How Ethnic Identification Attitudes and Acculturative Stress Interact to Predict Suicide & Eating Disorder Symptomatology in Individuals of African Descent

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# TABLE OF CONTENTS

List of Tables ........................................................................................................ Page vi
Abstract ........................................................................................................ Page vii

1. INTRODUCTION .......................................................................................... Page 1
   - Suicide ........................................................................................................ Page 1
   - Ethnic Identity, Acculturative Stress and Suicide ........................................ Page 2
   - Eating Disorders ........................................................................................ Page 4
   - Ethnic Identity, Acculturative Stress and Eating Disorders ....................... Page 4
   - Summary .................................................................................................... Page 5
   - Current Study Proposed Model ................................................................. Page 6

2. METHOD ...................................................................................................... Page 9
   - Sample Size Planning and Statistical Power ............................................. Page 9
   - Participants ............................................................................................... Page 9
   - Procedure ................................................................................................ Page 9
   - Materials and Measures .......................................................................... Page 10
   - Data-analytic Strategy ............................................................................. Page 12

3. RESULTS .................................................................................................... Page 14
   - Minor Analyses
     - The Ethnic Identification X Acculturative Stress Interaction on
       Suicidality Among All Individuals ....................................................... Page 15
     - Effects of Acculturative Stress, Ethnic Identification (MEIM)
       on Suicidality in African American Versus European
       American Individuals ............................................................................ Page 15
     - The Ethnic Identification X Acculturative Stress Interaction on Eating
       Disorder Symptomatology Among All Women .................................... Page 16
   - Main Analyses
     - The Ethnic Identification Attitudes X Acculturative Stress
       Interaction in Predicting Suicidal Symptomatology among African American Men ..................................................... Page 17
     - The Ethnic Identification Attitudes X Acculturative Stress
       Interaction in Predicting Eating Disorder Symptomatology
       among African American Women ....................................................... Page 18
4. DISCUSSION .................................................................................................. Page 20
   Discussion of Findings Specific to African American Participants .... Page 21
   African American Men & Suicidality .................................................. Page 21
   African American Women & Eating Disorder Symptomatology ...... Page 22
   Limitations .......................................................................................... Page 20
   Implications and Conclusions ............................................................. Page 23

APPENDICES .................................................................................................. Page 34
   A. Informed Consent Form................................................................. Page 34
   B. Human Subjects Committee Approval .......................................... Page 35

REFERENCES .................................................................................................. Page 36

BIOGRAPHICAL SKETCH .............................................................................. Page 41
<table>
<thead>
<tr>
<th>Table 1: Summary of Means and Standard Deviations for Measures</th>
<th>Page 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2: Intercorrelations Between Variables</td>
<td>Page 27</td>
</tr>
<tr>
<td>Table 3: The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Suicidal Symptomatology Among All Individuals</td>
<td>Page 28</td>
</tr>
<tr>
<td>Table 4: The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Suicidal Symptomatology among African American (a) and European American (b) Individuals</td>
<td>Page 29</td>
</tr>
<tr>
<td>Table 5: The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Body Dissatisfaction (a) and Drive for thinness (b) Among African American, European American and Hispanic American Women</td>
<td>Page 30</td>
</tr>
<tr>
<td>Table 6: The Ethnic Identification Attitudes X Acculturative Stress Interaction in Predicting Suicidal Symptomatology among African American Men</td>
<td>Page 31</td>
</tr>
<tr>
<td>Table 7: The Positive Ethnic Identification X Acculturative Stress Interaction in Predicting Drive for Thinness among African American Women</td>
<td>Page 33</td>
</tr>
</tbody>
</table>
ABSTRACT

The purpose of this study is to examine the relationship between culture and psychopathology to determine if proposed psychological risk factors (i.e., ethnic identification and acculturative stress) are predictive of several key mental health variables related to suicide and eating disorder behaviors (i.e., depression, anxiety, suicidality, body dissatisfaction and drive for thinness) in minority versus non-minority undergraduate students. The main hypothesis is that factors related to a low ethnic identification will be a risk for greater suicidality (i.e., suicide ideation) and eating disorder behaviors (i.e., body dissatisfaction and drive for thinness) among African American individuals who report acculturative stress. Results confirm the hypothesis that a low ethnic identification on the MEIM interacts with acculturative stress to predict greater suicidality (r=.58, p<.01) but not body dissatisfaction or drive for thinness among a group of college students of African, European and Hispanic descent. Ethnic identification attitudes specific to African American individuals indicate that low African self-fortification x acculturative stress interact to predict greater suicidality in men (r=.68, p<.10) while a low value for African centered relationships x acculturative stress interact to predict drive for thinness in African American women (r=.63, p<.10).
INTRODUCTION

At some point in life, every individual will encounter negative life events that could lead to anxiety, depression or related forms of psychological distress. Though individual differences exist, some individual’s negative life experiences may be more similar due to environmental, temporal or biological variables. It is possible that one benefit of culture is that it helps individuals collectively cope with the similar problems they encounter. For example, in general, African American individuals experience unique problems related to racism and discrimination for which their culture has devised effective ways to cope (e.g., perhaps through emphasizing the importance of family relationships, community and faith). Each culture may have specific protective factors associated with it that help its’ members cope. If so, then African Americans who adopt a European American ethnic identification may not be well-equipped to deal with problems unique to the African American experience and vice versa. Thus, individuals who have greater and more positive ethnic identification attitudes should be better equipped to deal with the unique problems associated with belonging to their ethnic group.

The apparent increase in suicide among African American men and eating disorders among African American women has gained the attention of researchers investigating the psychological well-being of minority group members. Some researchers propose that such increases in pathological behavior are the result of experiences related to acculturation and acculturative stress (Hovey, 2000; Landrine & Klonoff, 1996; Walker, 2002; Perez, 2001). Such research is usually based on the notion that suicide and eating disorders are culturally linked phenomena that are not historically prevalent in the African American community. This may imply that traditional African American cultural values and norms protect against these forms of psychological distress. As African American individuals continue integrating into the dominant American culture, they will become increasingly exposed to the values, beliefs and practices of that culture. Some individuals may even replace their own values, beliefs and practices with those of the dominant group. This occurrence may become problematic if the acculturated attitudes place one at an increased risk for psychological distress. Thus, deficits in ethnic identification may be a risk factor for individuals who experience acculturative stress because the protective factors associated with identifying with ones ethnic group are lost. Until now, the interaction of acculturative stress and ethnic identification attitudes as it relates to suicide in African American men and eating disorders in African American women has not been empirically validated.

Suicide

Suicide is an unfortunate and perhaps preventable phenomenon that may arguably be classified as a mental health emergency in the United States (US). For example, in 2001, the National Institute of Mental Health (NIMH) reported suicide as the eleventh leading cause of death in the US. The report revealed that in the US about 11 of every 100,000 persons die by suicide each year. Thus, the number of expected suicides is approximately 29,350 persons per year or 1.2% of all deaths in the US (NIMH, 2001). Historically, in the US, rates of suicide and related behaviors have been most prevalent among European Americans. For example, suicide attempts are greatest among
European American women. They attempt at a rate about 3 times as often as European American men (Krug Dahlberg, Mercy, et al., 2002). Suicide completions, however, are greatest among European American men, ages 65 and older (approximately 72% of all completed suicides) (NIMH, 2001). These facts make it understandable why some mental health professionals consider suicide a priority. Such data also reveal the importance of research interested in scientifically designed assessment and prevention methods. It is therefore incumbent upon researchers to consider all possible factors related to suicide as well as the conditions by which these factors may vary (e.g., ethnicity).

Suicidal behavior, like most pathology, is multifaceted and its risk factors may occur in combination. For example, negative life events in combination with depression and/or other factors (i.e., anxiety and suicide ideation) are established predictors of completed suicide (Joiner & Rudd, 2000; Kaslow, Thompson, Okun, et. al., 2002; Furr, Westefeld, McConnell, Jenkins, 2001). Risk factors, such as those mentioned, may vary by age, gender and between ethnic groups. For instance, it is well documented that European American individuals are more than twice as likely as African American individuals to complete suicide (e.g., of 58,526 suicides in the United States from 1999 to 2000; 5.6 per 100,000 were African American individuals and 12.5 per 100,000 were European American individuals). However, when looking between ethnic groups, a study by Garlow, Purselle, & Heninger (2005) noted that, although, African American individuals complete suicide less frequently than whites, they do so at much earlier ages (i.e., mean age of victims: white = 46.2 years, African Americans = 36.8, other races = 38.4). In fact, recent data suggest the rate of suicide completion among young African American men is as high as that of their European counterpart (NIMH, 2001). It is, therefore, plausible that the demographics of those at risk for suicide may expand to include ethnic and racial groups not traditionally thought to be at risk (i.e., African American individuals).

For example, when suicide rates between 1980 and 1995 are examined, African American individuals, ages 10 to 14, increased by 233% (NIMH, 2001). This is in contrast to an increase of 120% among European American individuals of the same age group (NIMH, 2001). This is an interesting finding because traditionally, African American individuals have had the lowest suicide rates of any ethnic group. Previous researcher reports that a loss of social support systems (Walker & Joiner, 2001) may contribute to the increase in suicide ideation among African American individuals. For African American males, acculturative stress and ethnic identification are found to be indicative of increased suicidality (Walker, 2002). African American females are exceptionally resistant to suicide (i.e., only 1.1% of all completed suicides; Garlow et al., 2005). The current study attempts to further explain this phenomenon in African American men by examining the relationship between suicidality, ethnic identification attitudes and acculturative stress.

Ethnic Identity, Acculturative stress and Suicide. Empirical data on the role of ethnic identity and acculturative stress in suicide among African American individuals are limited. Most of the available research looks at the role of these factors among
Hispanic individuals. For example, studies on ethnicity and acculturation have reported that immigration increases the risk for suicidality among Mexican immigrants (Hovey & King, 1997; Hovey, 2000). Several factors have been identified to explain this relationship, including: the severing of ties to family, friends, and country of origin; lack of financial resources in the host country; feelings of not belonging in the host country; and feelings of being pulled from ethnic and traditional values to norms and customs of the larger society (Hovey, 2000).

