that more empirical studies are needed to examine the effects of received support on coping in specific areas such as the role of received support in maintaining coping, the effect of received support on coping, and differentiating the types of received support that are most influential on coping.

Because supportive actions predict improved health and well being by facilitating coping, measures that assess coping ability and styles should be included in the studies (Lakey & Cohen, 2002). Additionally, these authors suggest that measures of stress (i.e. life events checklists or interviews) should be integrated also, given the buffering or protective efforts of social support against stress. Measuring stress, however, is not within the scope of this research; therefore a discussion of stress measures was omitted.

Appraisal (Beliefs in Social Support Availability) Measures

Based on Lazarus and Folkman's (1984) influential theory of stress and coping, this perspective theories that beliefs in the availability of support (perceived support) is influenced by one's interpretation (appraisal) of a stressful situation. Cohen et al. (2002) identified two types of appraisals: primary and secondary. Primary appraisal involves judgment of the reality of a threat, while secondary appraisal is an evaluation of resources available to cope with a threat.

According to Lazarus and Folkman (1984), an increase in negative appraisals equates with increased emotional stress. On the other hand, if when confronted by a threat, if it is perceived that support is available, then appraisals become less negative. Building on Folkman and Lazarus' (1984) theory of cognitive appraisal, Cutrona and

Russell (1990) described two dimensions of stress: the individual's appraisal of an event as a challenge, threat, harm or loss and the domain in which the stress occurs whether assets, relationships, or self esteem. These dimensions, according to Cutrona and Russell, have relevance for their optimal matching framework where the type of social support that is most beneficial to the stressful situation is salient (p. 325). In terms of an appropriate measure of support for appraisal, the emphasis is placed on perception and beliefs system. Therefore, measures of perceived support where respondents are required to make evaluative assessments of different types of supports are required, typically by describing examples of supportive functions and indicating whether these functions are available when needed. Five categories of perceived support measures were identified by Wills and Shinar (cited in Cohen et al., 2000). First, brief unidimensional measures are those measures that generally assess one social support function.

As noted by Cohen et al. (2000), measures in this category are all questionnaire measures. Several measures in this category have shown buffering effects regarding stress; however, research concerns such as sampling (Cohen & Wills, 1985) and psychometric issues (Seeman & Berkman, 1988) have limited the frequency of their use.

A second category includes Brief Compound measures. These measures assess two or more functions. Buffering effects with high reliability scores have been reported for measures in this category. The Older Americans and Resources Inventory (OARS), a six-item measure of emotional and instrumental support developed by Fullenbaum and Smyer (1981) for elderly populations and the Worksite Settings Inventory (WSS) by LaRocco et al. (1980) are examples of brief compound measures.

A third category of measures of perceived support include Broadly Based Scales of Close and Diffused support. These measures include both questionnaire and interview designed to assess support functions from two types of relationships (i.e. attachment and friendship). An example of a measure in this category is the Social Support Questionnaire (SSQ) by Sarason et al. (1983). This particular measure has been widely used in several research studies having achieved a high reliability score (.97). An unresolved research issue, however, is the failure of this measure to differentiate various sources of support functions (Cohen et al., 2000). Another example in this category is the Work Relationship Index (WRI) and the Family Relationship Index (FRI) created by Moos (1981). This measure has been reported to being useful in a wide variety of workplace and family-oriented social support research. While favorable psychometric data have been reported, it remains unclear regarding which support function is measured, nor does it produce buffer effects (Cohen et al., 2000).

Network-based inventories comprise a fourth category of perceived measures. These measures involve a two-phase interview procedure where respondents identify support providers and rate the availability and quality of support provided. The Arizona Social Support Interview Schedule (ASSIS) is one example. The ASSIS is known for its predictive validity mainly for psychological symptomatology. The fifth category includes Multidimensional Inventories. These Inventories are questionnaire measures that assess perceived support from several support functions.

The most notable example of this type of measure and relevant to this research is the Social Provision Scale (SPS; Cutrona & Russell, 1987). This measure is a 24-item instrument that assesses six support functions as described by Weiss (1974). The

subscales are attachment, social integration, reassurance of worth, reliable alliances, guidance and opportunity for nurturance. Based on the matching hypothesis, the value of this measure lies in its potential for predicting which supportive function will be most effective for a particular type of life stressor (Cutrona, 1990). Psychometric data include high subscale correlation in the range of r .55–.99 (Cutrona & Russell, 1987). The measure has been used in several studies involving adult populations (i.e. new mothers, the elderly and selected workplaces) and intervention research (Cohen et al., 2000). A possible limitation is that this measure may be less useful for detecting effects for individual support functions.

Outcomes of appraisal measurements should reflect the prediction that perceived support will have an attenuated effect on stress and poor health. An unresolved research issue surrounding this perspective is the need for greater understanding of the relationship between beliefs and availability of support, given the paucity of empirical studies in this area.

Social Constructionist Measures

This category is comprised of two constructs: social cognition and symbolic interactionism. The social cognitive view draws from theories of personality and psychopathology (Beck et al., 1979). Generally, the social cognitive view hypothesizes that perceived support influences health outcomes directly or indirectly by enhancing self esteem. The social cognitive view is undergirded by pre-existing beliefs regarding the supportiveness of others. It is purported that individuals with high levels of perceived support will interpret the supportive behaviors of others favorably as opposed to those with low levels of perceived support (Baldwin, 1992; Pierce et al., 1997). Conversely,

negative thoughts about supportive behaviors are believed to encourage negative thoughts about self, which in turn will cause emotional distress.

Appropriate measures suggested for this form of social support are measures of perceived support given that some evaluation or judgment regarding the availability or quality of social support is required. Because perceptions are believed to influence self evaluation, Lakey and Cohen (2000) suggest that measures of the self should be included. A number of research issues relative to the social cognitive view are yet questionable such as the influence of personality traits on judgment of support.

Symbolic Interactionism Measurement

A second form of social constructionist is symbolic interactionism, a view that focuses on the social environment in relation to health outcomes. According to this perspective, social support facilitates health outcomes by sustaining identity and self esteem (Lakey & Cohen, 2000). It is believed that this process occurs through a variety of social roles (i.e., mother, father, child, teacher) that guides interactions with others' expectations of others and self evaluations. According to Stryker (1990), through roles, people influence the behavior of others by way of shared meaning and values. As a result, individuals internalize meaning about themselves that is received from others and evaluate themselves accordingly. In other words, individuals will judge and regulate their behaviors based on the standards of others (Mead, 1934). Thus in applying the constructionist theory of symbolic interactionism it would appear that this mechanism could either influence positive health behaviors such as partaking in preventive health or healthy life styles or behaviors that may be less conducive to healthy outcomes. This theory also points out the importance of perceptions in the use of social support as well as

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identity development. Measures that are deemed appropriate for symbolic interactionism view are those believed to involve the number of roles in one's social network such as a measure of social integration (Lakey & Cohen, 2000) discussed earlier in this section. However, accuracy in measuring the range of social roles represented in a social network is a limitation. Additionally, given that the social interactionists' view hypothesizes a relationship between social roles, well being, self esteem and identity, measures of self concept are also viewed as appropriate.

Relationship Measurement

This view is unique in that while there is an anecdotal association between a number of relationship processes and social support, it has not even linked to a pre-existing research literature (Lakey & Cohen, 2000, p. 42). Factors contributing to this occurrence is that (1) relationship variables such as companionship, intimacy, and low conflict lead to both support and health outcomes thus these concepts are inter-related and overlapping. Measures of social support cannot differentiate whether outcomes are due to relationship qualities or individual differences. What does exist for the relationship view is a group of hypotheses offering diverse alternatives and to how relationship qualities lead to emotional and physical well being.

Suggested alternatives tend to link social support to health by elevating the self esteem (Lakey, Tardoff & Drew, 1994) promoting positive appraisals and stress and coping (Sarason, Sarason, & Pierce, 1990). Appropriate social support measures will be determined by the type of research and the impetus of the research to explain the effects of social support. For example, to test the social conflict hypothesis, a researcher will need measures that are hypothesized to account for social support. A study by Barrera,

Chassin and Rogosch (1993) used different measures to demonstrate the independent effects of social support and social conflict. Multivariate analysis indicated that support from parents was associated with higher self esteem and less externalizing behavioral problems, while support from friends did not show any relationship to these criteria. Conversely, a study conducted by Matthews, Woodall, Kenyon and Jacob (1996) demonstrated that conflict with parents was related to lower self esteem and more behavior problems.

Lakey and Cohen (2000) argued that choosing a specific type of support measure is made difficult by the diversity of the relationship hypotheses, where other relational processes may influence the effects of support (p. 43). For this reason, Lakey and Cohen (2000) suggest that specific relationship processes are likely to be linked to specific kinds of support.

In summary, this section has addressed different theoretical approaches to measurements of social support. Noteworthy is the unresolved issue of the absence of a clear mechanism by which social support influences health. A preponderance of studies conclude that social support is related to health, but fail to provide specific direction about how support contributes to health. It was concluded that careful selection of social support measure is vital to our understanding of how social support influence health and well being. The following suggestions were made by Lakey and Cohen (2000):

(1)   social support research must be guided by theory;

(2)   different measures reflect specific theoretical orientations. These measures are not interchangeable;

(3)   researchers must be able to clearly show congruence between their

        theoretical orientation and choice of measurement tools; and

(4)   more research is needed on the determinants of social support so that

        appropriate interventions may be developed.

Factors Influencing the Receipt of Social Support

Although social support has been acknowledged as mitigating health outcomes, research literature has focuses to a large degree on the effects of social support, with limited attention given to factors that lead to the acquisition of social support (Hobfall & Vaux, 1993). House (1981) describes three categories as influencing the use of social support: (1) characteristics of individuals that facilitate or impede the ability to give and receive support, (2) characteristics of relationships that facilitate or impede the success of support, and (3) socio-cultural factors that facilitate or discourage the use of social support. Other researchers have included the environment as a major contributor to giving and receiving assistance when needed (Barber, Gulley, & Cunningham, 1990; Dunkel-Schetter & Skokan, 1990). These variables may have a monumental impact on the efficacy and outcomes in the obligation of support systems. Therefore, the research in the use of individual, relational and socio-cultural resources will be outlined as follows.

Recipient Characteristics

Hobfall and Vaux (1993) suggested that those who have greater relational competence tend to be more socially competent and thus more likely to achieve success in the use of support systems. It was noted earlier in this paper that social competence is rooted in early positive parent-child relationships that forms the basis for adult beliefs

about self and others (Bowlby, 1973). Moreover, empirical research posits that parental emotional responsiveness and control in childhood may significantly influence adult social competencies. In support of this theory, Mallinckrodt (1992) conducted a study connecting self-efficacy for social skills to social support. Drawing from personal work experiences, Mallinckrodt (1996) observed that clients were inhibited in their attempt to use social support even when they were accessible. He speculated that clients were insecure about their ability to use social skills, a belief that appeared to have evolved over time. Further, he suggested that poor parental bonds in childhood may result in adult social competency deficits that contribute to low social support.

The purpose of the study was threefold: to measure (1) social support, (2) social competencies, social efficacy and attributions for social outcomes, and (3) parental bonds as associated with social competencies. Data were collected from 253 undergraduate students, predominantly women (82%). Measures included the Parental Bond Inventory (Parker et al., 1979) to describe parental attitudes and behaviors; the Self-Efficacy Scale (SES; Sherer et al., 1982) to measure general self efficacy skills as related to educational and employment status, and social self efficacy or social skills; the Multidimensional-Multiattributional Causality Scale (MMCS; Lefcourt et al., 1979, 1981) to measure social interactions as related to success in making friends and forming satisfying relationships; and the Social Provisions Scale (SPS; Cutrona & Russell, 1987, 1990) to measure perceived social support.

The results showed a positive relationship between parental bonds and social self efficacy as well as positive relationships between parental bonds, social competencies and social support. These data provide evidence that points to the significance of early

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developmental experiences influence on interpersonal and social skills. The implications

for counselors is that when evaluating clients' use of support systems, keen assessment is

needed to differentiate whether clients are experiencing social support deficits or social

skills deficits. The data also suggest the need to explore programs that will provide

opportunities for clients, especially women to participate in confidence building and

empowerment activities that will enhance social interactions.

Other recipient characteristics that have been researched include hardiness,

internal locus of control mastery, and self-esteem all of which examined the strength of

personal resources. The outcome of these data suggests that those who possess strong

personal resources are more successful in initiating, utilizing and building supportive

networks and are less vulnerable to stress than those who lack these capabilities

(Caidwell & Reinhart, 1988).

Gender

The next factor influencing the receipt of social support is gender. Several studies

have reported gender differences in relation to the type and social support and in

particular the role of social support in moderating stress and predicting psycho-

physiological well being. Ross and Cohen (1987) investigated gender differences in

undergraduate students focusing on the type and sources of social support. It was found

that females scored higher than males on instrumental and social embeddedness support

measures.

In a similar study, Rosenthal and Gestan (1986), in their investigation of personal

satisfaction with social support, linked females to high scores on instrumental, affective

and information support measures while males' scores showed less satisfaction with

intangible support as well as being open to sharing feelings and personal concerns with others as opposed to men. This is not to suggest that men are incapable of emotional disclosure but it is behavior that is not reflective of their socialization. Heller, Price and Hogg (1990) theorized that the early socialization of males de-emphasizes emotional expressiveness while focusing more on discipline and self-control. A contrasting point of view regarding gender differences in relationships was offered by Thorne and Mechaelieu (1994). In a longitudinal study on 84 participants from adolescence to adulthood, it was found that young women who demonstrated high self-esteem in adolescence associated it with memories of helping friends. Nelson (1996) suggests that the need for connection with supportive others is significant to positive self development in women. This is an important point that has implications for working with female populations to establish support networks.

Caring and nurturing behaviors, however, are not without shortcomings. Cutrona and Russell (1990) suggested that while there are a number of different types of social support, some may not be beneficial for certain life stressors. For example, Riley and Eckenride (1986) reported that women are more vulnerable to stress and other psychological problems such as depression as support providers. A study of recovering heart patients conducted by Cayne, Ellard and Smith (1990) showed that upon discharge from the hospital, men continued to receive support at home, while women when discharged became support providers. One explanation of these data is that women may not experience reciprocity in the support process, which may correspondingly decrease physiological and psychological well being.

In spite of the proliferation of research on gender differences in levels of support and the predictive utility of various kinds of social support, Wohlgemuth and Betz (1991) identified several issues that need further investigation. The first issue emphasized the variety of approaches to the conceptualization of social support. Second, the tendency of most researchers to use only one facet of social support (i.e., structure or functional dimensions). Third, the paucity of investigations of whether gender serves as a moderator of the relationship between stress, social support, and physical problems. Fourth, the need for longitudinal research measuring the effects of stress and social in predicting emotional, physical or behavioral problems over time. Lastly, given the variety of definitions of social support, more research outcomes are needed regarding psychometric and predictive characteristics of all types of social support indices.

Wohlgemuth and Betz (1991) conducted research to examine the degree to which gender moderates the relationship of stress and social support to physical health. Participants were comprised of undergraduate students (50 men and 65 women) enrolled in an introductory psychology course. Several measures of social support were used given the variety of approaches to the conceptualization of social support. Functional perceived social support was measured by the Inventory of Social Supportive Behaviors (ISSB; Barrea, Sandier & Ramsey, 1981) to assess the number of perceived behaviors that may provide different aspects of social support (i.e., emotional support and tangible assistance, cognitive information and guidance).

Structural social support was measured by the Social Support Questionnaire (SSQ long form; Sarason et al., 1983) to assess both the number of perceived supportive persons and the degree of satisfaction the individual feels about the support received. The

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SSQ short form developed by Sarason et al. (1987) was used also as a rapid diagnostic measure and to assess the reliability and validity of the SSQ long form.

The Perceived Social Support–friends (PSS–fr) and the Perceived Social Support–family (PSS–fam) developed by Procidano and Heller (1983) were used to measure satisfaction. These measures were used because Procidano and Heller's definition of perceived social support was congruent with the conceptualization of satisfaction in the study. That is, social support is the extent to which an individual believes that his/her needs for support information and feedback are fulfilled (p. 368). Physical symptomology was measured by the Self-Reported Symptom Survey (SRSS; Thoresen & Eagleston, 1985). It was used as a general health questionnaire aimed at detecting health status.

