

Racial and Ethnic Variation in Racial Group Identity,
Psychosocial Resources, and Health

By

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Dissertation

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in

Sociology

May, 2016

Nashville, Tennessee

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DEDICATION

This dissertation is dedicated in honor of two people who have had an exceptional influence on my life: my daughter and my father. To my daughter Cambrie Zoe Leslie. Waking up to your smiling face and your little dancing feet has been a wonderful, rewarding and challenging experience over the past sixteen months. You have kept me centered, given me motivation and, reminded me what true love is in its purest uninhibited form. To my deceased father Basil Oscar Perez who, for the short time I knew him taught me the value of hard work, the importance of perspective and how to hold on to happiness despite hardship. I often think about you and miss you dearly.

ACKNOWLEDGEMENTS

The journey which has cumulated in the completion of this dissertation would not have been possible without the support of a core group of individuals. Firstly, to my brilliant and loving husband Allan. Throughout this process you have held my hand, believing in me unquestionably you have redirected me thoughtfully when needed and listened intently to my every concern. As we turn yet another corner I look forward to continuing our amazing journey together.

I am eternally grateful for the support of my advisor and dissertation chair C. André Christie-Mizell. Over these past five years your unfettered support and patience has left me in awe on many occasion. You have challenged me, encouraged me and expertly directed my scholarship. Your guidance and advice has made me a better scholar, a better mother and has changed my life in ways I know I will continue to discover as I move forward. I am also appreciative of the guidance and support from my other committee members – Tyson Brown, Daniel Cornfield and Derek Griffith - who reminded me of the importance of the work I do and whose feedback has been immensely valuable in thinking about my future endeavors.

To my friends and colleagues who took this journey by my side – Helena Dagadu, Taylor Hargrove, Nadja Johnson, Gabriela Leon-Perez, Samantha Perez, Courtney Thomas and Kanetha Wilson - I will always have fond memories of our times together and greatly appreciate your wholehearted support and friendship. Lastly, this work would also not have been possible without the financial and professional support of the Robert Wood Johnson Foundation Center for Health Policy at Meharry Medical College.

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CHAPTER I

Introduction

The early writings of the French Caribbean author and psychiatrist Frantz Fanon (1952) seek to describe Black identity as a position determined and shaped by both historical context and the ensuing contemporary circumstances. For Fanon, Blacks are caught between “nothingness and infinity” a juxtaposition that challenges how Blacks develop self-concept. The work of Fanon heralds earlier writings by W.E.B. Dubois who in his seminal sociological text *The Souls of Black Folks* (1903) suggests that Blacks possess what is referred to as double-consciousness. Dubois remarks that “one ever feels his two-ness - an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body” (p. 3). The work of both Fanon and Dubois is reflective of research within the social sciences that has sought to understand the complexities of social identity among Blacks. The literature focused on Black American identity, is “one of the most frequently researched and debated” (Cokley and Chapman, 2009, p. 283) and seeks to understand how self-concept and group identity is shaped by race. Further, it highlights that the development of racial group identity is central to the formation of identity among Black Americans.

Race continues to be a prominent determinant of life chances and as such carries unique burdens (Bell 1993; Essed 1991; Massey 2007; Pager and Shepherd 2008; Pierre 2004, 2013; Sexton 2011). Therefore, research concerning racial group membership holds sustained importance (see e.g., Pierre 2013). Such research has greatly expanded in the past thirty years. It has provided a relatively comprehensive idea of how membership within particular social groups in highly stratified societies can have a significant impact

on self-concept and on varying health outcomes. Early work using the first wave of National Survey of Black Americans collected in 1979 - 1980 (Jackson and Gurin 1987) provided much of the initial data for complex empirical findings on racial group identity (Broman, Neighbors, and Jackson 1988). A considerable amount of the literature in this area has focused on the characterization of dimensions of racial group identity, addressing the effect of race-related stressors (e.g., discrimination), and the impact of racial group identity on the self-concept of African Americans. Despite this wide array of work, fewer studies have carefully assessed the early life determinants of racial group identity or mechanisms through which racial group identity has an impact on physical health and well being across a wide age distribution. Moreover, there is a paucity of research examining the consequences of within racial group differences associated with ethnicity. This dissertation seeks to extend the current body of literature on racial group identity by redressing these gaps.

There are several competing models and definitions of racial group identity which have ranged from the unidimensional or linear progressive models to more recently, dynamic multidimensional understandings (Eggerling-Boeck 2002). The latter emphasizing the importance of belonging to a group, but also the power of the internalized meaning of that membership for the individual (Allen, Thornton and Watkins 1992; Demo and Hughes 1990; Sanders Thompson 1995, 2001; Sellers et al. 1998). Black racial group identity refers to “the value a person places upon the membership in the Black racial group in their self-concepts” (Sellers 1998 p. 23). This dissertation pays particular attention to two measures of racial group identity that are related to group membership: closeness to others and group evaluation. First, Broman and colleagues (1988) introduce the concept of “racial group identification” which is defined as “the

feeling of closeness to similar others in ideas, feelings, and thoughts” (p. 148). Second, Demo and Hughes (1990) argue that racial group identity is multidimensional, including a varied array of feelings beyond closeness to others of ones racial group. Following this assertion I also utilize “group evaluation”, which is a general measure of a respondent's positive or negative evaluation of Black people as a group (p. 367).

Sociological research contends that because differential levels of power exist between racial groups, the perceptions held by Black Americans about their racial group identity emerges not only through self-constructed definitions but also through larger institutional framing (Cornell and Hartmann 1998; Omi and Winant 1994; Waters 1990). In her study of the identities of Caribbean Blacks, Waters (1990) argues and shows that racial group identity is largely assigned and associated with institutional inequality. Moreover, what is of note about her examination is her conclusions that racial group identity varies largely dependent on socioeconomic factors. Previous studies have highlighted within group differences among Caribbean Blacks and African Americans across several key socioeconomic indicators (Aguirre 2004; Kasinitz 1992; Vickerman 1999; Waters 1999). Other differences between Caribbean Blacks and African Americans also suggest the importance of disaggregating racial groups by ethnicity. Caribbean Blacks are generally ambivalent about race and its consequences, often showing optimism about the unhindered possibility of upward mobility (Gordon 2007; Waters 1999; Benson 2006). Moreover, Caribbean Blacks often strive to maintain social distance from African Americans and are often upset and angry about racialization (Gordon 2007; Táíwò 2003; Foner 1994; Waters 1991,1999). The emphasis on the importance of examining ethnic heterogeneity is further made by scholars in varying other disciplines. For example, Stuart Hall emphasizes that “...[Blacks] bear upon them the traces of the

particular cultures, traditions, languages and histories by which they were shaped. . . . they are irrevocably the product of several interlocking histories and cultures, belong at one and the same time to several ‘homes’.” (Hall 1990 p. 310 – quoted in *Diaspora and Hybridity* 2005). Further, Hall asserts that it is this hybridity that lends itself to the complexity of identity determined by historical connotations and marks the conjuncture of our past with the present social, economic and political relations. Consequently, such considerations may impact how Blacks experience social context, negotiate racial group identity, and the processes and outcomes related to racial group identity.

This dissertation is guided by social identity theory which asserts that social categorization provides a system of orientation for self-reference (Tajfel and Turner 1986). Previous scholarship has used this as a productive framework for understanding the impact of group membership on identity and outcomes for racial and ethnic minorities (e.g. Hughes 2015; Maestro et. al 2008; Outten et al. 2009; Smith 2014; Yip et al. 2008). The main tenet of this theory is that an individual’s social identity is a result of the knowledge that he or she belongs to a group and the value attached to that group membership (Lewin 1948; Tajfel and Turner 1979; Tajfel 1986). One’s social identity is defined as “those aspects of an individual’s self-image that derive from the social categories to which he perceives himself as belonging” (Tajfel and Turner 1986 p.16). Social identity theory has three key assumptions. First, that individuals work to attain high self-esteem, which in turn creates a positive self-concept. Second, individuals evaluate their group by comparing it with specific other groups with regard to value-laden attributes and characteristics. Third, the positive or negative values attached to group membership are consensual across and within groups (Tajfel and Turner 1986 p.16).

Another important component of social identity theory outlined as a key

theoretical principle is that the stronger and more favorable the meaning attached to a person's racial group the greater the individual's desire is to maintain a positive group identity (Tajfel and Turner 2001). One mechanism used to maintain this favorability is through social comparisons to other groups. However, all groups do not have equal status and social comparisons for groups to which society has attached negative meaning (e.g. minority groups) may be challenged to maintain a positive social identity. Moreover, minority groups face additional inequities such as segregated neighborhoods with concentrated poverty, biased care from the healthcare system, disproportionately poor health, and discrimination in the credit, labor, housing and employment markets (Charles 2003; Krysan and Farley 2002; Massey and Denton 1998; DelVecchio et. al. 2002; Frieden 2011; Green et al. 2007; Williams et al. 2010; Pager and Shepherd 2008).

Research Questions

The purpose of the dissertation is to build and expand on research that has been conducted on racial group identity. Specifically, I seek to enhance understanding of the determinants of racial group identity as well as the role of racial group identity in the health and well-being of an ethnically diverse sample of Black Americans - African Americans and Caribbean Blacks. This dissertation seeks to answer the following three main research questions.

- 1) What are the socioeconomic determinants of racial group identity?
- 2) How does racial group identity impact other dimensions of self-concept?
- 3) How/by what mechanisms does racial group identity impact physical health?

To examine these questions I use one of the few nationally representative datasets that considers outcomes for West Indians of African descent (Caribbean Blacks) and African Americans: The National Survey of American Life (NSAL). The NSAL is a part of the

larger Collaborative Psychiatric Epidemiology Surveys (CPES), which examines the distribution, correlates, and risk factors for the mental and physical health of the general population, with special emphasis on minority groups. The NSAL contains oversamples of African Americans (N = 3,570), and Caribbean Blacks (N = 1,623) and weights that can be used to adjust the data for representativeness. The data was collected between February 2, 2001 and June 30, 2003 largely by face-to-face interviews, which lasted on average 2 hours and 20 minutes. Response rates for Caribbean Blacks were 77.7% and 70.7% for African Americans (Jackson et al. 2004).

Project Overview

My goal is to utilize well-known and widely used conceptualizations of racial group identity across three interrelated papers. In the first paper, I am interested in how current and early context shapes racial group identity. Explicitly, I am interested how socioeconomic status (SES) of origin (parents' education and receipt of welfare when growing up) and current SES (respondent's income and education) predict racial group identity. The second paper, examines the impact of racial group identity on two dimensions of self-concept: self-esteem and mastery. The third paper assesses the impact of racial group identity on physical health and probable mechanisms linking racial group identity to physical health. Finally, all three papers investigate variation by ethnicity, gender and nativity in the main relationships examined.

Significance and Contributions of Dissertation

This dissertation extends prior work on racial group identity in three important ways. First, as outlined above, minority groups face a tremendous amount of disadvantage and high levels of vulnerability. Given these circumstances, understanding how racial group identity can contribute to better health and well-being is important.

Further, a more complete understanding of racial group identity may explain existing differences in health and well being within minority groups. The centrality of racial group identity to minority life warrants attention to its fundamental causes or determinants (see e.g., Link and Phelan 1995). Therefore, exploring how SES of origin and current SES may enhance or deplete this resource is a worthy endeavor in and of itself. Moreover, while the literature is replete with important examinations of how varying key factors such as race, gender and socioeconomic status directly shape self-concept and health, less is known about the relationships between racial group identity and these outcomes. Conceptualizing racial group identity as a “race-specific resource”, I assert that understanding the relationship among racial group identity, self-concept, and health is crucial in improving and protecting the overall quality of life for Black Americans.

Second, despite a growing body of literature on ethnic heterogeneity, there is relative inattention to the differential impacts of racial group identity on health and self-concept across ethnic groups within the same racial category. This dissertation provides needed nuance and will lead to more accurate conclusions and thoughtful inferences. A few scholars have undertaken this work, for example Griffith et al. (2011) examines the relationships among ethnicity, nativity, physical health and mental health among African Americans and Caribbean Blacks and finds significant differences in outcome by both nativity and ethnicity. Similarly, this dissertation explicitly considers the impact of ethnic heterogeneity among Blacks. Further, this dissertation complements and extends earlier work on racial groups identity which disproportionately focuses on the experiences of African Americans. Disaggregating Blacks allows for the consideration of the similarities and differences in the relationships among social status, racial group identity, and health. By doing so, I hope to extend the understanding of the how social inequality may be

incorporated in understandings of self, functions as group specific, and is dependent on group position in the social hierarchy. The study of ethnic heterogeneity is situated in the context of a rapidly growing minority population in the U.S. That is, the Black population is growing at a greater rate than the overall U.S. population (Mckinnon 2011). This change is spurred mainly by the large influx of Black migrants from developing nations who by 2060 are projected to make up, 16.5 percent of U.S. Blacks (Anderson 2015). This burgeoning population emphasizes the urgency with which research in this area should be undertaken and signifies that the outcomes and productivity of these groups will become increasingly important.

Lastly, this dissertation also makes a contribution in its utilization of nationally representative probability samples of large numbers of minority group members across a wide age distribution. The use of representative data allows for generalizability as well as accurate comparisons across groups. Prior work examining racial group identity has employed more localized samples with limited age distributions. Similarly, work on self-concept among Blacks tend to use datasets that address outcomes for adolescents and young adults neglecting the self-concept of older adults. Moreover, the data utilized by this dissertation contains widely used and valid measurements racial group identity, self-concept, and physical health outcomes.

CHAPTER II

Socioeconomic Determinants of Racial Group Identity

Introduction

What is the relationship between socioeconomic status and racial group identity? Among Black Americans, do both current socioeconomic status and socioeconomic status of origin matter in the development of racial group identity? How do ethnicity, gender, and nativity matter for understanding the relationship between socioeconomic status and racial group identity? A large body of research has sought to conceptualize and operationalize the varied meanings attached to racial group membership. For Black Americans, “identity formation has to do with developing an understanding and acceptance of one’s own group in the face of lower status and prestige in society and the presence of stereotypes and racism” (Phinney 1996 p.144). Early, prominent theoretical explanations of racial group identity described it as a unidimensional part of the self or a process of linear self-actualization (e.g., Cross 1971; Thomas 1971). These early models almost entirely focused on the experiences of African Americans and suggested a stepwise process in which individuals progressed through stages. Initially, the individual was depicted as being completely unaware of the meaning attached to race, but over time racial group identity was thought to develop in relationship to experiences of differential treatment and in solidarity with other members of one’s racial category (Parham 1989).

More recent work has conceptualized racial group identity as dynamic and multidimensional. This newer conceptualization not only emphasizes the importance of belonging to a group, but also the power of the internalized meaning of that membership for the individual (Allen, Thornton and Watkins 1992; Demo and Hughes 1990; Sanders

and Thompson 1995, 2001; Sellers et al. 1998). Demo and Hughes (1990) define identity as “meanings a person attributes to the self as an object in a social situation or social role” (Burke 1980 p.18) and argues that racial group identity encompasses a wide array of components including dimensions associated with how an individual conceptualizes their racial group. Two of these dimensions that are specific to racial group include: 1) *closeness*, which describes closeness in idea and feeling to others of one’s racial group; and 2) *group evaluation*, an overall appraisal of Blacks as a group, ranging from negative to positive views (Demo and Hughes 1990).

Overwhelmingly, scholarship has shown that racial group identity is important to the psychological well-being of Africans Americans. This work suggests that positive racial group identity is beneficial, because it provides group members with a sense of belonging and solidarity with similarly situated others. In turn, racial group identity may have the ability to influence how minority group members overcome the psychological effects of racism, acting to allow minorities to understand and attribute racism to larger structural problems and not as reflective of personal inadequacy (Caldwell et al. 2002; Cross, Parham, and Helms 1998; Helms and Cook 1999; Landrine and Klonoff 1996). Indeed, among Blacks, the extant research literature shows that racial group identity lessens the negative impact of discrimination and boosts positive self-concept (Mossakowski 2003; Wong et al. 2003; Sellers et al. 2003; Sellers et al. 2006; Rich, Wood and Williams 2007; Ida and Christie-Mizell 2012; Caldwell et al. 2002; Chavous et al. 2003; Rowley et al. 1998). Nevertheless, less is known about the antecedents of racial group identity.