Similar factors have been found among African American individuals as they integrate into the dominant European American culture (Thompson, Anderson, & Bakeman, 2000). Some African Americans may encounter discrimination and racism that hinder their attempts to acculturate the dominant society’s norms. Discrimination and racism have been shown to increase acculturative stress for African American individuals who attempt to participate in mainstream American culture (Thompson, Anderson, & Bakeman, 2000). It is possible that this resistance could result in the development of anti-white attitudes. It is also possible that racism and discrimination may cause individuals to negatively identify with their ethnic group and/or develop maladaptive attitudes about themselves in relation to their ethnic group. For example, these individuals may develop beliefs like, “I feel down about myself because I am Black” or “I struggle with negative feelings about being Black.” Acculturatively stressed individuals may feel pressured to disassociate from their ethnic group in order to cope. Such individuals may hold beliefs like, “I consider myself more American than African,” “I do not participate in the cultural practices of my ethnic group” and “I do not feel a strong attachment toward my own ethnic group.” Ironically, according to Anderson (1991), holding such beliefs may be harmful and maladaptive when experiencing acculturative stress.

Research by Anderson (1991) indicates that acculturative stress is, in fact, greater for those African Americans who have a low African self-consciousness (ASC; Baldwin, 1984) and are less aware of their culture. Berry et al. (1987) found evidence that African American individuals who experience low acculturative stress are more at ease when dealing with whites, and have lower levels of anxiety and depression than those who have higher acculturative stress levels. Cross, Parham and Helms (1991) postulated that internalization attitudes (i.e., Afrocentricity and multiculturalist inclusive attitudes) of the revised Cross Racial Identity Scale (CRIS; Vandiver, Cross, Fhagen-Smith, et al., 2002) might be related to better psychological well-being than other racial identity attitudes (i.e., assimilation, miseducation, self-hatred and anti-white attitudes). Thus, it appears that individuals who have greater positive ethnic identification attitudes may have lower rates of acculturative stress, depression and anxiety. Keeping this in mind, it seems plausible that the inverse may put one at risk.

It is important to note that not all posited levels of ethnic identification have been associated with positive outcomes. For example, research by Pierre & Mahalik (2005) unexpectedly found evidence that scoring high on the African Self-consciousness (ASC; Baldwin, 1984) subscale, resistance against African forces, was associated with greater psychological distress for African American men. However, Baldwin’s (1984) theory of African self-consciousness originally postulated that resistance against anti-African forces would be protective against alienation and self-destruction for African Americans. Because of this controversy, in the current study, particular attention is given to
resistance against anti-African forces to determine if it is associated with psychological well-being. Therefore, in this study and in accordance with Baldwin’s (1984) theory, resistance against anti-African forces will be classified as a positive ethnic identification and is expected to be associated with less psychological distress.

Eating Disorders

Compared to suicide, the research aimed at describing ethnic differences in eating disorders is well studied. The existing research tends to focus on a sociocultural model of eating disorders which conclude that African American women are at a lower risk for developing an eating disorder than European American women because minorities experience less cultural pressure to be thin and less body dissatisfaction (Stice, 1994; Striegel-Moore, Silberstein, & Rodin, 1986). Studies have found supportive results indicating that African American and Asian American women consistently report lower rates of bulimic pathology and binge eating than do European American women (Field, Camargo, Taylor, et al., 1999; Gray, Ford, & Kelly, 1987; Nevo, 1985). As a result, it appears that African American cultural values and norms may protect against this form of psychological distress. Consequently, African American women who identify more with the dominant culture than their own may experience an increase in the cultural pressure to be thin and body dissatisfaction.

In contrast, other researchers have found evidence that suggests belonging to an ethnic minority group may not represent a protective benefit for eating disorders because the culture and values of the dominant group reach all ethnic groups through the media (Shaw, Ramirez, Trost et al., 2004). For example, results in a study by Shaw and colleagues (2004) indicated that of 63 tests performed (14 tests for main effects and 49 tests for moderation effects), the only difference they found related to eating disorders was that African American and Hispanic American individuals evidenced less internalization of the thin ideal than did Asian American or European American women. Similarly, several other studies did not find ethnic differences in bulimic symptoms (Rand & Kuldau, 1990), binge eating (Crago, Shisslak, & Estes, 1996; Striegel-Moore, Wilfley, Pike, Dohm, & Fairburn, 2000), binge eating disorder diagnoses (Smith, Marcus, Lewis, et al., 1998), or frequency of compensatory behaviors (Langer, Warheit, & Zimmerman, 1991).

In short, the current research on the role of ethnic differences in eating pathology is inconclusive. The inconsistency of findings may be due to differences in ethnic identification attitudes and acculturative stress levels among minority group members. Those minorities who have greater negative ethnic identification attitudes may be more likely to exhibit eating behaviors similar to European American individuals. Future research is warranted to clarify the role of these factors, specifically, among African American women.

Ethnic Identity, Acculturative stress and Eating Disorders. The current literature is limited with regards to the role of ethnic identification and acculturative stress in eating disorders. We do know, however, that mainstream media tends to positively stereotype slim individuals as being attractive (Dion, Berscheid, & Walster, 1972) and negatively stereotype overweight people as being unattractive (Larkin & Pines, 1979). According to gender schema theory, people evaluate and change their physical appearance to
conform to cultural standards (Bem, 1981). Research supports this view as indicated by the steadily thinning American female body ideal (Stice & Shaw, 1994). Therefore, it is plausible that changing from one culture to another may affect standards of attractiveness for those who acculturate mainstream values.

Perez, Voelz, Pettit, & Joiner (2001) found evidence that standards of attractiveness changed as minority group members acculturate mainstream cultural values. Acculturation of the thin body ideal may have negative effects for minority group women’s perception of an ideal body image. This may expose them to eating disorder behaviors from which they are normally protected. Research has demonstrated that minority women who report high levels of acculturative stress also report greater body dissatisfaction and bulimia (Perez et al., 2001). Furthermore, Perez et al. (2001) evidenced that acculturative stress and body dissatisfaction interact to make minority women more susceptible to bulimia, while the absence buffered against it. Based on this research, it is apparent that acculturative stress may be a significant predictor of eating disorder behavior among minority women.

It is well established that women who suffer from anorexia and bulimia are at an increased risk for death by suicide (Emborg, 1999; Surgenor & Snell, 1998; Harris & Barraclough, 1997). Because of this association, it is probable that one might find a relationship between ethnic identification and acculturative stress as predictors of eating disorder symptomatology. Therefore, in accordance with the sociocultural model of eating disorders and gender schema theory, the current study investigates the relationship between ethnic identification and acculturative stress as predictors of body dissatisfaction and drive for thinness among African American women.

Summary

Low suicide and eating disorder rates among African Americans suggest that, individuals of the African American community may have effective coping mechanisms to help protect against such pathological behaviors. It is proposed that one of the main mechanisms is the continued dependence on Africentric identification versus a more Eurocentric one. Thus, it is the aim of this study to investigate if and under what conditions ethnic identification becomes a predictor of suicide in African American men and eating disorder symptomatology in African American women.

Acculturative stress is associated with feelings of marginality, isolation, anxiety, and lowered self-concepts (Thompson, Anderson, & Bakeman, 2000) and identity confusion (Berry et al., 1987) in minorities. When looking at the association between identity and mental health, research shows that individuals with low levels of ethnic identification are at an increased risk for psychological distress in the areas of marital discord, academic difficulties, low self-esteem, substance abuse and self-destructive behaviors (Thompson et al., 2000). A study by Walker (2002) found that African American individuals who attended a historically black college or university reported less acculturative stress than African Americans at a historically white university. According to Baldwin, Duncan, and Bell (1987), African Americans at historically black colleges and universities (HBCUs), which emphasize Africentric cultural values, traditions and consciousness, had significantly higher ethnic identity scores than those who attend predominantly white universities. Further evidence of this effect was found in the Walker (2002) study in which African American males who neither identified with their
ethnic group nor participated in its specific cultural values and traditions experienced higher acculturative stress and suicide ideation than those who did identify with their ethnic group (Walker, 2002).

With regard to eating disorders, similar research has shown that cultural factors related to the body image and thinness ideals in American culture may influence rates of disordered eating (Keel & Klump, 2003). This is especially true among minority group women who report acculturative stress (Perez, et al. 2001). Evidence contrary to these findings indicate that ethnic identification no longer represents a protective factor for eating disorders because all ethnic groups have acculturated the mainstream values related to body image and thinness ideals.

Although African Americans, historically, have lower rates of suicide and eating disorders, there is some indication that these behaviors may be increasing. From the preceding studies, it appears that both acculturative stress and ethnic identification may play some important role in the mental health of African Americans. What is not evident, however, is if and how these two factors interact to predict both suicide and eating disorder symptoms in African American men and women, respectively. Such an effect may provide insight into the occurrence of these behaviors in the African American community.

Concisely, this study is an investigation into the role of acculturative stress and ethnic identification as a predictor of psychological distress. Specifically, I investigate how negative ethnic identification attitudes predict suicide in African American men, and drive for thinness and body dissatisfaction in African American women.

**Current Study Proposed Model**

I propose an interaction model of acculturative stress in which the relationship between acculturative stress and suicide/eating disorders is moderated by ethnic identity. It is clear from the above-mentioned studies that there may be a relationship between acculturative stress, ethnic identity and various indicators of psychological well-being. It is also clear that there is a relationship between acculturative stress, suicide and eating disorders. Therefore, it is conceivable that the relationship between acculturative stress, suicide and eating disorders might be explained by one's ethnic identification. Thus, the present study is an attempt to investigate the possibility of an interaction model between ethnic identification attitudes and acculturative stress in suicide and eating disorders. Though, intuitively, one might not expect European American individuals to demonstrate evidence of acculturative stress, Perez et al. (2001) found substantial variability in acculturative stress scores among Whites, who sometimes endorsed such items as “I often feel that people pressure me to assimilate” and “I often think about my cultural background.” Therefore, while acculturative stress will be examined as a predictor of suicide and eating disorder among a group of African American, European American and Hispanic American individuals, it is posited to be less of a predictor for European American individuals.