According to Wohlgemuth and Betz (1991), the most significant outcome of this study was to differentiate and predict physical symptomology between men and women. Regardless of gender differences, females scored higher than males in the areas of structural social support, functional social support, and satisfaction with friends support. Female students also reported more stress life events and physical symptoms than males. An unexpected finding for women was the association of low perceived family support with higher levels of strain regardless of stress level. To account for the contrast in the findings for females and males for the variables of social support, stress and symptomology, the researchers proffered several explanations. First, the predictive utility of stress and social support was questioned as to their appropriateness to measure physical or psychological symptomology in men. It was suggested that perhaps other variables such as physical or academic achievement may be more suitable for measuring well being in men. The researchers noted the anecdotal relationship between achievement

and self esteem in the literature. It was further suggested that various conceptualizations of social support may have had some bearings on the outcomes of the study.

This research suggests that various forms of social support hold different meanings for women and men. Considering Cutrona and Russell's (1990) matching hypothesis, it appears that relationships and social roles are significant to the socialization process for women as well as to their use of social support systems, while assets and achievement are more relevant to men's utilization of support. Therefore, interventions should be sensitive to these differences. Moreover, when assessing the adequacy of client's support systems, the quality of the support network at times merits as much attention as the quantity.

Support Providers

Another factor influencing the receipt of social support, according to Hobfall and Vaux (1993), are the nature of the provider/recipient relationship and sociocultural factors. These researchers identified four steps involved in the support provision process. First, the provider must perceive that assistance is needed. During this step the provider must evaluate the recipient's coping efforts and personal resources. Issues that may surface and are potentially problematic are failure to provide support, or the appropriate support needed due to an overestimation or underestimation of the recipient's resources.

Second, the provider must determine the type of support needed. Discrepancies in the type of support needed may be precipitated by lack of mutual goals or failed communication between the provider and the recipient. Support provision failure may also occur due to the provider's inability to help or unwillingness to provide assistance.

Regarding the nature of the provider/recipient relationship, Dunkel-Schetter and Skokan (1990) suggest that intimate relationships are more likely to yield support than those that are more distant. Other factors influencing support provision may include behaviors that are non-supportive or beneficial.

Similar to previous discussion, the availability of support is essential to the support process, it does not ensure that it will be beneficial (Pierce, Sarason & Sarason, 1996). It has been evidenced that social relationships involve strains and conflicts that individuals may not always receive as much support as they expect. Dunkel-Schetter and Wortman (1982) and Wortman and Dunkel-Schetter (1987) posit that unsupportive transactions are more likely to occur when assisting persons who are coping with victimizing or stressful life events such as those who have experienced victims of incest (Hall, Kassees & Hoffman, 1986), military veterans (Gressard, 1986), the bereaved (Schwab, 1986), or chronic illnesses such as cancer (Peters-Golden, 1982).

Mallinckrodt (1989) investigated social support in relation to the effectiveness of group therapy. The purpose of the study was to identify sources and types of social support that were associated with positive changes in specific stress symptoms. Findings of this study indicated that support received from other group members often was insufficient to produce therapeutic change. conversely, Mallinckrodt found that social support received external to the group showed a stronger correlation to clients' improved psychological well being as opposed to support from group members.

Though many of the clients possessed basic social skills and were exposed to nurturing supportive relationships, they failed to use the resources productively. Mallinkrodt offered that for some clients, the perception that they were responsible for

the well being of others seem threatening. This response typifies behavior described by

Folkman and Lazarus' (1984) theory of primary and secondary appraisal. An individual's

perception that personal resources may be challenged, threatened, or lost when

confronted by a stressful situation may become overwhelmed especially when problem

solving is difficult. However, the optimum matching component of social support is

significant when the self esteem is at risk as in this situation. For other clients,

particularly women, investment in nurturing others may not receive adequate return of

their investment of their own resources thereby jeopardizing their psychological well

being (p. 174). Still other clients' inability to use available support, according to Pierce et

al. (1996), cannot be attributed to differences in basic social skills or the level of support.

Instead, the inability to form emotional intimate attachments (Bowlby, 1988) may be a

plausible explanation.

Coble, Gantt and Mallinckrodt (1992) described three conditions that are essential

to obtain benefit from social support:

1. a supportive environment and functional resources to match the coping
    requirements;

2. social competence or skills necessary to cultivate and access available
    support; and

3. the individual must have the personality, disposition and willingness to
    use these skills.

Sociocultural Factors and Social Support

Another factor influencing the receipt of social support, according to Dilworth-

Anderson and Marshall (cited in Pierce, Sarason & Sarason, 1996) is that:

The culture of a people provides the foundation for social support to be given and received. Culture is expressed through a shared belief system of a group, along with norms, attitudes and expectations. Culture also provides direction and guidance to the form in which support is given and received. Conceptually, culture is the core feature of one's identity. (p. 67)

Sociocultural influences help to shape the cultural context in which social support is given. Though ethnic groups may show similarities regarding the structure, type and configuration of a social support system, their sociohistorical experiences are different. Social support in the African American community has been significantly influenced by slavery and discrimination. As such, social support within the African American community has become symbolic for group survival. The family is the basic agent of socialization. One of the strongest cultural patterns is the church which protects from isolation in the larger society and that of an extensive help system which protects the family's integrity from assault by external forces (McAdoo, 1990).

As a result of historical and continued racial, political and social strife and alienation in the United States, many Africa Americans have adopted a general attitude of mistrust toward European Americans for adaptation and survival (Thomason, Neville, Weathers, Poston & Atkinson, 1990, p. 162). This cultural mistrust is often manifested in the help seeking behaviors of African American utilization of health facilities, especially mental health facilities. Empirical research can be helpful in minimizing this behavior by generating data that will facilitate understanding of the socialization experiences of African Americans.

Cutrona and Russell (1990) noted that many studies do not examine components of social support closely enough to differentiate the kinds of support needed for a given circumstance. It seems that the outcome of sociocultural influences for African Americans has lead to a series of uncontrollable events that have implications for developing strategies that are most beneficial in alleviating negative responses that are a threat to well being.

For African Americans, the sociocultural roles of family, community and society are rather intertwined and often collectively affect social support provision as well as influence behavior in relationships. For this reason these roles are discussed with emphasis on the various interconnections among these distinct elements.

The African American Experience of Social Support

The Family

The African American experience with giving and receiving evolved from slavery, a force behind which families developed. Slavery provided few mechanisms for individuals and families to receive support outside the slave community. Therefore, social support was developed internally and became a means for group survival. According to Dilworth-Anderson and Marshall (cited in Pierce, Sarason & Sarason, 1996), though the survival structure of support was influenced by the oppressive outcomes of slavery, it also became a symbol of African American heritage. Among African Americans, patterns that were transformed by slaves were consanguineal kin groupings, husband-wife relations, sibling bond, socialization practices, patterns of exogamy, marriage rules and rituals, naming practices, relationships between alternate

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generations (i.e., grandparents and grandchildren), patterns of respect difference, and the extension of kinship terminology to elders throughout the community (Foster, 1983, p. 201).

The boundaries within the African American families are very permeable. Support is primarily provided through relational networks that include the acceptance of dependant generations in the home and extend to the community at large through the existence of fictive kinship ties. "Fictive kinship refers to a kinship-like connection between and among persons in a society not related by blood or marriage, who have maintained essential, reciprocal social or economic relationships" (Fordham, 1988, p. 56). Fictive kin often extends to church members, family friends, neighbors, sorority/ fraternity affiliations, social clubs and co-workers.

The African American family provides a communal bond in which social support can be found in the form of companionship, counseling, child care, sharing households and providing emotional support to close, distant and fictive kin (Burton & Dilworth, 1991). Demo and Hughes (1990) suggest that a vital part of the development of attitudes toward the self and others for African Americans is the interpersonal relations with family and friends.

The Community

Another form of support in the African American community is the church. As with the family, the church in the African American community has provided social support that was often lacking due to discrimination (Lincoln & Mamiya, 1991) such as organizational structure and a sense of identity to African Americans. The church provides opportunities for African Americans to occupy respected positions that may be

denied in the greater society. According to Hughes and Demo (1989), the church creates

opportunities and relationships that enhance self respect and psychological well being.

Society

Society in general has been a major influence on the development and utilization

of support systems in the African American community. The outcomes of slavery were

laws that restricted African Americans from integrating into society.

The outcomes of slavery were laws that restricted African Americans from

integrating into society. Thus quality of life measures to support the family such as health

care, education, employment, legal rights and adequate housing was also denied. The

harmful effects of racism have been documented in several studies (Jackson, 1995, 1999).

According to Fischer and Shaw (1999), a frequently hypothesized influence on African

American mental health is the perception of racism. Carter (1994) and Hendry (1997)

suggested that general perceptions of racism to be positively associated with poorer

mental health. Conversely, Landrine and Klonoff (1996) argued that a possible link

between African Americans' experiences of racist discrimination and mental health has

very little empirical base. This lack of empirical data is due largely to the ethics of testing

racist discrimination directly. Regarding the role of social support in relation to mental

health, Barnes (1980) believed that a supportive African American environment may

buffer the impact of racism: "That the black community either rejects such messages as

input or in its transformation renders them innocuous" (p. 118). This belief is in keeping

with Lazarus and Folkman's (1984) theory which posits that social support will diffuse

stress through coping mechanisms. Several scholars have echoed these findings

suggesting that group identity (i.e., beliefs about race and racial socialization) will buffer

the impact of racism thereby supportive mental health. For example, Landrine and Klonoff (1996) proffered that awareness of race and racism as a problem experienced by many if not all African Americans may moderate the negative impact of racist events (p. 147; c.f. Stevenson, Reed, Bodison & Bishop, 1997).

For African Americans the racial socialization experience encourages family enmeshment, fosters a sense of racism awareness and cultural difference which becomes a healthy protective function against negative events such as perceived racist discrimination. Generally, "racial socialization is a process of communicating behaviors and messages to children for the purpose of enhancing their sense of racial/ethnic identity" (Fischer & Shaw, 1999, p. 396). The works of Fischer and Shaw (1999) further supported this theory when they investigated potential moderators (social networks and self esteem) of a possible link between perceptions of racist discrimination and mental health. It was hypothesized that higher levels of racial socialization would weaken the relation between perceived racial discrimination and mental health. Their findings were consistent with their hypotheses. One hundred nineteen (N = 119) African American college students (56 males and 62 females, 1 unidentified) volunteered to participate in the study. Several measures were used including the Self Report Racial Experience to measure the frequency of self reported racial events; the Mental Health Inventory to measure well being and psychological distress; the Racial Socialization Experience Scale to measure actual socialization messages received from parents both beliefs and experiences; the Racial Socialization Beliefs Scale to assess views of racial socialization processes; and the Rosenberg Self Esteem Scale to assess self esteem.

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Results demonstrated that a high number of socialization experiences were linked to reduced mental health. There was no relationship between high numbers of racist events for participants who reported being prepared for racial struggles by families. Those who reported less preparation by families evidenced a decrease in mental health when exposed to racial events.

An unanticipated finding was that self esteem did not predict positive mental health as purported by the racism hypothesis. Results showed that participants with low self esteem plus high perceived racism reported positive mental health.

The results did not support the role of self esteem as a buffer for stress as has been evidenced in some studies (Fernandez, Mutrein & Reitgs, 1998; Rosaria, 1996). Specifically, participants reporting high levels of self-esteem had poorer mental health when faced with racism.

Possible explanations to support this outcome can be drawn from Swann and Brown's (c.f. Sarason, Sarason & Pierce, 1990) theory of self verification and identity disruption. First, those participants with high self esteem who declined in mental health in the face of perceived racism perhaps did so because of the identity disruption. This theory posits that people's self views and the feedback they receive influences their health. Whereas people with positive self views remain healthier with favorable outcomes (Swann & Brown, 1990), an unfavorable experience such as racism undoubtedly will have an opposing effect. In contrast, people with negative self views do not respond to positive feedback or favorable outcomes. This proposition applies to those participants whose pre-existing low levels of self-esteem was unchanged by racist discrimination. This findings is consistent with Swann and Brown's (1990, c.f. Sarason, Sarason &

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Pierce, 1990) theory of self verification. That is, people see themselves as others see them. For example, people who have negative self concepts, when faced with unfavorable appraisals such as perceived racism, perceptions will parallel negativity and low self-concept (p. 167).

Another surprising finding was the response pattern of the participants to racial socialization experiences (behaviors) and racial socialization beliefs (personal views). Socialization experiences demonstrated a link between perceptions of racist discrimination whereas personal beliefs did not. Critical issues were timing of the experiences, as well as conceptual and empirical differences in beliefs and behaviors. Childhood and early adolescent experiences were more pronounced than late adolescent and early adulthood beliefs. Fischer and Shaw (1999) suggested that perhaps certain racial socialization messages are more influential at particular developmental stages. It was suggested that further research is needed to examine mechanisms by which messages are sent, received, processed and internalized (Fischer & Shaw, 1999, p. 402). This type of research has been addressed by information processing researchers to explain differential responses to supportive relationships. In essence, the perceptions or interpretation of the supportive behavior seem to be critical factors where differences may occur across individuals or within individuals.

Regarding the link between personal experiences and perception of racist discrimination, a plethora of research exists on people's subjective experiences that demonstrate that perceptions are more important than even reality in influencing the actions and feelings. On the other hand, a paucity of literature has examined how beliefs impact various types of support (Lakey & Cohen, 2000). According to Lakey and Cohen,

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beliefs involve appraisals which call for judgments and evaluations of the availability of resources to cope with a given stressor. It was concluded by these researchers that the link between appraisal and perception of support is unclear and therefore is open to further research.

Gender response was another issue in this study. Males more than females reported more frequent experiences with racism. It was suggested that the content of the instrument that measured the frequency of racist events was not sensitive to the experiences of women. For example, a sample item on the perception of racist discrimination measure alludes to the number of times one has been accused of wrong doing such as cheating, stealing or breaking the law. These behaviors are often stereotypically associated with the criminalization of African American men, whereas African American women more often attribute unfair treatment to sexual discrimination. Therefore, it is important that researchers use instruments to measure racism that are sensitive to the cultural experiences of a given population. This is especially significant for African American women who have historically experienced the duality of racism: that of being female and African American. Now student populations may also engender different research outcomes.

An alternative theory was offered by Nickerson, Helms and Terrell (1994) who examined the help-seeking behaviors of African Americans toward mental health services. It was suggested that cultural mistrust was a plausible explanation as to why African Americans under-utilize mental health facilities. This is undergirded by a social history of race-related mistreatment which has led to a generalized mistrust of Whites.

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The sample population was comprised of 105 African American undergraduate students aged 17–37 years (N = 51 males and 54 females) in a predominantly White university. Some participation was driven by the incentive of extra points in a psychology class while others by volunteerism. A number of measures were used to include the cultural mistrust inventory to assess the extent to which Blacks mistrust Whites — the Opinions About Mental illness Scale — to identify opinions about the cause of treatment, description, and prognoses of mental illness; the Help Seeking Attitude Scale to measure non-White cultural values or beliefs about seeking psychotherapy; the Gundlach Social Service Satisfaction Scale was used to assess clients' overall satisfaction with social services; and a background information questionnaire which provided general descriptive data.

Findings were that cultural mistrust was the most consistent and significant predictor of help seeking attitudes of African American participants in this study. Additionally, greater mistrust of Whites correlated with more negative general attitudes about seeking help from clinics staffed predominantly by Whites would be less satisfying. Only one factor of the Opinion about Mental illness scale (OMI), the social restrictiveness factor, was significant. This factor assesses the extent of participants' beliefs and attitudes that people with mental illness should be restricted to safeguard others in society. The implications of this pattern of thinking is that African Americans may feel that therapy is necessary only when there is an immediate threat to the environment which would possibly delay early help seeking as a preventive measure. It was suggested that stereotypes about mental illness motivated by cultural influences may

be responsible for African American help seeking attitudes and behaviors and should therefore be assessed at every phase of the therapeutic process, intake to termination.

