RACIAL IDENTITY ATTITUDES AS PREDICTORS OF THE COGNITIVE CORRELATES OF SOCIAL ANXIETY IN AFRICAN AMERICANS

Cheri Weeks

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Thomas H. Ollendick, Chair
Jack Finney
Russell T. Jones

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(ABSTRACT)

The relationship between racial identity attitudes derived from Cross's (1978) theory of Racial Identity Development, the cognitive correlates of social anxiety, and indices of psychological functioning were explored. Subjects were 101 African American college students. Preencounter, Encounter and Immersion attitudes were all positively related to increased personal distress as indicated by positive relations to fear of negative evaluation, social avoidance and distress, and negative relation to indices of healthy psychological functioning. Internalization attitudes were indicative of healthy psychological functioning as indicated by negative relations to measures of social anxiety and positive relations to indices of healthy psychological functioning. Implications for future research and service delivery to African American populations are discussed.

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Racial Identity Attitudes as Predictors of the Cognitive Correlates of Social Anxiety in African Americans

The primary purpose of this study was to examine the relationship between racial identity attitudes and the cognitive correlates of social anxiety in an African American sample. Estimates are that by the year 2050, 50 percent of the American population will be of ethnic minority descent (Victor et al., 1995). Publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM- IV) reflected an attempt to address the changing demographics of American society. Indeed DSM-IV included 13 "new" mental disorders. However, the most significant change within DSM-IV was the effort to reduce diagnostic and cultural discrimination in the delivery of services to minority populations (DSM-IV; American Psychiatric Association, 1994). The DSM-IV urges the clinician to consider the cultural relevance and orientation of the client when devising treatment plans and clinical formulations. Specifically, the DSM-IV provides the clinician with descriptions of how cultural identification can affect the diagnosis and treatment of several of the various psychopathologies. Additionally, Appendix I of the DSM-IV provides an extensive list of culturally bound syndromes that are not accounted for in the formal classification system.

Because little attention has been given to possible differences in the expression of anxiety disorders among African Americans we do not know if such differences exist and, if such differences are found, how they might affect treatment outcome. This study sought to develop the concept of race more fully, by defining it as how an individual defines him or herself in terms of attitudes about race. Thus, this study examined the expression of social anxiety among African Americans to determine if differences in expression are related to racial identity attitudes.

Social Anxiety and Cognition

Most theorists maintain that social anxiety is simply a milder form of social phobia. Indeed the DSM-IV lists social phobia as Social Anxiety Disorder (DSM-IV, American Psychiatric Association, 1994). The distinguishing characteristic between social anxiety and social phobia is that social phobia requires avoidance or the strong desire to avoid social encounters (DSM-IV American Psychiatric Association, 1994). Questions remain, however, as to whether social anxiety and social phobia are distinct entities or whether they occur along a continuum differentiated only by degree of impairment. All social phobics experience social anxiety; however, not all socially anxious persons are socially phobic. Nonetheless obvious similarities are evident. Social anxiety is characterized by heightened physiological arousal in social situations, fear of negative evaluations by another person or persons, underestimation of social skills in social situations, and, in some cases, avoidance of the feared situation. People who suffer from social anxiety and phobia describe physiological, behavioral and cognitive symptomotology. Resulting from this variation in symtomotology, several theories have been postulated to explain social anxiety. One of the most comprehensive theories of social anxiety is cognitive theory.

Beck and Emory (1985) provide a cognitive theory of anxiety that has implications for the study of social anxiety. The central thesis of Beck and Emory's (1985) theory is that maladaptive schemata lead to increased anxiety. Schema control functioning by serving as a set of cognitive resources used for interpreting internal and external stimuli. According to Beck and Emory (1985), a person's maladaptive schemata lead to an increased sense of vulnerability. In turn, this increased sense of vulnerability leads to an increased likelihood for the development of anxiety. According to the theory, anxiety results from the interaction between life stressors and maladaptive schemas. In the case of social anxiety, individuals over attend to their own negative social evaluative thoughts. When socially anxious persons encounter ambiguous social situations this maladaptive schema is more readily retrieved from memory and subsequently enacted.