The primary goal of this study is to evaluate the role of acculturative stress X ethnic identification interaction in suicidality (specifically, among African American males), and body dissatisfaction and drive for thinness (among African American females). The Multigroup Ethnic identity Measure (MEIM; Phinney, 1992), a measure used to assess and compare ethnic identification across various ethnic groups, will be
used to test hypotheses about the effect of high versus low ethnic identification for the entire sample which is made up of African American, European American and Hispanic American individuals. Ethnic identification measures (i.e., CRIS and ASC) specific for use among African American individuals will be used to test hypotheses specific for this ethnic group. Additionally, because specific CRIS and ASC ethnic identity attitudes have not been examined in the context of acculturative stress, suicide and eating disorders, the present study examines this relationship.

In this study, negative ethnic identification will refer to those subscales of ethnic identification that are proposed to be harmful to the overall psychological well-being of the individual (i.e., assimilation, miseducation, self-hatred and anti-white attitudes; CRIS subscales), while positive ethnic identification will refer to those subscales of ethnic identification that are proposed to be beneficial to the individual’s psychological well-being (i.e., internalization Afrocentricity and multiculturalist inclusive, CRIS subscales; collective African identity, resistance against anti-African forces, African self-fortitude and value for African centered relationships, ASC subscales). In general, it appears that having a high positive ethnic identification will protect one from the risks associated with acculturative stress and possibly suicide, while the inverse would put one at greater risk. The purpose of this study is to investigate the possibility of that occurrence. The explicit hypotheses for the current study are:

1. (a) A negative, linear relationship between low ethnic identification on the MEIM and acculturative stress for all ethnic groups such that the lower one’s ethnic identification, the greater the experience of acculturative stress, (b) a negative linear relationship between low MEIM score and greater suicidal symptomatology, and (c) a negative linear relationship between low MEIM score and greater eating disorder symptomatology (i.e., body dissatisfaction and drive for thinness).

2. For all individuals, ethnic identification (on the MEIM) and acculturative stress will interact to predict suicidal symptoms such that acculturative stress is a better predictor of suicidal symptoms for individuals low in ethnic identification but not high ethnic identification.

3. For all women, ethnic identification (on the MEIM) and acculturative stress will interact to predict eating disorder symptoms such that acculturative stress is a better predictor of body dissatisfaction and drive for thinness for individuals low in ethnic identification but not high ethnic identification.

4. (a) Among African American individuals, acculturative stress and ethnic identification will interact to predict suicidality, such that acculturative stress is more associated with suicide for those who have a negative ethnic identification (i.e., Pre-encounter subscales of the CRIS: assimilation, miseducation, self-hatred; Immersion-Emersion anti white subscale of the CRIS) than it is for those who have more positive ethnic identification (i.e., Internalization subscales of the CRIS: Afrocentricity and multiculturalist inclusive; ASC subscales: collective African identity and consciousness, resistance against anti-African forces, African self-fortitude, and value for African culture). Consistent with the recent increase in suicidality among African American men, this effect is hypothesized to be stronger for African American men than women.

5. Among African American women, ethnic identification and acculturative stress will interact to predict eating pathology such that acculturative stress is
more associated with eating disorder symptoms (e.g., body dissatisfaction, drive for thinness) for those African American women who have a negative ethnic identification (i.e., Pre-encounter subscales of the CRIS: assimilation, miseducation, self-hatred; and Immersion-emersion subscale of the CRIS: anti white) than it is for those who have a positive ethnic identification (i.e., Internalization subscales of the CRIS: Afrocentricity and multiculturalist inclusive; ASC subscales: collective African identity and consciousness, resistance against anti-African forces, African self-fortification and value for African culture).
METHOD

Sample Size Planning and Statistical Power

The primary effect for the current study is the ethnic identification X acculturative stress interaction on suicidality among African American men and eating disorder symptomatology among African American women. The largest number of variables (including interactions) to be entered in a single multiple regression analysis is three. An estimated medium effect size (.15) with an alpha of .05 for such an analysis is used as suggested by Cohen (1992). Based on this estimate and the power tables found in Cohen (1992), it was determined that approximately 76 African American men and 76 African American women would provide 80% power to test the estimated main and interaction effects for the current study.

It was concluded that approximately 262 participants would be needed overall. A review of Cohen’s power tables for the analysis of variance (ANOVA) procedures determined that an adequate number of participants would be sampled using MANOVA estimates.

Participants

Two hundred and seventy-six (n=276) participants were included in the present investigation. The participants are undergraduate university students from two southeastern state institutions who participated in this study to partially fulfill a requirement for their introductory psychology class or to gain some other academic credit. The ethnic composition of the total sample was 62% African American (n=170), 34% European American (n=93), 4% Hispanic American (n=10) and 1% Asian American (n=2), the remainder were classified as Other (n=1). Comparisons indicate a higher rate of African American participants, which is partly the result of recruiting efforts aimed at African American individuals. Only results from African American, European American and Hispanic participants were included in this study. Mean age for the total sample was 18.96 years of age. The breakdown by gender represented in this study was 32% male (n=87) and 68% female (n=189). African American participants were classified as all those participants who indicated that at least one of their biological parents were of Black/African descent. Of the 170 African American participants, 22% (n=61) were males and 39% (n=109) were females. These two groups did not differ significantly in terms of age.

Procedure

Each participant is administered a questionnaire packet that includes items about their individual behavior, views, and feelings. Each participant is given a consent form, which states that consent for participation in the study is assumed upon completion of the anonymous questionnaire packet. Administration is conducted at each university in their respective classrooms. Approximately 1 hour is needed to complete the questionnaire packet. The Multigroup Ethnic Identity Measure (MEIM) assesses level of ethnic identification across all ethnic groups. The Cross Racial Identity and Attitudes Scale
CRIS) and the African Self-Consciousness Scale (ASC) are administered to measure ethnic identification attitudes among African American individuals only. The Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale (SAFE) is used to identify acculturative stress. The Beck Suicide Scale (BSS) assesses suicidality. Risk for eating pathology (e.g., body dissatisfaction and drive for thinness) is assessed by the Eating Disorders Inventory (EDI). The Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) are administered to measure correlates of psychological distress. The means of each measure are used to compute zero-order correlations between each measure.

**Materials and Measures**

**Multigroup Ethnic Identity Measure (MEIM).** The MEIM (Phinney, 1992) is a broad measure of ethnic identity across three major dimensions (ethnic identity achievement, affirmation and belonging, ethnic behaviors). Fourteen items are rated on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree) to measure ethnic identity. A higher score on the MEIM represents a greater ethnic identity, while low scores indicate greater assimilation attitudes. For the analysis, the rating for each item will be scored and one total score will be used to determine the level of ethnic identification between African Americans and European Americans. In the current study, alpha = .87. Sample items from the MEIM include, “I have a clear sense of my ethnic background and what it means for me,” “I have a lot of pride in my ethnic group” and “I am happy I am a member of the group I belong to.”

**Cross Racial Identity Scale (CRIS).** To assess racial identity, the Cross Racial Identity Scale (Cross, Vandiver et al., 2000) was used. According to research by Helms (1990), using the term “racial identity” in the title of an assessment measure can produce subjective responses from participants (Helms, 1990). Therefore, the term “racial identity” is substituted by “social attitudes” on actual CRIS forms. The CRIS is a 40-item scale designed to measure attitudes that correspond to Cross's (Cross, 1995; Cross & Vandiver, 2001) revised Nigrescence Theory. The CRIS scale consists of six subscales: Pre-Encounter Assimilation, Pre-Encounter Miseducation, Pre-Encounter Self-Hatred, Immersion-Emersion Anti-White, Internalization Afrocentricity, and Internalization Multiculturalist Inclusive. The CRIS uses a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Convergent validity of CRIS scores has been reported through correlations with the Multidimensional Inventory of Black Identity (Vandiver et al., 2000). CRIS Internal consistencies for the CRIS have been reported to range from .78 for Pre-Encounter Miseducation, .82 for Internalization Multiculturalist Inclusive, .83 for Internalization Afrocentricity, .85 for Pre-Encounter Assimilation, to .89 for Pre-Encounter Self-Hatred as well as Immersion-Emersion Anti-White (Vandiver et al., 2000). Concerning African Americans, specific analyses will be made for the Pre-Encounter, Immersion-Emersion and the Internalization subscales. In the current study, alpha for Pre-encounter subscales = .85 assimilation (PA), .75 miseducation (PM), and .89 self-hatred (PS). The Immersion-Emersion subscale, anti-white (IEAW), alpha= .89 and for Internalization subscales, alpha= .83 Afrocentricity (IA) and .82 multicultural
inclusive (MI). Sample items from the CRIS subscales include, “If I had to put a label on my identity it would be ‘American’ and not African American (assimilation),” “Too many Blacks ‘glamorize’ the drug trade and fail to see opportunities that don’t involve crime (miseducation),” “I sometimes have negative feelings about being Black (self-hatred),” “White people should be destroyed (anti-white),” “I see and think about things from an Afrocentric perspective (Afrocentricity),” “As a multiculturalist, I am connected to many groups (multiculturalist inclusive).”

