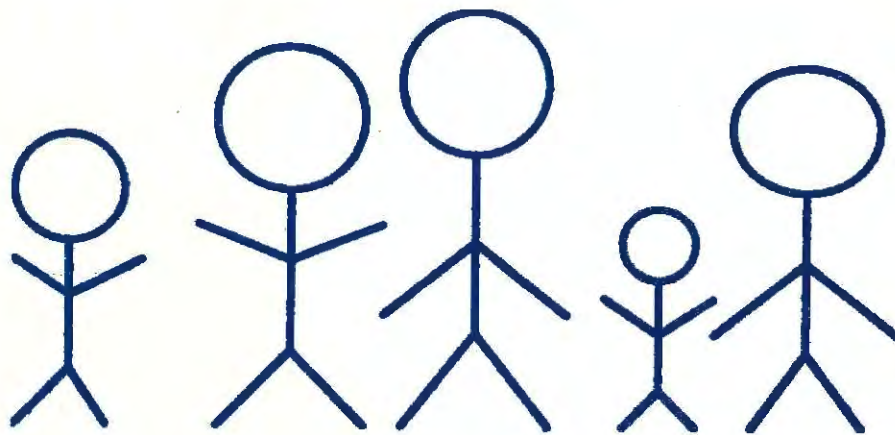

University of Virginia

*Race, Culture,
Mental Health Services
and Family Well-Being*



May 13 - 15, 1999

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Center for Children, Families, and the Law

“Race, Culture, Mental Health Services, and Family Well-Being”

**Proceedings from the May 1999 conference held at the University of Virginia
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and the Center for Children, Families, and the Law**

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Foreword

by

Melvin Wilson, Ph.D.

Chair, Cultural Contexts and Perspectives Workgroup/SRMHRC

“Race, Culture, Mental Health Services and Family Well-being.”

The common thread among the papers in this volume is their focus on the contextual issues of *race, culture, mental health services and family well being*. Each paper explores an aspect of contextual meaning, activities, and situations of these important areas. Our contextual approach to the issues of race, culture, mental health services and family well-being reflects a sensitive incorporation of cultural differences in the life experience of rural African-American families. Our conference theme is consistent with the major goal of the Southeastern Rural Mental Health Research Center (SRMHRC), to improve the delivery of mental health care by conducting research that incorporates the cultural context and perspective of ethnic and rural viewpoints. The current conference is an important example of the SRMHRC's effort at promoting cultural responsiveness.

The SRMHRC's focus on rural African-American life in the South is important. Indeed, much attention has been directed at African Americans living in urban areas, whereas the problems of African-American families living in rural areas of the United States have often been overlooked. This is important since 35% of African Americans live in rural areas and 90% of African-American families that reside in rural areas, live in southern states. To develop intervention strategies and social policies, we must learn more about the family experiences of rural African Americans. A major purpose of the conference was to disseminate information among professionals working with families, policy makers, and the public at large. The conference brought together scholars who consider issues of rural locations, socioeconomic influences, familial life matters, racial identity and mental health care and service delivery.

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Knowing What is Rural: Setting the Context to Understand the African-American Family Experience

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Introduction

Understanding the historical and current experiences of African-American families is important for the construction and maintenance of sensitive and effective mental health service systems in the American South. Rooted in the rural areas of the Eastern seaboard and deep South, rurality has exposed families to certain geographic, social, economic, educational, and vocational conditions that have shaped their experience and perspectives. The purpose of this paper is to set a context for discussing the experience of African-American families in rural communities. Much of this discussion will follow in the papers that accompany this one.

This paper focuses on the American South for two reasons. First, as will come clear when terms are defined, the definition of rural depends on the perspective of the definer. Rural is a regional concept that varies greatly from place to place in our country and even more so on the international level of analysis. Second, my own experience is bounded by working in the Great Plains, specifically Nebraska, and in the deep South, which limits the perspective. While there were very few African-American people in the Great Plains, and while there is a substantial presence of native Americans, it is not clear whether the experiences can generalize from one region to another.

To set this rural context, this paper is divided into three parts. The first focuses on a definition of rural. What constitutes rural, or a rural environment? Because of the historical and current, though diminishing, connection between rural people and agriculture, the second part of the talk is a discussion of agricultural stress and injury. Finally, there are suggestions for health and mental health services research so that more can be learned and more effective strategies can be developed to serve African-American families in rural environments.

Definition of Rural

No one has adequately defined rural, usually because the stakes of definition are high. Either researchers have points to prove or policy makers have programs to include or exclude, typically with serious political consequences. While no definition has been found to be adequate for everyone concerned, definitions are crucial in scholarly research, government programs, and politics. They are

important to researchers, policymakers, service providers, and recipients of health and mental health care. They are particularly important to politicians who have rural areas among their constituencies.

It is always remarkable in gatherings of rural people, whether the context be politics, mental health, health, social services, or economic development, that when people who have faint rural roots strain for rural identity, they talk about the experiences that connect them with the land. Frequently the strain is enormous as persons who enjoy the comforts, even among the problems of urban living, describe the simple pleasures of rural lifestyles, as if this yearning justifies their residential choices. Southern comedians Lewis Grizzard and Jeff Foxworthy have capitalized on this fictionalized identity.

What constitutes rural? A wide range of meanings has been posited in the conceptual and empirical literature. They include the highly specific definitions that are grounded in the demographic data of villages, towns, counties, and states, to the perceptions of people who live in those places. The validity of the definitions depends on the purpose for which they are intended. For example, researchers and policy makers must make precise delineation's between populations and typically find that the Metropolitan Statistical Areas (MSA) definition of rural is more useful. The MSA is a precise census-based definition of rural that frequently is bemoaned but rarely surpassed. The consequences of this kind of definition are concrete and meaningful in that relatively precise determinations may be made about more or less available resources or eligibility or ineligibility for certain benefits. This is the typical definition of rural. Ultimately it led to the designation "frontier" for counties or communities with even fewer people per square mile as is characteristic of many of the western states.

There are two important ways to define the construct "rural", both of them equally important. The first way is to configure certain types of data, typically quantitative information. It may be the ratio of people per square mile, or population density. It may have to do with proximity to populous areas. It may relate to the distances between communities of people. The MSA is that kind of definition. It defines rural counties by their proximity to more populous counties. This definition is the most useful for people and agencies that have to delineate between what is rural and what is not. It is quite clear, using the MSA definitions, what counties are rural and what counties are not.

Governmental bodies and agencies that seek to relate in some way to rural areas must make decisions about who is rural and who is not. The Metropolitan Statistical Area serves as the best way to do that. A clear decision can be made whether a given area can be declared rural or not. Researchers who wish to classify people into one or another social category involving urban and rural can use it because there is a clear line of delineation. A county or town is either rural or urban. Certainly, the lack of ambiguity is attractive.

The deficiency of the MSA definition is that the construct rural is not necessarily a dichotomous variable. The reality of the rural experience that we have in the United States typically does not fit the statistical definition of what is rural. In fact, by some definitions, the most rural place would be a NASA space station. More than numbers are involved in defining rural.

Ricketts and Johnson-Webb (1997) take a step toward greater understanding of the rural environment while maintaining the integrity of a data-based definition. They recall Hewitt's distinction among the topologies based on four clusters of characteristics of places to provide a unifying perspective. The clusters include population size and density, proximity to and relationships with urban areas, degree of urbanization, and principle economic activity. The characteristics represent those that affect either public policy in health care financing and services or those that affect the structure and organization of health care delivery in rural places. That definition certainly includes more relevant variables.

The second way to define rural has to do with the character of a place. Persons wishing to characterize it more softly, distinguish rural places from one another or from other kinds of places, or capture the flavor of the rural experience, likely will find subjective definitions more useful. These impressionistic characterizations of rural environments frequently compare small rural areas with large, urban settings and sometimes are parodies of one another. Ford (1977), a rural sociologist, writes "one does not have to be a particularly astute observer to detect that contemporary life in New York City or Los Angeles is still quite different from that in Bug Tussle, Oklahoma, or Gravel Switch, Kentucky" (p. 3). Sometimes definitions of rural reflect the character of the people who inhabit a specific area. Glimm (1983), in his book *Ridgerunners and Flatlanders*, identifies the folklore of mountain people and plainsmen telling tales about one another to highlight their different perspectives.

An example and a story may be the best way to illustrate this point. In the deep South, small communities and excessive poverty characterize rural areas. The Mississippi Delta, actually a flood plain of the Mississippi and Yazoo Rivers, is generally what people refer to when they talk about the Old South. This is the old cotton country, land of huge plantations, where cotton was king and slavery was an economic fact of life prior to the United States Civil War.

As agriculture became agribusiness, the culture of the Mississippi Delta changed. Now many of the communities experience lingering deaths as the cotton gins, once vibrant economic forces, no longer provide the sustenance that they did earlier in the twentieth century. Census data about the counties of the Delta reveal the poverty that decimates the region of the state. The median household income is at \$18,546 compared to the non-Delta counties of Mississippi at \$24,520. This data also shows that 61.1 percent of the African-American families in the Delta live below the poverty level. Table 1 shows this data.

Table 1
Household Income, Poverty, and African –American Residence:
Comparison of Delta, Non Delta, and Mississippi
1995

	Mdn Household Income	% Below Poverty	African-American
Delta	18,546	36.1	61.1
Non Delta	24,520	21.8	32.8
Mississippi	23,573	24.1	36.2

This data clearly shows the dry bones of the region, one that has vastly more poverty than wealth, striking differences between the haves and the havenots, and the population of poverty growing steadily. However, this data does not capture the desperation of the people, the racial strife that has characterized it for over 150 years or the lost quality of southern elegance that many white people tenaciously grasp. It does not touch the relationships between people that form the fabric of the community of the Delta that have given so many writers of fiction and non-fiction material for their craft.

Historian James Cobb (1995) calls the Mississippi Delta "the most southern place on earth" and describes it as one of the poorest. He referred to that region of the state as "an isolated, time-warped enclave whose startling juxtaposition of white affluence and black poverty suggested the Old South legacy preserved in vivid microcosm" (p. vii). This is extreme, perhaps, but strangely characteristic of much of the rural deep South, even today.

Ellen Douglas' (1988) novel, *Can't Quit You Baby!* tells the stories of two Delta women approximately the same age, one white, whose name was Cornelia, and one black, whose name was Tweet. Tweet's family worked for Cornelia's family when they were young. The two girls played together and became as close as a black girl and a white girl could, in those days. When they became adults, Tweet still worked for Cornelia, but their relationship was more like a friendship, at least for Cornelia. They would tell each other stories of growing up, one white, one black, in the same Delta town. The perceptions were quite different, as you might imagine. They saw each other every day, and they became quite close, or so Cornelia thought.

As she got older, Tweet suffered a stroke and could barely communicate. She just sat in her chair, thumping her hand on the armrest. Cornelia would visit and talk, tell stories, tell her what she was doing, thinking, feeling. Every day, Cornelia visited her friend, refusing to give up on her, doing what she could to make her friend feel better. Cornelia thought that Tweet was the closest person to her in the world. After some speechless months, Tweet finally learned to talk, and her words were devastating to

Cornelia, who loved Tweet like a sister. They were talking about a gold barrette that Cornelia thought Tweet had stolen from her many years before.

"Why did you do it?", Cornelia asked.

Tweet said, "Maybe your hair was caught in it? You think maybe I took your hair...Why I cleaned up after you for almost your whole life...even cleaned enough of your toilets."

Cornelia moaned. She feels as if her joints are being pulled apart, as if a jackhammer is sending its vibrations all through her body.

"Hated you," Tweet says. She rocks back, leans forward in her chair. "You ain't got sense enough to know I hated you. I hate you all my life, before I ever know you. When you making them Christmas cookies in Ms. Lord's kitchen, when you saying to me about Wayne Jones: Oh Tweet, he's just like that; when you setting at the desk in the bank building, when you fixing them blue hydrangeas in the living room, saying, *That's just right*. Every day, every hour of my entire life from the day I'm born. Hate you when you acting like you the only woman in the world ever got sorrow when her husband die. I hate you, hate you, hate you. And I steal that gold barrette to remind me of it in case I forget." She laughs. "Sometimes I forget." (p. 254)

That kind of literature about relationships and people and families and races helps us to understand the data that we have about a place. And it is equally important in helping us to understand places and the people that inhabit them. The understanding that we get from this literature, this history, and this culture, is as important as the information that we get from a configuration of census and economic data. Both are necessary.

There are enormous differences among rural areas. Both the demographics and the histories are critically important to understand them. The controversy over definitions, whether precise specifications are more accurate than global characterizations, is undergirded by the variability of rural environments in the United States. The differences between communities that are considered rural by any criterion appear to be rooted in particular regions of the country. What is to be considered to rural in New England is quite different from the deep South or the Great Plains; and the frontiers of Wyoming and Montana are different still.

Definitions of rural environments are chosen based on the reasons for needing them. Policymakers and program directors have to pay close attention to the variables that are included in the definition because inclusion or exclusion can be highly profitable or quite costly. If we want to classify areas into rural and urban categories, the demographic approach may be appropriate. If we want to understand them, however, we have to include the softer, qualitative approach that includes knowledge of culture and history and literature, in addition to the composition and configuration of the population.

Agricultural Stress and Injury

One common characteristic of rural areas is that they are intricately tied to agriculture. This certainly is true in the Midwest and Great Plains as well as in the Deep South. While the prevailing view of rural life frequently is serene and pastoral, revolving around the calm atmosphere of farming, that picture is far from the reality of the rural, agricultural experience. In fact, farm accidents and illness rank quite high among the leading causes of death in the United States. Loss of limbs, disease caused by toxins in the environment, and abuse of alcohol and other drugs are common in rural communities. Further, there are significant stressors in the rural, agriculturally oriented environment that has an impact on the health and mental health of the people who live there.

This section of the paper provides an overview of stress in rural environments, particularly for persons who are engaged in agriculturally related occupations, such as farm operators. It does not address rural persons and families, not directly involved with agricultural work, although they are also highly vulnerable to environmental stress because of the predominance of agriculture in the communities in which they live.

There are two purposes for this section. The first is to identify some of the common stressors for people who work in agriculture. The second is to suggest some resources and options for coping with these stressors.

In order to accomplish these purposes, the stressors that appear most consistently in the literature about occupational stress in agricultural settings are first identified. Second is a summary of what has been learned in research and experience in attempting to cope and adapt to stressful conditions. Hopefully they will be organized in such a way to provoke thinking about these matters to facilitate study of the problems or development of health and mental health systems that are responsive to the needs of rural people and families.

It is appropriate to point out that the literature reviewed has focused predominantly on Canada and the United States. Scandinavian countries are far more advanced both in research and programming for agricultural disease and injury than North American countries. Since this paper is culture-bound, it is appropriate to limit the perspective to the U.S. and Canada.

Identification of Stressors

Several researchers have attempted to assess the stressors that affect the lives of farm workers and their families. They have attempted to categorize these stressors in helpful ways for people who develop programs to assist in the reduction of this stress. John May (1998a, 1998b) of the New York Center for Agricultural Medicine and Health has summarized much of the work and given shape to solutions with

his Farm Partners Program in New York. The National Institute of Occupational Safety and Health Report in 1996 pointed out the significance of occupational stress in agricultural workers. Several other researchers in various countries and regions of countries have studied the stressors on agricultural workers, and there has been a substantial amount of agreement as to what they are and how much power they have.

Most of the researchers have found that events related to financial condition are the most frequent and the most powerful stressors. The consistency and power of this finding makes it reasonable to organize the stressors among agricultural workers into financial and non-financial categories. For example, May found in his study of upstate New York farmers that 51 percent of the stressors encountered in his sample were financial in nature. Walker, Walker, and MacLennan (1986) found that 83 percent of their Canadian (Manitoba) sample reported that financial stressors were present in their lives. These results are consistent with those reported by a number of other researchers. Olsen and Schellenberg (1986) in Kansas, categorized their stressors as "familial" and "extrafamilial" listing financial stressors as chief among the extrafamilial sources of stress.

Financial. Among the financial stressors identified by Dr. May and others are machinery costs and breakdown, crop prices, land prices, debt load, interest rates, governmental policies, financial management practices, other business management practices, and maintaining some type of knowledge of current farm practices. The margins that farmers must work with are so narrow that there is little if any room for error. For example, the breakdown of a major piece of machinery during harvest is costly both in terms of financial resources and in the time needed to complete the work that must be done. The setbacks due to machinery breakdown can be enormous.

Since farms commonly are family endeavors, the business operation may well support several families, all of whom likely live in close proximity, as well as other non-family employees. The burden on the primary operator of the farming operation is magnified by this scope of responsibility.

Non-Financial. A wide range of non-financial issues are listed as stressors in the range of studies that seek to identify these farm problems. May (1998a) for example, indicates that family relationship matters were registered by 37 percent of his sample. Health concerns, chronic psychiatric problems, injuries, and grief, particularly among women, were other important sources of stress that were listed in his work.

Since so many farms are family businesses, family members spend enormous amounts of time together, by necessity they must work together. Then they are together for other community involvement, religious activities, and other ways in which they involve themselves with each other and the larger community. This large amount of time together creates significant strain because issues that arise as a part of work typically carry over into the family's personal or religious or community lives. Thus, there is no place in which such strain can be released appropriately. Rosenblatt and Anderson (1981) pointed out

the significance of this problem in jobs and family life that are essentially seasonal, when there are periods of high intensity of vocational activity followed by periods of low intensity.

These family stressors become complicated further by intergenerational issues that arise when there is more than one generation working and living in a farm area, particularly when the matter of intergenerational transfer of farm property and operations arises (Berkowitz and Hedlund 1979; Rosenblatt and Anderson 1981).

Many of the stressors, financial or non-financial, on agricultural workers have a great deal in common. Many of them are outside the control of the people that they affect. Crop prices, for example, fluctuate without regard to the individual farmers who produce the crops. The weather changes without regard to the people who work in the fields. Farm machinery frequently appears to take on a life of its own. Many things that influence the lives of farm workers are outside their control. Psychologically, this lack of control can leave persons and families with a sense of hopelessness, that nothing they can do will make any difference. It leaves a person and a family without a sense of hope, without a sense of future. Hopelessness breeds an atmosphere in which stressors seem to multiply and thrive. This atmosphere can magnify the risk of physical illness, carelessness around dangerous equipment, excessive use of alcohol or drugs, or acting out in some inappropriate way.

Coping and Adaptation. Successful coping and adaptation to the stressors that farm people and families regularly face are based on hope. People require a sense of hope that in the future they will survive, perhaps thrive and prosper. Each of us has ways in which we work to develop and hang on to that hope. Some are religious and find hope in the belief that God gives life, and there is optimism there. Others find hope in the belief in human ingenuity, that the capability of understanding and solving problems is within the grasp of human beings, and there is optimism there. Most people seem to have means of finding hope in their circumstances.

The job of providers of health or mental health care, social services, or researchers who can solve problems is to give hope to people who live and work in agricultural occupations. Walker and Walker (1987), the provocative Canadian researchers, show how farm stress is related to lack of power. In a sense, they define the task as empowerment.

In order to empower other people, there are some important points that need to be learned about communities, people who seek to be of help, and the postures that they adopt. May (1998b) identifies these quite well, although they are organized differently here. In a description of his New York-based Farm Partners Program, he identifies four basic points in what he terms the lessons that he has learned from the Farm Partners experience.

First, community involvement is critical. He points out two ways, the first being the definition and establishment of priorities of health and safety problems. The second way in which community involvement is critical is in the community's willingness to develop programs and include its own members as a part of those programs. It involves a sense of community that brings together people to

decide what the group's priorities are, and then to reach out to our own people to include them in a circle of caring.

The second point involves attitude. Human service providers, whether physicians, social workers, psychologists, nurses, or counselors, must have a culturally appropriate attitude, a respect towards those persons whose lives are being affected.

The third point involves the resources that are brought to bear on the stressful conditions in which farmers and farm families live. Clearly persons who are going to be helpful to farmers and farm families in dealing with stress must have some familiarity with the impact of difficult financial conditions and the complications that can result from that. Some financial expertise must be available to have any realistic bearing on what helpers can hope to offer. Second, a wide array of resources that already exist in rural areas can be of assistance to distressed persons and families. One of the things that we have learned in developing psychiatric rehabilitation programs in rural settings is that many characteristics of the natural environment contribute to the rehabilitation of persons who experience serious mental illness. Finally, it is important that human service providers are assertive in offering their skills on the premises of the farm, not in an office in some community which may well be remote from the farmer or farmer's family's place of operation. There are any number of programs that began in the rural crisis of the 1980s in the U.S. Great Plains that took services to people instead of expecting people to come to the services, and succeeded because of it. Several studies demonstrated that community mental health centers in the Midwest, whose staff thought that farmers experiencing psychiatric symptomatology while undergoing severe financial distress should be treated just like any other type of psychiatric disability were not well received by the consumers of their services. Those programs that took a business-as-usual approach did not fare well in their dealings with farmers and farm families.

Recommendations for Service System Research and Program Development

A review of the rural experience of African-American families and rural people in general make clear some important recommendations for health and mental health service system research and program development.

First, policy makers must pay as much attention to the characterization of rural environments as to the description of them. The history, culture, and literature of a social institution are important in its development. Awareness of these phenomena may help to identify opportunities for service delivery comparable to the use of indigenous workers in the early days of the community mental health center movement in the 1960s and early 1970s.

Second, since relatively few people typically characterize rural areas, it is not likely that extensive health and mental health service systems will be available. This requires that those systems that are in place cooperate and collaborate with each other to provide a reasonable level of care. This sets up a

significant research question: What forms of collaboration under what circumstances lead to the desired outcomes?

Third, collaboration likely will involve health and mental health providers working in some proximity to each other. Primary care settings offer an accessible and available context in which both types of providers may make significant contribution to patient care. There are many service and research opportunities available in the midst of collaborative activity.

Fourth, vertical partnerships--linkages between state, federal, and local governmental entities--also offer unique opportunities for collaboration in rural areas. Again, the community mental health center movement in its early years offered an almost ideal balance of these interests in a service-delivery system. State and federal governments have limited knowledge of rural environments and local people have limited resources to address the relevant issues.

Fifth, programs for intervention and prevention should be developed within the communities that need them, not placed in them by outside agencies. Community people have to prioritize their needs and oversee the programs that are designed to be responsive to them.

Sixth, mental health providers need to have a well-informed perspective of family functioning, whether pathological or not. It is customary in farming operations that entire families, frequently extended families, are involved both in the business and personal aspects of each other's lives. A sensitivity to this is critically important.

Seventh, vitally important is the ability to offer a hopeful perspective while working with people who are struggling with the reality of a loss of hope.

Eighth, there is no meaningful evidence that the consequences of financially induced stress are similar or dissimilar to many other types of stress-induced psychological dysfunction. Given many of the other contextual characteristics of rural life, it is important that we develop means to assist people with these problems in ways that are acceptable and accessible to them. This likely means that a search for methods of providing assistance without stigma or overpathologizing will be necessary.

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Race, Geography, and Mortality

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Introduction

Mortality patterns are a traditional measure of well being used by epidemiologists and public health policy makers. Changes in life expectancy and causes of death are therefore a straightforward and generally convincing indicator of improvements in the health status of populations over time. Geographic variation in mortality patterns are also useful as indicators of the combined effects of social, economic, and health resources available to communities. Consequently, mortality data are key components in setting the nation's health promotion and disease prevention goals (e.g., Healthy People 2010), where persistent differentials in life expectancy between white and black Americans are among the statistical indicators addressed.

This paper presents some of the geographic patterns associated with recent white and black mortality in the United States. Most data are derived from the Atlas of U.S. Mortality (Pickel et al.). Additional data have been derived from the Bureau of Census.

Unit of Analysis

The enclosed maps and table are based on 805 Health Service Areas established by Makuc and associates (1991). These areas, which often cross-state lines, combine several counties into natural health markets based on the actual migration of patients for hospital care in 1988. Residents of these areas generally share the health resources levels that are assumed to influence health outcomes such as mortality.

Rural Populations

White and black Americans have distinct patterns of settlement in the U.S. Nearly all rural African-Americans live in the agricultural Southeast, since migration from these communities has been historically to urban areas in the North and West. White settlement on the other hand, is more evenly dispersed across the interior U.S. Figure 1 shows the pattern of rural white settlement with concentrations in Appalachia and northern Midwest areas, while Figures 2 shows that rural African-American populations are concentrated in areas of the interior Southeast.

Mortality, Race, and Geography

In the period 1988-92, age adjusted death rates by race show a substantial racial gap remains between whites and blacks. Age-adjusted deaths per 100,000 population per year in the US from 1988-1992 were as follows:

White Male	649
Black Male	1072
White Female	373
Black Female	590

Source: Atlas of United States Mortality(1997)

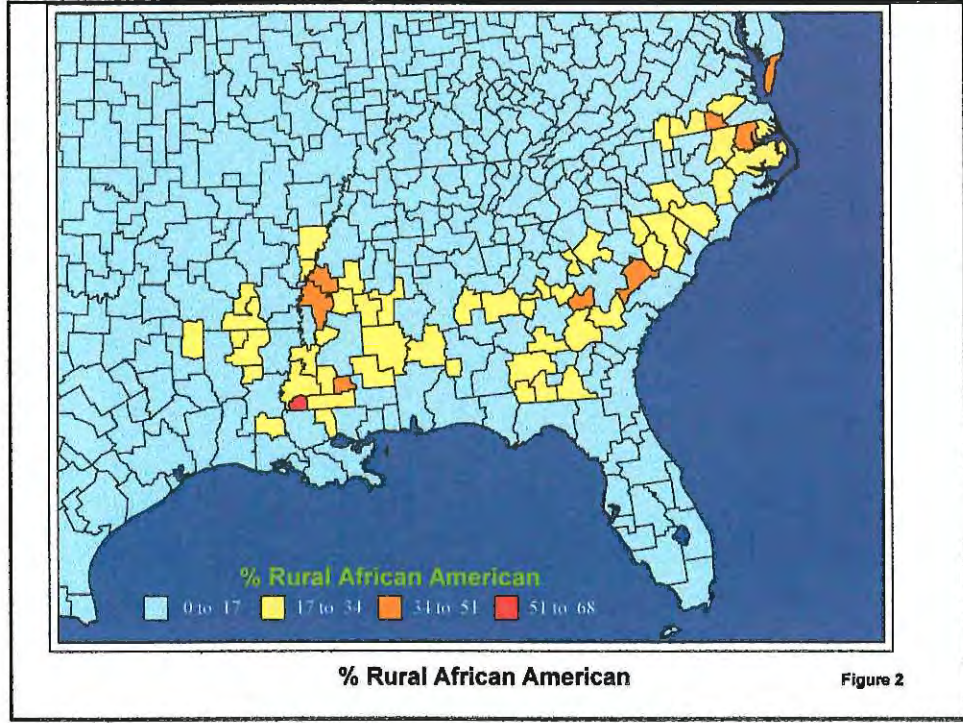
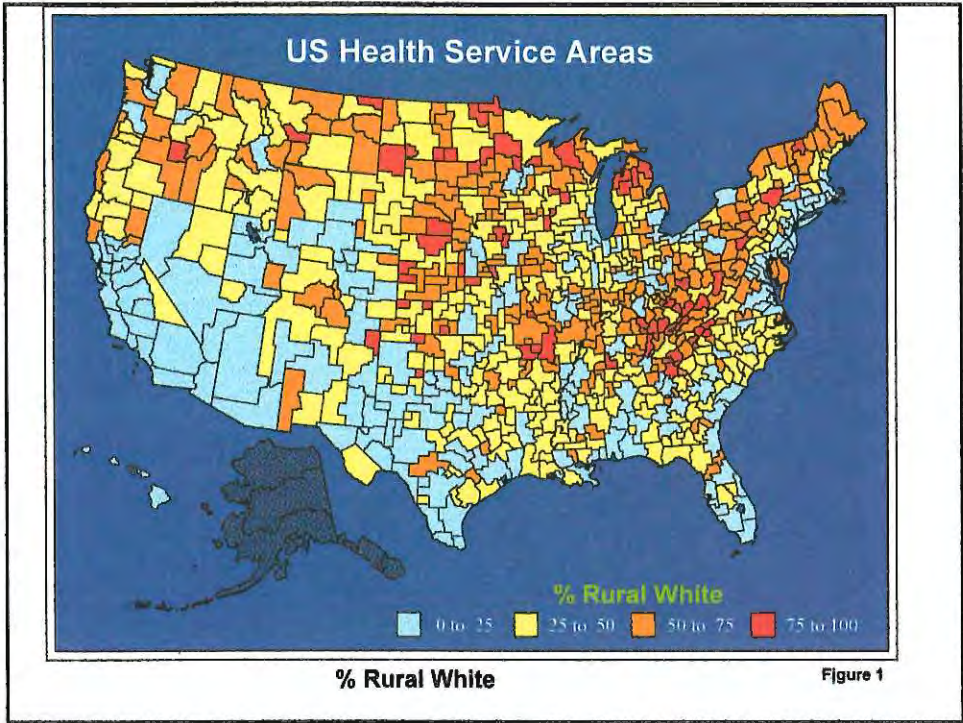
To a certain extent, this is also a regional pattern, as Figures 3-6 show that whites and blacks in the Southeast share high mortality rates when compared with the remainder of the U.S. Combined black and white mortality rates are also highest in the Southeast for injury, non-injury, and infant deaths. A regression model for all 805 Health Service Areas further associates the high non-injury mortality with higher rates of poverty, adult smoking, low adult marital rates, and low health worker labor densities.

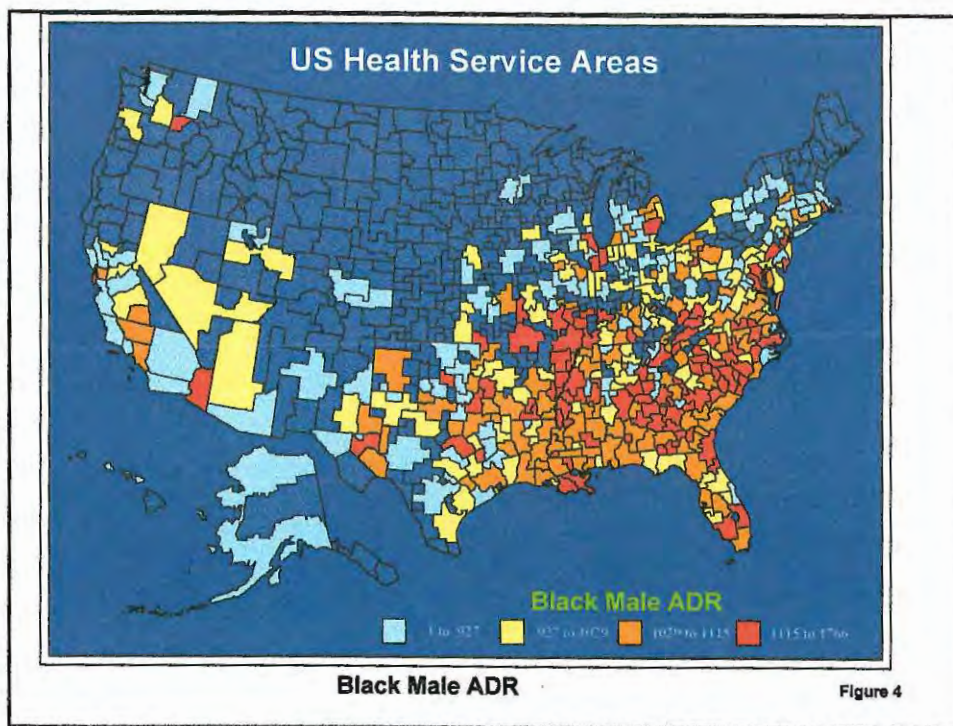
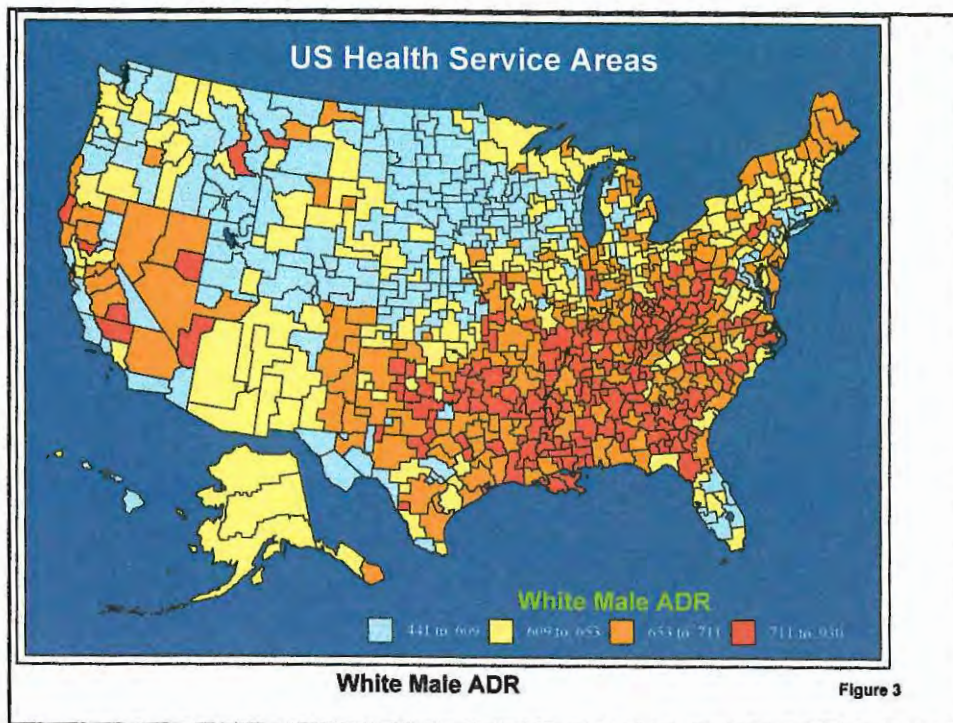
Health Resources

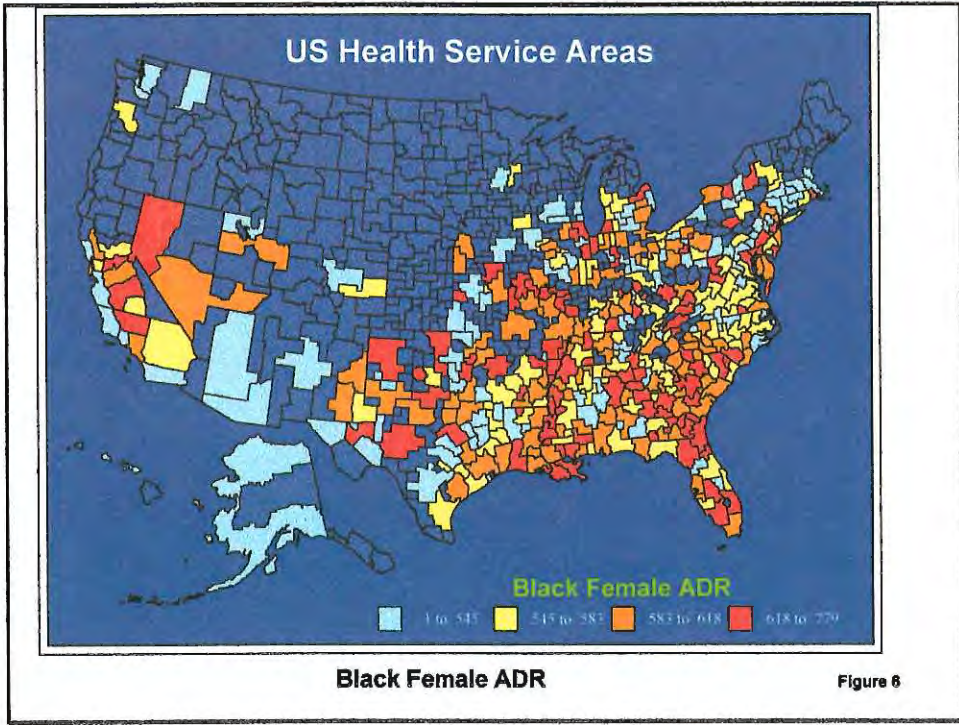
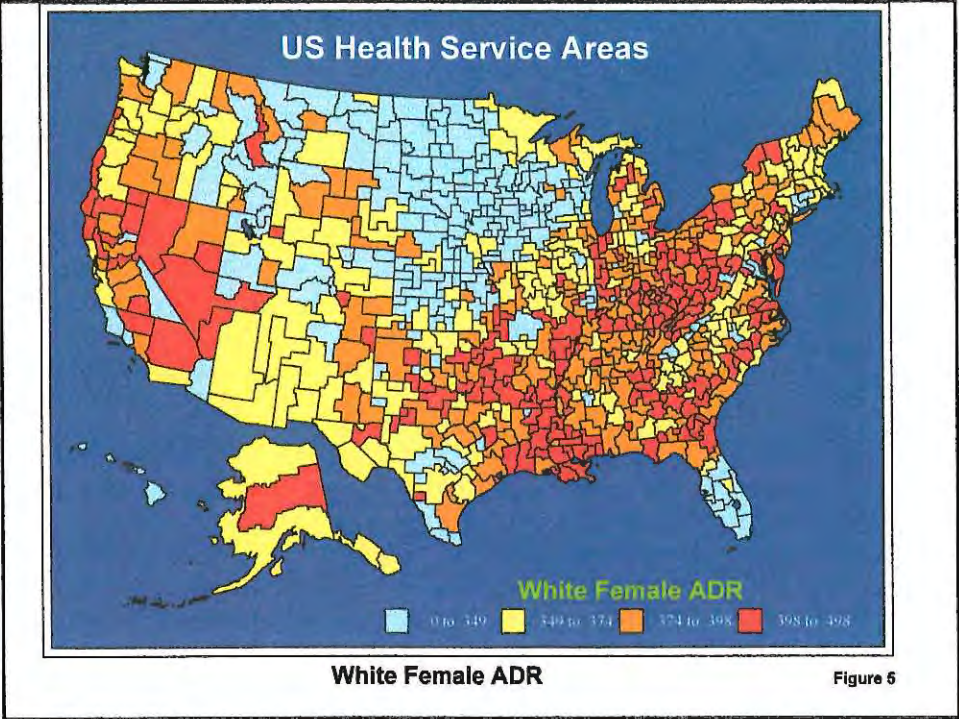
A general measure of the health care infrastructure is the proportion of the population employed in the health care industry. Health Service Areas in the Northeast and Midwest have the highest density of health workers per 100,000 population. Areas in the South and West, by contrast, have lower densities of health workers..

Conclusion

While the population of the U.S. is becoming increasingly mobile and many regional differences are diminished as a result, the historical effects can still be seen in geographic patterns of mortality. Although these are often presented as racial differences, there are likely to be strong regional and cultural differences that underlie the patterns. The attribution of health outcomes to any particular risk factors or changes in health interventions must be analyzed in the context of all possible contributing factors.







The Importance of Using an Ecological Model in Studying Neighborhood Influences on African-American Family Life

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Abstract

This paper summarizes the current and consistent findings of neighborhood effects on African-American families and evaluates the recent research on the extent to which the findings are ecologically valid. In general, the review indicated that low-income neighborhoods negatively affected African-American family life in terms of child and adolescent development, parenting, and employment. Both children and adolescents are directly and indirectly affected by impoverished neighborhoods. Low-income neighborhoods adversely affect parents, especially single parents. The deconcentration of jobs in the inner-city neighborhoods has intensified job competition and has triggered an explosion of low-paid, part-time work. The review suggests that an ecological paradigm would provide a useful conceptualization for studying neighborhood effects. Suggestions for future research are discussed.

The purpose of this paper is to document and delineate consistent findings on neighborhood effects on African-American families and evaluate the recent research on the extent to which the findings are ecologically valid. More specifically, the review will focus on neighborhood effects on youth development, parenting, and employment. The article will also examine methodological issues relevant to studying neighborhoods. Throughout the review, constructs like culture, social economic status (SES), and risk and resiliency will both be implicitly and explicitly discussed.

Neighborhoods as a Context

Shaw and McKay (1942) were among the first to document the importance and influence of neighborhoods as a setting, by concluding that delinquency is more closely associated with the type of neighborhood a child lived in rather than the type of family the child was reared in. A neighborhood consists of both spatial and social dimensions (Ensminger, Lamkin, & Jacobson, 1996). According to White (1987), neighborhoods are physically bounded areas characterized by a relative degree of homogeneity and cohesion. The important elements of a neighborhood are both size and social interactions. The reason is that a neighbor or a neighborhood can only be influential if the area is small enough for people to know, observe, and interact with others in the area.

Another conceptualization of neighborhoods is what Burton and Graham (1998) refer to as neighborhood rhythms. Neighborhood rhythms are defined as “street routines,” or the timing of social activities involving residents, “visitors,” and legitimate and illegal businesses; “street play” time for the youth; and temporal rituals in the gathering of adults on street corners, in parking lots, or on stoops to converse. Neighborhood rhythms as a type of conceptualization of neighborhoods is employed for understanding the impact of neighborhood process on relevant social concerns (such as teen pregnancy) rather than understanding the relationship between demographic features of neighborhoods (such as percentage of low-income household or racial composition as determined from census data) and relevant social concerns.

Burton and Graham’s (1998) research explored the relationship between neighborhood rhythms and the social activities of urban African-American adolescent mothers. The neighborhoods that were used in this study consisted of high percentages of male unemployment (30-60%), high percentages of children living in poverty (45-86%), and high percentages of high school dropouts (40-50%). The author’s data collection involved the use of qualitative strategies to identify the predominant community and family beliefs about the definitions of neighborhoods, neighborhood processes, and life course development for urban African-American children, teens, and adults. Four qualitative data collection strategies were employed, including field observation, focus groups, in-depth case studies of 48 teen mothers and their families, and participant observation of neighborhood and family activities. The data was analyzed by using a specific coding scheme to generate a profile of conceptual themes and relationships among variables that manifest themselves in the data. The themes that were identified concerning neighborhood rhythms and the social activities of adolescent mothers included the temporal shifts of neighborhoods and the influence of neighborhood time on courting, “baby parading,” and illicit drug “hazing” activities of teen parents.

The “morning” shift begins around 7 a.m. and goes until about 4 p.m. This shift is best characterized as the family time of day, which consisted of neighborhood residents not involved in the local drug trade conducting their grocery shopping and banking, visiting with friends in the neighborhood, attending church activities, and delivering and picking up young children from school. There are low levels of illicit drug-related activity because the drug dealers and users are typically asleep. However, this is the time of day when several of the unemployed males engaged in courting activities with the females, which has particular significance to childbearing outcomes. Fifty-four percent of the mothers in this study reported that they became pregnant during this time shift.

At approximately four o’clock in the afternoon, the activities of the “morning” shift moved toward those of the afternoon-evening shift. During this shift, older neighborhood residents, parents not involved in the local drug economy, and their children returned to their homes. Young children and adolescents with no adult supervision “hung out” in the streets, and small-time drug dealers opened for business on the street corners. Baby parading was the dominant theme during this shift. Baby parading

consisted of young mothers strolling up and down the neighborhood in groups, pushing their babies in strollers and dressed in the latest fashions. The concern by the parents of these young mothers and by the community residents at large was the negative message they were communicating to the children and teens of the community. Moreover, the mothers could be placing themselves and their children at risk by parading up and down the streets in the middle of drug deals.

At 10 p.m., the hard-core drug dealers and the undercover police officers made their presence known in the community. This time period is known as the “night” shift and is considered the most dangerous time of day. The teen mothers in this sample were affected by this shift in two important ways. First, the mothers were introduced to crack cocaine through the illicit drug “hazing” that transpires during this shift. Second, some of the parents of the teen mothers were involved in drug-related activities. Consequently, the teen mothers had to take care of not only their children, but they also had to assume responsibility for the care of their younger siblings.

Examining and conceptualizing the influence of neighborhoods from a process perspective illuminates certain occurrences that might not have otherwise been observed. Current neighborhood effect theories often fail to capture the process of the neighborhood, hence the effects of neighborhoods are often minimized.

Neighborhood Effect Theories

There are several existing neighborhood effect theories. One of the most recent and influential theories is Wilson’s (1987) structural hypothesis. He contends that middle- and working class migration has had a serious impact on inner-city neighborhoods and the life chances of their residents. As people with jobs and resources have left, those who have remained in the inner-city neighborhoods have become socially isolated and alienated from mainstream values concerning work and values. Wilson contends that the result has been a decrease in the attachment to schooling and employment, which has led to an increase in school dropout rates, an increase in criminal activity and delinquency, and an increase in drug abuse and related problems. Crane’s (1991) epidemic theory of social problems bolsters this theory, which documents sharp increases in school dropout rates and sharp increases in teenage childbearing rates in low SES communities.

Jencks and Mayer (1990) conducted a comprehensive review of the literature on the various theories of neighborhood effect on child development. Their review identified four major theories. (1) The contagion theories, which focus on the power of peer influences as the way problem behavior is spread. (2) The collective socialization theories, which contend that neighborhood role models and monitoring are the integral components to child socialization. (3) The institutional theories, which focus on the roles that schools, businesses, political organizations, social service agencies, and the police play in the community. (4) The competition theories, which state that neighbors compete for scarce resources.

Such neighborhood effect theories typically define a neighborhood by zip codes or census tracts, which do not account for complex neighborhood structures and processes like school resources, community norms, social isolation, social control, and peer group pressure (Corcoran, 1995). The theories do capture the relationship between neighborhood residence and developmental outcomes by using demographic data; but by failing to use qualitative insights in their conceptualization of neighborhood settings, the theories are unable to demonstrate the variability in developmental outcomes and the processes by which the outcomes are achieved (Jarrett, 1997). Hence, this paper views neighborhood settings from an ecological-developmental perspective, where the neighborhood is seen as a transactional setting that influences African-American families both directly and indirectly (Bronfenbrenner, 1986).

Ecological Framework

Bronfenbrenner (1979) once stated, “no sense at all to control for ethnicity, social class, or household composition in an attempt to isolate a ‘pure’ process. No processes occur outside of a context. And if we want to understand context, we need to take it into account, not pretend to control it away” (p. 424). When studying a complex setting, such as neighborhoods, the value of environment and social context increases.