This paper extends prior research focusing on how current socioeconomic status (SES) and SES of origin impact racial group identity and contributes to the sociological

literature in three specific ways. First, I focus on ethnic heterogeneity among Black Americans. Specifically, I assess outcomes for African Americans and Caribbean Blacks. By doing so, I hope to extend the understanding of how ethnicity and nativity may impact how current socioeconomic status and socioeconomic status of origin shape racial group identity. Second, the addition of SES of origin to my study is an important extension of the relevant literature, which tends to focus only on current SES. Current research highlights that the racial group identity of adults is an artifact of early socialization in the family of origin, my extension will allow an assessment of whether and how SES of origin may also be key in determining racial group identity (Hughes 1997; Hughes 2001; Marshall 1995; Stevenson 1995; Thompson et al. 1994; White-Johnson et. al. 2010). Third, I utilize nationally representative data. Many studies in this area have utilized more localized samples and thus generalizability has been compromised.

Background

This paper is guided by social identity theory and the life course framework. Social identity theory has been a productive perspective for understanding the impact of group membership on the identity and outcomes of racial and ethnic minorities (Maestro et. al 2008; Outten et al. 2009; Smith 2014; Yip et al. 2008). The main tenet of this theory is that an individual's social identity is a result of the knowledge that he or she belongs to a group and the value attached to that group membership (Lewin 1948; Tajfel and Turner 1979; Tajfel 1986). Further, social identity theory suggests that identity development is a cognitive process that utilizes abstract social categories to define and understand others as well as self (Turner 1982). Another important component of social identity theory is that the stronger and more favorable the meaning attached to a person's racial group the greater the individual's desire is to maintain a positive group identity (Tajfel and Turner

2001). Deaux (2001) defines social identity as "...a label or a category, a way of grouping a number of people together on the basis of some shared features" (p. 1062). This study addresses meaning and significance individuals attach to the social identity associated with membership within a racial group. Specifically, I examine how closeness in feeling or in ideas individuals report to varied groups of others within their racial group (e.g. professionals, religious people, upper class) and how true individuals feel that members of their racial group hold specific characteristics (e.g. lazy, hardworking or give up easily).

Additionally, life course theorizing is helpful for the current study to the extent that I seek to understand how both current SES and SES of origin impacts racial group identity. The life course perspective suggests the significance of early life circumstances in shaping adult outcomes. This perspective places emphasis on pathways through which experiences in early life and throughout an individual's life can have cumulative impacts on later life outcomes (Elder, Crosnoe and Johnson 2004). Below I discuss how SES of origin as part of the childhood context and current SES as part of the adult context may shape racial group identity.

The Childhood Context and SES of Origin. The early life context, including parental socioeconomic status, conditions outcomes and achievements for children (Lareau 2011; Goodman 1999; Spencer et al., 2002). Early context not only directly impact children's outcomes, but also plays a role in adult social functioning, and cognitive attributes (Cohen 2010; Galobardes, Lynch and Smith 2008; Kaplan et al. 2001; Luo and Waite 2005; Lynch 2000; Mäkinen et al. 2006; Power 1991; Turrell et al. 2002). These studies suggest that childhood circumstances have enduring effects, despite later socioeconomic attainment. Therefore, examining the significance of social context

during childhood may be pivotal for understanding adult racial group identity development. Particularly, SES of origin may be implicated in development of racial group identity. Social class is important and provides children with an array of opportunities, resources and networks (Brooks, Dunn and Duncan 1997; Gecas 1979; Lareau 2002). Further, SES of origin has been shown to be positively related to psychosocial resources such as self-esteem, mastery, and social support (Adler et al. 1999; Christie-Mizell 2003; Mizell 1999; Repetti et al. 2002; Taylor and Seeman 1999). Compared to children from lower SES homes, children from higher SES homes benefit from a more resource rich and supportive environment. Within higher SES homes, among other things, parents are able to teach children skills associated with solving problems creatively, have more flexible time and expose children to a variety of positive experiences which are beneficial for self-concept. Studies suggest a more nuanced relationship between SES of origin and racial group identity than other psychosocial resources. Rather than higher SES origin being associated with increases in both dimensions of racial group identity, research suggests that higher SES of origin may be inversely related to levels of closeness. These varying relationships between SES of origin and dimensions of racial group identity are likely attributed to intergenerational transfers of knowledge between parents and children. More specifically, parents with higher levels of education are able to transfer skills and knowledge necessary to challenge ideas associated with less positive group evaluation. However parents of higher SES tend to occupy socioeconomic contexts that may decrease levels of closeness.

Demo and Hughes (1990) bridge the emphasis on adult contexts as mainly determinative of racial group identity by testing how childhood context impacts racial group identity in adulthood. They argue that much of the racial group identity literature

has neglected to consider the impact of childhood factors. Their findings provide evidence that parental SES significantly contributes to adult levels of closeness (but not group evaluation) and that an individual's circumstances in adulthood mediate those effects. Their findings highlight the significance of understanding racial group identity over the life course. Aligned with the perspective that childhood context is significant to the development of racial group identity this study assesses SES of origin as: 1) parental education and 2) the receipt of welfare when growing up.

The Adult Context and Current SES. A growing body of research literature suggests that adult SES is related to the development of racial group identity (Allen, Dawson, and Brown 1989; Allen, Thornton and Watkins 1992; Broman, Neighbors, and Jackson 1988). Results of this work suggest that SES indicators such as education and income predict both closeness and group evaluation. Addressing the question of how current SES impacts racial group identity development, Thornton and colleagues (1997) find that closeness is inversely related to income. Broman and colleagues (1988) find several significant factors associated with racial group identity, among them, lower education increases closeness to one's racial group, while income was unrelated to feelings of closeness. Furthermore, Demo and Hughes (1990) find that education and occupational prestige were inversely related to closeness, but positively associated with group evaluation. This pattern of effects is also observed by Allen, Dawson and Brown (1992). They find that Blacks with higher education and income felt less close to Black elites and to Black masses and were less likely to endorse negative stereotypes. However, unlike other studies finds that education is unrelated to the endorsement of positive characteristics of others in one's racial group. Given the extant literature and the weight of the evidence, I believe I will find that education will be positively associated with

group evaluation, but negatively associated with closeness. This pattern of effects may reflect that those with higher education are able to filter negative messages typically associated with their racial group. Further those of higher SES are exposed a variety of contexts that highlight variations in the Black community. Therefore, levels of closeness may differ by SES. In this study, current SES is measured in two ways: 1) respondent's education and 2) respondent's income.

Ethnic Heterogeneity, Gender and Nativity. The scholarship on ethnic heterogeneity among Blacks has grown in the past decade (Read and Emerson 2005; Williams et al. 2007). This body of work mainly examines the variation in health outcomes across different ethnic groups of the same race. It highlights that though there are similarities in the African American and Caribbean Black experience, there are also several key differences between these subpopulations. Caribbean Blacks, largely have higher income, education and employment rates (Model 2002; Aguirre and Turner 2004; Logan 2007). Compared to their African American counterparts, those of Caribbean descent tend to believe that race is not a salient determinant of outcomes (Foner 2004; Foner 1998; Kasinitz 1992; Vickerman 1999; Waters 1991, 1999). Moreover, as suggested by Phinney (1996) individuals may “vary in the degree to which they identify with their ascribed group and the extent to which their group identity is salient and significant to them” (p.143-4). These differences may be based on differences associated with ethnicity, the common cultural traits, values or norms shared by members of an ethnic group.

The construction of racial group identity may also be a gendered process. Due to gender inequity, women face unique disadvantages compared to men. These disadvantages may shape women's perceptions of their racial group and further, gendered

social experiences may differentiate the relationship between SES and racial group identity. Research suggests that the development and importance of racial group identity varies by gender with racial group identity being more salient for Black females compared to Black males (Jaret and Reitzes 1999; Phinney 1990). How current SES and SES of origin impact racial group identity may also vary by nativity status. How the foreign born conceptualize and enact racial group identity may differ from native born individuals. This is partially due to the emphasis foreign born place on their identity as immigrants (Bryce Laporte 1972; Foner 1985, 1998, 2004; Reid 1939; Rumbaut 2004; Vickerman 1999; Waters 1991,1994). Yip and colleagues (2008) finds that the foreign born have higher levels of closeness to others of their racial group compared to their native born counterparts. It can be argued that processes involved in migration such as the establishment of migrant networks reinforce and encourage maintenance of ties among the foreign born, resulting in higher levels of closeness.

Other Sociodemographic Factors Influencing Racial Group Identity. In addition to income and education, there are other sociodemographic characteristics that prior research indicates are connected to racial group identity. For example, scholars find that growing up in a predominantly Black neighborhood, living in the South, or residing in a rural area is positively related to closeness to others of your racial group (Broman 1988; Thorton, Tran and Taylor 1997). Further, being close to racial group members is also positively associated with religiosity, marriage and older age (Allen Dawson and Brown 1989; Broman et al. 1988; Demo and Hughes 1990; Utsey et al. 2002; Thorton, Tran Taylor 1997; Broman, Neighbors and Jackson 1988; Phinney 1992).

Summary and Hypotheses

This paper has two main goals. First, I examine how SES of origin (parents' education and receipt of welfare when growing up) shape adult levels of racial group identity: closeness to others of one's ethnic group and group evaluation. Second, I investigate the relationship between current SES (respondent's education and income) and racial group identity. I have developed four hypotheses for this research:

SES of Origin

H1a-b: Parental education will be inversely related to (b) closeness and positively related to (b) group evaluation.

H2a-b: Welfare receipt when growing up will positively related to (b) closeness and inversely related to (a) group evaluation.

Current SES

H3a-b: Respondent's (a) education and (b) income will be positively related to group evaluation.

H4a-b: Respondent's (a) education and (b) income will be inversely related to closeness.

Further, given the importance of gender, ethnicity and nativity I explore whether hypotheses 1-4 vary by these sociodemographic factors.

Data and Measures

Data

The analyses for this study are based on data from the National Survey of American Life (NSAL). The NSAL is a nationally representative multistage probability sample of non-institutionalized African Americans (N=3,570), Caribbean Blacks (Blacks of Caribbean descent; N=1,623), and non-Hispanic whites (N= 1,006) who live in areas

where at least 10% of the population is Black. The data were collected between February 2001 and March 2003 and had an overall response rate of 72.3% (Jackson 2004). The analysis for this project is restricted to African Americans and Caribbean Blacks given that non-Hispanic whites were not asked about their racial group identity. Race and ethnicity are self-reported, with respondents being considered “African American” if they identified as Black, but did not claim ancestral ties to the Caribbean. Respondents are considered “Caribbean Black” if they identified as Black and claimed ancestral ties to the Caribbean. The age of respondents ranges from 18 to 99 years (Jackson et al. 2004).

Measures

Dependent Variables. Racial group identity is measured by two dimensions: group evaluation and closeness (Demo and Hughes 1990). Group evaluation is assessed with six items. Specifically, respondents are asked how true they think it is that most Black people are: 1) intelligent; 2) lazy; 3) hard-working; 4) give up easily; 5) proud of themselves; and 6) violent. These six items range from 1 (very true) to 4 (not true at all). I recode and average across these items so that group evaluation ranges from 1 (less positive) to 4 (more positive). The cronbach’s alpha estimate is .62 for African Americans and .60 for Caribbean Blacks.

Closeness to others of one’s racial group is measured with an eight-item scale. Respondents are asked about their closeness in ideas or feelings to Black people who are: 1) poor; 2) religious church-going; 4) young; 5) upper class; 6) working class; 7) older; and 8) elected officials; and, doctors, lawyers, or other professional people. These closeness items are summed and coded to range from 1 (lower closeness) to 4 (higher closeness). The cronbach’s alpha estimate is .86 for African Americans and .84 for Caribbean Blacks.

Independent Variables. SES of origin is measured by two variables: parental education, measured as the average of mothers and fathers educational attainment. In cases where father's educational level is missing, I utilize mother's educational level. Similarly, when mother's educational level is missing, the father's educational level was used in the models developed below. Receipt of welfare when growing up is coded as 1 for respondents who reported that their families received public assistance or welfare while they were growing up. Current SES is also measured by two variables: respondent's household income, measured in dollars and logged in for the multivariate analyses below, and respondent's educational attainment measured in years.

Control Variables. I control for several variables in this analysis that are shown to be significantly associated with both SES and racial group identity. These measures include age (measured in years), marital status (1= married or cohabitating), and gender (1= female). Additionally, employment status (1= employed). I also take into account neighborhood location by holding constant rural (1=yes), compared to respondents living in urban areas. I further account for whether respondents live in the South (1=yes), compared to other regions. Furthermore, religiosity is measured by frequency of church attendance and is coded to range from 1 (less than once a year) to 5 (four or more times a week).

Finally, I control for social support, which is operationalized as received emotional support from family members (Fetzer Institute and National Aging Working Group 1999). This 3-item scale measures perceived social support received from family members. It asks respondents to report how frequently family members, 1) make him/her feel loved and cared for; 2) listen to him/her talk about his/her problems and concerns; and 3) express interest and concern in his/her well-being. These items are summed and

divided by the number of items to create a scale from 1 (lower social support) to 4 (higher social support). The cronbach's alpha estimate is .74 for both African Americans and Caribbean Blacks.

Analytic Strategy

The primary purpose of this paper is to determine how SES of origin as well as current SES impacts closeness and group evaluation and determine if the observed relationships show variation by ethnicity, gender or nativity. The analysis was accomplished in three steps. First, I generated descriptive statistics for all the study variables, comparing means and percentages across the entire sample stratified by ethnicity – African American and Caribbean Black (Table 1). Second, I conducted multivariate analysis using ordinary least squares regression (OLS) for each subsample. Holding constant all control variables, these estimations included assessing the effect of SES of origin and current SES separately and in combination. This ordering helped to establish the independent and joint effects of both types of SES. Third, the final step includes estimation of a series of interactions to test whether the impact of SES of origin and current SES varied by gender or by nativity.

Results

Descriptive Findings

Table 1 presents means and percentages for all study variables. In terms of my main variables of interest, African Americans and Caribbean Blacks report similar levels of group evaluation. However, with respect to closeness, African Americans report significantly higher levels compared to Caribbean Blacks (3.254 vs. 3.120). African Americans report significantly lower levels of parental education (10.353 vs. 10.968 years) as well as lower levels of their own educational attainment (12.649 vs. 13.445

years). A significantly lower proportion of Caribbean Blacks received welfare while growing up (6.76% vs. 23.11%). Additionally, Caribbean Blacks report significantly higher levels of income than African Americans (10.330 vs. 9.970 [thousands of dollars]).

Table 1. Weighted Means, Percentages for the National Survey of American Life, Sample of African Americans and Caribbean Blacks

| Variables | African Americans N = 2,692 | | Caribbean Blacks N= 961 | |
|--------------------|--------------------------------|--------|----------------------------|--------|
| | Mean/ Percent | SD | Mean/ Percent | SD |
| Group Evaluation | 3.193 | .482 | 3.233 | .479 |
| Closeness | 3.255 ^a | .540 | 3.120 | .512 |
| Parental Education | 10.353 ^a | 3.161 | 10.968 | 3.276 |
| Receipt of Welfare | 23.11% ^a | -- | 6.76% | -- |
| R's Education | 12.649 ^a | 2.336 | 13.445 | 2.717 |
| R's Income (1000s) | 9.970 ^a | 1.397 | 10.330 | 1.261 |
| Age | 41.911 ^a | 15.181 | 39.976 | 14.441 |
| Employed | 69.09% ^a | -- | 77.00% | -- |
| Female | 64.04% | -- | 61.60% | -- |
| Married | 35.77% ^a | -- | 44.22% | -- |
| Rural | 37.59% ^a | -- | 24.14% | -- |
| South | 65.38% ^a | -- | 29.34% | -- |
| Religiosity | 3.103 ^a | 1.085 | 2.969 | 1.132 |
| Social Support | 3.262 | .725 | 3.242 | .677 |

^a These values differ at $p < .01$ or less between African Americans and Caribbean Blacks.

In terms of sociodemographic variables, the African American sample is older (41.911 vs. 39.976 years) and fewer are likely to be employed (69.09% vs. 77.00%) than their Caribbean Black counterparts. Further, there is a comparable proportion of African American women (64.04%) and Caribbean Black women (61.60%). The African American subsample also has a lower percentage of married individuals (35.77% vs. 44.22%) but compared to Caribbean Blacks have a significantly higher percentage of individuals residing in both southern (65.38% vs. 29.34%) and rural (37.59% vs. 24.14%) areas. African Americans have significantly higher levels of religiosity. However both African Americans and Caribbean Blacks have comparable levels of social support.