African Self-Consciousness Scale (ASC). The ASC (Baldwin & Bell, 1985) is a 42-item 8-point Likert scale (1= very strongly disagree, 8= very strongly agree) intended to evaluate four factors of African self-conscious. These four factors include the following: (1) collective African identity and consciousness- an awareness and recognition of one’s African identity and cultural heritage (CAI); (2) resistance against anti-African forces- resolute resistance and defense against anti-African forces and threats to African survival (RAF); (3) African self-fortification and cultural expressions- self-knowledge and self-affirmation related to Africentric values, customs, and institutions (ASF); (4) value for African centered relationships- general ideological and activity priorities placed on African survival, liberation and development (VAR). Sample items from the ASC subscales include, “Black children should be taught that they are African at an early age,” “Blacks born in the US are Black or African first, rather than American or just plain people,” “I have difficulty identifying with the culture of African people,” and “There is no such thing as African culture among Blacks in America.” Baldwin and Bell (1985) reported reliability for this scale at .90 and an internal consistency of .70. In this study, collective African identity was .76, resistance against anti-African forces was .60, African self-fortification was .24 and value for African centered relationships was .10. Concerning African Americans, specific analyses will be made for all the ASC subscales.

Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale (SAFE). The SAFE is a 24-item measure of levels of acculturative stress used in previous studies (Walker, 2002; Mena et al., 1987). The SAFE measures acculturative stress across four major dimensions (social, attitudinal, familial, and environmental), which include perceived discrimination. Participants are required to rate each item that applied on a 5-point scale ranging from 1 (not stressful) to 5 (extremely stressful). Reliability for the SAFE has been shown in diverse populations, including Asian Americans and international students (alpha =.89; Mena et al., 1987), Hispanic Americans (alpha =.89; Fuertes & Westbrook, 1996), and African Americans (alpha = .89; Joiner & Walker, 2002). For this analysis the rating for each item was scored and one total score was used to determine the level of acculturative stress. In the current study, alpha = .89. Sample items from the SAFE subscales include, “I don’t feel at home,” “I often feel that people pressure me to assimilate” and “People look down upon me if I practice customs of my own culture.”

Beck Suicide Scale (BSS). Suicidal ideation was measured by the BSS (Beck & Steer, 1993), a 21-item self-report inventory. Each item was rated on a scale ranging from 0 to 2. Items 1 through 19 contributed to a possible total score that ranged from 0 to 38. Items 20 and 21 referred to past suicide attempts and were optional. Beck, Steer, and Ranieri (1988) reported high internal consistency for the BSS and found that BSS scores were highly associated with clinician ratings of suicidality. For the analysis the rating for
each item will be scored and one total score will be used to determine the level of suicidality for African Americans and European Americans. In the current study, alpha = .91.

**Eating Disorder Inventory (EDI).** The EDI (Garner, Olmsted, & Polivy, 1982) is a 64-item self-report measure of symptoms commonly associated with AN and BN. The EDI is composed of eight scales: (a) Drive for Thinness, (b) Bulimia, (c) Body Dissatisfaction, (d) Ineffectiveness, (e) Perfectionism, (f) Interpersonal Distrust, (g) Interoceptive Awareness, and (h) Maturity Fears. Respondents are asked to indicate whether each item applied to them on a 6-point scale (always (1), usually (2), often (3), sometimes (4), rarely (5), or never (6)). These responses are then recoded into transformed scores. Transformed scores are recoded from the 6-point scale into a 4-point scale ranging from 0 through 3 in which 0 is assigned to the three responses that represent the least symptomatic answers, and 3 represents the most symptomatic answer (Garner, 1991). The ratings for subscales (a) Drive for Thinness and (b) Bulimia will each be scored and separate sum scores will be used to determine the degree of eating pathology for African American women and European American women. In the current study, alpha = .75 and .60, respectively.

**Beck Depression Inventory (BDI).** The level of depressive symptoms was assessed by the BDI (Beck, Rush, Shaw, & Emery 1979), a 21-item self-report inventory. Each item was rated on a scale ranging from 0 to 3. Possible inventory scores ranged from 0 to 63. The BDI is not indicative of the full clinical syndrome of depression but rather is intended as an index of depressive symptomatology. Beck, Steer, and Garbin (1988) provide a review of the BDI’s properties, including its average internal consistency coefficient of .81 in nonpsychiatric populations, and its expected web of associations with various clinical indicators (e.g., consistently high associations with clinician-rated depressive symptoms). For the analysis, the rating for each item will be scored and one total score will be used to determine the level of depression for African Americans and European Americans. In the current study, alpha = .84.

**Beck Anxiety Inventory (BAI).** The Beck Anxiety Inventory (BAI; Beck et al., 1998) assessed level of anxiety. The scale consists of 21 items, each describing a common symptom of anxiety. The respondent is asked to rate how much he or she has been bothered by each symptom over the past week on a 4-point scale ranging from 0 to 3. The items are summed to obtain a total score that can range from 0 to 63. In a variety of populations, the BAI’s reliability, convergence with other anxiety measures, and discriminate validity has been well supported (e.g., Beck & Steer, 1993). The correlation of the BAI with the BDI was .48. For the analysis, the rating for each item will be scored and one total score will be used to determine the level of anxiety for African Americans and European Americans. In the current study, alpha = .90.

**Data Analytic Strategy**

**MINOR HYPOTHESES**

**Hypothesis 1.** Simple correlations were conducted to determine if (a) negatively identifying with ones ethnic group correlates with suicidality and acculturative stress, (b) acculturative stress positively correlates with suicidality, (c) positive ethnic identification negatively correlates with suicidality, (d) acculturative stress positively correlates with body
dissatisfaction, (e) low ethnic identification negatively correlates with drive for thinness, (f) positive ethnic identification negatively correlates with body dissatisfaction and drive for thinness.

**Hypothesis 2.** To test the hypothesis that ethnic identification and acculturative stress interact to predict suicidal symptoms such that acculturative stress is a better predictor of suicidal symptoms for individuals low in ethnic identification, a multiple regression analysis was conducted with acculturative stress (SAFE) scores, ethnic identification (MEIM) scores and the acculturative stress X ethnic identification scores interaction as independent variables and suicidality scores as the dependent variable for all participants. Additional analyses were made to determine if the interaction was more significant for African American versus European American participants.

**Hypothesis 3.** To test the hypothesis that for all female participants, ethnic identification and acculturative stress interact to predict eating disorder symptoms such that acculturative stress is a better predictor of body dissatisfaction and drive for thinness for individuals low in ethnic identification a multiple regression analysis was conducted with acculturative stress (SAFE) scores, ethnic identification (MEIM) scores and the acculturative stress X ethnic identification interaction as the independent variables and with body dissatisfaction/drive for thinness scores as the dependent variable. Additional analyses were made, specifically, for African American female participants.

**MAIN HYPOTHESES**

**Hypothesis 4.** (a) To determine if acculturative stress and a negative ethnic identification (i.e., assimilation, miseducation, self-hatred, anti white attitudes) interact to predict greater suicidality scores, while those with a more positive ethnic identification (i.e., internalization Afrocentricity, multiculturalist inclusive, collective African identity, resistance against anti-African forces, African Self-fortification and value for African centered relationships subscale scores) are protected, a multiple regression analysis was conducted with ethnic identification attitude scores, acculturative stress scores, and the ethnic identification attitudes X acculturative stress interaction as the independent variables and with suicidality scores as the dependent variable.

**Hypothesis 5.** To test a main hypothesis that among African American women, negative ethnic identification attitudes (i.e., assimilation, miseducation, self-hatred, anti white attitudes) and acculturative stress scores interact to predict greater body dissatisfaction and drive for thinness scores, while those with a more positive ethnic identification (i.e., internalization Afrocentricity, multiculturalist inclusive, collective African identity, resistance against anti-African forces, African Self-fortification and value for African centered relationships subscale scores) are protected, a multiple regression analysis was conducted with ethnic identification attitude scores, acculturative stress scores, and the ethnic identification attitudes X acculturative stress interaction as the independent variables and with body dissatisfaction and drive for thinness scores as the dependent variable.
RESULTS

Means and standard deviations for all variables of interest are presented in Table 1. Bolded items are indicative of African American individuals only. All values were within expected limits. An examination of the mean scores of the multigroup ethnic identity factor (MEIM) suggests that among all individuals in the sample, African American, European Americans and Hispanic Americans all endorsed identifying with their respective ethnic groups to the greatest extent. A check of ethnic identity attitudes (CRIS and ASC subscales) specific to African American participants reveals that overall African American individuals in the sample endorsed multiculturalist inclusive attitudes to the greatest extent, followed by collective African identity and resistance against anti-African forces. The acculturative stress measure had high internal consistency and individuals varied widely with respect to the amount experienced.

Inter-correlations between all measures are summarized in Table 2; bolded items are specific for African Americans only. Four out of 11 factor-analyzed ethnic identity scores and acculturative stress scores are correlated in the expected direction. Specifically, on the MEIM, individuals who have a low ethnic identification (greater assimilation attitudes) tend to experience greater suicidality (r=.25, p<.001) but not acculturative stress (r=.05, p=ns). Furthermore, when looking at those ethnic identity measures specific to African American individuals, individuals who have more self-hatred attitudes (r=.34, p<.001) and anti-white attitudes (r=.22, p<.05) tend to report greater acculturative stress. Assimilation, miseducation, internalization Afrocentricity, multiculturalist inclusive, collective African identity, resistance against anti-African forces, African self-fortification and value for African centered relationships were all non-significant for acculturative stress.

As predicted, acculturative stress is positively correlated with suicidality (r=.26, p<.001) for all individuals. Specific to African Americans, predictions that positive ethnic identification variables negatively correlate with suicidality are supported (i.e., multiculturalist inclusive (r=-.32, p<.001), collective African identity (r=-.26, p<.01), resistance against anti-African forces (r=-.22, p<.05) and African self-fortification (r=-.29, p<.01).