In addition to schemas, Beck and Emory (1985) have proposed a superordinate organizing principle labeled "modes". Modes consist of rules and ideas that are organized into general

themes. In the case of social anxiety, it is the vulnerability mode that is being attended to most clearly.

The cognitive model posits that there are several faulty cognitions that help to develop and maintain social anxiety. These include more negative self-evaluations of one's own social performance than in the non-socially anxious (Butler & Mathews, 1993; Edelmann, 1985; Stopa & Clark, 1993); negative self statements prior to and during social situations (Beidel, Turner & Dancu, 1985; Dodge, Hope, Heimberg & Becker 1988; Glass, Merluzzi, Biever, & Larsen, 1982; Halford & Foddy, 1982); irrational beliefs (Edelmann, 1992; Sutton-Simon & Golfried, 1979); hypervigilance to social threat cues (Beck & Emory, 1985; Hope, Rapee, Heimberg & Dombeck, 1990); and lower expectations about social performance and ability (Leitenberg, 1990).

Socially anxious people frequently report "defeating" cognitions, negatively evaluating their performance in social situations. As a result they often expect the worst from social situations. In a comparison of socially anxious and non-socially anxious groups, for example, Edelmann (1985) found that there was no difference between groups on their reports of how they would deal with a social encounter. However, clinically socially anxious patients underestimated their performance ability while overestimating the performance ability of others. Similarly, Stopa and Clark (1993) reported that social phobics' thoughts were not fact driven but driven by an automatic thought process prompted by the social situation. In a review of social phobia, Stopa and Clark (1993) asserted that, in anticipation of a social encounter, these maladaptive thoughts would lead to increased avoidance behavior in the socially anxious. Further evidence for negative self evaluations is evident in a review conducted by Butler and Mathews (1993). Butler and Mathews (1993) reported that social phobics become preoccupied with the somatic symptoms of their anxiety. This preoccupation frequently manifested itself in cognitions such as, "others will think I am strange," and "I will lose control". These preoccupations interfere with social phobics' interpretation of social cues, thus leading to further isolation.

The socially anxious also have more negative self-statements prior to and during social encounters. Beidel et al. (1985) used a sample of 52 socially anxious men and women to assess

the cognitive, physiological, and behavioral aspects of social anxiety. Responses on the Social Interaction Self-Statement Test (SISST) revealed that before and during social encounters the socially anxious group evidenced fewer coping statements and more negative self-statements than a non-socially anxious group. Similarly, Glass et al. (1982) using the same instrument in a sample of 144 college students found that high socially anxious subjects evidenced fewer positive self-statements and more negative self-statements. Further study completed by Hope et al. (1988) found that negative self-statements were more likely to be held by anxious than non-anxious subjects. Finally, Halford et al. (1982) also observed a correlation between social anxiety and negative self-statements.

Another cognitive variable that contributes to the expression of social anxiety is the existence of irrational beliefs. Edelmann (1992) found that socially anxious individuals maintained maladaptive schemas about themselves and the world, even in the presence of contradictory information. Sutton-Simon et al. (1979) assessed a group of socially anxious individuals using the Irrational Beliefs Test, and found that higher levels of social anxiety were correlated with more irrational beliefs.

Furthermore, socially anxious persons show hypervigilance to the social evaluations of others, and are frequently preoccupied with thoughts of being the object of social analysis (Beck et al., 1985). As a result they often interpret social situations as more threatening than normals and seek to avoid select social situations. In a modified Stroop task, Hope et al. (1990) found that social phobics evidenced longer latencies for social threat cues than non-socially phobic controls. In a similar study, Mogg, Kentish, and Bradley (1993) found that there was greater interference of color-identification of threat stimuli for high anxious subjects.