Multivariate Findings

Tables 2-3 show the multivariate findings for this paper. Table 2 displays the independent and joint effects of SES of origin and current SES on group evaluation for African Americans and Caribbean Blacks. Results from Model 1a indicate that parental education is positively associated with group evaluation for African Americans. Model 1a also shows that among African Americans receipt of welfare is inversely related to group evaluation. Additionally, this first model shows employment and social support are positively related to group evaluation, while being female and residing in a rural area are inversely associated with group evaluation. In contrast to African Americans, neither parental education nor welfare receipt is associated with group evaluation for Caribbean Blacks (Model 1b). This model further shows that age is inversely related to group evaluation and social support is positively associated with group evaluation. For both African Americans and Caribbean Blacks (Table 2, Models 2a-2b) the results show a positive association between respondent's education and group evaluation. There is no association between income and group evaluation for either group. These models also show that among African Americans females have less positive group evaluation than African American men and that social support is positively associated with group evaluation for African Americans. Similarly, among Caribbean Blacks, social support is positively associated with group evaluation, while age is inversely related to group evaluation for this group.

When SES of origin and current SES are considered jointly (Table 2, Models 3a-3b), education remains significant and positively associated with group evaluation for both groups. Additionally, the results (Model 3a) for African Americans show that receipt of welfare remains negatively associated with group evaluation while the impact of

parental education is reduced to non-significance. Further, women espouse less positive group evaluation, while social support is still positively associated with group evaluation for African Americans. For Caribbean Blacks (Model 3b), age is inversely associated with group evaluation and social support is positively associated with group evaluation.

Table 3 presents the independent and joint effects of SES of origin and current SES on levels of closeness for African Americans and Caribbean Blacks. Parental education is inversely associated with closeness, and welfare receipt has no relationship to closeness for African Americans (Model 1a). This model also shows that age, rural residence, southern residence, religiosity and social support are all positively related to closeness for African Americans. For Caribbean Blacks, neither parental education nor receipt of welfare impacts levels of closeness (Model 1b). Further, Caribbean Black women feel less closeness than their male counterparts and religiosity and social support are positively associated with closeness. Across both subgroups current SES has no impact on closeness in the second regression model (Models 2a-2b). However, for African Americans model 2a shows that age, rural residence, southern residence, religiosity and social support are all positively related to closeness. For Caribbean Blacks, religiosity and social support are positively related to closeness while being female is inversely related to closeness.

Table 3, Models 3a-3b show the joint effects of current SES and SES of origin. For African Americans, parental education is reduced to non-significance (Model 3a). However, age, rural residence, southern residence, religiosity and social support remain positively associated with closeness. For Caribbean Blacks, when SES of origin and current SES are considered collectively, neither SES of origin nor current SES is associated with levels of closeness (Model 3b). Also in Model 3b, being female is

associated with lower levels of closeness, while religiosity and social support are positively related to closeness.

Table 2. Group Evaluation^a Regressed on Selected Variables, National Survey of American Life

| Variables | African American N = 2,692 | | | Caribbean Black N = 961 | | |
|---------------------------------|-------------------------------|---------------------------|---------------------------|----------------------------|---------------------------|---------------------------|
| | 1a | 2a | 3a | 1b | 2b | 3b |
| | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) |
| Parental Education ^b | .010** (.003) | | -.000 (.004) | .010 (.006) | | .000 (.005) |
| Received Welfare | -.069* (.026) | | -.057* (.025) | -.063 (.047) | | -.063 (.045) |
| R's Income ^c | | .014 (.007) | .014 (.007) | | .022 (.016) | .022 (.015) |
| R's Education | | .040*** (.005) | .040*** (.005) | | .028*** (.006) | .028*** (.006) |
| Age | .063 (.034) | .039 (.033) | .026 (.034) | -.092* (.042) | -.124** (.038) | -.125** (.045) |
| Married | .009 (.023) | -.013 (.021) | -.012 (.021) | .049 (.034) | .046 (.032) | .045 (.034) |
| Female | -.042* (.021) | -.053* (.020) | -.048* (.020) | -.003 (.035) | -.009 (.037) | -.010 (.039) |
| Employment | .056* (.021) | -.004 (.020) | -.002 (.020) | .016 (.042) | -.030 (.044) | -.030 (.044) |
| Rural | -.050* (.020) | -.028 (.019) | -.031 (.019) | .005 (.043) | .023 (.041) | .020 (.042) |
| South | -.010 (.030) | .011 (.028) | .005 (.019) | -.050 (.040) | -.041 (.038) | -.043 (.037) |
| Religiosity | -.002 (.008) | -.009 (.007) | -.010 (.007) | -.019 (.017) | -.019 (.017) | -.020 (.018) |
| Social Support | .068*** (.015) | .070*** (.015) | .068*** (.015) | .040* (.015) | .034** (.015) | .034* (.015) |
| Intercept | 2.667*** (.177) | 2.245*** (.153) | 2.238*** (.182) | 3.372*** (.212) | 3.031*** (.222) | 3.047*** (.250) |
| R ² | .029 | .060 | .062 | .026 | .053 | .054 |

^a Group Evaluation is measured by a six-item scale coded to range from 1 (less positive evaluation) to 4 (more positive evaluation).

^b Parental Education is measured as an average of mothers and father years of education.

^c Respondent's Income is logged

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests).

Table 3 Closeness^a Regressed on Selected Variables, National Survey of American Life

| Variables | African American N = 2,692 | | | Caribbean Black N = 961 | | |
|---------------------------------|-------------------------------|---------------------------|---------------------------|----------------------------|---------------------------|---------------------------|
| | <u>1a</u> | <u>2a</u> | <u>3a</u> | <u>1b</u> | <u>2b</u> | <u>3b</u> |
| | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) |
| Parental Education ^b | -.008* (.003) | | -.007 (.004) | -.011 (.006) | | -.010 (.006) |
| Received Welfare | .023 (.016) | | .022 (.016) | .103 (.074) | | .101 (.074) |
| R's Income ^c | | -.012 (.007) | -.012 (.007) | | -.019 (.019) | -.018 (.019) |
| R's Education | | -.006 (.005) | -.003 (.005) | | -.005 (.006) | -.002 (.005) |
| Age | .085* (.033) | .115*** (.030) | .094** (.034) | .038 (.064) | .070 (.062) | .050 (.063) |
| Married | .001 (.022) | .010 (.022) | .009 (.022) | .028 (.032) | .035 (.033) | .035 (.033) |
| Female | -.031 (.022) | -.029 (.023) | -.033 (.023) | -.135*** (.030) | -.141*** (.031) | -.138*** (.030) |
| Employed | -.002 (.026) | -.017 (.028) | .016 (.028) | .006 (.037) | .026 (.039) | .024 (.039) |
| Rural | .086** (.027) | .089** (.026) | .083** (.027) | .041 (.037) | .039 (.037) | .040 (.037) |
| South | .051* (.023) | .050* (.023) | .049* (.023) | -.034 (.032) | -.028 (.033) | -.037 (.033) |
| Religiosity | .051*** (.008) | .053*** (.008) | .052*** (.009) | .067*** (.016) | .068*** (.016) | .066*** (.016) |
| Social Support | .129*** (.016) | .127*** (.016) | .129*** (.016) | .086* (.031) | .083* (.031) | .089** (.031) |
| Intercept | 2.398*** (.160) | 2.391*** (.147) | 2.495*** (.171) | 2.269*** (.295) | 2.707*** (.285) | 2.812*** (.313) |
| R ² | .066 | .065 | .067 | .058 | .055 | .060 |

^a Closeness is measured by an eight-item scale coded to range from 1 (low closeness) to 4 (high closeness).

^b Parental Education is measured as an average of mothers and father years of education.

^c Respondent's Income is logged

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests).

The final step of my analyses included testing whether the main relationships examined here varied by gender or nativity. For African Americans, I test if the main relationship vary by gender and, for Caribbean Blacks if they vary by gender or by nativity. Due to sample size restriction I was unable to examine interactions by nativity for African Americans. Of the 12 tested interactions (4 for African Americans and 8 for Caribbean Blacks) three were statistically significant. The small number of significant

interactions suggests that that there are more similarities across the processes shaping racial group identity than there are differences across ethnicity, gender and nativity.

Figure 1 shows that among African Americans, the impact of respondent education on group evaluation varies by gender such that at low levels of respondent education females report less positive group evaluation than men. As average levels of respondent education are approached both men and women experience increases in group evaluation, with women experiencing a steeper trajectory than men such that at high levels of education, both men and women report similar group evaluation.

Two interactions were significant among Caribbean Blacks. First, the relationship between parental education and closeness is moderated by nativity. Figure 2 shows that at low levels of parental education the foreign born report higher levels of closeness than their U.S. born counterparts. As parental education approaches mean levels there is a divergence between the foreign born and U.S. born such that at high levels of parental education the foreign born have markedly higher levels of closeness than their U.S. born counterparts.

Figure 3 shows that among Caribbean Blacks there is also variation in the impact of parental education by gender. At low levels of parental education Caribbean Black men report higher levels of group evaluation than women. However as average levels of parental education is approached Caribbean Black men experience a steep downward trajectory in their levels of closeness such that at high levels of parental education, Caribbean Black men report lower levels of closeness than Caribbean Black women.

Figure 1. Interaction between Respondent Education and Gender for African Americans.

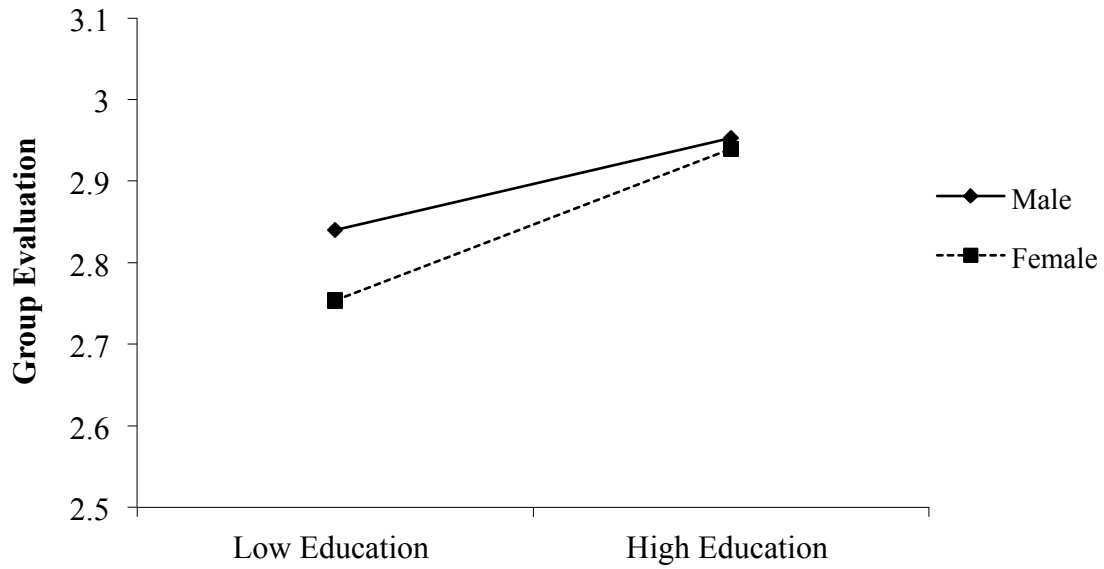


Figure 2. Interaction between Parental Education and Nativity for Caribbean Blacks.

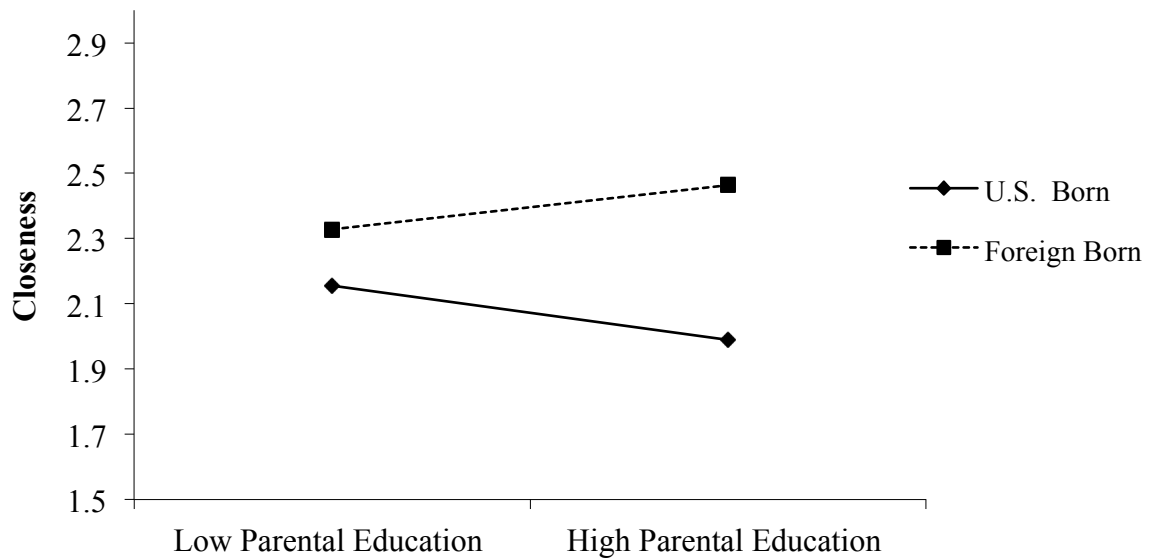
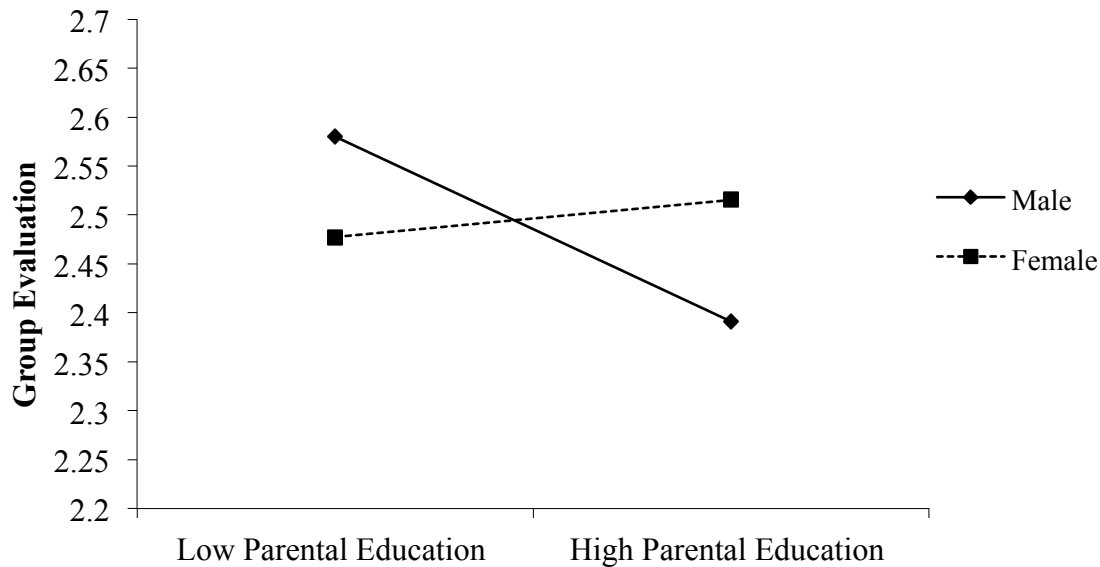


Figure 3. Interaction between Parental Education and Gender for Caribbean Blacks.



Discussion and Conclusion

In this paper I examined whether current SES and SES of origin were associated with racial group identity, conceptualized as closeness to other group members and as group evaluation. The conceptualization of current SES included respondent's income and respondent's education, whereas SES of origin was operationalized as parental education and receipt of welfare when growing up. To test these relationships, I developed four two part hypotheses – two hypotheses connected to SES of origin and racial group identity and two hypotheses assessing the relationship between current SES and racial group identity. Finally, I explored whether the hypothesized relationships varied by ethnicity, gender and nativity.

Impact of SES of Origin on Racial Group Identity. Among African Americans, I found support for parental education being positively associated with group evaluation (hypothesis 1a) and inversely related to closeness (hypothesis 1b). Additionally, among African Americans I found support for hypothesis 2a as welfare receipt is related to less

positive group evaluation. However, welfare receipt was unrelated to closeness (hypothesis 2b). For Caribbean Blacks I do not find support for the impact of SES of origin on either closeness or group evaluation (Hypotheses 1a-b and hypotheses 2a-b). For this group, past circumstances may not be significant in the determination of racial group identity because the highly racialized context of the U.S. requires them to formulate new conceptions of what race means and how it affects them. These conceptions may be starkly different and unrelated to their childhood experiences which otherwise may have shaped these understandings.