Another interesting finding is that acculturative stress is positively correlated with body dissatisfaction (r=.22, p<.001) and drive for thinness (r=.13, p<.05) among all women. As predicted, ethnic identification on the MEIM negatively correlates with body dissatisfaction (r=-.17, p<.01) and weakly correlates with drive for thinness (r=-.11, p<.10). Specific to African American women, the ethnic identification attitude variable that correlates with body dissatisfaction is African self-fortification (r=-.19, p<.05). Among African American women, none of the ethnic identification attitude variables are significant for drive for thinness.
MINOR ANALYSES

The Ethnic Identification X Acculturative Stress Interaction on Suicidality Among All Individuals

To determine if ethnic identification and acculturative stress interact to predict suicidal symptoms among all ethnic group individuals, a regression equation was constructed with suicide (BSS) scores as the dependent variable and ethnic identification (MEIM) scores, acculturative stress (SAFE) scores and the interaction of the ethnic identification and acculturative stress scores as predictors. The overall equation had a significant effect (r= .26; F (2,273) = 9.46, p<. 001). The main effects for ethnic identification and acculturative stress were significant in predicting BSS scores (see Table 3). The ethnic identification X acculturative stress interaction was significant (partial correlation= -.14, t [272]= -2.34, p<. 05), such that the acculturative stress main effect was qualified by level of ethnic identification among African American individuals.

To determine whether the form of the two-way interaction conformed to prediction, the relation between acculturative stress and BSS among two subgroups of participants was examined: those who reported low and those who reported high levels of ethnic identification (i.e., those who scored one standard deviation below the MEIM mean and those who scored one standard deviation above the MEIM mean; M=25.18, SD=6.79). In line with prediction, acculturative stress significantly predicted BSS scores for those who reported low MEIM (r=. 58, p<.01) but not those who reported high MEIM (r=.27, p=ns). This pattern of results indicates that acculturative stressed individuals were prone to suicidal symptoms in the absence (but not the presence) of ethnic identification.

Effects of Acculturative Stress, Ethnic Identification (MEIM) on Suicidality in African American Versus European American Individuals

To determine if ethnic identification and acculturative stress interact to predict suicidal symptoms among African American versus European American individuals, a regression equation was constructed with BSS scores as the dependent variable and ethnic identification MEIM scores, acculturative stress SAFE scores and the interaction of the ethnic identification and acculturative stress scores as predictors. Regarding African American participants, the overall equation had a significant effect (r= .24; F (2,167) = 5.11, p<. 01). The main effects for ethnic identification and acculturative stress were significant in predicting BSS scores (see Table 4). The ethnic identification X acculturative stress interaction was significant (partial correlation= -.17, t [166]= -2.24, p<. 05), such that the acculturative stress main effect was qualified by level of ethnic identification among African American individuals. Regarding European American participants, the overall equation had a significant effect (r= .42; F (2,90) = 9.89, p<. 01). The main effects for ethnic identification was not significant but the main effect for acculturative stress was, in predicting BSS scores (see Table 4b). The ethnic identification X acculturative stress interaction was not significant (partial correlation= -.14, t [90]= 1.42, p=ns), such that the acculturative stress main effect was not qualified by
level of ethnic identification among European American individuals. Thus level of ethnic identification seemed to be a better for African American but not European American participants.

For African Americans, to determine whether the form of the two-way interaction conformed to prediction, the relation between acculturative stress and BSS among to subgroups of participants was examined: those who reported low and those who reported high levels of ethnic identification (i.e., those who scored one standard deviation below the MEIM mean and those who scored one standard deviation above the MEIM mean for African American individuals; \( M = 26.32, SD = 6.52 \)). In line with prediction, acculturative stress significantly predicted BSS scores for those who reported low MEIM (\( r = .36, p < .01 \)) but not those who reported high MEIM (\( r = .36, p = ns \)). This pattern of results indicates that acculturatively stressed African American individuals were prone to suicidal symptoms in the absence (but not the presence) of ethnic identification.

**The Ethnic Identification X Acculturative Stress Interaction on Eating Disorder Symptomatology Among All Women**

To determine if ethnic identification and acculturative stress interact to predict body dissatisfaction symptoms, a regression equation was constructed with body dissatisfaction (BD) scores as the dependent variable and ethnic identification (MEIM) scores, acculturative stress (SAFE) scores and the interaction of the ethnic identification and acculturative stress scores as predictors. The overall equation had a significant effect (\( r = .32; F (2,167) = 9.31; p < .001 \)). The main effects for ethnic identification and acculturative stress were significant in predicting BD scores (see Table 5a). The ethnic identification X acculturative stress interaction was not significant (partial correlation = - .05 \( t (166) = -.62, p = ns \)), such that the acculturative stress main effect on body dissatisfaction does not appear to be qualified by level of ethnic identification.

To determine if ethnic identification and acculturative stress interact to predict drive for thinness, a regression equation was constructed with drive for thinness (DT) scores as the dependent variable and ethnic identification (MEIM) scores, acculturative stress (SAFE) scores and the interaction of the ethnic identification and acculturative stress scores as predictors. The overall equation had a significant effect (\( r = .21; F (2,170) = 3.85; p < .05 \)). The main effect for acculturative stress was significant in predicting BD scores and a small effect was found for ethnic identification (see Table 6). The ethnic identification X acculturative stress interaction was not significant (partial correlation = - .03 \( t (169) = -.42, p = ns \)), such that the acculturative stress main effect on drive for thinness does not appear to be qualified by level of ethnic identification.

**MAIN ANALYSES**

**Results for Suicidality among African American men.** The primary question of interest is the negative ethnic identification X acculturative stress interaction on suicidality among African American men. To answer this question we looked at individuals’ scores on the negative ethnic identification subscales (i.e., assimilation, miseducation, self-hatred, and anti-white attitudes) versus the positive ethnic
identification subscales (i.e., Afrocentricity, multiculturalist inclusive, resistance against anti-African forces, collective African identity and value for African culture). We predicted that in the presence of acculturative stress, those individuals high in the negative stage of black ethnic identification will exhibit greater suicidality while individuals high in the positive stage are protected. We predicted this effect would be greater in African American men than women. Results are as follows:


To test the hypothesis that, among African American men, ethnic identification moderates the relationship between acculturative stress and suicidal symptoms, a setwise hierarchical regression was constructed with BSS scores as the dependent variable and acculturative stress and positive/negative ethnic identification variables entered into the first regression equation. Next, the interaction of the ethnic identification and acculturative stress variables was entered into the regression equation as a predictor. Concerning negative ethnic identification variables (i.e., self-hatred, assimilation, miseducation and anti-white), none of the overall equations had significant effects (pr’s<-.00, t’s(2,56)<-.01, p’s= ns). One possible explanation for these nonsignificant findings is that there was not sufficient power to detect an effect.

Concerning positive ethnic identification variables specific for African American individuals, the overall equations had a significant effects for collective African identity (r=.33; F(2,52)=3.14, p<.05), resistance against anti-African forces (r=.37; F(2,52)=4.04, p<.05), African self-fortification (r=.35; F(2,56)=3.87, p<.01), and multiculturalist inclusive (r=.51; F(2,54)= 9.30, p<.001). No overall effect was found for internalization Afrocentricity (r=.18; F (2,56)=.98, p=ns) or value for Afrocentric relationships (r=.13; F (2,56)= .46, p=ns). The main effects for resistance against anti-African forces, African self-fortification, and multiculturalist inclusive, were significant in predicting BSS score (see Table 6a-d).

The African self-fortification x acculturative stress interaction was the only significant positive ethnic identification interaction (partial correlation= -.32, t [55]= -2.49, p<.05), such that the acculturative stress main effect was qualified by the level of African self-fortitude and cultural expressions. To determine whether the form of the African self-fortification x acculturative stress interaction conformed to prediction, the relation between acculturative stress and BSS between two subgroups of male participants was examined: those who reported low and those who reported high levels of African self-fortification (i.e., those who scored below the ASF mean and those who scored above the ASF mean, M=42.12; SD=13.65). In line with prediction, acculturative stress predicted suicidality at trend levels for those African American men who reported low ASF (r=.68, p<.10) but not those high in ASF (r=.26, p=ns).

Results for Eating Disorder Symptomatology among African American Women.

The second main question of interest is the ethnic identification X acculturative stress interaction on disordered eating among African American women. To answer this question we looked at individuals’ scores on the body dissatisfaction and drive for thinness subscales of the EDI. We predicted that in the presence of acculturative stress,
those individuals in the negative stage of black ethnic identification should exhibit the
body dissatisfaction and drive for thinness while individuals in the positive stage of
ethnic identification should be protected. Results are as follows:

The Ethnic Identification Attitudes X Acculturative Stress Interaction in Predicting
Eating Disorder Symptomatology among African American Women.

To test the hypothesis that, among African American women, negative ethnic
identification moderates the relationship between acculturative stress and disordered
eating symptoms, a setwise hierarchical regression was constructed with body
dissatisfaction/drive for thinness scores as the dependent variable and acculturative stress
and positive/negative ethnic identification variables entered into the first regression
equation. Next, the interaction of the positive/negative ethnic identification and
acculturative stress variables was entered into the regression equation as a predictor.

When body dissatisfaction was the dependent variable, for negative ethnic
identification variables (i.e., self-hatred, assimilation, miseducation and anti-white
attitudes), none of the overall equations had significant effects ($t$'s < 1.73,
$p$'s = ns). Concerning positive ethnic identification variables (i.e., internalization
Afrocentricity, multiculturalist inclusive, collective African identity, resistance against
anti-African forces, African self-fortification and value for African centered
relationships), none of the overall equations had significant effects ($t$'s < 1.66,
$p$'s = ns). One possible explanation for these nonsignificant findings is
that there was not sufficient power to detect a significant effect. However, it is also likely
that this lack of effect supports view that eating disordered behavior is not culturally
linked.