Moreover, given the long-term effects of cultural influences, perhaps more research is needed to operationalize the duration of consequences dimension of Cutrona and Russell's optimal matching model. However, this type of research is not within the scope of study. Anecdotally, the stress buffering hypothesis has been widely canvassed as being most influential under high stress conditions.

It has been suggested that stress may signal a need to seek help, offer help or both (Revenson & Majerovitz, 1990). Stress tends to increase help seeking and supportive behaviors (Dunkel-Schetter, Folkman & Lazarus, 1987). While counter studies can be cited (Villar, Barros, Victoria & Belezar, 1992), several studies have evidenced reliable associations between social support indices and a range of mental health outcomes (Berkman & Syme, 1979; Buunk & Peters, 1994; Hobfall et al., 1991; Parker, 1994). For example, Hobfall et al. (1991) observed that women under high stress conditions who had strong personal resources more often received instrumental support whereas low stress conditions resorted to their own personal resources. Stress, in response to chronic illness, has been found to alienate supporters (Hobfall & London, 1986; Revinson & Majerovitz, 1990).

Theories regarding the origin of stress are a matter of controversy. Pollock (1988, c.f. Lewig & Dollar, 2001) posits that "the emergence of stress and its diffusion throughout society seems to parallel its discovery as a theoretical concept." He argued that stress is a manufactured concept which has become a social fact the elaboration of which has had a pronounced and direct effect on beliefs and behaviors (p. 180).

Nevertheless, the social support-stress relationship continues to thrive in the research literature, guided by theories that assume that social support operates to (1) buffer the impact of stress (Cohen & Wills, 1985), (2) moderate stress appraisal (Lazarus & Folkman, 1984), or (3) directly affect health (Lin et al., 1979).

In summary, social support has become a thriving area for research and practice. While the early efforts to study social support were uncoordinated and without cohesiveness, the work has evolved to a more concise definition, systematic measurement approaches, and conceptual models of the relationship between support and health. However, the study of social support has yet to achieve consensus in several areas such as its relationship to racial identity and the experiences of African American women regarding social support and employment. These topics will be the focus of the proposed research. For the purposes of this research, Cutrona's (1990) specificity model of optimal matching will be tested.

<div align="center">Workplace Challenges for Women</div>

There is extensive literature describing the impact of various influences on women's health. A theorized linkage between identity development and social support has been elaborated as playing a vital role in stressful life events. Currently, there has not been a study linking these constructs to workplace issues.

Given the 21st century changes in the work environment and the changing role of women as workforce participants, there is a need for a corresponding examination of sociocultural and psychosocial determinants of potential risks as well as protective factors that may be predictors of health outcomes.

Generally, for most individuals the basic life requirements are met through work. However, according to Linn, Sandifer and Stein (1985), work is much more than an avenue for meeting physical needs; it can also satisfy creative urges, promote self esteem, and encourage achievement and self realization. Further, Baumeister and Mauravens (1996) suggest that "work has more intrinsic values than pay or the love for work itself. Instead, work is done for the purpose of identity building that serves to validate the intrinsic qualities of the self" (p. 411). In this context, while work may facilitate physical survival, it may also serve as an avenue for women to find self meaning or identity.

This section will show an intersection between racial identity, social support, women and workplace challenges with an emphasis on African American women. The discussion will begin with workplace challenges for women as a minority group, followed by challenges to women of color and African American women. The discussion will move to workplace impediments, and the effects of unemployment on underemployment on the individual, children and families, and the community.

Research shows that the evolution of women in the work place began from both a position of necessity and choice. World Wars I and II created opportunities for women and African Americans to fill a void in the work place generated by the draft of White males into military service. Their return, however, displaced women (reluctantly) to their traditional roles of mothers, homemakers, and other service-oriented jobs as teachers, nurses, and secretaries (Smith, 2000). This change, however, did not quell women's interest in work outside the home. Instead, it was a catalyst for growth. Amidst a myriad of socio-historical contingencies as political events, societal norms, economic necessity

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and individual choice (Smith, 2000), women's participation in the workplace has accelerated to include a wide range of organizational roles.

Consequently, women in today's workforce face a number of barriers that seem to stymie advancement and pay equity. Inequities such as stereotypes, work/family conflict, economics, performance review stands, and advancement opportunities are among the many factors contributing to this circumstance. The "glass ceiling" is a term that describes workplace barriers for women whether real or perceived. In previous discussions on social support it suggested that it is the perception of feeling supported that becomes more meaningful to the individual as opposed to the actual behavior (Gottlieb et al., 2000; Hobfall & Vaux, 1990).

Some researchers have attributed this phenomenon (glass ceiling) to the difference in socialization of women and men giving way to stereotypes regarding male/female roles. For example, according to Kanter (1997), traditional views of work and family roles suggested that men were expected to make their jobs a priority while women were expected to invest in their families as priority. These assumptions, however outdated, have subsequently led to gender distinct experiences in the workplace.

Weisman (1998) cites other reasons for workplace inequities for women. First, women earn less than men even for the same work. According to Hertz and Wooton (1996), in 1994 women ages 16 and over who were employed full time earned 76 percent of what men earned: women earned $399 as compared with $522 for men. These data also indicated that 59 percent of women were in the labor force during this period compared to 75 percent of men.

Second, the differential annual income for female-headed families is considerably lower than for both married families and families headed by single males. Third, women are more likely to be poor at all ages compared to men. The 1993 statistics compiled by Costello and Kremgold (1996) indicated that approximately 15 percent of women ages 18 and over live in poverty compared with 10 percent of men with little change noted among women ages 65 and over (15% versus 8%).

Fourth, decreased earning power of women decreases the likelihood of having health insurance while increasing the potential for the use of public insurance program such as Medicaid, especially since women are more likely to be the custodian for uninsured children. Fifth, societal connotations of "masculinity" and "femininity" assigned jobs is problematic. According to Bee (1992), male jobs are more numerous and higher in both status and income (i.e., doctors, attorneys, business executives) as opposed to traditional women jobs. Women jobs on the other hand, are characterized as fewer in number and concentrated in service-related roles (i.e., nurses, waitresses, teachers, librarians, receptionists, and secretaries).

Another significant difference in today's workforce is women's work patterns. Bee (1992) posited that while women now have more continuity in the workplace, interruptions by periods of non-work are far more likely than they are for men due to child bearing and child rearing. According to Bee, an interrupted work pattern reduces a woman's chance at advancement, success and higher income (p. 34).

The outcome of the disparity in income between men and women coupled with other socio-cultural issues (i.e., divorce) has created a culture known as feminization of poverty (Golden, 1990). Despite the gravity of these data, women's labor force

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participation has continued to increase from 38 percent in 1960 to a projected increase of

63 percent by 2005 (Costello & Stone, 1994).

A point of emphasis however is that much of the information on women's

patterns of work has originated from data on men and middle class women, with less

emphasis on those that are socio-economically disadvantaged (Bee, 1992). Thus work

place policies may not reflect the needs of those who are most vulnerable to work place

stressors, in particular women of color.

Workforce Challenges for Women of Color

The goals of career counseling, according to Cook, Heppner and O'Brien (2002),

are based on the assumptions that:

1) Work is priority for most people;

2) Career decisions are shaped by personality traits that are congruent with
   certain occupations;

3) Career development is logical and sequential culminating in increased
   responsibilities and financial gains;

4) Hard work insures economic security and success.

This assumption at best is undergirded by the American values of individualism

and autonomy. Consequentially, this vision does not apply to everyone, particularly

people of color and women. Cook et al. (2002) posited that women and women of color

priorities may differ from the mainstream in that life experiences are shaped within the

context of collectivism versus individualism and autonomy. According to Helms and

Cook (1999), group membership holds a higher priority for many racial and ethnic

minorities as opposed to those choices made for individual self actualization. Moreover,

with regards to achieving success in the workplace, individual merit does not uniformly

apply to everyone due to pervasive and powerful environmental influences of prejudice

and discrimination.

Evidence of these influences was summarized by the Catalyst Organization

(1999) in a comprehensive study that described the status of women of color in the

corporate environment. The summary is as follows:

1.   Women of color make up 22.6 percent of women in the workforce.

2.   Women of color are promoted more slowly (3.6 years between promotions

        compared to 2.6 years for White women).

3.   Women of color, along with White women, tend to hold

        disproportionately more staff positions than line positions.

4.   Women of color, like White women, earn less than comparable male

        subgroups.

Perceptually, there are more salient issues that describe differences between women of

color and women of the dominant culture while the latter perceive that their opportunities

in the workplace have advanced in the past five years, less than 50 percent of women

surveyed by the Catalyst Organization (1999) believed that advancement opportunities

had changed for them (p. 12).

Kesselman et al. (1995) explain this behavior, theorizing that for women of the

dominant culture to acknowledge the existence of a superior/inferior experience between

them and women of color is to deny a sharing with White males in contributing to

oppression. It is noteworthy that the women's movement began with White women from

a position of supporting the advancement of women in general. An acknowledgement of

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their positions of privilege becomes conflictual given that oppression is the antithesis of an organized movement (feminist movement) sworn to promote diversity and equality. Therefore refusing to recognize differences makes it impossible to see the problems and pitfalls facing women of color.

Kesselman (1995) cited the absence of the experience of women of color as a resource for Women's Studies courses as one source of data supportive of the theory of "privilege." Contemporary researchers have challenged the theory of uniformity of experiences for all women. Brittam and Maynard (1984) argued that separate oppression cannot be merged under one grand theory of oppression. Similarly, Omi and Wenant (1986) cautioned against the tendency to subsume one type of oppression under another, i.e. viewing oppression collectively as a gender issue.

This viewpoint is reflected by Golden (1990) who focused on the "feminization of poverty," asserting that the outcome of disparity income between men and women, coupled with other socio-cultural issues (i.e., divorce, paternal default), have disenfranchised women in general. In contrast to the previous viewpoint, Burnham (1985) emphasized the importance of differentiating explanations such as "feminization of poverty" from explanations of poverty that is associated with social class and economics. This is especially significant for African American women because to view impoverishment as just an issue of gender is to obscure the significance of the relationship between racial inequality and poverty.

Another point of emphasis is viewing women within a framework of relationships also holds some degree of naiveté. Cook et al. (2002) argued that "labeling women and

people of color as uniformly relational neglects crucial between and within group differences in world views, values, and life experiences" (p. 294).

Significant issues garnered from this review of women and women of color are, first, although all women may share common experiences, differences may influence distinct outcomes regarding workplace policies, strategies and equity. Second, obstacles for women are as varied as work experiences, thus extending beyond gender or relationship issues. Therefore, determining means for improvement may well require strategies that are just as unique and diverse in order that women of color reach their full potential.

To summarize, this section introduced a historical account on women's entry into the workplace and contributing socio-cultural and political factors. Women's participation in the workplace has created both career opportunities and risks. While women have achieved significant gains in entering the workforce, career opportunities have been pre-empted by barriers that are manifested in inequities of pay and advancement. Researchers have attributed this partly to the difference in the socialization experiences of men and women, stereotypes that hinder women's ability to advance. Other factors viewed as deterring women's advancement as noted by Smith (2000) include (1) unfair recruitment and hiring practices from a diverse labor pool as legally mandated by equal opportunity affirmative action guidelines (EEO/AA); (2) skewed appraisal and compensation systems where favoritism is shown to White males; (3) lack of organizational responsibility in documenting informal hiring and promotion systems (p. 18). According to Maier (1993), "organizations are oblivious to gender and racial disparities that were essentially of their making."

Although organizations have begun to make changes in the workplace regarding promoting and advancing people regardless of gender and ethnicity, recognizing and utilizing the unique qualities of women and providing equal access to opportunities in the workplace continued to elude women and minorities (Betz, 1994). In a congressional survey conducted by the General Accounting Office (GAO), an examination of 10 industries found that between the years 1995 and 2000, female managers earned less than their male counterpart in all 10 fields. According to the GAO, the earning gap increased in seven of the fields in a five year period. No explanation was provided for the decrease in leanings. However, it was speculated that the pay gap was greater among women with children (*The Valdosta Daily Times,* January 24, 2002).

The report is indicative of women's continued struggle with a historical barrier to advancement in the workplace. Moreover, the report suggested that perhaps women find it more difficult to balance children and a career. This circumstance takes on paramount importance not only for organizations but career counselors as well.

African American Women and Work

According to Cook et al. (2002), racial and gender discrimination have perpetuated social, psychological, institutional, political and economic barriers that have markedly controlled career success and well being for many individuals. This assertion is based on the similarities of life experiences confronted by members of all marginalized multi-racial groups. A summary of the commonalities of experiences as outlined by Dickens and Dickens (1991) include oppression, exclusion from mainstream activities in

society, negative feelings of being different, low self confidence, barred and/or discouraged from seeking advancement in society, and lack of equal opportunity.

While these experiences may be transferable to other multi-ethnic groups, perhaps nowhere is this difficulty more evident than in the case of African American women. Kern- Foxworth (2000) argued that, unlike other women White or multi-ethnic, African American women historically have had higher rates of participation in the labor force; therefore understanding the various cultural nuances associated with African American women, work history is germane to this study.

In the United States, African American women's experience in the workforce can be described as one of economic and sexual exploitation with its origination rooted in the institution of slavery. Institutionalized racism imposed many threats on African American women that resulted in their being physically, psychologically, occupationally and economically disenfranchised. A major threat was the constant upheaval of the family through the sale of family members.

As such, African American women used a variety of means as necessary to protect their families, including showing prowess at physical labor, being sexual partners to slave masters as well as nannies for their children. These measures maintained survival and stability of the family structure. Subsequently, what slavery initiated, racism and exploitation continued. Researchers have asserted that African American women's employment has been concentrated in two major occupations, household and service work (Kern-Foxworth, 2000; Spaights & Whitaker, 1995).

As a carryover from slavery, exploitation practices ventured into private employers and were further perpetuated by legislative acts. For example, Spaights and

Whitaker (1995) described African American women's weekly compensation in 1935 as

$3.00 for household work plus $0.75 for laundry. Additionally, African American women

were displaced by immigrant labor from both household occupations and higher paying

service jobs. Moreover, the minimum wage legislation created an environment where

African American women had to compete with White workers who had deference with

employers. A chronology of the African American women's wages compared to White

women, African American males, and White males as provided by the U.S. Census

Bureau (1989) is as follows:

> In 1987, more than 58% of African American women were in the labor force,
>
> with earnings lower than other groups. In 1988, the median income for African
>
> American women was $7,349, $9,103 for White women, $12,044 for African
>
> American men, and $19,959 for White men. The median income for African
>
> American families was the $16,407 as compared to $27,225 for White families.
>
> The median income for single female head of households was $10,657. (p. 377)

Another major occupation for African American women has been factory work,

an opportunistic event that occurred during World War I. Factory labor consisted of less

skilled, low profile, more labor intensive work, longer hours and less pay than their

counterparts. World War II, on the other hand, created additional occupations in settings

other than factories (i.e., hospitals and schools). However, the gains in employment were

challenged at the end of the war by efforts to force African American women out of

industries and back to domestic/service work.

Several social and governmental actions over time have supported African

American women's growth not only into factory jobs, but into professional careers as

well. For example, the Congress of Industrial Organizations (CIO) supported organized unskilled laborers post-World War II. Occupation advancement was also facilitated by civil rights and affirmative action during the 1960s where discriminative hiring practices were abolished and replaced by minority quotas. Thus, qualified African American women had access to more diverse work opportunities.

Kern-Foxworth (2000) suggested that as late at 1990 the most common jobs for African American women were retail sales, nursing aides, secretaries, cashiers, cooks, elementary school teachers, janitors and cleaners comprising approximately 33 percent of the group's employment. Dimona (1995) noted that during this time African American women accounted for only one percent (142,000) of the 4,000,000 employees in skilled trades. This number increased to over 6 million by 1993 without comparable change in employment position or pay status (Spaight & Whitaker, 1995). It is projected that by 2006, women will comprise approximately 47.4 percent of the workforce. It is further projected that, of this composition, African American women will increase by 35 percent, representing 6.2 percent of the workforce (Bureau of Labor Statistics, 1997).