The significant findings among African Americans that higher parental education is associated with lower levels of closeness and more positive group evaluation aligns with prior findings. African Americans of higher SES report greater social distance from Blacks as a group but espouse more positive group evaluation (Allen Dawson and Brown 1989; Broman et al. 1988; Demo and Hughes 1990). It can be theorized that such individuals have a lessened sense of collective fate with their racial group, because their class status may partially insulate them from the injustices faced by more marginalized Blacks. Moreover, African Americans of higher SES have greater integration in non-Black contexts and less day to day contact with large numbers of individuals from their racial group. Further, higher SES individuals have gained a set of skills that allow them to more critical of common misconceptions about Blacks as a group and as such are able to challenge ideas that would be consistent with less positive group evaluation.

The findings also suggest that SES of origin has a lasting impact on racial group identity among African Americans, despite later adult achievements. Specifically receipt of welfare or public assistance when growing up remained significant net of respondent's own SES. It should also be noted that for African Americans, when current SES is

accounted for, parental education no longer impacts group evaluation and suggests that the relationship between parental education and group evaluation may be mediated by adult SES.

Impact of Current SES on Racial Group Identity. For African Americans, I found support for respondent's education as positively related to group evaluation (hypothesis 3a) but did not find the same for respondent's income (hypothesis 3b). Further, among this ethnic group, neither respondent's education nor income were related to closeness (hypotheses 4a-b). Similarly for Caribbean Blacks, I found support for respondent's education as positively related to group evaluation (hypothesis 3a), but respondent's income is unrelated to group evaluation (hypothesis 3b). Neither education nor income were associated with closeness for Caribbean Blacks (hypotheses 4a-b).

Central to the findings on current SES is the importance of education in the maintenance of a positive group identity for both African Americans and Caribbean Blacks. Across both groups respondent's education had independent positive effects on group evaluation and maintains this relationship, even when controlling for SES of origin. The extant theorizing and research on racial group identity provides some explanation of these findings. Deviating from the argument that higher education is associated capacity to challenge stereotypes (explained above on p. 17), one explanation is that higher education is associated with more interracial contact. Contexts characterized by high levels of interracial contact requires race to become a more salient social identity. Aligned with social identity theory, individuals in these highly racialized contexts become more invested in positive evaluation of self and others within their racial group.

The interactions helped to clarify the importance of other salient sociodemographic identities such as gender and nativity. For African Americans, I test if the main relationships vary by gender and, for Caribbean Blacks if they vary by gender or by nativity. Of the 12 tested interactions (4 for African Americans and 8 for Caribbean Blacks) three were statistically significant. One major identity is gender and my findings shows that the positive relationship between education and group evaluation varies by gender for African Americans, wherein men, regardless of educational level, have higher group evaluation than women (see Figure 1). This gendered differences between African American men and women only abates at the very highest levels of educational achievement. This finding may suggest low levels of education is an added burden for women who may experience unique disadvantages given their gender and racial status.

Nativity is another identity that might qualify the main findings of this study. In fact, though the extant literature would suggest that higher levels of parental education are associated with lower levels of closeness, this inverse relationship is not the case for foreign born Caribbean Blacks (See Figure 2). Indeed, among this group as parental education increases so too do levels of closeness. One explanation is that Black Caribbean migrants have experienced living in contexts where race and class are distinctly disaggregated concepts. In these contexts, “Black” is descriptive, and does not have significant pejorative meaning. For instance, Vickerman (1999) explains that it is commonplace for migrants when in their home country to have daily interactions with Blacks who range from social outcasts to highly qualified professionals. Therefore, in the case of the foreign born, an individual’s social class may not be indicative of feelings about race and may even be associated with higher levels of closeness.

For Caribbean Blacks, I also found that gender makes a significant difference in how parental education impacts group evaluation. Caribbean Black men have a steep downward trajectory in group evaluation as levels of parental education increase. This finding could suggest that compared to Caribbean Black women, the process by which parental education is incorporated in self-concept differs. This finding may be associated with gendered differences in how men and women are socialized. For men, higher parental education possibly allows more stereotypically masculine attributes and therefore harsher evaluations of others. Women however are more likely socialized to be more caring and understanding towards others, regardless of parental education.

Despite the differences highlighted between African Americans and Caribbean Blacks, there were also notable similarities. One such similarity dealt with social support, which is important to development of both group evaluation and closeness for African Americans and Caribbean Blacks. Social support is important, past studies have shown its significance to plethora of health outcomes as well as enhancement of other beneficial psychosocial resources. Further, religiosity was an important, positive predictor of closeness for both groups. Obviously, religious involvement is not only a source of social support, but also may encourage positive interactions with in-group members that encourage feelings of closeness. Also similar across both ethnic groups is that respondent's income has no impact on levels of closeness or group evaluation. Prior studies have suggested that among Blacks SES may not be as consequential for life chances. This may also apply to the development of psychosocial resources, specifically race-related factors.

Despite the strengths of this study there are some limitations. Identities are dynamic, including trajectories of change and stability over time. Without longitudinal

data, I cannot examine how SES impacts identity over time or identify casual pathways. Given the attention to SES of origin, longitudinal data would have provided a more complete and systematic assessment of the relationships examined. Additionally, the racial group identity literature provides a vast number of ways in which racial group identity can be measured. I am limited to the measures included in these data and future studies might benefit by incorporating not only different types of measures, but also questions that ask about the salience of identities. For instance, it may not matter much how parental SES impact group evaluation, if group evaluation is not a salient identity for the individual in the first place.

Finally, a notable contribution of the study is the exploration of ethnic heterogeneity. Disaggregating Blacks by ethnicity, proved to be fruitful insofar as it allowed a careful rendering of both similarities and differences in the processes that shape racial group identity for African Americans separate from their Caribbean Black counterparts. As evidenced by this study, it should not be assumed that all members of a racial group experience and understand issues related to race in similar ways. This is significant given the continuing influx of the African diaspora into the U.S. and well as the continued growth of the Black middle and upper class. Future research should expand and examine other within race and ethnic difference for other groups, including Asian Americans and Latinos. Doing so provides a multidimensional understanding of racial group identity and does not obscure within group variation.

Chapter III

Racial Group Identity and Psychosocial Resources

Introduction

“Psychosocial resources are the skills, beliefs, talents, and individual personality factors that influence how people manage stressful events. They include self-esteem, optimism, a sense of mastery, active coping skills, and social support” (Taylor 2011 p. 65). More specifically, psychosocial resources help individuals to appraise potential stressors or threatening events as more benign and manageable and provide important resources for effective coping (Carver et al. 1989; Lazarus and Folkman 1984; Pearlin and Schooler 1978; Taylor 2011; Thoits 2006; Wheaton 1983). The extant literature highlights the significance of psychosocial resources for varying outcomes, mainly acting as buffers against stress, and as positively associated with better mental and physical health, higher life satisfaction and academic achievement (Avison and Cairney 2003; Lane et al. 2004; Mirowsky and Ross 2003; Pudrovska et al. 2005; Thoits 2006; Watkins et. al. 2011).

While a fairly large number of studies have assessed the association between being a racial minority (e.g., African American) and psychosocial resources, fewer studies have carefully assessed the how racial group identity shapes psychosocial resources. Such inquiries are potentially quite important as race continues to be a prominent determinant of life chances. That is, the thoughts and feelings that individuals attach to their racial group membership may operate to diminish or enhance important psychosocial resources. The psychosocial resources examined in this study are self-esteem and mastery. On the one hand, self-esteem describes an evaluative feeling toward self and represents feelings of global self-worth or self-acceptance (Gecas and Burke

1995; Rosenberg 1990). On the other hand, mastery describes the “belief that one can determine one’s own behavior, influence one’s environment, and bring about desired outcomes” (Taylor and Broffman 2011 p. 7). In this study, I explore how both self-esteem and mastery are related racial group identity, which is conceptualized as *closeness to other in-group members* and *group evaluation or positive views of in-group members* (Demo and Hughes 1990).

There are four important contributions of this paper. First, existing scholarship on racial group identity and psychosocial resources primarily explicates these relationships among adolescents (e.g. Fuligni et al. 2005; Phinney 1989; Phinney et al. 1997; Roberts et al. 1999). In this paper, I expand prior research by including a wide range of life stages, ranging from late adolescence/young adulthood to the elderly. Second, this paper’s use of two dimensions of racial group identity, closeness and group evaluation. This inclusion extends prior scholarship by showing how the multiple meanings associated with racial group membership may have implications for self-concept. Third, I consider ethnic heterogeneity among Black Americans by exploring outcomes for African Americans and Caribbean Blacks. To date, the majority of research on racial group identity assesses self-concept for African Americans, even though a growing body of literature indicates that the social experiences of Caribbean Blacks differ dramatically from those of African Americans (e.g. Waters 1991; Griffith 2011). This research indicates that ethnicity is particularly salient among Caribbean Blacks and shapes how race is interpreted (Waters 1991). Fourth, the use of nationally representative data with comparable measures of racial group identity for each racial/ethnic group allows for generalizability as well as a comparison across African Americans and Caribbean Blacks.

Background

Self-Esteem and Mastery

Self-esteem. Self-esteem refers to the evaluative aspect of self knowledge and reflects the extent to which people like themselves and believe they are competent (Zeigler-Hill 2013). Individuals desire to maintain high levels of self-esteem and use a variety of strategies to maintain positive view of themselves. Further, high levels of self-esteem serve a protective function whereby individuals who have negative experiences are thought to be less impacted by these experiences as well as recover more quickly from them (Brown 2010; Ulrich and Robbins 2013). Social identity theory suggests that belonging to socially stigmatized groups may be a liability for group members as negative societal views of the group may be internalized by members and undermine levels of self-esteem (Tajfel 1981). Yet, it is important to note that for Black Americans, the theorized low levels of self-esteem resulting from internalization of stigma has been consistently challenged and disproven empirically (Gary-Little and Hafdahl 2000; Mizell 1999; Porter and Washington 1979; Twenge and Crocker 2002).

Among African Americans, findings generally reflect higher levels of self-esteem than whites (Crocker and Major 1989; Gray-Little and Hafdahl, 2000; Twenge and Crocker 2002) and more recent work has extended this finding to other racial groups – Hispanics and Asians (Sprecher, Brooks, and Avogo 2013). For African Americans, minority group membership does not diminish the comparatively high levels of self-esteem observed among this group (e.g., Hughes and Demo 1989; Porter and Washington 1979; Cross 1995; Rosenberg 1979). One potential explanation is that strong racial group identity enables individuals to attribute negative experiences to larger societal issues (e.g. racism). This external attribution may be protective by allowing Blacks to keep their

internalized feelings of self-worth intact. A second explanation is Blacks engage social comparisons differently than other groups (see e.g., Hughes and Demo 1990). Blacks may more likely compare themselves to other Blacks; therefore, their group's position in the social hierarchy may simply not impact self-esteem in the same way it would for other groups.

In contrast to self-esteem, which represents a more global estimation of self worth, mastery is specific an individual's understanding of their personal agency and is defined as the extent to which people see themselves as having control over the forces that affect their lives (Anehensel 1992; Pearlin et al. 1981; Pearlin et al. 2007). Similar to the benefits of self-esteem, individuals with high levels of mastery are able to cope with stressful events and are more likely avoid their potentially negative effects and the associated range of adverse health outcomes (Thoits 2006). Scholars argue that life experiences and position in social hierarchy shape levels of mastery. For Black Americans findings on mastery are similar to those on self-esteem but are more mixed. Blacks generally tend to report lower levels of mastery than whites (Bruce and Thornton 2004; Turner and Roszell 1994). However, in some studies racial differences were insignificant or significant with Blacks reporting higher mastery (Christie-Mizell and Erickson 2007; Lewis et al. 1999). Moreover, using a sample of African Americans and Caribbean Blacks, Williams and colleagues (2012) find that both ethnic subgroups report similar levels of mastery as whites.

Past research has documented disproportionate differences in the distribution of psychosocial resources across social statuses and a number of factors other than race or ethnicity have been implicated in the prediction of both self-esteem and mastery. Research has largely shown that structurally disadvantaged groups such as women tend to

have lower levels of mastery (Hughes and Demo 1989; Ross and Sastry 1999; Ross and Mirowsky 2002; Stets and Harrod 2004). Work on self-esteem also generally finds that women typically report lower levels of self-esteem than men (McMullin and Cairney, 2004; Twenge and Campbell, 2001; Young and Mroczek, 2003) however, this finding varies dependent on life stage such that self-esteem is relatively high in childhood, declines during adolescence (particularly for girls), rises gradually throughout adulthood, and then declines sharply in old age (Erol and Urth 2011; Robins and Trzesniewski 2005). Increased education has a positive effect on mastery (Gurin et al. 1978; Mirowsky and Ross 1983; Ross 1991). Income is positively related to both mastery and self-esteem (Duncan and Liker 1983; Gecas and Seff 1990; Gurin et al. 1978; Francis and Jones 1996). However, for self-esteem, education and occupation have a greater impact than income (Twenge and Campbell 2002). Additionally, employment is associated with increases in mastery (Pearlin et al. 1981).

Self-esteem, Mastery, and Racial Group Identity

One factor that may partially explain the findings regarding self-esteem and mastery among Black Americans is racial group identity. Racial group identity emphasizes the meanings and significance that members of a racial group attach to their group membership. In general, there is a positive correlation between identification with social groups and self-esteem (Christensen 2001). In particular, how self-esteem and mastery are related to racial group identity has been a question visited in the literature but with inconsistent findings. Phinney (1991, 1992) argues that for racial minorities group identity is critical in the development of high levels of self-esteem and mastery. Several studies affirm this argument and show that there is a positive relationship between racial group identity and self-esteem as well as racial group identity and mastery (Blash and

Unger 1995; Hughes et al. 2015; Hughes and Demo 1989; Phinney 1990, 1992; Lorenzo-Hernandez and Ouellette 1998; Phinney Cantu and Kurtz 1997; Postmes and Branscombe 2002; Sellers, Chavous and Smith, 1998; Smith and Silva 2011). Stets and Burke (2000) note that the, “increase in self-worth that accompanies a group-based identity...may come not simply from the act of identifying with the group, but from the group’s acceptance of the individual as a member” (p. 233). Further, supportive relationships like those fostered within racial groups have been shown to bolster both self-esteem and mastery (Cast and Burke 2002).

The existing literature on racial group identity suggests particular ways that racial group identity may be implicated in the enhancement of psychosocial resources. Racial group identity may allow individuals to attribute negative outcomes to prejudice against their racial group (Branscombe et al. 1999). Having a positive racial group identity may be related to using in-group members for social comparison, disengaging one’s self-esteem from reflected appraisals based on more privileged groups (Broman Neighbors and Jackson, 1988; Crocker and Wolfe 2001; Crocker and Major 1989; Major 1994; Porter and Washington 1979).

Social identity theory also suggests that members of marginalized groups strive to maintain a positive group identity. To do so, members of stigmatized groups use a process of social creativity: emphasizing the more desirable aspects of their racial group identity and redefining negative stereotypical qualities as positive (Tajfel and Turner, 1986; Crocker and Major, 1989). The process of social creativity directly enhances or maintains self-esteem and mastery. However, Hughes and colleagues (2015) argue that identity processes, though an important aspect of the lives of African Americans also have the potential to undermine well-being. They find that those with high levels of

closeness and group evaluation have higher levels of mastery and self-esteem but also show that when group evaluation is relatively negative, higher levels of closeness is related to lower mastery.

Summary and Hypotheses

In this paper, using a nationally representative sample of African Americans and Caribbean Blacks, I investigate how racial group identity (closeness and group evaluation) influences two parts of self-concept (self-esteem and mastery). I develop two hypotheses for this research:

H1a–b: Closeness will be positively related to (a) self-esteem and, (b) mastery.

H2a–b: Group evaluation will be positively related to (a) self-esteem and, (b) mastery.

Further, given the importance of gender, ethnicity and nativity I explore whether hypotheses 1-4 vary by these sociodemographic factors.

Data and Measures

Data

The data for this study are extracted from the National Survey of American Life (NSAL). The NSAL is a nationally representative multistage probability sample of non-institutionalized African Americans (N=3,570), Blacks of Caribbean descent (Caribbean Blacks) (N=1,621), and non-Hispanic whites (N= 1,006) who live in areas where at least 10% of the population is Black. Collected between February 2001 and March 2003, the survey has an overall response rate of 72.3% (Jackson 2004). The analyses for this study utilizes African Americans and Caribbean Blacks only because whites surveyed were not asked questions about their racial group identity. Respondents being considered African American identified as Black, but did not claim ancestral ties to the Caribbean while

respondents considered Caribbean Black identified as Black and claimed ancestral ties to the Caribbean. The age of respondents ranges from 18 to 99 years (Jackson et al. 2004).