When drive for thinness was the dependent variable, for negative ethnic
identification variables (i.e., self-hatred, assimilation, miseducation and anti-white
attitudes), none of the overall equations had significant effects ($t$'s < 1.39,
$p$'s = ns). Concerning positive ethnic identification variables, the overall equations that
had significant effects were internalization Afrocentricity ($r$ = .39; $F(2,90)=7.96$, $p<.001$),
resistance against anti-African forces ($r$ = .37; $F(2,85)=6.83$, $p<.01$) and value for African
centered relationships ($r$ = .30; $F(2,82)=4.01$, $p<.05$). No overall effect was found for
multiculturalist inclusive ($r$ = -.02, $t$ = .14, $p$ = ns), collective African identity
($r$ = .09, $t$ = .82, $p$ = ns) nor African self-fortification ($r$ = -.05, $t$ = -.42, $p$ = ns).
The main effects for internalization Afrocentricity and resistance against anti-African
forces were significant in predicting drive for thinness score (see Table 7a-b). There
was no main effect for value for African centered relationships ($r$ = .08, $t$ = .70, $p$
= ns). A significant interaction, though at trend level, was found for value for the African
centered relationships x acculturative stress interaction (partial correlation = -.20, $t$ [81] = -
1.88, $p$ < .10), such that the acculturative stress main effect was somewhat qualified by
level of African self-fortitude (see Table 7c).

To determine whether the form of the value for African centered relationships x
acculturative stress interaction conformed to prediction, the relation between
acculturative stress and drive for thinness among two subgroups of African American
female participants was examined: those who reported low and those who reported high
levels of value for African centered relationships (i.e., those who scored one standard
deviation below the VAR mean and those who scored one standard deviation above the VAR mean; \( M=15.35, \ SD=5.11 \). In line with prediction, acculturative stress significantly predicted drive for thinness scores for those who reported low VAR \( (r=.63, \ p<.10) \) but not those who reported high VAR \( (r=.24, \ p=ns) \). This pattern of results indicates that acculturatively stressed African American women were prone to drive for thinness in the absence (but not the presence) of African centered relationships.
DISCUSSION

The general goal of this study is to examine the relation of culture and psychopathology. The intent is to determine if proposed psychological risk factors (i.e., ethnic identification and acculturative stress) predict several key mental health variables associated with suicide and eating disorders (i.e., depression, anxiety, suicidality, body dissatisfaction and drive for thinness) in African Americans. The current study’s investigation originated from theory concerning the perceived role of ethnic identification as protective against psychological distress. Consequently, this is the first study to date that looked at how specific ethnic identification attitudes relate to suicide and eating disorder symptomatology among a group of acculturatively stressed African American college students.

When looking across ethnic groups (i.e., African American, European American and Hispanic American individuals), scores on the MEIM were correlated with depression, suicidality, body dissatisfaction and drive for thinness. Unexpectedly, ethnic identification on the MEIM was not associated with anxiety or acculturative stress. According to Phinney (1992), scoring low on the MEIM is indicative of holding more assimilation attitudes and less ethnic ones. Therefore, it appears that college students who are more immersed in the dominant society experience greater psychological distress associated with suicide and eating disorder behaviors than those who are more ingrained in the traditions and values of their ethnic group. This finding contributes to the current literature that emphasizes the importance of ethnic identification in psychological well being.

An alternative view of this finding is plausible. It is possible that individuals who identify strongly with their ethnic group are less likely to report instances of psychological distress (c.f. Sanchez-Hucles, 2000), than those who have more mainstream views. As a result, individuals with greater ethnic identification may appear as though they are better equipped to deal with psychological distress associated with suicide and eating disorders. More research is needed to identify the kinds ethnic attitudes individuals’ hold in order to clarify this question. Such an attempt was made for African American individuals.

An interesting and unexpected finding was that ethnic identification interacted with acculturative stress to predict suicide but not eating disorder symptoms across ethnic groups. Regarding suicide, these results provide support for the notion that suicide may be culturally linked to mainstream American values. This finding also suggests that for individuals who experience acculturative stress, there are some dangers associated with disconnecting from ones ethnic group. It is also possible that when met with resistance, individuals who attempt to acculturate do not have the same level of social support as those who identify strongly with their ethnic group. Thus, ethnic identification may be a protective factor against suicide in that it increases social support (Walker, 2002) and belongingness (Joiner, 2005). Future research might investigate if thwarted belongingness is the mechanism by which this effect occurs.

In regards to eating disorder symptomatology, the unexpected non-significant effects are informative in that they provide support to recent research indicating that ethnic minority status may no longer represent a protective benefit (Shaw, Ramirez, Trost, et al.; 2004). Future research might investigate more gender related variables.
Discussion of Findings Specific to African American Participants.

In short, for African American college students, psychological well-being and ethnic identity attitudes were related to one another, although the directions of some of these associations were unexpected. For example, holding self-hatred and anti-white attitudes in relation to one’s ethnic group was associated with greater acculturative stress, depression and anxiety. As such, these findings are consistent with previous research on the Cross Racial Identity scale documenting that Preencounter and Immersion-emersion attitudes relate to poorer psychological well-being (Pierre & Mahalik, 2005; Carter, 1991; Munford, 1994; Parkham & Helms, 1985; Pyant & Yanico; 1991). Surprisingly, greater suicidality was positively correlated with low levels of positive ethnic identification attitudes and not high levels of negative ethnic identification attitudes. Thus, individuals who reported greater suicidality were likely to have lower scores on the multiculturalist inclusive, collective African identity, resistance against anti-African forces, and African self-fortification attitudes. In contrast to the Pierre & Mahalik (2005) finding, resistance against anti-African forces was consistent with Baldwin’s (1984) original theory in that it was associated with greater psychological well-being. Negative ethnic identification attitudes were not predictive of suicidality, though, this may be due to insufficient power. Future studies with larger samples of African American males may better address the predictive utility of negative ethnic identification attitudes and acculturative stress.

A similar pattern of findings occurred for body dissatisfaction but not drive for thinness among African American women. Specifically, women who reported greater body dissatisfaction were likely to have lower scores on the African self-fortification attitudes and the value for African centered relationships attitudes. Neither positive or negative ethnic identification attitudes were predictive of drive for thinness in this sample.

African American Men & Suicidality

Findings suggest partial support for the interaction model in predicting suicidality among African American men. Scoring low on African self-fortification interacted with acculturative stress to predict greater suicidality. This finding is supportive of Baldwin’s (1984) theory that it is healthy for African American men to develop awareness and self-affirmation related to Africentric values, customs and institutions to buffer against the acculturative stress.

Some general assumptions begin to form when looking at how this interaction may provide insight into why suicide rates have increased among young African American men. It appears that in young African American men, psychological distress is associated with being less appreciative or less aware of their African heritage. Consequently, these young men may not be adequately exposed to the protective factors associated with cultural awareness and participation. It is also possible that as young African American men engage in the acculturation process, some are met with resistance. This resistance (i.e., acculturative stress) appears to be most distressing for those individuals who do not have a strong African self-consciousness. Not only are these individuals less involved in their own ethnic group, they are not readily accepted in to the dominant group to which they ascribe. This finding raises concern because it may suggest that young African American men are one of the most socially disconnected
subgroups in the US. This is important because according to Joiner’s (2005) interpersonal theory of suicide, individuals who experience thwarted belongingness are at an increased risk for suicide. Research by Walker (2002) indicated that social support buffers against suicide ideation among African American men who experience acculturative stress. Future research should investigate ways to ensure African American men have greater access to the social support networks in their own communities and those of the larger society.

### African American Women & Eating Disorder Symptomatology

Regarding eating disorder symptomatology in African American women, the interaction model predicting drive for thinness approached, but did not reach, conventional levels of significance. Thus, under conditions of acculturative stress, scoring low on the value for African centered relationships is somewhat predictive of a greater drive for thinness. For this reason, it appears that for African American women devaluing Africentric culture and relationships with other African Americans may make them more susceptible to the thin body-type ideal prevalent in American culture. These women may have more mainstream views of beauty and attractiveness. It is possible that the average European American woman’s body-type is somewhat thinner, in general, when compared to most African American women. Thus, African American women who value European ideals may go to extreme measures to be thinner. This finding provides some support for the gender schema theory that suggests people evaluate and change their physical appearance to conform to cultural standards (Bem, 1981). Perhaps, African American women who identify more with being American than African believe that being thinner will help them overcome the resistance they encounter during acculturation. Future studies should investigate if, among African American women, the number of Africentric friends is protective against the drive for thinness ideal.

Unfortunately, none of the models were predictive of body dissatisfaction in this sample. This result suggests that body dissatisfaction may not be an culturally linked phenomena as previously hypothesized. This non significant finding provides support for research indicating ethnic minority status may no longer represent a protective benefit for eating pathology because the culture and values of the dominant group reach all ethnic groups (Shaw, Ramirez, Trost, et al.; 2004).

### Limitations

The findings of this study must be viewed in consideration of several limitations. First, the educational level and age range of the sample limits generalizability of findings to other age groups. For example, acculturative stress and ethnic identification may interact differently in African Americans of lower SES or older age groups who have different experiences and emphasize different cultural values. Future studies should investigate these effects in different cohorts. Second, there was insufficient power to determine the interaction effects of negatively identifying with ones ethnic group even though results did indicate main effects for self-hatred and anti-white attitudes as negatively correlated with acculturative stress. Future studies might make specific attempts to recruit African American male participants. Third, this study only looked specifically at ethnic identity attitudes in relation to suicide in African American men not women. Fourth, the study was naturalistic in design and therefore causality could not be
determined. Future studies may try to utilize qualitative methods in order to determine causality. For example, perhaps following individuals in a course designed increase awareness of African culture, history and values to determine if increasing one’s ethnic identification causes decreases in psychological distress. Finally, the study was based on self-report measures. Thus in future studies all sources of bias associated with self-report measures should be accounted for.