A need exists for a paradigm that accounts for the complexity of neighborhood environments. An ecological paradigm as a way to conceptualize neighborhood effects would take into account the complexity of neighborhood environments. Fundamental to the ecological paradigm is the belief that environments directly affect human behavior. Hence, if people can better understand their environment then people can better understand their behavior (Levine & Perkins, 1997). The point where the environment intersects directly with the individual is referred to as the microsystem. According to Bronfenbrenner (1979), the microsystem is composed of settings that immediately impact an individual. Examples of such settings include neighborhood, school, family and friends. Because individuals experience interactions in the microsystem directly, these experiences are essential to their worldview and to their self-beliefs (Garbarino, 1992). Furthermore, an ecological paradigm implies that it is possible to change the patterns of social and organizational relationships to achieve population effects rather than individual effects (Levine & Perkins, 1997). This means changes at a structural level can affect groups of people rather than individuals. The advantage to an ecological conceptualization of neighborhoods is that it assumes social problems involve many factors. Therefore, a theory that uses such a paradigm will account for the neighborhood’s inherent complexity. Consequently, the theory has a greater chance of elucidating the many neighborhood processes.

Neighborhood Effects on Development

Child Development

Almost 80% of African-American children will live in a poor home at least one year during childhood, and 25% of African-American children will be poor during most of their childhood years (Corcoran, 1995). Given the apparent pervasiveness of poverty, examining the effects of environment, specifically neighborhoods, on African-American family life has been the focus of many research efforts. One consistent finding in the literature is that “bad” neighborhoods both directly and indirectly led to negative school outcomes (Corcoran, 1995; Ensminger, Lamkin, & Jacobson, 1996; & Barbarin, 1993). Barbarin (1993) suggests that low SES neighborhoods have an indirect effect on poor school performance in African-American children. He proposes that stress is a crucial, underlying risk factor. Barbarin states that poor and single-parent families are more likely to be subjected to a variety of daily stresses leading to problems of agitation, inattention, and sad affect in their children. As such, these problems are then directly linked to adverse developmental outcomes related to school performance. In summary, Barbarin proposes that the neighborhoods do not cause poor school performance, but poor neighborhoods cause stress, which does cause poor school performance. Whereas Barbarin’s hypothesis awaits empirical testing, the theoretical framework implicitly accounts for the many factors that may cause poor school outcomes. Stress is a general, observable construct, whose etiology is multifaceted. Therefore, if stress is the underlying risk factor, then poor neighborhoods would be just one of many possible factors that increase children’s stress level and hence lead to poor school performance. Barbarin’s notion then becomes an example of one that uses an ecological paradigm.

Instead of neighborhoods having an indirect effect on school performance, Ensminger, Lamkin, & Jacobson (1996) suggest that neighborhoods have a direct effect on school performance. Using 1970 and 1980 census data from 202 tracts in Chicago, Ensminger and colleagues examined whether neighborhoods influence the likelihood of high school graduation for a cohort of African-American children followed from 1966-1993. They found that male adolescents who lived in a middle-class neighborhood were more likely to graduate from high school, even with family background, early school performance, adolescent family supervision, and adolescent marijuana use controlled. However, living in a poverty census tract did not seem to influence the likelihood of high school graduation or of leaving school over and above the impact of family and individual characteristics. A possible reason the research did not find low SES neighborhoods influencing school dropout rates is because a neighborhood was defined by census tract data. However, using broader criteria for defining a neighborhood would enable the research to highlight the effects low SES neighborhoods have on school performance.

Poor school performance among inner-city youth has supported several stereotypes. One of the most pervasive stereotypes about inner-city minority youth is the idea that African-American children are inherently inferior to white children. Test results show that African-American children consistently score

one standard deviation below their white counterparts. At first glance, one could easily assume that African-American children score lower than white children because of genetic reasons (Herrnstein & Murray, 1994). However, recent research has provided some evidence supporting an ecological reason for the IQ disparity. Brooks-Gunn, Klebanov, & Duncan (1996) examined differences in intelligence test scores of African-American and white 5-year-olds. The authors used data from the Infant Health and Development Program data set, which includes 483 low birth weight premature children who were assessed with the Wechsler Preschool and Primary Scale of Intelligence. The data was analyzed using Ordinary Least Square multiple linear regressions. The results indicated that once adjustments are made for economic and social differences in the lives of African-American and white children, differences in IQ scores were all but eliminated between these two groups. This clearly shows not only the impact of neighborhoods but also the complexity of neighborhoods.

Moreover, several researchers have reported on the relationship between childhood behavior problems and low SES neighborhoods (Dawkins, Fullilove, & Dawkins, 1995; Kupersmidt, Griesler, DeRosier, Patterson, & Davis, 1995). Research has found that low SES neighborhoods are associated with increased aggression in low-income, African-American children (Kupersmidt et al., 1995). Furthermore, middle SES neighborhoods appear to be a protective factor against aggression for low-income African-American children (1995). There are many possible reasons why low SES neighborhoods increase childhood aggression such as a lack of parental control. Hence, these findings bolster the hypothesis that individual behavior is best understood when discussed in terms of context.

Dawkins, Fullilove, & Dawkins (1995) assessed the extent to which children in high-risk ghetto environments display behavior problems. The results indicate that rough neighborhoods may be important contributors to early signs of conduct disorders. The study also provides evidence that a need exists to examine specific aspects of the social environment of children who exhibit early signs of behavior problems in order to design more appropriate intervention strategies to prevent the development of more serious problems. The notion of examining the specific aspects of the social environment is correct as long as the specific aspects are examined holistically. In order for an intervention strategy to be efficacious, it must include all the necessary components, which means using an ecological perspective.

Adolescent Development

Ecological and life-course perspectives on development underscore the importance of examining the relationship between social context and the development paths of economically disadvantaged and ethnic/racial minority adolescents (Burton, Allison, & Obeidallah, 1995). Mason, Cauce, Gonzales, Hiraga, and Grove (1994) employed an ecological model to examine externalizing behaviors of 144 seventh- and eighth-grade African-Americans. Adolescents and at least one parent or parental figure completed roughly one and one-half hours of interviews and questionnaires. The measures examined work environment, parental support, parental warmth and control, family conflict, neighborhood

environment, and adolescent externalizing/undercontrolled behavior. The data was analyzed using Structural Equation Modeling. The results indicated that exosystem variables of parental work environment and parental social support had an indirect effect on adolescent externalizing behavior by influencing the microsystem variables. Examples of microsystem variables were parental warmth, parental use of restrictive control, and conflict within the family. This research goes beyond the descriptive level of saying that the environment affects adolescent externalizing behaviors and proceeds to delineate the specific aspects of the environment responsible for externalizing behaviors. Consequently, the efficacy of any intervention using this research is increased.

Seidman (1991) attempted to identify the critical psychological, developmental, and ecological factors that facilitate positive as well as negative outcomes. He employed an ecological developmental framework to follow a large and ethnically diverse sample of inner-city youth. In order to measure youth-perceived microsystems transactions, a principal components analysis (PCP) of the social support of adolescents suggested that family (mother, father, brother, or sisters), peers (kids their age or group of close friends) and school personnel support (a teacher, principal, or assistant principal) were the relevant factors. Moreover, neighborhood cohesion, that is positive neighborhood interpersonal relationships (e.g., neighbors would help me in an emergency), and neighborhood decline were derived from the principal component analysis. The results indicated that transition from elementary to middle/junior high school resulted in a significant decrement in self-esteem. In addition, the results show an inverse relationship between concentrated poverty and standardized reading and math achievement test scores. This research is illustrative of the impact and clarity the ecological model can add to a research study. Like Mason and colleagues (1994), Seidman (1991) moves past the descriptive level and provides strategic points for interventions, as the results suggest the need for the design of preventive endeavors in multiple microsystems.

The ecological paradigm has been used to challenge the notion that adolescence is a set stage of development that all children go through. Burton, Allison, and Obeidallah (1995) argued that for economically disadvantaged teens, adolescence might not be defined as a distinctive stage that occurs between childhood and adulthood. The authors contend that adolescents adapt certain skills to survive in their environment and in assuming adult responsibilities, such as being primary caregivers of siblings, many teens move from childhood to adulthood. This can lead to developmental inconsistencies that are evident between the expectations at school versus the expectations at home. School systems expect adolescents to adhere to mainstream aspirations and adult-monitored activities, hence the adolescents are treated like "older children." However, at home some inner-city adolescents are treated like "grown folks" burdened with adult responsibilities, which is in direct conflict with the expectations at school.

Another phenomenon that exists in inner-city families is age-condensed families, which are characterized by narrow age distances, typically 13-17 years (1995). The age-condensed structure is prevalent in families where teenage childbearing has occurred consistently across generations.

Consequently, there is a weakening of parental authority over developing children. For example, the proximity in age between parents and their teenage offspring encourage relationships consistent with sibling roles and not parental roles.

Consequently, traditional developmental outcomes, like the completion of high school and the attainment of stable legitimate employment, while important, do not exhaust the potential range of successful developmental outcomes that inner-city, African-American teens experience in their context. Outcomes that reflect cultural and situational success, outcomes that represent the realities of survival in the community, and outcomes that reflect role flexibility and spiritual and creative development were three categories the study found. These findings underscore the importance of having an ecological perspective when studying adolescent development because it allows for the inclusion of multiple outcomes that are culturally sensitive. If mainstream perspectives on adolescent development are applied to a context where they do not fit, the resulting research may be inaccurate, and uninterpretable profiles of adolescent development may result. Using an ecological paradigm, interventionists must be cognizant that normal adolescent development is context bound, and the definition of *normalcy* is reflected in contextual perspectives of successful adolescent outcomes.

Despite the evidence that an ecological perspective appears to be superior in understanding the complexities of environment in relation to adolescent development, research still exists that fails to adequately account for the multiple factors/settings involved in adolescent development. Several research studies have limited their findings to the descriptive level. These studies have all found that growing up in low-income neighborhoods have negative effects on adolescent development (Moore & Gleib, 1995; Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Bowen & Chapman, 1996; Elliot et al., 1996; and Duncan, 1994); however, none of the studies elucidate what it is about the low-income neighborhoods that causes these negative outcomes. In fact, Elliot and colleagues (1996) acknowledged that their causal interpretations were weak, which bolsters the contention that neighborhood effects are complex and multicontextual models are needed to aid in understanding neighborhood effects.

Risk and Resilience

Theories of neighborhood effects often fail to address the experiences of competent children who grow up in impoverished neighborhoods and are still able to overcome the odds and become socially mobile (Jarrett, 1997). Any theory of neighborhood effects that has an ecological paradigm must include relevant risk and resilient factors in order for the theory to be complete. Barbarin (1993) delineates several risk, coping, and resilience factors among low-income, African-American children from a multiple factorial perspective. Poverty is one of the most frequently identified risk factors associated with the development of children. The primary impact of poverty stems directly from economic hardship and stress in handling the expected and unexpected demands of life. For example, poor people experience a variety of stresses associated with living in dangerous neighborhoods. Economic distress associated with

poverty also affects adolescent development by limiting the resources available for the child to deal with his or her own distress. For example, an impoverished neighborhood could negatively affect the parents' ability to provide the socioemotional resources needed for the child's emotional and cognitive development.

Barbarin (1993) discusses the necessary resilient and coping factors. Barbarin contends that resilience is not only a quality of individuals, but also of social contexts that have embedded within them factors offering protection against forces that might negatively affect development. Personal style of coping, with emotion regulation and self-control at the root, is a likely source of resilience that protects children against debilitating circumstances that might impair development. According to Barbarin (1993), it is important to understand the process of coping, especially emotion regulation, in order to understand and intervene in the close relationship between affective disorder and disturbances related to violence, academic performance, and problems of conduct and aggression.

Jarrett (1995) found five factors that promote social mobility among poor, minority youth reared in impoverished neighborhoods: parents' ability to provide broader opportunities for youth derives from their embeddedness in extended, often socioeconomically heterogeneous, kinship networks; adults in "defended" families identify residents whose lifestyles differ from theirs, avoiding them as a means of maintaining family and household integrity; supervision techniques that monitor the time, space, and friendships of adolescents represent an attempt to avoid neighborhood risks and access local and extralocal opportunities; churches and schools are key targets. Parents of socially mobile youth seek out churches that offer youth activities; and such development entails learning skills and competencies that are adult determined and influenced.

Bowen & Chapman (1996) identified important resilience factors for at-risk youth. Their research indicates that increasing parent support may be helpful. In addition, supportive teachers play an integral role in promoting the psychological well being of at-risk adolescents. Related to the school setting, Spencer, Cole, DuPree, Glymph, and Pierre (1993) identified both academic self-esteem and academic achievement as responsive to particular protective factors. Finally, Jarrett (1997) identified protective factors at an institutional level. She found that an increased support of child-serving institutions would provide other developmental contexts for children, which would further aid in their development. For example, well-functioning day care programs, libraries, parks and schools would provide a broad range of enriching experiences for children.

Current neighborhood effects theories were not wrong about risk and resilience factors; they were just limited. Hence, in employing an ecological perspective to risk and resilience, an inclusive model can be developed that includes all the necessary factors. Only with such a paradigm can one begin to appreciate the complexities such a setting offers.

Neighborhood Effects on Parenting

Research has found that low SES neighborhoods do in fact affect parenting. Elder, Eccles, Ardel, & Lord (1995) have studied the effects of neighborhoods on parenting, including resilient parents. In their study, 492 inner-city families provided data through an interview and questionnaire on the primary caregiver and on the target adolescent (ages 11-15) along with an older sibling. The families were drawn from an existing sample of households in four inner-city areas of Philadelphia where neighborhood poverty rates vary from 10 to 20%. The study measured SES, emotional and social behavior, quality of marriage, and family management strategies. The majority of analyses were conducted via Liseral. The results indicated that lower income parents, especially African-Americans, tend to perceive more neighborhood problems. Financial strain is virtually a way of life for the lower-income families. Heavy economic conditions exacerbate depressed feelings in both African-American and white families. Married parents have the benefits of partner support. These parents scored the lowest on depressed feelings. African-American parents in strong marriages are less negatively influenced by economic pressure than are parents with either a conflicted marriage or no partnership, as measured by the quality of marriage scale.

In terms of parents who overcome the adverse effects of their environment, three themes were identified. Parents who participate in management activities inside the household tend to be involved in management activities within the neighborhood and larger community. Second, African-American parents are more involved in management strategies because they do not perceive the community to be responsive to their needs, hence the requirement to do more in terms of promotive and protective activities. Finally, African-American parents who feel efficacious as parents are more likely to be engaged in promotive and preventive strategies. Related to resilient factors that parents use in overcoming adverse environments, Jarett (1997) found four types of parenting strategies that facilitate conventional child outcomes: family protection strategies, child monitoring strategies, parental resource-seeking strategies, and in-home learning strategies.

An assumption made about parents in low SES neighborhoods is that they do not adhere to mainstream values. Jarrett (1994) conducted a study to examine parental values among low-income women. Her research found that women consistently adhered to mainstream patterns of conventional family life as their reference for what makes an ideal marriage. However, in reality the women were pessimistic about ascertaining the mainstream pattern of marriage as a result of their first-hand experiences. Women used the experiences of older women as a way of gauging their chances of ascertaining the "ideal" marriage. Economic factors consistent with the structural explanation of poverty played prominent roles in their decisions to forego marriage, bear children outside of marriage, and head households. Women responded to their poverty in three ways: they extended domestic and childcare

responsibilities to multiple individuals; they relaxed paternal role expectations; and they assumed a flexible maternal role.

The data show that the women do have different family arrangements from the mainstream, but their alternatives were viable, illustrating that contrary to what some think, low-income women do not abandon mainstream ideals. The data also highlights the active role that women play in caring for children and maintaining households. Women residing in impoverished communities assess their options and make choices that allow them to forge meaningful lives despite the harsh economic conditions in which they and their children live.

The research presented above on parenting is an important part of the ecological paradigm on neighborhood effects on African-American families. Parenting plays an integral role in the lives of children and significant others. Because of the pervasive influence this microsystem has, it becomes essential that parenting be included in any model that examines the effects of neighborhoods on African-American families.

Neighborhood Effects on Employment/Joblessness

Fundamental changes in the structure of cities have been one of the largest forces behind the increasing social and economic marginalization of urban African-Americans (Kasarda, 1993; Wilson, 1995; and Wacquant & Wilson, 1993). The deconcentration of metropolitan economies and the turn toward service industries and occupations has intensified job competition and has triggered an explosion of low-paid, part-time work. One consequence to the deconcentration of jobs in the inner-city neighborhoods is that many residents of these neighborhoods lack access to financial and banking institutions. Therefore, individuals are unable to buy a home, unable to own a car to compete for jobs outside their neighborhoods, or unable to gain easy access to public transportation (Wacquant & Wilson, 1993).

Another consequence to the departing of many blue collar jobs, which once constituted the backbone of cities, is that they have been replaced by white collar jobs that have educational requirements excluding many with substandard education (Kasarda, 1993). The educational disparity between city jobs and African-American inner-city residents poses a serious structural impediment to major improvements in urban African-American employment prospects. The notion of structural entrapment and socioeconomic marginalization denotes a new sociospatial patterning of class and racial domination recognizable by the concentration of the most socially excluded and economically marginal members of the dominated racial and economic group (Wacquant & Wilson, 1993). The advantage of such a conceptualization is that future research moves toward a more inclusive theoretical model that is concordant with an ecological paradigm because it allows race, class, culture, and economics all to interact in one model. Hence, a much deeper understanding about the social problems facing residents of low SES neighborhoods is possible.

In order to gain insights into jobless families in ghetto communities, Wilson (1995) provides a helpful distinction. He proclaims there are two types of jobless families, and understanding the difference between the two is imperative. A jobless family whose economic mobility is impeded by the macrostructural constraints in the economy and the larger society but nonetheless lives in an area with a relatively low rate of joblessness and poverty is different from a jobless family living in an inner-city ghetto neighborhood that is influenced not only by these same constraints, but also by the behavior of other jobless families in the neighborhood. The latter influence is one of culture—the extent to which individuals follow their inclinations—either through forms of nonverbal action, including engaging in or refraining from certain conduct, or in the verbal expression of opinions or attitudes concerning norms, values, or beliefs as they have been developed by learning or influence from other members of the community to which they belong or identify.

An important term to understand the kind of cultural analysis alluded to above is perceived self-efficacy, which refers to self-beliefs in one's ability to take the steps or courses of action necessary to achieve the goals required in a given situation. Such beliefs affect the amount of effort expended in a given venture and the degree of perseverance when confronting difficulties. The central hypothesis to the culture analysis is that an individual's feelings of low self-efficacy grow out of weak labor force attachment, and they are reinforced or strengthened by the feelings and views of others in his or her neighborhood who are similarly situated and have similar beliefs. The result is a lower sense of collective efficacy. The cultural problem of the transmission of self and collective beliefs in the neighborhood is what Wilson calls "concentration effects"; that is, the effects of living in a neighborhood that is overwhelmingly impoverished (Wilson, 1995).

Wacquant & Wilson (1993) underscore Wilson's notion of self-efficacy. They contend that ghetto residents are dependent on the will and decisions of outside forces that rule the field of power—mostly white business-class realtors and welfare agencies—they have no control over and are forced to rely on inferior services and institutions when compared to the wider society. Moreover, the high incidence and persistence of joblessness and welfare in ghetto neighborhoods, reflecting the paucity of viable options for stable employment, take a heavy toll on those who are on aid by depressing their expectations of finding a route to economic self-sufficiency. From an ecological perspective, self-efficacy takes us one step further in the ecological realm. This notion represents an interdisciplinary approach, which combines psychology and sociology. Being able to examine the individual's mental health in relation to larger macrostructural constraints allows for a more comprehensive analysis of low SES neighborhoods and their inhabitants.

Ethnic solidarity and kinship networks are critical in fostering social mobility in segregated enclaves through self-employment. This same tactic has made the Asian-American immigrants successful (Kasarda, 1993). Empirical research has found that African-Americans use the same tactic in seeking employment (Taylor & Sellers, 1997b). The data for this analysis came from the National Survey

of Black Americans (NSBA). The dependent variables investigated in this analysis address the degree to which family and friends helped respondents learn about and acquire their present jobs. The independent variables in this analysis included sets of family, friendship, racial composition, and demographic variables. The data was analyzed using a series of logistic regression models that estimate the effects of family, friendship, racial composition, and demographic variables on the odds of discovering a job through informal referrals of family or friends. The findings of the research indicate that most African-Americans find their jobs through informal sources. Although both family members and friends were important sources of job information, more people used friends as their primary source of employment opportunities. In addition, the study found an increase in the use of informal ties among lower SES African-Americans, especially among African-American men. The results show that family and friends play an important role in helping African-Americans seek employment; however, one must be chary about assuming this is a beneficial phenomenon. The reason is because in lower SES neighborhoods, the African-American job seeker is primarily tied to social networks composed of other African-Americans, which on average do not possess the skills or information about desirable job openings (Taylor & Sellers, 1997b; Wacquant & Wilson, 1993). The implications suggest that the neighborhood structural impediments foster unemployment of inner-city residents. Consequently, this illustrates the complex nature of neighborhoods and the value an ecological paradigm has in being able to uncover such behaviors.

Neighborhoods plagued with high levels of joblessness are more likely to experience problems of social organization ranging from gang violence and drug trafficking to family breakups and problems in the organization of family life (Wilson, 1995; Wacquant & Wilson, 1993). The latter focus on families has received recent research attention (Massey & Shibuya, 1995; Taylor & Sellers, 1997a; Testa, Astone, Krogh, & Neckerman, 1993). Taylor and Sellers (1997b) found that African-Americans who held a job were twice as likely to be married as the unemployed. The research also concluded that the unemployed are more likely to have family problems and problems with their love lives. Moreover, life satisfaction was significantly predicted by unemployment and taking care of the family. Hence, unemployment led to decreased life satisfaction. In general, individuals derive satisfaction and well-being from feeling they have to take care of their families (1997). The research suggests that unemployment is a stressor that is deleterious to individuals and their families. This study demonstrates the interaction between the environment and the individual, which is essential to the ecological paradigm. The study alludes to the importance of psychological variables, like depression or anxiety, as indicators of potential life dissatisfaction.

Massey & Shibuya (1995) add to understanding of the neighborhood's impact on African-American family life by exploring the relationship between neighborhoods and joblessness. They found that young African-American men who live in neighborhoods of concentrated male joblessness were significantly more likely to be jobless themselves. Likewise, African-American women who lived in

areas where jobless men predominate were considerably less likely to engage in the traditions of marriage. These research findings provide additional support to an ecological paradigm and to Wilson's contention that community context appears to be crucial in shaping the career path of both young African-American males and females. Furthermore, the geographic concentration of male joblessness and educational failure in the lower SES African-American communities play powerful and independent roles in exacerbating and perpetuating the behaviors associated with the urban underclass.

The negative effects of employment and neighborhoods on African-American families has become a consistent finding in the literature, which was further bolstered by Testa, Astone, Krogh, and Neckerman (1993). Their research showed that employed fathers residing in inner-city Chicago were twice as likely as nonemployed fathers to marry the mother of their first child. These results were consistent with Wilson's hypothesis that the rise in male joblessness is linked to the rise in never-married parenthood in the inner city, which refutes Charles Murray's argument that welfare discourages employed, low-income men from marrying (1993).

These studies examining the effects of employment on African-American family life begin to unravel the underlying social and economic problems of urban African-American communities. It illustrates how understanding the microsystem of the residents of inner-city communities can lead to a greater understanding of the larger environment, the neighborhood. This level of analysis provides empirical evidence for the necessity and benefits of studying the intersection between environment and individual.

Methodology

Robin Jarrett (1992) has spearheaded an argument that qualitative methods are useful and important for untangling the complexity of low-income, African-American family life. Qualitative methods are primarily concerned with subjective perceptions, opinions, attitudes, values, and feelings (Jarrett, 1993). An interviewer garners a homogeneous group of individuals to discuss a particular topic. This technique is useful for exploring the range and patterns of subjective perspectives in a relatively short period of time (1993). When these techniques are applied to neighborhood effects, qualitative studies suggest that neighborhood effects theories are not wrong, but incomplete (Jarrett, 1997; Jarrett, 1992).

Jarrett (1992) used qualitative data to demonstrate the utility of such an approach to examining the underclass debate. Jarrett (1992) states that Wilson's theory, while thoughtful, is limited because he relies on aggregate statistics to make inferences about individual behaviors and neighborhood processes. She further states that Wilson pays little attention to the issue of heterogeneity between families within the larger neighborhood. Wilson's data does not account for the processes associated with changes in the family and in the neighborhood (1992). In her study, ten focus groups were conducted between January and July 1988 yielding a total sample of 82 low-income African-American women. Topics covered in the interview included individual life histories and genealogies; residence life histories; childcare and

socialization; intergenerational relations; female-male relationships; and welfare, work, and social opportunities. The interviews were transcribed, and the transcriptions were coded using The Ethnograph, a computer program for managing qualitative data. The qualitative research findings show that despite limited neighborhood resources for family maintenance, some families are able to overcome the adversity. The research indicates that strong parental supervision of youth, isolation from street-oriented lifestyles, network coalitions with conventionally oriented families, pooled family resources, household interdependence, and flexible living arrangements are critical in mitigating the deleterious effects of impoverished neighborhoods (1992). Such processes would not have manifested if only quantitative data were employed.

The qualitative approach does have its limitations. The qualitative method has reliability and validity concerns (Denzin, 1970; Emerson, 1981). These concerns arise because the focus group interviews depend on the memory of the group members, hence any memory lapses compromise the quality of the data. In addition, interviews can elicit idealized accounts that depart from actual behavior. However, there are ways to minimize such limitations. The use of multiple methods, including focus group interviews, individual interviews, and limited participant observation, as well as multiple sources of information and multiple interviews, all provide checks on possible threats to reliability and validity (1992).

Qualitative data has often been viewed as primarily a descriptive instrument. While it is true that quantitative data is a powerful mechanism for testing theories, qualitative data is a powerful mechanism for generating new theories. Qualitative data include the experiences of real people and situations, which approximate social reality and hence adds to the ecological validity of the theory (Jarrett, 1992). Research does not exist in a vacuum but is affected by the larger social and political content in which it is conducted (Rainwater & Pittman, 1967; Suttles, 1976). The types of information sought on poor African-American families contradict society's norms and values, hence exacerbating stereotypes of these inner-city families. However, if the goals of research are to provide accurate portrayals of the poor, then the use of qualitative data provides an apt description (Jarrett, 1992).

To achieve a truly comprehensive understanding of low-income neighborhoods, it is necessary to use the strengths of both quantitative and qualitative methods. Capitalizing on the power qualitative methods has in generating theories and then capitalizing on the power of quantitative methods has testing theories, the beginning of a comprehensive and stable theory of low-income neighborhoods is possible.

Discussion

The goals of this article were two-fold. First, it summarized the various ways neighborhoods impact African-American family life. Specifically, family life was examined in terms of child and adolescent development, parenting, and employment. In general, low-income neighborhoods negatively affected African-American family life. Low SES neighborhoods led to negative school outcomes, lower IQ

scores, and increased behavior problems in children. Research on adolescent development indicates that parental work environment and parental social support are important factors in externalizing behaviors in adolescents. Adolescent research also suggests that economically disadvantaged teens may not experience adolescence as a distinctive stage that occurs between childhood and adulthood, due to environmental pressures experienced by inner-city teens. Related to child and adolescent development are the constructs risk and resiliency, which suggested several environmental and psychological factors that hurt and aid youth in overcoming adverse conditions.

Parents residing in low-SES neighborhoods experience heavy financial strain that enhance the likelihood of depressed feelings. However, several factors were identified that help parents overcome the adverse effects of their environment, including general feelings of efficacy when it comes to parenting and active participation in management activities.

The deconcentration of jobs in the inner city has engendered an increase in job competition and triggered an explosion of low-paid, part-time work. The poverty experienced by individuals in the inner city has a cultural component that lowers one's self-efficacy, that makes ghetto residents dependent on the will and decisions of outside forces. Consequently, African-American family life suffers because research has found that unemployed men are twice as likely not to be married.

Second, the article critiqued the research cited above for its ecological validity. The research varied with respect to how well the theoretical framework incorporated an ecological perspective. The adolescent research was superior to the other areas, in terms of incorporating an ecological perspective in the theoretical framework. However, across the board there was room for improvement.

The majority of the research to date examining neighborhood influences on African-American family life has remained on the descriptive level. It is clear that low-income communities have some deleterious effects on their residents. It is also clear that not all residents of such communities succumb to the pressures that exist in the inner city. However, that is the extent of our knowledge base. The research has remained at a descriptive level. While important, there is now a need to move past the descriptive level and obtain a greater understanding into the etiology of the underlying processes that cause the "negative" manifestations we observe in the lower SES communities.

An understanding of the various influences a complex setting, like a neighborhood, have on a group of people can only arise once the influences are conceptualized holistically and not individually. An ecological paradigm has the potential to lead to such an understanding because the paradigm assumes that outcomes are greater than the sum of their parts. Therefore, the paradigm assumes that problems have many causes, which are not unidirectional. With that assumption, it is possible to move past the rigidity of a single cause for a single problem and move to a more holistic understanding where one sees the influences of neighborhoods as multidimensional.

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African-American Children's Language Skills: Ebonics in the Community and School

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Abstract

Language shapes our observations and interpretations of our environment. People develop within a sociocultural context. As children learn language, they construct a social reality: Through language we learn our culture's values, expectations, roles, and rules. This paper explores the language customs of African-American children within two sociocultural contexts—African-American communities and Eurocentric school systems. First, the paper describes Ebonics as a linguist system. Next, we highlight African-American children's social interactions with family and peers to demonstrate how language is intertwined with cultural values. Finally, we explain the difficulties Ebonics speakers encounter in Eurocentric school systems and describe how language strengths can become weaknesses when taken out of context.

What is Ebonics?

Over the years, the language customs of African-Americans have been referred to in various terms (viz., Black English and African-American English vernacular). In 1973, the term "Ebonics" was coined by Robert L. Williams, an African-American psychologist, to replace the negative connotations associated with the language style of African-Americans (Fields, 1997). Before continuing, it is important to define how the term Ebonics will be used in this paper. First, it is assumed Ebonics is synonymous with Black English or African-American English vernacular. Secondly, the term will encompass both its linguistic features (viz., syntax, phonology, and semantics) and sociolinguistic features (viz., pragmatics and cultural influences). Thus, we are defining Ebonics in broad terms. Ebonics is a general African-American sociocultural language system, which encompasses not only the speaking patterns but also the historical, political, and cultural experience of African-Americans.

Repeated studies have found that 60 percent of urban African-Americans speak this dialect at home and with close associates (Ebonics, 1997). While it is completely recognized that all African-Americans do not speak Ebonics (i.e., grammatically), it is assumed that a large portion are influenced by the sociolinguistic features of the language through their exposure to African-American culture. Heath (1989) described this best by saying, "When children learn language, they take in more than forms of grammar: They learn to make sense of the social world in which they live and how to adapt to its dynamic social interactions and role relations" (Heath, 1989, p. 367). Therefore, when we talk about Ebonics, we

are talking about more than conjugating verbs; we are talking about a form of expression that encompasses the socioemotional and sociopolitical tradition of its speakers.

History of Ebonics

There are two academically established explanations on the origins of Black English. One explanation is that it developed as a pidgin language (Williams, 1997). Pidgin languages develop as “emergency” languages created by the first generation of speakers coming in contact with people who speak different languages. Pidgins are produced out of communicative necessity and tend to consist of small vocabularies and limited grammatical rules. There was a diversity of native languages spoken by the African slaves, and the Ebonics spoken by current African-Americans is assumed to be a result of these various languages. What typically happens is that the second generation of pidgin speakers creates a Creole language. Creole languages have vocabularies and structures that are more sophisticated than pidgin languages (see Bickerton, 1990). According to Bickerton (1990), all Creole languages share a similar structure, and these structures provide evidence for Chomsky’s innate language device.

At one point scholars believed Ebonics was undergoing a “decreolization” (Ebonics, 1997, p. 76) through the process of merging with other dialects; however, recent work shows Ebonics is moving in the opposite direction. There are other dialects spoken in the United States, but William Labov (Ebonics, 1997) notes that Ebonics is the most different from standard English than any other dialect. Although Ebonics may have initially developed from the language of slaves, the prominent features of the modern dialect were not present then. Labov hypothesizes the present-day form of Ebonics resulted from the Great Migration, the movement of southern rural African-Americans to large cities. As support for his hypothesis he notes the difference between the language of urban African-Americans and standard English is correlated with residential segregation (Ebonics, 1997).

The other explanation concerning the origins of Ebonics subscribes to the African retention model, which believes the basic differences between the dialect and standard English are due to grammatical rules mirroring the languages of West Africa; specifically, Ibo, Yoruba, Ewe, Wolof, Fante, and Mandinka (Fields, 1997). Linguistic scholars have gathered interesting evidence to support their theory (see Smith, 1997). Like West African languages, Black English lacks the auxiliary verb, *to be*; for example, in both language systems, the speaker would say, “We busy” or “You tired?” (Williams, 1997).

It is difficult to pinpoint the specific origins of Ebonics. As with all things, the end is probably a compilation of various means. Regardless of the origins of Ebonics, the language has survived and continues to persevere.

Linguistic Structure of Ebonics

Despite common notions, Ebonics is not synonymous with “broken English” or “slang [and] street talk” (Newell & Chambers, 1982, p. 1). The differences between Ebonics and standard English are

not the result of grammatical errors. On the contrary, systematic rules govern these differences. According to linguistic criteria, Ebonics is a legitimate dialect of American English; it is a systematic language system governed by rules of syntax, phonology, and semantics (Newell & Chambers, 1982; Stockham, Vaughn-Cooke, & Wolfram, 1982).

Linguist William Labov (see Newell & Chambers, 1982) explained that Ebonics has a unique semantics system composed of tense, mood, and aspect. Tense refers to the location of events in time, mood denotes how the events relate to reality, and aspect is the happenings of events and their impact. The use of the auxiliary verb *to be* characterizes differences in aspect. The sentence "He be working" means the man is working on a continual and consistent basis (i.e., habitually); whereas, "He working" (a sentence where the conjugated *to be* verb is dropped) means he is working at this moment (see Gleason, 1997).

Ebonics is also grammatically different from standard English. Examples of the three types of grammatical variance are: loss of suffixes (*He laugh [-ed], She cook [-s]*), multiple negation (*She don't have nothing*), and differences in the use of the verb *to be* (*They talking / You be trippin*) (Koch & Gross, 1997). Although these grammatical differences are often mistaken as degenerate, they are actually logical linguistic rules. For instance, in standard English sentences are only negated once, either on the verb or the indefinite, "She does not have anything" or "She has nothing," respectively. But in Ebonics, both the verb and the indefinite are negated, "She don't have nothing." This rule is similar to the negation rules in Russian and Spanish and may even be considered more complex than the standard English rule (see Gleason, 1997).

The phonological, sound system, variance of Ebonics can be classified into four categories: word variability, sound variability in vowel pronunciation, contrast variability in vowel contrasts, and final consonant differences (Koch & Gross, 1997). Common characteristics of Ebonics phonology include substituting the /d/ sound for the initial /th/ sound; for example, Ebonics speakers commonly say, "da" instead of "the." In Ebonics syllables are sometimes contracted as in "cuz" instead of "because." Phonology could be considered the most difficult aspect of Ebonics to capture because it is interdependent with written expression. Children may say "toof" when they see the word "tooth" without realizing their pronunciation of the word is different from the written word. Zora Neale Hurston's novel, *Their Eyes Were Watching God*, provides a written example of the phonology of Ebonics by phonetically spelling words in Ebonics, such as using "wuz" instead of "was." For a more thorough review of Black English, see Smitherman (1977) and Dillard (1972).

Now that the linguistic system of Ebonics has been described, we move on to discuss the language within the larger context. In this next section, Ebonics is examined within the context of the African-American community.

Ebonics and African-American Culture

African-American Family Life

This section considers African-American children's language development as it emerges from contextual factors of family life. The family system among African-Americans has been shaped not only by an adaptation to their American historical and current social experiences but also by a rich African heritage (Gutman, 1974; McAdoo, 1979; Nobles, 1974, 1978). The most interesting distinction between the African-American and European-American family is their relationship to non-immediate family members (McAdoo, 1978). The mainstream European-American perspective views family as composed of intimate relationships between nuclear members, but an African-American perspective views family as consisting of biological and nonbiological members. Therefore, while European-American children tend to be socialized into a small network of language users, African-American children have a much larger network of language companions who are from a wide variety of ages (Heath, 1982; Vernon-Feagans, 1996). Heath (1994) described working-class, African-American children as being in "constant human communication, verbal and nonverbal" (p. 112) with their extended network of language partners.

It is this distinct African-American familial experience that leads to the sociolinguistic (pragmatic) features of Ebonics. Pragmatics is the area of language development concerning how people engage in effective and appropriate communication with others. Evidence suggests that African-Americans view the purpose of language differently than European-Americans view it. For instance, working-class African-American children and their mothers talked about needs, wants, and interpersonal involvement more frequently than European-American children (Blake, 1994). Perhaps African-American children have an *expressive* rather than *referential* language style. Referential-style children refer to objects more often, whereas expressive-style children refer to feelings and social roles more often. Children who use expressive style believe the purpose of language is to talk about feelings and the needs of themselves and others (Nelson, 1973). Expressive style children spend more time watching other people and their caregivers and use more verbal routines designed to support social relationships (Goldfield, 1987). In many African cultures, people respond verbally to babies when the babies verbalize and glance to others rather than when they handle objects (Jamin, 1994). Heath (1982) also explains that African-American babies are hugged and praised when infants recognize family members or respond non-verbally to familiar adults.

Ethnographic research suggests the sociolinguistic language environments between African-American and European-American children are very different. Heath (1994) conducted research where she studied the narrative skills of three communities: a middle-class European-American community (Maintown), a working-class European-American town (Roadville) and a working-class African-American town (Trackton). She found the parents from Maintown and Roadville provided their children with books and bedtime stories, but the parents from Trackton usually did not. As a result of their early exposure to print, both groups of the European-American children were familiar with the social routine

involved in telling stories (e.g., answering questions, labeling text and objects). On the other hand, the Trackton children were socialized into a rich oral narrative tradition, meaning these children learned the art of telling a good story and making metaphorical analogies.

Current changes in the family structures of African-Americans are influencing the children's language socialization; many economic and social policies are destroying family and community-based traditions (Heath, 1982). For example, earlier in the 20th century African-Americans lived near their extended kin in two-family or small apartment houses in rural areas, but today poor families live in "high-rise, high-density projects, where people [take] residence not through individual and free choice of neighbor and community, but through bureaucratic placement" (Heath, 1989, p. 368). This urbanization of poverty discourages the support of extended family through housing rules that only define families in terms of parents and children. Oftentimes young mothers are confined to small apartments with their children, and they often end up talking on the phone or busying themselves with daily household chores instead of talking with their children (Heath, 1989). Because it is too expensive or too much of a hassle to travel across town via public transportation to visit relatives, these children miss out on the rich verbal experiences that are customary in large kin networks (Heath, 1989). Heath (1989) proclaims that play teasing and other verbal interactions with children diminish when there is no audience of kin to appreciate the exchange or to offer new challenging verbal retorts.

African-American Children's Peer Interactions

Obviously, the changes in family life are linked to changes in community life. Massive apartment complexes inadvertently hinder children's outside free-play because it is too difficult for the children to be monitored, and these complexes are often too unsafe for children to be left unsupervised (Heath, 1989). Thus, not only are children living in poverty missing out on the rich verbal input from extended kin, but they are also missing the input from their peers. When Vernon-Feagans (1996) conducted an in-depth naturalistic study of African-American children living in a poor, rural neighborhood, she found that the children's play with their peers was an important element in children's language socialization.

Vernon-Feagans (1996) found the African-American children were four times more likely than the European-American control group to engage in elaborate conversations about pretend play or storytelling. She speculated this was due to the value of "joint storytelling" (Vernon-Feagans, 1996, p. 101) in African-American culture. Joint storytelling consists of participation by at least one other person aside from the primary narrator; this other person may either comment on the story as it is being told or add to the story to make it more elaborate. In joint storytelling, action is paired with imaginative language that captures the interests of the children. Work by Sperry & Sperry (1995, 1996) suggests that African-American children begin telling these fictionalized narratives as young as 2 years old. Vernon-Feagans (1996) presents the following example, in which Ricky (9 years old) found a drainpipe with extensions protruding from the barrel. He began to engage Dwayne (5 years old) in pretend storytelling:

Ricky: Look at this man.

Dwayne: This ain't no man.

Ricky: I know it.

But look at this man with a light in his hand.

It's a heavy man

That's his, his head

That's his hand and . . .

Dwayne: Where?

Ricky: That's his, his hand.

He got a light in his hand.

He got a light in his hand.

He's a monster with a light in his hand.

Dwayne: Oh.

Ricky: He got no eyes. He can't see.

Dwayne: Don't tell--that's enough

(Ricky has begun to slowly modulate his voice rhythmically as he looks piercingly into Dwayne's eyes. Dwayne looks frightened and picks up a rock to throw at the Pipe Man.)

Mother: Don't hit Ricky with that.

Dwayne: I'm goin to beat that man up -- right there.

Ricky: Don't hit him.

Don't hit him.

Dwayne: Ooh. Ooh.

What's in the middle there?

(Points to the dirt in front of the pipe)

Ricky: I'm going to put it in there.

That's broken glass.

Dwayne: Stop bothering my glass.

Ricky: We're goin to make a witches pool.

(Ricky has made a hole in the ground and the broken glass serves as noodles)

Dwayne: That glass.

Ricky: I'm goin to make a witches pool.

Dwayne: Why?

Ricky: Put that noodles in it.

Dwayne: That ain't no noodles.

Ricky: I know it. It's all broken. Put noodles in it.

Dwayne: The noodles?

Ricky: We're making a witches pool.

Dwayne: Oh.

Ricky: We're making a witches pool. We two witches, making witches pool. We're putting lizards and snakes in it.

Dwayne: Yeah!

Ricky: One by one. Look at all those lizards and snakes. That's why we eat lizards and snakes cause we're the ones.

Mother: Now you know better than that. Listen now. Richard. That's dangerous. You don't play with glass. You could cut yourself. Find something else to do.

Clearly, the story became more elaborate as it continued. Although Dwayne was initially skeptical, Ricky persuaded him to engage in this pretend story. Rogoff (1990) describes a form of apprenticeship where an older child either models or instigates a more advanced level of play with a younger child. It is well known that sociodramatic play is believed to enhance social skills and the ability to create well-formed narratives.

Another example of peer apprenticeship can be found among African-American girls. Vernon-Feagans (1996) found that 34% of their peer interaction consisted of rhyming games and singing songs, which are popular because they require no material goods and can be played by children of various ages. In these games children, usually girls, stand around a circle and sing a chant (e.g., "Little Sally Walker sitting in a saucer ..."). Each individual has a chance to add her unique contribution to the game by entering the center of the circle and dancing, and, when necessary, the older girls help the younger girls by showing them what to do or say. These rhyming games are communal and noncompetitive forms of guided participation for younger children (Vernon-Feagans, 1996). These games require creative use of language and sound correspondence. Reading experts have even suggested these types of songs would be effective at developing pre-reading skills (Bradley & Bryant, 1985).

The activities the African-American children engage in while playing in their community contribute to their language socialization. Through the pretend storytelling and rhyming games, children not only learned that language could be used to represent fantasies and make-believe, but also that it could be used to foster communalism and strengthen group ties.

Language & Socioemotional Development

Developmental researchers sometimes assess children's social and emotional development by recording children's everyday conversations with their parents and peers or by eliciting narratives from children. Investigators have used evidence from children's everyday conversations to uncover what children understand about internal psychological states (see Brown & Dunn, 1991; Dunn & Brown, 1994; Bartsch & Wellman, 1995). Bartsch and Wellman (1995) conducted an in-depth investigation of 10 children's everyday language skills and coded the information for references to mental state words (e.g., want, think, wish). Although Bartsch and Wellman (1995) conducted a thorough investigation, their sample was skewed in terms of ethnicity and class. All the children were European-American and middle-class except for one African-American child and one working-class child. The researchers reported no significant differences between the rest of the sample and these two children. However, when Curenton (1998) compared these children (viz., Abe & Sarah) with two European-American, middle-class children who had the same number of utterances (viz., Adam & Ross), she found a difference. The working-class and African-American children talked about desire more (62%) and belief substantially less (38%) as compared to the middle-class, European-American children (56% and 43%, respectively) (see data for Bartsch & Wellman, 1995).

The discrepancy between the African-American and working-class children and the European-American, middle-class children could be due to cultural differences in language socialization. In a year-long investigation of three working-class, African-American children's language development, Blake (1994) found that African-American children talked about desires more often than their European-American counterparts. Additionally, the mothers of these children mentioned desires and emotions when they were talking to their children more often than what is typically found in European-American, middle-class samples of mother-child speech. Blake concluded these results were an effect of the socioemotional nature of African-Americans.

When Curenton (1998) elicited narratives from a working-class African-American 5-year-old (Cindy), she found this child's talk was skewed in terms of emotions and desires. The vast majority (77%) of Cindy's talk included references to desires and emotions, and only (13%) of references were about belief. Although Cindy's talk was based more on desire and emotion, it does not mean she did not fully understand the concept of belief. Her speech did reveal age appropriate understanding of belief. Take for example the reference she made to someone's mistaken belief:

Cindy: Then he was happy because his mama bought it. She didn't forget.

Mom: He thought his mom was going to forget the lotion?

Cindy: But his mama didn't.

Mom: So that made him happy when he got the lotion.

Additionally, her speech demonstrated she recognized the connection between feelings and thoughts (Lagattuta, Wellman, & Flavell, 1997). On two occasions Cindy references people's feelings in relation to their thoughts:

Cindy: His mama feel angry because she know ... that he wasn't suppose to pour all that cereal out.

Cindy: He feels happy thinking about those little things that he's carrying from the tree.

Based on the findings by Bartsch and Wellman (1995), children 4 years and older should explain a character's actions in terms of beliefs rather than desires and emotions. However, Cindy did the opposite: She overwhelmingly linked the character's behaviors to their emotions. Her explanations for behavior could be due to her mother's scaffolding with questions that probed for more information and prompted Cindy to expand her narrative. Dunn, Brown, Slomkowski, Telsa, and Youngblade (1991) found the more children engage in conversations about internal states, the more advanced they are at understanding these states. The following story provides an example of Cindy's ability to weave beliefs, emotions, and behavior into a story with the help of her mother's scaffolding:

- Cindy:** Once there was an elephant who lived in a dark cave. And he went into a bear cave and there was a bear ... She [the elephant] thought she picked up the penny. And then she thought she was rich. And but she wasn't ... And she buy something with it ... And with the one penny she could buy nothing with it so she was sad.
- Mom:** Oh. What about the cave? Is that where she got the penny? The bear didn't bother her? She just came right back out of there cause she got the penny?
- Cindy:** She stayed in there for a little longer. And but the one bear ... sneaked up behind her.
- Mom:** (inaudible)
- Cindy:** Scared her.
- Mom:** That made her leave?
- Cindy:** And then that made her leave.