Measures

Dependent Variables. The two psychosocial outcomes for this paper are self-esteem and mastery. Self-esteem is measured by the ten-item Rosenberg self-esteem scale (Rosenberg 1965). The scale has items that ask respondents to rate their level of agreement from 1 (strongly agree) to 4 (strongly disagree) for the following prompts: 1) am person of worth/equal to others; 2) have number of good qualities; 3) am a failure; 4) do things as well as others; 5) don't have much to be proud of; 6) take positive attitude toward self; 7) am satisfied with self; 8) want more self-respect; 9) sometimes feel useless; 10) sometimes think I am no good. These items are summed and divided by the number of items to create a scale, ranging from 1 (lower self-esteem) to 4 (higher self-esteem). The cronbach's alpha estimate for African Americans is .76 and .78 for Caribbean Blacks.

Mastery is measured with the widely used and valid seven-item Pearlin Mastery Scale (Pearlin 1989). Respondents were asked their level of agreement [1 (strongly agree) to 4 (strongly disagree)] with the following items: 1) there is really no way I can solve some of the problems I have; 2) sometimes I feel that I'm being pushed around in life; 3) I have little control over the things that happen to me; 4) I can do just about anything I set my mind to; 5) I often feel helpless in dealing with the problems of life; 6) what happens to me in the future depends on me; and 7) there is little I can do to change many of the important things in my life. These items are summed and divided by the number of items to create a scale ranging from 1 (lower mastery) to 4 (higher mastery). The alpha reliability is .72 for African Americans and Caribbean Blacks.

Independent Variables. Racial group identity is measured by two dimensions: group evaluation and closeness (Demo and Hughes 1990). Group evaluation is assessed with six items. Specifically, respondents are asked how true they think it is that most Black people are: 1) intelligent; 2) lazy; 3) hard-working; 4) give up easily; 5) proud of themselves; and 6) violent. These six items range from 1 (very true) to 4 (not true at all). I summed the responses and divided by the number of items and coded to range from 1 (less positive evaluation) to 4 (more positive evaluation). The cronbach's alpha estimate for African Americans is .62 and .60 for Caribbean Blacks.

Closeness to others is measured with an eight-item scale. Respondents are asked about their closeness in ideas or feelings to Black people who are: 1) poor; 2) religious church-going; 4) young; 5) upper class; 6) working class; 7) older; and 8) elected officials; and, doctors, lawyers, or other professional people. The items are summed and divided by the number of items, yielding a measure that ranges from 1 (lower closeness) to 4 (higher closeness). The alpha estimate for African Americans is .86 and .84 for Caribbean Blacks.

Control Variables. SES of origin is measured by two variables: parental education which is the average of mothers and fathers educational attainment. If mother's education is missing father's education is used and vice versa. Receipt of welfare when growing up (1=received welfare) reflects whether the respondent reports that his or her family received public assistance. Current SES is also measured by two variables: respondent household income (measured in dollars) and respondent educational attainment measured in years. I also include marital status (married or cohabitating=1), age (years), gender (1=female), and employment status (1=currently working). I also hold constant whether the respondent resides in a rural area (1=yes; compared to urban

residents) or in the South (1=yes; compared to all other regions). Further, religiosity is measured by frequency of church attendance and is coded to range from 1 (less than once a year) to 5 (four or more times a week). Social support is operationalized as received emotional support from family members (Fetzer Institute and National Aging Working Group 1999) and is a 3-item scale. It asks respondents to report how frequently family members, 1) make him/her feel loved and cared for; 2) listen to him/her talk about his/her problems and concerns; and 3) express interest and concern in his/her well-being. These items are summed and divided by the number of items to create a scale ranging from 1 (lower social support) to 4 (higher social support). The cronbach's alpha estimate for African Americans is .74 and for Caribbean Blacks .73

Analytic Strategy

The main goal of this paper is to examine the relationship between racial group identity (closeness and group evaluation) and psychosocial resources (self-esteem and mastery). A second major goal is to understand whether these relationships vary by ethnicity, gender or nativity. The analyses for this paper involves estimation of a series of ordinary least squares regression models to establish both the independent and joint effects of racial group identity on self-esteem and mastery. The final step of analysis tests a series of interactions to determine if the impact of racial group identity on self-esteem or mastery varies by gender or nativity. All analyses are weighted to adjust for complex survey design of NSAL.

Results

Descriptive Findings.

Table 4 shows the means and percentages for all study variables. In terms of the primary variables of interest, African Americans and Caribbean Blacks report similar

levels of self-esteem but African Americans have higher levels of mastery, compared to their Caribbean Black counterparts (3.357 vs. 3.278). Regarding racial group identity, African Americans and Caribbean Blacks report similar levels of group evaluation. However, African Americans report significantly higher levels of closeness compared to Caribbean Blacks (3.254 vs. 3.116).

Table 4. Weighted Means, Percentages for the National Survey of American Life, Sample of African Americans and Caribbean Blacks (N=3,501)

| Variables | African Americans N = 2,571 | | Caribbean Blacks N= 930 | |
|--------------------|--------------------------------|--------|----------------------------|--------|
| | Mean/ Percent | SD | Mean/ Percent | SD |
| Self-esteem | 3.638 | .411 | 3.660 | .397 |
| Mastery | 3.357 ^a | .575 | 3.278 | .570 |
| Group Evaluation | 3.194 | .481 | 3.232 | .482 |
| Closeness | 3.254 ^a | .541 | 3.116 | .510 |
| Parental Education | 10.388 ^a | 3.182 | 10.974 | 3.283 |
| Receipt of Welfare | 23.34% ^a | -- | 7.03% | -- |
| R's Education | 12.679 ^a | 2.316 | 13.432 | 2.734 |
| R's Income (1000s) | 9.971 ^a | 1.145 | 10.322 | 1.273 |
| Religiosity | 3.098 ^a | 1.086 | 2.973 | 1.131 |
| Social Support | 3.264 | .724 | 3.241 | .680 |
| Age | 41.598 ^a | 15.052 | 39.796 | 14.342 |
| Female | 64.96% | -- | 61.84% | -- |
| Employed | 69.66% ^a | -- | 76.76% | -- |
| Married | 35.98% ^a | -- | 44.00% | -- |
| Rural | 37.26% ^a | -- | 23.78% | -- |
| South | 65.97% ^a | -- | 29.51% | -- |

^a These values differ at $p < .01$ or less between African Americans and Caribbean Blacks.

African Americans report significantly lower levels of parental education (10.388 vs. 10.974 years) as well as lower levels of respondent education (12.679 vs. 13.432 years). A significantly lower proportion of Caribbean Blacks received welfare while growing up (7.03% vs. 22.35%). Additionally, Caribbean Blacks report significantly higher levels of income than African Americans (10.322 vs. 9.971). African Americans report significantly lower levels of parental education (10.388 vs. 10.974 years) as well as lower levels of respondent education (12.679 vs. 13.432 years). A significantly lower

proportion of Caribbean Blacks received welfare while growing up (7.03% vs. 22.35%). Additionally, Caribbean Blacks report significantly higher levels of income than African Americans (10.322 vs. 9.971). The African American sample is older (41.598 vs. 39.796 years) and fewer are likely to be employed (69.65% vs. 76.76%) than their Caribbean Black counterparts. Further, there is a comparable proportion of African American women (64.96%) and Caribbean Black women (61.84%). The African American subsample also has a lower percentage of married individuals (35.98% vs. 44.00%) but compared to Caribbean Blacks have a significantly higher percentage of individuals residing in both southern (65.97% vs. 29.51%) and rural (37.26% vs. 23.78%) areas. African Americans have significantly higher levels of religiosity (3.098 vs. 2.973). However both African Americans and Caribbean Blacks have comparable levels of social support.

Multivariate Findings

Tables 5-6 show the multivariate findings for this paper. Table 5 displays the independent and joint effects of racial group identity on self-esteem for African Americans and Caribbean Blacks. Models 1a and 1b show that for both African Americans and Caribbean Blacks group evaluation is positively associated with self-esteem. Models 1a and 1b also show that across both groups respondent education, employment and social support are positively associated with self-esteem. However, for Caribbean Blacks, respondent income is also positively associated with self-esteem. For African Americans religiosity is positively related to self-esteem, but is unrelated to the self-esteem of Caribbean Blacks. Models 2a and 2b show that closeness is positively related to self-esteem for both African Americans and Caribbean Blacks. Further, in contrast to the first model respondent's income is now significant for African Americans

(Model 2a). Across both groups, respondent's income, respondent's education, employment, and social support are also positively related to self-esteem. Religiosity remains a positive predictor of self-esteem of African Americans (Model 2a).

When group evaluation and closeness are considered jointly, closeness and group evaluation remain significant and positively associated with self-esteem for African Americans (model 3a). In contrast, while group evaluation remains positively associated with self-esteem, closeness is reduced to non-significance for Caribbean Blacks (Model 3b). Additionally, respondent's income, respondent's education, employment and social support persist in being positively associated with self-esteem for both groups. Religiosity continues to be positively related to self-esteem for African Americans only (Model 3a).

Table 6 displays the influence racial group identity on mastery for African Americans and Caribbean Blacks. Models 1a-1b show that for both African Americans and Caribbean Blacks group evaluation is positively associated with mastery. These models also show that respondent's education, employment, and social support are increase mastery for both groups. Among African Americans, respondent's income and religiosity are also positively associated with mastery. For Caribbean Blacks being married is also positively associated with mastery. Closeness is associated with higher levels of mastery for African Americans (Model 2a) but not for Caribbean Blacks (Model 2b). Similar to the first model and for both groups, these models show that respondent's education, employment and social support are positively associated with mastery, and age is inversely related to mastery. For African Americans, income and religiosity are still positively associated with mastery, while marriage remains a positive predictor of levels of mastery for Caribbean Blacks.

When both dimensions of racial group identity are considered jointly, group evaluation continues to positively impact mastery while closeness is reduced to non-significance for African Americans (Model 3a). Similarly, for Caribbean Blacks, model 3b shows that group evaluation continues to positively impact levels of mastery, but closeness is reduced to non-significance. For African Americans and Caribbean Blacks, there is a positive association between mastery and employment, respondent's education and social support. Marriage positively impacts mastery for Caribbean Blacks, while income is associated with higher levels of mastery for African Americans.

Table 5. Self-Esteem^a Regressed on Selected Variables, National Survey of American Life

| Variables | African Americans N = 2,571 | | | Caribbean Blacks N = 930 | | |
|---------------------------------|--------------------------------|---------------------------|---------------------------|-----------------------------|---------------------------|---------------------------|
| | <u>1a</u> | <u>2a</u> | <u>3a</u> | <u>1b</u> | <u>2b</u> | <u>3b</u> |
| | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) |
| Group Evaluation ^b | .132*** (.015) | | .124*** (.016) | .138*** (.027) | | .128*** (.025) |
| Closeness ^c | | .070*** (.017) | .053** (.017) | | .072* (.027) | .051 (.025) |
| Parental Education ^d | -.001 (.004) | .000 (.004) | -.000 (.004) | .008 (.006) | .009 (.007) | .009 (.006) |
| Received Welfare | -.008 (.024) | -.017 (.025) | -.010 (.024) | .029 (.027) | .012 (.025) | .023 (.027) |
| R's Income ^e | .012 (.006) | .015* (.006) | .013* (.006) | .044** (.012) | .049** (.013) | .045** (.012) |
| R's Education | .026*** (.005) | .031*** (.005) | .026*** (.005) | .012* (.005) | .016** (.005) | .012* (.005) |
| Age | -.004 (.025) | -.007 (.025) | -.008 (.026) | .080 (.044) | .060 (.042) | .077 (.042) |
| Married | .030 (.017) | .027 (.018) | .029 (.017) | .024 (.029) | .027 (.032) | .023 (.029) |
| Female | -.009 (.019) | -.013 (.019) | -.007 (.019) | .003 (.022) | .012 (.027) | .010 (.024) |
| Employed | .137*** (.024) | .136*** (.023) | .136*** (.024) | .099** (.030) | .094** (.029) | .098** (.029) |
| Rural | -.012 (.016) | -.021 (.015) | -.017 (.016) | -.044 (.030) | -.044 (.030) | -.046 (.031) |
| South | .005 (.020) | .003 (.020) | .003 (.019) | .004 (.031) | -.001 (.032) | .004 (.030) |
| Religiosity | .027** (.008) | .022* (.008) | .024** (.008) | -.007 (.013) | -.015 (.015) | -.010 (.014) |
| Social Support | .077*** (.014) | .076*** (.015) | .071*** (.014) | .107*** (.021) | .106*** (.022) | .103*** (.022) |
| Intercept | 2.354*** (.113) | 2.487*** (.115) | 2.240*** (.113) | 1.812*** (.266) | 2.024*** (.280) | 1.695*** (.274) |
| R ² | .144 | .129 | .148 | .159 | .141 | .163 |

^aSelf-esteem is measured the Rosenberg self-esteem scale

^bGroup Evaluation is measured by a six-item scale coded to range from 1 (less positive evaluation) to 4 (more positive evaluation).

^cCloseness is measured by an eight-item scale coded to range from 1 (low closeness) to 4 (high closeness).

^d Parental Education is measured as an average of mothers and father years of education.

^eRespondent's Income is logged.

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests).

Table 6. Mastery^a Regressed on Selected Variables, National Survey of American Life

| Variables | African Americans N = 2,571 | | | Caribbean Blacks N = 930 | | |
|---------------------------------|--------------------------------|---------------------------|---------------------------|-----------------------------|---------------------------|---------------------------|
| | 1a | 2a | 3a | 1b | 2b | 3b |
| | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) | <i>b</i> (<i>se</i>) |
| Group Evaluation ^b | .172*** (.021) | | .167*** (.022) | .214*** (.031) | | .209*** (.029) |
| Closeness ^c | | .053* (.020) | .031 (.020) | | .059 (.030) | .025 (.026) |
| Parental Education ^d | .004 (.005) | .004 (.005) | .004 (.005) | .014 (.007) | .014 (.007) | .014 (.007) |
| Received Welfare | -.010 (.025) | -.021 (.025) | -.011 (.025) | .071 (.076) | .051 (.071) | .069 (.075) |
| Respondent Income ^e | .026* (.010) | .029** (.010) | .026** (.010) | .036 (.023) | .042 (.024) | .037 (.023) |
| Respondent Education | .037*** (.007) | .044*** (.007) | .037*** (.007) | .035*** (.007) | .041*** (.008) | .035*** (.007) |
| Age | -.115** (.034) | -.116** (.034) | -.118** (.034) | -.114* (.054) | -.144* (.056) | -.116* (.056) |
| Married | .030 (.023) | .027 (.023) | .032 (.022) | .082* (.038) | .089* (.041) | .081* (.039) |
| Female | -.047 (.025) | -.053 (.023) | -.046 (.025) | .025 (.043) | .031 (.043) | .029 (.044) |
| Employed | .157*** (.026) | .157*** (.025) | .157*** (.026) | .120* (.046) | .114* (.045) | .120* (.046) |
| Rural | -.004 (.028) | -.012 (.029) | -.006 (.028) | -.025 (.047) | -.023 (.042) | -.026 (.047) |
| South | -.021 (.032) | -.023 (.033) | -.023 (.032) | -.057 (.030) | -.062 (.034) | -.056 (.030) |
| Religiosity | .028* (.012) | .024*** (.012) | .027 (.012) | .004 (.015) | -.005 (.016) | .002 (.014) |
| Social Support | .117*** (.017) | .123*** (.018) | .114*** (.018) | .099** (.028) | .102** (.027) | .097** (.029) |
| Intercept | 1.917*** (.185) | 2.183*** (.184) | 1.850*** (.182) | 1.553*** (.319) | 2.035*** (.334) | 1.496*** (.326) |
| R ² | .155 | .138 | .155 | .181 | .152 | .180 |

^a Mastery is measured by the Pearlin Mastery Scale^b Group Evaluation is measured by a six-item scale coded to range from 1 (less positive evaluation) to 4 (more positive evaluation).^c Closeness is measured by an eight-item scale coded to range from 1 (low closeness) to 4 (high closeness).^d Parental Education is measured as an average of mothers and father years of education.^e Respondent's Income is logged.* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests).

The final step of my analyses was to test whether the relationship between racial group identity (closeness and group evaluation) and self-concept (self-esteem and mastery) varied by gender or nativity. For example, I test whether gender moderates the impact of group evaluation on self-esteem and also if the impact of closeness on mastery varies by nativity status. For African Americans, the interactions primarily focus on gender. For Caribbean Blacks, the interactions examine variation by gender and by nativity. Due to sample size restrictions I was unable to examine interactions by nativity for African Americans. Of the tested 6 interactions (2 for African Americans and 4 for Caribbean Blacks) three were statistically significant. These are shown in Figures 4-6.