Based on this analysis of future labor trends, there are a number of issues that must be considered relative to the status of African American women in the workforce. First, racial discrimination and gender politics still abound. Although African American women have made some progress in attaining higher status positions as a result of socio-political changes (i.e., medicine, science, teaching and engineering), the greater majority is concentrated in low paying, more menial jobs earning less than their White peers.

Wattleton (1992) suggested that African American women experience the triple jeopardy of racism, sexism and class, persistently encountering substandard educational

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and vocational opportunities that result in economic disparity. Wattleton argues that 56 percent of African American women aged 15–44 have family incomes below the federal poverty level, while African American females aged 15–19 represent 69 percent of families below the poverty level (p. 301). These data give us a clearer picture of the status of African American women in the labor force today, brought on by social factors that ultimately influence their health status. Anecdotal reference to a link between socioeconomic status, poverty and health has been well documented. Leigh (1992) supports this belief by suggesting that "the health status of African Americans is influenced by their generally low socioeconomic status as well as the cultural environment of their communities (p. 1)

In a study on the relationship between poverty and reproductive status, McBarnette (1988) concluded that differentials between African American and White women may be associated with the lack of financial and other resources. These same inhibiting factors are tantamount to creating impoverishment and life styles that are detrimental to health and well being. Thus Avery (1992) argued that not only it is important to examine the lives of women who are surviving on low incomes for health reasons, for African American women the focus should include an analysis of sexism, racism, classism and other contributory factors such as structural unemployment and illiteracy.

In summary, the magnitude of these socioeconomic issues necessitates that African American women be considered separately from other women. Spaights and Whitaker (1995) posit that "only by disaggregating African American women in this manner is it possible to identify the myriad number of dissimilar problems associated

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with African American female employment" (p. 3). A key issue for career counselors is not to view the African American woman in terms of stereotypes. Considering the contextual elements of the socio-cultural environment and their influence on behavior is relevant to assessment as well as to create a milieu that encourages physical and psychological well being.

<div align="center">Workplace Impediments</div>

Doyle (1998) has identified several problems that may impede effective functioning of individuals. These problems are handicapping conditions, serious vocational problems, substance abuse, and psychological disorders. An overview of these problems provided in the literature supports their association with vocational and career issues. A discussion of these problems are warranted in that oftentimes they play a pivotal role in the employment status of African American women.

Handicapping Conditions

Often adjustment and behavior patterns manifested by individual result from factors such as physical limitations caused by birth defects, sickness, accidents, or intellectual impairments caused by neurological damage or learning disorders. Doyle (1998) argued that people who function effectively will respond in productive ways or proactively; while persons who function at less effective levels will be more reactive in their response patterns of behavior. Handicapping conditions include both physical and learning disabilities.

Disabilities

This condition is characterized by its permanency resulting from an accident, disease or congenital problem that interferes with one's functional ability. Disabilities are known to cause emotional feelings of anger which leads to adjustment and poor coping strategies.

Learning disabilities include individuals of average or above average intelligence who have learning deficits. Learning deficits generally affect educational progress, socialization and self-esteem.

Vocational Problems

Doyle (1998) views that occupational and career choice is a life-long process that includes developing abilities, interests, values, and decision making regarding educational and vocational choices. Doyle further suggested that decisions regarding occupational and career choices require self awareness, knowledge regarding available opportunities and insight into the career planning process. He concluded that vocational behavior isn't uniform for all and for some may be maladaptive. Doyle described six categories of vocational problems that impede functioning.

1.   Those who are unable to make a career decision — This group of individuals are viewed as age appropriate to make decisions but unable to do so. Osipow (1980, cited in Doyle, 1988) describes four categories of people who comprise this group: those who have low self esteem; those who believe that there are serious barriers to vocational choices; those who have difficulties with alternatives; and, those who lack sufficient information about themselves or the workplace to make sound decisions.

2.   Those who have defective work personalities — These individuals are

believed to have difficulties with autonomy, work ethic, interpersonal

relationships, authority figures, and emotional stability. Neff (1985)

proposed five distinct defective work personalities:

a.   The dependent: one whose major response to work is dependency

and reliance on others for support.

b.   The impulsive: one whose response to work is indifference,

irresponsibility, and strong impulse gratification.

c.   The social naïve: one whose response to work needs experience in

social skills and work customs.

d.   The hostile: one who responds to work with anger, hostility, and

aggression.

e.   The fearful: one whose response to work is fear, anxiety, and has a

history of learned helplessness.

Neff stressed that potential workers who displays one of these five patterns

may require rehabilitation programs to ensure their employability.

3.   The unemployed — Doyle (1988) defined unemployment as those

individuals who are not employed because their skills do not match the

requirements for the available job (p. 37). These individuals are

characterized as being either inadequately prepared, inappropriately

educated for the demands of available jobs, or those who are

geographically immobile, inexperienced or handicapped (Herr & Cramer,

1992). According to Doyle (1998), structurally unemployed individuals do

not actively seek work, and therefore may not be considered as part of the labor force.

4. Those who are underemployed — These individuals are described as either working part-time but seeking full-time employment or working in positions that working hours, poor interpersonal relationships on the job, workplace policies, financial difficulties, poor working conditions, boredom, and locus of control related to performance (Forney, Wallace-Schultzman, & Wiggers, 1982). Burn out in behaviors such as low energy or enthusiasm for work, negative for work, negative attitudes and behaviors which leads to other emotional problems such as substance abuse.

Substance Abuse

Substance abuse is another problem that impairs functional ability. Substance abuse may involve alcohol or other psychoactive substances. Regardless of the type of drug, the potential for physical and psychological dependence becomes an issue of safety for the individual, other employees and the community.

Psychological Disorders

According to Doyle (1998), individuals experiencing extreme distress may display a variety of maladaptive behaviors. These conditions also are potential issues that require crisis interventions to maintain a safe work environment.

Unemployed and Underemployed African American Women

For the purpose of this study, the unemployed and underemployed are discussed together because of similar characteristics. According to the Governors' Association for Best Practices (1998), most individuals on welfare are women. The study documents that for the majority of women on welfare participation in the short term and unstable. While the unemployed women may have never worked, the percentage of the underemployed who leave welfare for work generally have high rates of return to welfare.

Numerous factors contribute to this occurrence to include low-skilled, being fired or laid off, not liking the job health problems, child care problems, pregnancy and family problems. Essentially for both groups, work will not provide avenues out of poverty. A point of emphasis is that while not all women who are economically disadvantaged are on welfare. However, they do share the common burden of impoverishment.

It appears that unemployment have more harmful effects on health than being employed (Linn, Sandifer & Stem, 1985; Moser, Fox & Jones, 1984). According to Smith (1987) and Martikainen (1990) unemployed people show higher morbidity and mortality than the employed. As discussed in the previous section, several factors influence effective functioning. These factors — disabilities, substance abuse, psychological disorders, and vocational problems —have a strong effect on employability. Researchers have found evidence of many of these problems among various unemployed and underemployed individuals.

Linn et al. (1985) found evidence of somatization, depression and anxiety among the unemployed. Consistent with these findings are those findings by Warr (1987) suggesting that unemployed people experience high levels of depression, anxiety and

other psychiatric difficulties. Donovan, Jaffe and Pine (1987), in their research, found documentation of what they perceived as "serious consequences of unemployment for individuals, families and groups to include increased rates of physical and mental illness, alcohol and substance abuse, marital discord and family violence" (p. 301).

While unemployment may have severe consequences for many, its economic impact on low income and minority women appears to be more devastating and long lasting. However, within the women and minority population, there are group differences. African American women are particularly an at-risk group. The relationship between unemployment and poverty when analyzed by race and gender dramatically reveals their economic vulnerability.

According to Baynes-Smith (1996), "the case of the disproportionate impoverishment of women has been established widely as well as the likelihood of being poor if one is African American" (p. 49). Baynes-Smith stated this about African Americans:

> African Americans are sociodemographically distinct from the White population. On the average, they are younger and more often female and unmarried. African American communities are disproportionately concentrated in central cities or Southern states (where urbanization has decreased job opportunities). Endemic racism and classism in the United States has relegated many women to low paying jobs or to no jobs at all. (p. 48)

A number of factors were provided to explain the cause of poverty among African American women, some of which are perceived as stigmatizing at best (Nichols-Casebolt, 1988). An emerging and persistent viewpoint focuses on the sixties. It is

believed that during this era, a more generous Aid to Families with Dependent Children (AFDC) fostered sporadic work patterns and a decreased interest in marrying (Ryan, 1971; Hong, 1974; Murray, 1984). However, a comprehensive review of the literature by Nichols-Casebolt (1988) found no evidence to support this hypothesis. From her data, she concluded that:

> The growth in the numbers of single parent families has been significant for both Black and White families. Both racial groups experienced more than a 100 percent increase in single-mother families from 1970 to 1984. For Black parents, the largest contributor to single parenthood was births to never married single women. Although the numbers of births to unmarried women were higher among Black women, the magnitude of the increase was significantly greater for White women. (p. 306)

Noteworthy is that never married mothers are the fastest growing group of single mothers, particularly single teenagers. According to Goldenberg and Goldenberg (1998), unmarried mothers as a group tend to be younger, poor, less educated and more dependent on welfare than their married counterparts. Saxon (1996) posited that frequently unmarried teenagers are from a background of poverty and are likely to remain locked into a continuing pattern of poverty for the remainder of their lives. Thus this trend becomes a social problem that influences the status of women in regards to employment in later life. Furstenberg, Brook-Gunn and Chase-Lansdale (1989) argued that early childbirth is a predictor of long-term welfare dependency due to a disruption in education, which subsequently decreases the likelihood of securing stable and profitable employment.

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Research conducted by Halter (1996) found that the "welfare dependency" assumptions were not supported by the literature from his study of welfare reform for general assistant recipients (which included AFDC recipients). He concluded that the lack of motivation and desire to work were less an issue that availability of employability of employment and barriers to employment.

Identified barriers to employment includes physical health problems, lack of transportation, lack of education, illiteracy, substance abuse treatment, caring for disabled family members, and serious mental illness. A significant discovery was that the length of unemployment was inversely related to health.

An earlier report by Moynihan (1967) viewed a deterioration in traditional family values as a significant cause of poverty among African American families. He reported the following conclusions:

At the heart of the deterioration of the fabric of the Negro society is the deterioration of the Negro family. It is the fundamental source of the weakness of the Negro community at the present time. In essence, the Negro community has been forced into a matriarchal structure which, because it is so out of line with the rest of American society, serious retards the progress of the group as a whole. (p. 29)

Moynihan spoke to the possible causes of the problem as residing in increased unemployment, low income, urbanization and past history. His conclusions, however, were controversial, suggesting that the single-parent family was a deviant family form in comparison to the "normal" or two-parent family (Nichols-Casebolt, 1988).

Alternative viewpoints were offered by Morawetz and Walker (1984), Ahrans (1994), and Mednick (1987). Their findings challenged the "deviant family form" assumption suggesting that single parent families can achieve a quality of life that fosters well being. Cashon (1982) summarized studies on female headed households and proposed that "the majority of families, when not plagued by poverty, are as successful as two-parent families in rearing well-adjusted children" (p. 83).

A significant finding from Nichols-Casebolt' s (1988) study is the argument that black male joblessness is a major contributor to family instability and to the economic insecurity of Black mothers and their children. Supporting this argument is a study conducted by Wilson (1987) where findings indicated that the combined forces of high rates of joblessness, mortality, and incarceration among Black men create a shrunken pool of marriageable Black males with a subsequent increase in female-headed homes (p. 57). Consistent with Wilson's findings were those of Goldenberg and Goldenberg (1998) who suggested that the high mortality rate among men decreases the possibilities of marriage or long-term relationships. These researchers cited incarceration, substance abuse, delayed health-seeking behaviors, the military, and homicide as major contributors to the mortality rate among African American men.

Thompson and Gongla (1983) posit that the major problem faced by disadvantaged single parent women is not the lack of male presence but the lack of male income. Bennet (1987) argued that "despite the stress of pressure from mainstream society where marriage is considered the proper partnership, many Black women are aware that marriage is not an option for them" (p. 25).

Staples (1985 as cited in Goldenberg & Goldenberg, 1998) supported this view stating that African American women from both poor and middle class backgrounds are opting for children without the benefit of marriage, more because of the shortage of marriageable males than because of any devaluation of the institution of marriage (p. 302). Thus it seems that the larger issue is not the type of family structure but rather the socioeconomic, political and environmental problems created by the same social system that has led to reduced opportunities for women.

It is noteworthy that some developed nations have made concerted efforts to divert their focus from the issue of illegitimacy and have chosen instead to focus on the needs of female-headed families (Baynes-Smith, 1996). For example, Graig (1993, as cited in Baynes-Smith, 1996) contends that Great Britain has chosen to focus on health care services and social support for female-headed families.

Although traditionally African American women have placed high value on family and hard work, their current economic situation often does not allow them to simultaneously provide a quality of life that is conducive to maintaining productive families, and child rearing practices. A recent change in the welfare system has prompted policy makers to closely investigate the unique challenges that confront African Americans in the labor market. A report from the National Governors' Association Center for Best Practices (1998) examined the changing nature of work in a global economy and its influence on jobs, earnings, and skills demands. A summary of the report indicated that:

1) the past two decades have witnessed economic shifts that have affected changes for jobs, earnings, and skills;

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2) the current structure of the economy and jobs require advanced technologies and business strategies;

3) the distribution of earnings and wealth has been concentrated within the upper income group;

4) the growth of the labor market has been concentrated among jobs that are high wage, high skill, technically and professionally with full-time benefits and low-skill service jobs that are often part-time without benefits;

5) jobs that place a premium on education, skills and adaptability are inaccessible to the uneducated and inexperienced;

6) a large segment of low income wage earners are less educated, female and minority.

The implication then for those who shape and implement social policies as well as for those who are involved in social change (i.e., counseling profession) is to be aware of those social policies that have contributed to separating families. Efforts then should be re-evaluated and/or redirected toward providing the kinds of support necessary to assist women who are keepers of families to perform this task perhaps in ways that are socially acceptable.

African American women of low-income status are economically disadvantaged. This section focused on those barriers to employment, job retention and career advancement that impact the quality of life of African American women. Gender politics, family formation and a rapidly changing labor market were proposed as major contributors to the current status of this minority group.

The Effects of Unemployment and Underemployment

The economic consequences of unemployment are well documented. Researchers of mothers-child families suggest that these families are more financially devastated than any other type of family (Cox, 1996) and are the most economically disadvantaged women in the United States (Sexton, 1996). Families, particularly headed by single African American women, have extraordinary high rates of poverty (McLanahan, 1996; Wilson, 1996). Moreover, single mothers who are employed rarely earn enough to bring their families out of poverty.

Oftentimes these individuals become involved in the welfare system, a cyclic experience where many recipients move back and forth between welfare and low-income wage employment over many years (Brown, Gonzalass, Golonka, Hyland & Simon, 1998). This is especially true for some teen mothers whereby unemployment and underemployment rates are high (McWhirter et al., 1998).

Baynes-Smith (1996) described the plight of teenage mothers as having (a) longer stay on Aid for Dependent Children (AFDC) now known as Temporary Assistance for Needy Families (TANF), (b) inadequate education and career opportunities, (c) low paying jobs, (d) longer periods of unemployment, (e) unstable relationships, and (f) negative health status for the individual and children.

Another issue relative to this group is work place maturity that is vital to job retention. According to the National Governors' Association (1998), many do not understand the behavior and norms of the work place are the performance expectations of their employers, poor social and communication skills may also lead to interpersonal conflicts on the job. Other maturity issues that may serve as barriers includes absence,

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tardiness and job completion. These findings suggest the need for supportive services such as mentoring, conflict resolution, problem-solving and planning, back up support systems. Consequently, economic deprivation can lead to serious consequences for individuals, families and communities.

Individual Effects

Belle (1982) observed that women who become impoverished by unemployment are at high risk of serious mental health problems. Financial strain coupled with balancing multiple responsibilities, particularly young children as noted by Belle, predisposed to feelings of hopelessness, loss of energy and depression. According to Goldenberg and Goldenberg (1998) the economic standing of the individual causes stress that results from a fear of losing control over one's life as well as the life of dependent children. As suggested by Mednick (1987), locus of control over income and the feeling of being effective and self-sufficient are significant predictors of life satisfaction and reduced stress.