Socially anxious persons have been found to underestimate their skills in social situations. For example, in a study conducted by Leitenberg (1990), socially anxious subjects often perceived that their performance was deficient even when it was not. Similarly Beidel et al. (1985) found that socially anxious subjects attributed failure in the social situation to a lack of skill on their part. Although the socially anxious subjects reported a lack of social skills, reports by independent

raters did not support skill deficiencies. Similarly, Rapee and Lim (1992) found no differences in social skills between social phobics and normal subjects in their investigation of public speaking.

While the previous theories and empirical findings provide relevant information about social anxiety and its expression in the general population, none of the previous research provides any information about participant ethnicity or racial identification. Each article focuses solely on the age and gender of their samples excluding the potentially relevant variables of culture and ethnicity. This raises questions about the validity of these theories for the expression and findings of social anxiety in African Americans.

Relatively few studies have been published that address treatment outcomes of African Americans with anxiety disorders. Indeed a review of the literature revealed only five such studies (Chambless & Williams, 1994; Friedman & Paradis, 1991; McNally, Cassiday, & Calamari, 1990; Treadwell, Flannery-Schroeder & Kendall, 1995; Williams & Chambless, 1994). These five studies have yielded mixed treatment outcomes.

Friedman and Paradis (1991) compared 15 African American patients ages 18-62 with panic disorder and agoraphobia with an equivalent sample of white patients. Following behavioral psychotherapy, outcome was poorer for blacks than whites. Specifically, behaviorally oriented psychotherapy with in vivo exposure and antidepressants had a significantly poorer outcome for blacks than whites (33% compared to 84%). The African Americans subjects in this sample had a history of chaotic and traumatic life events. In particular, the African American sample reported parental separation at an earlier age than the White sample, which may have contributed to the findings. Similarly, Chambless and Williams (1995) treated 18 African Americans and Caucasians for agoraphobia. At follow-up, black patients remained more severely impaired on measures of phobia than white patients. Black patients also had a more severe phobia pre-treatment. However, controlling for this variable revealed that Blacks remained more severely phobic post-treatment. In a similar study, Williams and Chambless (1994) compared black patients to white patients on response to exposure therapy. Results of this study indicated that exposure therapy was effective for black and white patients but that blacks still evidenced significantly more panic attacks than did white patients post-treatment. Thus, although the findings are not robust for the

role of race in moderating psychiatric disorders and response to treatment, they appear to suggest that African Americans with panic disorder or agoraphobia respond less well to cognitive-behavioral intervention than their Caucasian counterparts.

On the other hand, a case study undertaken by McNally et al. (1990) produced significant positive treatment outcomes for a 26 year-old African American female diagnosed with Taijin-kyofo-sho, a culturally bound anxiety disorder. Furthermore, a study of the relationship of ethnicity and gender to adaptive functioning in anxiety disordered children conducted by Treadwell et al. (1995) revealed that cognitive behavioral treatment produced similar reductions in symptomatology for both black and white children ages 9 to 13 years old. Moreover, as a function of ethnicity, no differences in anxiety were found across child, parent, or teacher reports. Thus, the bulk of these findings indicate that blacks are less responsive to treatment than whites, at least in adults, and that the expression of the disorder may be more severe in blacks than whites.

Cultural Diversity/Ethnicity

Psychology has consistently questioned whether ethnicity has an effect on the treatment of psychopathology. Culture and ethnicity are terms that are often used interchangeably to refer to the same phenomenon; however, they are qualitatively different. Culture is defined as a set of norms and values that influence the way a person thinks, behaves and feels. Culture is influenced by society and affects the way relationships are formed (Parron, 1994). Therefore culture appears to be a far-reaching entity that influences all aspects of functioning. In contrast, ethnicity refers to a person's racial heritage. Ethnicity is a dynamic system of genetic, morphological, and anthropological characteristics. A common misconception has been that ethnic groups harbor a set of beliefs and behaviors that are static and homogeneous. However from the above definitions, it appears that it is not ethnicity that influences behavior and belief; rather, it may be the influence of a complex set of commonly held cultural beliefs, or the identification to a certain reference group.