Figure 4 shows that among African Americans the impact of closeness on mastery varies by gender. At low levels of closeness, females report lower levels of mastery than males. As levels of closeness approach the mean, male and female levels of mastery gradually converge such that at high levels of closeness both males and females report similar levels of mastery. Figure 5 shows the results of a test of whether gender moderates the effects of group evaluation on self-esteem for Caribbean Blacks. At low levels of group evaluation, Caribbean Black women report higher levels of self-esteem than Caribbean Black men. As values of group evaluation move from low levels toward the mean, both men and women experience upward trajectories in self-esteem. Just above the mean of group evaluation, levels of self-esteem converge, but upward trajectory is steeper for men such that at the highest levels of group evaluation, Caribbean Black males have higher levels of self-esteem compared to their female counterparts.

Finally, Figure 6 shows the result of a test of whether gender conditions the effects of closeness on self-esteem for Caribbean Blacks. At low levels of closeness males report lower levels of self-esteem than females. As the value of closeness moves

toward the mean, there is a steep upward trajectory in self-esteem for men such that at high levels of closeness Caribbean Black men report higher self-esteem than Caribbean Black women. Closeness appears to have no significant impact on self-esteem for Caribbean Black women.

Fig. 4. Interaction between Closeness and Gender for African Americans

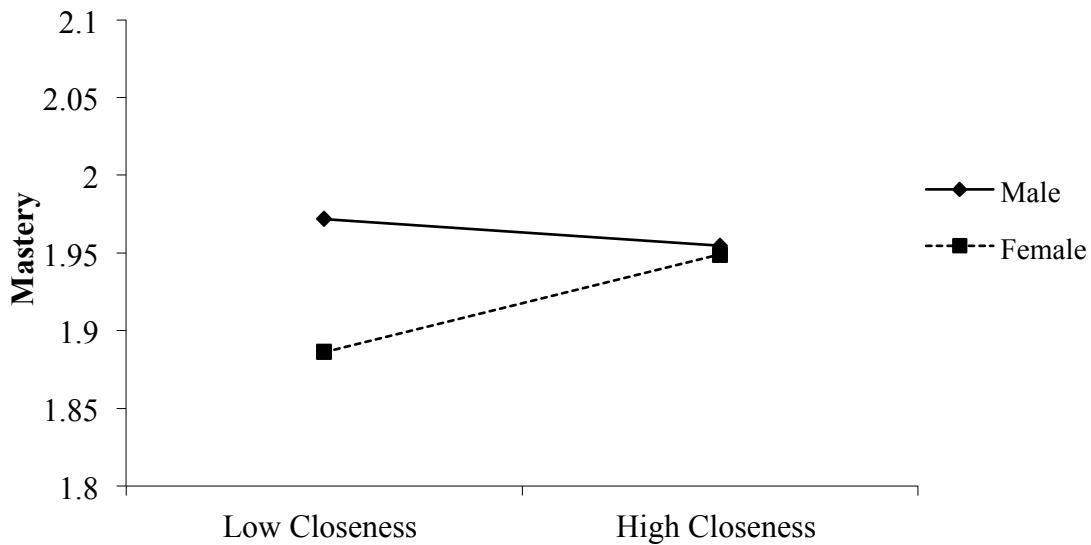


Fig. 5 Interaction between Group Evaluation and Gender for Caribbean Blacks

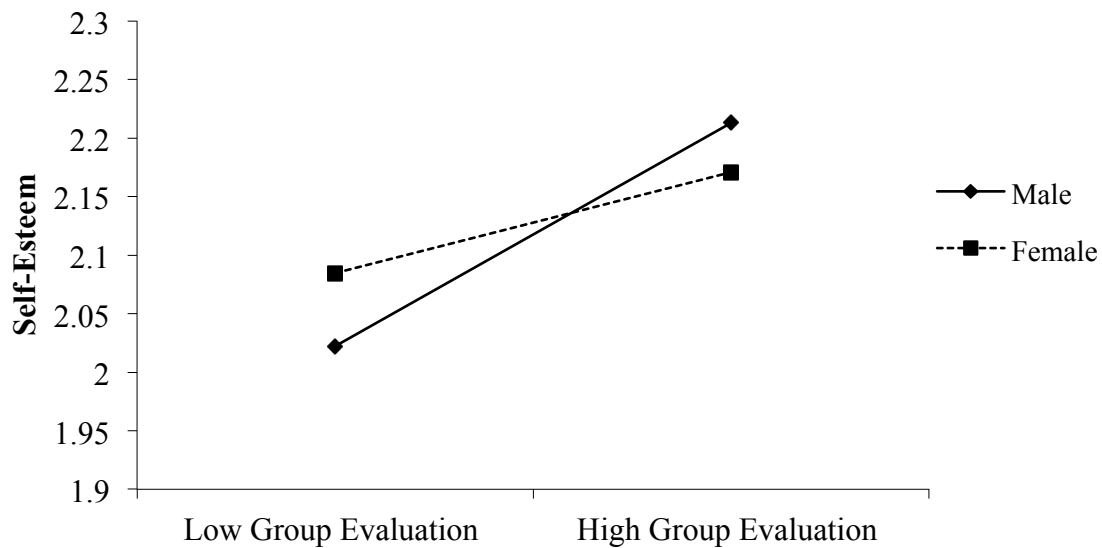
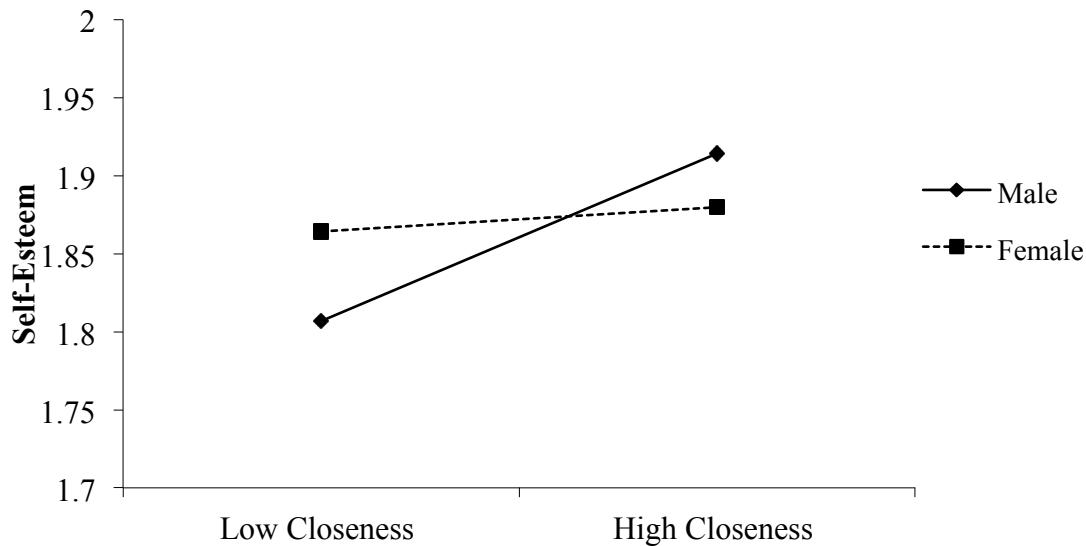


Fig. 6. Interaction between Closeness and Gender for Caribbean Blacks



Discussion and Conclusion

In this paper, I examined whether racial group identity (group evaluation and closeness) was associated with self-esteem and mastery. Further I assessed whether the relationships observed varied by ethnicity, gender and nativity. Among African Americans, I found support for closeness being positively related to self esteem (hypothesis 1a) and positively related to mastery (hypothesis 1b). Additionally, for African Americans I found support for hypothesis 2a as group evaluation was positively related to self-esteem and for hypothesis 2b as group evaluation was also positively associated with mastery. For Caribbean Blacks, I find support for the positive impact of closeness on self-esteem (hypothesis 1a) but find do not find support for hypothesis 1b, as closeness is unrelated to mastery. For Caribbean Blacks, group evaluation was positively associated with self-esteem (hypothesis 2a) and positively associated with mastery (hypothesis 2b). The main findings for African Americans align with prior research that suggests that an individual's perceptions and identification with their racial

group enhance levels of self-esteem and mastery. For Caribbean Blacks, the main findings suggest otherwise. How close Caribbean Blacks feel to other Blacks does not play a role in determining levels of mastery. This finding reflects that for this ethnic subgroup the processes that determine how competent one feels are disassociated from closeness felt to varying groups of Blacks. One possible explanation of this finding is that compared to African Americans, Caribbean Blacks, because of generally higher levels of socioeconomic attainment have other opportunities through which to build mastery.

Differences by ethnicity were also observed in the joint consequences of group evaluation and closeness on self-esteem. For self-esteem, results for African Americans suggest that both closeness and group evaluation make particular and distinct beneficial contributions to levels of self-esteem. For Caribbean Blacks when the impact on self-esteem on both dimensions of racial group identity is considered closeness is pushed out of the threshold for statistical significance. This result suggests that closeness is not as useful in building self-esteem for Caribbean Blacks. This pattern of findings may simply suggest that being close to similar others is not a regular part of racial and ethnic socialization of Caribbean Blacks living in the U.S. In fact, Waters (1999) suggests that in general Caribbean Blacks hold the same stereotypes of Black Americans that whites often hold. Therefore, if their views of Black Americans in general is negative, then that closeness would not boost self-esteem.

The interactions helped to clarify the importance of other salient sociodemographic identities on the relationship between racial group identity and psychosocial resources. Figure 4 suggests that among African Americans the impact of closeness on mastery varies by gender. African American women with high levels of

closeness have increased levels of mastery. That is, high levels of closeness are particularly beneficial for women. One explanation of these findings may reflect the gendered nature of social relations. Women tend to have close relationships characterized by high levels of intimacy and emotional exchange. The beneficial side of such interpersonal relationships is the provision of other resources from in-group members such as social support, which may amplify mastery. Moreover, being close to others and maintaining those ties may be a part of performing gender roles that fulfills a purpose for women and has a beneficial effect on mastery. Figures 5-6 show that the self-esteem of Caribbean Black men is enhanced by closeness and group evaluation more than for Caribbean Black women. That more positive group evaluation and higher levels of closeness impacts self-esteem aligns with suggestions of social identity theory.

For Caribbean Black men, the notion that one is close to many varied group of Blacks indicates investment in and the salience of one's racial group membership. These connections, in turn, generate self-esteem because individuals strive to maintain positive interpretations of groups of which they consider themselves as members. Further, higher levels of closeness may foster feelings of integration and self-importance, which might increase self-esteem. Similarly, men who hold their group in high regard (high positive group evaluation) espouse positive feelings about their in-group that would reflexively benefit self-esteem. Finally, Caribbean Black men's constructions of masculinity are highly associated with factors and traits such as hard work, intelligence, industriousness, and persistence despite setbacks in the context of family life (Reddock 2004). If Caribbean Black men see these masculine traits (e.g., hardworking, persistence) as part of positively evaluating other and their racial group identity, this situation might fortify their self-esteem.

Though this study makes a significant contribution to the study of racial group identity and self-concept there are a few limitations. NSAL is cross-sectional, which prevents interpretation of temporal order or possible paths of causal inference. Does racial group identity enhance psychosocial resources, or do Blacks Americans with high levels of psychosocial resources value their racial group more? While social identity theory would predict that racial group identity can enhance self-concept, there may be reciprocal effects that I simply cannot test with cross-sectional data.

Although this study estimates models for two well-known psychosocial resources (self-esteem and mastery), there are other psychological resources beyond group evaluation and closeness (e.g., John Henryism, racial awareness) that may be more strongly associated with self-esteem and mastery. Nevertheless, I am limited to the measures available in the data.

Finally future studies should take into consideration other ethnic groups routinely simply categorized as Black. Such groups include African immigrants, Hispanic Blacks, or European Blacks all of whom represent growing segments of the Black American population. Other studies should also study the salience of other roles in conditioning the relationship between racial group identity and self-concept. For instance, the successful performance of typical adult roles such as worker, spouse, and parent may depend in part on the multiple dimensions of racial group identity to the extent these roles are usually performed with support from significant others. If future studies could provide a more in-depth understanding of the intersections of role identities and racial group identities, such a nuanced exploration would enhance our knowledge of how patterns and interrelationships among psychosocial resources and important roles influence and condition self-concept.

CHAPTER IV

Racial Group Identity, Self-Esteem and Mastery: Consequences for Physical Health

Introduction

What is the relationship between racial group identity and physical health? How do ethnicity, gender, and nativity matter for understanding this relationship? Among Black Americans is the relationship between racial group identity and physical health mediated by mastery and/or self-esteem? Compared to other racial and ethnic groups, Black Americans are disproportionately affected by poor health. Such health disparities persist despite improvements in medical, environmental and social conditions and are evident across varying health outcomes including, but not limited to, higher rates of hypertension, stroke, heart disease, obesity, diabetes, HIV infection and lower levels of self-rated health [Cagney 2005; Kirk et al. 2006; Mensah et al. 2006; Center for Disease Control (CDC) 2011]. In fact, only 40% of Blacks report very good or excellent health (CDC 2008). These higher rates of poor health are associated with higher rates of disability, lower life expectancy and higher rates of all-cause mortality (Richardus and Kunst 2001; Read and Emerson 2005; Geronimus et al. 2011).

One resource proposed as beneficial to the health of Black Americans is racial group identity. Cross and colleagues (1998) propose that a principal health related function of racial group identity is to protect Blacks from the resultant psychological harm associated with racialized social systems. In fact, positive racial group identity is associated with enhanced mental health and psychological well-being among Blacks (Belgrave et al. 1994; Caldwell et al. 2002; Phinney 1996; Yip and Fuligni 2002). Theoretical evidence suggests racial group identity can impact health in varying ways.

Karlsen and Nazroo (2002) propose that racial group identity could provide important symbolic and material resources that are health promoting. Haslam (2008) suggests that racial group identity is central to health and well-being because it may act to shape symptom appraisals, responses to symptom, health-related norms and behaviors as well as structure things such as doctor patient interactions. Hence, racial group identity is helpful for shaping the accumulation of health related social capital. Additionally, stress theory suggests that racial group identity, similar to self-esteem and mastery, may act as a psychosocial resource which protects stigmatized minority group members from the negative health effects of stressors such as discrimination (Branscombe et al. 1999; Schmitt and Branscombe 2002; Turner and Roszell 1994; Turner, Taylor, and Van Gundy 2004).

Beyond racial group identity, other dimensions of self-concept are also implicated in the health of Black Americans. Two well-studied facets of self that have been found to have considerable influence on health outcomes include self-esteem and mastery (Caputo 2003; Keith 2004; Schieman 2002; Turner and Lloyd 1999). Self-esteem is a prevailing global sense of self-acceptance or self-respect (Rosenberg, et al. 1995), and mastery refers to an individual's belief that what occurs in life is under one's own control, rather than external forces (Pearlin et al. 1981). For the purposes of this study, I explore the extent to which the impact of racial group identity on health is mediated by self-esteem and mastery. That is, other research shows a positive relationship between racial group identity and self-esteem as well as between racial group identity and mastery (Blash and Unger 1995; Hughes et al. 2015; Phinney, Cantu and Kurtz 1997; Postmes and Branscombe 2002; Sellers, Chavous and Smith, 1998; Smith and Silva 2011). In turn, starting with this basic relationship – i.e., the positive relation between racial group

identity and self-concept, I test whether self-esteem and mastery might mediate the effects of racial group identity on health.

The two goals of this paper are first to examine the impact of racial group identity on physical health and variation in this relationship by ethnicity, gender and nativity. Second, I examine a probable mechanism involving the psychosocial resources self-esteem and mastery, through which this impact may occur. This paper contributes to the literature in three specific ways. First, I utilize nationally representative data with a comprehensive age distribution for the U.S. Black population. Many studies in this area have engaged less than representative samples - therefore, curtailing the ability to generalize to the larger population. Second, I assess ethnic heterogeneity among Black Americans. One reasonable critique of the current literature that examines the health of Blacks is that relatively little is known about intra-group variation (Williams and Jackson 2000; Ida and Christie-Mizell 2012). To redress this gap in the literature, I consider outcomes for two groups: African Americans and Caribbean Blacks. In this study, those who self-identify as Black, but claim no Caribbean ancestry are classified as African Americans and those who self-identify as Black and claim Caribbean ancestry are referred to as Caribbean Blacks. Finally, this study assesses probable mechanisms through which racial group identity may be beneficial to physical health and does so by focusing on the role of varying dimensions of self-concept. Research that conceptualizes racial group identity as a psychosocial resource suggests that racial group identity is beneficial to health, because of the social support that group membership can offer (Branscombe et al. 1999; Haslam et al. 2009; Ida and Christie-Mizell 2012). In this area of research, fewer studies have focused on the benefit of race-related psychosocial resources and the mechanisms through which they may operate for physical health. This

paper addresses this gap in the current literature by assessing the impact of racial group identity on physical health and probable mechanisms through by which this may occur.