Implications and Conclusion

Considering these limitations, the finding that low ethnic identification interacts with acculturative stress to predict suicide in African American men has significant implications for counseling African American college students at predominantly European institutions in that it suggests cultural considerations should be addressed to help African Americans adjust to their environment. Additionally, it is possible that treatment for suicide, depression and eating disorders may differ depending on the level of ones ethnic identification. During the assessment process, it may be useful for the therapist to be familiar with the cultural attitudes and beliefs to which their client may be oriented (e.g., an Africentric or European worldview). It is recommend that all therapists be familiar with some of the cultural attitudes and beliefs of clients from different ethnic groups as these factors might affect assessment and treatment of clients who may be operating from a different cultural standpoint than the therapist.

Other clinical implications exist. It is possible that elevating the level of African self-consciousness (e.g., by actively participating in a black studies course or a black ethnic group organizations) will buffer against the negative effects of acculturative stress and improve psychological well-being among African American college students. In regard to the identification of treatment objectives, the findings in this study may be especially important in regards to preventing suicide in young African American men. Given current research, treatment objectives implicate religiosity is a protective factor against suicide (Walker, 2002). Thus, increasing African American male church attendance may help protect against suicidality. However, from subjective observations, it appears that this objective may be difficult given the relatively small number of African American males who attend church regularly. As a result, it may be more difficult for African American males to receive the benefits of this effect. One alternative solution could be to increase African American male participation and awareness of African heritage, values, customs and traditions. This might be achieved through involvement with fraternal organizations, community centers, and recognition of African centered cultural holidays.

It appears that, among African Americans, negatively identifying with ones ethnic group is not as significant a risk for psychological distress as being deficient in positive ethnic identification attitudes. Furthermore, being that all of the negative identification attitudes were derived from the CRIS, which is used to assess ‘Black’ racial identification, and most of the positive attitudes were associated with the ASC, which is used to assess African self-consciousness, it appears that these measures are a identifying two different constructs of ethnic identification among African Americans. It is also apparent that, identifying with being “Black” does not have much predictive utility as identifying with being “African.” Future studies may want to investigate the notion that identifying with being ‘Black’ does not have the same psychological benefits as
awareness and affirmation of ones Africanity, which has specific cultural attitudes, values and norms associated with it.

Overall, it appears that suicide and eating disorders may not be culturally linked in ways previously theorized. For example, it may not be that suicide and eating disorders are linked to one ethnic group’s cultural values more than another’s. Instead, it may be that these pathological behaviors are linked to culture in general in that all cultures may have protective factors associated with an individual positively identifying with their own ethnic group. Therefore, having a low ethnic identification and awareness of one’s cultural heritage may place an individual at greater risk for pathological behaviors when they experience acculturative stress because they are being exposed to the protective factors ingrained in their respective cultures.

In conclusion, investigating the role of ethnic identification and acculturative stress in suicidality and eating disorders is understudied, interesting and potentially very important. If these variables are further documented as key risk factors, suicide and eating pathology risk assessment schemes and psychotherapeutics ought to be tailored to account for this affect when dealing with African Americans and possibly other ethnic minorities.
2.0 per 100,000 for Hispanics, Asian/Pacific Islanders, and other ethnicities combined (NIH, 2003).
Table 1  
*Summary of Means and Standard Deviations for Measures*

<table>
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<tr>
<th>Measure</th>
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<td>VAR</td>
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<td>5.46</td>
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</table>

*Note:* For all scales higher scores are indicative of more extreme responding in the direction of the construct assessed. **Bolded items are specific for African Americans only.** SAFE= Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale; MEIM= Multigroup Ethnic Identity Measure; BSS= Beck Suicide Scale; BD= Body Dissatisfaction; DT= Drive for Thinness; BDI= Beck Depression Inventory; BAI= Beck Anxiety Inventory; PA= Pre-encounter Assimilation; PM= Pre-encounter Miseducation; PS= Pre-encounter Self-hatred; IEAW= Immersion-Emersion Anti-White; IA= Internalization Afrocentricity; MI= Multiculturalist Inclusive; CAI= Collective African Identity & Consciousness; RAF= Resistance Against Anti-African Forces; ASF= African Self-Fortification; VAR= Value for African Centered Relationships.
Table 2
**Intercorrelations Between Variables**

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<td>0.09</td>
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<td>0.03</td>
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</tbody>
</table>

Note: For all scales higher scores are indicative of more extreme responding in the direction of the construct assessed. **Bolded items are specific for African Americans only.**

SAFE=Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale; MEIM=Multigroup Ethnic Identity Measure; BSS=Beck Suicide Scale; BD=Body Dissatisfaction; DT=Drive for Thinness; BDI=Beck Depression Inventory; BA=Beck Anxiety Inventory; PA=Pre-encounter Assimilation; PM=Pre-encounter Miseducation; PS=Pre-encounter Self-hatred; IEAW=Immersion-Emersion Anti-White; IA=Internalization Afrocentricity; MI=Multiculturalist Inclusive; CAI=Collective African Identity & Consciousness; RAF=Resistance Against Anti-African Forces; ASF=African Self-Fortification; VAR=Value for African Centered Relationships.

*p<.10; **p<.05; ***p<.01; ****p<.001
Table 3
The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Suicidal Symptomatology Among All Individuals

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main effects</td>
<td>9.46***</td>
<td>4.04***</td>
<td>2,273</td>
<td>.26</td>
<td>.07</td>
</tr>
<tr>
<td>2. SAFE x MEIM</td>
<td>8.24*</td>
<td>-2.34*</td>
<td>1,272</td>
<td>-.14</td>
<td>.08</td>
</tr>
</tbody>
</table>

Note. PR= multiple partial correlation for a set of predictors; pr= partial correlation for within-set predictors.
*p<.05; **p<.01; ***p<.001
Table 4


<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
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<td>5.11**</td>
<td>2.51**</td>
<td>2, 167</td>
<td>.24</td>
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<td></td>
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<tr>
<td>Ethnic identification (MEIM)</td>
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<td>-.16</td>
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<td>-2.24*</td>
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<td>-.17</td>
<td>.09</td>
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</table>

Note. PR = multiple partial correlation for a set of predictors; pr = partial correlation for within-set predictors.
*p<.05; **p<.01


<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
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<td>4.43***</td>
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<td>.18</td>
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<td>Acculturative stress (SAFE)</td>
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<td></td>
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<td>Ethnic identification (MEIM)</td>
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<td>1, 90</td>
<td>.42</td>
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<td>2. SAFE x MEIM</td>
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<td>1.42</td>
<td>1, 89</td>
<td>.14</td>
<td>.02</td>
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</table>

Note. PR = multiple partial correlation for a set of predictors; pr = partial correlation for within-set predictors.
*p<.05; **p<.01; ***p<.001
Table 5

**a. The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Body Dissatisfaction Among African American, European American and Hispanic American Women**

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>Df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
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<td>Ethnic identification (MEIM)</td>
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<td>2. SAFE x MEIM</td>
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<td>1, 166</td>
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**b. The Ethnic Identification (MEIM) X Acculturative Stress (SAFE) Interaction in Predicting Drive for Thinness Among African American, European American and Hispanic American Women**

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
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<td>-.42</td>
<td>1, 169</td>
<td>.03</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. PR= multiple partial correlation for a set of predictors; pr= partial correlation for within-set predictors.
*p<.05; **p<.01; ***p<.001
Table 6
The Ethnic Identification Attitudes X Acculturative Stress Interaction in Predicting Suicidal Symptomatology among African American Men

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>t for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> Main effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Acculturative stress (SAFE)</td>
<td>3.14*</td>
<td>1.40</td>
<td>2,52</td>
<td>.33</td>
<td>.11</td>
</tr>
<tr>
<td>2. SAFE x CAF</td>
<td>2.25</td>
<td>-.73</td>
<td>1,51</td>
<td>-.10</td>
<td>.12</td>
</tr>
<tr>
<td>2. SAFE x CAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Main effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Acculturative stress (SAFE)</td>
<td>4.04*</td>
<td>1.27</td>
<td>2,52</td>
<td>.37</td>
<td>.14</td>
</tr>
<tr>
<td>2. SAFE x RAF</td>
<td>3.33</td>
<td>-.13</td>
<td>1,51</td>
<td>-.18</td>
<td>.16</td>
</tr>
<tr>
<td>2. SAFE x RAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> Main effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Acculturative stress (SAFE)</td>
<td>3.87*</td>
<td>.93</td>
<td>2,56</td>
<td>.35</td>
<td>.12</td>
</tr>
<tr>
<td>2. SAFE x ASF</td>
<td>4.89*</td>
<td>-2.49*</td>
<td>1,55</td>
<td>-.32</td>
<td>.21</td>
</tr>
</tbody>
</table>
Table 6 – continued
d.