As Bruner (1990) suggested, sociocultural practices can influence children's views of internal states. Assuming that African-American culture is more socioemotional than European-American culture (see Blake, 1994), Cindy's findings seem quite logical. She is growing up in a culture where social and emotional factors are highly valued, and her findings reveal that children learn what they live. Now that we have explained the rich verbal context in which African-American children develop their language skills, we begin to explore how these unique African-American language skills transmit to the school environment. This first section demonstrated that within their community African-American children communicate creatively and effectively; however, the second section will demonstrate that African-American children's language strengths become obstacles when these children encounter the Eurocentric school system.

Ebonics and Education

Language and Evaluations of Competence

In American culture we assume speech is a reflection of intelligence (see Heath, 1982). Generally, people who speak Ebonics or other dialects of American English are evaluated negatively. Atkins (1993) found that potential employers rated job applicants who spoke Ebonics negatively, labeling them incompetent, lazy, and unprofessional. When teachers were asked to rate the voices of African-American, European-American, and Mexican-American children who spoke either standard or nonstandard English, the children with nonstandard speech were rated as less competent (Williams, 1970). Parents of the Ann Arbor school district complained that teachers viewed students who spoke Ebonics as less intelligent (Newell & Chambers, 1982). Additionally, a study by Bleile, McGowan, & Bernthal (1997) found that pediatricians and Head Start preschool teachers believed speech and

intelligence are related. When evaluating preschoolers, they tended to rate those with good language ability as intelligent.

The negative perception of Ebonics does not exist only in the larger society; there is also a rift in the African-American community regarding the dialect. Doss & Gross (1992, 1994) found that African-American college students rated African-American students who spoke standard English as more likable and competent than those African-American students who spoke Ebonics or switched back and forth between the two dialects. However, children do not share the same sentiment as adults. African-American children rate those who speak Ebonics positively; to them, Ebonics speaking adults are more intelligent, friendly, and open-minded than non-Ebonics speakers (Koch & Gross, 1997). In general, low-income African-Americans seem to prefer Ebonics, whereas middle-class African-Americans seem to prefer standard English (see Koch & Gross, 1997). Perhaps this discrepancy is because middle-class African-Americans feel the need to master standard English in order to have access to upward social mobility. However, there is variation within each economic group. Many well-educated, affluent African-Americans chose to retain the use of Black English as one of their linguistic styles; by using Ebonics, they maintain cultural bonds that transcend class, income, and education (Burnett, Burlew, & Hudson, 1997).

Ebonics in the Classroom

Despite its important cultural and historical implications, African-American language customs may hinder students academically. Mays (1977) found that African-American children perceived sentences in Black English as being correct (cited in Koch & Gross, 1997). Most children begin school speaking various dialects that are different from the standard dialect, but during school they undergo a "dialect shift" (Issacs, 1996) and conform to the standard dialect used in the classroom. Specifically, research has found that this shift occurs between age 7 and 8 (see Adler, 1987; 1989). Despite the differences in dialect, children who speak Ebonics use complex grammatical structures by the time they begin school just like children who speak the dominant dialect; in fact, there was a positive correlation between the amount of Ebonics the child spoke and complex syntax (Craig & Washington, 1994). In other words, the more fluent Ebonics speakers were speaking in a more complex linguistic form. Therefore, Ebonics cannot possibly be the result of deficient language skills.

Along with the structural differences between Ebonics and standard English, pragmatic distinctions can also hinder children's school performance. Teachers often have a preconceived "right" answer to their questions that are dependent on their cultural norms and language socialization practices (Heath, 1982). In a working-class, African-American community, adults asked children questions within the larger context, including whole events or objects along with their causes and effects, and typically, there was no "right answer" to these questions. On the contrary, when a teacher asks, "What's that like?" she probably has a specific answer in mind. Therefore, when African-American children respond to the

question in way appropriate for their culture, the teacher could perceive of their answers as too broad or unrelated to the current lesson. Heath (1982) found that African-American children were asked different questions at home than they were asked at school. Lower- and working-class African-American parents asked their children “real” questions the parents themselves did not know the answer to, such as “Do you like that chair?”; whereas, middle-class European-American parents asked questions they themselves knew the answer to, such as “What color is that chair?” The questions of the European-American, middle-class parents are similar to the test questions that children are asked in school.

Usually the questions elementary school teachers ask can be answered in one word, but within the African-American community Heath (1982) studied there were also different answering styles. For instance, in their community answers often involve telling a story that relates the current situation to a previous situation. Low-income, African-American children also have a different narrative style than middle-income, European-American students. European-American children use a topic-centered narrative style, which is tightly organized and focused on single topics, but African-American children used a topic-chaining style, which is free-flowing and moves from one topic to the next (Gee, 1989). Unfortunately, the topic-chaining style does not translate into the Eurocentric education standards of good writing (Gee, 1989).

Language Assessment Problems

Due to the unique structure and pragmatics of Ebonics, there are educational assessment problems as well (Stockman, Vaughn-Cooke, & Wolfram, 1982). Educators tend to rate Ebonics-speaking children as linguistically unsophisticated (Labov, 1972; Vernon-Feagans, 1996). Despite common assumptions, there was no substantial difference in complexity of utterances, dialogue length, or total amount of talk between poor, rural African-American children and middle-class, suburban European-American children (Vernon-Feagans, 1996). However, when it comes to verbal assessments, African-American children are not performing as well as European-Americans.

The true language ability of these children could be underestimated because the tests are only designed to assess standard English (Cole & Taylor, 1990). In fact, Cole and Taylor (1990) found that when dialectal differences were not considered, children who used Ebonics were more likely to be diagnosed as having articulation disorders. A study by William & Rivers (1973) found that when African-American kindergarten, first- and second-graders were given the Boehm Test of Basic Concepts in standard English and Ebonics forms, the children scored significantly better on the Ebonics. There was also another study by Rivers (1973) where the Peabody Picture Vocabulary test was translated into Ebonics; translating the test items resulted in a significant increase in the children’s IQ scores. These studies demonstrate that children who speak Ebonics are indeed more competent than standard English assessments would have them appear.

One way to change the assessment problem is by using process-dependent language measures. Process-dependent measures are dependent on psycholinguistic processes, such as linguistic mental operations, rather than language knowledge, whereas traditional language assessments rely on children's previous language experience (Campbell, Dollaghan, Needham, & Janosky, 1997). A study by Campbell et al. (1997) used process-dependent measures, such as the Nonword Repetition Test (NRT; Campbell, Needleman, Riess, Tobin, 1995), the Competing Language Processing Task (CLPT; Gaulin & Campbell, 1994), and the shortened version Revised Token Test (RTT; Arvedson, McNeil, & West, 1985). Consistent with previous research, the European-American children scored higher on the traditional language measure (viz., Oral Language Scale [OLS] of the Language Proficiency Battery—Revised by Woodcock, 1991); however, on the process-dependent measures, the minority children scored the same as the European-American children. Therefore, Campbell et al. (1997) concluded, "Tests of language on which minority status predicts lower performance appear to be identifying differences in background and experience, rather than fundamental psycholinguistic deficits" (p. 523). When the objective is to identify language disorders resulting from psycholinguistic problems, process-dependent measures may be a more competent eliminator of cultural bias. It is important for scientists to scrutinize these language measures because the use of appropriate language measures could result in a decrease in the number of African-American children assigned to special education or diagnosed with language disorders.

Ebonics as a Teaching Tool

The recent Oakland debate over using Ebonics as a teaching tool sparked a lot of controversy. U.S. Congresswoman Maxine Waters articulated the situation best: "Too many African-American children have been entering school year in and year out speaking different language patterns, something other than standard English. . . . We should not continue to pretend that this situation does not exist. It does exist. The different language patterns are real. . . . And so let's not talk about Ebonics being absurd or ridiculous. The fact of the matter is I think we all want the same thing. We want our students to speak Standard English" (Ebonics, 1997, p. 4-5).

Surprisingly, the debate over Ebonics in the classroom is not new. In July of 1979 parents of 11 African-American elementary students charged the Ann Arbor public school district with denying children their civil rights by failing to take appropriate actions to overcome language barriers (Newell & Chambers, 1982). One of the specific allegations posited the children speak a "'Black dialect' as their home and community language that impedes their equal participation in the instructional program and that the school has not taken appropriate action to overcome the barrier" (Newell & Chambers, 1982, p. 4). Judge Charles Joiner ruled that the Ann Arbor school district was in violation of Equal Opportunities Act of 1974 and mandated that the school board take action to overcome the language barrier (Newell & Chambers, 1982).

On December 18, 1996, the Oakland school board decided to accept Ebonics as a tool to be used as a bridge to teach standard English. The ultimate goal was to facilitate the children's learning of standard English. Unfortunately, the media misrepresented the decision and authored several falsehoods. The primary misconception was that the Oakland school district would teach Ebonics instead of standard English (Williams, 1997). In actuality, the Oakland school board has acknowledged that many African-American children speak a different dialect and adopted a strategy that will aid in teaching standard English (Ebonics, 1997). First, they adopted new language textbooks and materials. Secondly, along with the usual language lessons (i.e., phonics, vocabulary and comprehension, writing, speaking and listening, and literature), there will be lessons that include the Standard English Proficiency Program (S.E.P.). S.E.P. is a cultural-linguistic program that teaches African-Americans about the differences between the language spoken at home and in school. In addition to the curriculum changes, the Oakland school board also intends to incorporate new assessment measures; specifically, they have adopted the TerraNova test, which is a more accurate assessment of children who speak dialects. The Linguistic Society of America concluded the Oakland school board decision is a legitimate linguistic method of teaching (see Ebonics, 1997).

Taking Sociocultural Language Skills to School

Because we know that African-American children's language skills develop and flourish within a sociocultural context, it would seem to be in these children's best interest if we allowed them to bring their strengths into the classroom. The Kamehameha Elementary Education Project (KEEP) has decided to bridge the gap between the children's home environment and school by designing a education program based on Vygotsky's sociocultural principles. The KEEP program is designed to foster high achievement, independence, positive social relationships, and excitement about learning.

KEEP classrooms are distinct from mainstream classrooms because of the teaching methods the instructors employ. When KEEP teachers present a task, they proceed according to the following steps:

- Modeling along with verbal instructions to introduce the unfamiliar task
- Verbal feedback to let the children know how they are progressing
- Questioning to encourage the children to think about the task
- Re-explaining the task to instill the strategies and knowledge necessary for thinking about the current tasks and future tasks

Another method KEEP teachers use is the Experience-Text-Relationship (E-T-R) method of reading instruction. In the E-T-R method, teachers encourage students to think and talk about how the upcoming reading material relates their personal experience (E), then after reading the text (T) the students are asked to explore the relationship between their personal experience and the text (R) (Tharp, 1989). This reading method has been effective with keeping the attention of disadvantaged minority students (Tharp, 1989).

The KEEP classroom has been used with low-income children from various ethnic groups, and the approach has been highly effective. In KEEP schools, minority children perform at their expected grade level in reading achievement, which is much better than their counterparts in traditional schools (Tharp & Gallimore, 1988). KEEP students were not only receiving better academic scores, but they were also participating actively in class discussions, using elaborate language structures, and supporting each other's learning. Overall, KEEP students were more attentive and involved than the non-KEEP control group (Tharp & Gallimore, 1988). The results of the KEEP program appear to be quite promising. Given the sociocultural context in which African-American children develop, a sociocultural education program could be the answer to enhancing their achievement.

Conclusion

This paper examined Ebonics within a sociolinguistic context, including not only the history and an in-depth description of the language, but also some of the social issues surrounding the language. First, we disproved the myth that Ebonics is linguistically invalid. Secondly, we explained the cultural context in which African-American children's language skills develop. Thirdly, we provided insight into the problems children who speak Ebonics face in school.

There are two reasons why researchers who study language development should investigate children who speak Ebonics. The first reason is to incorporate ethnic and linguistic diversity into the study of language development. Secondly, researchers need to gain an understanding of what is typical and atypical language development for low-income and working-class African-American children. Once scholars ecologically assess the language development of African-American children, they can take the initiative to address the educational and social issues of African-American youth.

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Moving Beyond the Deficit Model: Appreciating the Diversity and Cultural Context of Female-Headed Families

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Abstract

Much attention has been devoted to female-headed families over the last several decades, driven in part by the dramatic rise in the single-parent family structure as well as by the recent welfare reform debate. Unfortunately, the psychological research does not reflect well upon the functioning of such families. However, in attempting to differentiate single-parent from two-parent families, many studies fail to take into account the heterogeneous nature of these families. Single-parent families may arise out of a number of circumstances, and these various antecedents suggest differential patterns of adjustment and functioning. In addition, not all single-parent families share common values, child-rearing practices, and lifestyles, much as two-parent families do not. Thus, the current literature review attempts to describe some of the variation found within single-parent families and the associated implications for child outcomes as well as attempts to reframe the paradigm from that of a deficit model to one of a strengths model, recognizing the importance of context and the possible adaptive value of the single-parent family.

Much attention has been devoted to female-headed families over the last several decades, driven in part by the dramatic rise in the single-parent family structure as well as by the recent welfare reform debate. Politicians and church leaders alike have long bemoaned the disintegration of American families. In the media as well as in scientific journals, single-parent families are often referred to as broken, while two-parent families are referred to as intact or normal. In our society there is an assumption that the two-parent, nuclear family is the prototypical and ideal family. Yet according to the anthropologist Robin Fox, the mother-child pair is the basic unit of the family, and all other family types are derivatives of this primary unit (1967). Accordingly, Fox asserts that the traditional nuclear family, which involves a conjugal pairing of a mate with the mother, is not inevitable. Thus, the only notion that can be taken for granted is that women bear and rear children; when a husband-wife pair exists, it is an addition to this mother-child unit. Moreover, the existence of variations in family type requires us to ask what selection pressures were present that led to different familial arrangements.

Demographic statistics do in fact indicate that a rather large proportion of children today will be raised in a single-parent household at some point in their lives, and unfortunately, the psychological research does not reflect well upon the functioning of such families. Yet certainly not all these children are having difficulties in school and in their adult lives. Accordingly, concern has risen because much of the research on single-parent families has focused largely on determining how they differ from traditional

Impacts of Family Structure on Children

The research on children from single-mother families has found conflicting evidence as to the impacts of family structure on children's outcomes. Single-parent status has often been linked to poor outcomes for children, and accordingly, children of single parents are often labeled "at risk." Using data from the High School and Beyond Study, McLanahan (in press) found that children from dual-parent homes have higher grades, greater college expectations, and better school attendance. Additional survey data indicated that adult children of single parents have greater rates of unemployment as well as higher rates of early childbearing. Again, single-parent families differ in meaningful ways. For example, children experienced far fewer negative outcomes when coming from single-parent homes in which the cause of family structure change was the father's death as compared to children of divorce or never-married parents.

A study by Watts and Watts (1991) examined data from a nationally representative longitudinal survey of over 4,000 adolescents and found that family structure did not adequately predict academic achievement, as measured by high school grades and math and science subtests. Rather, ability was found to be the best predictor, followed by educational aspirations. On the other hand, in a survey examining 115 adult children of single parents, Mueller and Cooper (1986) found that a smaller percentage of children from single-parent families had graduated from high school. Overall, they averaged about a year less of school than children from two-parent families. However, the differences between family types were found to be nonsignificant when controlling for economic conditions. As would be expected by the lower education levels, the adults in this study had lower economic status compared to adult children from two-parent families. In addition, a nationally representative survey by Krein (1986) found that men who had lived in a single-parent family at some point in their lives had about six months less education. Interestingly, the men who had lived in a single-parent family during the preschool years experienced the most detrimental effects. Finally, every additional year spent in a single-parent home reduced the overall educational attainment by 1/10 of a year.

Gelbrich and Hare (1989) found similar negative effects at school with a gifted population; gifted students from two-parent homes were rated as higher achievers than gifted students from one-parent families were. Male children were more adversely affected by the single-parent status than female children were. However, there was little variability overall as most of the students placed high on the achievement scale, regardless of family structure.

Using data from 850 families in the National Survey of Families and Households, Demo and Acock (1996) examined differences among children living in intact families, divorced families, stepfamilies, and continuously single families. The dependent measures consisted of adolescent well-being, including socio-emotional adjustment (e.g., getting along with others, performing responsibilities, depression, losing temper), academic performance (grades), and global well-being (how the adolescent is faring in life overall). The independent measures consisted of mother-adolescent relations, mother-father relations, family resource, maternal characteristics, and adolescent's age and gender. Maternal ratings of adolescent socio-emotional adjustment and global well-being indicated that adolescents in intact families

had the highest level of well-being, followed by adolescents in continuously single families. The findings suggest that adolescents in never-married households may benefit from their nondisruptive family history. Mothers in divorced and stepfamilies reported the highest level of disagreement and the lowest levels of interaction with their children. Continuously single mothers reported levels of disagreement and interaction with children that were similar to mothers in intact families, although continuously single mothers were less likely to praise or hug their children and more likely to be aggressive towards their children. Perhaps the most important finding of this study was that family process variables such as mother-adolescent well-being, rather than family structure, were the most important predictors of adolescent well-being. Thus, family conflict was strongly linked to adolescent socioemotional adjustment and academic performance. Demo and Acock also emphasized that the differences among family structure type they found were small in magnitude.

Smith (1997) approached functioning within single-parent families from a strengths model and found that single-mother families may promote less sex-typed behavior. In her study, Smith found that young boys in one-parent homes preferred feminine-typed toys more often than boys of dual-parent homes. Further, the children viewed toys as less feminine and had a greater appreciation for role reversal. Interestingly, the sex-type views of the parents did not differ, and thus, the structural aspects of the family would seem to account for the greater flexibility in attitudes about feminine roles. This study serves to remind us that diversity among families can result in beneficial outcomes.

The Role of Stress and Social Support in Family Functioning

Parental characteristics have a profound impact on their children; and therefore, factors related to the parent's physical, mental, and emotional health are important to the well-being of children. Decreased social networks after divorce can increase maternal vulnerability and poor psychological adjustment, whereas supportive networks can enhance post-divorce adjustment as well as responsiveness to children (Ihinger-Tallman, 1995). After a divorce, men and women often experience changes in living arrangements and socioeconomic status, and it has been suggested that these changes account for many of the differences in child and family adjustment. In fact, McLanahan (in press) found that difference in income level between dual- and single-parent families accounted for as much as 50% of the differences observed between the two family types.

A study of 256 families by Pett and Vaughan-Cole (1986) revealed some of the typical patterns of economic changes after divorce. Specifically, they found that after a divorce, women experienced more extreme declines in economic well-being than men did. In addition, males had higher overall incomes, the majority of which came from personal income. Fewer women derived most of their money from personal income, with 18% receiving the bulk of their income from child support or alimony. Higher income families experienced greater income stability, while the most negative changes in SES occurred among those from the lowest strata to begin with. Finally, the security a parent felt regarding future income and social status best predicted parental social and emotional adjustment. Thus, lower income

families appeared to be at greatest risk for loss of income and status, and thereby at greater risk for poorer adjustment.

In addition to economic conditions, socioemotional factors play an important role in adjustment to divorce. Healthy single parents have been characterized as having higher rates of social support, which are linked to better parental mental health (Hanson, 1986). Thiriot and Buckner (1991) found that measures of general parental well-being, parenting skills, and relationship with former spouse accounted for 45% of the variance in parental adjustment to divorce. Along with socioeconomic status, general well-being variables consisted of who initiated the divorce, quantity and quality of friendships, and employment satisfaction. The adjustment of single parents to a divorce holds important implications for child well-being. Accordingly, parents in the Thiriot and Buckner study who had a higher sense of general well-being also felt better about their parenting. However, it should be noted that most of the participants of this study had been divorced for four or more years, indicating they had probably adjusted to many of the initial impacts of divorce. In support of this study, Brown, Eichenberger, Portes, and Christensen (1991) observed that low-to-moderate income parents who were better adjusted after a divorce were able to promote greater levels of post-divorce stability, leading to better child outcomes. Specifically, the family's ability to maintain family rituals, to instill a sense of security, to support one another, and to maintain the organization of the family were related to enhanced child adjustment. Again, low levels of post-divorce conflict between former spouses also led to better child outcomes.

Gelles (1989) examined child abuse within single-parent families using the Second National Family Violence Survey and found that single parents were no more likely to use physical violence with their children than parents from dual-parent homes. However, higher rates of severe and very severe violence were found among single-parent families, with single fathers having higher rates than single mothers. Severe violence was defined as any event extremely likely to cause injury such as kicking, biting, hitting, burning, scalding, or using a knife or gun. It was initially hypothesized that the absence of a parent could partially explain any differences in rates of violence, yet single parents living alone and single parents living with other adults did not differ in their incidence of violence. For single mothers as well as for single fathers (though to a lesser degree), economic deprivation was more predictive of violence against children.

Gringlas and Weinraub (1995) examined 21 dual-parent families and 21 solo-parent families who they defined as having raised their children from birth or shortly thereafter without a father or father-figure in the home. The sample was largely made up of Caucasian middle-class mothers. Teachers rated children of single-parent families as less socially competent and as having a greater number of overall behavior problems along with higher rates of externalizing behavior. However, the parent and child reports revealed no significant differences in social competence between single-parent and dual-parent children, although there was a trend for solo mothers to rate their children as having more externalizing child behavior problems. Perhaps most informative about this study is the moderating effect of stress. With the solo-mother families, lower parenting support and emotional support predicted lower academic

performance. When solo parenting was coupled with high stress, child outcomes were affected the worst, and in fact, it was only under high stress conditions that children differed between family structures.

From this study, Gringlas and Weinraub concluded that marital discord associated with the end of a marriage could not be the only explanation for the observed differential child outcomes because the single-parent families they studied had raised their children without a husband. The authors also addressed the belief that child outcomes are associated with diminished parenting among single parents. The current study provided no support for this idea because there were no reported differences in parental warmth, nurturance, acceptance, or permissiveness between the family structures. Instead, lower social support and higher stress seemed to best account for the differences. Interestingly, a study of low-income African-American families found that families who were more involved with social networks reported higher stress, presumably because they reported giving more instrumental and emotional support than they received (Lindblad-Goldberg, Dukes, & Lasley, 1988). The Lindblad-Goldberg et al. study highlights the importance of recognizing diversity within single-parent families; whereas social networks acted as a buffer from stress for many families, it was found to actually increase stress among low-income African-American mothers in this sample.

The Role of Parents in Facilitating Post-Divorce Adjustment

As indicated in some of the previous research, parents have an integral role in facilitating children's adjustment to divorce. Mutchler, Hunt, Koopman, & Mutchler (1991) examined 57 mother-daughter pairs to determine the role of empathy in post-divorce adjustment of adolescent girls. They found that maternal empathic understanding of daughters was a significant factor in relationship quality and, in turn, was linked to higher social and emotional adjustment in daughters. On the other hand, understanding of mothers by daughters was unrelated to relationship quality or adjustment with one exception. Greater empathic understanding of mothers was related to increased anxiety in daughters. Perhaps this is a result of added strain for children who better comprehend the turmoil and difficulties of the parent associated with divorce. Thus, the mother's ability to understand her daughter appears to be an important correlate of successful coping, adjustment, and development within daughters.

Gender differences also emerge in the types of parenting that leads to successful outcomes. In a study of 8- to 11-year-old children, Heath and MacKinnon (1988) found that higher perceived social functioning in males was associated with mothers who employed firm control, whereas higher social functioning in females was linked to moderate maternal control. Furthermore, mother's disciplinary style was more predictive of children's social competence than the father-child relationship. The authors hypothesized that the fathers may be more indirectly related to children's social competence through cooperation and support to enhance the effectiveness of the mother when dealing with the child.

Not surprisingly, the noncustodial parent has a significant impact on the well-being of the child. Noncustodial parents, usually fathers, play significant roles in the level of financial support provided for the child as well as the potential social support and parenting support offered to the custodial parent (McLanahan, in press). When required to play the role of both mother and father, custodial parents may

have increased stress and depression. Thus, they may have fewer resources to devote to parenting. Pett's (1982) study indicated that the strongest predictor of children's social behavior after a divorce was the quality of the relationship with the custodial parent. Noncustodial parents remain important influences in their children's lives because of their previous history in the family and as a result of emotional ties children continue to have with them. Specific factors that mediate the role of the noncustodial parent include the educational level of the parent, the time since divorce, proximity to the child's residence, remarriage, and legal arrangements (Fox & Blanton, 1995). Also important is the relationship between the parent and child as well as the parent's motivation to assume parental responsibilities, including financial support. Furthermore, the primary parent exerts influence over the relationship between nonresident parent and child because he or she serves as gatekeeper to the children (Arditti, 1995).

Maternal Employment in Single-Parent Families

Maternal work status within single-parent families has also been linked to child outcomes. In Krein's (1986) study, the more hours the mother worked the lower the educational attainment of the men, though this effect was attenuated when controlling for family income. In contrast, a study by Alessandri (1992) found that maternal work status among single mothers was positively related to cohesion, independence, achievement, and organization in both male and female children, though females scored higher than males on most measures. Finally, girls whose mothers worked full-time performed better scholastically than girls whose mothers did not work or only worked part-time. Maternal and child beliefs were also more congruent when the mother worked full or part-time. It was suggested that the better outcomes seen in children of working parents was a result of the need for explicit rules and efficient schedules in order to meet the needs of all family members. Overall, this requires greater communication between family members and better organization (Alessandri, 1995).

Single-Father Families

In custody hearings the legal system has historically given preference to placing children with mothers (Schnayer & Orr, 1989). However, research has recently revealed that fathers can be as effective in the single parenting role as mothers can. In a small-scale comparison of middle-class single-parent families, Schnayer and Orr found that children living with their mothers scored higher on scholastic competence measures but lower on social acceptance measures. It was believed that higher scholastic achievement in children was more a result of parents having greater experience as a single parent, whereas the social acceptance differences were believed to be related to the higher family incomes of fathers. Children living in single-mother households scored higher on the Behavior Problems scale of the Child Behavior Checklist, but again, the elevated scores were attributed to lower family income rather than to gender of the parent. Children in both types of single-parent homes scored similarly on social competence.

Traditionally, women have also been viewed as nurturant caretakers, whereas men have been seen as competitive and work-oriented (Risman, 1986). A survey administered by Risman to a self-

selected sample of more than 100 fathers revealed the men were happy with their roles as single fathers and felt competent in their parenting. Approximately 90% of the fathers knew their homeroom teachers and their children's core group of friends. Income was not related to the quality of the father-child relationship nor to parental satisfaction. Not surprisingly, men who had fought for custody reported stronger relationships with their children than those who had been widowed, abandoned, or otherwise left with the care of their children. This finding was later replicated in a large-scale study of fathers conducted by DeMaris (1992). Similar to research findings with single mothers, single fathers with higher levels of social support reported better relationships with their children, as did fathers who had experienced less marital conflict during the divorce. Finally, higher levels of involvement with childcare prior to divorce were associated with fewer subsequent problems in childrearing while single.

Greif (1987) conducted a large study of middle-class single fathers that included a randomly selected subsample contacted for a three-year follow-up. Of the 61 fathers contacted several years later, 30 were still single and had sole custody, and 22 had remarried but retained sole custody. For various reasons, nine fathers no longer held sole custody. The findings emphasized that many single fathers do not remarry with time, but rather continue in a long-term single status. Interestingly, the ex-wives of fathers who remained single became increasingly involved with the children over time. Yet for remarried fathers, the ex-wives tended to maintain their level of involvement or to decline in their involvement with the children. In addition, paternal parenting satisfaction did not increase with time, suggesting that parenting does not come easier with additional adjustment. The results of the Greif study may also be explained by findings from DeMaris' study (1992) in which fathers of children under 13 years of age reported better relationships with their children than fathers raising children over 13 years or fathers with children in both age ranges.

Appreciating the Variation in Context of Single-Parent Families

Cultural Context of African-American Families

The Moynihan report (1965) denounced the functioning of the African-American family. It also raised serious concerns over the large number of black female-headed families. In subsequent years, some researchers asserted that the black family was dysfunctional and therefore not a viable family type, while others countered that these conclusions stemmed from poor research methodology and biased frameworks for interpretation (Hatchett & Jackson, 1993). The latter scholars stressed the need to understand the cultural context within which black family structures have risen, especially when making between-group comparisons. Thus, when studying African-American family life they advocate that we examine the history of slavery and social prejudice within the United States.

During the period of slavery, slaves were not able to legally marry, and families were often torn apart as individual members were traded and sold away from plantations. Furthermore, the male slave could not be the head of his household and, accordingly, could neither support nor protect his family. After the abolition of slavery, African-Americans continued to be limited in their opportunities for social mobility and achievement in the larger society. It has therefore been suggested that the historical

circumstances unique to African-Americans contributed to the variation in cultural and family traditions within the African-American people as compared to the European-American majority (Wilkinson, 1993).

Cross-culturally, single-parent families are not necessarily found to be inferior or pathological. Within the black community, female-headed households have been viewed as a legitimate form of family organization, and in fact, nearly half of black families are headed by females (Sudarkasa, 1993). According to Sudarkasa, African-Americans place a high value on children, yet also recognize that, historically, black women have had to bear or rear children without husbands. This has been attributed to factors such as the higher female to male ratio within the population, the migration of men in need of employment, and the higher incarceration rates of black males (Sudarkasa, 1993; Williams, 1990). In addition, African-American women have supported themselves and their families financially to a greater degree than Caucasian women over the last 150 years by working outside the home (Perlmann, 1988; Sudarkasa, 1993). Thus, it may be inappropriate to view female-headed households within the black community as vastly different from dual-headed households in terms of economic support patterns. That is, unemployment and underemployment among black males has given rise to two-parent households where the females are still the breadwinner, if not the sole provider. Yet because little research has been conducted on female-headed households with male spouses present, it is difficult to determine how black single-mother families differ from black two-parent families (Sudarkasa, 1993).

African-American Single-Parent Functioning

Much less is known specifically about the functioning of African-American single parents. Rather, research findings on the white American middle-class have tended to be extended to other ethnic and socioeconomic groups. To attempt to provide some of this needed information on black families, Zimmerman, Salem, and Maton (1995) examined data from 254 inner-city black youth. They found that adolescent males living in single-parent homes did not differ from those of other family types on alcohol and substance use, delinquency, school dropout, or psychological distress. Interestingly, sons of single mothers reported greater parental support than sons from other family types. Criticisms that the results were due to a homogenous sample were not borne out because most variables were normally distributed.

In addition, the study by Zimmerman and his colleagues (1995) revealed that across family structure, time spent with father was negatively associated with psychological symptoms such as depression and anxiety. Similarly, perceived emotional support from fathers was linked to positive psychological well-being and fewer negative outcomes like delinquency and drug use. The study also revealed that living in a single-parent home did not automatically imply that fathers were absent. In fact, two-thirds of the sons from single-mother homes reported their father to be their male role model. Finally, this study demonstrates that white norms may not be appropriate for black families, and culturally relevant variables should be taken into consideration. Examining several large, nationally representative surveys, McLanahan (in press) found that the impacts of single-parent families, and more specifically, of father absence, were not as severe for children of black families when compared to children of white

families. She attributed this finding to single parenthood being more prevalent and better institutionalized among African-American families.

To further elucidate the underlying processes in African-American single-parent functioning, Burchinal, Follmer, and Bryant (1996) examined data from a longitudinal study of low-income African-American families. They found that larger social networks were positively related to maternal caregiving behaviors such as responsiveness, acceptance, involvement, and stimulation as well as to developmentally appropriate parenting. Furthermore, social network size was much more predictive of parenting behavior than family structure. However, it is important to realize that maternal characteristics could have been an antecedent rather than a consequent of social network size. These results support findings presented earlier based on more nationally representative single-parent families.

Multigenerational Households and Extended Kin Networks Among African-Americans

Rates of extended and multigenerational family networks are more prevalent among African-Americans (Hatchett & Jackson, 1993; Wilson, 1989). McAdoo (1993) defines extended families as, "nonnuclear family members [who] are in close interaction with one another, exchange goods and services, and keep in close or periodic contact with one another." She emphasizes that family members need not all live together to be considered part of an extended family. Much of the literature on single-parent families focuses on the absence of the father, yet this research fails to account for the presence of additional male role models and support found within extended and multigenerational families (Sudarkasa, 1993).

Results from a study using the National Survey of Black Americans data (Hatchett & Jackson, 1993) supported the existing literature by showing that black extended family systems have (a) high geographic proximity, (b) perceived close relationships with kin (c) high rates of contact with members, and (d) frequent mutual aid and support. At the same time, the findings revealed variability among black families in their kinship behavior. For example, middle-class African-American families were found to have higher rates of kin activity, contrary to popular opinion that such families have moved away from extended family networks.

One early study examining the family structure of black urban mothers in the Woodlawn community of Chicago found 10 major classes of families, reflecting the diversity of family type that exists (Kellam, Adams, Brown, & Ensminger, 1982). The five most common family structures were 1) mother alone, 2) mother and father, 3) mother and grandmother, 4) mother and aunt, and 5) mother and stepfather. In an earlier study of this sample, Kellam, Ensminger, and Turner (1978) identified 86 distinct family structures for participating children. In the Kellam et al. (1982) study, younger mothers (teenagers) were more likely to live with another relative, and only one-third of these mothers lived with the child's father six years later. In support of the findings from Kellam and colleagues, Dressler, Hoepfner, and Pitts (1985) examined 285 African-American households in a southern city and found that extended family households comprised 12% of the sample, the majority of which contained children or grandchildren. The data suggested that living alone was a temporary state between household types; over

time, there was a general move in female-headed and male-headed households toward nuclear families or extended family households.

Implications of Extended Family Networks for Family Functioning

Kellam et al. (1978) found that mother-alone families put children at greater risk for social maladaptation and for poorer psychological well-being. This is believed to be a result of the lower level of social support and increased isolation experienced by these mothers (Kellam, Ensminger, & Turner, 1978; Eiduson, 1983). However, extended family networks can reduce such isolation and provide increased financial and emotional resources. The importance of extended families was highlighted in the Kellam and associates (1982) study, in which mother/grandmother families were found to be nearly as effective as mother/father households. In support of Kellam and associates, Tolson and Wilson (1990) examined a variety of black family types and found that having either a grandmother or a father present in the household significantly improved the perceived family climate. Yet the mere presence of additional adults does not guarantee better outcomes; in the Kellam et al. study (1982), the mother/stepfather families were similar in risk to mother-alone families. Similarly, Tolson and Wilson found that adding a third adult to the family did not affect family climate.

Several studies have examined the processes that occur within multigenerational families in an attempt to account for the observed impacts on maternal and child well-being. By reexamining the Woodlawn Community data, it was found that mothers maintained the roles of primary caregiver and disciplinarian (Pearson, Hunter, Ensminger, & Kellam, 1990). Grandmothers engaged in the next highest level of caregiving and exhibited more parenting behaviors than fathers in the household. In addition, grandmothers provided more support in mother/grandmother households than in mother/father/grandmother homes, suggesting that the presence or absence of fathers affects the degree to which grandmothers become involved in supportive and childrearing activities.

However, it is important to refrain from idealizing multigenerational households. For instance, in a sample of young, low-income extended family households, Chase-Lansdale, Brooks-Gunn, and Zamsky (1994) found that mothers and grandmothers were remarkably similar in educational attainment, marital status, household composition, intellectual ability, and parenting practices. Thus, grandmothers were not necessarily better in their parenting than mothers; and in fact, there was a significant correlation between generations on measures of harsh parenting. Perhaps most surprising was the finding that mothers and grandmothers who lived together had lower quality parenting than those living apart. Chase-Lansdale and her colleagues acknowledge that selection effects due to things such as economic hardship and intellectual ability probably exist. Yet they also hypothesize that because the mothers are still adolescents and because the grandmothers are younger, greater stress may exist for these families when they co-reside. For example, the adolescent mothers may be struggling with their independence and conflicts may erupt. Alternatively, there could be a diffusion of parental responsibility within these families. Similar to the current study, the Lindblad-Goldberg et al. (1988) study presented earlier indicated that greater involvement in social networks increased stress for black mothers.

Finally the research by Chase-Lansdale and her colleagues (1994) further illustrates the importance of looking beyond the mean and recognizing diversity. For very young teenage mothers, living with grandmothers was associated with higher quality grandparenting within the home, whereas for older mothers, grandparenting quality was higher when the mothers lived independently. For the younger teens, grandmothers may provide better care for children, perceiving the adolescents to be too inexperienced. For the older mothers, independent grandmothers may have more traditional patterns of grandmothering because they have fewer demands in their own homes, and child care becomes more voluntary and part-time in nature. The difficulty in determining the precise factors linked to different patterns of parenting among these families highlights the complexity of studying family structure.

Adding Complexity: Stability and Instability in Family Structure

Families change and evolve over time, which requires that they also be examined over time. In terms of single-parent families, it is important to understand the parents' status before single parenthood, the different transitions leading to single parenthood, the functioning of the family while in a single-parent household, and finally, any further restructuring of the family (Hanson et al., 1995). However, few studies on family structure address all of these issues. In addition, many studies on family structure insist on dichotomous variables, such as intact versus non-intact and often, the data are cross-sectional in nature, depicting the family at a single point of time and overlooking or masking the change in family composition across time (White & Tsui, 1986; Martinson & Wu, 1992). Thus, a single-parent family in which the child lives alone with the mother for five years is classified the same as the single-parent family in which mother and child live with relatives, then with the mother's boyfriend, and then independently during the same time period. It is, however, unlikely that the experiences of these two families are very similar; and thus, it is important to understand the evolution of the family and how such changes affect family members.

A study of low-income mothers in the 70s found that one-third of the families changed classification over a 17-month period (Slesinger, 1980). The most stable household units were traditional mother/father families with only 10% changing composition. In contrast, 38% of mother/extended-family units, 50% of mother-alone families, and 75% of mother/father/extended-family units changed status during the study period. Mothers who had less than a high school education and who were below the poverty level experienced more change.

White and Tsui (1986) used data collected from 1968 to 1979 to examine the year-to-year transitions of families. They also found the greatest rate of stability among nuclear families; couples living with non-immediate family experienced the most instability as did households comprised of non-immediate family members. Most lone adults who experienced a change in household entered couple-only homes or homes with unrelated members. Couple-only households tended to move to lone-adult or nuclear-family households. There was also a high degree of stability over time; nearly 94% of nuclear families remained intact from year to year, though this stability decreased with passing time. There were higher than expected rates of family entry and exit for the young. Lower income resulted in many

participants living in households composed of non-immediate family members. While informative, this study has two major limitations in that it tracks families across types rather than individually and because it was begun 30 years ago.

A more recent study used data from the National Survey of Families and Households in 1987-1988 (Martinson & Wu, 1992). They found that between 20% and 33% of Caucasian families and 40% and 55% of African-American families fell outside the traditional pattern of living in an intact family from birth through adolescence. This study highlights the diversity in family life; about 8% of white families and between 18% and 21% of black families could not be characterized under the 11 family structure patterns used by the researchers. The majority of participants had stable family lives, but a sizeable minority experienced frequent change. More recent cohorts were less likely to be living with both biological parents and accordingly, more likely to be living with only one parent. African-American children were less likely to be living with both biological parents than Caucasian children, and African-American children born into mother-only families were less likely to experience multiple changes in family structure than Caucasian children.

One study linked post-divorce instability during adolescence to increased risk for criminal activity (Mednick, Baker, & Carothers, 1990). It should be emphasized that merely experiencing a family break-up or a decline in family socioeconomic status did not constitute a significant risk alone. Rather, it was the added element of family instability that determined risk. If the family had stabilized by adolescence, the association with criminal activity was no longer significant. Only one-fourth of the sample remained stable throughout the course of child development.

Cooksey (1997) utilized a dynamic approach by examining the marital histories of young women in the National Longitudinal Survey of Youth who gave birth to their first child before age 23. Her final sample consisted of 940 children who were age 6 to 9 in 1988. The results indicated that effects of marital history on children's well-being appear in part to be due to preexisting differences between families who experience change and those who do not. However, this study also highlights the importance of looking beyond cross-sectional research to dynamic changes; children whose parents divorced and children born out-of-wedlock whose mothers never married were all living in single-mother families at the time of the study, yet they differed in levels of cognitive development. The major shortcomings of this study are that Cooksey does not include history of cohabitation, and she only examines cognitive functioning of children.

The current divorce literature has begun to advocate the role of cumulative stress on child adjustment. Each child has a threshold for stress which can either be exceeded by an extremely stressful event or by a series of less stressful events (Lowery & Settle, 1985). Thus, it is not necessarily the divorce that causes difficulties but also subsequent stressors, such as continued instability. However, there is an overall paucity of data on structural changes within the family over time. Additionally, many of the studies looking at the evolution of the family over time were conducted over a decade ago or with specific samples that can't be generalized. While it can be difficult to classify the variety of existing

households and to study them over time, it is very important to do so in order to account for the rich diversity in family life and the impacts it may have on family members.

Conclusions

Much of the research on family structure assumes a deficit model, viewing dual-parent homes as “normal” and single-parent homes as lacking. Furthermore, much of the research is contradictory, with one study finding detrimental effects of family structure and another study finding no effects. The contradicting findings can partially be explained by the quantity of survey-based research, which tend to have poor psychological measures. In addition, the discrepant findings can be partially explained by the diversity found within single-parent families, which range from divorced to never-married parents, as well as by research conducted among various socioeconomic classes and with different ethnic groups. Furthermore, as seen in the Census Bureau, no systematic information is collected on cohabiting partners. Yet the single mother living and working on her own is vastly different from the single mother cohabiting with the child’s father and from the single mother living with her own parents or other kin.

The research presented in this paper describes some of the diversity found within single-mother families as well as how such variation may affect maternal and child outcomes. In addition, the literature on African-American single-parent families illustrates the importance of recognizing context when describing family functioning because black families did not experience the same degree of negative results as has been found with white families. Thus, we find there is much variation in the reason for becoming a single parent, in maternal characteristics such as education and childrearing philosophies, in economic conditions, and in the surrounding environment and cultural context; and these variations are important to consider when drawing conclusions about single-parent families.

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Virginia Initiative for Work not Welfare (VIEW) Participants: Perception of Barriers to Jobs And Needs for Counseling

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Abstract

The purpose of this study is to assess the feasibility of predicting employment subsequent to the Virginia Initiative for Employment not Welfare (VIEW) program participation. A preliminary analysis of archival data collected by caseworkers using the "Self-Sufficiency Assessment" (SSA) was conducted. A total of 403 VIEW participants were studied with 311 participants from the city of Charlottesville and 92 participants from Albemarle County. Information about work status and willingness to seek counseling was used to develop a profile to determine who is succeeding and who is not in the welfare-to-work transition. It must be emphasized that these analyses are preliminary in nature, intended to test the feasibility of procedures to be utilized in the longitudinal phase of this study. Participants with childcare and transportation support were more likely to be employed. While education, resume and job references were not directly related to work status, they were included in a cluster solution. The cluster group membership was a significant predictor of work status. High school graduates who had most of the resources were more likely to be employed than participants who did not have adequate childcare, transportation, and job readiness resources whether they graduated from high school or not. However, participants who had not graduated from high school, but had at least some of the resources especially childcare, were no less likely to be employed than those who had graduated from high school and had most of the resources. The identified profiles did not fit the participants from rural Albemarle as well as it did the participants from Charlottesville; thus, suggesting differences in rural areas. This information was collected as participants entered the VIEW program. These are, therefore, profiles of those who have the potential to succeed. The next step is to conduct a broader longitudinal study, which will answer the questions we were unable to address here and to determine who is most likely to succeed over time.

Historically, there have been many attempts to reform welfare within the United States. On August 22, 1996, President Clinton signed into law "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996." This legislation abolished Aid to Families with Dependent Children (AFDC)

and replaced it with a new program called Temporary Assistance to Needy Families (TANF). This comprehensive plan dramatically changed the nation's welfare system that requires work in exchange for time-limited assistance. Within federally mandated parameters, states were given considerable flexibility to design and implement programs that promote work, responsibility, and self-sufficiency and strengthen families. Some key features include a work requirement that mandates recipients must work after two years on assistance, and those who have received assistance for five cumulative years (or less at state option) will be ineligible for cash aid. By the 1997 fiscal year, 25 percent of recipients in each state were required to be engaged in work activities or to be out of the program. By 2002, the rate increases to 50 percent (U. S. Department of Health and Human Services, 1999).

Since the initiation of welfare reform, there has been a dramatic increase in employment among welfare recipients. The Population Survey of the Census Bureau reported that between 1992 and 1998, the employment rate of previous TANF recipients increased by 70 percent. Since August 1996, welfare caseloads have declined by 40 percent (U.S. Department of Health and Human Services, 1999).

In July 1995, a full year before the enactment of the federal welfare reform law, Virginia's Welfare Reform Initiative became law. The bases of its principles are personal responsibility, time-limited assistance, and work for the receipt of benefits. For many Virginians, the transition from welfare-to-work has been successful because of the Virginia Independence Program (VIP) and its work component, Virginia Initiative for Work not Welfare (VIEW). The VIEW program requires able-bodied TANF recipients whose youngest child is eighteen months or older to find employment and achieve self-sufficiency within 24 months of enrollment. After that time has expired, participants may not receive cash assistance for two years (Virginia Department of Social Services, 1999). From 1993 to 1998, the Virginia TANF caseload dropped from 70,000 to 43,000 cases. In addition, the VIEW caseload declined 33 percent since 1996.

Virginia Planning District Ten, which includes the city of Charlottesville and the counties of Albemarle, Greene, Louisa, Nelson, and Fluvanna, implemented the VIEW program in July 1997. As of June 1998, the VIEW program has enrolled 670 individuals in Virginia Planning District Ten. Of these enrollees, 540 recipients have found employment, earning an average of \$5.19 per hour or \$772 per month, which is lower than the federal poverty level. Job retention at three months is 69 percent and 46 percent at six months. These statistics do not reflect those participants who have subsequently left the TANF program because their earnings became too high to continue receiving assistance (Virginia Department of Social Services, 1999).

Researchers from numerous disciplines have begun to examine welfare reform from a number of perspectives. Economists project the monetary savings to be made by states through the reduction of welfare rolls; psychologists study how welfare reform will affect mothers' mental health status, parenting, and child outcomes; and social workers design strategies for case management.