Background

Self-rated Health

Self-rated health is a measure of health that provides a reliable assessment of current illness, prior health history, future health prospects, and mortality, independent of medical (e.g. chronic conditions), sociodemographic, behavioral and psychosocial factors (Benjamins et al. 2004; Benyamini et al. 2003; Idler and Benyamini 1997; Idler 2004; Mackenbach 2002; Miller and Wolinsky 2007; Walker 2004). These associations are highly robust and validated across a wide range of study populations including Black Americans (Benyamini et al. 2003; Chandola and Jenkinson 2000; Erosheva et al. 2007; Jylha 1998; Heidrich et al. 2002; McGee et al. 1999; Perlman and Babok 2008). Further, results of this body of work have been consistent despite differences in how survey questions are phrased or the response options (Eriksson and Elofsson 2001; Jurges and Mackenbach 2008).

A broad range of factors act as determinants of self-rated health, including SES, age, religion, and psychosocial resources. Low education and income as well as unemployment are associated with poor self-rated health (Ross and Wu 1995; Franks et al. 2003; Kaleta 2008; Mirowsky and Ross 2008). Further, self-rated health is inversely related to age, with the middle aged and elderly individuals having the greatest rates of decline (McDonough and Berglund 2003; Yao and Robert 2008; Liang et al. 2010). Individuals who are married, surrounded by family, and involved in religious organizations also report better self-rated health (Taylor et al. 2004; Oman and Thoresen 2005; Reyes-Ortiz et al 2007; Krause and Bastida 2011).

Racial Group Identity and Health

The development of racial group identity involves the understanding of the position of one's group in the larger society and "positive racial group identity connects individuals to meaningful roles and purpose inside their families and communities, which [promote health]...despite the stressors associated with minority status" (Ida and Christie-Mizell 2012 p. 44). In studies examining the impact of racial group identity on health, findings generally suggest that among Blacks, racial group identity is beneficial to health (Caldwell et al. 2002; Carter 1991; Stevenson 1998). For example, Ida and Christie-Mizell (2012) show that higher levels of closeness and of positive group evaluation are related to better health. Several other studies, mainly examining the role of racial group identity among adolescents have found a positive relationship between racial group identity and varying measures of health (Bracey, Bamaca, and Umana-Taylor, 2004; Martinez and Dukes 1997; McMahon and Watts, 2002). Much of this research has focused on mental health and evidence for the impact of racial group identity on physical health is limited. Williams, Spencer and Jackson (1999) find racial group identity, measured as closeness to others of ones racial group, was unrelated to self-rated health. Conversely, Ai and her colleagues (2014) find closeness is positively related to self-rated physical health. In a more nuanced approach, Dagadu and Christie-Mizell (2014) find that more positive group evaluation was beneficial for the physical health of both African Americans and Caribbean Blacks. However high levels of closeness was found to be advantageous for Caribbean Blacks but detrimental to the health of African Americans.

In this study, I conceptualize racial group identity as closeness to other Blacks and Black group evaluation (Demo and Hughes 1990). Closeness to other Blacks captures an individual's level of feelings of understanding and intimacy with other Blacks, whereas

Black group evaluation is indicative of an overall appraisal ranging from negative to positive views of Blacks as a group (Demo and Hughes 1990; Ida and Christie Mizell 2012).

Racial Group Identity, Self-esteem and Mastery

Existing research suggests that racial group identity protects health by enhancing other psychosocial resources (Ida and Christie-Mizell. 2012). That is, closeness and positive group evaluation promote self-esteem and mastery (Munford 1994; Phinney et al. 1997; Phinney and Onwughalu 1996; Porter and Washington 1993; Roberts et. al. 1999; Rumbaut 1994). Moreover, it has also been proposed that racial group identity indirectly protects psychosocial resources because it reduces the experience of stress which erodes resources (Sellers et al. 2003). Early work using a nationally representative sample of African Americans found that individuals who reported more positive beliefs about African Americans had higher levels of self-esteem (Demo and Hughes 1989). These findings are also supported by Rowley et al. (1998) that finds that more positive group evaluation was associated with higher levels of self-esteem. Despite these findings, Hughes and colleagues (2015) argue that identity processes though an important aspect of the lives of African Americans also has the potential to undermine well-being. They find that closeness and positive group evaluation is positively associated with self-esteem and mastery. However, they also show that, when group evaluation is relatively negative, higher levels of closeness is related to lower mastery.

Several studies show that both closeness and group evaluation are related to higher self-esteem and higher mastery (Brown et al. 2002; Hughes and Demo 1989; Postmes and Branscombe 2002; Rowley et al. 1998; Smith and Silva 2011). Phinney (1991, 1992) argues that for racial minorities positive group identity is critical in the

development of high levels of self-esteem and mastery. High levels of racial group identity may bolster self-esteem by augmenting individual's ability to filter inaccurate or negative information related to race.

In turn, self-esteem and mastery exert effects on physical health outcomes through several pathways. Previous research suggests that self-esteem and mastery are associated with better physical health outcomes, better functional status, lower mortality and better self-rated health (Benyamini Leventhal and Leventhal 2004; Karasek et al. 1982; Ma'kikangas Kinnunen and Feldt 2004; Seeman and Lewis 1995). Moreover, individuals with high levels of self-esteem have been shown to have better coping skills and that those with high mastery are more resilient (Aspinwall and Taylor 1992; Niiya Brook and Crocker 2010). Additionally, self-esteem is also predictive of biological reactivity in response to stressors and among Black Americans mastery provides particular benefit for health (Creswell et al. 2005; Pruessner et al. 2004; Mizell 1999; Mabry and Kiecolt 2005).

Summary and Hypotheses

This paper has two goals. First, using subgroup analysis I determine the impact of racial group identity (closeness and group evaluation) on self-rated physical health. Second, I investigate whether self-esteem and mastery mediate the relationship between racial group identity and self-rated physical health. I have developed four hypotheses for this research:

H1: Group evaluation will be positively related to self-rated physical health.

H2: Closeness will be positively related to self-rated physical health

H3a-b: Mastery (a) and self-esteem (b) will mediate the relationship between group evaluation and self-rated physical health.

H4:a-b Mastery (a) and self-esteem (b) will mediate the relationship between closeness and self-rated physical health.

In addition to testing these hypotheses, I also assess whether these relationships vary by ethnicity, gender and nativity.

Data and Measures

Data

The analyses for this study are based on data from the National Survey of American Life (NSAL). The NSAL is a nationally representative multistage probability sample of non-institutionalized African Americans (N=3,570), Caribbean Blacks (Blacks of Caribbean descent (N=1,623), and non-Hispanic whites (N= 1,006) who live in areas where at least 10% of the population is Black. The data were collected between February 2001 and March 2003 and had an overall response rate of 72.3% (Jackson 2004). The analyses for this project is restricted to African Americans and Caribbean Blacks given that whites were not asked about their racial group identity. Race and ethnicity are self-reported, with respondents being considered “African American” if they identified as Black, but did not claim ancestral ties to the Caribbean. Respondents are considered “Caribbean Black” if they identified as Black and claimed ancestral ties to the Caribbean. The age of respondents ranges from 18 to 99 years (Jackson et al. 2004).

Measures

Dependent Variable. Self-rated physical health is measured by a single item which asks each respondent to rate his or her overall physical health. The responses for this measure are coded to range from 1 (poor) to 5 (excellent).

Independent Variables. Racial group identity is measured by two dimensions: group evaluation and closeness (Demo and Hughes 1990). Group evaluation is assessed

with six items. Specifically, respondents are asked how true they think it is that most Black people are: 1) intelligent; 2) lazy; 3) hard-working; 4) give up easily; 5) proud of themselves; and 6) violent. These six items range from 1 (very true) to 4 (not true at all). I recode and average across these items so that group evaluation ranges from 1 (less positive) to 4 (more positive). The cronbach alpha estimate is .62 for African Americans and .60 for Caribbean Blacks. Closeness to others of one's racial group is measured with an eight-item scale. Respondents are asked about their closeness in ideas or feelings to Black people who are: 1) poor; 2) religious church-going; 4) young; 5) upper class; 6) working class; 7) older; and 8) elected officials; and, doctors, lawyers, or other professional people. These closeness items are summed and coded to range from 1 (lower closeness) to 4 (higher closeness). The cronbach alpha estimate for African Americans is .86 and for Caribbean Blacks .84.

Self-esteem is measured by the 10-item Rosenberg self-esteem scale (Rosenberg 1965). The scale has items that ask respondents to rate their level of agreement from 1 (strongly agree) to 4 (strongly disagree) for the following prompts: 1) am person of worth/equal to others; 2) have number of good qualities; 3) am a failure; 4) do things as well as others; 5) don't have much to be proud of; 6) take positive attitude toward self; 7) am satisfied with self; 8) want more self-respect; 9) sometimes feel useless; 10) sometimes think I am no good. These items are summed and divided by the number of items to create the scale, ranging from 1 (lower self-esteem) to 4 (higher self-esteem). The cronbach alpha estimate for African Americans is .76 and for Caribbean Blacks is .78

Mastery is measured using the widely used Pearlin Mastery Scale (Pearlin 1989). Respondents were asked their level of agreement [1 (strongly agree) to 4 (strongly

disagree)] with the following items: 1) there is really no way I can solve some of the problems I have; 2) sometimes I feel that I'm being pushed around in life; 3) I have little control over the things that happen to me; 4) I can do just about anything I set my mind to; 5) I often feel helpless in dealing with the problems of life; 6) what happens to me in the future depends on me; and 7) there is little I can do to change many of the important things in my life. These items are summed and divided by the number of items to create a scale ranging from 1 (low mastery) to 4 (high mastery). The Cronbach alpha estimate for this measure was .72 for both African Americans and Caribbean Blacks.

Control Variables. SES of origin is measured by two variables: parental education which is the average of mothers and fathers educational attainment. If mother's education is missing father's education is used and vice versa. Receipt of welfare when growing up (1=received welfare) reflects whether the respondent reports that his or her family received public assistance. Current SES is also measured by two variables: respondent's household income measured in dollars and respondent's educational attainment measured in years. I also include marital status (married or cohabitating=1), age (years), gender (1=female), and employment status (1=currently working). I also hold constant whether the respondent resides in a rural area (1=yes; compared to urban residents) or in the South (1=yes; compared to all other regions). Religiosity is measured by frequency of church attendance and is coded to range from 1 (less than once a year) to 5 (four or more times a week). Social support is operationalized as received emotional support from family members (Fetzer Institute and National Aging Working Group 1999). This 3-item scale measures perceived social support received from family members. It asks respondents to report how frequently family members, 1) make him/her feel loved and cared for; 2) listen to him/her talk about his/her problems and concerns;

and 3) express interest and concern in his/her well-being. These items are summed and divided by the number of items to create a scale from 1 (lower social support) to 4 (higher social support). The cronbach alpha estimate is .74 for both African Americans and .73 for Caribbean Blacks.

Analytic Strategy

The primary goals of this paper are: 1) to determine how racial group identity (group evaluation and closeness) impacts self-rated physical health; and 2) to examine if mastery and/or self-esteem mediate the relationship between racial group identity and self-rated physical health. I also consider whether there are gender and nativity differences in these relationships. The analytic strategy is comprised of three steps. First, I generate descriptive statistics for all the study variables, comparing means and percentages across ethnicity – African American and Caribbean Black (Table 1). Second, I conduct multivariate analysis using ordinary least squares (OLS) regression models stratified by ethnicity. Adjusting for all control variables, these models assess the effect of group evaluation and closeness on self-rated physical health, and tested whether self-esteem and mastery mediated this relationship. Third, I estimate a series of interactions to evaluate whether the relationship between racial group identity and self-rated health varies by gender or nativity.

Results

Descriptive Findings

Table 7 presents means and percentages for all study variables. Results show that African Americans report significantly lower self-rated physical health than their Caribbean Black counterparts (3.436 vs. 3.597). In terms of racial group identity, African Americans and Caribbean Blacks report similar levels of group evaluation, yet African

Americans report significantly higher levels of closeness compared to Caribbean Blacks (3.254 vs. 3.116). Additionally, African Americans have higher levels of mastery than Caribbean Blacks (3.357 vs.3.278), but there is no difference in levels of self-esteem reported across both groups.

Table 7. Weighted Means, Percentages for the National Survey of American Life, Sample of African Americans and Caribbean Blacks (N=3,496)

| Variables | African Americans N = 2,571 | | Caribbean Blacks N= 925 | |
|--------------------|--------------------------------|--------|----------------------------|--------|
| | Mean/ Percent | SD | Mean/ Percent | SD |
| Self-rated Health | 3.436 ^a | 1.045 | 3.597 | 1.049 |
| Group Evaluation | 3.194 | .481 | 3.232 | .482 |
| Closeness | 3.254 ^a | .541 | 3.116 | .510 |
| Mastery | 3.357 ^a | .575 | 3.278 | .570 |
| Self-esteem | 3.638 | .411 | 3.660 | .397 |
| Parental Education | 10.388 ^a | 3.182 | 10.974 | 3.283 |
| Receipt of Welfare | 23.35% ^a | -- | 7.03% | -- |
| R's Education | 9.971 ^a | 1.145 | 10.322 | 1.273 |
| R's Income (1000s) | 12.679 ^a | 2.316 | 13.432 | 2.734 |
| Age | 41.598 ^a | 15.052 | 39.796 | 14.342 |
| Female | 64.94% | -- | 61.84% | -- |
| Employed | 69.65% ^a | -- | 76.76% | -- |
| Married | 35.99% ^a | -- | 44.00% | -- |
| Rural | 37.24% ^a | -- | 23.78% | -- |
| South | 65.95% ^a | -- | 29.51% | -- |
| Religiosity | 3.098 ^a | 1.086 | 2.973 | 1.131 |
| Social Support | 3.264 | .724 | 3.241 | .680 |

^a These values differ at $p < .01$ or less between African Americans and Caribbean Blacks.

Furthermore, African Americans report significantly lower levels of parental education (10.388 vs. 10.974 years) as well as lower levels of respondent education (12.679 vs.13.432 years). A significantly lower proportion of Caribbean Blacks received welfare while growing up (7.03% vs. 22.35%), and report significantly higher levels of income compared to African Americans (10.322 vs. 9.971). In terms of other sociodemographic variables, the African American sample is older (41.598 vs. 39.796 years) and less likely to be employed (69.65% vs. 76.76%) than their Caribbean Black counterparts. Further, there is a comparable proportion of African American

women (64.94%) and Caribbean Black women (61.84%). The African American subsample also has a lower percentage of married individuals (35.99% vs. 44.00%), but compared to Caribbean Blacks, have a significantly higher percentage of individuals residing in both southern (65.95% vs. 29.51%) and rural (37.24% vs. 23.78%) areas. African Americans also have significantly higher levels of religiosity (3.098 vs. 2.973). However, both African Americans and Caribbean Blacks have comparable levels of social support.

Multivariate Findings

Tables 8 shows results from the multivariate analyses and displays the effects of group evaluation and closeness on self-rated physical health among African Americans and Caribbean Blacks. Table 8 also presents findings regarding the extent to which self-esteem and mastery mediate the relationship between racial group identity and self-rated physical health. Models 1a and 1b regress closeness and group evaluation on self-rated physical health. The results show that for both African Americans and Caribbean Blacks, group evaluation is positively associated with self-rated physical health. Additionally, these models show that for Africans Americans (Model 1a) closeness is unrelated to self-rated physical health while for Caribbean Blacks (Model 1b) closeness is positively associated with self-rated physical health. Model 1a also shows that for African Americans, parental education, respondent education, income, employment, religiosity and social support are also positively associated with self-rated physical health. More specifically, higher levels of education (both parental and one's own) and income, being employed, more frequent church attendance, and reporting higher levels of social support are related to better reports of health. African American women and older individuals, however, report worse health than their male and younger counterparts. Model 1b shows

that for Caribbean Blacks, age is negatively associated with self-rated physical health. Further, being employed and living in the south are positively related to self-rated health.