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>$t$ for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acculturative stress (SAFE)</td>
<td>9.30***</td>
<td>.75</td>
<td>2, 54</td>
<td>.51</td>
<td>.26</td>
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<tr>
<td>Multiculturalist inclusive (MI)</td>
<td></td>
<td></td>
<td>1, 54</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>2. SAFE x MI</td>
<td>6.08</td>
<td>-.01</td>
<td>1, 53</td>
<td>-.50</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. PR= multiple partial correlation for a set of predictors; pr= partial correlation for within-set predictors.
*p<.05; **p<.01; ***p<.001
Table 7

*The Positive Ethnic Identification X Acculturative Stress Interaction in Predicting Drive for Thinness among African American Women*

### a.

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>( t ) for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main effects</td>
<td>7.96***</td>
<td>2.63**</td>
<td>2.90</td>
<td>1.90</td>
<td>.39</td>
</tr>
<tr>
<td>Acculturative stress (SAFE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internalization</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Afrocentricity (IA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SAFE x IA</td>
<td>5.44</td>
<td>-.70</td>
<td>1.89</td>
<td>-.07</td>
<td>.00</td>
</tr>
</tbody>
</table>

### b.

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>( t ) for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main effects</td>
<td>6.83**</td>
<td>2.97**</td>
<td>2.85</td>
<td>1.85</td>
<td>.37</td>
</tr>
<tr>
<td>Acculturative stress (SAFE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistance against</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>anti-African forces (RAF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SAFE x RAF</td>
<td>4.89</td>
<td>-.99</td>
<td>1.84</td>
<td>-.11</td>
<td>.00</td>
</tr>
</tbody>
</table>

### c.

<table>
<thead>
<tr>
<th>Order of entry/predictors in set</th>
<th>F for set</th>
<th>( t ) for within-set predictors</th>
<th>df</th>
<th>Partial correlation (PR/pr)</th>
<th>Model R(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main effects</td>
<td>4.01*</td>
<td>2.67**</td>
<td>2.82</td>
<td>1.82</td>
<td>.30</td>
</tr>
<tr>
<td>Acculturative stress (SAFE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value for African</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>centered relationships (VAR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SAFE x VAR</td>
<td>3.53#</td>
<td>-1.88#</td>
<td>1.81</td>
<td>-.20</td>
<td>.04</td>
</tr>
</tbody>
</table>

**Note.** PR= multiple partial correlation for a set of predictors; pr= partial correlation for within-set predictors.

\#p<.10; *p<.05; **p<.01; ***p<.001
APPENDIX A
INFORMED CONSENT FORM

INFORMED CONSENT FORM

I freely and voluntarily and without element of force or coercion, consent to be a participant in the research project entitled “The Role of Exposure, Ethnic Identity and Acculturative Stress in Suicidality.”

This research is being conducted by Daniel Hollar, who is a doctoral student in clinical psychology trained by Thomas Joiner, Ph.D., who is The Bright-Burton Professor of Psychology at Florida State University. I understand the purpose of this research project is to better understand the various cultural differences in personality and suicide ideation among college students. I understand that if I participate in the project, I will be asked to complete a questionnaire packet, which takes about 60 minutes and involves questions about my behavior, views, and feelings with regard to depression, anxiety, and suicidal thoughts.

I understand that participation in the project involves usual procedures; there are no special procedures that are specific to this project.

I understand my participation is totally voluntary and I may stop participation at anytime. All my answers to the questions will be kept confidential. My name will not appear on any of the results. No individual responses will be reported. Only group findings will be reported. My confidentiality will be protected to the full extent allowed by law. I understand that, because this is an anonymous study, the administrator will not be able to link my responses to me and initiate counseling if needed.

I understand that there are benefits for participation in this research project in that my participation may contribute to the understanding of cultural differences in personality and among college students. The project will contribute to knowledge in the area of scientific clinical psychology.

I affirm that I am 18 years of age, or older.

I have been given the right to ask and have answered any inquiry concerning the foregoing. Questions, if any, have been answered to my satisfaction. If I am distressed at the completion of my participation in this study, referral information will be available. In the future, I understand that I may contact Dr. Thomas Joiner, Florida State University, Department of Psychology, Mall Code 1270, (850) 644-1454, for answers to questions about this research or my rights. Group results, once completed, will be sent to me upon my request.

I understand that if I have any questions about my rights as a participant in this research, or if I feel I have been placed at risk, I can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633.

I have read and understand this consent form. I understand that, by completing the questionnaire packet, I am giving my consent for participation in this study.
APPENDIX B
HUMAN SUBJECTS COMMITTEE APPROVAL

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2763
(850) 644-3633 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 2/18/2004

To:
Daniel Hollar
MC 1270

Dept: Psychology

From: John Tomkowiak, Chair

Re: Use of Human Subjects in Research Assessment of a Mental Health Education Brochure for the Public

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Human Subjects Committee at its meeting on 2/11/2004. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If the project has not been completed by 2/10/2005 you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHR regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Thomas Joiner
HSC No. 2004.070
REFERENCES


Hovey, J.D., & King. (1997) Levels of Acculturation and Acculturative Stress. Cultural Diversity and Ethnic Minority Psychology, 3, 34-51


BIOGRAPHICAL SKETCH

Name: Daniel L. Hollar
Employment: Florida State Hospital
Address: 2387 Parrot Lane
          Tallahassee, FL 32303
Telephone: 850-294-9545
Email: hollar@psy.fsu.edu
Date of Birth: 11/20/79
Place of Birth: Bronx, New York
Social Security: Provided Upon Request

Education:
Clinical Psychology Graduate Student
  The Florida State University, Tallahassee, Florida, May 2003-present
M.S. Psychology (2006)
  The Florida State University, Tallahassee, Florida
  Graduate GPA 3.25
B.S. Psychology (2002)
  The Florida State University, Tallahassee, Florida
  Minor: Education
  Major GPA: 3.2
  CUM GPA: 3.5

Florida Atlantic University
Howard University
Nova Center for Applied Research and Development
  Fort Lauderdale, Florida, August 1995-June 1997

Honors and Awards:
The Florida Education Fund, McKnight Doctoral Fellowship (2006)
APA Division 29 Student Paper Award: Donald K. Freedheim Student Development Award (2005)
Golden Key International Honor Society, Florida State University (2002)
Howard Baker Undergraduate Research Award, Florida State University (2002)
National Society Collegiate Scholars, Florida State University (2002)
Psi Chi National Honors Society, Florida State University (2001)
W.E.B. DuBois Honor Society, Florida State University (2001)
Bright Futures Merit Scholarship, Florida Atlantic University (1999)
McKnight Achievers: Urban League of Broward County (1989)

Presentations:

Daniel L. Hollar (2002). Descriptive Analysis of Minority and Ethnic PhD Diversity Awarded at Florida State University. PowerPoint presentation for research presented to Psychology faculty for the Howard Baker Research Award.

Publications:


Submitted Manuscripts:


Current Projects:

**Book Chapters:**

**Research and Clinical Experience:**
*Arthur G. Dozier School Department of Juvenile Justice, August 2005-present*
20 hour weekly rotation on the Dozier School and Juvenile Justice Office of Corrections.
Duties: The assessment and treatment of juvenile delinquents and sexual offenders.
Supervisors: Nancy Wonder, PhD. & Marie Hume-Guilford, PhD.

*Clinical Therapist Practicum, June 2004-August 2006.*
PhD supervised graduate student clinical therapist
Duties: Administering intelligence assessments and empirically supported psychotherapy treatments for Axis I and Axis II DSM-IV diagnostic mood disorders, substance abuse disorders and personality disorders to student, community and court ordered clients.
Supervisors: Thomas Joiner, PhD; Brad Schmidt, PhD; & Natalie Sachs-Ericsson, PhD.

*Florida State Hospital, August 2004-August 2005*
20 hour weekly rotation on the geriatric unit at Florida State Hospital.
Duties: The assessment and diagnosis of dementia, forensic assessment, and the unique treatment needs of individuals with dually diagnosed chronic medical conditions and psychological disturbance.
Supervisor: Robert S. Kline, PsyD.

*Florida State University Psychology Research Assistantship, June 2003-May 2004*
Academic Peer Advisor for psychology undergraduates at Florida State University.
Duties: Assisting Psychology undergraduate advisors and students in curriculum planning and course selection for the degree of Bachelor of Arts or Bachelors of Science in Psychology.
Supervisor: Barbra Licht, PhD

*Child Psychopathology Clinical Research Assistant, August 2002-2003.*
Investigating gender differences in development and maintenance of severe youth conduct problems.
Duties: Assistant/Case manager Administering a wide variety of emotional and behavioral rating scales to teenagers, parents and teachers. Collecting saliva samples for testosterone and cortisol assessment. Administering computer based emotion process samples. Data entry of rating scales.
Supervisor: Bryan Loney, PhD
Historical research and website development of Dr. Winthrop N. Kellogg.
Duties: Responsible for historical data research on Winthrop Kellogg’s Porpoises and Sonar study. Involved in web page format, layout and design critique, researching historical archives for film documentaries on experiments such as The Ape and Child study. Final product available for viewing in the historical archives section of the FSU psychology department’s web page at http://www.psy.fsu.edu/history/wnk/index.html.
Supervisor: Michael Rashotte, PhD

An original study. Title: Descriptive Analysis of Minority and Ethnic PhDs Awarded at Florida State University.
Duties: Primary researcher responsible for completing departmental records for race variable and dissertation titles of students awarded PhDs by the psychology department, interviewing faculty and graduates to validate findings, completing data tables for rate and percentage comparisons by race and gender of total PhDs awarded from 1953-2001. Presenting findings to the faculty at the departments Howard Baker Research Award. Data compiled by this study can be viewed at http://www.psy.fsu.edu/history/minority/hollar.html.
Supervisor: Michael Rashotte, PhD

Work Experience
Disability Assessment Assistant, Robert Kline, PsyD. (2006)
Responsible for administering and scoring IQ and disability assessments, such as the WAIS-III, WISC-IV, WJ-ACH and WJ-COG.

Teaching Assistant, Capital City Preparatory Schools (2002-2003)
Capital City Preparatory Schools, 5th and 6th grade teaching assistant. Responsible for teaching math, science, reading, computer and Spanish. Involved in after school tutoring students, providing assistance with grading tests, homework assignments, lesson planning. My position requires that I keep students motivated in class work and be a positive role model for students through mentorship and counseling. In after school programs I also help students ages 5-16 deal with emotional and behavioral problems; ADHD, counseling about death and dying, morality and ethical behavior.

Note Taker, Florida State University Student Disability Center (Jan. 2002- May 2002) 
Responsible for taking class lecture notes and transcribing copies for students registered with the university's Student Disability Center.
Special Interests and Skills
Research on Suicide, Eating Disorders and Ethnicity
Clinical research/therapy with persons with chronic medical illnesses
Forensic Psychology, Geriatrics & Adolescents

Ambassador to Ghana-West Africa, Enyimnyam Project (August 2002)
Mentor, Palmer Monroe Community Center (2001)
Emergency room case manager assistant, Aventura Medical Center (2001)
Black Student Union, Florida State University (2000-2002)