A majority of the research on African Americans and their psychological well being has been obtained through epidemiological or social psychological studies. A more useful way of looking at it may be through theoretically and empirically derived reference group psychological variables (e.g., racial identity). Within group psychological variables are useful for maneuvering the rough waters of past research. Antithetic to other models, models of racial identity do not assume that all African Americans are alike in their identity development, nor do they encourage us to believe that they are a homogeneous group in their beliefs and attitudes. The original model of racial identity development described by Cross (1978) as “psychological nigrescence”, described a four phase developmental process of self actualization that incorporates the ideals of an African American collective identity, rather than a frame of reference dictated by Euro-American society. Thomas (1970) and Cross (1978) working separately, outlined the phases that African Americans go through in the “conversion” process (i.e., the change from Negro to Black).

Comparing his model to that of Thomas (1970), Cross (1978) outlined five phases that an individual maneuvers during the conversion process: (1) Pre- Encounter, (2) Encounter, (3) Immersion-Emmersion, (4) Internalization, and (5) Internalization Commitment. The first attitudinal phase “Pre- Encounter” is the phase in which an African American defines him or herself in reference to the Euro-American standard. In a more recent explanation of the theory, Cross (1995) expands upon the theory by further delineating attitudes quintessential to the preencounter phase. Three types of attitudes are characteristic of this phase: low salience, social stigma, and anti-black. Low salience attitudes are associated, not with a denial of physical "blackness", but that blackness contributes little to a person's life. People with preencounter attitudes place value on things other than being Black. These individuals may see themselves as individuals or race neutral. Cross (1995) indicates that when pressed these individuals may respond that they are of the human race and just happen to be Black. Cross (1995) describes social stigma attitudes as a variant of low salience attitudes. The difference is that Blacks who hold these attitudes view being black as a detriment. Blacks in this phase are aware of their blackness, but not as a source of pride but of something to be negotiated. They associate their blackness with social discrimination, and are interested in black issues in order to unite with those who would destroy the social stigmas associated with all things black (Cross, 1995). These

people may know very little about the history and culture of blackness and they would likely respond to inquiry about self-reference by talking about oppression. The anti-black attitude phase of preencounter is a phase where Black is seen as a negative reference group. All things Black are undesirable, they do not garner support from the Black community and are repulsed by other African Americans. They buy into negative stereotypes about African Americans and deify Eurocentric ideals.

In the Preencounter phase a person's culture is defined without reference to race, in the interest of preserving the external or Euro-American source of validation. Blacks in the Preencounter phase have been found to be self-depreciating and to exhibit poor self-concepts (Parham & Helms, 1985). This poor self-concept may result from the external point of reference, giving blacks the idea that "White is right". Cross (1995) describes people in this phase as "sitting ducks" for an encounter.

The second or Encounter phase is sometimes precipitated by a traumatic social or personal event that confronts a person with a new way of viewing the African American experience. The encounter phase is not always precipitated by a single experience; it can be a series of events that chip away at a person's identity. However, Parham (1989) has theorized that this phase can be self-initiated since it emerges from the personal perception of an event. This phase is marked by confusion about one's previous identity in the Preencounter phase and ends when the person decides that this new identity is worth exploring and makes an effort to "become black". Cross (1978) describes this phase as a time when the person begins a "frantic and obsessive search for black identity".

The Immersion-Emmersion phase follows, and continues the person's search for a black identity. In this phase the person labors to get rid of all vestiges of the Preencounter identity. This phase was described by Cross (1978) as similar to a religious conversion. Rage and hostility towards whites mark the Immersion/Emmersion phase. Persons' in this phase of nigrescence may exhibit dichotomous thinking, exhibiting unrealistic expectations about the efficacy of their new found blackness, and have a tendency to be rejecting of whites and white culture, while deifying

their African heritage. Individuals in this phase are often preoccupied by thoughts that whites intend to harm them, often involving themselves in groups with goals directed to bettering the lives of African Americans.