This study is being conducted in accordance with the VIEW Program for the Thomas Jefferson Planning District Ten, which planned an evaluation of the impact of welfare reform as a part of its action plan for 1998-99. In order to assess the feasibility of predicting employment subsequent to VIEW program participation, a preliminary analysis of archival data collected from the VIEW participants was conducted. The goal was to develop a profile to determine who is succeeding and who is not in the welfare-to-work transition. While the Thomas Jefferson Planning District Ten includes the City of Charlottesville and the counties of Albemarle, Greene, Louisa, Nelson, and Fluvanna, only Charlottesville and Albemarle County were considered for these analyses.

Method

The data were collected from 403 VIEW participants (311 Charlottesville participants and 92 Albemarle County participants). The data was primarily obtained by caseworkers using the "Self-Sufficiency Assessment" (SSA) in Charlottesville and Albemarle County. The SSA (see Appendix) is a survey designed by the Thomas Jefferson Region Ten District Department of Social Services, to better understand the needs of the recipients. It consists of questions regarding education, work experience, support system, family situation, transportation, financial situation, legal status, health issues, housing situation, job readiness, and future goals. It must be emphasized that analyses of these data are preliminary in nature, intended to test the feasibility of procedures. Additional data collection is currently underway.

Analyses

Descriptive statistics determined which items were best suited for the present analyses. Only questions with dichotomous response categories (yes/no) were included. Items with little variance or skewed distributions were excluded. A total of 31 items were introduced into three logistic regression analyses to test the relationship between the question, "Are you currently working" and the 31 items selected (see Table 1). One logistic regression analysis was performed for the combined Charlottesville/Albemarle County data, and separate analyses were performed for both Charlottesville and Albemarle County to see how well the urban and rural areas fit the profiles created by the overall data. Logistic regression is useful to predict the presence or absence of a characteristic or outcome based on values of a set of predictor variables. In this case, we are predicting employment status at the time of the interview using the 31 dichotomous variables listed in Table 1.

Logistic regression is similar to linear regression but is preferred when the dependent variable is dichotomous (employed? Yes/No). Logistic regression coefficients can be used to estimate odds ratios for each of the independent variables in the model. This has good explanatory value since an odds ratio of

(for example) 2.0 indicates that persons with that characteristic are twice as likely to belong to a group. Logistic regression is applicable to a broader range of research situations than discriminant function analysis.

Cluster analyses were also conducted to group or cluster the participants by similar characteristics. Four groups were detected among the participants. Logistic regression analyses then were conducted to test the effect of the cluster group membership on work status.

Aims

This study targeted the following questions:

- **Who is succeeding and who is not in the welfare-to-work transition?**
- **Do differences exist between rural and urban participants with regard to success rates?**

Results

Logistic Regression predicting Work Status

For the combined Charlottesville/Albemarle County data, 375 of the 403 subjects were included in this analysis, with 28 persons excluded from the analysis due to missing data. As shown in Table 2, 3 of the 31 questions were found to be significantly related to employment status ($\chi^2 = 54.44$, $df = 3$, $p < .001$). The first item was "Do you currently have reliable childcare?" The second item was "Are you able to pay for gas, public transportation, auto insurance, etc. as needed?" The third item was "Do you currently get any assistance with transportation?" As expected, the results of this logistic regression suggest that the important domains in the model for the combined data include childcare and transportation. These functional or practical problems are readily identified as the most important issues related to work status.

For the Charlottesville data, 283 of the 311 subjects were included in this analysis with 28 people excluded due to missing data. The results of the separated analyses for Charlottesville revealed four items were related to employment status ($\chi^2 = 50.344$, $df = 4$, $p < .001$). As shown in see Table 3, the first item was "Do you currently have reliable childcare?" The second item was "Are you able to pay for gas, public transportation, auto insurance, etc. as needed?" The third item was "Do you currently get any assistance with transportation?" The last item was "Do you own a vehicle?" For the participants of Charlottesville, childcare and transportation support were the most salient items.

For the Albemarle County data, 92 subjects were included in this analysis. The results showed only one item was significantly related to employment status ($\chi^2 = 15.998$, $df = 2$, $p < .001$). As shown in Table 4, the only item related to work status was "Are you worried about getting off of assistance?"

Logistic Regression predicting Openness to Counseling

Given that there were only two items related to mental health on the survey, and neither of them revealed a significant relationship with work status, further analyses were deemed necessary to address mental health issues. Logistic regressions analyses were conducted to study the relationships among the item, "Do you ever have problems you would like to discuss with a counselor," and the other 30 items.

For the combined Charlottesville/Albemarle County data, 92 participants (23%) indicated that they were open to counseling. The results of the logistic regression analysis revealed a significant relationship ($\chi^2 = 64.021$, $df = 8$, $p < .001$) among the item, "Do you ever have problems you would like to discuss with a counselor," and eight other items (see Table 5).

The first item was "If you began working or training, would you need assistance with childcare?" The second item was "Do you have any major debts right now?" The third item was "Do you need to move?" The next item was "Have you ever been convicted of a crime (including DUI)?" The next item was "Are you worried about getting off of assistance?" The odds of saying "no" to counseling are lower for participants who said "yes" to these items than for those who said "no".

The next item was "Do you currently have reliable childcare?" Participants who answered "no" to this item had an increased probability of saying "yes" to counseling. "Do you think you could benefit from parenting classes?" followed. "Are the rent and utilities reasonable" was last. Participants who answered "no" to this item had an increased probability of saying "yes" to counseling.

The results showed that, as well as being concerned about childcare, those participants who were open to counseling were also more likely to be concerned with financial burdens and housing problems. They were also more likely to have an arrest record. Furthermore, they were more likely to express an interest in getting help with parenting and were worried about their futures without welfare.

The results of the analyses of the Charlottesville data revealed a significant relationship among the counseling item and eight other items ($\chi^2 = 70.96$, $df = 9$, $p < .001$). As shown in Table 6, the first item was "Do you have any major debts right now?" The second item was "If you began working or training, would you need assistance with childcare?" The third item was "Are you worried about getting off of assistance?" The next item was "Do you have a back-up babysitter?" "Do you currently have reliable childcare?" was next. "Have you ever been identified as having a learning disability?" followed. The next item was "Do you need to move?" The last item was "Do you have three people who will give you a good job reference?"

For the Charlottesville participants childcare concerns, financial burdens, and housing problems, as well as concerns about life without welfare, legal problems, and learning difficulties were the most relevant issues. For this group, however, a desire for help with parenting was not a significant variable. Furthermore, Charlottesville participants who answered "yes" to the question, "Do you have three people who will give you a good job reference?" had a increased probability of being open to counseling. That is, Charlottesville participants who did have job references were more likely to be open to counseling.

The results for the Albemarle County Data revealed a significant relationship among the item "Do you ever have problems you would like to discuss with a counselor" and two items ($\chi^2 = 13.074$, $df = 2$, $p < .001$). As shown in Table 7, The first item was "Do you need to move?" The second was "Are the rent and utilities reasonable?" For the participants of Albemarle County who were open to counseling, the most salient issue was primarily housing problems and rent. Nearly half of the Albemarle participants who said they needed to move were open to counseling.

Logistic Regression for participants with a Child Protective Services (CPS) Record

Since the analyses of openness to counseling were so revealing, we decided to conduct analyses looking at participants who had a Child Protective Services report of any type. Thus, logistic regressions analyses were conducted to see how well the work status and openness to counseling profiles fit this at-risk group. Thirty one percent of the participants had a CPS report of some type.

Of the 123 subjects with a CPS report, 113 were included in this analysis with 10 persons excluded due to missing data. Nearly 63% percent of the respondents with a Child Protective Services report were not working, whereas 37% were. These results revealed a significant relationship for three items ($\chi^2 = 25.99$, $df = 3$, $p < .001$). As shown in Table 8, The first item was "Do you currently have reliable childcare?" The second item was "Do you currently get any assistance with transportation?" The third item was "Do you own a vehicle?"

These results show this data fit the model for the whole Charlottesville/Albemarle County data quite well. That is, even for those participants who were identified as having a Child Protective Services report of some type, the most relevant issues related to work status were the functional concerns, childcare and transportation problems. Participants who had a Child Protective Services report were more likely to be working if they reported having adequate childcare and transportation.

Analyses looking at openness to counseling revealed no surprises. Twenty-six percent of the participants with a CPS report were open to counseling. There were fewer items related to having a Child Protective Service report and being open to counseling (see Table 9). Nevertheless, the salient issues revealed for this group were among those found in the whole Charlottesville/Albemarle County group. These results revealed a significant relationship for four items ($\chi^2 = 21.99$, $df = 4$, $p < .001$). The first item was "Do you consider yourself homeless?" The second item was "Do you think you could benefit from

parenting classes?" The third item was "Do you have any major debts right now?" The fourth item was "Do you need to move?" Participants who had a Child Protective Services report were more likely to be open to counseling if they reported having problems with housing and financial burdens, and they were more likely to express a desire for help with parenting.

Logistic Regression for participants with an Arrest Record

Another group of at-risk participant considered important to study were those participants who reported having an arrest record of some type. Logistic regressions analyses were conducted to see how well the two profiles fit this group, as well. Twenty-one percent of the participants said they had an arrest record, including Driving Under the Influence of Alcohol or Drugs (DUI).

In the logistic regression analyses, 78 of the 83 participants with arrest records were included, while 5 were excluded due to missing data. Sixty-three percent were not currently working. Our model for predicting work status did not fit as well for this group. The results revealed a relationship among work status and three items ($\chi^2 = 26.66$, $df = 4$, $p < .001$). As shown in Table 10, The first item was "Do you currently have reliable childcare?" The second item was "Have you ever had any vocational training?" Those participants with arrest records who had had vocational training were significantly more likely to be working than those who had not had vocational training. The third item was "Are you worried about getting off of assistance?" Those who answered "no" to this item were much more likely to be employed.

Thirty-seven percent of participants with arrest records were open to counseling. The results revealed a relationship among openness to counseling and five items ($\chi^2 = 35.53$, $df = 5$, $p < .001$). As shown in Table 11, The first item was "Do you think you could benefit from parenting classes?" The second item was "Do you have any medical problems?" The third item was "Do you need to move?" The next item was "Do you own a vehicle?" Participants with an arrest record were much more likely to be open to counseling if they answered "yes" to this item. The last item was "Have you had many interviews?"

Childcare was indeed the most salient issue as in the combined data. Worrying about getting off assistance was also an issue as with the Albemarle County data. The most notable finding was that, among participants with an arrest record, those who had had some vocational training were significantly more likely to be working than those who had not had vocational training. Vocational training may be an important asset for these participants.

Participants with an arrest record did not seem to fit our model for openness to counseling as well as expected. Participants with an arrest record were more likely to express a desire for help with parenting and report having housing problems as in the Charlottesville/Albemarle County data. However, they were also less likely to own a vehicle and more likely to have medical problems, unlike any other group.

Cluster Analyses

Cluster analyses were conducted to group the participants by similar characteristics. Four groups were detected among the participants (see Table 12).

The first group consisted of 66 participants who had graduated from high school, had some college experience. They had adequate childcare, but although they did have a license, most were not able to pay for transportation. They had a resume and job references, and most of them had been actively looking for work at the time of the interview.

Another group had 74 participants who had graduated from high school, but no college experience. They had inadequate childcare and transportation. Most had been looking for work, and many of them had job references, but they did not have a resume.

The next group contained 136 participants who had not graduated from high school and did not have adequate childcare or transportation. Most had not been looking for work at the time of the interview, and did not have a resume, but many of them did have job references.

The last group had 99 participants who had not graduated from high school, could not pay for transportation, but did have adequate childcare. Most had been looking for work at the time of the interview, and most did have job references, but they did not have a resume.

Logistic Regression testing effect of Cluster grouping on Work Status and Openness to Counseling

Logistic regression analyses were then conducted to test the effect of cluster group membership on work status. In these analyses, 375 of the 403 subjects were included with 28 persons excluded due to missing data. The assumption was that the group of high school graduates with college experience, jobs references, resumes, and adequate childcare and transportation would more likely be employed than the other groups. The results indicate group membership is a significant predictor of work status ($\chi^2 = 33.38$, $df = 3$, $p < .001$). These results revealed a significant difference between groups 1 and 2, and groups 1 and 3, but not groups 1 and 4 (see Table 13). Those who had graduated from high school, but who lack adequate resources were less likely to be employed than high school graduate with adequate resources. Those who had not graduated from high school and lacked adequate resources were less likely to be employed than high school graduates with adequate resources. However, participants who had not graduated from high school, but had at least some of the resources especially childcare, were no less likely to be employed than those who had graduated from high school and had most of the resources.

Discussion

The goal of this study was to assess the feasibility of predicting employment status; however, we found that with this data we can only identify factors that were significantly related to employment status before entering the VIEW program. Based on the information gathered, we developed a profile of non-working participants. They were individuals who were most likely to report having childcare and transportation problems. The Charlottesville participants appeared to fit the profile better than the Albemarle County participants did. For the Albemarle county participants, psychological issues appear to be more salient than the more functional issues.

We also developed a profile of openness to counseling. Several items appeared relevant for individuals willing to seek counseling. Participants who were open to counseling were more likely to say that they needed childcare assistance, had some kind of financial burden, needed adequate housing, had an arrest record of some type, worried about the future without welfare, and desired parenting classes. Again, the Charlottesville participants were much more likely to fit this profile than the Albemarle County participants were. Albemarle County participants seemed to find housing problems to be their most important issue. Since housing difficulty is among the items considered salient in the combined group, this issue may be overshadowing all other issues for these residents.

When we tested the two profiles against two at-risk groups, those with a CPS report or with an arrest record, we found that participants with a CPS report fit both profiles better than those with an arrest record. The work status profile for the CPS group was virtually the same as the overall group, and while the CPS group's openness to counseling profile had fewer items, the items found were among those found for the combined group. The work status profile of participants with an arrest record, on the other hand, had one item unique to the Albemarle County group (worrying about getting off assistance), as well as one found among the Combined group (needing childcare assistance). However, they had an issue unlike any other group. Participants with an arrest record who were vocational trainees were more likely to be employed. For this group, having some vocational training seems to be an advantage. With regards to their openness to counseling profile, participants with an arrest record shared a few items with the overall group, but unlike any other group, they were less likely own a vehicle and more likely to report having medical problems.

When we grouped the participants according to similar characteristics using cluster analyses, we found four groups. Despite the fact that education did not directly predict work status, it was included in the cluster solution. Furthermore, these clusters could predict work status. The results showed a group of participants who had not graduated but who had adequate childcare support and who had been looking for work at the time of the interview had very similar work status has a group of participants who had graduated from high school and had most of the resources. However, the two groups of participants those

who had graduated from high school and those who had not graduate from high school but who did not have adequate childcare, transportation, and job readiness resources were less likely to be employed.

Conclusion

Our conclusion is that our two profiles, while not entirely perfect, are indeed very useful for answering the questions posed in our Aims section. Our answers to these questions are as follows:

Who is succeeding and who is not in the welfare to work transition?

Those with childcare and transportation support were more likely to be working. Those with financial burdens, housing problems, criminal records, parenting problems, learning disabilities, and those who are worried about getting off assistance were open to counseling. While education was not directly related to work status, it was a significant variable in a cluster solution. Participants who had graduated from high school and who had most of the resources were significantly more likely to be employed than participants who did not have adequate childcare, transportation, and job readiness resources whether they had graduated from high school or not. However, those participants with adequate childcare and work readiness had similar work status as those who were high school graduates with most of the resources.

Do differences exist between rural and urban participants with regard to success rates?

The identified profiles did not fit the participants from rural Albemarle as well as it did the participants from Charlottesville.

This information was collected as participants entered the VIEW program. These are, therefore, profiles of those who have the potential to succeed or fail. Clearly, the next step is to conduct a broader longitudinal study, which will answer the questions we were unable to address here and to determine who is most likely to succeed or fail over time.

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Tables

Table 1, Items Of The Self-Sufficiency Assessment used in the Logistic Regressions

Questions Regarding:	
Educational Background:	Highest grade completed
	Have you ever been identified as having a learning disability?
	Have you ever taken any college courses?
	Have you ever had any vocational training?
Work Experience:	Were you ever absent from your last job/school?
Support System and Family Situation:	Do you have any close friends or relatives in the area?
	Do you ever have problems you would like to discuss with a counselor?
	Do you think you could benefit from parenting classes?
	Do you currently have reliable childcare?
	Do you have a back-up babysitter?
	If you began working or training, would you need assistance with childcare?
Transportation:	Do you own a vehicle
	Do you have a driver's license?
	Are you able to pay for gas, public transportation, auto insurance, etc. as needed?
	Do you currently get any assistance with transportation?
Financial Situation:	Have you worked with any other agencies or services (such as MACAA, Jobsight, etc.)?
	Are you worried about getting off of assistance?
	Are you able to budget your money so your bills are paid each month?
	Do you have any major debts right now?
Legal Status:	Have you ever been convicted of a crime (including DUI)?
Health Issues:	Do you have any medical problems?
Housing Situation:	Do you consider yourself homeless?
	Is your current housing situation safe for you and your children?
	Are the rent and utilities reasonable?
	Is there enough space for everyone who lives in the home?
	Do you need to move?
Job Seeking Skills:	Have you been actively looking for work?
	Do you have a resume?
	Are you registered at the VEC?
	Have you had many interviews?
	Do you have three people who will give you a good job reference?

Table 2, Logistic Regression Predicting Work Status Analysis for the Combined Charlottesville/Albemarle Data

	B	Odds ratio	sig	correctly classify
Do you currently have reliable childcare	1.153	3.1685	.0000	66.4%
Are you able to pay for gas, public transportation, auto insurance, etc. as needed	1.095	2.9897	.0003	66.9%
Do you currently get any assistance with transportation	.997	2.5084	.0022	69%

Table 3, Logistic Regression Predicting Work Status Separate Analyses for the Charlottesville Data

	B	Odds ratio	sig	correctly classify
Do you currently have reliable childcare	1.3327	3.7913	.0000	67.84%
Are you able to pay for gas, public transportation, auto insurance, etc. as needed	.8240	.8240	.0145	67.84%
Do you currently get any assistance with transportation	.7678	2.1549	.0178	68.55%
Do you own a vehicle	.5812	1.7882	.0498	69.26%

Table 4, Logistic Regression Predicting Work Status Separate Analyses for the Albemarle County Data

	B	Odds ratio	sig	correctly classify
Are you worried about getting off of assistance	-2.33	.0942	.0272	73.9%

Table 5, Logistic Regression Predicting Counseling for Combined Charlottesville/Albemarle County

	B	odds ratio	sig	correctly classify
If you began working or training, would you need assistance with childcare	.9616	2.6159	.0031	78.67%
Do you have any major debts right now	.9042	2.4699	.0031	78.67%
Do you need to move	.8246	2.2809	.0038	79.47%
Have you ever been convicted of a crime (including DUI)	.8836	2.4197	.0050	80.00%
Are you worried about getting off of assistance	.7604	2.1391	.0101	81.60%
Do you currently have reliable childcare	-.6732	.5101	.0328	81.60%
Do you think you could benefit from parenting classes	.6440	1.9040	.0344	81.33%
Are the rent and utilities reasonable	-.5964	.5508	.0369	81.33%

Table 6, Logistic Regression Predicting Counseling for the Charlottesville Data

	B	odds ratio	sig	correctly classify
Do you have any major debts right now	1.3931	4.0274	.0002	80.21%
If you began working or training, would you need assistance with childcare	1.4272	4.1670	.0009	80.21%
Are you worried about getting off of assistance	1.0691	2.9128	.0034	83.04%
Do you have a back-up babysitter	1.2355	3.4402	.0115	84.81%
Do you currently have reliable childcare	-1.1878	.3049	.0083	84.81%
Have you ever been identified as having a learning disability	1.3746	3.9536	.0243	84.81%
Do you need to move	.7803	2.1822	.0311	84.81%
Do you have three people who will give you a good job reference	.8115	2.2513	.0482	85.51%

Table 7, Logistic Regression Predicting Counseling for the Albemarle County Data

	B	odds ratio	sig	correctly classify
Do you need to move	1.3578	3.8877	.0082	73.91%
Are the rent and utilities reasonable	-1.0870	.3372	.0484	78.26%

Table 8, Logistic Regression Predicting Work Status for Participants with a Child Protective Services Report

	B	odds ratio	sig	correctly classify
Do you currently have reliable childcare	1.5018	4.4897	.0006	69.91%
Do you currently get any assistance with transportation	1.2659	3.5463	.0273	69.91%
Do you own a vehicle	.9842	2.6757	.0261	71.68%

Table 9, Logistic Regression Predicting Counseling for Participants with a Child Protective Services Report

	B	odds ratio	sig	correctly classify
Do you consider yourself homeless	2.3356	10.3360	.0158	80.53%
Do you think you could benefit from parenting classes	1.2069	3.3432	.0375	80.53%
Do you have any major debts right now	1.2710	3.5645	.0245	80.53%
Do you need to move	1.0391	2.8267	.0459	82.30%

Table 10, Logistic Regression Predicting Work Status for Participants with an Arrest Record

	B	odds ratio	sig	correctly classify
Do you currently have reliable childcare	1.5895	4.1304	.0146	69.23%
Have you ever had any vocational training	1.3373	3.8086	.0200	73.08%
Are you worried about getting off of assistance	-1.5895	.2040	.0267	74.36%

Table 11, Logistic Regression Predicting Counseling for Participants with an Arrest Record

	B	odds ratio	sig	correctly classify
Do you think you could benefit from parenting classes	2.0006	7.3934	.0076	71.79%
Do you have any medical problems	2.2292	9.2928	.0020	79.80%
Do you need to move	1.6911	5.4255	.0135	82.50%
Do you own a vehicle	-1.7843	.1679	.0203	83.33%
Have you had many interviews	1.4101	4.0965	.0425	82.05%

Table 12, Cluster Analyses

	Initial Cluster Centers				Final Cluster Centers			
	1	2	3	4	1	2	3	4
High school graduate	1.00	1.00	.00	.00	.89	1.00	.00	.23
Have you ever taken any college courses?	1.00	.00	.00	.00	.89	.28	.08	.05
Do you currently have reliable childcare?	1.00	.00	.00	1.00	.64	.00	.00	1.00
Do you have a back-up babysitter?	1.00	.00	.00	1.00	.35	.07	.10	.41
Do you have a driver's license?	1.00	.00	1.00	.00	.77	.43	.42	.54
Are you able to pay for gas, public transportation, auto insurance, etc. as needed?	.00	1.00	.00	.00	.23	.16	.13	.19
Have you been actively looking for work?	.00	1.00	.00	1.00	.58	.68	.45	.57
Do you have a resume?	1.00	1.00	.00	.00	.74	.12	.06	.08
Do you have three people who will give you a good job reference?	1.00	.00	1.00	.00	.85	.53	.55	.61

Table 13, Logistic Regression Predicting Work Status with Cluster Groups

	B	odds ratio	sig	correctly classify
Cluster Group1 vs				65.33%
Group 2	-1.5159	.2196	.0001	
Group 3	-1.0080	.3649	.0012	
Group 4	.0810	1.0844	.7990	

Appendix

Please answer the following questions and bring the completed form with you to your Employment Services Program appointment. The information you give us is confidential and asked only to help us better serve your employment needs.

SELF-SUFFICIENCY ASSESSMENT

Case Number: _____

Case Manager: _____

I. Educational Background

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED 12 14 15 16 +

Date Completed: _____

High School(s) attended: _____

Date of Graduation: _____

Did you get a GED? _____ When and where? _____

If not are you interested in getting a GED? _____ Why or why not? _____

If a nongraduate, what were your reasons for leaving school? _____

Do you feel you could benefit from any type of tutoring now? _____ In what areas? _____

Have you ever been identified as having a learning disability? _____ Explain: _____

Have you ever taken any college courses? _____ When? _____ Where? _____ Topics studied/major/degree: _____

Have you ever had any vocational training? _____ When? _____ Where? _____ Topics studied: _____

Are you presently attending any type of classes or training? _____ Describe: _____

II. Work Experience:

1) Name of Employer _____

2) Name of Employer _____

Job Title _____

Job Title _____

Supervisor _____

Supervisor _____

Job Duties _____

Job Duties _____

Dates Worked From: _____ To: _____

Dates Worked From: _____ To: _____

Final Salary _____

Final Salary _____

Reasons For Leaving _____

Reasons For Leaving _____

II. Work Experience (cont.):

3) Name of Employer _____

Job Title _____

Supervisor _____

Job Duties _____

Dates Worked From: _____ To: _____

Final Salary _____

Reasons For Leaving _____

4) Name of Employer _____

Job Title _____

Supervisor _____

Job Duties _____

Dates Worked From: _____ To: _____

Final Salary _____

Reasons For Leaving _____

List what you like about working:

Are you currently working? _____ Describe your Jobs(s): _____

Are you planning on keeping your job? _____ Why or why not? _____

What types of work have you done in the past? _____

Why have you left these jobs? _____

Describe the skills you have acquired from previous jobs: _____

Do you have any skills or experience that have resulted from non-paid work (such as volunteer work or hobbies)? _____ Describe: _____

Describe the tools, machinery, or equipment with which you are familiar: _____

Were you ever absent from your last job/school? _____ How often? _____

Why were you usually absent? _____

Is this a problem now? _____

How often were you late? _____ Why? _____

What would your former employers say about you? _____

How did you get along with your coworkers? _____

What makes you a good employee/what are your strengths on the job? _____

III. Support System and Family Situation

Do you have any close friends or relatives in the area? _____ Who? _____

What activities are you involved in (including hobbies, church, etc.)? _____

What do you like to do in your spare time? _____

If you are having a problem and need advice, who do you talk to? _____

Do you ever have problems you would like to discuss with a counselor? ____ What types of problems? _____

Are the important people in your life supporting your desire to work? ____ Why or why not? _____

How many children do you have? _____ Ages: _____

How many live at home/are in your custody? _____

Are you pregnant? _____ Due date: _____

Describe any problems you are having with your children: _____

Do you think you could benefit from parenting classes? _____

Do you currently have reliable childcare? _____ Who/where? _____

Do you have a back-up babysitter? _____

If you began working or training, would you need assistance with childcare? ____ For how many children (include ages): _____

How would you get the children to daycare or the babysitter? _____

Are you currently getting daycare assistance from any other agency? ____ Describe: _____

IV. Transportation

Do you own a vehicle? ____ Is it reliable? ____ If no, what does it need to become reliable? _____

Do you have a driver's license? _____ If no, why not? _____

How do you usually get around? _____

Are you able to pay for gas, public transportation, auto insurance, etc. as needed? _____

Do you currently get any assistance with transportation? ____ What type? _____

V. Financial Situation

Have you worked with any other agencies or services (such as MACAA, Jobsight, etc.)? _____

Describe which agency and when: _____

How has your experience with Social Services been? _____

Are you worried about getting off of assistance? _____ What worries you most? _____

What are your current and possible sources of income (include child support, loans, money from family, unemployment benefits, etc.)? _____

Are you able to budget your money so your bills are paid each month? _____

Do you have any major debts right now? _____ Describe: _____

Do you think you need help with budgeting? _____

VI. Legal Status

Do you have in your possession a social-security card? _____ A valid photo ID? _____ A birth certificate? _____

Have you ever been convicted of a crime (including DUI)? _____ What and when? _____

Are you on probation or parole? _____ How long? _____

Name of probation officer and location: _____

Do you have any court cases pending? _____

VII. Health Issues

Do you have any medical problems? _____ Describe: _____

What medications are you taking/what condition? _____

Where do you go for medical care? _____

Do you have any mental or physical health issues that an employer would need to know about? _____ Describe: _____

VII. Health Issues (cont.)

Do any other members of your household have major medical problems? _____ Describe: _____

Who is primarily responsible for the care of that person when you are out to the home? _____

Are you or any member of your family experiencing difficulty with drug or alcohol abuse? _____ Who? _____

If yes, has this person sought treatment? _____

If an employer gave you a drug test today, could you pass it? _____ If no, could you pass one given a month's notice? _____

VIII. Housing Situation

Do you consider yourself homeless? _____ How did this happen? _____

What are you doing about this? _____

What type of housing assistance do you receive? Voucher _____ Public _____ Assistance from family member _____ None _____

How long have you been receiving this assistance? _____

Is your current housing situation safe for you and your children? _____ If no, describe: _____

Are the rent and utilities reasonable? _____ Describe: _____

Is there enough space for everyone who lives in the home? _____

Do you need to move? _____ Why? _____

XI. Job Seeking Skills

Have you been actively looking for work? _____ How long? _____ If no, why not? _____

How do you go about finding a job? _____

Do you have a resume? _____ Are you registered at the VEC? _____

Have you had many interviews? _____ How do you feel you do in them? _____

Do you have three people who will give you a good job reference? _____ Who? _____

X. Goals

What type of career interest you? _____

Why? _____

What type of training would you need? _____

What other jobs would you consider, if available? _____

What type of work would you be least willing to accept? _____

Why? _____

Describe the work environment you prefer (such as working with people, working alone, working with children, etc.): _____

What hours and days can you work? _____

How far are you willing to travel to work (city?county?farther?)? _____

What kind of starting pay do you expect? _____

What would you like to change about your life during the next two years? _____

What will you need to do in order to make these changes? _____

Young African-American Fathers: Perceptions of Fatherhood and Correlates of Paternal Involvement

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Abstract

Recent literature has begun to provide a more balanced, representative portrayal of young African-American fathers that documents the varying attitudes, degrees of family involvement, and responsibilities assumed by young African-American fathers. Integral to the understanding of young African-American fathers' paternal behaviors and attitudes is the consideration of barriers in social, economic, and educational domains that may encumber young fathers' ability to maintain involvement with their families. The purpose of the current paper is twofold: (1) to enhance our understanding of the nature of paternal involvement among young African-American fathers by incorporating their own perspectives and unique experiences; and (2) to provide an ecological paradigm within which to understand the influence of sociocultural factors on paternal involvement among young African-American fathers.

Introduction

The roles of young African-American men in their families have only recently become a focus of social science literature (Marsiglio, 1995; McAdoo, 1993). Traditional research activity has predominately focused on maternal attitudes and behaviors in attempting to understand parenting and family functioning. Moreover, the exploration of fathers' roles in families has been limited to mothers' descriptions of paternal activities. The nature of research concerning African-American families has seen a shift in the past decade, as researchers have begun to reconceptualize family functioning by incorporating the father's perspective into scientific inquiry. Several factors may contribute to this increased interest in the role of fathers: (a) changes in the demographic structure of modern families; (b) increased maternal employment and its impact on the family institution; and (c) increased attention among social policy makers regarding the well-being of children (Marsiglio, 1995). These societal issues have elucidated the importance of gaining a more comprehensive understanding of the family, one that encompasses the roles of fathers as an integral part of the family unit. Recent literature provides a more balanced, representative portrayal of young African-American fathers that more accurately documents the varying attitudes, degrees of family involvement, and responsibilities assumed by young African-American fathers (Cochran, 1997). The purpose of the current paper is twofold: (1) to enhance our understanding of the nature of paternal involvement among young African-American fathers by incorporating the their own perspectives and unique experiences; and (2) to provide an ecological

paradigm within which to understand the influence of sociocultural factors on paternal involvement among young African-American fathers.

Unique Considerations for Young African-American Fathers

The incidence of adolescent fatherhood is less widespread compared with adolescent motherhood, because nearly three-quarters of the infants born to adolescent females have fathers who are 20 years of age or older (Hardy, Duggan, Masnyk & Pearson, 1989; Landry & Forrest, 1995; Levine & Pitt, 1995). Thus, in addressing the experiences of young fathers, this paper expands its scope to examine the population of young men who father children during adolescence and during their early adult years. From both a life course and a developmental perspective, fathers in these age groups encounter circumstances that may greatly differ from fathers who beget children at various other ages in life. Here, the assumption is made that the amount and type of paternal involvement among adolescent and early adult fathers may be rather similar. Fatherhood among young men may be considered “off-time” parenting because premature entry into fatherhood may also be associated with psychological and emotional unpreparedness, unfinished formal education, and unstable employment (Marsiglio & Cohan, 1997). Indeed, premature transition into fatherhood adversely affects educational and vocational attainment compared with men who postpone parenthood until later adulthood (Elster & Hendricks, 1986). Factors that are associated with “off-time” parenting may inhibit young fathers’ ability to provide reasonable emotional and material support for their children.

Coupled with the demands of parenthood, young fathers must also negotiate the developmental processes (i.e. increased independence, identity formation) involved with the transition into adulthood. Adjusting to fatherhood may be particularly difficult for adolescent fathers, as they are likely to be forced to assume adult responsibilities before they are psychologically prepared to do so (Elster & Hendricks, 1986); psychological unpreparedness reinforces the notion of “off-time” parenting. Researchers suggest that men in this developmental stage may not yet have acquired the cognitive, emotional, psychological, and social maturity necessary to facilitate their ability to put their child’s needs ahead of their own (Marsiglio & Cohan, 1997).

The emergent literature on young African-American fathers suggests a greater appreciation for the diversity of this population with respect to developmental aspects and important sociocultural issues relevant to members of ethnic minority groups (Taylor, Tucker, Chatters & Jayakody, 1997). Young African-American fathers experience distinctly different circumstances in fatherhood than young men of other ethnic groups; consideration of the differences in fathering experiences is crucial to providing an accurate description of the relevant factors that influence the nature of the fathers’ participation in their families. African-American males experience higher rates of unemployment, poverty, imprisonment, and have less education than their European-American counterparts (Staples & Johnson, 1993). An

ecological approach at understanding paternal involvement incorporates the assumption that socioenvironmental factors inevitably impact men's ability to play integral roles in their families.

Ecological Perspective

Applied to the analysis of paternal involvement, the ecological theoretical model allows for the evaluation of relationships between external social systems and internal family functioning. The ecological approach encourages researchers and practitioners to explore relevant historical, political, and social influences on African-American fathers to gain insight into the barriers that inhibit fathers' effectiveness in their families. Rather than comparing one ethnic group to another based on middle-class standards, an ecological systems approach seeks to understand African-American families within the context of the values and experiences of their own culture (McAdoo, 1993).

McAdoo (1993) describes the basic tenets of ecological theory as they apply to the experiences of African-American families within mainstream society. He asserts that this conceptual framework assumes that fathers of all ethnic groups may play various roles in their family and community, roles that can lead to positive or negative outcomes. The model assumes that African-American families encourage the development of skills, abilities, and behaviors necessary to survive as competent adults in an oppressive society. Furthermore, the ecological approach considers barriers in social, economic, and educational domains that may affect paternal involvement.

Ecological theory is used here as a conceptual framework because of the value in its emphasis on sociocultural context in understanding paternal behaviors. Other conceptual models, such as the deficit model and the matriarchy model, have focused on the negative psychosocial outcomes and have tended to pathologize African-American families (Cochran, 1997). The chief asset of the ecological approach is that it appreciates the relationships between broader, macro-level systems and more micro-level factors. Consistent with the theory, this paper considers African-American fathers' behaviors and attitudes within the context of the structural demands of their environment.

Characteristics of Young Fathers

Unfortunately, it is difficult to provide an accurate portrait of the demographics of young fathers because reliable national data are not readily available. Two important circumstances hinder the accessibility of obtaining such data. First, until the more recent mandates of welfare reform, a substantial proportion of young unwed mothers refused to indicate the name of the child's father on the birth certificate. The benefits of naming the father did not outweigh the costs with respect to Aid to Families with Dependent Children (AFDC) payments. Among those who did identify the father, nearly one-third neglected to report the age of the father. Similarly, young unwed fathers are often unwilling to provide an accurate account of their paternity history (Marsiglio & Cohan, 1997). Fathers' reluctance can partly be attributed to their mistrust of societal institutions and concern for the legal and financial repercussions

associated with the admission of fathering a child. The combination of unwed mothers' and fathers' apprehension to establishing paternity have contributed to the paucity of information that focuses specifically on young African-American fathers.

Notwithstanding the difficulties in ascertaining accurate demographic information on young fathers, relatively successful attempts have been made to provide a general description of young fathers across ethnic groups. The National Longitudinal Survey of Labor Market Experience (NSLY) has yielded some valuable information on the family backgrounds of young fathers. Young men who have become fathers before the age of 25 are significantly more likely to live in households below the poverty threshold (Lerman, 1986; Pirog-Good, 1995). Given that young fathers tend to come from families that are economically disadvantaged, it is not surprising that the fathers of men who bear children prior to the age of 21 are less likely to hold professional positions and more likely to be employed as laborers or craftsmen (Pirog-Good, 1995). In addition, young fathers are more likely to come from single-parent households (Pirog-Good, 1995). The increased chances of growing up in a single-parent household are somewhat reproduced among young fathers and their own children, in that the majority of children of young fathers tend to live in households that do not include their fathers. Only 5% of 18-21 year-old fathers and 20% of 22-25 year-old fathers live with at least one of their children (Lerman, 1986). Young fathers are also more likely than nonfathers to be children of teenage parents themselves (Robinson, 1988).

The NSLY data further provide evidence for the lower level of educational attainment and employment status of young fathers. Educational achievement is often compromised among young fathers, as age at parenthood is inversely related to years of formal education. Men who beget children during their adolescence and early adult years tend to achieve lower levels of education than that achieved by men who postpone fatherhood. Several factors may explain the lower levels of education; one possibility is that young fathers may have been marginal students before the pregnancy and would have eventually dropped out of school regardless of parental status. Conversely, young fathers who were otherwise performing relatively well in school may drop out of school in order to obtain employment and provide financial assistance to their partners and children (Elster & Hendricks, 1986). Whereas African-American fathers are more likely to complete high school than fathers of other ethnic groups (Marsiglio, 1987), the numbers of African-American fathers who graduate from high school continue to remain discouragingly lower than the national average. Findings from the National Survey of Black Americans (NSBA) suggest that about 46% of African-American fathers have not obtained a high school diploma (Bowman & Forman, 1997).

Consistent with the findings regarding educational level among young fathers, the employment status of these young men is correspondingly low. Young men between the ages of 18-25 who were unwed fathers as of 1984 worked fewer hours and earned considerably less than their childless peers. The disparity in income continued to increase by 1987, at which time young unwed fathers were earning

\$5,000-\$9,000 less per year than their counterparts who were both never married and without children, married and without children, or married fathers (Lerman, 1986, 1993). Young fathers who prematurely enter the work force are relegated to lower paying jobs compared to their peers, which ultimately renders them less able to ensure financial security for their families (Card & Wise, 1978).

Definitions of Father Involvement

The lack of a clear and consistent definition of paternal involvement has contributed to the dearth of literature describing the nature of the father's role in his family. The inability to establish a consensus can partly be attributed to changes in societal conceptions of fatherhood. Historically, fulfillment of the fathering role has been conceived in terms of men's ability to provide financial security for the family; hence the conceptualization of the father as the "provider" or "breadwinner." More contemporary perceptions of the fathering role have, however, begun to expand upon this circumscribed definition to include more expressive parenting behaviors. Societal expectations have emerged that call for men to assume a more active role in childrearing duties, including tending to the basic aspects of day-to-day childcare (e.g. feeding, bathing), and engaging in more nurturing behaviors. Based on data derived from two-parent households, researchers suggest that changes in fathers' roles have accompanied demographic changes in American society. In 1990, 57.1% of children 5 years of age and younger had mothers who worked outside of the home (U.S. Department of Commerce, 1990, as cited in McBride & Darragh, 1995). As a result, many fathers are being asked to make a greater contribution to day-to-day childrearing activities (Presser, 1988). The emerging reconceptualization of the fathering role to include expressive parental behavior reaches considerably beyond that of the traditionally conceived "breadwinner."

Comparisons of Mothering and Fathering

Empirical literature on father-child and mother-child relationships suggest that fathers certainly have the potential to be as significant to the development of their children and as competent in caregiving as are mothers. Lamb (1986) suggests that fathers who assume an active parental role can have a positive impact on all aspects of their children's development. Fathers who perform multiple roles in their families influence their children in a variety of developmental domains. Fathers' influence occurs both directly and indirectly and includes enhancing children's internal and cognitive development (Easterbrooks & Goldberg, 1984; Radin, 1982), helping shape their gender role identification (Baruch & Barnett, 1986), and promoting positive psychosocial adjustment (Lamb, 1981; Levin, 1988). Fathers are important socialization agents for their children, though the type of socialization and the means by which this socialization occurs may be different than that which is prominent among mothers. For instance, many studies have shown that fathers spend proportionally more time in play activities with children than do mothers, and mothers perform more caregiving activities than do fathers (Collins & Russell, 1997; Lamb, 1987; McAdoo, 1979; Russell & Russell, 1987).

Two opposing views for understanding the nature of fatherhood are apparent in the literature. On the one hand, researchers espouse the viewpoint that parenting behaviors of mothers and fathers should be compared in assessing the nature of parenting activities. One view proposed by Garbarino (1993) suggests that a good father is invested in his family and children both emotionally and physically and is involved in the daily realities of childrearing. In effect, a good father acts like a good mother. However, opponents assert that fathers and mothers should be assessed on an individual basis based on their own distinct behaviors and what they have to offer to children (Day & Mackey, 1989; Lamb, 1987). Pruett (1993) purports that mothering and fathering are not the same, that "fathering is not mothering any more than mothering is ever fathering" (p. 46). He suggests that fathers need to follow their own role identities rather than the role identities of mothers.

Lamb and his colleagues (Lamb, Pleck, Charnov & Levin, 1993) propose a general three-part model of parental involvement (i.e., interaction, accessibility, and responsibility), which may be used to describe and understand fathering behavior. The first category of the model, interaction, encompasses the father's one-on-one interactions with his child in activities such as feeding, giving a bath, or playing. The second category, accessibility, is defined as being physically available to, but not in direct interaction with, the child. Accessibility encompasses both psychological and physical availability. The third category, responsibility, entails the father's assumed responsibility for the welfare and care of his child (e.g., making childcare arrangements, financial obligations). Demonstration of responsibility does not necessarily require direct engagement with the child; the concern and planning aspects that are involved are likely to take place outside of direct interaction with the child. The multidimensional model of parenting behavior appears to be emerging as a generally accepted view of the critical dimensions of positive fathering (Marsiglio, 1995; McBride & Rane, 1998; Pleck, 1997).

Young Fathers' Perspectives

Gaining a comprehensive picture of the realities of paternal involvement necessarily involves identifying the definitions of fathering held by the fathers themselves. The availability of information on the first-hand perspectives of young African-American fathers' ideals about their roles is limited, as much of the literature has focused on the detrimental consequences of fathers' absence from the family (Mirande, 1991). Focusing on fathers' absence has led practitioners, researchers, and policymakers to pathologize the African-American family as an unstable, dysfunctional unit because of the high rate of single-parent households while neglecting the important functions of African-American fathers in their families (Wade, 1994). Similarly, African-American fathers have been characterized and viewed as uncaring and neglectful with respect to the well-being of their families and children. The deficit approach ignores the fact that many African-American fathers are highly involved with their children and value the fatherhood role (Fagan, 1998). In addition, it fails to acknowledge and explore factors that encumber fathers' ability to participate. Recent research assessing young fathers' perceptions of the meaning of

fatherhood has found that young fathers do conceive of their role as vital to the healthy development of their children (Christmon, 1990a; McAdoo, 1986). Furthermore, they are very concerned about being a “good” father and taking responsibility for and interest in the lives of their children (Wade, 1994).

In a qualitative study, Allen and Doherty (1996) conducted in-depth conversational interviews with 10 young African-American fathers to assess their ideals of the responsibilities of fatherhood. Several major themes recurred across the majority of the fathers. Young fathers commonly used the phrase “being there” as part of their obligations. The idea of “being there” occurred in two contexts: (1) being present at the birth, and (2) being actively involved in the lives of their children. Overall, fathers conceived of the notion of “being there” as consistently providing love and understanding to their children. Another significant element of fatherhood cited by these young men was “responsibility.” Fathers indicated they found themselves overwhelmed by the sheer number and variety of parental responsibilities. Interestingly, though literature suggests that adult fathers tend to report feeling responsible toward their children as well as the child’s mother, the young fathers in this study reported feeling a sense of responsibility toward their child but not to the child’s mother. The difference in young fathers’ sense of responsibility to the mother compared with that of older fathers likely reflects the low number of enduring romantic relationships between mothers and fathers who beget children at young ages (Allen & Doherty, 1996). Fathers were unanimous in the opinion that fathers are important to the family, pointing out the father’s role of providing emotional and economic support to the family. Some stated that fathers were necessary “to hold the family together” and used terms like “leadership” to describe the paternal role. Fathers further expressed their beliefs that fathers are important for teaching values and serving as role models for their children.

Available research on young African-American fathers supports the notion that fathers appreciate the importance of fatherhood and refutes conclusions drawn in the literature that young African-American men do not value fatherhood or family as highly as their counterparts of other ethnic groups (Allen & Doherty, 1996; Christmon, 1990; Wade, 1994). Indeed, traditional literature pertaining particularly to young African-American fathers has portrayed the group pejoratively as men who are uninterested in their families. A more compelling hypothesis is that the conflict between strong convictions about responsibilities to family and the virtual inability to fulfill those responsibilities drives young African-American fathers out of the family unit and away from their children (Allen & Doherty, 1996).

Correlates of Paternal Involvement

Researchers have recently begun to emphasize the multifaceted and complex nature of father involvement (Coltrane, 1996; Lamb, 1997). The complexity of fathering behaviors involves an array of individual characteristics and sociocultural expectations and demands that shape paternal roles and family processes. Thus, the interplay of the important individual and sociocultural variables is best understood from an ecological perspective that examines these factors as they relate to the experiences of young

African-American fathers. Here, influences that are important in elucidating the dynamics of paternal conduct are broadly divided into the following areas: fathers' role identities, economic status, psychological characteristics, and social support systems.

Role Identity

Important to the understanding of the nature of fathers' involvement with their children are their conceptions of role expectations and fathers' motivations to fulfill these expectations. Role theory suggests that social roles are symbols or shared meanings associated with a given position in society. Roles include social norms for that position and the expectations of how one should behave in a specific situation (Minton & Pasley, 1996). Attached to roles are the internal components of that role, or identities. Burke and Tulley (1977) assert that an individual's self is composed of "role identities" that are ordered according to their salience or centrality to the person's life. Furthermore, various roles (e.g., provider, nurturer, disciplinarian) associated with a particular identity (e.g., father) may themselves be hierarchically ranked in a manner similar to how identities are ranked relative to one another (Ininger-Tallman, Pasley & Buehler, 1993). Young fathers may learn about the role expectations of a particular identity through various means of socialization, including their own parents, peers, community members and media portrayals (Marsiglio, 1995; Allen, & Doherty, 1996; Christmon, 1990a; 1990b).