Models 2a and 2b test if the relationship between racial group identity and health is mediated by self-esteem and mastery. For both African Americans and Caribbean Blacks, self-esteem and mastery mediate the impact of group evaluation on self-rated physical health. However, self-esteem and mastery do not mediate the relationship between closeness and self-rated physical health for Caribbean Blacks.

Table 8. Self-rated Physical Health^a Regressed on Selected Variables, National Survey of American Life

| Variables | African Americans N = 2571 | | Caribbean Blacks N= 925 | |
|--------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | <u>1a</u> <i>b</i> (se) | <u>2a</u> <i>b</i> (se) | <u>1b</u> <i>b</i> (se) | <u>2b</u> <i>b</i> (se) |
| Self-Esteem ^a | | .460*** (.053) | | .291* (.111) |
| Mastery ^b | | .197*** (.039) | | .295*** (.059) |
| Group Evaluation | .087* (.042) | -.003 (.042) | .139* (.061) | .040 (.056) |
| Closeness | .071 (.042) | .040 (.037) | .148** (.050) | .126* (.052) |
| Parental Education | .031** (.008) | .030*** (.008) | .016 (.014) | .009 (.013) |
| Received Welfare | -.006 (.052) | .000 (.053) | -.053 (.104) | -.080 (.109) |
| R's Income ^c | .038* (.015) | .027 (.015) | .038 (.035) | .014 (.034) |
| R's Education | .030** (.011) | .010 (.011) | .017 (.015) | .003 (.013) |
| Age | -.427*** (.068) | -.400*** (.062) | -.538*** (.079) | -.530*** (.085) |
| Married | -.024 (.049) | -.043 (.046) | .052 (.061) | .021 (.063) |
| Female | -.133** (.037) | -.120** (.036) | -.153 (.094) | -.163 (.088) |
| Employed | .384*** (.056) | .291*** (.057) | .271* (.099) | .208 (.105) |
| Rural | .084 (.048) | .093* (.044) | .120 (.094) | .139 (.090) |
| South | .078 (.044) | .081* (.038) | .161* (.065) | .175* (.063) |
| Religiosity | .053** (.019) | .036* (.017) | .058 (.031) | .060 (.032) |
| Social Support | .074* (.030) | .019 (.029) | .082 (.060) | .023 (.056) |
| Intercept | 2.753*** (.284) | 1.356*** (.274) | 3.209*** (.580) | 2.282*** (.516) |
| R ² | .131 | .188 | .094 | .140 |

^a Self-esteem is measured by Rosenberg self-esteem Scale

^b Mastery is measured by the Pearlin mastery scale

^c Respondent Income is logged.

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests).

I employ a series of interactions to examine whether the relationships among racial identity, self-esteem, mastery, and self-rated physical health varied by gender or nativity. Given the limited sample size of foreign-born African Americans, interactions with nativity are only examined among the Caribbean Black sample. Of the 6 interactions tested (2 for African Americans and 4 for Caribbean Blacks), two were statistically significant. The results of these models are shown in Figures 7 and 8. Specifically, Figure 7 graphically displays how the relationship between closeness and self-rated health varies by gender among African Americans. At low levels of closeness, African American women report slightly lower levels of self-rated physical health than African American men. However, increases in levels of closeness among African American men are associated with increases in self-rated physical health. For African American women, self-rated health does not increase or decrease with increasing levels of closeness, resulting in wider gaps in health between African American men and women at higher levels of closeness. Furthermore, these results indicate that regardless of their levels of closeness, African American women have lower levels of self-rated physical health than African American men.

Figure 8 graphically displays the significant interaction between group evaluation and gender among Caribbean Blacks. At low levels of group evaluation, Caribbean Black men and women report similar self-rated physical health. As mean levels of group evaluation are approached, Caribbean Black men show a steep upward trajectory in levels of self-rated physical health while Caribbean Black women show very minimal increases. Consequently, at higher levels of group evaluation, Caribbean Black men have considerably higher levels of self-rated health than Caribbean Black women. Similar to

the results from Figure 7, the largest gender disparity in self-rated health among Caribbean Blacks is at higher levels of group evaluation.

Fig.7 Interaction between Closeness and Gender for African Americans

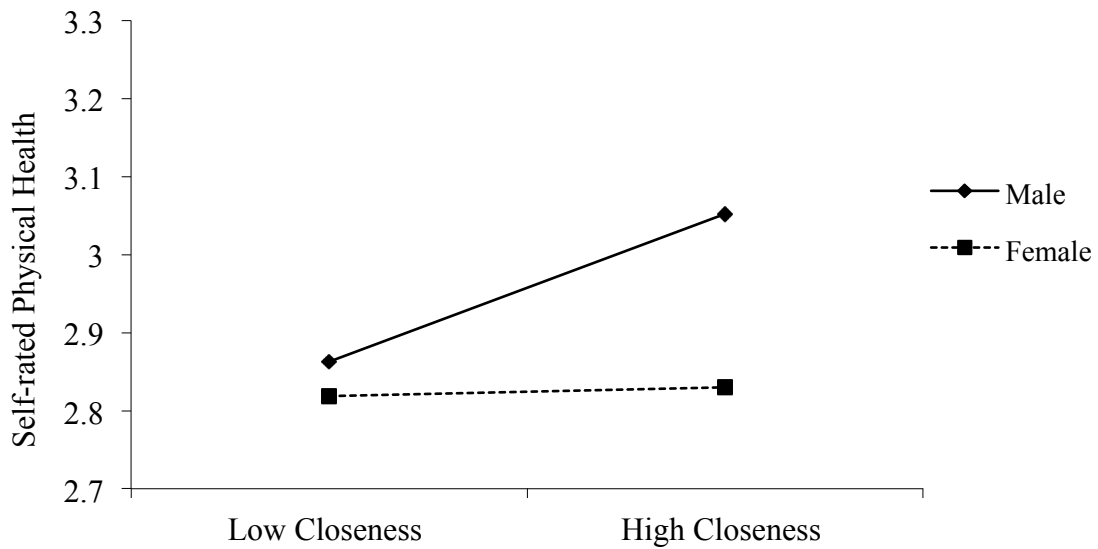
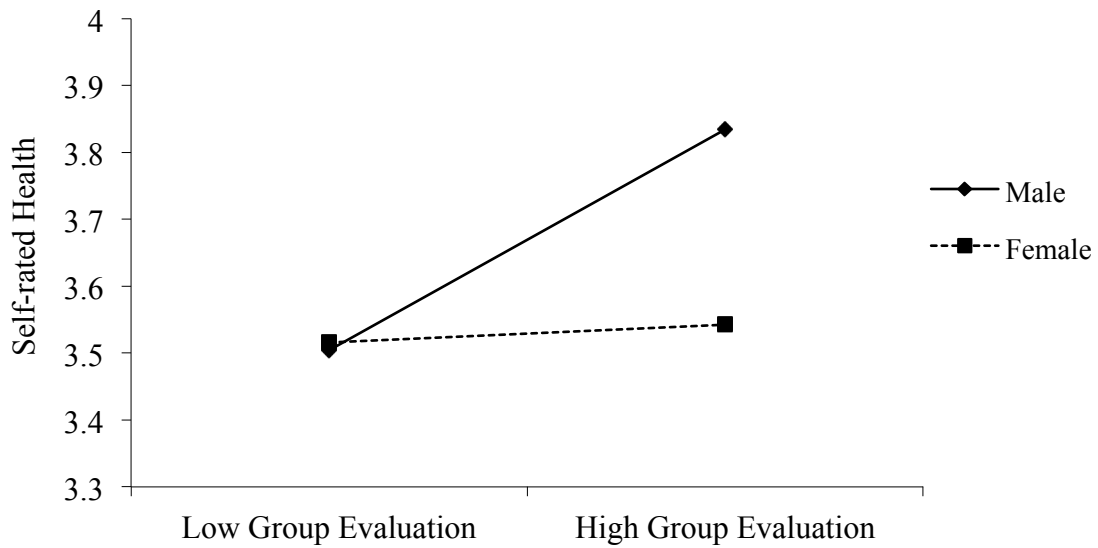


Fig. 8 Interaction between Group Evaluation Gender for Caribbean Blacks



Discussion and Conclusion

In this paper, I examined the extent to which closeness and group evaluation impact self-rated physical health, and how these relationships vary by gender, nativity and ethnicity. Further, I examined a possible psychosocial mechanism through which racial group identity may impact health: self-esteem and mastery. The findings suggest that racial group identity both directly and indirectly (through psychosocial pathways) affects physical health. More specifically, for both African Americans and Caribbean Blacks, group evaluation is positively associated with self-rated physical health, which supports hypothesis 1. However, I do not find support for hypothesis 2 among African Americans, as closeness is unrelated to self-rated physical health. This is in contrast to Caribbean Blacks for whom closeness is positively associated with self-rated physical health (hypothesis 2 is supported). Findings from the tested mediation model show that for African Americans and Caribbean Blacks, self-esteem and mastery mediate the impact of group evaluation on physical health, supporting hypothesis 3. However, among Caribbean Blacks, the impact of closeness on physical health is not mediated by self-esteem or mastery (hypothesis 4 unsupported). These findings suggest that psychosocial resources, race-related or otherwise, are important for the maintenance of health. More specifically, self-esteem and mastery are dimensions of self-concept through which closeness and group evaluation work to benefit physical health. Results also highlight the importance of disaggregating Black Americans by ethnicity, as the mechanisms underlying health among these ethnic subgroups differ in some respects.

The interactions indicated that other salient sociodemographic factors affect the relationship between racial group identity and physical health. Figure 7 suggests that among African Americans, the impact of closeness on self-rated physical health differs

by gender. African American men benefit from high levels of closeness, while closeness seemingly has no effect on health among African American women. Similarly, Caribbean Black men benefit from more positive group evaluation while Caribbean Black women have minimal return. These findings suggest that each dimension of racial group identity work differently by ethnic group, but Black American men are generally better able than their female counterparts to garner beneficial health-related capital from their in-group members that help main health or avoid health risks. The observed health advantage for men may also be associated with the existing gender differences in self-esteem and mastery, wherein men experience higher levels of these psychosocial resources compared to women. These differences in self-esteem and mastery may therefore amplify the effects of racial group identity on health. These findings of the gendered nature of relationships between racial group identity and health are also of note because the extant literature on gender and health suggests that while women generally have higher life expectancy compared to men, they also experience worse health across an array of mental and physical health outcomes. In this context, despite obstacles to maintaining good health such as reduced access to material conditions and unique stressors experienced related to gender roles, closeness (among African American women) and group evaluation (among Caribbean Black women) do not foster health.

This study is not without limitations. First, my use of cross-sectional data precludes any attempt to examine the casual direction of the observed relationships. Moreover, models had unexplained variance due to unmeasured factors that may be salient in the determination of health for each ethnic group. Second, although self-rated health is a valid and useful measure of global health, the processes or mechanisms through which psychosocial resources such as racial group identity, mastery and self-

esteem may be associated with health status may vary depending on the specific health outcome. Future research should address how racial group identity interacts with other psychosocial resources to impact health as well as identify a more comprehensive range of race related factors that may affect health and well being. Further, future research should also investigate other conceptualizations or dimensions of racial group identity to highlight its complexity and multifaceted nature, as well as examine additional mechanisms that link those constructs to health. Such work remains important as developing a deeper understanding of the correlates of health will contribute to addressing inequities in health more broadly.

CHAPTER V

CONCLUSION

In this dissertation I examined the extent to which socioeconomic factors shape racial group identity and the role of racial group identity in shaping self-concept and the physical health outcomes of a diverse sample of Black Americans. Though racial group identity has received substantial attention in the literature, few studies had assessed the early life socioeconomic determinants of racial group identity or how racial group identity impacts self-concept across a wide age distribution. Further this dissertation examined proposed social psychological mechanisms through which the often cited beneficial impact of racial group identity on health may occur. This fills gaps in the current literature as a considerable portion of studies addressing racial group identity have focused on its defining varying dimensions of racial identity, and the impact of racial group identity on self-concept of African American adolescents and young adults.

In examination of the relationships of interest, I employed four indicators of socioeconomic status: parental education and receipt of welfare when growing up (SES of origin) as well as respondent education and income (current SES). Additionally I considered four factors within the literature that have been highlighted as psychosocial resources: two dimensions of racial group identity (closeness and group evaluation) and two faucets of self-concept (self-esteem and mastery). Guided by social identity theory and the life course framework, this dissertation utilized these measures to investigate three main research questions:

- 1) What are the socioeconomic determinants of racial group identity?
- 2) How does racial group identity impact other dimensions of self-concept?

- 3) Does self-concept mediate the relationship between racial group identity and physical health?

In chapter 2, I examined the independent and joint impacts of SES of origin and current SES on racial group identity, addressing question 1 of the main research questions. In this paper I tested whether SES of origin or current SES predicted racial group identity both independently and jointly. Findings from this chapter indicate that childhood socioeconomic context does not predict levels of group evaluation or closeness among Caribbean Blacks. This pattern is in contrast to African Americans for whom levels of parental education predicts both group evaluation and closeness and for whom welfare receipt predicts group evaluation. The findings for current SES indicate that income is not a key determining factor of either closeness or group evaluation across ethnic subgroups. However, results highlight the importance across ethnic groups of education for more positive group evaluation and, that among African Americans, receipt of welfare when growing up has a lasting negative impact on group evaluation. Findings on the impact of SES in relationship to closeness give credence to work that suggests that factors outside of social class may shape racial group identity (Boykins and Cross 1978; Carter and Helms 1988). In chapter 2, I also considered how nativity and gender modify the relationships between SES and racial group identity. There were two main findings contrary to what is suggested by social identity theory: 1) among Caribbean Black men, high parental education is associated with lower levels of group evaluation and 2) among the foreign born, high parental education was associated with slightly higher levels of closeness.

Chapter 3 focused on the relationship between racial group identity and self-concept (main research question 2) and if these relationships varied by ethnicity, gender

or nativity. Results of this chapter indicated that across both ethnic subgroups more positive group evaluation and higher levels of closeness were beneficial for self-esteem. Findings also show that for Caribbean Blacks the dimensions of racial group identity have overlapping significance in their relationship to self-esteem while for African Americans the dimensions of racial group identity have overlapping significance for mastery. Further, for Caribbean Blacks, levels of closeness are unrelated to mastery while more positive group evaluation elevated levels of mastery. The findings from this chapter also show that gender moderates the relationship between racial group identity and self-concept. More specifically, in comparison to Caribbean Black women, the self-esteem of Caribbean Black men benefits from more positive group evaluation and from higher levels of closeness. Gender differences were also observed among African Americans: high levels of closeness increase the mastery of women but decreases mastery of men.

Chapter 4 answers the third main research question and had two primary goals: 1) to establish the effects of racial group identity on physical health and determine if these relationships varied by ethnicity, gender or nativity 2) to examine if self-esteem and/or mastery mediated the proposed effect of racial group identity on physical health. Main findings from this chapter reflect that regardless of ethnicity, group evaluation was positively associated with physical health, while closeness was related only to the health of Caribbean Blacks. Regarding the mechanisms by which racial group identity has this effect on health, findings show that across both ethnic subgroups, self-esteem and mastery mediate the impact of group evaluation on physical health. However, for Caribbean Blacks, self-esteem and mastery do not mediate the impact of closeness on health. These ethnic variations in the process through which psychosocial resources impacts physical health highlight the importance of attention to variation within racial

groups.

The findings from this dissertation suggest potential directions for future research. First, future studies focusing on racial group identity would be greatly improved through the use of longitudinal data. Identities are dynamic, including trajectories of change and stability over time. A life course approach to racial group identity would facilitate and direct such work. Further, detailed examination of the impact of age and life stage on racial group identity may garner insight on how the relevance of racial group identity changes over time and why.

The relationships examined by this dissertation should also be investigated among other ethnic groups aggregated under the rubric Black American (e.g. Africans and Black Hispanics). What racial group membership signifies may show variation by ethnicity based on differences in social experience. The general consensus in the existing literature is that racial group identity is directly beneficial to the maintenance of health and minimization of health related risks as well as indirectly beneficial through varying mechanisms. Do different ethnic groups within the same racial category follow these and other assumed patterns? The examination of ethnic heterogeneity that may exist in these mechanisms will further clarify distinct pathways to health among social groups. Further such research will shed light on how Blacks may be advantaged in some respects and disadvantaged in others. Lastly, future studies should assess the importance of the process of acculturation among Black migrant groups in the relationships examined. Existing work suggests that among Caribbean Blacks, as duration of stay in the U.S. increases this group not only loses health advantages but also, irrespective of social distancing stemming from the desire to distinguish themselves from African Americans are subject to similar negative outcomes.

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