Upon emerging from the destabilization of the third phase, the African American is able to step back and critically evaluate the strengths and weaknesses of a newfound identity. It is at this time that the person enters the Internalization phase. This is a time when the person begins to feel more comfortable with his or her new found blackness and rids him or herself of the hostility of the Immersion-Emmersion phase. The person in this phase of Nigrescence may begin to form relationships with the majority group and there is no longer a need for the racist posturing of the previous phase, rather the person is now able to move toward a new perspective, while still using African Americans as the primary reference group (Cross, 1978). This phase is described by Cross (1978) as a time when "tension and emotionality is replaced by a calm, secure demeanor". The person is now able to incorporate a newfound identity into his or her own value system. While this phase signifies the resolution between the old self and the new, the person has not yet "become" the new identity. As the person "practices" these new worldviews, and becomes more comfortable with this new identity, Cross (1978) theorizes that the individual internalizes this newfound blackness. Internalization is marked by a lack of anxiety about race, as the person becomes more comfortable with the new identity. However, Cross (1978, 1995) theorized that the person in this phase had not yet committed to the new role of blackness.

The fifth attitudinal phase, in which a person has fully committed to his or her new identity, is called Internalization Commitment. What separates the fourth from the fifth phase is this commitment to their personal sense of Blackness. Cross (1978) theorized that this phase is marked by the distinction between the person who discontinues involvement in the movement (internalization), and the person who still continues social involvement. This person has developed personal identity and seeks to incorporate this identity into behavior that is important to the goals of the group. Thus, the distinction between the internalized individual and the internally committed individual is the position that lasting identity change comes when a person has achieved a dual identity with both individual and collective components.

Several studies have addressed the issue of identity development and its relationship to psychological variables. Parham and Helms (1985a) investigated the relationship between attitudes of racial identity and self esteem in college students. Results indicated that preencounter and immersion/emmersion attitudes were associated with low self-esteem. These results are consistent with the assumptions of Cross' (1978) model. Parham and Helms theorized that this might be due to an emergent sense of blackness, which intensifies the feelings of guilt associated with previous denial of blackness. In contrast, the encounter and internalization attitudes are associated with positive self-esteem.

In a similar investigation, Parham and Helms (1985b) investigated the relationship between racial identity attitudes to self-actualization and affective states of African American college students. Each attitude described in the model was placed into a regression model. Results were congruent with the results from the previous study. Preencounter and immersion attitudes were positively related to feelings of hostility, inferiority and anxiety. Preencounter and immersion attitudes were negatively related to self-actualizing tendencies. However, Encounter and Internalization attitudes were positively associated with self-actualization tendencies and negatively related to feelings of inferiority and hostility. Parham and Helms' (1985b) findings suggest that emotions are an essential part of the conversion process. They hypothesize that the cognitive aspects of identity development and behavioral processes may not happen at the same rate, perhaps explaining the discrepancies between Blacks and Whites in treatment outcome studies.

Spencer, Cunningham, and Swanson (1995) conducted a longitudinal study that investigated identity as coping. Using an African American, adolescent, male population they found significant positive correlations between immersion attitudes and machismo attitudes (violence as manly, callose sex attitudes, and danger as exciting), and preencounter attitudes and machismo. They also found internalization attitudes to be significantly inversely related to machismo attitudes. They reasoned that the correlation between machismo and immersion attitudes placed these youth at risk for psychological and academic difficulties.

Finally, Carter (1991), using multiple regression analyses, investigated racial identity attitudes as predictors of self reported psychological distress. This investigation of the relationship between racial identity attitudes and psychological functioning revealed that Preencounter attitudes were significantly and positively related to anxiety and significantly and positively related to global psychological distress.

Several assumptions accompany the empirical validation and acceptance of this model. One of the assumptions of the model that has served to hamper the construct validity of this theory has been the assumption that Nigrescence is a linear progression of stages. In an attempt to clarify the model, Parham (1989) extended Cross' (1978) theory. Thomas (1989) states that a person can begin the process at any phase of the model, regressing backward and progressing forward. Thus, Thomas (1989) is describing the model as one that is dynamic and cylindrical rather than linear, where a person can "recycle" through attitudinal phases as circumstances permit and require. What causes this recycling varies from person to person but life changes such as marriage, the birth of a child or a powerful new encounter episode can precipitate this shift in attitude.