The concept of commitment is composed within individual's understandings and subsequent behaviors with respect to specific roles. The salience of an identity is influenced by a person's commitment to that identity (Stryker, 1968). As such, people interpret their reality based on their identities and behave on the basis of the meaning the identities have for them (Burke & Reitzes, 1981; Burke & Tulley, 1977). Moreover, people are motivated to formulate plans and perform activities that reinforce, support, and confirm their identities (Burke & Reitzes, 1981). Thus, with respect to fathering behaviors, the basic proposition of role theory is that the identity of father encompasses a man's internalized conception of appropriate paternal behavior, which develops through his understanding of both culturally sanctioned behavior and individual variation of those behaviors (Minton & Pasley, 1996), and that fathers engage in paternal behaviors that reflect their role identities. In addition, the degree to which a man feels committed to his role identity will influence the degree to which his subsequent behaviors are consistent with societal and personal appraisals of that role.

Recent research provides evidence for the relationship between men's paternal behaviors and their role identities of themselves as fathers. The majority of empirical evidence for the role identity theory has been demonstrated on European-American middle class samples, and more evidence for the validity of the model is necessary for its applicability to African-American fathers. Nevertheless, the available research helps illustrate the constructs that comprise the model. Minton and Pasley (1996) tested the basic proposition underlying the role identity theoretical model, which is that the level of father involvement increases when the father parenting role identity is high. The participants were

predominantly European-American (90%), middle-income fathers ranging in age from 20-60 years. The participants included both nondivorced and divorced, nonresidential fathers. Findings in this study support the notion that fathers behave in ways that reflect their role identities. The more competent the father felt in fulfilling the fathering role, the more satisfied he was; and the more committed the father was to the role, the more involved he was with his children. The authors add, however, that involvement has a reciprocal effect on role identity such that involvement can strengthen, weaken, or alter one's identity.

Stone and McKenry (1998) provide further support for the importance of role identity in influencing paternal involvement among divorced, nonresidential fathers. The fathers in the study had a mean age of 36.42 years, and the average father had been married for almost 10 years and had two or fewer children conceived or adopted in that marriage. Consistent with the role identity theory, the father parenting role identity played a vital function in predicting nonresidential paternal involvement. "Fathers who identify more strongly with the role are more highly motivated to seek to maintain congruence with that social role" (p. 323). Accordingly, nonresidential fathers with higher levels of identity are more involved with their children.

Limited research regarding role perceptions and paternal behaviors has been conducted that specifically includes African-American fathers. Christmon (1990) examined the relationship between paternal involvement and young African-American fathers' perceived role expectations of their own parents. This study included 43 fathers between the ages of 15-21 years (mean=18.4) and assessed fathers' assumed responsibility for the well-being of their children and fathers' perceived role conceptions of his own mother and father. A significant relationship was established between the young father's paternal behaviors and his perceived conceptions of his mother's attitudes toward his role as a father. Fathers who feel their mothers expect them to fulfill their role as father, including both psychological and financial obligations, are more heavily involved in their children's care. A relationship was not established between the young father's behavior and his perceived conceptions of his father's ideals about his parental behavior. The results provide support for the notion that individuals learn about appropriate behaviors from significant people in their lives and that they seek to act in ways that are congruent with others' expectations.

Young African-American fathers indicate that the role of fatherhood is a meaningful and important component in family functioning (Allen, & Doherty, 1996; Wade, 1994). It is vitally important to understand factors that may interfere with and disturb the consistency between individuals' understanding of the meaning of a role, their commitment to that role, and their subsequent behaviors. Socioeconomic status seems to be an important variable in understanding the incongruence between young fathers' role identity and paternal conduct. Wade (1994) suggests that African-American men's paternal behavior is strongly related to their socioeconomic status, and that infrequent contact with their children does not necessarily reflect the degree to which the role is important to them.

Economic Marginality

One of the roles that comprises the societal conception of fatherhood is that of the provider or “breadwinner.” Role theory is particularly valuable for examining the link between role difficulties and paternal involvement among young African-American fathers. Historically, social conditions have severely compromised African-American men’s ability to achieve economic self-sufficiency; therefore, satisfying the responsibilities associated with being the breadwinner may be particularly difficult if not impossible. African-American youth remain jobless for longer periods of time, experience greater frustration with the job market, and face more severe consequences from chronic job difficulties in comparison to their white counterparts (Bowman, 1990). Furthermore, Ahmeduzzaman and Roopnarine (1992) found that low family income is associated with less socialization and childcare involvement among African-American fathers. Thus, examination of role identities and paternal behaviors within the sociocultural context becomes especially crucial in understanding young African-American fathers’ negotiation and fulfillment of familial roles (Bowman, 1991a; 1991b; McAdoo, 1981).

Extended from the fundamental premises of role identity theory, the role strain-adaptation model provides a basis from which to conceptualize outcomes associated with unemployment, underemployment, and job search strain (Bowman, 1990). More specifically, this model focuses on the critical psychosocial consequences of objective difficulties (e.g., joblessness, low income, underemployment) in valued social roles, the related role perceptions, and adaptive coping mechanisms (Bowman, 1993; Pearlin, 1983). Thus, the role strain-adaptation model considers the psychosocial outcomes associated with role strain as well as the adaptive cultural resources that promote mastery of role barriers and facilitate feelings of empowerment. Among young African-American men, employment barriers may frustrate familial and personal strivings involved with successful paternal functioning. Bowman (1998) investigated the relationship between family provider role difficulties and psychosocial functioning among unmarried African-American fathers at different stages in the life span: young (18-34), middle (35-54), and older (55 and over). The findings support several of the guiding principles of the role strain-adaptation model across the age groups. First, objective role difficulties such as joblessness and low income have deleterious effects on psychological outcomes such as self-esteem and perceived life quality. Second, adverse psychological consequences (i.e., low self-esteem and perceived life quality) are frequently exacerbated by fathers’ discouragement with their perceived efficacy in fulfilling their role as fathers. That is, fathers’ own negative assessments of how well they have been able to provide and care for their family’s needs and wants further negatively impacts their psychological well-being. Finally, adaptive cultural strengths such as para-kin friendship, family closeness, and religiosity are crucial sources of personal resiliency and empowerment.

The role strain-adaptation model further posits that repeated failure in salient roles is likely to lead to a sense of hopelessness and psychosocial distress, and may threaten values. Subsequently, the fear

of failure may counter attempts to approach certain roles. The discouragement experienced through fear of failure is particularly important in examining the roles of young fathers, in that feelings of inadequacy in fulfilling the socially prescribed role of provider may result in dissociation from that role in order to lessen their feelings of inadequacy (Bowman, 1990; Bowman, 1993; Marsiglio, 1995). Indeed, Bowman (1998) found that for young fathers, objective role difficulties (i.e., joblessness, low income, underemployment) significantly predicted personal efficacy. Consistent with the role identity theory, if young fathers believe there is little chance they will be able to play a specific role successfully, then they are more likely to avoid that role and pursue a different lifestyle that affords them a better opportunity to increase their self-esteem (Marsiglio, 1995).

Psychological Factors

Some individual factors warrant mentioning, which have varying degrees of relevance to broader societal and cultural level factors and subsequent paternal behaviors of young African-American fathers. The overall paucity of research on young African-American fathers certainly permeates this area of research, as it has only been recently that researchers have included young fathers as participants in research inquiry. Among the factors found to be relevant to the degree to which fathers participate in their children's lives are the father's sense of self-esteem and his coping strategies when confronted with challenging circumstances.

Extant research suggests a positive relationship between fathers' self-esteem and paternal involvement. Christmon (1990a) conducted a study with 43 unwed, young African-American fathers ranging in age from 15 to 21 years. This study sought to assess factors that influence the degree to which fathers are involved in their children's lives. Findings revealed that self-image was significantly related to young fathers' willingness to assume parental responsibility. A low sense of self-image is often exacerbated by young fathers' fears of inadequacy and of failure because of his recognition that he cannot effectively care for his partner and child.

The psychological stresses that are present with premature transition into parenthood extend beyond those expected with a more normative transition into this role. The adjustment of young males to fatherhood is a difficult process. Their premature role transition causes stresses and strains that compound tensions already present in adolescence and young adulthood. This stress may arise from the physical demands of caring for a child, the emotional strain of assuming responsibility for the care and well-being of a child, the potentially strained relationships with their partner, and the limits placed on social lives and recreational activities (Belsky & Miller, 1986). In a study of young fathers ranging in age from 15 to 20 years, Miller (1994) found that a father's relative level of stress had a negative impact on his paternal attitudes. It is not surprising that for some fathers, these stresses are overwhelming, and accordingly, their response may be to react negatively by withdrawing from the familial obligations.

Fathers' coping strategies are likely to contribute to their resiliency and ability to sustain stresses while at the same time maintaining involvement with their families. At the individual level, fathers' ego strength is associated with superior psychosocial adjustment and subsequent paternal involvement (Christmon, 1990a). Fathers are able to withstand threats to their ego through employing effective coping mechanisms. At the cultural level, Bowman (1990, 1998) suggests that adaptive cultural resources help to empower African-American youth. He asserts that cultural strengths such as religiosity, family closeness, and para-kin friendships may encourage young fathers' ability to persevere beyond great odds. Accordingly, in the long term, cultural values and resources that promote mastery of role barriers at one stage may facilitate development and be a psychological basis for coping with future strains (Bowman, 1998). Young fathers who are able to utilize strengths gained from coping mechanisms at the individual level and employ resiliency that is nurtured through cultural resources may be better able to negotiate difficulties associated with major life roles.

Social Support

A variety of interpersonal relationships and institutional factors affects young fathers' parental conduct. The ecological approach to understanding fathering behaviors stresses the importance of considering the larger social and interpersonal context within which the father's relationship with his child is embedded. Typically, the most influential of these factors include the father-mother relationship, the involvement of the maternal and paternal grandparents of the child, peer pressures, and community or institutional supports or disincentives (Cervera, 1991; Christmon, 1990a; Lamb & Elster, 1986; Marsiglio, & Cohan, 1997; Roberts, 1998; Steir & Tienda, 1993). Each of these factors can exacerbate or minimize the stress felt by young fathers to negotiate parental obligations.

The connection between young fathers' paternal behaviors and the quality of the mother-father relationship has been established through both qualitative and quantitative research. Allen and Doherty (1996) conducted in-depth interviews with young fathers regarding factors that have influenced their paternal behaviors. A positive correlation was found between partner relationship and father-child relationship. Those fathers who reported amiable or sustained romantic relationships with the mother of the child also reported the most substantial amount of participation in their child's well-being and development. Quantitative research has supported this finding. In a study involving home observations of adolescent mothers, their partners (16-29 years of age), and their infants, Lamb and Elster (1985) found that the quality of the father-child interaction was significantly correlated with the features assessing the quality of the mother-father interaction. The same connection was not found between mother-infant interaction and mother-father interaction.

Another aspect of the mother-father dynamic likely to impact the nature of paternal involvement is the willingness of the mother to allow visitation by the father. Young fathers' partners typically act as "gatekeepers" and either facilitate or impede young fathers' opportunities to spend time with their

children (Belsky & Miller, 1986; Cervera, 1991; Marsiglio, & Cohan, 1997). It may be difficult for a father to establish and sustain a relationship with his child unless there is some degree of a mother-father relationship. Because the majority of young fathers do not seek legal assistance in gaining paternal rights, they essentially have no recourse in asserting their desire to see their child.

The involvement of both the paternal and maternal grandparents of the child is also likely to influence the degree of paternal involvement among young fathers. Qualitative research in urban African-American neighborhoods reveals that adolescent mothers' parents and other relatives may deliberately prevent young fathers' access to their children if the father's employment status is precarious (Sullivan, 1993). Young mothers' kinship networks often impose restrictions on the fathers' involvement because the kin feel they can provide financially for the child and the mother more effectively than the father can. Indeed, many relatives of adolescent mothers feel that the father's involvement in the child's life may render more detrimental than beneficial effects. The involvement of the child's paternal grandparents seems to be less common; this may, in part, be due to the tendency for children of young mothers to reside with the mother or the mother's relatives. A pilot study of teenage pregnancy programs that were targeted at young fathers indicated that fathers' parents were most likely to become involved in the program if the families were quarrelling about keeping the baby or putting it up for adoption (Leitch, Gonzalez, & Ooms, 1993). Additional research is warranted to gain a fuller picture of the extent of child involvement among paternal grandparents.

The pressures young fathers' may experience through peer associations are also likely to influence the degree to which they are involved with their children; peer influences can either encourage or discourage involvement. On the one hand, research suggests that extrafamilial support may impact men's decisions to fulfill parental obligations (Ahmeduzzaman, & Roopnarine, 1992). Among African-American fathers, the more support fathers received from extrafamilial individuals such as friends, the more strongly they reported themselves as integral socializing agents and caretakers of their children. Though this finding was demonstrated with fathers of an average age of 32 years, it is conceivable that this influence also applies to younger fathers. In fact, adolescents and young adults are likely to be more susceptible to social influence by their peers, thereby shaping their ideals about the importance of paternal involvement. Additionally, other qualitative data suggest that some peer groups may show little respect for fathers who abdicate paternal responsibilities (Sullivan, 1993). Thus, peer pressures may encourage fathers to engage in parenting behaviors to avoid rejection. Similarly, peer influence may discourage paternal involvement. Peers may devalue and minimize the importance of paternal participation, and young fathers may be susceptible to this influence and subsequently decrease their involvement with their children.

Young fathers have also cited institutional support as influential to their paternal involvement. In a qualitative study conducted by Allen and Doherty (1996), in-depth interviews of young fathers revealed that one of the major barriers to participation in their children's lives were social institutions. Many of

the men felt that school staff, hospitals, and social service agencies hindered, rather than facilitated, their efforts to take care of their child. They spoke of these institutions as being “stacked against them” and in the favor of the mothers. The fact that payment of child support does not guarantee access to their children makes some young fathers reluctant to establish paternity and, in effect, undermines their commitment to their children. Additionally, fathers have little, if any, understanding of the benefits of paternity establishment, and many see the process as complex and punitive (Marsiglio, & Cohan, 1997). In some cases, fathers’ aspirations and intrinsic motivations to be involved with their children will overcome such obstacles; for others however, in time these obstacles may diminish their interest in engaging in parenting activities.

Utilizing the ecological perspective to understand young fathers’ involvement in their families encourages the consideration of the aforementioned factors. The available research on social and institutional influences supports the importance of larger societal-level values regarding appropriate fathering behaviors. In addition, the behaviors and attitudes of kinships and peers support the notion that community-based beliefs also significantly impact young fathers’ willingness and ability to be involved with their families. Though research that solely assesses the individual factors of the fathers is valuable, literature that disregards the significance of the broader sociocultural influences limits the breadth of our understanding of the relevant variables that facilitate and impede fathers’ parental involvement.

Intervention Considerations

The majority of intervention services for young parents are directed towards the needs of mothers while neglecting those of fathers (Allen-Meares, 1984). The emerging literature on young fathers’ experiences can substantially inform future intervention efforts and promote their effectiveness. Among the most commonly cited needs of young fathers are assistance with employment and educational attainment, job training, and information on normative child development (Kiselica, Rotzien, & Doods, 1994). Most young fathers indicate they first turn to their family members for help with problems, and many indicate they would also seek information and guidance by talking with other parents (Elster, & Hendricks, 1986). A coping style that includes consultation with others for guidance and advice is suggestive of the importance of a social support network and of a father’s decision to employ adaptive cultural resources during times of stress (Bowman, 1998). Young fathers may be more apt to discuss issues related to fatherhood and utilize peers as sources of support if they feel that these peers can relate to their situation and are also experiencing similar stresses associated with parenting (Elster, & Hendricks, 1986). Indeed, given the research on the correlates of paternal involvement, social support systems are likely to greatly impact young men’s socialization into the fathering role and also influence his subsequent behaviors in that role. Maximizing on this style of coping behavior within an intervention program may help young fathers to identify ways of successfully negotiating their problems and subsequently enhancing their relationships with their children.

Researchers also suggest that in providing services to young fathers, several factors may facilitate a supportive and productive relationship between the service provider and the young men. One technique includes building a relationship with the father in small ways, such as by offering practical help concerning GED attainment, including transportation to the registration office, or information about the program requirements. Other suggestions include attention to any threats posed by the physical setting that houses the program (e.g., a gynecological clinic) and utilizing a system of peer-educators and mutual support (Hendricks, & Solomon, 1987).

Conclusions

Research aimed at gaining a deeper understanding of paternal involvement among young African-American fathers benefits from a more integrative consideration of an array of individual and sociocultural factors. Consistent with Cochran's (1997) suggestions, conceptions of young African-American fathers' experiences should (a) reflect the cultural values of African-American families and communities; (b) reflect the experiences of young African-American fathers in the context of their political, educational, and socioeconomic backgrounds; (c) consider the diverse roles of African-American men within their families; and (d) provide an understanding of paternal role expectations from the perspectives of young African-American men, their families, their communities, and society at large. A theoretical perspective that incorporates these considerations will aid in a comprehensive understanding of young African-American men's parenting experiences.

The major objectives of the present paper were (1) to incorporate young African-American fathers' perspectives into our understanding of their experiences and behaviors as fathers, and (2) to encourage the conceptualization of young African-American fathers' behaviors within a ecological paradigm that considers the interplay between socioeconomic factors and fathers' behaviors. Admittedly, the knowledge of these aspects remains limited because of the minimal research that has employed this approach to scientific inquiry. Nevertheless, encouraged by the emerging interest of policymakers, researchers, social service providers, and the general public, in fathers' presence in families, our understanding of young African-American fathers' experiences is likely to increase in the near future.

As indicated in this paper, a multitude of factors shape young fathers' attitudes and behaviors and should be considered in both research endeavors as well as in intervention efforts. At the individual and interpersonal levels, a fathers' perceptions of his role, his relationship with the mother of the child, the involvement of the maternal grandparents, and a father's resiliency to manage major life stressors affect the father's sense of motivation and his ability to commit himself to his child. Moreover, societal level factors have also proved influential, including young father's employment opportunities, cultural norms for role expectations, and social and institutional support. Closer attention to these variables and the relationships between them will facilitate our understanding of the complex nature of father's conduct and inform social policy addressing the needs of this population.

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Perceived Conflict between Spirituality and Mental Health Services in Southern Churches

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Abstract

A survey of pastors from churches in the Southeast sought to determine (1) the scope and extent of mental health and social services provided by churches, and (2) pastors' assumptions regarding mental health and spirituality. Specifically, this article examines whether or not pastors believe professional mental health therapy is discordant with a spiritual approach to solving psychological and emotional problems. Chi-square analysis of responses demonstrated significant racial differences. White pastors perceived conflict between professional mental health therapy and a spiritual approach to a significantly greater degree than did blacks. Logistic regression revealed that churches that supported a more fundamentalist doctrine tended to perceive greater conflict with utilizing professional mental health therapy. All of the respondents reported infrequent collaboration with formal health and mental health systems. Black pastors reported even fewer linkages than did others. Results are discussed in terms of the potential for improving access to mental health systems, including the central role of black pastors and churches in mental health, institutional racism, and religious values of fundamentalism.

Introduction

In 1893 Charcot urged scientists and physicians to study the "faith which heals," noting that it "belongs entirely in that scientific order in which facts, well and properly studied, are the only arguments which are admissible." Despite this change, there continues to be relatively little research that examines the link between religion and mental health (Neeleman & Persaud, 1995). Clergy have traditionally provided counseling services to emotionally troubled individuals. However, an increasing shift toward the use of professional mental health services has occurred. Pastoral counseling has become an important and separate psychotherapy profession apart from the church. This trend has not been as evident in many black churches where the clergy remain the major mental health resource (Mollica, Streets, Boscarino & Redlich, 1986).

The continuing disparities in health status between white and black Americans are alarming. Race as an independent health risk factor is controversial. Numerous environmental and social factors, including poverty and racism, compound health problems in the black population. The inverse relationship of socioeconomic status to mortality and morbidity has been reported for many years (e.g., Hahn et al., 1996; Pappas, Queen, Hadden, & Fisher, 1993; Williams, 1990). Although the causal paths for this persistent relationship are not clear, environmental, biological, and psychosocial factors and

health behaviors are believed to play important roles (Jackson et al., 1996; Laveist, 1993; Marmot, Kogevinas, & Elston, 1987; Williams, 1997). Mental illness also shares an inverse association with socioeconomic status (Williams, Takeuchi, & Adair, 1992). Due in part to the relatively high rate of poverty among blacks compared to whites, race is often inappropriately used as a proxy for socioeconomic status (Keil, Sutherland, Knapp, & Tyroler, 1992; Williams, Takeuchi, & Adair, 1992). The relationship between race, socioeconomic status, and mental health has rarely been studied (Williams, Takeuchi, & Adair, 1992). Some research also indicates associations between religion and health. The precise mechanisms for this relationship remain uncertain (Ferraro & Koch, 1994; Glick 1990), and definitions of religious variables are confusing (Larson, Pattison, Blazer, Omran, & Kaplan, 1986; Laumann, Gagnon, Michael, & Michaels, 1994). Other studies also report that large percentages of people consult with their religious leaders prior to seeking professional mental health services (Beitman 1982).

The use of faith healers or spiritualists to cure health problems began in modern American evangelical and fundamentalist churches during the 1940s. The New Testament refers to the power of some special individuals to heal by the "laying on of hands." Faith healers attributed illness to demons or evil spirits rather than infections, genetic diseases, or lifestyle habits. Labeled as skeptics or nonbelievers, victims who dared to report the lack of a cure were blamed for their own lack of faith. These faith healing movements were particularly prevalent in the South and Midwest (Randi, 1987). The term fundamentalism lacks a precise empirical definition. However, Ethridge and Feagan (1979) suggest that fundamentalist doctrines include a greater emphasis on organizational and ritualistic beliefs. The decision to include the evangelical churches in the nonfundamentalist category is based on previous research by Smith (1990) and others (Laumann, Gagnon, Michael, & Michaels, 1994) who found great diversity among evangelical churches, particularly Baptist churches, in their fundamental beliefs. Their findings as well as those of the Gallup organization (Gallup, 1985) suggest that placement of Southern evangelical churches, particularly Baptist denominations, is difficult.

Treatment for many health problems requires individual lifestyle changes that can best be sustained with support from family, friends, and the community (Hatch, Moss, Saran, Presley-Cantrell, Mallory, 1993). In an analysis of data from the National Survey of black Americans (NSBA), Taylor & Chatters (1988) noted that almost two-thirds of the respondents reported receiving some support from church members, although support was not specifically defined. Others report that prayer is frequently embraced in treating illness in the black population (Russell & Jewell, 1992; Spector, 1991). Previous efforts directed toward improving health within the black community have often been undertaken without acknowledging the importance of the social and historical roles of black churches (Dressler, 1993).

The church has long been acknowledged as one of the most powerful social institutions in black life (Ellison, 1997; Eng, Hatch, & Callan, 1985; Sernett, 1997; Taylor & Chatters, 1988). More than 36.5% of blacks report attending religious services at least once a week, while less than 20% report

attending less than once a year or never (Ellison, 1997). Blacks most frequently connect with a church as youths and continue the association over their lifetimes (Taylor, Chatters, Jackson, 1997). Ellison (1997) noted that religious blacks enjoy a higher quality of family life than less religious blacks. Family values and positive role modeling are often stressed through sermons and counseling. The church is more likely to provide social support in the form of advice, encouragement, and prayer to elderly blacks than friends or family (Taylor, Chatters, & Jackson, 1997). However, religious involvement may also employ negative and coercive aspects of social control, including ostracism and embarrassment (Ellison, 1997). The black church has traditionally served as the focal point for political, social, and health activities as well as providing for the spiritual needs of the communities (Eng, Hatch & Callan, 1985). Analyses of the Black Church Project data (Thomas, Quinn, Billingsley, & Caldwell, 1994) revealed that health issues were seen as central to the mission of the church. Some researchers and educators have sought to partner with black churches to establish health promotion programs such as breast self-examination and mammography (Erwin, Spatz, & Turturro, 1992), prostate cancer screening (Boehm et al., 1995; Powell et al., 1997), stroke prevention (Okwumabua, Martin, Davis, & Pearson, 1997), smoking cessation (Voorhees et al., 1996), treatment of hypertension (Smith, Merritt & Patel, 1997), and others.

The NSBA (Jackson and Gurin, 1987) provides the only national probability sample of blacks' attitudes about health and mental health services. Neighbors (1985) noted that less than one-half of respondents who reported significant distress related to a serious personal problem sought any professional services, and less than 10% sought help from mental health centers, a psychiatrist, or psychologist. Individuals seeking professional help were divided almost equally among hospital emergency rooms (21.9%), physicians (22.3%), and ministers (18.9%). Few black church programs are directed toward mental health issues, and there has been little study of the church as a mental health resource (Cook, 1993). The importance of the church and in particular the role of the minister in addressing mental health issues and making appropriate referrals to community resources has been largely neglected.

Numerous explanations have been advanced for why blacks contact the formal mental health system less often than do others. Some possibilities that have been advanced include a lack of minority health providers, lack of insurance, fear of treatment, and racism. Although minority populations comprise approximately 25% of the total population, they are underrepresented in the health professions (Rosella, Regan-Kubinski, & Albrecht, 1994). This lack of diversity may contribute to noncompliance and decreased help-seeking behavior (Blank, Tietrick, Brinkley, Smith & Doheny, 1994; Russell & Jewell, 1992; Schneider, Major, Luhtanen, & Crocker, 1996). Thompson (1996) found that a third of blacks surveyed reported experiencing racism and responded with avoidance behavior, which may include shunning needed health services. Sussman, Robins & Earls (1987), in a survey of 3,004 households in St. Louis, reported that blacks feared hospitalization and treatment for mental health problems more than whites. A study by Blank, Tietrick, Brinkley, Smith and Doheny (1994) noted that

racial matching of client and provider resulted in a greater number of client visits among the severely mentally ill in the rural South. Snowden and Chung (1990) reported blacks and Native Americans were hospitalized for mental illness conditions more than whites, and blacks were more often diagnosed with schizophrenia and less often diagnosed with affective disorders than whites.

Blacks who frequently attend church report a higher subjective quality of family life than do other blacks (Ellison, 1997). The church experience encourages congregants to experience God through an emotional event that focuses on introspective examination, open expression of emotional anguish or joy, and therapeutic catharsis. These experiences allow for the release of emotional energies that might otherwise not be easily expressed (Franklin, 1997).

A recent survey of Southern churches reported that urban churches provided more and varied social and mental health services than did rural churches. Black churches, whether urban or rural, provided many more services to their members than did other churches. The absence of linkages with formal provider systems was more pronounced in predominantly black and rural churches (Blank, Mahmood, Fox & Guterbock, 1998).

Counseling has been a traditional role of many clergy. This role has been changing as the pastoral counseling and professional mental health therapy have grown. Some research suggests that pastors have experienced a diminished status as a result of these changes, and others refute this claim (Chalfant, Heller & Roberts, 1990). However, Kunst (1993) found that conservative Protestants view church-affiliated mental health interventions more favorably than they do professional mental health therapy. This finding suggests that more fundamentalist church members may be less open to outside mental health services. Conservative and liberal Christians who had had positive experiences with the mental health system were more likely to prefer professional therapy as compared to prayer or other church services (Kunst 1993).

Black clergy are important community mental health resources (Mollica, Streets, Boscarino, & Redlich, 1986; Griffith, Young, Smith, 1984). The pastor, in addition to serving as the designated leader of the congregation, is usually a highly respected member of the community and active in civic affairs (Harris, 1993). Pastors are more likely to support community outreach programs, including mental health services, when they are involved in community activities, are not employed outside the church, and have more formal education (Caldwell, Greene, & Billingsley, 1994). Mollica et al. (1986) reports that black clergy not only have extensive experience working with individuals diagnosed as mentally ill but also actively seek out these individuals. However, 50% of the black clergy surveyed report never receiving a referral from the local mental health center (Mollica et al., 1986).

During the 18th and 19th century, religious revivals, known as evangelical movements, developed across this country and Europe. These movements included a central focus on a promise of salvation through belief in the teachings of Jesus Christ. Evangelical ministers usually invoked a strong emotional tone and physical style in their messages. In the 1920s and 1930s, changes in the evangelical

movement led conservative militant believers to adopt the name of fundamentalist. Today, fundamentalism has a more narrow definition and often includes a type of separatist Baptist. The evangelical movement has broadened to include those Christians who adhere to certain basic beliefs including (1) the Bible as the final authority, (2) salvation is achieved through belief in Christ, and (3) the necessity of spiritual conversion. During the 1960s, charismatic and Pentecostal elements of the evangelical movement made significant gains in membership (Marsden, 1991). Despite these differences, methodological confusion and conceptual clarity remain a significant problem for researchers (Smith, 1990).

Hypothesis

The a priori hypothesis states that black pastors would report professional therapy conflicting with a spiritual approach to a greater degree than other pastors would. These differences would be explained by adherence to a more fundamentalist doctrine and by covariation with level of education, smaller church attendance, rural location, and larger church budgets.

Methods

The survey included 12 states in the Southeastern region of the United States, including Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. Information obtained from the US Bureau of the Census provided statistics on the total population by race and residence (urban versus rural) covering 7,118 zip codes in the 12 states. Zip codes were classified as urban or rural based on population distribution; that is, if more than 59% of the population resided in urban areas, the zip code was designated urban. Rural zip codes were similarly defined by rural residence for more than 50% of the population. By this definition, rural zip codes accounted for 74% of zip codes in the study region.

To improve the probability of selecting zip codes with black churches, zip codes containing at least 250 blacks by the US Census were specifically chosen. Slightly over one half of all zip codes within the target area, or 3,943 zip codes, fulfilled this requirement. Within these zip codes a total of 2,867 churches were eligible for contact. Of the 2,657 eligible churches, a total of 269 interviews were actually completed.

A church was designated black if 50% or more of the congregation was reported to be black. White churches were defined as having 50% or more of the congregation reported as white. In actuality, the churches were overwhelmingly segregated, with over 90% of churches having either entirely white or entirely black congregations. Differences in completion rates emerged among the churches contacted. White urban churches were the easiest to contact, requiring only six targeted churches for every one completed interview. Urban black and rural white churches averaged a ratio of eight to one targeted churches to completion. Rural black churches were the most difficult category to complete, necessitating

14 churches for every one interview completed. The barrier most often reported was locating telephone numbers and someone at the churches, where there are few full-time staff and where churches may only be occupied on Sundays. As in most studies using elite respondents, participation rates were very high overall once a contact was made. Rural black pastors had a slightly higher refusal rate than other pastors. An important by-product of the clustering and selection process was the inclusion of black churches from the same geographic areas as the non-black churches. Therefore, inner city black churches from urban areas are not compared to non-black churches in the suburbs. Specifically, all of the churches are drawn from the same zip code database with non-black churches being selected from a subset of the larger black zip codes. Therefore, the survey was able to hold geographic variation as a constant. The variables examined in the current study include pastor's race, education of the pastor, seminary education of the pastor, average congregational attendance, annual budget, degree of fundamentalism of the church, and the pastor's opinion regarding whether or not professional mental health therapy and spiritual approach conflict.

Results

Of the 269 completed interviews, 231 were pastors of their churches, 10 were deacons, and 28 had other leadership positions within their churches. All of the respondents identified themselves and their church as Protestant. Of these, 87 churches classified their church as Baptist, 76 churches were various independent Protestant denominations, 57 churches identified themselves as Church of God, and the remaining 49 churches identified their denomination as Methodist. The distribution of churches in the sample included rural black, 48.7% (N=131); rural non-black, 16% (N=43); urban black, 18.6% (N=50); urban non-black, 16.7% (N=45).

Initial analyses included calculation of frequencies for demographic and descriptive variables of the sample and subgroups (see Table 1). Of the 269 pastors or others surveyed, 169 identified themselves as black, 94 self-identified as white, and 4 as other race/ethnicity. White pastors were slightly younger than African-American and other pastors (48 versus 51 years), but this difference was not statistically significant ($t(264) = 1.75, p = .09$). Significant differences were found between the educational level of black and white pastors ($t(264) = 3.66, p < .001$), with white pastors reporting significantly higher levels of education than black pastors. White pastors also reported attending seminary more (76%) than did the African-American pastors (57%) in our sample. This difference was also statistically significant ($\chi^2(2) = 9.42, p < .01$). No significant differences were found between the African-American and white churches in the number of people attending a typical weekend service churches in our sample ($t(266) = .151, p = .13$). There was a significant difference in the annual budgets between the black and white churches, with the white churches reporting significantly larger budgets overall ($t(251) = 4.97, p < .001$).

Contrary to the stated hypothesis, white pastors reported significantly more perceived conflict between a spiritual approach and use of professional therapy ($\chi^2(1) = 9.68, p < .01$). White pastors reported that professional mental health treatment could conflict with a spiritual approach to a much greater degree (47%) than did black pastors (27%). Because of the counterintuitive nature of this finding, we sought to explore the relationship between a fundamentalist church doctrine and endorsement of the conflict item. Churches that identified themselves as belonging to the Pentecostal, fundamental, charismatic, and missionary doctrines were classified as fundamentalists. Churches with evangelical, mainline and liberal doctrines were defined as nonfundamentalist. Because of the wide range of beliefs within the evangelical doctrine and because evangelicals tend to be less hostile to medical science (Sweet, 1994) than some doctrines, this religious grouping was assigned to the nonfundamentalist category. A subsequent analysis confirmed a statistically significant relationship between a fundamentalist doctrine and endorsement of the conflict item ($\chi^2(1) = 18.83, p < .001$).

Using forward stepwise logistic regression analyses, variables were examined to determine their effect on the dependent variable; i.e., conflict item (pastor's perceived conflict between professional mental health therapy and a spiritual approach to solving emotional, mental health problems). The following variables were entered into a forward stepwise equation: presence or absence of healers/spiritualists (HEALERS), rural or urban location of church (RURAL), race of majority of congregants of the church (WHITECHURCH), and fundamental or nonfundamental doctrine espoused by church (DOCTYPE). This procedure yielded the following model: $\text{Logit}(\text{CONFLICT}) = 1.07$ (constant) $+ - 0.89$ (WHITECHURCH). Only WHITECHURCH was found to be a significant predictor of endorsing the conflict item ($X^2(1)=10.4, p<.001$). These results indicate there is a greater likelihood that white churches will endorse the conflict item than black churches. Using this model approximately 68 percent of the variation can be explained. Table 2 presents the goodness-of-fit indices.

Logistic regression is useful to predict the presence or absence of a characteristic or outcome based on values of a set of predictor variables. Logistic regression is similar to linear regression but is preferred when the dependent variable is dichotomous; i.e., pastor's perceived conflict between a professional mental health approach versus a spiritual approach to solving mental health problems (conflict? Yes/No). Logistic regression coefficients can be used to estimate odds ratios for each of the independent variables in the mode. This method has good explanatory value since an odds ration of (for example) 2.0 indicates that people with that characteristic are twice as likely to belong to that group.

Discussion

The principal objective of this study was to examine the relationship of churches and their pastors in the southeastern United States and their perceptions of mental health services. In a previous paper (Blank, Mahmood, Fox & Guterbock, 1998), black churches provided more mental health and social services than did white churches. Other health services research has reported conflicting findings.

Snowden & Cheung (1990) reported that African-Americans have high utilization rates of outpatient mental health services. Neighbors (1985) found low utilization of mental health services with greater use of physicians and ministers among African-Americans. Ethnicity influences the selection of clergy for assistance with personal problems. Chalfant et al. (1990) found that more traditional societies of Mexicans would be most likely to choose clergy for assistance. Black churches are perceived as the major denominator in a wide range of services and community activities, including political leadership, social status, and social and economic support (Ellison, 1997). Therefore, we hypothesized that the antipathy of African-American churches and pastors would endorse the conflict item to a greater extent than other groups. That hypothesis was not confirmed. White churches endorsed the conflict item more frequently than did African-American churches. That is, white churches tended to reject professional mental health therapy to a significantly greater degree than did black churches. Neither degree of fundamentalism nor the presence or absence of healers reached the level of significance. These findings suggest important avenues for mental health professionals to explore.

A number of explanations may help explain these findings. First, the balance theory (Fox, Blank, Kane, & Hargrove, 1994) proposed there is a greater social distance between the mental health system and African-Americans than between whites and mental health professionals. Because there are more white mental health professionals, there may be less communication between the black pastors and white mental health professionals. Social distance allows for a negotiation of individual and group values while enhancing communication and professional boundaries. African-American pastors enjoy an extremely high social status in the community and may be less threatened by the use of outside professional resources. Informal discussions with several black pastors noted a willingness to refer congregants for mental health therapy. On the other hand, white pastors may perceive a threat to their autonomy. Secondly, the rate of mental illness in African-Americans is reported to be high, and the central influence of the church in African-American life is known to be an important factor. These factors may influence the pastors of African-American churches to refer congregants for help.

Aligning the formal mental health system with the prestige, power, and professional services of the black church and pastor offers a unique opportunity to improve mental health. The theoretical framework proposed by Fox, Blank, Kane, and Hargrove (1994) supports the balance of linkages between formal and informal care providers. Principles of the balance and social distance theories are integrated to maximize the strengths and efficiencies of each group in a task-specific manner. Social distance allows for a negotiation of individual and group values while enhancing communication and professional boundaries. Establishing linkages with black pastors offers the possibility of church-based mental health services as well as greater efforts to involve and train black pastors in mental health therapy. In addition, mental health professionals must be willing to acknowledge the vast knowledge and rich cultural competence of black pastors. In this way, the strengths and competencies of each profession can work in concert and to the benefit of better mental health.

TABLE 1
Demographics and Descriptives

	African-American	White	Urban	Rural	Fundamental	Nonfundamental	Healers	No Healers	Total
Annual Church Budget 1=<20,000 2=20,000-49,999 3=50,000-99,999 4=100,000-249,999 5=250,000-499,999 6=500,000+ Mean, (S.D.) N = 253	2.64, (1.19) N = 168	3.48, (1.44) N = 85	3.73, (1.34) N = 90	2.47, (1.11) N=163	2.69, (1.30) N = 154	3.29, (1.34) N = 97	2.53, (1.14) N = 72	3.05, (1.38) N=172	Mean =2.92 (1.34) N = 253
Average Weekend Church Attendance 1=<50 2=50-100 3=101-150 4=151-300 5=301-500 6=501-750 7=751-1000 8=>1000 Mean, (S.D.) N = 268	2.61, (1.27) N = 180	2.88, (1.48) N = 88	3.36, (1.32) N = 95	2.34, (1.22) N=173	2.60, (1.33) N = 167	2.87, (1.36) N = 99	2.54, (1.29) N = 79	2.74, (1.38) N=180	Mean = 2.70 (1.34) N = 268
Professional Mental Health & Spiritual Approach Conflict? % Yes N = 86	51.2% N = 44	48.8% N = 42	45.3% N = 39	54.7% N = 47	64.7% N = 55	35.3% N = 30	32.5% N = 27	67.5% N = 56	% yes = 66.4% N = 256
Seminary Education of Pastors % Yes N = 269	59.4% N = 101	40.6% N = 69	42.4% N = 72	57.6% N = 98	53.8% N = 91	46.2% N = 78	27.4% N = 45	72.6% N = 119	63.2% N = 269
Age of Pastors Mean (S.D.) N = 267	50.72, (11.88) N=172	48.08, (12.82) N=94	48.72, (11.77) N=95	50.54, (12.69) N = 172	50.43, (12.32) N=167	49.05, (12.61) N=98	49.84, (11.21) N=79	50.03, (12.94) N=178	49.89, (12.38) N = 267

Table 2
Goodness-of-Fit Indices for Results From a Logistic Regression Analysis
With CONFLICT as the Dependent Variable

	X ²	df
-2 Log Likelihood	10.447	1
Model Chi-Square Improvement	10.409*	1
Residual Chi-Square	5.106	3
Wald	10.417	1
Goodness of Fit	267.000	

*p<.0013

Stepwise Logistic Regression

Total number of cases: 269 (unweighted)
 Number of selected cases: 269
 Number rejected because of missing data: 2
 Number of cases included in the analysis: 267

Dependent variable encoding:

Original Value	Internal Value
1	0
2	1

Dependent variable: Conflict Professional Therapy and Spiritual Approach conflict?
 Beginning Block Number 0 Initial Log Likelihood Function
 -2 Log Likelihood 314.77876

*Constant is included in the model.

Estimation terminated at iteration number 3 because parameter estimates changed by less than .001

Classification Table for CONFLICT

The Cut Value is .50

Observed	Predicted		Percent Correct
	Yes	No	
Yes	0	85	.00%
No	0	182	100%
	Overall		68.16%

Variable	Variables in the Equation		S.E.	Wald	df	Sig
	B					
Constant	1.0766	.1707	39.7693 1	.0000		
Black Church	-.8900	.2758	10.4147 1	.0013		

Table 2
Goodness-of-Fit Indices for Results From a Logistic Regression Analysis
With CONFLICT as the Dependent Variable

	X ²	df
-2 Log Likelihood	10.447	1
Model Chi-Square	10.409*	1
Improvement		
Residual Chi-Square	5.106	3
Wald	10.417	1
Goodness of Fit	267.000	

*p<.0013

Stepwise Logistic Regression

Total number of cases: 269 (unweighted)
 Number of selected cases: 269
 Number rejected because of missing data: 2
 Number of cases included in the analysis: 267

Dependent variable encoding:

Original Value	Internal Value
3	0
4	1

Dependent variable: Conflict Professional Therapy and Spiritual Approach conflict?
 Beginning Block Number 0 Initial Log Likelihood Function
 -2 Log Likelihood 314.77876

*Constant is included in the model.

Estimation terminated at iteration number 3 because parameter estimates changed by less than .001

Classification Table for CONFLICT

The Cut Value is .50

Observed	Predicted		Percent Correct
	Yes	No	
Yes	0	85	.00%
No	0	182	100%
	Overall		68.16%

Variable	Variables in the Equation		S.E.	Wald	df	Sig
	B					
Constant	1.0766	.1707	39.7693	1	.0000	
Black Church	-.8900	.2758	10.4147	1	.0013	

Parent Involvement in Children's Education: Redefining Involvement and Examining Patterns of Involvement in Low-Income Families

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Conceptualizations of Parent Involvement

Parent involvement is generally accepted as an essential component of a child's education (Comer & Haynes, 1991). There is a consensus among educators, administrators, and parents that parent involvement is a crucial part of the child's learning process (White, 1998). "The family, not the school, provides the child with a primary source of [educational] values and behavioral reference points" (Slaughter & Kuehne, 1989). Parents, as principal educators of children, have a considerable impact on their children's general learning and development. Schools undoubtedly provide extensive educational benefits for children. However, if such gains are to be maintained and further developed, then the parent's influence on the child's learning must be included in the educational process. As role models for their children, parents are going to provide the most effective means for instilling educational values and expectations in their children. If parents reinforce what the child is learning at school, then the child is much more likely to maintain academic progress. In contrast, if parents are not included in the child's learning process, any benefits the child accrues from the school are likely to be undermined. Therefore, educators must incorporate parent participation as a component vital to the maintenance of educational benefits for the child.

While the importance of parent involvement in education is generally agreed upon, there is much less consensus on how the concept is defined. Most discussions of parent involvement have focused on parent participation in school-based activities (Reynolds, 1992; Reynolds, Weissberg, & Kaspro, 1992; Hoover-Dempsey, Bassier, & Brissie, 1987; Stevenson & Baker, 1987). Many parents, teachers, and researchers think about parent involvement strictly in terms of the above activities, leading to a conceptualization of parent involvement as "a count of parent heads in the school" (White, 1998). Activities considered to be the most traditional types of involvement include parent-teacher conferences, PTA/PTO meetings, volunteering in the school, and attendance at school performances (Chavkin & Williams, 1993).

The tendency to conceptualize parent involvement as the presence of parents in the school may exist for several reasons. Since the school's sole purpose is to educate children, we naturally look to it as the context in which the educational development of the child occurs. In light of the fact that children spend 5-7 hours a day in educational institutions, where their academic progress is continually shaped and improved, focusing attention primarily on that context is logical. In addition, parental presence in the

school is a very visible, concrete, easily quantifiable indicator of parents' involvement in their children's education. For example, "a count of parent heads" at a PTA meeting would be a quick, simple assessment of the extent of parent involvement in a school community. The visibility and ease of measurement associated with school-based parental activities make such activities an obvious focus when examining parent involvement. However, relying on a narrow focus on school-based parent participation neglects other facets of parent involvement. Although other facets of parent involvement may be less visible and less quantifiable, they are no less important for children's educational development.

An aspect of parent involvement in education that is largely absent from the parent involvement literature involves the ways in which parents influence their children's educational development outside of school. This notion is loosely referred to as "home involvement," and it focuses on the interactions parents have with their children outside of the classroom that contribute to their children's educational development. Parents, as the primary socializers of children, naturally provide a strong influence on children's development. The socialization process by which parents transmit values, expectations, and attitudes to their children is forceful, and its effects on children's development must be considered. The finding that 50-90% of what children learn is acquired *outside* the classroom reflects the strength of this socialization process (Tucker, Harris, Brady, & Herman, 1996). A natural extension of this idea is that children's educational development, despite the impact of the school, is largely shaped by parental influences.

Parent involvement in the home incorporates the socialization components inherent in child rearing and, therefore, is more likely to reflect the fundamental, less tangible contributions parents make to their children's educational development. Incorporated in child rearing is the transmission of educational values, including attitudes toward education and expectations for educational achievement. These concepts and their mode of transmission from parent to child may be more elusive to classify. Nevertheless, they are vital components of the foundation for the child's continuing academic and educational development. Furthermore, these fundamental issues are likely to have the most significant effects on the child's educational endeavors and accomplishments (Reynolds & Sukhdeep, 1994; Reynolds, Weissberg, & Kaspro, 1992). In fact, parents, administrators, and educators all seem to agree that home involvement is the most beneficial type of parent involvement, as it is more likely to be related to the transmission of educational values, attitudes, and expectations from the parent to the child (White, 1990).

An inclusion of both school and home involvement provides a much more comprehensive conceptualization of parent involvement than merely what the parent does within the school. In addition to the school-based activities that parents are involved in, it is important to consider the more fundamental aspects of child socialization that provide a basis for the child's learning. However, expanding the definition of parent involvement to include home-based influences is made difficult by the elusive nature of home involvement. The contributions parents make to their children's educational development are an

integral component of what parents do every day as a part of child rearing. The nature of the child rearing process is complex, and only some of its components are directly related to children's educational development. Parceling out what components of child rearing can be considered to affect the child's educational development is a difficult task. In addition, in looking for measurable indices of parent involvement, it is hard to point to visible indicators of this home-based type of contribution. Therefore, it is understandable that the complex nature of child rearing and the ensuing difficulty in establishing clear-cut, identifiable educational influences often result in home-based parent contributions to education being overlooked.