For example, Warren and McEacbren (1983) investigated the relationship between depressive symptomology and demographic and psychosocial variables. They argued that previous research had identified demographic factors as rush factors for depression in adult women. These researchers offered an alternative view, suggesting that psychosocial variables are more strongly associated with female depression. Demographic variables selected were age, education, annual family income, marital status, and employment status.

Psychosocial variables selected were perceived life control, social support, perceived accomplishment and derived identity. In an earlier study, Radhoff and Rae

(1979) in their work viewed perceived control as being relevant to depression focusing on the concepts of learned helplessness and negative cognitions. Social support as a moderator of life stress (Cobb, 1986) was believed to influence depressive susceptibility. Perceived accomplishments was emphasized as being an alternative for negative cognitions that creates self blame and ultimately contributes to a sense of powerlessness.

Derived identity was operationally defined by Warren and McEachren as a sense of self that is either influenced by or is dependent upon relationships with others. Of the four psychosocial correlates, perceived life control contributed more to the depression variance. This finding supports the proposition of two theories. One is the theory of learned helplessness as an outcome of female sex role socialization that fosters a helpless style of coping (Radloff, 1980). An alternative theory is offered by Warren and McEachren that though a depressed mood may precipitate less perceived control over one's life, generally people who feel in control are more likely to use positive coping skills facilitative of meeting life challenges. Noteworthy also was the significant contributions of identity and social support. It has been suggested that a dependency on external sources of support for a sense of identity and well being can contribute to mental health problems for women. The contribution of social support is consistent with previous research (Cobb, 1976), suggesting that as a moderator of stress, the absence of social support may lead to female depression.

The rationale for including derived identity was based on the assumptions that it has a significant influence on depression (Bernard, 1973; Carmen, Russo & Miller, 1981; Scarf, 1980). It was noted that although derived identity is believed to be an important component of depression, it has not been emphasized in the literature. As predicted in

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previous research, high depression scores were associated with demographic factors, but to a lesser degree than psychosocial factors. Findings were consistent with the hypothesis in that higher depression scores were associated with less perceived life control, less perceived accomplishments, higher derived identity, and social support. The most outstanding demographic correlates were age, education, and employment.

Relevant to this interpretation is that depression is inversely proportionate to these correlates. For example, research conducted by Radloff (1980) found younger age to be a depression risk factor. Education has been an important variable considered in many previous studies due to its influence on depression (Amenson & Lewinsohn, 1981; Radloff, 1975; Rothblatt, Garr & Sprague, 1979). Warren and McEachren concluded that higher education scores is perhaps indicative of knowledge and skills that facilitates coping ability and thus increases one's sense of competence, mastery and life control. Regarding employment, this sample included a large representation of single women (44%). Consistent with a study conducted by Warr and Parry (1982), psychological well being is positively associated with employment status for single women.

The researchers identified methodological shortcomings that may limit generalization of results: a non-random sample and a predominantly well educated as well as some employed women. Another constraint to generalization was that the sample was one that was void of clinical depression. Alternative samples in future research were highly recommended.

The results of this study have implications for counseling the unemployed and underemployed individuals who are experiencing the negative effects of their status. Assessment of both psychosocial and demographic factors will provide a more

comprehensive approach to identifying barriers. Appropriate strategies such as screening for depression and other problems can be initiated.

Effects on Children and Families

Children are particularly made vulnerable to unemployment. Amenities such as health insurance and other financial benefits are linked to employment, and are jeopardized when the mother is unemployed.

Other negatives have been identified that are far reaching. Jenecus and Duba (2002) identified a number of health problems experienced by children raised in unemployed families. Problems reported included poor self-image, substance abuse, depression, hypersensitivity, anxiety and other functional impairments. Despite these statistics, empirical studies on the relationship between characteristics of children and the mother's employment status are scarce. In light of this finding Youngblut et al. (1997) conducted research to investigate differences in child, mother and family factors for employed and non-employed single mothers of low birth weight (LBW) and full term preschool children. The sample was comprised of primarily low-income families of which 66.1% were African American, 39% White and 2% Hispanic. Youngblut found the health-related characteristics of the child affected the employment status of the mother minimally; mothers with LBW preschoolers were as likely to be employed as mothers with full-term preschoolers. Employed mothers had significantly more education than non-employed mothers and more positive attitudes toward employment than non-employed mothers. It was noteworthy that while non-employed mothers indicated a preference for work, they were not able to do so. Youngblut et al. cited lower education

as one plausible reason. "Lower job skills not only effect marketability but may not be sufficient to either obtain or maintain employment in today's labor market" (p. 261).

Findings also indicated that employment decreased as the number of children increased. This finding was supported by the supposition that motherhood for some women encourages a greater commitment to children than employment. Also, the greater number of children makes more economically difficult to provide supervision and care of children, especially considering cost against low wages.

Another significant finding was that children of employed mothers had more frequent hospitalizations. According to Youngblut et al. (1997), several explanations may account for this occurrence. First of all, participants in this study were considered low income. It was asserted that children of employed mothers may be at risk to more illnesses due to exposure to other children. It was also inferred that the mothers' employment may be a necessity to pay for acute illnesses associated with frequent hospitalizations. Moreover, insurance coverage is usually linked to employment that may be compromised by illness risk factors and therefore difficult to obtain.

Implications of this study could address governmental policy changes and research. The current changes in benefits to welfare (TANF) recipients were to motivate single mothers to work. This study supports the existence of motivation to work for both employed and unemployed mothers. Given the low-income status of both groups, perhaps more emphasis on educational attainment, job skills training, and affordable child care as opposed to culling benefits would be more beneficial. In terms of research, more empirical studies on other barriers to employment are essential in order to design interventions to avert the many problems that currently exist within this population.

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Similar findings were identified in an earlier study by Schwartzbert and Dytell (1988) who examined family stress and psychological well being among employed and non-employed mothers. It was reported that non-employed women had more and younger children than employed women and reported a greater number of aversive interactions with their children. It was suggested mother of preschool children are involved in one disturbance every 15 to 20 minutes (Fawl, 1963). Thus, non-employed women may experience a greater number of negative parent-child interactions (p. 19).

Another issue is the effect of the family's economic stress on adolescents in the family. Lempers and Lempers (1990) conducted a study to examine the relationships between family economic stress, parental support and adolescent distress. Maccoby and Martin (1983) found that stressed parents are more likely to be self-focused and non-supportive in their adolescent's parenting practices. Parental stress associated with adolescents may include depression, loneliness, delinquency, and substance abuse. Consistent with the findings of Maccoby and Martin were the findings of this study. The study indicated that parents of adolescents, when coping with a decrease in economic well being, actions might either be supporting (buffer) against undesirable consequences of adverse economic changes, or support may decrease. Thus, efforts should be made to protect children and adolescents against negative psychological impact of an economic decline. Specific strategies implemented should be aimed at making children feel secure and providing assurance that they are not responsible for the unemployment of parents (Jenicus & Duba, 2002).

In summary, the consequences of unemployment are not just an individual issue, but can be equally as traumatizing for both children and families. Thus the problem

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should be viewed from a systems perspective, with an emphasis on individualized age appropriate strategies for all family members.

Effect of Unemployment/Underemployment on the Community

Ultimately the community at large bears the burden of long-term unemployment. A major issue contributing to this occurrence is the length of time unemployed. Claussen (1994) suggests that the response to unemployment as contingent upon an individual's involvement in paid work and their marketability. In a study of long-term unemployment, Claussen examined psychological and biochemical induced stress by medical examination and psychometric tests. It was concluded that psychological distress often follows a lack of paid work and further reduces the chances of re-employment. Consistent with these findings were findings by Halter (1992). In a study of a homeless population, Halter reported that the longer some individuals were without income, the less employable they became.

Similarly, Harnish's (1999) research on long-term unemployment described a number of psychological effects. A summary of these effects included increased depression, anxiety, hostility, anger, fear and isolation. Adversities experienced by the unemployed over time generally relegate individuals to a category referred to by the welfare system, states and other localities as the "hard to place." Based upon labor market research, Fallon and Verry (1998) asserted that the most important factors that are demanded in the labor market are education, work experience, and health.

According to the National Governor's Association for Best Practices (2001), many of the hard to place individuals may have little if any job experience, very low basic skills, limited education, physical or mental disabilities, chronic health problems,

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development or learning disabilities, criminal records, substance abuse problems or may

be victims of violence. Additionally, they often must contend with the lack of available

jobs where they live and the problem of inadequate transportation and affordable child

care (p. 3). Additionally, Jenicus and Duba (2003) noted that psychological distress may

include substance abuse as well as the potential for suicide. Recent research suggests that

both suicide and alcohol abuse are becoming serious health problems among women.

Bayne-Smith (1996) argued that, particularly for African American women, the

rate of suicide attempts is greater than for African American males, White males or

females. She purports that suicide attempts among African American women are

associated with feelings of hopelessness, powerlessness and overall depression. Bayne-

Smith believes that African American women have increasingly turned to the use of

alcohol and other drugs as a reprieve against stereotypes and prejudices. Consequently

long-term exposure to distress has increased their vulnerability to both physical and

mental health risks which have ultimately affected their self concepts and feelings of

adequacy (Bayne-Smith, 1996, p. 59). Thus the long-term impact of unemployment on

the community becomes a critical public health issue in that impoverishment effects the

survival on both African American women and children.

Unemployment, Racial Identity, and Social Support

in African American Women

Suspending causation, some researchers have begun to look beyond the purview

of poverty to other social and environmental factors in an attempt to empower African

American women. Goldenberg and Goldenberg (1998) suggested that, given a history of

oppression and powerlessness, African Americans must learn to use power appropriately both within the family and with external systems in the community. Moreover, to become empowered means to become effective problem solvers and to take charge of one's life. Thomas and Velthouse (1999) speak to psychological empowerment with regards to work. According to these researchers, psychological empowerment is an intrinsic motivation based upon an individual's subjective interpretation of reality (p. 677). They suggest that four task-related cognitions encourage this type of motivation: self-determination, impact, meaning and competence. Based upon the theory of psychological empowerment achievement of these four cognitions influence one's thoughts, values, competence and ultimately their performance as related to work.

For the purpose of this study, both racial identity and social support are viewed as avenues to empowerment. Hobfall and Vaux (1993) discussed identity and social support as being related to the concept of "self."

Social support is the major vehicle by which individuals' resources are expanded beyond those resources that are contained in the self. Personal and social resources are integral aspects of people's identities. Thus people will strive to maintain social support both to protect their resources and in order to protect their identity. (p. 688)

Racial identity, according to McAdoo (1981), is a sub-concept of the self esteem. The self esteem influences attitudes, feelings and behaviors. Therefore African American women's attitudes and feelings about themselves (self esteem) will ultimately determine how they interact or use social support systems. While research findings have linked unemployment to negative psychological and emotional consequences, the outcomes of

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other research have suggested that a strong social support system is likely to mitigate these influences (Gore, 1978; Learlen, 1981; Sarason & Sarason, 1990). Several social support researchers support these findings. Warr (1985) found that unemployed individuals with low social support are more likely to experience psychological distress than those individuals with high levels of support. Self-esteem and locus of control were examined in a group of over 40-year-old unemployed males by Mallinckrodt and Fretz (1988). Gore (1978) investigated physical and mental consequences of unemployment on unemployed rural and urban men and found that rural men were less likely to experience psychological distress than urban males due to a large support network. She suggests that strong ethnic ties also play a major role in these findings.

Other researchers have investigated individual differential responses to life threatening events that interferes with social relationships, achievements, and autonomy. For example, Fryer and Payne (1984), in their research found that a group of unemployed men did not experience psychological distress due to leading active life styles. This study suggested that high levels of activity during unemployment plus social support may offset the negative experiences of unemployment.

Reynolds and Gilbert (1991) tested the prediction that among unemployed individuals depression is related to interactions between non-matching variables to include personal vulnerability (autonomy and sociotropy) and protective factors (activity and social support). The researchers used Beck's (1983) sociotropy-autonomy scale, theorizing that autonomy relates to independence, achievement, mobility and personal rights, while social dependency (sociotropy) relates to those who depend on relationships with other people for support and motivation. Consistent with previous research, the

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results indicated that unemployed people reported greater psychological distress based on a positive relationship between sociotropy and depression. An unexpected finding was that the interaction between sociotropy and social support was not confirmed as predicted. Nor was there an interaction between protective factors autonomy and social support as predicted.

The researchers pointed to the possibility of poor psychometric properties of the tool used to measure social support. Although it was suggested that methodological deficits posed limitations on generalizability, the researchers offered plausible explanations of their findings. Particularly noteworthy was the speculation that the results reflected findings associated with the Person-Environment Fit Theory (Cobb, 1974). This theory posits that stress comes about because of a mismatch between the needs, abilities or values of the person and the demand of the environment. In other words, with regards to unemployment and the findings of this study, psychological well being may be adversely affected if the environment of the unemployed person does not provide opportunities to match their needs. These findings have implications for the current study also.

Research has shown that a number of resources have been provided to low-income single parent women with few measurable results. Despite increased welfare expenditures, the passage of anti-discrimination laws, and implementation of affirmative action programs, African American families' socioeconomic position has worsened (Nichols-Casebolt 1988; Bayne-Smith, 1996). It seems that for African American women careful consideration should be given to "fitting" the appropriate resources to the needs of the individual as opposed to making resources fit. Another speculation regarding

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findings was the sociotrophic individuals may view unemployment as threatening because it disrupts their positive relationships with others. This is especially significant for those women who want to work and do so sporadically but are unable to continue work because extensive barriers to employment.

Last, subjective stress or appraisal of the severity of the situation may influence an individual's evaluation of the potential harm or benefit to one's well being. Lazarus and Folkman's (1984) theory of primary and secondary appraisal which indicates that primary appraisal is an individual's evaluation of a threat to well being. Secondary appraisal, on the hand, refers to the evaluation of strategies or behaviors that can prevent harm or increase the benefit of an event. It has been documented that low-income and long-term unemployment compromises coping and problem solving abilities. Assisting African American women to become empowered will facilitate confidence and an internal locus of control (Goldenberg & Goldenberg, 1998).

It is noteworthy that the aforementioned studies were all done on men, which perhaps place limitations in applying results to women. According to Leana and Feldman (1991), women's exclusion from unemployment research has been based largely on stereotypes regarding the value of work for women. That is, work is seen as less important to women's identity than it is to men's (p. 66).

While these assumptions may apply to some women, they do not uniformly represent all women, particularly those who are primary wage earners, those who support dependent children, those in non-traditional jobs and those who value and enjoy their work (Leana & Feldman, 1991). Unemployment may be even more devastating to

women than men given family status, alternate income sources, and changing societal expectations.

Research studies have also suggested that women tend to remain unemployed longer, are compromised in financial resources, and their ability to regain employment. Research suggests that women use different styles of coping than men. Warr and Perry (1982) report that single women in traditional male jobs may respond more negatively due to significance of employment to their lives.

Kopasci (1990) examined the effects of unemployment among women displaced from factory jobs due to plant closings. She used four predictor variables (social isolation, individual vigor, self esteem, and stress) to determine mental health outcomes. The research was based on the belief that limited options for blue collared unemployed women may reflect economic losses as well as a decline in well being. Results showed that perceived economic loss was positively associated with all four mental health outcomes. Social supports in this study were not adequate to improve well being in relation to perceived economic loss. Consistent with previous research was the finding that younger women experienced more social isolation, less individual vigor, and lower self esteem.

Of relevance to the current study, Leana and Feldman (1991) proposed that women respond differently from men in their approach to social support when unemployed. El-Bassel (1989) examined factors that influenced female city workers' return to work following short term disability. The study focused on the relationship between social support and well being with regards to social support systems. Six variables were identified to predict length of employment to include (1) severity of

illness, (2) general well being, (3) type of disability (physical or mental), (4) quality of support from family and friends, (5) job tenure, and (6) perceived financial stress. Findings indicated a relationship between social support and well being on four variables: (1) perceived financial stress, (2) job satisfaction, (3) quality of support from family and friends, and (4) quality of support from friends. Findings also showed that mentally disabled participants remained longer on short term disability than those who were physically disabled. The significance of these findings supports previous research regarding the relationship between social support and well being in mitigating return to work. Findings also implied that those who are mentally disabled are at greater risk of leaving the work force.