The validity and importance of home-based socialization influences as a form of parent involvement support a greater emphasis being placed on parental participation outside of the school. However, the difficulty associated with quantifying this type of involvement remains. One can point to a parent's attendance at a PTA meeting and identify it as a form of involvement. In contrast, one would only become aware of home involvement through more unlikely means, such as information provided on the part of the parent or through observational visits at the home. There are some fairly recognizable forms of home involvement, such as helping a child with homework, discussing school activities with the child, and engaging in home learning activities (e.g. reading stories, educational games, etc.). Again, though, these types of involvement are usually not brought to the attention of anyone outside the home and are often not even recognized as types of parent involvement. Home involvement is also more difficult to classify with respect to the fundamental issues to which it is related. The transmission of educational values, attitudes, and expectations from parent to child is an understandably difficult process to measure, and the effects of these issues on the child's educational development and achievement are harder to elucidate.

Developing a More Comprehensive Conceptualization of Parent Involvement

In developing a more comprehensive definition of parent involvement, two issues must be addressed. Parent participation in school-based activities is, undeniably, one facet of parent involvement. Parents' contributions in the home is another, less quantifiable, component. Home involvement reflects the transmission of educational values, attitudes, and expectations that provide the child with a secure foundation from which to work toward achieving academic success. Therefore, for the purposes of this paper, parent involvement will be defined as "any parent behaviors that provide the child with a positive, sound basis for learning and that promote, encourage, and support the educational development of the child."

Benefits of Parent Involvement

A great deal of literature points to the beneficial effects that parent involvement have on children, parents, and educators (Taylor, Hinton, & Wilson, 1995; Cronana, 1994; Reynolds, Mavrogrenes,

Bezruczko, & Hagemann, 1996; Heiss, 1996; Leik & Chalkley, 1990; Andrews, 1981; Garinger & McBride, 1995; Slaughter & Kuehne, 1989). The majority of studies exploring this issue have relied upon school-based aspects of parent involvement. However, an examination of school-based parent involvement demonstrates the important role parents play in the academic development of the child. It is easy to extend these findings toward an understanding of the likely greater influence that home involvement has, with its basis in the more fundamental aspects of the child's development.

Studies of school-based parent involvement indicate positive outcomes for children, parents, and teachers. Benefits for children include higher test scores, higher achievement levels, more positive attitudes toward school and education, a greater investment in education, more positive school behaviors, better social adjustment and competence, higher levels of conceptual and communication development, and decreased school-related problems (Taylor et al., 1995; Cronana, 1994; Reynolds & Sukhdeep, 1994; Reynolds et al., 1996; Reynolds et al., 1992). Among the benefits of parent involvement for parents are increased self-confidence and self-esteem, increased satisfaction with the school, changes in educational values and attitudes toward education, and empowerment, particularly when parents are given the opportunity to play an active role in education through decision-making roles (Nardine, 1990; Reynolds et al., 1996; Eccles & Harold, 1996). For teachers, the positive effects of parent involvement include a more positive school climate, a better understanding of students through collaboration with parents, and an environment in which it is easier to teach because students are coming to school better prepared to and wanting to learn (Cronana et al., 1994; Heiss, 1996; Leik & Chalkley, 1990; Reynolds et al., 1996). Finally, it has been shown repeatedly that those educational programs that incorporate parent involvement as an essential component contributing to the child's development demonstrate the most positive, sustained effects on child achievement (Andrews, 1981; Garinger & McBride, 1995; Slaughter & Kuehne, 1989).

Although parent home involvement may be somewhat more difficult to recognize or to classify, it has still been shown to be related to positive outcomes in children. Those studies that have looked at parent-child interactions in the home have demonstrated beneficial effects. Such studies have revealed that general opportunities for learning in the home, parents' achievement motivation, and the value parents place on education are all good predictors of a child's academic achievement (Bradley et al., 1987; Ford, 1993; Fotheringham & Creal, 1980). In addition, a positive emotional climate in the home and parental responsiveness to the child have also been shown to be associated with better academic achievement in the child (Bradley et al., 1987).

Reynolds, Weissberg, and Kaspro (1992) conducted an exploration of an interesting distinction between different facets of parent involvement and their separate influences on child outcomes. In their longitudinal study of the effects of parent involvement on the achievement of African-American, European-American, and Hispanic American students, these researchers incorporated two assessments of parent involvement: a quantitative aspect measuring parent participation in school activities and a

qualitative aspect assessing teachers' perceived quality of parent involvement. While the quantitative component is similar to "a count of parent heads in the school," the qualitative component assesses the nature of the relationship between the parent and the teacher and the quality of the parent's involvement. Both aspects of parent involvement were associated with better social adjustment of the child. However, perceived *quality* of parent involvement was a stronger predictor of positive child outcomes than was *quantity* of parent involvement. The researchers posit several possible reasons for this finding. It may be that greater levels of qualitative parent involvement translate into a good relationship with the teacher. This type of relationship may provide social support to the parent that, in turn, enhances the parents' interest in their children's education. As a result, this increased interest positively affects the child. Another possible explanation involves the reaction of the teacher to the increased contact with the parent. With a more developed parent-teacher relationship, the teacher may provide greater attention and effort toward the child's academic development and will demonstrate increased expectations for the child's success. A third possible reason why qualitative parent involvement is linked to positive child outcomes is this type of involvement may simply reflect better parenting skills that promote social and academic adjustment. That is, parents who have well-developed parenting skills and encourage their children's development outside of school may be the same parents who demonstrate qualitatively superior parent involvement within the school.

Examining Low Levels of Parent Involvement

Despite the important role parents play in children's educational development, it is nevertheless the case that some parents are less instrumental in contributing to their children's education. While there are probably many parent characteristics associated with lower levels of parent involvement, a discussion of all of these parent variables is beyond the scope of this paper. For brevity's sake, this paper will limit itself to a discussion of those issues relevant to the involvement of low-income parents. Research has shown that children of low-income, less educated parents tend to demonstrate lower levels of academic achievement than the children of parents with more education and a higher SES (Slaughter & Epps, 1987; Alexander & Entwisle, 1996). The discrepancy in performance for these two groups of children could be diminished somewhat by increasing low-income parents' participation in their child's education which, in turn, would result in positive child outcomes. Although specific attention to parent involvement is not sufficient to eradicate all educational differences between low and high SES children, it is nevertheless an important place to focus attention.

In examining parent involvement in low-income families, two cautions must be noted. First, care must be taken to avoid using findings regarding low-income families as evidence for generalizing or stereotyping. Second, caution must be taken in using low income as a predictor of parent involvement.

In terms of generalizability, it is very important to understand that study findings provide information about tendencies, not certainties, and that individual differences among parents remain most

important. A study by Neuman, Hagedorn, Celano, & Daly (1995) excellently demonstrates this idea. These researchers conducted an exploratory analysis of educational attitudes held by low-income, young, African-American mothers. All mothers were similar in their hopes that their children would obtain a good education and in their desire to be a positive role model for their children. However, the mothers differed in their attitudes toward and beliefs about the educational process. Some mothers indicated a “transmissive” perspective that was characterized by the belief that education is a finite set of skills that are transmitted through direct teaching. Many of the mothers in this group focused their attention on shaping the child to “fit” into the educational system (e.g., paying attention and behaving in the classroom). Other mothers conceptualized education as a “maturational” process that involves more than simply learning a set of tangible skills. Mothers endorsing this perspective emphasized the importance of the child learning, in part, through his/her own experiences. These mothers also advocated the parent provide nurturance, encouragement, and opportunities to learn. A third viewpoint expressed by mothers incorporated a “transactional” perspective on education in which children construct knowledge through direct experiences and interpersonal interactions. These mothers encouraged their children to ask questions and engaged in interactive exchanges with their child during play.

The results of this study demonstrate the diversity of values and beliefs about education that exist in the population. Despite the narrowly defined subject sample (young, single African-American mothers), varying perspectives on education still emerged, indicating that one uniform, generalizable attitude toward education cannot accurately characterize low-income parents. Rather, it is important to understand individual differences among low-income parents with respect to educational values, beliefs, and attitudes and to explore how varying perspectives on education affect patterns of parent involvement.

In addition to stereotyping, a second potential danger involves using low income as a predictor of parent involvement. Generally, studies have found that European-American, middle-class parents are most likely to demonstrate involvement in their children’s education (Reynolds & Gill, 1994). In contrast, low-income, less educated parents are less likely to demonstrate participation in their children’s educational development. However, the link between low income and lower levels of parent involvement may be more complex than it seems. Although low income is a predictor of lower levels of parent involvement, the relationship between SES and involvement is largely mediated by other factors, including the educational values, attitudes, and expectations of parents (Ford, 1993; Martini, 1995). Attention to these issues will elucidate the complex relationship among these factors and further clarify our understanding of patterns of parent involvement.

Studies exploring correlates of parent involvement have discovered several parent variables that appear to be related to greater levels of parent involvement. Eccles and Harold (1996) examined parent involvement in the context of lower- to middle-class, primarily white elementary schools. The researchers found the parent’s level of intellectual confidence and the parent’s achievement motivation were both significantly correlated with parent involvement. Mother’s education and family income were

not related to parent involvement. In an examination of an ethnically and economically diverse middle-school sample, the researchers found higher income and higher parent education levels predicted parent involvement in the school, but not in the home.

Stevenson & Baker (1987) also examined predictors of parent involvement. They found that parents with more education demonstrated higher levels of parent involvement, largely due to their greater awareness of and familiarity with the school system. In addition, the researchers discovered that a more positive view of the school was also related to greater parent involvement.

In an attempt to further explore variables thought to mediate the relationship between SES and parent involvement practices, some researchers have examined the relationship between parents' educational values and child outcomes. These studies generally indicate that the parent's perspective on the importance of education is a good predictor of the child's educational achievement (Clark, 1993; Stevenson & Baker 1987; Ford, 1993; Eccles & Harold, 1996; Stevenson & Baker, 1987; Karther & Lowden, Hoover-Dempsey et al., 1987).

One such study by Clark (1993) demonstrated that children classified as high achievers came from homes characterized by more interactions and communication between parents and children and stronger parental encouragement of academic pursuits. In contrast, parents of low achievers were more likely to express negative expectations for academic success and were less likely to engage in a positively reinforcing pattern of school encouragement (Clark, 1993).

Similarly, Ford (1993) examined the achievement motivation of African-American students. She found that demographic variables, including parent's level of education and SES, were not related to the child's achievement motivation. Instead, greater levels of parental achievement motivation were associated with greater levels of achievement motivation in children.

One of the unifying themes of studies examining patterns of parent involvement is that higher education levels of parents are related to greater levels of parent involvement. Examining the correlates of higher levels of parent education aids in understanding this finding. Higher SES or more educated parents are likely to have experienced greater exposure to educational environments, and thus may feel more confident of their right to be involved in the school. As a result, these parents may take a more active role in interacting with the school (Hoover-Dempsey et al., 1987). In addition, parents with higher levels of education may be more likely to view teachers as partners, rather than authorities, and would, therefore, feel less inhibited from participating in school activities (Hoover-Dempsey et al., 1987). Perceiving teachers as partners increases opportunities for collaboration between teacher and parent, thereby increasing opportunities for parent involvement. Also, the parent's higher educational attainment may translate into more information about the expectations and process specific to the school system (Stevenson & Baker, 1987).

In contrast, less educated parents may express disinterest in school-based involvement because of their lack of understanding of the school system (Hoover-Dempsey et al., 1987). In addition, less

educated parents may tend to have a misunderstanding of the school's role. For example, many low-income parents believe it is the school's job to teach the children and that the parents should not interfere with this process. Such a perspective is likely to lead to lower levels of involvement. Furthermore, lower levels of school involvement may also be related to the parent's lack of comfort in the school setting (Karter & Lowden, 1997). Some low-income, less educated parents may even have a negative attitude toward the educational system as a result of their own negative experiences with it. These ideas support the notion that greater awareness of and familiarity with the school system and a more positive view of the school are related to greater parent involvement (Stevenson & Baker, 1987). Finally, with regard to time availability, low-income parents may simply be unable to take time off from work to engage in school-related involvement activities. These parents may be very willing to be invested in their children's education, but may be unaware of those avenues of involvement that exist outside of the school building.

A study by Chavkin & William (1995) support the notion that low-income parents may be more receptive to "nontraditional" or home-based forms of involvement. In an exploratory analysis of parents' views of involvement in their child's education, these researchers found that low-income parents tend to be less receptive to school-based involvement activities and are more enthusiastic about and more willing to participate in less "traditional" forms of involvement (e.g., paid staff member, decision maker).

Another relevant finding is that low-income parents often express high aspirations for their children, but their expectations for their children's academic success tend to be somewhat less lofty. This discrepancy may be the result of the parents' view of limited resources (Slaughter & Epps, 1987). That is, parents may want their child to achieve high educational success, but their reality of limited resources (e.g., less money, poorer school systems, etc.) may lower this desire, so that their expectations are more reasonable and more attainable. This tendency may create a cycle in which the parent's lowered expectations do not instill in the child the importance of education which, in turn, is likely to lead to lower levels of achievement for the child. Again, educational values, rather than SES, influence child outcomes.

A final important consideration involves the socioenvironmental variables associated with low income. For example, the quality of school systems in low-income neighborhoods is likely to be lower than that of higher SES school systems. Hoover-Dempsey et al. (1987) suggest that higher SES schools may attract teachers who are higher in efficacy and more effective in involving parents. These researchers found that schools characterized by a higher socioeconomic status, higher levels of teacher efficacy, and higher degree levels of teachers also demonstrated higher levels of parent involvement both at school and at home. This study demonstrates that the advantages associated with higher SES schools may lead to higher levels of parent involvement in higher income communities.

Low income per se does not lead to less parent involvement. Rather, it may be more important to look at the educational values of low-income parents to determine how their attitudes toward education are influencing their children's academic success. For those parents who place less importance on educational achievements, it is crucial to communicate the importance of instilling positive educational

values in their children. If parents see involvement in the schools as the sole mechanism for investing in their children's education, they may feel like there is nothing valuable they can contribute. However, if they can come to understand the importance of their role as socializers of their children (encouraging positive attitudes toward education and high expectations for academic success), then they will be more aware of the value of their own contributions to their children's development. As a result, they will be more likely to become invested in their children's education.

How Differing Perceptions of Parents and Educators Influence the Collaborative Process

The tendency to define parent involvement in narrow terms leads to assumptions about patterns of parent involvement that may not be accurate. In particular, school-based conceptualizations of parent involvement are likely to lead to a focus on this type of parent participation, with other parent contributions and influences being overlooked. In addition, a circumscribed definition of parent involvement becomes even more problematic in light of how it affects parent-teacher interactions. Reynolds (1992) demonstrated a low level of correspondence between teacher and parent ratings of parent involvement. This may be indicative of the idea that parents and teachers have different notions of what is incorporated in parent involvement. It may also reflect the difficulty of capturing home involvement and the relative neglect of home involvement in teacher ratings of parent involvement. In any case, it likely results in deleterious outcomes.

First, teachers may misinterpret lack of school-based parent involvement. They may infer that parents are not invested in their children's education. With this assumption, teachers are less likely to elicit parent involvement and may even tend to look negatively upon the performance of the child whose parents are less involved in the school (Hoover-Dempsey et al., 1987). Such possibilities likely indirectly elicit other negative outcomes, including reinforcing the parents' feelings of alienation from the school and poorer child outcomes.

In addition, the lack of home-based parent involvement opportunities may lead parents to feel undervalued or unimportant in contributing to the educational development of the child (Karter & Lowden, 1997). This perspective likely contributes to parents feeling the child's education is out of their control. Again, this perception would reinforce patterns of low parent involvement.

There is an obvious need for collaboration between parents and teachers in the developmental process of the child. Educators need to become more aware of nontraditional opportunities for parent involvement, as well as why such activities are more attractive to certain types of parents. With a better understanding of patterns of parent involvement, teachers will be more likely to continue encouraging parent involvement and will look more positively upon parents. Parents need to become aware of the influence their involvement has on their children. Advocating home involvement as an important parent involvement component is essential to this process. Cooperative contributions by both parents and teachers will lead to more positive child outcomes.

Critical Issues for Fostering Parent Involvement

Several key issues must be addressed in attempting to elicit parent involvement. First, parents must be offered a familiar, nonthreatening environment in which they can feel comfortable participating in their children's educational development. Allowing parents to interact with their children in such contexts will create a more positive milieu in which parents will be more motivated to be involved in their children's education. Parent involvement activities should draw on the expertise and knowledge that parents already possess. If parents feel their contributions are valuable and important, they will be more likely to continue their involvement. In contrast, if parents perceive their contributions toward their children's education as largely superficial and ineffective, they are likely to feel useless and, as a result, will be much less likely to continue their involvement (Comer & Haynes, 1991). Tied to the notion of a familiar environment, more avenues for involvement should be offered to parents. With a range of activities to choose from, parents will be better able to select those types of involvement they would feel most comfortable engaging in and they would most enjoy. Finally, demonstrating the effectiveness of each parent's involvement would provide parents with a concrete reinforcement of the beneficial effect their involvement is having on their children's educational development. If parents are able to see specifically how their contributions are positively affecting their children (e.g., increased test scores or higher achievement levels), they will be more likely to continue and even increase their involvement.

In addition, educators must become aware of the various issues affecting patterns of parent involvement. With a better understanding of factors that influence parent involvement, educators will be more open to nontraditional avenues of involvement and will come to value and to appreciate different types of involvement. In addition, educators must be aware of how their methods for involving parents influence levels of involvement among parents. In a study of eight elementary and middle schools, Dauber and Epstein (1993) found that parents are more likely to be involved in their children's education if they feel the school's practices encourage parent involvement. In contrast, lower levels of involvement were found when parents felt the school did little to foster parent involvement.

Another important issue to address in eliciting parent involvement is that such involvement is most influenced by the values the parent places on education. Studies have shown that almost all parents, even those who demonstrate low levels of involvement, place a great deal of importance on their children's educational development (Chavkin & Williams, 1993). All parents want their children to obtain a good education and to succeed academically (Ritter et al., 1993). The discrepancy lies in the fact that many parents are not aware that their own involvement in their children's education is an essential part of the child's academic success. Thus, strategies to involve parents should begin by reinforcing the important role parents play in transmitting educational values, attitudes, and expectations to their children. Parents who are convinced of the importance of instilling educational values in their children will be more likely to do their part to ensure their children are academically successful.

A final important consideration regarding parent participation involves the notion of empowerment. Those parents who believe it is the school's job to educate their children may feel the educational development of their child is out of their control. Helping parents to understand the influence they can have on their child's education will likely engender a sense of self-efficacy (Comer & Haynes, 1991). Once parents feel they have an important contribution to make to their child's educational development, they will be more likely to invest themselves in this endeavor. Collaboration between parents and teachers (e.g. obtaining parental input in academic planning and decision-making regarding the child) will reinforce the parent's sense of control. As parents begin to be more invested in their children's education, levels of involvement will likely increase.

Fostering parent involvement can also be achieved indirectly through a focus on the child. Nardine (1990) explored the involvement of low-income parents with children in an after-school computer skills program. The program staff employed specific means to recognize individual child achievement and made strong efforts to include parents in the process. Specific strategies included weekly individual progress notes, special recognition of student accomplishments, awarding achievement certificates, and sending out weekly newsletters. All of these activities were directed toward including parents. The special means used to include parents were successful in promoting parent involvement. By valuing and supporting the children, the program staff was indirectly able to involve low-income parents in their children's educational process. Generalizing the findings of this study, if focus can be maintained on the child and on the advantages that parent involvement has for the child, parents will be more likely to become and to remain involved in their children's education.

Conclusion

Traditional avenues of parent involvement reflect only one method by which parents influence their children's education. Narrow definitions of parent involvement that focus solely on parental presence in the school fail to capture a variety of parental influences on children's educational development. Frequently neglected are the ways in which parents influence their children's education outside of the classroom. Studies of parents' educational perspectives support the idea that the transmission of educational values is an important factor affecting the educational development of the child. It is such processes that are tied in to the concept of home involvement. A broader conceptualization of parent involvement is advocated that includes both school-based and home-based involvement practices. By focusing attention on both school- and home-based components of parent involvement, researchers can work toward a more informed and more complete understanding of the ways in which parents influence the educational development of their children.

In attempting to explore patterns of parent involvement in low-income families, attention must be paid to the correlates of low income and how such variables, and not low income per se, affect patterns of parent involvement. With an awareness of the factors mediating the relationship between low income and

parent involvement levels, efforts to increase involvement among low-income parents will be more successful. Addressing issues such as educational values, attitudes, and expectations and their influences on child development will lead to the most effective strategies for fostering parent involvement.

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The Experience of Discrimination: Psychological Impact and Racial Identity Influences

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Abstract

The impact of discrimination as a stressful life event has received scant attention in the clinical literature. This review focuses on the prevalence of discrimination experiences and the psychological impact and consequences of these experiences. Government statistics and other surveys of the experience of discrimination indicate that discrimination is prevalent and may have in fact increased in recent years. Empirical data suggest that experiences of discrimination are perceived as stressful life events. Finally, the relationship between racial identity and the experience of discrimination is explored. Data to date suggests that racial identity may affect the probability of reporting an experience as discrimination, but is not associated with the report of stress-related symptoms in response to discrimination. Conceptualizing discrimination as a stressful life event assists therapists in identifying appropriate responses and potentially useful intervention strategies.

The Experience of Discrimination: Psychological Impact and Racial Identity Influences

Racism manifests in many forms and affects the quality of life of many African-Americans (Hacker, 1992; Utsey, 1998). Indeed, the experience of discrimination is likely chronic. Traditionally, the impact of discrimination has been discussed from a social psychology/sociological perspective, and the group impact has received the most attention. The development of racial identity has been linked to experiences of discrimination, as researchers have explored the implications of social comparison and recognition of denigrated status (Tajfel, 1978; Berry, 1986; Thompson Sanders, 1991). Some early research explored adaptations to exposure to racial/ethnic discrimination. Part of the impact of discrimination, however, involves the individual response and reaction to discrimination; and there has been little research or consideration of this area.

It has been suggested that the experience of discrimination is a stressful life event that might affect mental health (Rabkin & Struening, 1976; Carter, 1982; Kessler & Neighbors, 1986; Miller, 1992). Plummer & Slane (1996) view the experience of racial/ethnic discrimination as potentially producing racial/ethnic stress. Racial/ethnic stress is defined as a specific form of general stress, which manifests as psychological discomfort when an individual appraises a racial/ethnic situation or event as troubling.

This paper reviews data on the prevalence of discrimination in society and acquaints mental health professionals with the reactions victims may experience. The relationship between racial identity and the experience of discrimination as well as theoretical explanations of the relationship between racial identity and the experience of discrimination are discussed.

Experience of Discrimination

The first clinically relevant question is whether racial discrimination affects a significant number of individuals in society. According to Government Executive Magazine (1997), federal agencies have noted an increase in discrimination complaints, despite the fact that the number of federal employees has declined. The National Fair Housing Alliance published statistics indicating that housing discrimination claims increased 30% in 1996 (CNN Interactive, 1997). They tracked the largest number of complaints among African-Americans, people with disabilities, families with children, and Hispanics. The Federal Bureau of Investigation (1997) reported the most common bias motivation behind hate crimes in 1996 was race (63%). A Canadian survey of 1,200 individuals 18 years of age and older indicated that 22% of Canadians reported observing workplace discrimination, and 18% reported exposure to racially motivated violence (Canadian Council of Christians and Jews, 1993). These data suggest the experience of discrimination continues as a significant issue today. African-Americans continue to be primary targets of discrimination.

Plummer and Slane (1996) reported that 117 of 156 African-Americans interviewed experienced racial stress, while only 165 of 376 European-Americans reported experiences with racial stress. Landrine and Klonoff (1996) noted that 98.1% of a sample (N=153) reported experiences of racial/ethnic discrimination in the past year. Of note, one third of the sample reported being hit, shoved, picked on, and threatened with harm in the past year. Every participant reported experiencing discrimination at some time during his/her life. The reports of discrimination were independent to gender and social class.

Thompson Sanders (1990) noted that 28% of African-American participants surveyed (N=201) indicated they had personally confronted significant racial/ethnic discrimination during adulthood, and 17% reported they had experienced discrimination during both childhood and adulthood. Thirty-eight percent of participants reported that discrimination had a negative impact on their lives. In another survey (Thompson Sanders, 1996), data indicated that 33.8 percent of the participants (N=198) had experienced discrimination within six months of the interview. Of those participants reporting experiences of discrimination, 33.33% reported minor experiences (name calling, slurs, and insults); 43.94%, moderate experiences (refusal of service, unfair job assignments); 16.67%, severe (salary and promotion inequities, denial of housing, police mistreatment); and 6.06% could not be classified. Not every African-American will experience discrimination, but data suggest that a significant number will.

The Impact of Experiences of Discrimination

The second clinically relevant issue is identification of the symptoms and reactions, if any, encountered following experiences of discrimination. Goldberg & Hodes (1992) noted that little of the research on the experience of discrimination provided a description of the specific psychological impact of discrimination on ethnic minorities. This section reviews what we currently know about the impact of this experience. Whereas this review focuses on those directly experiencing racial/ethnic discrimination, it is important to realize these experiences could affect the significant others of the victims (Goldberg &

Hodes, 1992), particularly when racial/ethnic violence is involved or there is a loss of employment, income, or housing.

Lazarus (1984) suggests that stress is a term used to describe an event made up of antecedent, mediating, and response components. Antecedent factors are called stressors, as they are events that elicit a response to stress. The response component may involve expressions of distress. Distress is considered a subjective state that occurs when the individual is unable to cope effectively with the stressor.

Abbott (1995) notes that the range of individual reactions to stress are many. The responses can be categorized as physiological, emotional, or cognitive. In the case of racial/ethnic discrimination, physiological reactions may include changes in eating patterns, sleep, blood pressure, and increased use of alcohol and other substances. Emotional responses can include depression, anxiety, hopelessness, helplessness, despair, and social isolation. Finally, cognitive reactions could involve attempts to explain or interpret the cause of the experience, what it means for the individual in terms of self-esteem, and how he/she will interact with others and cope in the future.

Studies of the psychological response to stressful life events have suggested that intrusion and avoidance symptoms are common (Horowitz, Wilner & Alvarez, 1979). Reports of the subjective impact of stressful life events have included descriptions of troubling dreams, repetitious behavior, and intrusive thoughts and images, characterized as intrusion symptoms. Emotional numbness, denial of the impact and meaning of the event, and blunted sensation are indications of avoidance symptoms (Horowitz, et. al., 1979; Horowitz, 1976; Lazarus, 1966). Intrusion and avoidance symptoms are two of the three DSM-IV symptom clusters necessary for a diagnosis of post-traumatic stress disorder (American Psychiatric Association, 1994). The presence of these symptoms in individuals who report experiences of perceived discrimination/racism is therefore diagnostically significant. An attempt has been made to attend to intrusion and avoidance symptoms as they are commonly discussed in the literature.

Physiological Reactions

The research on the impact of discrimination has until recently focused on the physiological response to a racist event and its health implications. This has occurred, although major reviews have suggested that only 12% of the variance in health outcome can be explained by traumatic life events (Anderson, 1991).

Bullock and Houston (1987) noted that medical students interviewed for their study experienced somatic symptoms. Sutherland and Harrell (1986); Armstead, Lawler, Gorden, Cross, and Gibbons (1989); and Anderson (1989) noted a range of physiological reactions among African-Americans exposed to stimuli containing themes of racism. Reactions included increased cardiovascular reactivity, increases in blood pressure, and psychological (anger) reactivity. Krieger (1990) reported an association between self-reported hypertension and the acceptance of unfair treatment based on race.

Emotional Responses

Bullock & Houston (1987) reported that victims interviewed about discriminatory experiences reported feelings of humiliation, frustration, helplessness, anxiety, depression, and alienation. Deliberate emotional distancing was also noted. Griffin (1991) discussed the experience of discrimination as humiliation. It is noted that in most instances discrimination involves ridicule, scorn, contempt, and degrading treatment by others. This treatment is noted to elicit anger, rage, and damage to self-esteem.

Fernando (1988) describes the experience of racial and ethnic discrimination as the devaluation of person and culture. It is noted the rejection involved in discrimination results in poor self-esteem, a sense of loss, and feelings of helplessness and may ultimately contribute to the development of depressive symptoms.

Landrine & Klonoff (1996) noted that 99% of an African-American sample reported the experience of discrimination was stressful. Participants, 71.8% of those reporting experiences with discrimination, reported feeling extremely angry. The appraisal of experiences of discrimination as stressful was found to correlate with feelings of low self-esteem and inadequacy based on scores from the Hopkins Symptom Checklist-58 (17.6% of variance in scores accounted for by the experience of discrimination).

Cognitive Reactions

How does the experience of racial discrimination affect the way individuals interact with others, think about self and others, or judge events? Goldberg and Hodes (1992) described the reactions of individuals who experienced racial discrimination. Responses included difficulty concentrating, hypervigilance, denial, withdrawal, and other avoidance behaviors. Many of those interviewed in the Bullock and Houston (1987) study reported they actively avoided European-Americans in academic and social settings and questioned who they could trust. They reported they were hypercareful as a result of questions concerning their competence. Griffin (1991) noted that experiences of discrimination led victims to question their identity and sense of self. This reference is one of the first suggesting a relationship between the experience of discrimination and identity. The author does not make it clear whether the reference is to self or racial identity.

Thompson Sanders (1996) asked participants to rate their reactions to experiences of discrimination using a standardized scale of subjective distress. Two of the commonly noted responses to stressful life events were present at clinical levels—intrusion and avoidance reactions. The more substantial the incident, the more intense the symptomology. This reaction generally occurs immediately after the incident but gradually diminishes over time. Mean scores for intrusion symptoms were higher as the seriousness of the reported event increased. Avoidance symptoms occur when individuals attempt to defend against the unpleasant reactions they have in response to recollections of the event. Avoidance symptoms were reported to increase over time, while intrusion symptoms decreased over time. Finally, the results of an ongoing study of the experience of discrimination are reported.

Methodology

Sample

Ninety participants, 24 males and 66 females, seeking legal, social and/or therapeutic intervention due to an experience of discrimination were interviewed for the study. The sample consisted of 56 African-Americans, 26 Asian Americans, and 8 Hispanic Americans. Participants were recruited through local and campus newspapers, social and political organizations. The mean age for participants was 29.38 years. The median income was \$10,000, with a range of 0 to \$100,000.

Measures

The Impact of Events Scale was used to measure the experience of subjective distress (Horowitz, et. al., 1979). The intrusion scale is composed of seven items that assess unbidden thoughts and images, dreams, waves of feelings, and repetitive behavior. The coefficient alpha for the scale was .78, and test-retest reliability was .89. The internal consistency reliability coefficient for the current sample was .86.

Avoidance scores represented blunted sensation, behavioral inhibition, and awareness of emotional numbness. The eight items composing the scale had an alpha coefficient of .82 and test-retest reliability of .79. The avoidance scale internal consistency reliability coefficient for this sample was .796. Depression was assessed using the Beck Depression Scale. The scale is widely used and has good reliability and validity data (Beck, Ward, Mendelson & Erlbaugh, 1961). The internal consistency reliability coefficient for this sample was .85.

Racism was assessed via interview. Participants described the duration, nature, and frequency of the index event. Legal, social or treatment remedies were explored. The stressfulness of the index event was measured by adding an item to the Daily Stress Inventory (DSI) and having the participants rate the stress experienced on a 7-point Likert scale. The requirement that other daily stressors be rated provided a context and an anchor for participant rankings.

Prior mental health was assessed by asking participants to provide information on their psychiatric history. Prior research was criticized for the failure to consider the impact of prior mental health status on reports of distress in response to an experience of discrimination. In this study, participants were asked to report prior diagnosis, psychotropic medication usage, treatment sought, and duration of treatment. Participants received a score of one for each positive response in the categories listed above. The aggregate score was the measure of prior mental health status.

The chronic experience of discrimination was a variable of interest. It is likely that most experiencing racism or discrimination have had some encounter at some other time in their lives. The experience of discrimination questionnaire (Thompson Sanders, 1995) was used to assess past experience with discrimination. Racist experiences were assessed in five areas: employment, housing, education, personal (insults, slurs), and police harassment. A total of 15 items with scores ranging from one to three were included. The alpha coefficient for the sample was .80.

Procedures

Participants were assessed via interview within 30 days of the index incident of discrimination. Interviews were conducted in the participants' home or at the research office of the primary investigator. Location was determined by participant preference. Participants completed a brief demographic questionnaire and were then asked to describe the index event. They also completed the Experience of Racism Questionnaire. Participants were asked to complete the Impact of Events Scale, Beck Depression Inventory, Daily Stress Inventory, Coping Responses Inventory, and the World Assumptions Scale. Only data from the Impact of Events Scale, Beck Depression Scale, Experience of Discrimination Scale, the added item from the Daily Stress Inventory, prior mental health status items from the demographic interview, and report of the index event are discussed here.

The participants were interviewed by telephone at 30 days and 90 days after the original interview. Participants were asked to respond to items on the Impact of Events Scale and the Daily Stress Inventory. The results of the 90-day follow-up are reported.

Results

Forty-two percent of the participants in this study described employment-related discrimination. Twenty-five percent of the sample reported personal insults, and 17% reported difficulties with public accommodations. Housing discrimination was noted among only 3% of the sample. Thirteen percent of the complaints involved other issues. Fifty-nine percent of participants reported one prior incident with the party involved in the index episode, 31% reported two prior incidents, and 9% reported three or more incidents.

The data from this study indicated that participants reported the experience of racism as a stressful life event (intrusion, $X = 9.5$, $S.D. = 5.6$; avoidance, $X = 9.3$, $S.D. = 5.6$; and depression, $X = 8.2$, $S.D. = 6.5$). Only 24% of the participants reported no intrusion or avoidance symptoms compared to 68% reporting no depression symptoms. Stress symptoms had declined by the 90-day follow-up (intrusion, $X=5.5$, $S.D. = 5.3$ and avoidance, $X=6.0$, $S.D. = 5.2$). Ten to twenty percent of participants, however, reported moderate to severe intrusion and avoidance symptoms, respectively, at 90-day follow-up. (See Table 1). Twenty-eight percent of the sample rated the index incident as moderately stressful and 16% as severely stressful based on the item from the DSI.

There were no ethnicity, income or gender differences noted for intrusion, avoidance, and depression scores. A gender difference was noted for the DSI stress score ($t(1,82)=5.16$, $p<.05$). Males ($X = 3.86$, $S.D. = 1.93$) reported index event as more stressful than females ($X = 2.63$, $S.D. = 2.27$).

Correlations among variables are displayed in Table 2. The subjective stress rating for the index event and the experience of chronic discrimination were significantly correlated with intrusion and depressive symptoms. Chronic discrimination and subjective stress ratings were not associated with avoidance symptoms. Prior mental health status was not associated with symptom reports.

Regression equations were completed to determine the role of prior mental health; the subjective experience of discrimination; and the chronic experience of discrimination on intrusion, avoidance, and

depression scores. Data indicated that intrusion and depressive symptoms were predicted by subjectively reported stress and the chronic experience of discrimination. Because, theoretically, avoidance is an effort to cope with negative symptoms, intrusion and depressive symptom scores were entered as regression variables in addition to the variables noted above. Results indicated that only intrusion and depressive symptoms were predictive of avoidance symptoms. Symptoms at the 90-day follow-up could not be meaningfully predicted by these variables. (Regression statistics are presented in Table 3.)

Discussion

This study is important because participants were interviewed within 30 days of the index event, and the final follow-up was conducted no later than 100 to 120 days following the event. This is in contrast to the retrospective reports of the original Thompson Sanders (1996) study and that of Landrine (1996). The symptoms reported are more likely the symptoms experienced without the effects of memory and/or reinterpretation. The inclusion of a measure of chronic exposure to discrimination is also important in understanding the impact of the experience of discrimination. In addition, a measure of depressive symptomology was also included. The results of these studies have important implications for the management of racial issues in therapy and counseling.

Racial Identity and the Response to Racism

Thompson Sanders (1991) examined the factors affecting the reported strength of racial identity. The parameters of racial identity examined were physical, sociocultural and psychological from the Multidimensional Racial Identity Scale. The data indicated an association between the reported experience of racism and psychological identity. Experiences of racism resulted in an increased sense of pride in, feelings of closeness to, and commitment to the group.

Utsey (1998) reviewed the findings of several measures of the racism experience. The Racism and Life Experience Scale-Brief Version (Harrell) was designed to measure the extent to which racism is perceived as affecting self and group. The scores on the subscales (self and group) have been correlated with scales of the Racial Identity Attitudes Scale. The self scale was correlated with the immersion stage of the RIAS-B and adaptive functioning, while the group scale was correlated with the internalization and immersion scales.

The Landrine & Klonoff acculturation data are included because the acculturation scale is correlated with measures of racial identity. The study reported examined the issue of the relationship between acculturation and experiences of discrimination from a slightly different perspective.

Landrine & Klonoff (1996) explored whether acculturative status was related to the experience of discrimination. They hypothesized that more acculturated African-Americans were less likely to report experiences of discrimination because of their similarity to others in the dominant culture. Traditional African-Americans were hypothesized to experience more discrimination because of their more obvious differences. Traditional African-Americans reported significantly more recent and life racist events and rated these events as more stressful than highly acculturated African-Americans.

The Landrine & Klonoff study was focused on differences in the rate of reported experience of discrimination and did not address the impact of acculturation on adaptive functioning in response to the experience. The theoretical position of the authors appeared to be that orientation toward African-American culture would generate a particular response from members of the majority culture. The response was believed to manifest as increased acts of discrimination. The interaction between the experience of discrimination and acculturation and subsequent symptomology was not examined, although this would have been possible.

The Thompson Sanders (1991) and Harrell data (Utsey, 1998) reported positive correlations between racial identity and the experience of discrimination. Again, the experience of discrimination was associated with adjustment, but the relationship between perceived experiences of discrimination, racial identity, and adjustment was not explored. The two studies suggested that in some way reported racial identity attitudes are influenced by the experience of discrimination and/or influence the likelihood that events will be interpreted as discrimination.

Thompson Sanders (1996) attempted to determine the relationship between the experience of discrimination, racial identity, and subsequent adjustment as measured by reported symptoms of psychological distress. Racial identity was measured using the Multidimensional Racial Identity Scale. Psychological, cultural, physiological, and sociopolitical identities were measured (Thompson Sanders, 1995). Psychological distress was assessed via the Impact of Events Scale (Horowitz, et. al., 1979) using intrusion and avoidance symptoms. The data indicated no dimension of racial identity was related to the symptoms reported in response to experiences of discrimination. Distress symptoms as measured by intrusion scores were related to the severity of the racist events reported.

Discussion

Surveys, studies and government reports make it clear that racism and discrimination are recurring phenomena in the lives of African-Americans. It is difficult to conceive that the majority of African-Americans will not encounter racism or discrimination within their lifetimes. It is therefore important to understand the psychological reactions to racism and discrimination.

The data on psychological reactions to racial stress and experiences of discrimination suggest these are important experiences. Empirical and case studies support the notion that such events create general feelings of subjective stress. Empirical studies suggest that the frequently noted experiences of intrusion and avoidance symptoms are reported in response to such experiences. The majority of responses fall in the mild range, but responses may be in the moderate to severe range. Depression may be reported, but this appears to be a less frequent response. The current study suggests the chronic experience of discrimination may be associated with intrusion and depressive symptoms in response to a trigger event. Data suggest that, as expected, avoidance symptoms are related to the experience of negative emotions and cognitions as represented by intrusion and depressive symptoms. The use of the BDI means that depressive symptoms can be discussed, but discussion of the presence of depression is unwarranted.

Low self-esteem and feelings of inadequacy have been reported in empirical and case studies. Hypervigilance, anger, and intrusion symptoms have frequently been noted in the clinical and case study literature.

Studies have also explored the relationship between racial identity and the experience of discrimination. There are two issues of interest. Limited studies have addressed the relationship between the experience of discrimination and racial identity (Thompson Sanders, 1991; Landrine Klonoff, 1996; & Utsey, 1998). A single study has examined the ability of racial identity to mediate the reaction to an event of racism or discrimination (Thompson Sanders, 1996).

Data suggest there is an association between racial identity attitudes and discriminatory experiences, such that the experience of discrimination may influence racial identity attitudes and/or racial identity may sensitize individuals to these experiences. In all likelihood, the relationships are reciprocal. Certainly the data are suggestive, but different constructs and different measures of similar constructs have been used in each study. More research is needed.

One study has been conducted that examines the relationship between racial identity as a mediator of psychological reaction to the experience of discrimination. Thompson (1996) reported no relationship. The results of a single study are hardly conclusive. A different measure of racial identity may have yielded different results, as might a measure of acculturation. Finally, it is possible that racial identity influences yet an unconsidered aspect of the response to the experience of racism. It may be the impact of racial identity is associated with the causal attributions made in response to the event and the subsequent efforts to effectively cope with experiences. The fact that not all participants in the current study were symptom free at 90 days suggests variability in reaction and coping that must be understood. The exploration of racial identity may play a role in this process.

It is important to realize that the relationship between causal attributions and racial identity and subsequent coping may not be positive. Racial identity is supported by an underlying belief or construction of race. If the construction that supports racial identity leads to a notion of the discriminatory event as due to an immutable characteristic of the individual, this can have a negative impact on subsequent adjustment as the individual's perception of his or her ability to control events is minimized. It may, in fact, be important to understand the construction of race upon which racial identity rests.

These data suggest that mental health professionals must be aware of the psychological impact of experiences of racism and discrimination. Professionals must use the data on psychological reactions to develop strategies and protocols for intervention. It is also important to realize that without an invitation many clients will not spontaneously discuss these issues. Many report the experience of avoidance symptoms, which clinically implies this material is likely to be avoided. Comfort with racial issues in therapy will be a must for an effective therapist.

The need to develop a realistic perspective of what happened and why, what the client can control, and what he/she cannot control and why are essential for client adjustment (Fernando, 1988). Given that many clients note feelings of helplessness, it is important to process the idea that being

helpless does not make a person helpless in all situations. In addition, it becomes important to address that having been victimized and being a member of a denigrated group does not require one to prepare for victimization every second of every day.

Effective coping has been noted as an important treatment component. Therapists may find it useful to employ strategies from cognitive, task-oriented, or problem-solving therapies to cope with client anxiety (Abbott, 1995). The debilitating effects of helplessness and hopelessness can be recognized and confronted. The client is able to explore what happened; set realistic personal, employment, housing, or interpersonal goals (based on the discrimination encountered); identify tasks to reach the goals; and work through obstacles to the goals. This replaces anxiety with action and a sense of control.

The ability to address immediate emotional experiences may also assist in coping. The individual may feel humiliated and angry. The therapist must encourage and support healthy expression of these emotions. Journaling, drawing, or discussion are methods of gaining perspective and developing ways to cope. Relaxation exercises can be taught as a strategy for coping with strong emotions.

It may be important to understand the level of racial identification of the individual prior to the incident. Racial identity, as noted earlier, may affect the attributions made regarding the incident. Individuals with low racial identity may be more likely to have "played by the rules" and are less likely to have expected a racial incident to occur involving them. If individuals have done what they feel society says African-Americans should do in terms of dress, speech, education, mannerisms, and interpersonal style, it is more difficult to understand the event. There are more issues of "why me?" and self-blame.

The next important research questions will involve the role of causal attributions in the psychological response to experiences of discrimination. It will be essential to explore the role of racial identity in mediating the types of causal attributions made in response to experiences of discrimination.

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Table 1.

Percentage No, Mild, Moderate and Severe Intrusion, Avoidance and Depression Scores

	Symptom Severity Category			
	No	Mild	Moderate	Severe
Intrusion	24	39	23	14
Intrusion 90 days	53	37	5	5
Avoidance	24	36	33	7
Avoidance 90 days	48	32	18	2
Depression	68	27	4	1

Table 2.

Correlations Among Independent and Dependent Variables

	Prior MH	Chronic Discrim	Stress	Intrusion	Avoid	Depres
Prior MH	1.00	0.12	0.06	0.05	0.06	-0.11
Chronic Discrim		1.00	0.24*	0.30*	-0.15	0.31*
Stress			1.00	0.34*	0.03	0.26*
Intrusion				1.00	0.42*	0.31*
Avoid					1.00	0.13
Depression						1.00

Table 3.

Hierarchical Regression Predicting Intrusion, Avoidance and Depression Scores

Intrusion	Block 1		Block 2	
Variables	Beta	p	Beta	p
1. Prior Mental Health	-0.08			
2. Subjective Distress	0.23			
3. Chronic Discrimination	0.28			
F	4.06	0.01		
Total R ²	0.17			
Avoidance	Block 1		Block 2	
1. Prior Mental Health	0.12			
2. Subjective Distress	0.03			
3. Chronic Discrimination	0.06			
4. Intrusion			0.06	
5. Depression			0.52	
F	1.34	0.27	4.97	0
Change in R ²			0.24	
Total R ²	0.06		0.3	
Depression	Block 1		Block 2	
1. Prior Mental Health	-0.13			
2. Subjective Distress	0.2			
3. Chronic Discrimination	0.24			
F	3.12	0.03		
Total R ²	0.14			

Racial Identity and Alcohol Use in a Sample of Academically At-Risk African-American High School Students

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Introduction

A consistent finding in the substance abuse literature is that African-American adolescents report using and abusing alcohol less frequently than white adolescents. For instance, in a national survey of high school students, 34% of African-American high school seniors as compared to 56% of white seniors reported that they had had a drink within the past 30 days (Johnston, O'Malley, & Bachman, 1998). In the same study, white seniors (38%) were nearly three times as likely as African-Americans seniors (14%) to report that they had been drunk within the past 30 days. Cultural factors are often cited to explain the race differences between ethnic groups (e.g., Collins, 1996). Unfortunately, a predominance of the studies investigating African-American adolescents' alcohol use has utilized between-group research designs. The employment of group comparative designs provides little information regarding how cultural factors are related to adolescent alcohol use within the African-American community. The present study attempts to address this limitation in the existing research literature by investigating potential relationships between important cultural factors (i.e., different dimensions of racial identity attitudes, perceptions of parental support) and African-American adolescents' alcohol use.

Racial Identity

A cultural factor that is often cited as contributing to the ethnic group difference in prevalence of alcohol use in adolescents is the concept of ethnic identity (Beauvais, 1998; Scheier, Botvin, Diaz, & Iffill-Williams, 1997; Trimble, 1995). A relative dearth of studies, however, has empirically assessed the relationship between ethnic identity and alcohol use in ethnic minority populations. The few studies that have investigated such a relationship have produced equivocal findings. For instance, Trimble (1995) did not find any relationship between ethnic identity and alcohol use in a sample of American-Indian adolescents. In contrast, Felix-Ortiz and Newcomb (1995) note that cultural identity was predictive of both rates and patterns of drug use among Hispanic adolescents. In addition to their contradictory findings, limitations of these studies make it difficult to generalize to our understanding of how African-American adolescents' identification with their racial/ethnic group is related to their use of alcohol. In conceptualizing group identity, the concept of ethnic identity has been used because it provides a rubric in which to study universal components of group identity across various ethnic groups (Phinney, 1992). Unfortunately, these universal components of ethnic identity are not equally relevant for all groups.

Sellers and his colleagues have argued that racial identity as opposed to ethnic identity is more relevant for African-Americans given their unique historical experiences in American society (Sellers, Shelton, Cooke, Chavous, Rowley, & Smith, 1998). They argue that it is the concept of race that is the unifying construct in the lives of African-Americans. Another limitation of many of the studies focusing on ethnic identity is that the instruments used measure individuals' level of ethnic identity development and not the content of individuals' ethnic identities. In other words, these studies do not assess the significance and/or meaning that individuals ascribe to being a member of their ethnic group. As a result, these studies imply there is some consensus around both the significance and meaning of being black among African-Americans.

Recently, Sellers and his colleagues have proposed the Multidimensional Model of Racial Identity (MMRI) as a conceptual framework for investigating various dimensions of African-American racial identity (Sellers, Shelton, Cooke, Chavous, Rowley, & Smith, 1998; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). The MMRI delineates four dimensions of racial identity that represent both the significance and the qualitative meaning that African-Americans ascribe to being black. The four dimensions include racial salience, racial centrality, racial regard, and racial ideology. Both racial salience and racial centrality focus on the significance African-Americans place on race in defining themselves. Specifically, racial salience refers to the extent to which a person's race is a relevant part of her/his self-concept at any particular moment in time, while racial centrality refers to the extent to which race is normatively a defining characteristic of a person. Racial ideology and racial regard focus on how individuals define what it means to be black. Racial ideology is the individual's set of beliefs, opinions, and attitudes with respect to the way s/he feels that members of his/her race should act. Racial regard is a person's affective and evaluative judgment of his/her race. The regard dimension consists of both a private and a public component. Private regard is defined as the extent to which individuals feel positively or negatively towards African-Americans and their membership in that group. Public regard refers to the extent to which individuals feel that others view African-Americans positively or negatively. While no previous study has investigated the role the MMRI may play in African-American adolescent alcohol use, Rowley, Sellers, Chavous, and Smith (1998) have examined how racial centrality and racial regard interact to predict personal self-esteem in African-American adolescents. In their study of African-American high school and college students, Rowley et al. found that having more positive attitudes about African-Americans was associated with higher levels of personal self-esteem for both the high school and college samples. This relationship was moderated by racial centrality such that the positive relationship between private regard and self-esteem only existed for those who viewed race as being a more central identity to them. Private regard was unrelated to personal self-esteem for those who felt that race was a less central identity than self-esteem. Also, centrality was not directly related to personal self-esteem. This study provides a glimpse as to the nature of a possible relationship among racial centrality, racial regard and alcohol use. This study, therefore, suggests that feeling positively

about being African-American may be most helpful for healthy outcomes when being black is an important defining characteristics of oneself. It is possible that the association among racial centrality, racial regard, and self-esteem may also extend to alcohol use. Self-esteem may mediate a relationship between racial identity and adolescent alcohol use. Self-esteem has been linked to adolescent alcohol use (Kinnier, Metha, Okey, & Keim, 1994; Rodney, Mupier, & Crafter, 1996; Zimmerman, Copeland, Shope, & Dielman, 1997). Rodney, Mupier, and Crafter (1996) report evidence that self-esteem is an especially important predictor for alcohol use in African-American youth. Private regard and racial centrality may interact to predict alcohol use through their relationships with personal self-esteem. In other words, African-American adolescents for whom race is a central identity and who hold less positive attitudes towards blacks are likely to have lower levels of personal self-esteem, which in turn may make those individuals more likely to use alcohol.

Parental Support

Parental support has consistently been found to be inversely related to drinking behavior in ethnically diverse samples of adolescents (Barnes, 1984; Barnes & Farrell, 1992; Stice, Barrera, & Chassin, 1993; Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1994; Wills & Cleary, 1996). Maton and Zimmerman (1992) found parental support was inversely related to alcohol and marijuana use in an urban sample of African-American males. In a longitudinal study of children of alcoholics and a matched control group, Stice and colleagues (1993) found that across the two samples, adolescents who perceived greater support from their parents reported lower levels of alcohol use one year later. Parental support appears to influence adolescents' substance (including alcohol) use through a variety of pathways. Wills and Cleary (1996) found evidence that parental support has both a mediating and moderating influence on substance use. They reported that parental support inversely influenced substance use by leading to more behavioral coping and academic competence and less tolerance for deviance and behavioral undercontrol, which in turn were related to negative life events and peer affiliation. In the same study, parental support both buffered the negative effect of risk factors for substance abuse and increased the positive effect of protective factors.

Given the view of the black family as a source of strength and resilience for African-American adolescents, parental support may be a particularly important predictor of African-American adolescents' level of alcohol use (McCubbin, Thompson, Thompson, & Futrell, 1998; McAdoo, 1988; White & Parham, 1990). Some researchers have argued that the culturally informed family socialization practices that are often employed by African-American families (including family structure, parent-child interaction, and value orientation) are instrumental in African-American adolescents' lower rates of alcohol use in comparison to white youths (Johnson & Johnson, 1999). Empirical evidence suggests that perceived parental support is related to African-American adolescent functioning and well-being (Caldwell, Antonucci, Wolford, & Osofsky, 1997; Maton, Teti, Corns, Vieira-Baker, & Lavine, 1996;

Thomas, Farrell, & Barnes, 1996). Because of the disproportionate number of female-headed households in the African-American community, the emphasis has been placed on studying African-American mothers when studying the influence of parental support. Recent work has begun to shed light on the often considerable role that African-American fathers play in the lives of adolescents, even when they do not reside in the adolescents' household (Caldwell, Antonucci, Wolford, & Osofsky, 1997; Chadiha & Danziger, 1995; Salem, Zimmerman, & Notaro, 1998; Thomas, Farrell, & Barnes, 1996; Zimmerman, Salem, & Maton, 1995). At present, it is unclear as to the nature of the role that fathers play in the prevention of substance abuse among African-American adolescents. Looking at a sample of adolescent African-American males residing in single female-headed households, Thomas et al. (1996) found that males who reported less father involvement in their lives participated in fewer delinquent activities. Zimmerman, Steinman, and Rowe studied a sample of African-American youth and found father support helped them overcome risks associated with violent behavior. In contrast, other research suggests that perceived father support is related to positive outcomes for African-American adolescent girls (Caldwell, Antonucci, Wolford, & Osofsky, 1997; Chadiha & Danziger, 1995).

The present study examines three research questions. First, are racial centrality and racial private regard related to African-American adolescents' alcohol use? Consistent with the findings from Rowley et al. (1998), we predict that private regard will be inversely related and that racial centrality will be unrelated to alcohol use. Second, are African-American adolescents' perceptions of parental support associated with their alcohol use? We predict that perceptions of greater support from both mothers and fathers will be associated with less alcohol use. Finally, do dimensions of racial identity and mother and father support interact to predict alcohol use? We also predict that racial regard and racial centrality will moderate the proposed negative relationship between racial regard and alcohol use in such a way as to be stronger for those adolescents for whom race is a more central identity. All three research questions are investigated after controlling for relevant demographic background characteristics.

In the present study, racial identity and parental support are conceptualized as compensatory factors within a broader resiliency perspective. Compensatory factors are variables that neutralize exposure to risk or operate in a counteractive fashion against the potential negative consequences introduced by a risk (Zimmerman & Arunkumar, 1994). As such, compensatory factors have a direct and independent effect on outcomes. The examination of moderating (interaction) effects between identity and support and between identity dimensions (regard and centrality) is a test of the protective-protective effects model of resiliency risk (Zimmerman & Arunkumar, 1994). This would suggest that one factor enhances the effects of another factor to predict less negative behavior.

Methods

Participants

The sample for the present study was drawn from a larger longitudinal study of 850 adolescents from an urban school district in the Midwest. African-American, white, and biracial adolescents enrolled in the predominately African-American school district at the beginning of the 1994-1995 school year with a GPA of 3.0 or below were selected to participate in the original longitudinal study. The grade point average cutoff was used because one goal of the larger project was to study youth at risk for school failure or dropout. Because the purpose of the present study was to examine the relationship between racial identity and alcohol use, only the African-American youth were included in the analysis. The present study focused on the responses of the African-American and 26 biracial (African-American and white) students who completed the third wave of the study. All youth self-identified their racial classification. Of these students, 256 were deleted from the present study because they were missing data for one or more of the study variables. Also, students who had a deceased parent were omitted from the study ($n=8$), resulting in a final sample for the present study of 450 students. The mean age of the students in the final sample was 17.45 ($SD=.61$) at the time of the data collection for the present study. The sample was almost equally represented across gender with 52% of the sample being females ($n=231$). Sixty-seven percent ($n=472$) of the youth were enrolled in school at the time of the interview, 16% ($n=112$) were in an adult education program, 13% ($n=89$) left school before graduating, and 2% ($n=14$) had graduated from high school or received a GED. The school status of the remaining 3% of the sample ($n=18$) was not known.

Procedure

Data for the present study were collected from face-to-face interviews during year 4 of the study (1997-1998 school year). Project staff conducted one-hour interviews during regular school hours within the school. Youth who could not be found in school were interviewed in a community setting (e.g., community organization). The questions asked by the interviewer ranged from health issues, relationships with family and peers, school experiences, and psychological well-being. After the interview, students completed a self-report questionnaire about alcohol and drug use and sexual behavior. Youth were informed that all information they provided was confidential. Youths were paid \$20 for their participation in this phase of the study.

Measures

Demographics

Participants' age, gender, mother's educational level, and family socioeconomic status (SES) were assessed. Participants' age was determined by reported birth date. Participants' self-reported gender was coded such that 1=males and 2=females. Participants were also asked to indicate their

mother's education level on a 7-point scale ranging from grade school completion to graduate/professional school. Family SES was assessed via their parents' occupational prestige. Participants were asked to indicate their father's and mother's occupation. Occupations were allotted a prestige score assigned to 20 major occupational classifications (Nakao & Treas, 1990a, 1990b). If the participants provided information regarding an occupation for both parents, the highest occupational prestige score of the two parents was assigned to the participant. The highest occupational group received a score of 64.38 (professional), and the lowest group received a score of 29.28 (private household work). The mean prestige score for the present sample was 40.17 (Sd=10.49), which corresponds to a skilled blue collar occupation (e.g., machinist).

Parental Support

Parental support was measured with a shortened version of the parental support scale developed by Procidano and Heller (1983). Using a 5-point scale (1=not true, 5=very true), adolescents responded to five items assessing the amount of support they received from their mother and father, respectively. Sample items include: "I rely on my mother/father for emotional support. I have a deep sharing with my mother/father." Seventy-nine adolescents were missing father's support data. If youth did not have or know their father and did not have another father figure in their life, they were coded as 0 for the father support variable. The Cronbach's alpha for the mother support and father support indices were .92 and .95, respectively.

Racial Identity

Shortened versions of the private regard and centrality subscales of the Multidimensional Inventory of Black Identity were used to measure racial identity (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). A 3-item private regard measure assessed individuals' positive and negative feelings towards African-Americans and their membership in that group (Cronbach alpha =.60). Sample items include: "I am happy that I am black. I am proud of black people." The 4-item centrality measure assessed the extent to which being African-American was central to the respondents' definition of themselves (Cronbach alpha=.65). Sample items include: "Being black is a major part of my identity. I feel close to other black people." Responses were recorded using a 7-point Likert scale that ranged from strongly disagree (1) to strongly agree (7).

Alcohol Use

A composite measure of alcohol use was created from three self-report items on frequency of alcohol use (Cronbach alpha=.84). Adolescents were asked to respond a yes or no to the following question: "Have you ever had any beer, wine, or liquor to drink (1=no 2=yes)? Those students who reported that they had drunk beer, wine, or liquor were asked to use a 7-point response scale (1=never, 7=

>40 times) to the following items: "How many times have you had alcoholic beverages to drink during the last 12 months?" "How many times have you had alcoholic beverages to drink during the last 30 days?" A composite score for alcohol use was created such that individuals who reported they had never drunk received a score of 0. Approximately 36% of the participants reported never drinking in this sample. Individuals who reported having drunk in their life but reported not having a drink within the past 30 days received a score of 1. All other participants received a score from 2 to 14 based on the sum of their scores from the items assessing 30-day and life time prevalence of alcohol use. Thus, a higher score on the composite variable indicates a higher level of alcohol use.

Results

The means, standard deviations, skewness, and Cronbach alphas (where appropriate) for the study variables are presented in Table 1. In general, the sample reported a great deal of support from their mothers with a mean of 4.05 on a 5-point scale. The adolescents reported less support for their fathers than their mothers ($t_{440}=16.58$; $p<.01$), but still were past the mid-point on the response scale. Consistent with other studies using the private regard scale (Rowley et al. 1998; Sellers et al. 1997), the distribution of the sample was highly skewed (mean=6.16). The vast majority of the sample reported feeling very positive about African-Americans. Also, the sample can be described as viewing race as a central identity in their self-concepts.

In our bivariate analyses, none of the demographic or the racial identity variables have a bivariate relationship with alcohol use. Only the parental support variables were correlated with alcohol use (see Table 2). Both mother support and father support were inversely related to alcohol use. Also, mother support and father support were positively correlated with each other ($r=.20$). Male adolescents in the sample reported more support from their fathers than their female counterparts. Racial centrality was positively associated with mother support and showed a strong positive correlation with private regard. Finally, older students reported lower racial centrality scores.

In order to test our main hypotheses, a hierarchical regression analysis was conducted using three blocks: (1) demographic variables (adolescent age, gender, mother's education level, family SES); (2) mother support, father support, private regard, and racial centrality; and (3) all two-way interactions within and between parental support and racial identity (see Table 3). The demographic variables explained 2% of the variance, while the parental support and racial identity block of variables explained an additional 3% of the variance. The interaction block of variables explained an additional 1% of the variance in alcohol use. In the final regression equation, age was the only demographic variable that was significantly related to alcohol use. With respect to parental support variables, only adolescents' perceptions of father support were significant predictors of alcohol use. Individuals who perceived more support from their father reported less alcohol use. Although mother support showed a significant correlation with alcohol use in bivariate analyses, the relationship was no longer significant when entered

in the multivariate analyses. Also, with respect to racial identity's direct relationship to alcohol use, private regard showed an inverse direct association with alcohol use, while no direct association was found for centrality. Finally, the racial centrality x private regard was the only two-way interaction term entered into the block that was significantly related to alcohol use ($\beta = -.21$; $p < .05$).

To illustrate the nature of the racial centrality x private regard interaction, we plotted the regression line for predicting alcohol use for individuals who were around the mean, and one standard deviation above the mean and one standard deviation below the mean on racial centrality (see Aiken & West, 1991). Figure 1 graphically represents the linear relationship between alcohol use and private regard at these three values of centrality. The steepest line represents the relationship between private regard and alcohol use when centrality is one standard deviation above the mean. The middle regression line shows the relationship between private regard and alcohol use for those adolescents who report the mean level of centrality. The flattest line represents those youth whose centrality is one standard deviation below the mean. These results indicate that the inverse relationship between private regard and alcohol use was stronger for individuals with higher levels of racial centrality.

Discussion

The present results provide some support for all three of our initial hypotheses. First, private regard was inversely associated with alcohol use. African-American adolescents who felt more positive about African-Americans reported less alcohol use. Racial centrality was not directly related to alcohol use. We found partial support for our second hypothesis that parental support is a significant predictor of African-American adolescent alcohol use. Adolescents who felt that their father was supportive reported less consumption of alcohol. Mother support, however, was not predictive of alcohol use when the influences of the demographic, racial identity, and father support variables were taken into account. Our third hypothesis was that racial centrality and private regard interact in predicting alcohol use in a manner similar to that found by Rowley and associates (1998). Consistent with this hypothesis, we found that the relationship between private regard and alcohol use was moderated by racial centrality. Specifically, private regard attitudes were a stronger predictor of alcohol use (inversely) for those adolescents for whom race was more central than for those for whom race was less central.

Our finding of a significant relationship between father support and alcohol use and no relationship for mother support is particularly intriguing given the protective and nurturing qualities attributed to African-American single mother families. One potential explanation for the lack of a significant multivariate relationship for mother support is the fact that there was a restricted range in the distribution of scores for that variable. The overwhelming majority of adolescents reported strong support from their mother. Another possibility is that fathers may have more influence on adolescents' problem behaviors (e.g. alcohol use) than mothers. Nonetheless, this finding does suggest the importance that fathers play in the lives of African-American adolescents. The nature of the relationship between

father support and alcohol stand in contrast to the results reported by Thomas and associates (1996). They found that having nonresident fathers involved in their lives was negatively related to measures of well-being in a sample of African-American male adolescents. Although our sample included both males and females and was not restricted to individuals who had non-resident fathers, males in our sample reported more support from their fathers than the females. Also, our post hoc analyses found no gender difference in either the bivariate or multivariate relationships between father support and alcohol use.

Our findings regarding the interactional influence of racial centrality and racial regard on alcohol use coupled with the findings reported by Rowley and associates (1998) are suggestive of a mediational model. It is possible that African-American adolescents who hold less positive attitudes about African-Americans may also have lower levels of personal self-esteem. The lower levels of self-esteem may, in turn, lead to a greater susceptibility towards drinking alcohol. The results of both the present study and Rowley et al. (1998) indicate that such a model should only hold true for African-American adolescents for whom race is a central identity in their self-concept. Further research is needed in which racial centrality, racial private regard, personal self-esteem, and alcohol use are all assessed within the same population before such a model can be tested. Nonetheless, the findings of both Rowley and associates (1998) and the current study underscore the importance of conceptualizing and measuring racial identity as a multidimensional construct. Without such an approach, it is impossible to capture the complexity by which various dimensions of racial identity may relate to each other and other phenomena (Sellers, Shelton, Cooke, Chavous, Rowley, & Smith, 1998; Sellers, Smith, Shelton, Rowley, & Chavous, 1998).

Our results also suggest that racial identity may play a vital role in African-American adolescents' resiliency. The interaction effect found between private regard and centrality suggest that racial identity may be most protective for youth who consider being black as a defining personal characteristic. These results raise several new questions about the role of racial identity in African-American adolescent alcohol and drug use. One direction for future research is to investigate whether racial identity and parental support may server a buffering function in its relationship with alcohol use. As noted above, parental support has been found to buffer the effect of a number of risk factors for substance abuse (Wills & Cleary, 1996). On the other hand, little research has examined how racial identity may serve as a buffer against alcohol use. One potential risk factor that may interact with racial identity to influence African-American adolescents' use of alcohol is the experience of race-related stressors. One of the most important functions of racial identity has been to buffer African-Americans from the negative impact of racism on their psyche (Cross, Parham, & Helms, 1998). Holding positive attitudes about being black (private regard) may protect African-American adolescents from the potential impact that experiencing racist events may have on their alcohol use. At the same time, it is not as clear as to the nature of a racial centrality/racist event interaction on alcohol use. It is possible that racial centrality may serve a buffering function against alcohol use such that experiencing a racist event may have less of an effect on alcohol use for individuals with high centrality. Conversely, having race as a

central identity may exacerbate the effect of experiencing a racist event. In such an instance, experiencing a racist event may lead to greater alcohol use for those for whom race is more central. In any case, the examination of possible moderating influences of various dimensions of racial identity is a logical next step for research on racial identity and alcohol use.

It should be noted that our results were obtained with a sample of adolescents who were initially selected for the study because they were academically at-risk. Future research is needed to determine whether the present results generalize to higher achieving adolescents. It should also be noted that the present study utilized a cross-sectional design; as a result, it is impossible to infer the causal nature of the relationships that were found. Although our use of a compensatory resiliency model implies that racial identity and parental support influence adolescent alcohol use, it is equally possible that alcohol use may influence both adolescents' attitudes about racial identity and their perceptions of parental support. Nonetheless, the present study provides a strong foundation for future research on African-American adolescent alcohol use.

In conclusion, the present study demonstrates the importance of examining African-American adolescents' alcohol use using a within-group methodology. By taking such an approach, our findings suggest that both variables traditionally studied with white samples (parental support) and variables traditionally studied with other minority groups (ethnic/racial identity) influence alcohol use in ways that are consistent with African-American adolescents' experiences. While being able to place the prevalence of African-American adolescents' alcohol use within the context of adolescents from other groups is useful, further research is needed that examines individual risk and protective factors within the context of the lives of African-American adolescents.

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Table 1.
Mean, Standard Deviation, And Skewness For Demographic Background,
Parental Support, Racial Identity, and Alcohol Use

	Mean	SD	Skewness
<u>Demographic Background</u>			
Age	17.45	.61	.98
Mother's Education	4.43	1.79	.79
Socioeconomic Status	40.17	10.49	1.34
<u>Parental Support</u>			
Mother Support	4.05	.97	-1.19
Father Support	2.61	1.71	-.19
<u>Racial Identity</u>			
Private Regard	6.16	.99	-1.58
Racial Centrality	5.52	1.25	-.97
Alcohol Use Composite	3.17	3.36	.97

Table 2.
Zero Order Correlations Among Demographic Background,
Parental Support, Racial Identity, and Alcohol Use

	1	2	3	4	5	6	7	8	9
1. Alcohol Use	1.0								
2. Private Regard	-.09	1.0							
3. Racial Centrality	-.07	.57*	1.0						
4. Mother Support	-.11*	.08	.10*	1.0					
5. Father Support	-.21*	-.01	-.01	.20*	1.0				
6. Age	-.08	-.07	-.10*	-.05	.02	1.0			
7. Mother's Education	-.07	-.05	-.07	-.05	.00	-.04	1.0		
8. Socioeconomic Status	-.08	-.01	.01	.05	.01	-.11*	.18*	1.0	
9. Gender	-.02	-.04	-.01	-.06	-.18*	-.10*	-.03	-.11	1.0

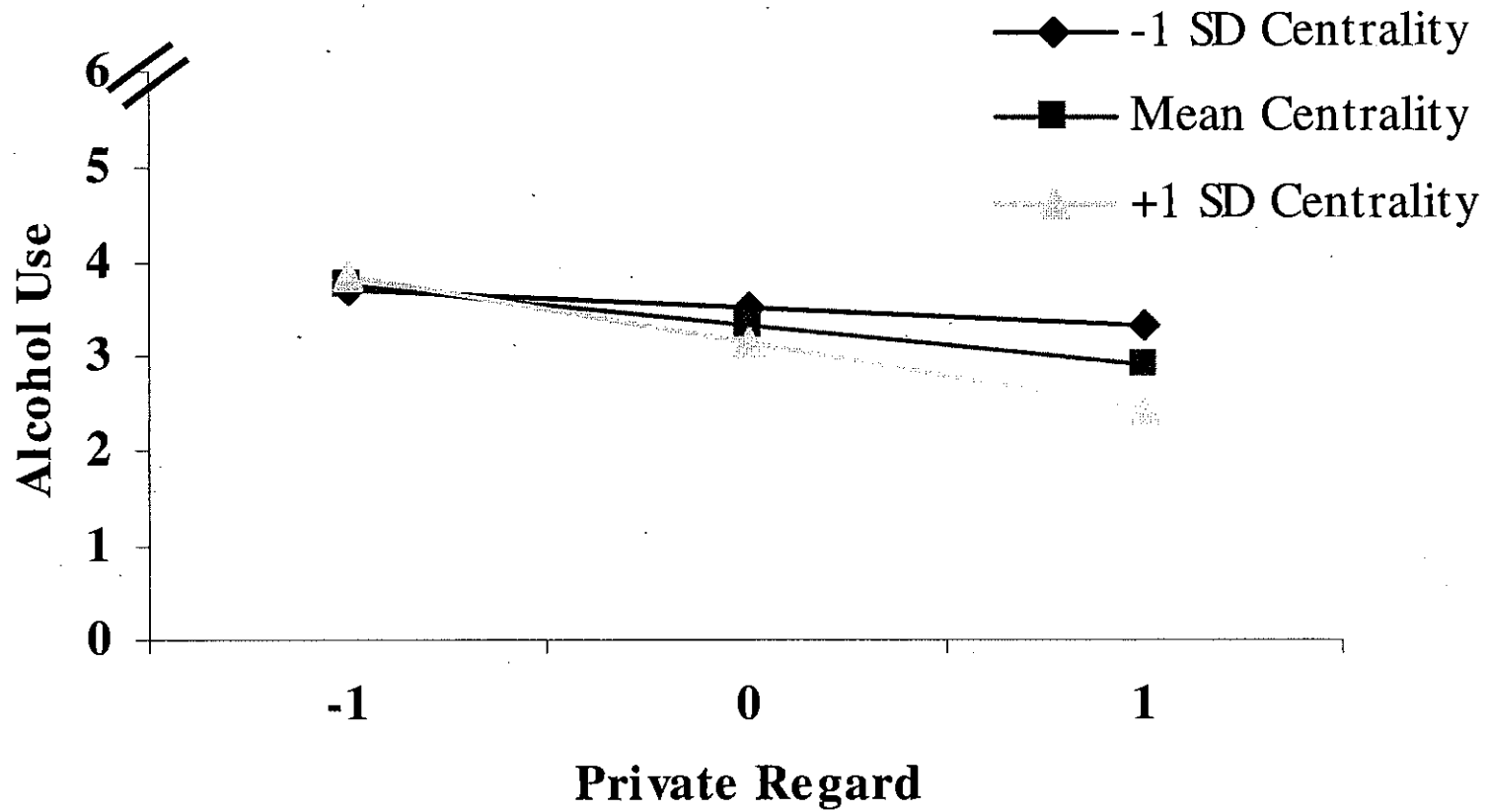
* $p < .05$

Table 3.
Results of a Hierarchical Regression Predicting Alcohol Use from
Demographic Background, Parental Support, Racial Identity, and Interaction Variables

	b (SE b)	R ²	R ² Change
<u>Block 1: Demographics</u>			
Constant	3.33	.02	--
Age	-.63* (.27)		
Mother's Education	-.13 (.09)		
Socioeconomic Status	-.02 (.02)		
Gender	-.54 (.33)		
<u>Block 2: Parental Support and Racial Identity</u>			
Mother Support	-.29 (.17)	.05	.03*
Father Support	-.22* (.10)		
Private Regard	-.45* (.22)		
Racial Centrality	-.16 (.16)		
<u>Block 3: Interactions</u>			
Mother Support X Father Support	-.02 (.10)	.06	.01
Mother Support X Private Regard	.02 (.19)		
Mother Support X Racial Centrality	-.03 (.15)		
Father Support X Racial Centrality	.02 (.10)		
Father Support X Private Regard	.04 (.12)		
Racial Centrality X Private Regard	-.21* (.10)		

* $p < .05$

Figure 1. The Relationship Between Private Regard and Alcohol Use by Level of Racial Centrality



Partner Violence in the African-American Family

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Abstract

Although there is a growth in research on violence between partners in a relationship, there remains a dearth of literature on partner abuse within the African-American family. The literature on African-Americans is inconsistent. A large portion of the current literature that addresses African-Americans suggests they are more violent in relationships than Caucasians, while other researchers assert there are no differences between the races. This paper will review the inconsistencies in reported rates of violence as well as other factors that may influence partner abuse within the African-American family. Conditions that influence abuse, such as socioeconomic status, intervention strategies, and barriers that impede help seeking will be discussed.

Violence in the family is a problem in society today. Violence between spouses or others in intimate relationships is a significant portion of the violence in families. Partner violence is a term used to describe abuse that occurs in any type of relationship, including spousal relationships, as well as unmarried and cohabiting couples.

Relatively few studies have addressed the racial dynamics of partner abuse. However, the literature about African-Americans is inconsistent. Most of the literature suggests African-American couples are more violent than Caucasian couples. However, assertions such as these are difficult to make because of the lack of attention given to the topic of African-Americans and partner abuse. The lack of attention has made it difficult to examine the uniqueness of the African-American experience as it relates to partner abuse. This paper will discuss the discrepancy in the literature about differential rates of partner violence and review issues in current research about the factors that contribute to partner abuse in the African-American family, intervention options, and barriers in seeking help. Implications for further research in this area of study will also be addressed.

Prevalence of Partner Abuse

The study of family violence began in the 1960s with research surrounding issues in child abuse (Dennis, Key, Kirk, & Smith, 1995). Later in the 1970s, the study of wife abuse began to emerge. The first major effort to address family violence was the National Family Violence Survey in 1975 (Gelles &

Straus, 1980). This survey reported on a sample of 2,143 intact families. A telephone interview was performed, and the Conflict Tactics Scale (Straus, 1979) was used to measure violence in the household. Gelles and Straus revealed a significant amount of violence in families. Approximately 7% of couples had thrown something at their spouse in the past year; 7% had slapped their partner; 13% had pushed, shoved, or grabbed their partner; and one out of 200 had used some type of weapon on a spouse. Prevalence of these behaviors increased when participants were asked to report over the entire length of their marriage.

In 1986, Gelles and Straus completed the Second National Family Violence Survey. A sample of 6,002 families was surveyed using the Conflict Tactics Scale. Twenty-eight percent of the couples reported violence in their relationships. The rate of severe violence declined 21.8% from 1975 to 1985. Although there was a significant decline in wife abuse, the rate of violence towards husbands remained the same over the 10-year period. It was also found that violence most frequently occurred among individuals under the age of 30 (Straus, Gelles, Steinmetz, 1980). Those of the lower socioeconomic class reported high amounts of violence also. In fact, as income declined, violence increased. The declines in violence, however, may be attributed to change in family structure, improved economic conditions, and growth in treatment and prevention (Hampton, Gelles, Harrop, 1991).

Prevalence of Abuse in the African-American Community

In a literature review of articles concerning African-American spouse abuse spanning a 10-year period, few sources were found that specifically addressed African-Americans (Uzell & Wilkins, 1989). They found that the research addressed ethnicity either by: 1) failing to mention race; 2) by acknowledging that only majority women were included; 3) including small numbers of minority women but not enough to be representative of the minority population. It seemed as though there was little interest in non-majority families, and the conclusions of this research led to negative assumptions about African-Americans (Hampton & Gelles, 1994).

Many studies of partner violence conclude that African-Americans are more violent in their relationships than whites (Cazenave & Straus, 1979; Hampton, Gelles, & Harrop, 1991; Lockhart, 1991; Neff, Holaman & Schluter, 1995; Straus et al., 1980). In the First National Family Violence Survey (Gelles & Straus, 1975), it was found that wife abuse was 400% more frequent among African-Americans; and African-American husbands were twice as likely to be abused by their wives. African-Americans also showed higher rates of approval of husband and wife slapping than whites (Straus et al., 1980). Using the data from the Second National Family Violence Survey, Hampton and Gelles (1994), found significantly more minor and severe violence perpetrated against African-American wives. Even when income was considered, African-Americans showed higher rates of violence than whites; in fact, African-American individuals with incomes greater than \$10,000 were twice as likely to have relationship violence than whites of similar incomes. A 10-year comparison of the two studies showed that overall

and severe violence of African-American wives decreased in 1985, but the overall and severe violence towards the African-American husbands increased (Hampton, Gelles, Harrop, 1991).

Another study also presented African-Americans as reporting higher violence than whites (Cazenave & Straus, 1979). Results from a study with 147 African-American and 427 white families showed that overall violence among African-Americans was higher than that of whites. Although African-Americans have fewer occurrences of spousal slapping at all income levels over \$12,000, those in lower income levels showed higher amounts of violence. They also found that employment plays an important role because employed middle class individuals reported lower amounts of abuse than unemployed middle class individuals.

After examining the prevalence of spousal violence among 1,374 whites, African-Americans, and Mexican-Americans who were married, separated or divorced, Neff and colleagues (1995) found that African-American women were more likely to perpetrate and be victims of violence. Generally, ethnic differences could not be related to socioeconomic status; but among African-Americans, higher income was associated with lower risk of violence for married females and formerly married males. Their study demonstrated clear differences between African-Americans and whites and concluded that violence may be driven by different factors in different ethnic groups.

Although studies present data showing African-Americans have more problems with violence in relationships, many argue that research limitations caused faulty conclusions and therefore may be misleading (Asbury, 1987; Brice-Baker, 1994; Lockhart & White, 1989; Straus, 1980; West, 1998). Many studies have been criticized for faulty data collection, poor problem conceptualization, inappropriate data analysis, and biased interpretation of findings (Straus, 1980). The First National Family Violence Survey presented a 400% difference in the rate between white and African-American spousal violence. Lockhart (1985) argues that this rate should actually be 8%. She maintains that it has been exaggerated because of the four-fold difference between 11% (African-American violence) and 3% (white violence). She also asserts that the reporting of the data is incomplete because the number of African-American and white couples is omitted. The survey neglected to provide a breakdown of social class by race and did not control for indicators of social class of African-Americans and whites in the data analysis. West (1998) states that large survey based research studies like the National Family Violence Survey do not completely represent all families because they do not include unmarried couples such as single-parent families or cohabiting couples.

Economic inequity between races also poses a problem in reaching meaningful conclusions about African-Americans in the research. For example, Cazenave and Straus (1979) concluded that African-Americans were more violent. However, the overrepresentation of African-American couples in the low-income range brings into question whether the racial groups in their study were comparable across backgrounds and social class indicators (Lockhart, 1985). Socioeconomic status may also factor into studies that rely on statistics from government agencies (Dobash & Dobash, 1981; Gelles, 1980).

Because there are no laws mandating the report of spousal abuse, many of these statistics are retrieved from emergency room reports, family court records, police reports, and shelters (Gelles, 1980). Minority and lower income communities rely heavily upon many of these public sources (Brice-Baker, 1994; West, 1998). African-Americans are particularly overrepresented in official statistics of violence because of socioeconomic status (Staples, 1976); and consequently, the possibility of differential reporting between races and classes is not taken into consideration (Asbury, 1987). Middle and upper classes may be more prone to use private physicians and have the means to avoid using shelters if necessary. Self-report surveys may also be problematic because by excluding the illiterate population, they do not represent diverse samples (West, 1998).

Several studies maintain there is no difference between the violence experienced in the African-American relationship and that of other races (Centerwall, 1995; Lockhart, 1985, 1991; Staples, 1976). Fagan, Stewart, and Hanson (1983) even found that whites were more violent in and out of the home. Lockhart (1985) designed a study to examine the differences between race and social class by surveying 307 African-American and white women from a variety of social classes. Overall, she concluded there was no significant difference between African-American and white women in the reporting of violence in intimate relationships. However, she did find a larger proportion of middle class African-American women than middle class white women were victims of violence. An investigation of domestic homicide rates in Atlanta and New Orleans revealed that rates are correlated with socioeconomic status; and when this factor is controlled for, disparities between white and African-American domestic homicide rates disappear (Centerwall, 1995).

Much of the research on African-American partner violence has focused on comparative racial studies (Cazenave & Straus, 1979; Centerwall, 1995; Hampton, Gelles, Harrop, 1991; Lockhart, 1985, 1991; Neff, Holaman & Schluter, 1995; Staples, 1976; Straus et al., 1980), but few have considered the extent of variations within the African-American community (Lockhart & White, 1989). Lockhart and White (1989) surveyed 155 African-American females from a range of social classes who were married or cohabiting. They were given a questionnaire about demographic information, violence in their family of origin, sources of conflict in their relationships, sources of help, and nature and extent of violence in the relationship. It was found that 35.5% of the women were victims of violence. Women of a lower socioeconomic class reported more conflict in their relationship and conflicts that lead to violence (41.9%), whereas 31% of middle class and 16% of the upper class women reported violence. The median amount of incidents of violence in a given year was 3.6. The upper class reported significantly more incidents (5.8) than the middle class (2.5). The lower class reported 3.8 incidents.

Women Fighting Back

Controversy surrounds the issue of women being physically abusive towards men. Many believe that women are not as violent or aggressive as men, but recent research has shown that women's rates of

violence were equal with men's rates (Stets & Straus, 1990; Straus, 1993). Some argue that violence cannot be equated because of size and strength differences between men and women (Kaufman-Kantor & Jasinski, 1998). Nevertheless, the National Youth Survey found that violence frequency and severity are the same for both men and women (Morse, 1995). Straus (1993) clarifies the mistaken assumption that women must be less violent because of their lower crime rate and high victim rate by pointing out that women can be violent while not being represented in the statistics. He asserts the discrepancy mainly reflects different people and aspects surrounding violent situations.

In domestic situations, women are more likely to be violent in self-defense or retaliation (Straus, Gelles & Steinmetz, 1977; Saunders, 1986). Wives are more likely to use weapons during violent acts than husbands (Flynn, 1977). In a study with 57 mutually violent couples (Vivan & Langhinrich-Rohling, 1994), it was found that in the majority of couples both partners maintained low levels of violence. More couples reported a higher victimization towards the wife (26%) than the husband (18%). Additionally, more women reported injuries and negative psychological effects.

Some studies suggest that minority women are more likely to tolerate abuse (Gondolf, Fisher & McFerron, 1991); however, several studies have found that African-American women were more likely to be violent in their relationships than women of other racial groups (Mann, 1987; Scott, 1978). African-American women are likely to strike back against an abusive husband; they are also more likely to kill their abusive husbands (Mann, 1987; Scott, 1978).

Theories of Abuse

Theories are important because they provide a framework for understanding and responding to violence (Kaufman-Kantor & Jasinski, 1998). Five theories encompass the main ideas of partner violence: the feminist-political theory, the intra-individual theory, the sociocultural theory, the structural-cultural theory, and the social psychological theory.

The feminist-political theory is based on the premise that men abuse to gain power in a patriarchal society that teaches them to be dominant (Walker, 1986; Dobash & Dobash, 1979). This theory may not be generalizable to all men, especially African-American men because in American society, they are not expected to be dominant (Brice-Baker, 1994). Walker (1979, 1984) also suggests that sex-role socialization is an important factor in the continuation of the abuser victim role.

The sociocultural theory states that violence is an influence of social location, such as class, education, and income (Kaufman-Kantor & Jasinski, 1998). It also takes into account how society views violence and condones it in certain situations (Gelles, 1980; Walker, 1986), especially violence perpetrated against African-Americans (Brice-Baker, 1994).

Intra-individual theories emphasize the role of individual psychological and personality traits on violence (Brice-Baker, 1994; Kaufman-Kantor & Jasinski, 1998). In recent studies much attention has been brought to personality characteristics of men who abuse (Carter, Chambers, Povudal, Wilson, 1998;

Gondolf, 1988; Holtzworth-Munroe & Straut, 1994). Many have found that men who abuse, indeed, have some pathological personality characteristics such as antisocial and borderline personality, depression, and substance abuse history.

Social-psychological theories stress the role of external factors that affect the family such as violence in the family of origin, stress, alcohol abuse, and marital dissatisfaction (Gelles, 1980; Rosenbaum & O'Leary, 1988). Brice-Baker (1994) suggests this may be the most suitable theory for considering violence in the African-American family.

Many suggest that structural factors should be examined when investigating abuse in African-American relationships (Gelles, 1980; Oliver, 1988; West, 1998). The structural-cultural theory may assist in providing the most relevant causes of African-American violence (Oliver, 1988). Oliver (1988) suggests that crime among African-Americans is produced by structural pressures and dysfunctional adaptations. Minorities live in a society where race determines access to economic resources (West, 1998), and the lack of sufficient resources affect the African-American man's ability to enact traditional male roles in the family (Hampton, 1980; Hampton, Gelles, Harrop, 1991; Staples, 1986). Hampton and Gelles (1994) suggest that more research should be done to explore the structural-cultural theory and to determine the extent of denigration and how it is experienced differently between violent and nonviolent people.

Factors that Influence Abuse in the African-American Community

Inasmuch as the etiology of violence is not completely understood, violence is thought to be a combination of social, biological, and cultural factors. There is debate about the prevalence rates among African-Americans as compared to other racial groups, but factors that influence violence in the African-Americans may be different than other racial groups. It is suggested that when trying to understand families, researchers must consider a cultural (Asbury, 1987) as well as a socioeconomic context (Sudarkasa, 1981).

When investigating African-American partner abuse in the cultural context, one must begin with historical implications. Although little is written about African history, Hama & Ki-Zebra (1981) suggest that African women probably occupy a more important position in African historical consciousness than women of other cultures elsewhere in the world. This is evident by their dominant role in agricultural work in 80% of Sub-Saharan societies (Bourguignon & Greenbaum, 1973) and their role of priestesses, warriors, and advisors in other parts of Africa (Hama & Ki-Zebra, 1981).

Despite a rich African heritage, violence among intimate partners continues to plague the African-American family. In addition it can be hypothesized that partner abuse among African-Americans is a result of the American experience (Dennis, Key, Kirk, Smith, 1995). Ucko (1994) points to the conflict between traditional African expectations of strong independent women and reciprocity between spouses and the European-derived American heritage of sexuality as a male status symbol and of

male control of women's lives. African-American couples are stressed by incompatible goals brought on by conflict between African and American gender roles, and the stress is intensified by prejudice and economic deprivation (Ucko, 1994).

Socioeconomic Status

Socioeconomic status is one of the most important factors in partner abuse. Although violence occurs among all classes, studies show that couples in lower socioeconomic class report more violence than couples who are middle or upper class (Cazenave & Straus, 1990; Hampton and Gelles, 1994; Lockhart & White, 1989; Straus, 1980). In their literature review, Uzell and Peebles-Wilkins (1989) emphasized five main variables relevant to abuse. These variables are occupation, income, embeddedness in family, violence in family of origin, and unemployment. Three of the five variables are directly related to socioeconomic status.

Socioeconomic status is especially relevant for African-Americans because disproportionate numbers of African-Americans are of a lower economic class. Although societal gains have been made by African-Americans over the past several years, economic, employment and educational equality has yet to occur (West, 1998). Moreover, African-American men earn consistently less than white men (Hare, 1979). African-American men who are employed in blue-collar jobs are more violent in relationships than African-American professional men (Cazenave & Straus, 1990). Additionally, unemployed African-American men's violence rates are higher than those African-American men who are employed (Hampton & Gelles, 1994). In Centerwall's (1995) study on domestic homicide, he found that the homicide rates in Atlanta and New Orleans were correlated with socioeconomic status. Finally, a investigation of an intervention program for men who abuse concluded that although 83% were employed, a vast majority (87%) of the men had incomes less than \$20,000, and 29% had income less than \$5,000 (Dennis, et al., 1995). Most of these men (75%) were employed doing manual labor, and only 5% had graduated from college.

One interesting finding concerning socioeconomic status and partner abuse is the finding regarding the African-American middle class (Lockhart, 1991; Lockhart & White, 1989). Although it was found that there was no overall significant differences between African-American and white women in reporting violence, middle class African-American women experienced more violence than middle class white women (Lockhart, 1991). In a study of all African-American females, Lockhart and White (1989) found that middle class women reported the highest level of marital discord and more acts of mild violence such as pushing, grabbing, and shoving than either the lower or upper class women.

Why does socioeconomic status play such an important role in partner abuse? It is a well-known fact that financial problems are one of the main reasons for marital conflict and divorce. Furthermore, Roy (1982) asserts that money is the primary catalyst for violence. Neff and colleagues (1995) found that financial stress was a predictor of spousal abuse regardless of ethnicity. Nevertheless, socioeconomic

status can create a great deal of stress for one or both partners. Even middle class African-Americans may feel that their status is a source of stress because of insecurity in their financial existence (Lockhart & White, 1989). The mere fact of escaping poverty may be no solace to the African-American middle class because living at a higher level is often precarious and includes the risk of being laid off (West, 1998). Brown-Lee (1987) suggests that the underlying cause for violence in the African-American family is the lack of economic resources. Thus, financial problems may affect the African-American males' ability to enact the traditional role of a father and contribute to an increase in female-headed households and increase in violence (Hampton, Gelles, & Harrop, 1991).

Self-Esteem and Stereotypes

Literature points to self-esteem as major factor in leading to partner abuse (Brice-Baker, 1994). One of the most detrimental factors to African-Americans' self-esteem is the acceptance of stereotypical images as reality. Hawkins (1987) presents four stereotypes of African-Americans that can lead to the acceptance of violence in the African-American community. First is the notion that African-Americans are poor and live in high-crime areas. This stereotype unfairly places African-Americans in the category of being products of poverty and crime. African-Americans who believe this may think the world has nothing else to offer but a life filled with poverty and crime. The second stereotype is that African-American families are fragmented and disorganized with no morals. The third stereotype is that African-Americans believe violence is a legitimate way to solve problems. The fourth stereotype is that violence is endemic in the African-American community.

Stereotypes not only affect the African-American community as a whole but specifically put African-American women in an insecure position that could damage their self-concept. One of the largest myths that damages the self-worth of the African-American woman is that they are not as attractive as their white counterparts. African-American women who perceive themselves as unattractive and feel that they are not entitled to anything may settle for unstable, abusive relationships (Asbury, 1993). Another stereotype is the idea of the African-American woman as an exotic sexual temptress (Asbury, 1993). With her sexual prowess, she solicits attention from men while her partner gets jealous and consequently violence occurs (Brice-Baker, 1994). Several other stereotypes have direct effects on the African-American women's role in the family. One widely held belief is that African-American women are emasculating matriarchs (Asbury, 1993) who strip their husbands of their masculine dignity. Carlson (1977) asserts that violence may occur when the husband's role is not traditional and is lower than the wife's role in the family. The stereotype of African-American woman as a strong, independent woman who can take care of herself can be a positive stereotype (Brice-Baker, 1994), but it may also lead to African-American women who do not seek help in times of need because it may seem as a sign of weakness. Furthermore, others, such as police and mental health providers, who also accept this stereotype as a fact can easily overestimate the African-American woman's ability to cope with abuse in

her relationship (Brice-Baker, 1994). Finally, the stereotype of African-American woman as the glue that holds the family together (Brice-Baker, 1994) may make it less likely for her to want to escape the abuse because she feels that it is her duty to stay.