Lindblad-Goldberg (1989), in her study of low-income African American female-headed families, offered alternative views regarding social support systems. She contends that successful adaptation of these families were contingent upon three factors: family resources, environmental stress, and social network resources. In this triad, the family resources involve identifying strengths and using resources appropriately in the face of changing events. Second, the mother's ability to maintain control and mastery through effective coping facilitates adaptation. Third, the family's ability to mobilize external resources (i.e., friends, family networks) is essential. Lindblad-Goldbert purports that stability and family competence can be maintained with the combination of these factors. Lindblad-Goldberg noted that the reciprocal interaction of these three factors can facilitate competence and stability within these families despite an absent mate.

The negative aspects of the absent African American male contribution to the family has been well documented. According to Jackson (1999), what has largely been

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neglected, however, are factors other than economic contributions that might affect the well being of single mothers and children. Jackson (1999), in a study of former welfare recipients and their preschool children, examined the influence of the presence of non-resident fathers on maternal depression and child problem behaviors. One hundred eighty eight *(N = 188)* low-income employed and non-employed single African American mothers and their 3- and 4-year old toddlers were included. The research is based on the works of Furstenberg and Harris (1992) and Hawkins and Eggebeen's (1991) suggestions that non-resident fathers' involvement in children's upbringing can buffer the harmful effects of single parenting. Results indicated that maternal employment status positively affects the non-resident father's relations with both mother and child, and improved psychological well being for both. Non-employed mothers displayed higher parental stress and depression symptoms. Significant also were findings that indicated a positive relationship between parental stress, lower educational status and higher depression scores as well as a lack of child support or contact from the non-resident father.

The implications of the study suggests that employment may be a protective factor for single African American mothers, especially when economic or other forms of social support are not provided by fathers. It also seems that a combination of meaningful employment, paternal participation, education attainment and quality child care is essential in promoting the psychological well being of single African American mothers.

Uehara (1994) provided an alternative view regarding the influence view regarding the influence of social support mobilization among low-income African American women. She explored social support in terms of analysis of two types of resources: (1) the primary zone — or those links among and between the report receiver

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and those directly link to the receiver of support; (2) the secondary zone — viewed as the primary zone plus ties between persons connected directly to social support providers but not to the receiver. The suggestion that expanding one's social support network to the secondary zone as a mean of creating more extensive connections beyond family and friends. This research appears to have utility for those individuals who have limited support systems and require assistance in identifying resources.

According to Dilworth-Anderson (1996), the future kinship network is one of the many strengths of the African American family socialization system. The influence of this social network has been historically served as a positive influence on the self concept of African Americans and a significant element of African American identity development. Thus this influence should be considered by counselors when assisting African American women in the development of flexible but stable support systems.

Summary

Women's participation in the workplace has created both career opportunities and risks. While women have achieved significant gains in the work force, career opportunities have been stymied by barriers such as inequities in pay and advancement. African American women of low-income status are particularly vulnerable due to the economic consequences of unemployment or underemployment. Major factors to this occurrence are sociohistorical events, gender politics, family structure, and a rapidly changing labor market. Research shows that the effects of unemployment are far reaching, devastating individuals, children, communities and ultimately society. Research studies suggest strategies aimed at assisting women to develop an internal locus of

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control are believed to produce a psychological empowerment and thus a sense of well

being. A positive racial identity and a strong support system are viewed as possible

avenues of empowerment to mitigate the negative consequences of unemployment.

III. METHODOLOGY

This chapter is divided into the following sections: (a) Participants, (b) Instruments, and (c) Procedure.

Procedures

Permission to conduct this study was requested from Auburn University Human Subjects Review Board, the Departments of Human Resources (DHR) Family Assistance Division, and the DHR Commissioner (see Appendix A). The DHR is a state administered agency whose mission is to provide family stability, and to provide for the safety and self-sufficiency of vulnerable Alabamians. DHR has central agencies in every county in Alabama. Counties included in this study are Dallas, Macon, and Russell. These counties are known in the "Black Belt" region as being characterized by high rates of unemployment, poverty, and health disparities. Lee and Montgomery counties are also included because of their close proximity to the Black Belt region and similar employment characteristics. The DHR Family Services Division Office will notify, by letter, the participating agencies of the researcher's approval to collect data.

Participants in this study were individuals awaiting services in a designated meeting area. They were administered two surveys which included a demographic profile. The researcher described the nature of the study and assured participants of

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anonymity via a Letter of Solicitation (see Appendix B). Participants were also made

aware of their eligibility to take part in a cash prize drawing for $250 once they decided

to participate in the study. Those who agree to participate were guided through the

process as outlined in the assessment instructions (see Appendix C).

Participants

Two hundred (200) African American women ages 19 to 50 years of age were

recruited to participate in this study. The participants are clients of the State of Alabama

Department of Human Resources (DHR), a public agency whose primary goal is to assist

individuals and families to be self-sufficient. The DHR has sites located in each county

throughout the State of Alabama. Counties included in this study are Dallas, Lee, Macon,

Russell, and Montgomery. These counties have DHR agencies with the highest numbers

of clients that will yield adequate sample sizes.

Participants were solicited to participate in the study from among the members of

the Agency based on the following criteria: African American women, unemployed or

employed part-time, and receiving some form of public assistance (such as Temporary

Assistance for Needy Families (TANF)) or child care subsidies.

The majority of the participants are single (82.5%), unemployed (62%) with three

or more children (62%). More than 81.5% had completed high school or beyond. Mean

age of the sample was 30.42 years (SD = 8.68). With regard to income, 78% indicated

that their yearly salary was less than adequate.

Table 1

Frequency Distribution for Sample Demmographics

Variable	Frequency of Response	
	N	%
Age		
19-29	103	51.5
30-40	55	27.5
41-50	42	21
Marital Status		
Married	35	17.5
Single	165	82.5
Living with Someone		
Yes	62	31
No	138	69
Children		
Yes	161	80.5
No	39	19.5
Other Dependents in Care		
0-1	73	36.5
2-3	101	50.5
4-5	23	11.5
6+	3	1.5
Number Dependents in Care		
0	182	91
1	12	6
2	6	3

Table 1 (continued)

Variable	Frequency of Responses	
	N	%
Years in School Past 8th Grade		
0 years	4	2
1-3 years	33	16.5
4 years	103	51.5
5-7 years	46	23
8-10 years	14	7
Current Work Situation		
Full time (35 hrs/week or more)	44	22
Part time (less than 35 hrs/wk)	29	14.5
Temporary Employment	3	1.5
Unemployed, Seeking Work	100	50
Unemployed, Not Seeking Work	24	12
Number Years Held a Job		
0 years	23	11.5
1-8 years	122	61
9-15 years	35	19
16-30 years	17	8.5
Access to Transportation		
Yes	67	33.5
No	133	66.5
Reliable Childcare		
Yes	59	29.5
No	141	70.5
Cannot Drive		
Yes	26	13
No	174	87

(table continues)

Table 1 (continued)

Variable	Frequency of Response	
	N	%
Do Not Have State Issued Driver's License		
Yes	38	19
No	162	81
Health Issues – Child		
Yes	32	16
No	168	84
Health Issues – Self		
Yes	49	24.5
No	151	75.5
Other		
Yes	4	2
No	196	98
Need Training to Improve Job Skills		
Yes	73	36.5
No	127	63.5
Problems with Supervisor or Co-workers		
Yes	19	9.5
No	181	90.5
Types of Public Assistance Received		
TANF		
Yes	18	9
No	182	91
Food Stamps		
Yes	128	64
No	72	36

(table continues)

Table 1 (continued

Variable	Frequency of Response	
	N	%
Medicaid		
Yes	103	51.5
No	97	48.5
Childcare Assistance		
Yes	24	12
No	176	88
Description of Yearly Income		
More Than Adequate	7	3.5
Adequate	37	18.5
Less Than Adequate	156	78

Instruments

For the purpose of this study, two multi-dimensional attitude surveys are used to capture the unique variables identified within the review of literature. As previously established in Chapter 2, racial identity and social support were identified to be the central themes in this study. Research questions were developed based on Cutrona and Russell's (1990) Model of Social Support and Helms' (1990) Racial Identity Theory. They are:

1.   What is the direct effect of racial identity on the employment status of African American women?

2.	What is the indirect effect of racial identity on the employment status of African American women as mediated by social support?

Personal Data Sheet

Specific demographic information such as age, level of education, marital status, number of children/dependents, employment status, work history, work place challenges, and all support services currently being received by family will be collected (see Appendix C).

Black Racial Identity Scale (BRAIS)

The first survey used is the Black Racial Identity Scale (BRAIS). The participants were asked to respond to a series of statements by circling the responses that most appeal to their personal feelings. There are four scores on a 50-item BRAIS representing the stages of racial identity (pre-encounter, encounter, immersion-emersion, and internalization). Scores for each of the four subscales are obtained by adding the responses to each item of each subscale and dividing by the number of items contained in that subscale. The resulting scores on each scale could range from 1 to 5, with higher scores indicating stronger endorsement of the attitude that scale represents.

The BRAIS was designed to measure the stages of Black identity development through the concept of "nigrescence, or the psychology of becoming Black" (Cross, 1996, p. 94). Reliabilities for the BRAIS instrument reported by Helms (1990) are .69 for the Pre-encounter subscale, .50 for the Encounter subscale, .67 for the Immersion/ Emersion subscale, and .80 for the Internalization subscale (see Appendix D).

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Social Provision Scale (SPS)

The second survey is the Social Provision Scale (SPS; Cutrona & Russell, 1987). This scale is a measure of social support based on Weiss' (1974) typology of social relationships. This model maintains that the essential elements of social support are provided to an individual through different social relationships which are categorized into six subscales (Social Integration, Reassurance of Worth, Reliable Alliances, Guidance, Opportunities for the nurturance and care of others. The 24-item questionnaire requires respondents to rate, on a four-point Likert scale, the degree to which each type of support is being provided by one of the relationships. The measure yields a total score that serves as an overall index of supportive relationships and separate subscales for each of the distinct components. Reliability coefficients range from .84 to .92 (Russell & Cutrona, 1984). Alpha coefficients for subscales range from .64 – .76 and the test-retest reliability for the total score was .55 (Cutrona, Russell, & Rose, 1986) (see Appendix C).

For this study the internal consistency among the racial identity statuses and social support subscales, Cronbach's alpha coefficients were estimated for each factor to identify items that loaded significantly but did not improve the overall consistency of the factor of reference. The Cronbach's alpha values for racial identity statuses were modest (.633) and higher for the social support subscales (.844). Although the internalization scale loaded negatively, the decision was made to not delete any items to improve the alpha scores.

IV. RESULTS

Descriptive and inferential statistics were employed to analyze the data from the responses of participants of the study. Three levels of analyses were employed to provide a comprehensive view of results examining all related issues pertinent to the study. The first level included descriptive statistics to analyze the mean scores and standard deviations on research instrument items related to racial identity and social support.

The second level of analysis Correlation and reliabilities statistics were calculated for each of the measures of racial identity (BRIAS) and social support (SPS). This was followed by the use of inferential statistics to determine any significant differences among the subscales of the BRIAS and the (SPS).

The third level of analysis focused on the use of path analysis to determine potential associations and the strength of such associations among racial identity and social support and employment status.

Descriptive Analyses

Racial Identity

Means and standard deviations for Racial Identity as measured by the BRIAS is shown in Table 2 indicating that the participants strongly agreed with items on the internalization subscale more frequently than items on other subscales. A profile plot

(Figure 1) of the estimated marginal means further illustrates differential endorsement of the Racial Identity Statuses.

Table 2

Means for Each of the Subscales of Racial Identity

Descriptive Statistics	Mean	Standard Deviation	N
Pre_Enc_AVG	1.9823	.57148	199
Post_Enc_AVG	2.2305	.76315	199
Immer_AVG	2.7229	.64432	199
Emer-AVG	3.8222	.58540	199
Inter_AVG	4.1871	.50052	199
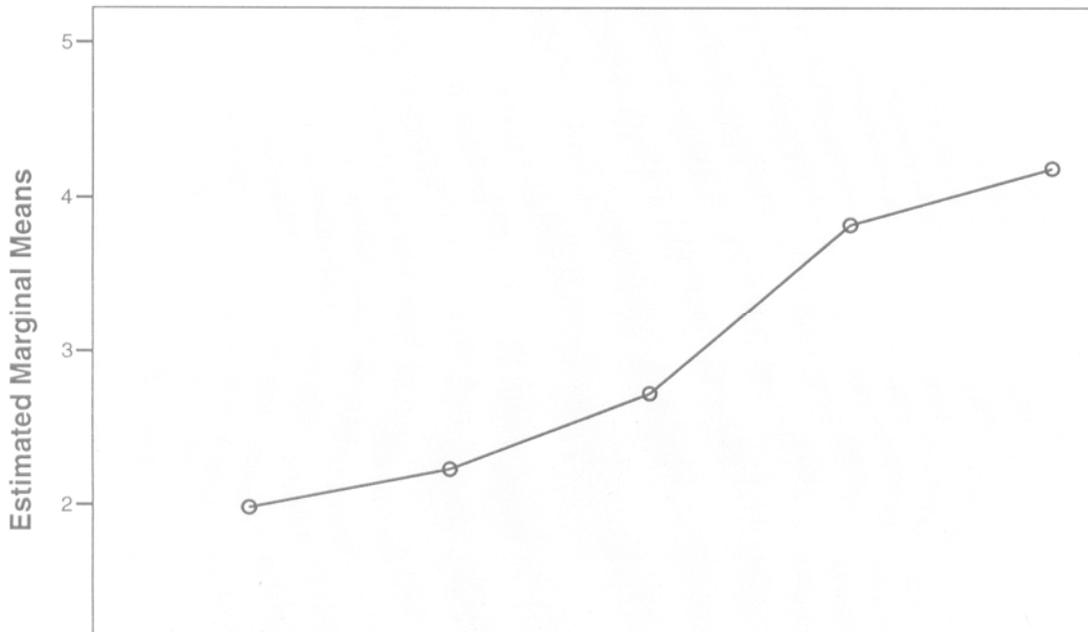
Figure 1. Estimated Marginal Means of Racial Identity Statuses

The multivariate difference test shown in Table 2 (F, (4,195)) 387.559; p < .001) suggests a highly significant difference between the groups endorsing the different subscales. A Wilk's Lambda was completed to explain variance and effect size. Table 2 shows a strong effect size (.89). In addition, the proportion of total variance (88%) in the racial identity scores is explained by differences among the groups.

Social Support

Means and standard deviations of scores on the SPS which measures social support are shown in Table 3. The endorsement of the subscales, though statistically different from each other (F (5,195)) = 7.269; p < .05) have little practical difference (Wilk's Lambda = .157, accounted for only 16% of the variance in this study [Cohen,

1988]). A profile plot (Figure 2) of the estimated marginal means illustrates the similarity of scale item endorsements of the social support subscales.