Violence in the Family of Origin

One of the most consistent risk factors of partner abuse is experiencing or witnessing violence in the family of origin (Caesar, 1988; Hiberman & Munson, 1977; Jasinski & Williams, 1998; Rosenbaum & O'Leary, 1981). In a large exploratory analysis of parental violence, it was found that witnessing parental hitting significantly influenced attitudes about violence towards women (Ulbrich & Huber, 1981). Lockhart & White (1989) concluded the more violence in the family of origin, the more likely it is that a person may become an abuser or a victim. Even more specifically, Hampton and Gelles (1994) found that African-Americans who were hit as teens by their mothers or witnessed parental violence had significant higher rates of husband-to-wife violence. Individuals hit by either parent as a teen were also more likely to be in a household with more severe violence. Family-of-origin violence appears to be less relevant for the victim than the perpetrators. Researchers found no relationship for females between witnessing or experiencing violence in family and husband-to-wife violence. Family-of-origin violence also has implications of socioeconomic status (Hampton & Gelles, 1994). Witnessing marital violence as a child was the strongest discriminating factor for those of upper socioeconomic class, and actually being hit by the father also had a strong association with marital violence. Alternatively, those of lower socioeconomic class have a weaker association between family-of-origin violence and violence in their current relationship.

Substance Use

Another risk factor associated with partner abuse is substance use (Carlson, 1977; Carter, thesis; Neff et al., 1995; West, 1998). In an analysis of personality characteristics of men who abuse, Carter (1999) found alcohol abuse was a major problem for a subset of men who abuse. The men who abused alcohol also perpetrated the most psychological and physical violence towards their partners. Kantor (1990) suggests heavy drinking is associated with violence in African-Americans. Neff and colleagues (1995) would agree that high quantity drinkers are significantly more likely to abuse their partners; however, they found that among whites, Mexican-Americans, and African-Americans, drinking patterns has the least relevance for African-Americans. They concluded that violence might be driven by different factors and different combinations of drinking patterns.

Intervention and Prevention Strategies

Many women seek shelter for refuge against abusive relationships (Sorenson, 1996; Taylor & Hammond, 1987). In addition to providing a safe place to reside, women need support. Support groups

can help in building self-esteem, reducing isolation, and developing coping skills (Brice-Baker, 1994; West, 1998). More specifically, when working with African-American women several things should be considered. First, discrimination (West, 1998) and racial stereotypes should be addressed by educating women (Brice-Baker, 1994). Second, because of the nature of the African-American support system, it is important to acknowledge extended family and others who may influence violence in the home (Brice-Baker, 1994). Third, women may need the benefit of legal and employment information (West, 1998).

Boyd-Franklin (1989) suggests that professionals who work with African-Americans should receive training with minorities. Regardless of treatment providers' race or gender, they must examine their own ideas about racism and sexism. It is also important for them to be clear about their own cultural identity and motivations for working with domestic violence. When assessing African-American individuals who are involved in abusive relationships, it is important to gather appropriate demographic and background information. Mental health providers should include questions about race, economic status, family structure, prior exposure to violence, suicide potentiality, and cultural coping strategies (West, 1998).

The most common and effective deterrent for men who abuse is arrest (Dennis, Key, Kirk & Smith, 1995). Sometimes instead of jail time men are referred to court-mandated treatment programs such as the Controlling Family Violence Group at the University of Virginia, the Center for Abusive Behavior, or the KMS Center against Abusive Behavior. African-American women especially may be interested in this option to help change their partner's behavior (Asbury, 1987) because they may be likely to remain in the relationship if they believe it is their responsibility to maintain the relationship (White, 1985). However, African-American men are underrepresented in programs for men who batter (Gondolf, Fisher, McFerron, 1988). It is important for those who treat these men to integrate culturally sensitive approaches with traditional treatment (Jasinski & Williams, 1998; Williams, 1994). Williams (1994) suggests all African-American groups may provide an environment that allows the men to discuss common themes and to be resocialized.

Barriers in Seeking Help in the African-American Community

Many times women involved in abusive relationships find it difficult to gain support and finally leave the relationship. Both external and internal factors may play a role in a woman's decision to seek help or remain involved in an abusive relationship (Asbury, 1987). External factors are situations not created by the woman and include economic dependence, lack of social support, and isolation. Ambivalent or positive feelings about the abusive partner, the belief that violence occurs in all marriages, as well as the feeling that the abuser will change are internal factors that contribute to a woman remaining in an abusive relationship (Asbury, 1987; Brice-Baker, 1994). The fear of more violence also largely relates to a woman's decision to leave because leaving can be the most dangerous time in an abusive relationship.

It may be argued that African-American women have an even more difficult time obtaining the appropriate help they may need. West (1994) outlines three major barriers in seeking help in the African-American community. These barriers include cultural barriers, institutional barriers, and racial stereotypes. Cultural barriers are the values and the beliefs that influence the avoidance of the mental health system (Rodriguez & O'Donnell, 1995). Acosta (1980) attributes the failure of the mental health system in the African-American community to mistrust, skepticism by African-Americans, and stereotypic attitudes held by the middle class and mental health providers. Hence, African-Americans resort to other means of assistance. African-American women are thought to more frequently use extended family and friends as a means for support (Asbury, 1987; McAdoo, 1978; Neighbors, 1984; Warren, 1981). Although this is a positive aspect of the network between African-Americans, in cases where professionals are needed, the victims may suffer negative consequences because their mental health needs may not be appropriately met. The strong religious beliefs of African-American women (Abney & Priest, 1995) may prompt women to seek counsel from a minister before consulting a mental health professional (Gondolf et al., 1991; Sorenson, 1991). Additionally, it may be difficult for some African-American women to find professionals who have expertise in working with African-American women in abusive situations (Brice-Baker, 1994).

Institutional barriers are those factors impeding the use of agency delivery systems, such as the police or shelters for victims of abuse (Rod & O'Donnell, 1995). The turbulent history between African-Americans and law enforcement is a well-known fact. Hence, many African-Americans use caution when involving themselves in situations that may require police intervention. In a focus group facilitated by Sorenson (1996), she found that African-American women express hesitation in calling the police when being abused because they were afraid of how their partner would be treated. Moreover, she discovered that police were slower to respond to calls originating from individuals believed to be a minority or from African-American or lower socioeconomic neighborhoods. African-American women, nevertheless, do resort to using the police as a resource when being abused (Gondolf et. al, 1991; Sorenson, 1996).

Shelters for abused women are an excellent refuge for victims of abuse. However, African-American women may oftentimes feel unwelcome at shelters. Few studies have examined the shelter experience as it relates to race. In an investigation of Virginia's shelters, Taylor and Hammond (1987) found a disproportionate number of African-American women in the shelters, but Caucasian women were still twice as likely to reside in shelters than African-American women. Although Gondolf and associates (1991) found that women of different racial groups sought the same amount of assistance, they suggested shelters should act as service centers for the economic disadvantaged. They found African-American women of lower socioeconomic level were underrepresented in shelters and were probably not likely to seek help in a shelter. African-Americans who live in rural communities are also less likely to use shelters because of the isolation they suffer (Wilson, Cobb, Dolan, 1987). Minority women in Sorenson's

study (1996) stated if the services they received were not respectful, they would only seek services briefly or not at all.

Racial stereotypes can be used in negative ways against the African-American woman seeking help by underestimating the impact of abuse on African-American women and overestimating their coping ability (Brice-Baker, 1994). It may be thought that African-Americans are inherently more violent, and therefore African-American victims may be more tolerant of abuse (Gondolf et al., 1991; Sorenson, 1996). African-American women may feel their requests for help from the police or mental health professional when in a crisis may go unanswered. The stereotype of the strong, independent African-American woman may make African-American women more prone to hide problems (Lockhart, 1989) and perpetuate the belief that asking for help is a sign of weakness and that conflict should be handled without assistance from others (Asbury, 1987).

Future Directions in Research of African-American Partner Violence

Continued research into partner violence will be vital in attempting to eradicate the problem. Researchers of partner violence should continue to study all aspects of this topic, such as characteristics of the men who abuse, potential risk factors of abuse, intervention and treatment approaches, and prevention strategies. Longitudinal studies may offer increased insight into the patterns of escalation and cessation in an abusive relationship. Although research on characteristics of men who abuse has become increasingly prevalent, traits of the victims and victims' strengths has not be a major line of inquiry (Jasinski & Williams, 1998).

The inconsistencies in the research on abuse among African-Americans make it imperative that studies also continue to address issues that are unique to African-Americans and other minority groups. First, researchers who study various ethnic minority groups should collaborate to improve the quality of research. Second, essential variables such as race and social class should also be taken into consideration when analyzing data and reporting results (Lockhart, 1985). Third, a survey of attitudes of violence in the African-American community could be performed (Brice-Baker, 1994). Finally, because some studies suggest a high rate of violence in the African-American middle class (Lockhart, 1985), an investigation of this subgroup may clarify findings and expose new avenues of inquiry.

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Psychopathology and the Diagnosis of African-Americans: The Role of DSM, Clinical Judgment, and Sociocultural Context

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The consistent finding that Whites are more likely than African Americans to receive a diagnosis of mood disorder and that Blacks are more likely than Whites to be diagnosed with schizophrenia has long been viewed as an indication of the widespread misdiagnosis of African Americans. Specifically, scholars argued that misdiagnosis occurs because of clinician bias and the acceptance of racial stereotypes (Thomas and Sillen 1972; Cannon and Locke 1977; Bell and Mehta 1980; Adebimpe 1981; Bell and Mehta 1981; Ruiz 1983; Jones and Gray 1986; Lawson 1986; Snowden and Cheung 1990). DSM-III was seen by many as the likely solution to this diagnostic problem. DSM, by making criteria explicit and specific, would guide clinicians to make accurate diagnoses of African Americans by making it more difficult to rely upon preconceived notions based on race. The idea that mental health professionals should make personal modifications to diagnostic criteria on the basis of the patient's race would result in low diagnostic reliability, a situation DSM-III was designed to correct.

DSM's attempt to control clinician discretion by standardizing diagnostic symptom sets and inclusion and exclusion criteria was indeed a step in the right direction. Clinical researchers had for quite some time, questioned the diagnostic habits of their colleagues when it came to African Americans (Fischer 1969; Thomas and Sillen 1972; Kramer, Rosen et al. 1973; Simon, Fleiss et al. 1973; Welner, Liss et al. 1973; Raskin, Crook et al. 1975; Jones and Gray 1986; Neighbors 1989; Griffith 1996; Strakowski, McElroy et al. 1996; Garb 1997). In the push to increase diagnostic reliability, DSM-III implied that clinicians should treat black and white patients similarly. The implication of equal applicability of diagnostic criteria across racial groups was an assumption that was quickly challenged (Adebimpe 1981; Kleinman and Good 1985). The problem with the DSM-III approach was that it contradicted empirical evidence from cross-cultural psychiatry. African American vocabularies of distress and symptomatology are often colored by social experiences that differ substantially from the cultural framework represented by DSM (Schwab and Schwab 1978; Marsella and Pedersen 1981; Lefley and Pedersen 1986; Miranda and Kitano 1986; Kirk and Kutchins 1992). Persons of different racial groups often differ clinically from one another and as a result, should *not* necessarily be treated the same (Adebimpe 1982; Gaw 1982; Kleinman and Good 1985; Wilkinson and Spurlock 1986; Dana 1993; Aponte, Rivers et al. 1995; Mezzich 1996; Rogler 1999). Thus, DSM-III, while viewed as a useful

weapon in the fight against biased diagnosis, was at the same time criticized for assuming too much homogeneity and uniformity of symptom expression across patients of different racial groups.¹

While many remain concerned about problems of diagnosis with African Americans, the data needed to definitively demonstrate the phenomenon are elusive. Due to the absence of a gold standard, the best we can do is document instances of diagnostic concordance (agreement and disagreement) across various assessment procedures and patient race (Neighbors, Trierweiler et al. 1999). At that point, we must rely upon clinical opinion to gain a deeper understanding of why clinicians implementing a similar set of diagnostic criteria sometimes come to different clinical conclusions. Given the inevitability of a certain amount of diagnostic uncertainty, researchers need to study the various means employed to implement DSM criteria. In this paper, we briefly review the hypothesis of misdiagnosis among African Americans in order to provide a basis for a closer inspection of the role of clinical judgment as influenced by the cultural recommendations contained within DSM-IV. We recommend that more studies focus upon the manner in which clinicians experienced in working with African American patients employ Axis IV information to make a more culturally informed Axis I diagnosis.

The Misdiagnosis Hypothesis

The typical evidence cited in support of the misdiagnosis of African Americans consists of the finding that Blacks are more likely than Whites to receive a diagnosis of schizophrenia and less likely to be diagnosed depressed. Yet, there is nothing in this finding *per se* to conclude that it results from misdiagnosis. These patterns could also be a function of Black-White differences in true prevalence or selection factors related to the utilization of mental health services (Neighbors 1984; Sussman, Robins et al. 1987; Lawson, Hepler et al. 1994, p. 73). Convincing evidence of misdiagnosis can only be identified in comparison to some agreed-upon standard (Garb 1997). Unfortunately for psychiatric diagnosis, that comparative referent is unclear. Thus, the data bearing on misdiagnosis are far from definitive (Adebimpe 1981; Neighbors 1989; Snowden and Cheung 1990; Good 1993).² Although there has been no shortage of articles written about the topic of misdiagnosis, many of the articles published in the last decade have been literature reviews, often drawing upon the same articles cited in Adebimpe's (1981) classic review article (Neighbors 1989; Cheung and Snowden 1990; Killian and Killian 1990; Snowden and Cheung 1990; Worthington 1992; Good 1993; Wade 1993; Lu, Lim et al. 1995; Baker and Bell

¹This prompted Adebimpe (Adebimpe 1982) to write at that time, "diagnostic errors among Black patients might go undetected *precisely because* DSM assumed uniformity of symptom patterns in all groups. As a result, DSM-III may not be as important a step forward for Blacks as Whites."

²Adebimpe (1981) made this point years ago when he criticized the research community for not doing more to investigate the possible misdiagnosis of African Americans, "It is, therefore, remarkable that these allegations (of misdiagnosis) have not been extensively and rigorously examined. Almost a decade after they were first made, there exists only a modicum of data by which they can be evaluated" (Adebimpe 1981, p. 279).

1999). The studies most consistent with the misdiagnosis hypothesis merely pose the intriguing question, when two reasonable assessment processes disagree on the diagnosis of the same patient, how do we conclude which is a more accurate reflection of the patient's psychopathological reality (Tonks, Paykel et al. 1970; Liss, Welner et al. 1973; Simon, Fleiss et al. 1973; Welner, Liss et al. 1973; Raskin, Crook et al. 1975; Adebimpe 1981; Mukherjee, Shukla et al. 1983; Lipton and Simon 1985; Strakowski, McElroy et al. 1996; Whaley 1997; Neighbors, Trierweiler et al. 1999)? Such studies raise important research questions regarding diagnostic agreement (and disagreement) across race of both clinician and patient, as influenced by a host of factors, including assessment procedures, clinician adherence to DSM, race matching of doctor and patient, socioeconomic status and gender.

The reason it been so difficult to clarify this dilemma has to do with the inherent ambiguity and complexity of psychiatric diagnosis, which relies almost exclusively on self-reports of symptoms, observations of behavior, and clinical judgment. Naturally when such complex interpersonal communications have to flow across cultural boundaries, it is inevitable that some information will be lost or misinterpreted (APA 1994, p. xxiv). Even more important is the fact that psychiatric diagnosis lacks the necessary tools to make clear-cut distinctions between a "correct" and "incorrect" diagnosis. There is no "gold standard" upon which to rely for the definitive classification of psychiatric morbidity. As a result, it will always be difficult to specify the degree to which African American patients are the victims of widespread diagnostic error. In fact, we suspect that there will never be universal agreement on issues of diagnosis, especially with respect to the more challenging cases of African Americans. Some diagnostic ambiguity will remain no matter how precisely we delineate the symptom criteria that define a particular disorder. About the best that can be done is to sensitize clinicians to issues of race and hope that they will seriously consider such information as they conduct their diagnostic work. Therefore, it is important that racial and cultural contextual factors are considered during the examination of signs and symptoms of psychopathology (Mezzich 1996).

DSM-IV and Cultural Context: Issues and Question

In an attempt to reduce the effect of unintended clinician bias, DSM-IV contains a number of mechanisms designed to increase sensitivity to variations in how mental disorders may be expressed in different cultures, (APA 1994, p. xxv). Appendix I of DSM-IV contains five issues related to culture that should be addressed by clinicians, including issues of ethnic group identification, awareness of local idioms of distress, the psychosocial environment (i.e., social stressors, social supports, and religion) and the relationship between the individual and the clinician (i.e., problems of communication, understanding and determining whether behavior is normative). DSM also contains specific suggestions within particular disorders. For major depressive episode, DSM-IV notes that for some groups depression is experienced in somatic terms rather than with sadness or guilt. It also states that cultures differ in their concern over expressions of dysphoria. Clinicians must distinguish such culturally distinctive

experiences as being hexed, feeling heat in the head, being visited by those who have died, from actual hallucinations or delusions (APA 1994, p. 324). For every other mood disorder, except bipolar, DSM-IV refers the reader back to the cultural warning listed for major depressive episode. With respect to the bipolar disorders, DSM-IV warns that some clinicians confuse bipolar disorder with schizophrenia for racial minorities (APA 1994, pp. 352-353).

With respect to schizophrenia, DSM-IV cautions that hallucinations may be a normal part of religious experience in certain cultural contexts and ideas that appear to be delusional from one culture perspective (e.g., sorcery, witchcraft) may be commonly held in another. Furthermore, in some cultures, visual or auditory hallucinations with a religious content may be a normal part of religious experience, such as seeing the Virgin Mary or hearing God's voice (APA 1994, p. 275, 281). DSM-IV notes that disorganized speech can be difficult to assess given linguistic variation and narrative styles, and the assessment of affect requires knowledge of and sensitivity to cultural differences in styles of emotional response. Finally, DSM-IV notes that the meaning of self-initiated, goal-directed activity varies across culture and, as a result, disturbances of volition must be carefully assessed. The rest of the schizophrenia chapter refers the reader to the passage on page 281 and occasionally repeats the religious content/hallucination example.

This review of cultural recommendations within DSM-IV makes it clear that using DSM in a rigid fashion is likely to result in diagnostic errors because to do so eliminates the possibility of adjusting the criteria for cultural context. Censoring important cultural and contextual information will likely lead to poor diagnostic decisions because such contextual information should help clinicians weigh the salient aspects of symptoms within the larger context of the patient's social history. Griffith (1966), for example, cautions that the vocabulary African Americans often use to communicate feelings of despair and frustration is so extreme in comparison to that used by Whites that it is often categorized as severely pathological. Kleinman (Kleinman 1996) warns that antisocial personality disorder (APD) presents a special problem when one considers its application to high-crime neighborhoods where some adolescents are socialized in environments in which violence is routine and many of the APD behaviors are normative. We cannot forget, however that while some behaviors may be understandable within a particular sociocultural context, they can still result in significant impairment. In fact, DSM-IV advises that, "It is imperative that the clinician not routinely dismiss a symptom merely because it is viewed as the 'norm' for a culture (APA 1994, p. 324). Griffith underscores this difficulty in culturally-based judgments of psychopathology in noting that the "intriguing task for a psychiatrist is trying to determine when the spirit possession has become truly pathological and to understand why the patient's possession state is no longer within his or her acceptable boundaries for ritual possession" (Griffith 1996, p. 29).

Each individual is surrounded by a perceived environment that contains ideas, behaviors, and events pointing to that individual's culture. The cultural details of any symptom should be carefully explored within this context since symptoms acquire a greater degree of diagnostic importance if they

appear bizarre to members of the same group (Carter 1974). Some of these elements of culture point to problematic behavior and the experience of mental disorder. Some also point to ideas about the source of pain, and how the patient has experienced the group's history of oppression. All of these ideas can directly affect the diagnostic situation. If the clinician is unaware of these ideas and their importance to the individual, and as a result, is unable to assess their impact, the stage is set for the dominating impact of stereotypic knowledge that can increase the likelihood of misdiagnosis. Grier and Cobbs (1968) years ago provided an example of this process.

...clinicians who are interested in the psychological functioning of Black people must get acquainted with this body of character traits which we call the Black Norm. It is a normal complement of psychological devices, and to find the amount of sickness a Black man [sic] has, one must first total all that appears to represent illness and then subtract the Black Norm. What remains is illness and a proper subject for therapeutic endeavor. To regard the Black Norm as pathological and attempt to remove such traits by treatment would be akin to analyzing away a hunter's cunning or a banker's prudence. This is a body of characteristics essential to life for Black men [sic] in America and woe be unto the therapist who does not recognize it (Grier and Cobbs 1968, 178-179).

Thus, acknowledgment of individual differences on the basis of race is merely a first step. Practitioners must also come to some understanding of *how* the conceptualization and expression of symptoms and diagnostic categories are colored by an upbringing and socialization that differs substantially from the cultural framework represented by DSM-IV. They must learn how to test the accuracy of a given cultural perspective in a particular case and how to understand the relationship between cultural phenomena and the behaviors perceived to be problematic. In other words, the diagnostic processes employed with the prototypical client (e.g., adult, verbal, White, middle class, etc.) must be modified on the basis of the clinician's knowledge of how culture comes into play (or not) for each particular individual in treatment (Dana 1993). Diagnostic categories applied with insufficient cultural evidence lead to premature decisions that inhibit further probing for clarification. Clinicians need to rethink the process of diagnosing African Americans such that continued probing with the expectation of a cultural analysis and integration becomes standard practice.

The issue of how culture affects psychopathology is complex and DSM alone cannot address adequately the diagnostic challenges represented by African American patients. Informed clinical judgment is important because DSM disorder definitions are based on diagnostic prototypes that are "fuzzy" around the edges. Most clinicians learn the criteria that define the prototypic example of a particular disorder. They next learn to recognize patients who fit those prototypic criteria, and then must figure out how to adjust those prototypes in order to make a diagnosis for patients who *do not* fit neatly (i.e., an "atypical" presentation) into the categories represented in the diagnostic manual (Faumer 1994, p. 5). African Americans often present this kind of diagnostic challenge because race plays an important

role in shading the clinical picture and manifestations of DSM disorders. The challenge is one of developing procedures for clinicians to use in the implementation of the criteria as influenced by the cultural recommendations of DSM-IV. To achieve this goal, it will be useful to better understand how culturally experienced clinicians use their knowledge and awareness of culture along with the application of diagnostic criteria with African American clients.

Conclusions

Embracing the challenge of cultural difference places many clinicians in a precarious position. On the one hand, clinicians have been chastised for treating African American patients differently (e.g., over-diagnosis of schizophrenia instead of mood disorder) while at the same time criticized for the failure to adjust criteria for cultural context. This situation will certainly heighten many clinicians' awareness of the importance of race in the context of their work but may also make them more cautious about diagnosing the racially different client. It might be confusing or intimidating for clinicians who have not had much experience working with African Americans as they come to appreciate the fact that there are important implications (questions of cultural insensitivity) for the way they choose to differentially diagnose Black and White patients. In short, there are both positive and negative generalizations made on the basis of racial group membership. The key to differentiating culturally sensitive clinicians from culturally inexperienced ones is that the former are somehow able to use group generalizations about differences in a positive way while the latter use group stereotypes in a negative way. At present, we do not know enough, from the clinician's perspective, about to make such difficult cultural distinctions. We need studies that inquire about these issues directly from clinicians themselves.

These cultural issues serve to underscore the importance of clinical judgment (APA 1994, p. xxiii).³ It follows that clinicians must take advantage of the opportunity to adjust DSM criteria as they are applied to African American patients. In order to be culturally sensitive, clinicians will have to make cultural modifications in the manner in which they apply DSM criteria. We suspect that there are culturally experienced clinicians who over time, have learned how to take issues of culture into account in conducting diagnostic work. Such culturally experienced clinicians should not have their subjective judgment restricted too tightly. To do so would inhibit the application of those skills necessary for making accurate diagnoses within the context of culture. Much work remains to be done, however, to document the specific techniques used by culturally experienced clinicians. Given the inevitable importance of subjective judgment in psychiatric diagnosis and the necessity of allowing culturally experienced clinicians the freedom to use their clinical skills, the publication of explicit criteria along

³"The specific diagnostic criteria included in DSM-IV are meant to serve as guidelines to be informed by clinical judgment and are not meant to be used in a cookbook fashion. For example, the exercise of clinical judgment may justify giving a certain diagnosis to an individual even though the clinical presentation falls just short of meeting full criteria for the diagnosis as long as the symptoms that are present are persistent and severe"

with cultural suggestions is but a necessary first step toward the improvement of diagnostic accuracy (Kleinman 1996, p. 21). The more important next step will depend upon clinical training programs that seriously address the study of psychopathology across race (Myers, Wohlford et al. 1991; Felder and Harris 1998).

The area of diagnosis within the context of culture is fraught with difficulties and serious problems that we are only beginning to address in the necessary depth. While DSM-IV has more to say about culture than DSM-III and DSM-III-R, the comments are for the most part, general and sometimes vague (Kleinman 1996, p. 21; Rogler 1999, p. 41). As a result, there is not enough in DSM-IV to help clinicians arrive at solutions to the diagnostic challenges faced when working with African Americans. Despite this less than optimal state of affairs, DSM-IV does represent progress in this area. DSM is at best a useful guide that can operate as a framework against which to compare and evaluate clinical impressions. It should not, however, be applied in a simplistic, mindless fashion. The challenge is for clinicians to learn how to take cultural context into account in an appropriate manner. With such complex racial issues facing both the clinician, it is not surprising that different assessment procedures come to divergent diagnostic outcomes (Neighbors, Trierweiler et al. 1999). These differences are due to the role that clinical judgment plays in determining the presence or absence of psychopathological symptoms. From the cultural difference standpoint, the importance of clinical judgment in the application of DSM-IV criteria cannot be over-emphasized.

Fortunately, DSM is a multiaxial diagnostic system. Clinicians should look to Axis IV to provide the cultural context necessary for the kind of cultural information that allows symptoms to be judged in a wider context (APA 1994, p. 25; Wakefield 1999, p. 43). Unfortunately, diagnosticians have tended to overemphasize Axis I and under-emphasize Axis IV (Williams 1994, pp. 197-198). This imbalance has contributed to diagnostic problems related to race. As a result, research needs to clarify how Axis IV information is employed in the process of arriving at a diagnosis for African Americans. Research also needs to develop specific examples of how to word culturally sensitive questions to be used in diagnostic sessions, preferably taken directly from clinicians with reasonable expertise in working with African Americans. Once these data are "captured" via questionnaires, audio-tape or videotape, they should be catalogued, analyzed, and discussed. Information gleaned from such discussions can be useful in developing culturally-based practice guidelines. We need to observe how clinicians utilize a particular diagnostic approach by recording how they craft carefully worded probes. We need to ask clinicians how they make diagnostic decisions. We need to know more about how they elicit and incorporate psychosocial information in order to come to an informed understanding of the meaning of symptoms.

To be culturally sensitive, clinicians must be provided the flexibility necessary to use their communication skills to make African Americans feel comfortable in expressing their troubles. They must be given the freedom to probe for the sociocultural contextual information necessary to aid them in making diagnostic judgments with African Americans. The critical question is *how much* freedom? The

field is searching for a reasonable and effective way to *control* the manner in which cultural context is brought into play in clinically important processes such as diagnosis. To do so effectively, we need to develop clinical training programs that minimize the influence of personal biases and erroneous assumptions on the diagnostic process. We think the best solution is to rely on procedures that inquire about the entire range of diagnostic categories using specific criteria in conjunction with interviewing techniques that allow enough flexibility to effectively incorporate knowledge and understanding of the patient's culture. In summary, allowing individual freedom in clinical procedures is the thing that was criticized for allowing ethnocentric bias to contaminate the diagnostic process. Interestingly, clinician discretion in decision making on the basis of culture appears also to be the thing that provides the best opportunity to solve the problem of misdiagnosis.

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African-American Children and Youth in the Public Mental Health System

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Abstract

African-American Children and Youth in the Public Mental Health System

African-American children and youth have high levels of need for mental health care because of socioeconomic and sociocultural adversity. These disadvantages also lead to overrepresentation in the child welfare, special education, and juvenile justice systems. As mental health services are increasingly coordinated with services from other sectors, benefits can accrue to the children and youth and their families, programs, and society. Ultimately, by improving the immediate circumstances of the most vulnerable African American children and youth, we might increase their prospects for success over the life course.

Mental Health Service Use by African-American Children and Youth

For more than 30 years, critics have questioned our willingness and capacity to provide meaningful mental health care to children in need. Several documents expressed dissatisfaction with the status quo and made recommendations for reform: the Joint Commission on the Mental Health of Children (1969); a Panel on Infants, Children and Adolescents established as part of the 1978 President's Commission on Mental Health (President's Commission on Mental Health, 1978); a national survey of state Departments of Mental Health conducted by the Children's Defense Fund (Knitzer, 1982); and reports from the Office of Technology Assessment (1986), the Institute of Medicine (1989), and the National Advisory Mental Health Council (1990).

All pointed to serious inadequacies. It appeared that at least 12% of children suffered from mental illness, and about half of them were severely disturbed. Only a small percentage of such children were treated; few treatment options were available in most locales; systems were disjointed and fragmented (e.g. Knitzer, 1982). There was concern but also a sense of opportunity: "Scientific effort and progress in understanding and treating the mental disorders of children and adolescents have not kept pace with the scope of the problem, the urgent need for answers and action, and the scientific fields' readiness to move forward" (National Advisory Mental Health Council, 1990, p. iv).

Several programs were initiated in response. Congressional Legislation in 1984 established the Child and Adolescent Service System Program (CASSP) (Stroul & Friedman, 1986), which awarded

grants to the states to plan comprehensive and coordinated mental health service systems—” systems of care.” Several states followed suit, including California, which passed legislation exporting a model program developed in Ventura County to other counties (Rosenblatt & Attkisson, 1992a). The Robert Wood Johnson Foundation established Mental Health Service Programs for Youth in eight sites (Cole & Poe, 1993), all seeking by various means to enlarge the range of available services, to provide for family participation and responsibility, to promote interagency coordination, and to establish a capacity for case management. Developed under CASSP and under the Robert Wood Johnson initiative, these principals helped to define “wraparound” style programs.

Further impetus for change has come from the increasing presence of managed care and its adoption by public mental health authorities, including programs serving children and youth (Catalano, Libby, Snowden, & Evans, 1999). Managed care is hospitable to wraparound approaches because of its emphasis on oversight, coordination, and accountability. Indeed, dissemination of wraparound programs may come about ultimately more from the adoption of managed care than by other means.

These developments have focused little attention to the special circumstances and needs of African-American children and youth (c.f. Cross, Basron, Dennis, & Isaacs, 1989). Yet African-American children and youth have a greater stake in access and quality of public mental health services than do their counterparts from other backgrounds. Facing conditions of great social adversity, African-American children and youth are overrepresented in child welfare, special education, and juvenile justice—where participants suffer from considerable mental illness and with which mental health service delivery must be coordinated.

Thus, African-American children and youth are particularly likely to benefit from improvements in our capacity to systematically detect and treat mental health problems over an array of child-supporting institutions. All else being equal, proportionally more African-American children and youth than children and youth from other backgrounds will reap improved well-being and life prospects from timely and effective mental health services.

The Mental Health System Serving Children and Youth

Best recognized are mental health services provided in designated programs and by specialty mental health providers. This “specialty mental health sector” includes multi-service mental health organizations (many of them formerly community mental health centers), free-standing outpatient clinics, state and county mental hospitals, private psychiatric hospitals, nonfederal general hospitals, and residential treatment centers for emotionally disturbed children.

Levels of African-American involvement are difficult to ascertain with certainty from the evidence currently available, but certain trends are evident. With respect to outpatient care, African-American children and youth appear to be overrepresented in large metropolitan areas (Bui & Takeuchi,

1992) and in newer “wraparound” programs of comprehensive and coordinated services (Rosenblatt & Atkisson, 1992b).

Because of a lack of insurance coverage, African-American children and youth are less likely than whites to be hospitalized in psychiatric facilities (Mason & Gibbs, 1991). They are considerably more likely, however, to be placed in residential treatment centers for emotionally disturbed children—functional equivalents of hospitals more accessible to people whose care is paid for from public sources (Firestone, 1990).

The “de facto” mental health care system is considerably broader than the specialty sector. It includes general health care, general and special education, child welfare, and juvenile justice. Only with the advent of attempts to provide comprehensive, coordinated care has the role of these systems received sustained attention.

Health care providers are frequently consulted with behavioral and mental health concerns; it has been estimated that between 11% and 12 % of visits to pediatricians and family practitioners occur for mental health reasons (Tuma, 1989). African-Americans are less likely than whites to visit outpatient providers for routine care, including pediatric care (Guendelman & Schwabe, 1986); African-American children and youth appear also to be underrepresented among health care practitioners providing mental health care. Preliminary analysis of data from the National Ambulatory Medical Care Survey suggests that African-American pediatric visits are less likely than those made by whites to result in a psychiatric or behavioral diagnosis (Pincatore & Snowden, 1999).

With considerable variation over time and by locale, the education system has provided various programs of help for children with psychological needs (Saxe, Cross, & Silverman, 1988). Much of the impetus for this effort came from Public Law 94-142. This statute requires that schools assess and provide supportive services to children who are physically and mentally handicapped. Mental health services authorized under the act include administration and interpretation of psychological tests, planning of educational programs to meet special needs, supportive counseling, and referral for treatment or placement. To satisfy requirements of PL 94-142, an educational placement team must service an Individualized Education Program (IEP). The IEP includes recommendations for services necessary to insure educational progress and for placement in a least restrictive environment.

Children and youth labeled as “Severely Emotionally Disturbed” (SED) are authorized to receive attention from the education system for mental health problems. African-Americans are overrepresented among SED children and youth: they are almost twice as likely to be labeled SED as their representation in the population at large (U.S. Department of Education, 1990). There is little evidence to help in understanding patterns and outcomes of 94-142 based services for children and youth, whether from African-American or other backgrounds.

Child welfare is another system that encounters children with high levels of mental health needs and that brokers or provides mental health treatment. African-American children and youth are heavily

involved in this system. They are more than three times overrepresented among children and youth placed out of home, and are more likely to remain for longer out-of-home stays and to be permanently placed out of home (Courtney et al., 1996).

Epidemiological studies have confirmed high rates of mental illness among children and youth in child welfare. One study (Garland, Hough, & Wood) of a large, representative sample reported that 46.3% of children and youth in child welfare programs met DSM IV criteria for psychiatric disorder. Child welfare workers involved in child protective services, foster care, group homes, and other programs often recognize mental health problems of children and adolescents (Turpin, Forsyth-Stephens, & Low, 1991) and recommend mental health-related intervention. Little is known about how these judgments are made or about the role of race and ethnicity in decision-making.

Several kinds of child welfare programs cater especially to children and youth with psychiatric problems. Respite care focuses on children with acute psychiatric needs. Therapeutic foster care provides for longer term residents with specially trained caretakers and sometimes involving supplemental mental health treatment. Group homes include specialized facilities for handling diagnosed psychiatric problems, as well as emotional needs and behavioral problems not falling within DSM III classification. In light of their overrepresentation in child welfare and high levels of mental health-related suffering, African-American children and youth may be overrepresented in these programs.

Another system with many mentally ill children and youth and ties to mental health services is the juvenile justice system. African-Americans are involved at a rate almost three times greater than their representation in the population at large and are overrepresented throughout the stages of involvement (Conley, 1994).

A substantial proportion of children and youth in the juvenile justice system have mental health problems. One epidemiological study (Garland, Hough, & Wood) estimated that 56.6% suffered from difficulties satisfying DSM IV criteria. Services offered in response vary widely in a number of ways, including problems considered appropriate to treat, resources available for treatment, and particular mix of direct service provision and referral (Knitzer, 1982).

High rates both of mental illness and African-American involvement in juvenile justice have suggested the possibility of race-based tracking: that white children and youth are diverted to the mental health system, whereas African-Americans are diverted to juvenile justice. Overlooked in this critique is considerable joint involvement—that many children and youth in the juvenile justice system have prior or concurrent involvement (Scott, 1999) or will come to be involved in the future. Joint involvement becomes even more pronounced when not only the specialty but also the de facto system is considered. Thus, pathways cannot be cleanly disentangled. Nevertheless, decision-making might involve bias, especially in view of the considerable discretion available to gatekeepers.

Culture, Coping, Help Seeking

As African-American caretakers respond to mental health problems of children and youth, many do so from a recognizable cultural stance. This outlook is reflected in beliefs about mental illness and mental health and about preferred methods for coping with mental health-related problems.

Among more traditional African-Americans there appears to be an idiom of distress, by which suffering is expressed in a vocabulary akin to anxiety disorders and somatization (Snowden, in press). African-Americans communicating distress in this idiom are especially likely to have sought assistance. African-American women more than white women credit the effectiveness of folk remedies (Snowden, Libby, & Thomas, 1997). African-Americans embrace religious faith and, when facing adversity, pray. These tendencies have been found to characterize African-American adults but might come into play also as caregivers interpret and respond to the mental health needs of their children.

Other sources of assistance are social rather than personal. Ties to family and community are believed to be especially strong in African-American communities. Formed from cultural tradition and historical experience in order to cope with various challenges—assisting arriving migrants, providing a sanctuary against discrimination practiced by the larger society, and affirming a positive sense of group identity—these familial and civic commitments provide an important source of “social capital” (Aday 1994).

Scholars have pointed to voluntary organizations and clubs as coping resources (Milburn & Bowman, 1991), documented the involvement of African-Americans in these structures (Snowden, 1999), and implicated them in help-seeking patterns for mental health problems in children and youth (McMiller & Weistz, 1996). They have emphasized especially the importance of the extended family (e.g., Wilson, 1989). From this perspective the effects of family adversity are offset from an extended family tradition in which material and emotional resources from a number of linked households are mobilized. According to the literature, extended families are characterized by: “(a) a high degree of geographical propinquity; (b) a strong sense of family and familial obligation; (c) fluidity of household boundaries, with greater willingness to absorb relatives, both real and fictive, adult and minor, if need arises; (d) frequent interaction with relatives; (e) frequent extended family get-togethers for special occasions and holidays; (f) a system of mutual aid” (Hatchett and Jackson, 1993, p. 92).

On the other hand, African-American families and communities are notably burdened. In 1995 about 29% of African-American families but only 9% of white families had incomes below the federally established poverty threshold (Thernstrom & Thernstrom, 1997). Moreover, the official poverty rate understates the plight of many African-Americans. African-Americans are more likely than whites to live in deep poverty—about 14% of black families but only 3.5% of white families reported incomes of less than \$5,000 per year (U. S. Department of Health and Human Services, 1991). Children and youth are affected especially: in 1990 about 46% lived in families with incomes below the poverty line (O’Hare, Pollard, Mann, & Kent, 1991).

African-American families have far less total wealth than white families apart from income. Considering the value of home ownership and other assets, the median net worth of African-American families is only about one-tenth that of white families (O'Hare, Pollard, Mann, & Kent, 1991).

The effects of poverty are especially detrimental to children and youth. Problems brought about by poverty are biomedical and psychosocial: "...perinatal complications, reduced access to resources that buffer the negative effects of perinatal complications, increased exposure to lead, and less home-based cognitive stimulation...lower teacher expectancies and poorer academic readiness skills...harsh, inconsistent parenting and elevated exposure to acute and chronic stressors..." (McLoyd, 1998, p.185). Many African-American poor live with poor neighbors in areas of high poverty concentration. The neighborhoods tend to be distressed, marked by high rates of unemployment, homelessness, crime, and substance abuse, and support too few local resources to offset these problems (Wilson, 1987).

Residence in a high-concentration poverty areas tends to have adverse effects beyond those associated with individual and family poverty (National Research Council, 1993). Children and youth in these environments are more often exposed to violence than others, to suffer the loss of a loved one and to be otherwise victimized, to attend substandard schools, to suffer from abuse and neglect, and to encounter too few opportunities for safe, organized recreation and other constructive outlets (National Research Council, 1993).

To protect children from environmental adversity, parents in poverty neighborhoods sometimes restrict the activities of their children. Although a rational response to circumstances, such a strategy carries risks of its own: it encourages sedentary, unrewarding activities lacking in challenge and opportunities for growth—especially television-watching—and undermines the capacity to develop personal autonomy and a sense of community (Black & Krishnakumar, 1998).

Adversity may have taken a toll not only by imposing stress but also by undermining supportive traditions. One study (Roschelle, 1997) determined that African-American women were more likely than other women to provide assistance with child care and household tasks, but were less likely to receive such assistance. The results can be understood to reflect an intensive effort from many sources to assist families in great trouble leaving little help available to meet the needs of others. Another study (Snowden & Hines, 1999) indicated that only 28.2% of African-Americans strongly agreed with the statement that in a time of need, one ought to rely on relatives for assistance. Further research on African-American women (Snowden, 1999) reported less social interaction with friends than was found among white women and a lower likelihood of having a confidante. Data from yet another study (Snowden, 1998) indicated that, despite widespread belief to the contrary, African-Americans were less likely than whites to turn to family and friends for help with a mental health problem.

The net effect of adversity is that, as documented previously, African-American children and youth are particularly likely to be placed out of home, assigned to special education, and ensnared in juvenile justice. In considering their patterns of help-seeking for mental health problems, it is important to

recognize that institutional gatekeepers play an prominent role. Personnel from these systems arrange for mental health care through contracts and collaborative agreements, make referrals, and sometimes themselves provide treatment. We know little about the experiences of African-American children and youth at any stage of the process: how and when problems are recognized, when and where there is treatment, what are outcomes of care.

Calculating Adverse and Beneficial Impact

That African-American children and youth are overrepresented in child-serving public systems has important implications that remain largely unexamined. One corollary is straightforward: the fate of these systems has greater impact on African-Americans than on others. Although quite possibly inadvertent, changes that improve the systems will be friendly to the African-American population, and those that compromise it will be adverse. A poorly functioning public mental health system compromises especially the interests of African-Americans, and a well functioning system supports those interests.

How successful have been attempts at mental health system reform? Although many areas lack integrated care, the trend is toward increasing dissemination of “wraparound” programs. Yet questions have been raised about such programs and whether improvements claimed for them in quality of care in fact materialize. In a well known and rigorous evaluation, the Fort Bragg Demonstration Project (Bickman, 1996), investigators detected no difference in client improvement between integrated programs and treatment as usual. Children and youth and their families receiving care in an integrated system proved to be more satisfied, but no better in psychological or functional well-being.

The Fort Bragg study focused on military families facing less adversity and with access to more resources than families found in public agencies. Studies conducted on samples from the latter population have been more encouraging: the data indicate less use of restrictive placements (Rosenblatt & Attkisson, 1992b). If lower level placement is indeed warranted, then the use of less restrictive treatment alternatives is of special benefit to the African-American population. Except in psychiatric hospitals African-American children and youth are overrepresented in restrictive forms of care.

A study of the transition in one state’s Medicaid program to managed care and capitated financing illustrates what is at stake for African-American children and youth (Scott, 1999). African-Americans were overrepresented among persons receiving mental health treatment financed by Medicaid, and were again overrepresented among those receiving Medicaid-financed treatment and coming into contact with the juvenile justice system.

The investigators discovered that following the introduction of capitated managed care, the likelihood of juvenile justice for all children and youth served by the system declined by one third (Scott, 1999). Although African-American children and youth continued juvenile justice involvement in disproportionately great numbers, they benefited in disproportionately great numbers from the capacity of a reformed system to prevent children and youth from being detained or adjudicated.

Ultimately, types of placements and treatments are of little intrinsic concern for they are instrumentalities—means to achieve desired ends. Their objective is to bring about desired outcomes (Snowden, 1996). These outcomes consist of improvement in important behavioral domains, such as severity and profile of symptoms, academic performance, and relations with peers and family (Burns, 1999).

To the extent they do so, researchers, administrators, and other stakeholders monitor outcomes from treatment with reference to individual children and to particular programs or systems. Their time horizon spans months or, at most, a few years.

It is important to enlarge our perspective. When children and youth live successfully, benefits accrue not only to the child or youth himself or herself but also to a wider circle of people and institutions. Benefits are felt immediately by the family or caretaker. They are better off socially, psychologically and even economically; their labor is less needed for tasks of caretaking and more available for other forms of productive activity (c.f. Hargreaves, Shumway, Hu, & Cuffel, 1998). The treatment and services systems also are spared the need for costly out-of-home and other special forms of placement. Society at large also benefits, for it is society that pays for publicly supported programs comprising the child-serving systems and that otherwise benefits when its citizens are better educated and more productive, healthier, and less frequently perpetrators and victims of crime (Rice, Kellman, & Miller, 1991).

Furthermore, the effects of improvement in the functioning of children and youth might be cumulative. In the manner that problems tend to accumulate (poverty increases risk of mental illness, further increasing risk of school failure, etc.) so might successes. Thus, better functioning in the community, at home, and at school might reinforce each other as they interact.

The benefits might accumulate both across domains and over time as troubled youth better prepare themselves for the future. Possibilities for satisfying and productive lives might increase at each stage, as better chances of success at earlier stages pave the way for better chances of success in the future. If the life course can be described as trajectory (Runyan, 1980), and if some trajectories are more favorable than others, then early mental health treatment might help a shift toward more favorable trajectories. A life course perspective has yet to be adopted, but represents a promising framework for a comprehensive approach to understanding benefits available to African-American children and youth successfully treated during critical periods in life.

Conclusion

Economic and social vulnerability cause African-American children and youth to be overrepresented in child welfare, special education, and juvenile justice. Personnel in these systems serve as gatekeepers into the mental health system and sometimes deliver mental health care themselves.

Efforts are currently underway to coordinate mental health service delivery across service systems. Programs adhering to “wraparound” precepts and offering a “system of care” are founded on promising principles. Their commitment to comprehensiveness and coordination, least restrictive environments, family involvement, protection of rights, and cultural competence (Stroul & Friedman, 1986) address many important concerns that come about because of the multiple needs of many African-American children and youth and their heavy representation in child-serving systems.

At the same time, a healthy degree of skepticism is in order. That there are beneficial results from the new interventions cannot be presumed and largely remain to be demonstrated.

Whatever the impact of new developments in public sector child mental health, African-American children and youth will be especially affected. African-American overrepresentation means that whatever the consequence of these developments, African-Americans will be affected more than others—there will be adverse or beneficial impact of potentially great consequence.

Greater focus is needed by people committed to understanding and improving mental health service delivery to African-American children and youth on the systems in which they so often appear—child welfare, special education, and juvenile justice—and on efforts now underway to coordinate these systems in comprehensive approaches to intervention. Attention should encompass not only short-term, personal impact but also long-term, community and societal impact. We might discover that a wider set of interests can be served by effective mental health care than had previously been recognized and that African-Americans are unexpected beneficiaries.

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