Table 3

Social Support Means for Each Subscale of Social Support

	Mean	Standard Deviation	N
Guide_AVG	3.3038	.64964	200
Worth_AVG	3.0450	.60242	200
Social_AVG	3.1963	.55979	200
Attach_AVG	3.1825	.59769	200
Nurt_AVG	3.1775	.58648	200
Alliance_AVG	3.1775	.63730	200
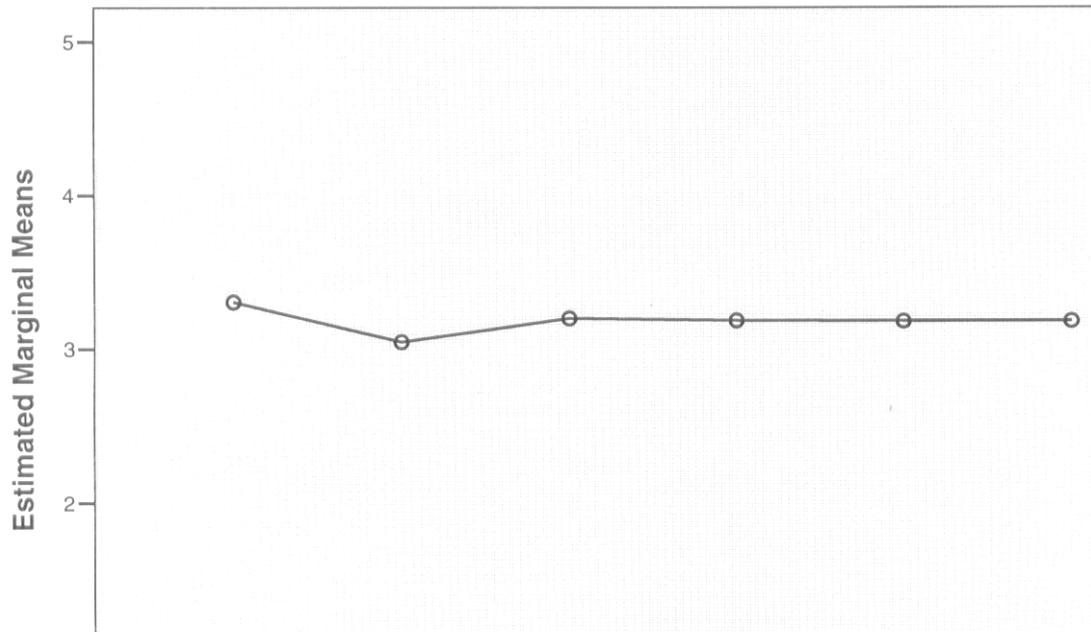
Figure 2. Estimated Marginal Means of Social Support Subscales

Employment Status

Frequencies and percentages for type of employment status work status are presented in Table 4 representing five categories: 1) employed full time (<35 hours/week), 2) employed part time (> 35 hours/week), 3) temporary employment, 4) unemployed (seeking work), and 5) unemployed (not seeking work). Noteworthy is the restricted range of scores. The majority of the respondents (50%) are unemployed seeking work (TYPE 4), while only 22% are employed (TYPE 1). Seventy-two percent (72%) of the scores are found in these categories.

Table 4

Frequency Distribution for Employment Situation

Variable		Response	
		N	Percent
Type	Work Status		
1	Full time	44	22
2	Part time	29	14.5
3	Temporary	3	1.5
4	Unemployed (seeking work)	100	50
5	Employed (not seeking work	24	12

Research Questions

Path analysis using structural equation modeling and Amos software was conducted to answer the two research questions in this study: 1) Is there a direct effect of racial identity on employment status? and 2) Is there an indirect effect of racial identity of employment status when mediated by social support?

The purpose of path analysis is to "provide estimates of the magnitude and significance of hypothesized causal relationships among variables (Bordon & Abbott, 1991). The results are expressed in the form of a path diagram. In this study racial identity was treated as the independent or exogenous variable, employment status as the

endogenous variable, and social support as the mediating variable. There were no

significant direct (research question 1) or indirect (Research Question 2) correlations

between racial identity and work status. The results of the path analytic findings are

shown in a path diagram in Figure 3.
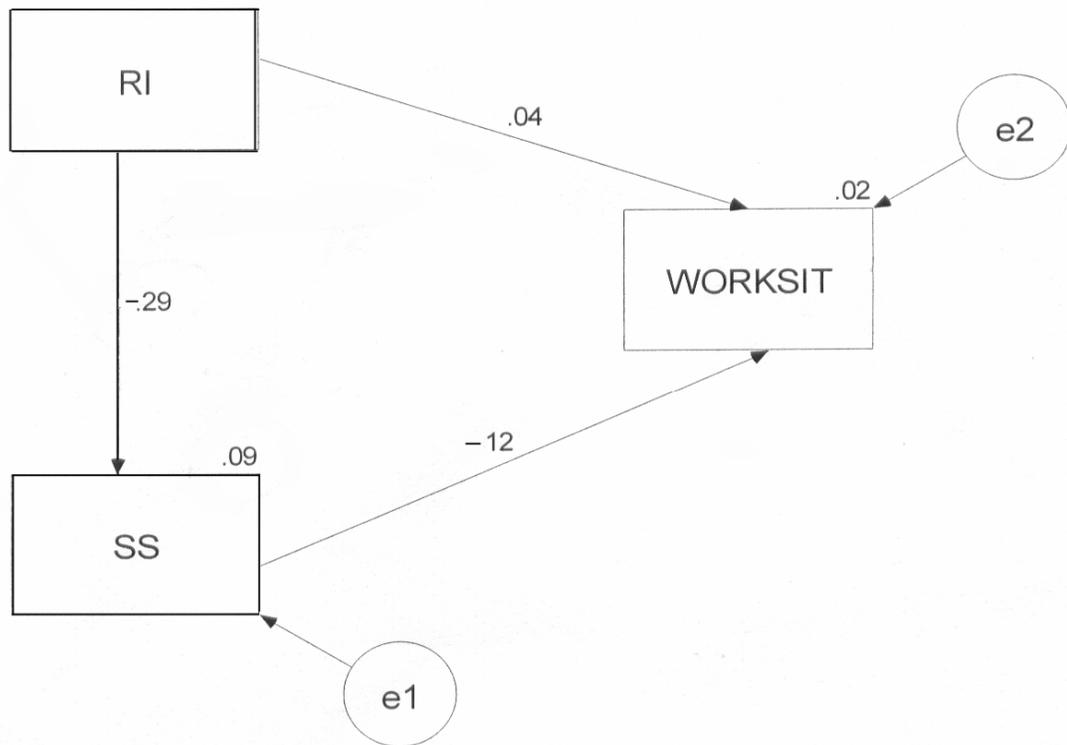
Figure 3. Path Diagram of Correlations between Racial Identity and Work Status

A priori analysis was done to determine the percentage of total variance

accounted for by each factor. Racial identity as shown in the path diagram (Figure 3) was

significantly inversely associated with social support (-.29). Furthermore, racial identity

explains only a moderate amount of the variance (9%) in social support scores.

In summary, the results of inferential and path analyses showed no empirical support for either the direct or indirect association of the racial identity and social support variables and employment status. However the racial identity measure was weakly and inversely related to social support and accounted for a moderate amount of variance in social support.

V. DISCUSSION, IMPLICATIONS, LIMITATIONS AND CONCLUSIONS

Researchers have purported that race, social support and work are related to psychological variables in women (Cutrona & Russell, 1990; Helms 1990; Parham & Helms, 1981, 1985a, 1985b; Mallinckrodt & Bennett, 1992). These findings provided empirical support for the current study that examines the relationship between racial identity, social support and the employment status of African American women. The study was conducted using Helm's (1990) theory of racial identity and Cutrona and Russell's (1990) social support theory of optimal matching. It was theorized that the racial identity statuses of the women in the study would directly influence their employment statuses. In addition, it was conjectured that the degree of match between the women's stressors and their social support experiences would moderate that relationship.

A particularly noteworthy aspect of the current study is its focus on a large sample of African-American women who have heretofore not been the subject of much research regarding their employment experiences, social support and racial identity. The results provided new information about the demographic characteristics of African American women in a state (Alabama) with a higher proportion of African American women than is the case nationally (Institute for Women's Policy Research, 2004). More specifically the current study found that this sample of 200 African American women were older (mean age: 30.42) than participants in other studies of racial identity (Parham & Helms, 1985a,

1985b; Sanchez & Carter, 2005). The participants were more educated than African American women in Alabama where this study was conducted. More of the participants had completed high school or beyond (81.5%) than the general population of African American women in Alabama and in the US (*The Status of Women in Alabama*, 2004). The employment status of the participants' experience was also unique, i.e., the average number of years worked is 6.4. Comparative data from *The Status of Women in Alabama* (2004) suggests that women in Alabama are less likely to be in the labor force than women in all but six other states. In this study the participants were particularly challenged by their employment status as 62% of them were unemployed. The unemployment rate for the state of Alabama 2000-2004 was 5.7% compared to the nation's rate of 5.5% (Office of Primary Care and Rural Health Development, 2004). Additionally the unemployment rate is significantly higher in the state's rural counties, particularly the "Black Belt" region (11.3%) where participants from two of the five counties in the study were located.

African American women in Alabama are the most likely group of women to live in poverty in the state (*The Status of Women in Alabama*, 2004). Commensurate with this data, 51.5% of the study participants indicated they received public assistance in the form of Medicaid. The poverty status of the women in this study may be indicative of their life circumstances in that 69% are not living with a spouse or partner and 63.5% have 2 or more children. Almost one-third (1/3) of the participants have no reliable childcare (29.5%); 2/3 have no access to transportation (66.5%). Finally, 24.5% report their own health issues are a hindrance to employment and 36.5% report the need for training to improve their job skills.

General Findings

Racial Identity

An important finding of this study with implications for Helms' theory of racial identity development is that this group of 200 African American women, most of whom are unemployed but moderately well educated, caring for multiple children without the aid of a partner in the home, and in need of public assistance most frequently endorsed attitudes of the highest level of racial identity status in the Helms theme. Their attitudes reflect an appreciation for a broad range of socioracial groups and ideas, a positive sense of self, and the acceptance of a positive racial group identification (Helms, 1990; Helms & Piper, 1984). Heretofore, there have been no studies of the racial identity status attitudes of impoverished African American women. The guiding hypothesis has been that economic deprivation is equated with a negative attitude toward those who have a higher socio-economic status.

This hypothesis was not supported by Helm's (1990) review of different research on relationships between racial identity and social class. In conducting a study on social class and racial identity, Carter and Helms (1988) found no significant relationship between the two variables. The current findings in part may be related to education and workforce experience. The effect of higher education (30% of this sample) has been associated with increased knowledge and skills that encourages achievement. According to Langan-Fox and Omodei (1990), "awareness of the value of an education to professional attainment, especially for those of working and low income backgrounds can encourage achievement." Another explanation of this finding is related to the workforce experience of some of the participants. Cook (2002) suggested that diversity of the

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workplace may enhance coping strategies that are sufficient to shield against environmental inequities while maintaining self worth. They may have learned to manage the contradictions inherent in their situations. As women with internalization status racial identity attitudes they are aware of social injustices (Helms, 1990) and cultivate socially acceptable means of managing and responding to inequalities (e.g. in job search).

To elaborate on Helms' theory it is important to note that there was no significant direct relationship between racial identity status and employment status (Research Question 1). Although the women in this study were advanced in terms of their racial identity attitudes, the endorsement of those attitudes did not in any way predict their employment status. Why would there be high rates of unemployment among moderately educated women who endorse attitudes that would appear to be positive for the workplace, e.g., positive attitudes toward their own and other' socio-racial groups and a positive sense of self? Internal factors may account for some of this discrepancy as one-third of the women report the need for additional job skills as a hindrance to employment. However, a preponderance of environmental inhibitory factors appear to explain the circumstances of these women when their unemployment rate as a group is 62% in an area where the unemployment of the general population is 11.3% (Alabama's "Black Belt"). Lingering racial and gender bias and lack of social infrastructure to support employment (childcare, transportation) present overwhelming barriers even to these educated women with positive racial identity attitudes who use the social support mechanisms available to them.

Social Support

The findings of the study also have implications for the Optimal Matching Theory of Cutrona and Russell (1990). The African American women in this study indicated that they received all of the types of social support reflected in the subscales of the research instrument (i.e., guidance, being valued by others, social acceptance, positive relationships, nurturing of others, alliances and connections with dependable others). These findings are consistent with the theory espoused by Cutrona and Russell (1990) that implies unemployed persons should use a broad spectrum of social support mechanisms to offset (optimally match) the stressors created by their employment status. There may be gender implications in findings of the current study that Cutrona and Russell (1990) found the unemployed male participants in their study relied on a limited range of social support mechanisms (alliances and nurturance) to offset stressors.

To elaborate on Optimal Matching Theory it is important to note that there was no significant relationship between social support mechanisms or level of use and employment status. Although the women in this study used a full range of social support mechanisms, the use of these mechanisms did not in any way predict their employment status. Leana and Feldman (1991) offered a different perspective on women and their use of support systems. When compared to men, women were found to use a symptom focused approach rather than a problem solving approach to unemployment. This suggests that coping strategies were focused on alleviating the psychosocial symptoms of stress by talking to others. Women in the current study were very successful in using support mechanisms that optimally match and reduce the psychosocial stressors (symptoms) of unemployment.

Problem solving coping strategies might have facilitated a successful search for employment. However, we must recall that the women in the present study were encumbered by environmental problems (lack of transportation and childcare, health issues) that are not amenable to personal problem solving strategies. These systemic hindrances to employment may shed some light on why men become employed more quickly after unemployment than do women (Gilbert, 1991).

Racial Identity and Social Support

To elaborate on other findings of this study it is important to note that there was no significant relationship between racial identity status and employment status when mediated by social support (Research Question 2). In fact racial identity was found to be significantly inversely related to social support, although the magnitude of this relationship was small. Specifically, those women with complex racial identity attitudes (internalization) were less likely to report that they receive social support. There are several possible explanations for this finding. However, the moderate level of variance of social support scores predicted by racial identity (9%) calls for caution in interpretation of these results.

<center>Implications of the Study</center>

Implications for Counseling

Regardless of the findings there are dynamics of this study that have implications for counseling and counselor education, and research. First counselors must examine and understand personal biases and beliefs regarding race gender and ethnicity. According to Cook, Heppner and O'Brien (2002) counselors' worldview have been molded by

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personal and professional socialization and experiences. Counselors, specifically career counselors must have an awareness of diversity, diversity skills, creativity and the insight to acknowledge the social and economic injustices that African American women face in today's society.

The findings of this study indicated that African American women endorsed all forms of social support equally, suggesting that they may be best served when a diverse range of strategies and interventions are utilized. For the counselor, this may involve expanding the helping process to include roles that will address the needs of culturally diverse clients.

Atkinson, Thompson and Grant (193) proposed a model of multicultural counseling to facilitate understanding unique issues that clients bring to the helping relationship. Among these roles are adviser, consultant, advocate, and change agent, facilitator of indigenous support systems, facilitators of indigenous healing methods, counselor and psychotherapist (p. 213).

Length of time of unemployment has been associated with psychological distress (Cook, 2002). Career counselors must be adept in psychological assessment to identify psychological distress (e.g. anxiety, depression) associated with job loss.

Counselors must also understand the help seeking behaviors of clients. Among some African Americans there is a social stigma to seek help for problems because personal and family resiliencies are valued (Dalely, Jennings, Beckett & Leshore, 1995).

Awareness of the help seeking behaviors of African American women may prevent them from aborting counseling. An internalizing person's rational approach to life prevents her from acknowledging feelings (Helms 1990) about injustices in life.

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Counselors must be empathetic listeners to discern when problems may or may not be related to being African American women, in addition to unemployment concerns, have a myriad of competing priorities (e.g. single head of household, children and other dependents, health, low income) that may influence psychological well being. Counselors can assist by helping African American women to identify strengths, set goals, and establish priorities between taking care of others and self. Importantly counselors must be aware of their own levels of racial identity to enhance their understanding of personal biases and stereotypes as well as to develop insight about race, class and gender issues that may apply to themselves and various ethnic minority individuals and groups.

Career counselors could also benefit their clients through group work. Empirical findings support the use of group work as an effective intervention (Brisnon & Lee 1997; William, Frame & Green, 1999) for homogenous African Americans particularly, because this venue provides a safe environment for clients who have shared cultural experiences (Brown, Lipford-Sanders & Shaw, 1995).

Findings in this study show the participants to be low on social support, and high on racial identity which supports the belief that these women would be more likely to rely on a pre-existing supportive network as coping sources or prefer to problem themselves rather than seek professional help. Counselors must be aware of the cultural context in which this behavior occurs have implications for the acceptability of treatment by African American women.

Finally, counselors must be socially aware and politically astute regarding work place issues so they can be change agents and advocates for environmental and societal change. A high racial identity attitude (e.g. Internalizations) does little to change

workplace inequities or hiring practices. Career counselors can advocate for legislative changes through professional organizations to restructure the workplace to meet the needs unemployed African American. Additionally career counselors can empower African American women to change the structure of the workplace by empowering women in terms of negotiation skills, career management skills, and access to legal education and community support systems. Career counselors must expand counseling strategies and interventions to effectively meet the complex needs of African American women experiencing both unique and shared group experiences.

Implications for Research

Attention to multiculturalism in counseling and counseling education will obviously mandate a paradigm shift in how research in conducted. Since the relationship between racial identity and social support has not been explored previously among any population besides the current study, the research field is open for exploring these two variables with a variety of samples. Racial identity (internalizing) attitudes accounted for a significant amount of the covariance in the study. Further research is necessary to further explore racial identity, social support and other variables to shed light on how African American women cope with unemployment. Future research is also needed to better understand factors that affect the mental well being of African American women and their use of resources.

It would also be beneficial in the future to use a longitudinal design as this will allow for a better test of the social support mediation hypotheses. Since mediators are considered in between variables, it is perhaps more theoretically appropriate to gather data on perceptions of support during specific intervals of crises. For example

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Mallinckrodt (1992) suggested collecting data regarding social support at various intervals. This approach might provide insight regarding kinds and levels of social support needed.

Implications for Counselor Education

There are implications for counselor education that were drawn from this study. The call for expanding counseling strategies and interventions to meet the complex needs of the participants in this study requires rethinking educational strategies as well. A goal of career counselors is to assist clients to develop vocationally. It is noteworthy that for many low income people, employment takes precedent over career p1anning. Thus, considering what is culturally relevant to clients is paramount to preventing conflicting client counselor priorities.

The educational setting is where counselor trainees should become adept in conducting psychological assessments to determine psychological distress that may be obscured by financial needs. For example African American women in this study the priority may be getting a job. However a thorough assessment may tease out underlying psychological issues that need to be addressed prior to employment. Moreover if the RIAS is to be used as a counseling tool counselors should be educated on how to use this tool (among others) and the significance of racial identity, theirs and the client's. This awareness is to promote mutuality between the client and counselor trainees regarding the counseling treatment plan. Limited insight about the levels of racial identity may result in a lack of awareness of when the counselor's racial identity attitudes conflict with the client's, misinterpretation of the client's behavior, and ineffective counseling outcomes. Ultimately, understanding RIAS and social support systems might assist counselors and

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counselor educators to design appropriate interventions to match the client's needs for social support.

An important goal of counselor education should be to guide counselors in understanding diversity at all levels to meet the complex needs of diverse clients. According to Harley, Jolivette, McCormick and Tice (2002), race, class and gender issues are critical issues that counselors must understand in order to understand consumers. This will involve expanding multicultural training and competency programs such that they are more holistic, multidimensional reality based and meet cultural competency standards (Harley et al., 2002). Constantine (2002) suggested curricular strategies that embrace this approach to include: (1) inclusion of multicultural content in courses that apply to vulnerable populations deliberately and systematically, (2) expanding counselor roles beyond that of counselor and psychotherapist, and (3) encouraging students to be active participants with diverse cultures to learn their cultural values. Ultimately, counselor education should strive to move multicultural education and training from traditional forms of counseling to a more non-multidimensional perspective. Finally, attention needs to be given to Advocacy training so that counselors can partner with clients in managing environmental and societal issues.

Limitations of the Study

There are limitations to this study that should be considered. First, method of sample selection was an issue. Participants were African American women who chose to participate while waiting for supportive services in a public agency. There were no measures to determine why some women chose to participate (after an explanation of the

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study) while others did not. Bordens and Abbott (1991) indicated that a restricted range of scores such as found in this study or the variability of scores within two measures may influence the RIAS reliability.

Another area of the study affected by a restricted range of scores is the homogeneity of the work statuses of the participants. The majority of scores (72%) were reflected in two of five choices which prevents inferences made about the other choices. The results of the study therefore do not provide useful data about a range of employment statuses. Future research might assess how African Americans perceive and process racial information as well as environmental inequities as these perceptions could relate to employment status.

This study, though limited in several ways, has notable strengths. The researcher is unaware of any existing research design that has studied the correlates of racial identity and social support believing the current study to be a first. This study is also among the few that has used a more robust, non student sample, with a more diverse population of women.

Conclusions

This study has charted new waters in the understanding of unemployment among economically challenged African American women. In particular, racial identity, social support and employment status are three powerful constructs that are aspects of self that affect psychological functioning and mental health. This study lends support to the importance of the need for further research in this area. As such researchers and practitioners will be better able to develop research strategies, system change efforts, and

counseling interventions to address issues and concerns that are unique to African

American women.

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APPENDICES

APPENDIX A

PERSONAL DATA SHEET

Personal Data Sheet

1. What is your age? _____

2. Marital Status

   Married: _____ Yes _____ No   Single: _____ Yes _____ No

   Living with someone: _____ Yes _____ No

3. Do you have children in your care?

   A. _____ Yes   B. _____ No

4. Do you have other dependents in your care?

   A. _____ Yes   B. _____ No

5. How many do you have?

   A. _____ Children   B. _____ Other Dependents

6. How many years of education past 8th grade?

   1. ____ Eighth grade
   2. ____ Some high school
   3. ____ High school diploma
   4. ____ Adult Basic Education (GED)
   5. ____ Some college / technical school
   6. ____ Associate or Bachelor's degree

7. What is your current work situation?

   1. ____ Employed full time (35 hours or more per week)
   2. ____ Employed part time (less than 35 hours per week)
   3. ____ Temporary employment
   4. ____ Unemployed (seeking work)
   5. ____ Unemployed (not seeking work)

8. Since completing your highest level of education, approximately how many years have you held a job? _____ Years

9.   Which of the following areas have caused problems with your work situation?
      (Check all that apply)

    A. ___ Access to transportation   ___ Yes   ___ No
    B. ___ Reliable child care   ___ Yes   ___ No
    C. ___ Can not drive   ___ Yes   ___ No
    D. ___ Do not have a state-issued driver's license   ___ Yes   ___ No
    E. ___ Health problems:

        ❑ child   ___ Yes   ___ No
        ❑ self   ___ Yes   ___ No
        ❑ other dependent(s)   ___ Yes   ___ No

    F. ___ Need training to improve job skills   ___ Yes   ___ No
    8. ___ Unable to get along with supervisor or co-workers ___ Yes ___ No

10.   Which of the following forms of public assistance are you currently receiving?

    A. ___ TANF (Temporary Assistance for Needy Families) ___ Yes   ___ No
    B. ___ Food Stamps   ___ Yes   ___ No
    C. ___ Medicaid   ___ Yes   ___ No
    D. ___ Child Care Assistance   ___ Yes   ___ No

11.   Currently, would you say your yearly income is:

    A. More than adequate   ___ Yes   ___ No
    B. Adequate   ___ Yes   ___ No
    C. Less than adequate   ___ Yes   ___ No

APPENDIX B

SOCIAL ATTITUDE INVENTORY (SAI)

BRIAS Social Attitudes Inventory (Revised 5/2003)

Janet E. Helms

Instructions: This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So, try to be as honest as you can. Beside each statement, circle the number that best describes how you *feel.* Use the scale below to respond to each statement.

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

(circle here)

1 2 3 4 5   1.   I believe that being Black is a positive experience.

1 2 3 4 5   2.   I know through my personal experiences what being Black in America means.

1 2 3 4 5   3.   I am increasing my involvement in Black activities because I don't feel comfortable in White environments.

1 2 3 4 5   4.   I believe that large numbers of Blacks are untrustworthy.

1 2 3 4 5   5.   I feel an overwhelming attachment to Black people.

1 2 3 4 5   6.   I involve myself in causes that will help all oppressed people.

1 2 3 4 5   7.   A person's race does not influence how comfortable I feel when I am with her or him.

1 2 3 4 5   8.   I believe that Whites look and express themselves better than Blacks.

   2 3 4 5   9.   I feel uncomfortable when I am around Black people.

1 2 3 4 5   10.   I feel good about being Black, but do not limit myself to Black activities.

1 2 3 4 5   11.   When I am with people I trust, I often find myself using slang language to refer to White people.

1 2 3 4 5   12.   I believe that being Black is a negative experience.

1 2 3 4 5   13.   I am confused about whether White people have anything important to teach me.

1 2 3 4 5   14.   I frequently confront the system and the (White) man.

1 2 3 4 5   15.   I constantly involve myself in Black political and social justice activities (such as political meetings, demonstrations, Black theater, and so forth).

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

1	2	3	4	5	16.	I involve myself in social action and political groups even if there are no other Blacks involved.
1	2	3	4	5	17.	I believe that Black people should learn to think and experience life in ways that are similar to White people's ways.
1	2	3	4	5	18.	I believe that the world should be interpreted from a Black or Afrocentric perspective.
1	2	3	4	5	19.	I'm not sure how I feel about myself racially.
1	2	3	4	5	20.	I feel excitement and joy in Black surroundings.
1	2	3	4	5	21.	I believe that Black people originally came from a strange, dark, and uncivilized continent.
1	2	3	4	5	22.	People, regardless of their race, have strengths and limitations.
1	2	3	4	5	23.	I find myself reading a lot of Black literature and thinking about being Black.
1	2	3	4	5	24.	I feel guilty or anxious about some of the things I believe about Black people.
1	2	3	4	5	25.	I believe that a Black person's most effective weapon for solving problems is to become part of the White person's world.
1	2	3.	4	5	26.	My identity revolves around being a Black person in the United States.
1	2	3	4	5	27.	I limit myself to Black activities as much as I can.
1	2	3	4	5	28.	I am determined to find my Black identity.
1	2	3	4	5	29.	I like to make friends with Black people.
1	2	3	4	5	30.	I believe that I have many strengths because I am Black.
1	2	3	4	5	31.	I feel that Black people do not have as much to be proud of as White people do.
1	2	3	4	5	32.	I am at ease being around Black people.
1	2	3	4	5	33.	I believe that Whites should feel guilty about the way they have treated Blacks in the past.

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

1 2 3 4 5   34. White people can't be trusted.

1 2 3 4 5   35. In today's society if Black people don't achieve, they have only themselves to blame.

1 2 3 4 5   36. The most important thing about me is that I am Black.

1 2 3 4 5   37. Being Black just feels natural to me.

1 2 3 4 5   38. Other Black people have trouble accepting me because my life experiences have been so different from their experiences.

1 2 3 4 5   39. Black people who have any White people's blood should feel ashamed of it.

1 2 3 4 5   40. Sometimes, I wish I belonged to the White race.

1 2 3 4 5   41. The people I respect most are White.

1 2 3 4 5   42. I question my beliefs about my racial group.

1 2 3 4 5   43. I feel anxious when White people compare me to other members of my race.

1 2 3 4 5   44. I tend to bond easily with Black people.

1 2 3 4 5   45. A person's race may be a positive aspect of who he or she is.

1 2 3 4 5   46. When I am with Black people, I pretend to enjoy the things they enjoy.

1 2 3 4 5   47. When a stranger who is Black does something embarrassing in public, I get embarrassed.

1 2 3 4 5   48. I believe that a Black person can be close friends with a White person.

1 2 3 4 5   49. Sometimes I think that White people are superior and sometimes I think they're inferior to Black people.

1 2 3 4 5   50. I have a positive attitude about myself because I am Black.

1 2 3 4 5   51. I participate in Black culture.

1 2 3 4 5   52. I am not sure where I really belong racially.

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

1   2   3   4   5   53.   I believe that White people are more intelligent than Blacks.

1   2   3   4   5   54.   I speak my mind about injustices to Black people regardless of the consequences (such as being kicked out of school, disappointing my parents, being exposed to danger).

1   2   3   4   5   55.   I can't feel comfortable with either Black people or White people.

1   2   3   4   5   56.   I feel that I belong to the Black racial group.

1   2   3   4   5   57.   I am embarrassed about some of the things I feel about my racial group.

1   2   3   4   5   58.   Most Blacks I know are failures.

1   2   3   4   5   59.   I am changing my style of life to fit my beliefs about Black people.

1   2   3   4   5   60.   I am satisfied with myself as a Black person.

APPENDIX C

SOCIAL PROVISION SCALE (SPS)

Social Provisions Scale
© Daniel Russell & Carolyn Cutrona, 1984

Instructions: In answering the following questions, think about your <u>current</u> relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people. Use the following scale to indicate your opinion.

<u>STRONGLY DISAGREE</u>	<u>DISAGREE</u>	<u>AGREE</u>	<u>STRONGLY AGREE</u>
1	2	3	4

So, for example, if you feel a statement is very true of your current relationships, you would respond with a 4 (strongly agree). If you feel a statement clearly does not describe your relationships, you would respond with a 1 (strongly disagree).

Rating

1.   There are people I can depend on to help me if I really need it.

2.   I feel that I do not have close personal relationships with other people.

3.   There is no one I can turn to for guidance in times of stress.

4.   There are people who depend on me for help.

5.   There are people who enjoy the same social activities I do.

6.   Other people do not view me as competent.

7.   I feel personally responsible for the well-being of another person.

8.   I feel part of a group of people who share my attitudes and beliefs.

9.   I do not think other people respect my skills and abilities.

10.   If something went wrong, no one would come to my assistance.

11.   I have close relationships that provide me with a sense of emotional security and well-being.

12.   There is someone I could talk to about important decisions in my life.

13.   I have relationships where my competence and skill are recognized.

14.   There is no one who shares my interests and concerns.

15.   There is no one who really relies on r_9e for their well-being.

16.   There is a trustworthy person I could turn to for advice if I were having problems.

17.   I feel a strong emotional bond with at least one other person.

18. There is no one I can depend on for aid if I really need it.
19. There is no one I feel comfortable talking about problems with.
20. There are people who admire my talents and abilities.
21. I lack a feeling of intimacy with another person.
22. There is no one who likes to do the things I do.
23. There are people who I can count on in an emergency.
24. No one needs me to care for them.

APPENDIX D

LETTER OF SOLICITATION

Information Sheet

For

The Influence of Racial Identity and Social Support on the
Employment Status of African American Women

I'm Kate Jackson, a doctoral candidate under the guidance of Dr. Holly Stadler at Auburn University.

The Department of Human Resources has given me permission to ask you if you would participate in a study on African American women and employment. You are being asked to participate in this study because you are an African American woman age 19 years and over and are involved in programs offered by the Department of Human Resources (DHR). By participating in this study, you will be helping make an important contribution to the field of research on the employment experiences of African American women.

If you decide to participate in this study, you will be asked to complete two (2) surveys and a Personal Data Form. You will not be asked to provide your name or other personally identifying information on the surveys or the personal data form; therefore, your responses cannot be connected to you in any way. It is not harmful. The questions on the Personal Data Form will relate to your age, marital status, education, family, and employment background.

There are no right or wrong answers. The purpose of this study is to assess how you personally feel about the questions asked in the surveys. The total time for completing all forms is 60 minutes. Please be assured that all information you provide will be anonymous. The information will be reported in a group summary without identifying you.

Page 1 of 2

Your decision whether or not to participate in this research will not interfere or harm your current or future relations with DHR or Auburn University, or any resources that you are currently receiving. You may withdraw from this study at any time. However, because the information does not ask for your name or other identifying information, once you have completed the surveys, I may not be able to withdraw them.

If you decide to participate, you will be eligible to participate in a drawing for one of five $50.00 Walmart gift certificates. The drawing will take place after all data are collected.

If you have questions, I invite you to ask them now. If you have questions later, either me (Katie Jackson, 334-727-8188, email: KlJackson@tuskegee.edu) or my faculty advisor, Dr. Holly Stadler (334-844-5160) will be happy to answer them.

For more information regarding your rights as a research participant, you may contact the Office of Human Subjects Research by phone or email. You should contact either the Executive Director E. N. "Chip" Burson (334-844-5966; bursoen@auburn.edu) or IRB Chair Dr. Peter Grandjean (334-844-1462; grandpw@auburn.edu).

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. **THIS LETTER IS YOURS TO KEEP.**

Investigator's Signature	Date

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APPENDIX E

ASSESSMENT INSTRUCTIONS

Assessment Instructions

I invite participants to comment on or question any of the items on the survey by phone at (334) 727-8188 or by writing to me at 209 Basil O'Connor Hall, Tuskegee, Alabama 36083. You may also email me (kljackson@tuskegee.edu)

Again, thank you for your participation in this very significant research study.

Sincerely,

Katie L. Jackson
Assistant Professor, Tuskegee University
Doctoral Candidate, Auburn University