Thomas (1989) also asserts that a traumatic event need not be the precipitator of the conversion process. Much like Cross (1995), he suggests that the encounter can be a series of events. Thomas (1989) also suggests to researchers that adolescents and young adults are not the only groups who go through the processes of Nigrescence; rather, many African Americans begin the process in their middle to late adulthood which can be precipitated by self examination which can come with age.

Internalization and Internalization Commitment are considered to be the healthiest phases of identity development and several studies have supported this belief (Carter, 1991, Spencer, Cunningham, and Swanson, 1995). This study will be the first of its kind to use a measure designed to measure both healthy and dysfunctional psychological functioning. As well, no other investigation has used with-in group psychological variables to investigate the expression of social

anxiety in African Americans. Our belief is that Racial Identity Development is a social process that occurs on both the individual and societal levels.

Hypotheses

Since the model of Nigrescence is a developmental, cylindrical one, placing people in discrete categories may provide misleading information about racial identity attitudes (Parham & Helms, 1985b). Parham and Helms (1985b) assert that placing people in discreet categories ignores variance associated with the attitudes that individuals may hold simultaneously and that can be important for predictive purposes. The theory implies that the phases (i.e., the attitudes associated with phases) are additive, so placing people along a continuum appears to be a better method for studying the construct of identity development. The assumptions of the model imply that a regression model that uses the attitudes as predictors is a more sensitive strategy for investigating the relationships between identity attitudes and psychological functioning (Parham & Helms, 1985b).

The purpose of this investigation was to determine whether racial identity attitudes are associated with socially anxious cognitions. Based on the empirical literature and the model of Nigrescence, several hypotheses were tested. Specific hypotheses were as follows:

1. Preencounter scores would be positively related to social anxiety, and the Psychological Distress factor of the MHI and negatively related to the Well-being factor of the MHI.
2. Encounter scores would be inversely related with social anxiety and psychological distress but positively related to the Well-Being factor of the MHI.
3. Immersion/Emmersion attitudes would be positively related to social anxiety and psychological distress of the MHI and inversely related to Well-Being.
4. Internalization attitudes would be inversely related with social anxiety and the psychological distress factor of the MHI, while being positively related to the Well-Being factor of the MHI.

Predictive Hypotheses were as follows:

1. Internalization scores will be the best predictors of social anxiety, other racial identity attitudes will add significantly, but in no hypothesized order.

Method

Participants

One-hundred-one African American (53% female and 47% male) college students from two predominantly white southeastern universities agreed to participate. Participants were freshman through graduate students whose ages ranged from 18 to 47 years (49 undergraduates, 52 graduates). Individuals were eligible to participate if they were African American and were enrolled in either Radford University (n = 31) or Virginia Tech (n =70) at any academic level. Participants were recruited via several methods which included personal solicitation, phone calls, email and through campus organizations that have large numbers of African American participants. All participants were required to read and sign a consent form detailing the study that assured them of the confidentiality of their responses (see Appendix A).

Measures

Independent Measure

Racial Identity Attitude Scale (RIAS)

The Racial Identity Attitude Scale (Helms & Parham, 1981) is designed to assess the types of attitudes of the four phases in Cross' (1978) model of Nigrescence. The long form consists of 50 items in which participants respond using a 5-point Likert scale. Total scores are the sums of the item values for each of the four factors. The higher the individual factor scores the more attitudes a person possesses from that particular factor. Internal consistency estimates for the Preencounter, Encounter, Immersion/Emmersion and Internalization factors have been reported as .76, .72, .69 and .80 respectively.

Dependent Measures

Social Anxiety and Distress Scale (SADS)

The Social Anxiety and Distress Scale developed by Watson and Friend (1969) is a 28- item measure designed to measure social anxiety. Items are answered either true or false. Total scores are the sums of the item values, the higher the score the greater the level of anxiety. Internal consistency has been assessed at .94 and test-retest reliability ranges from .68- .79.

Social Interaction Self-Statement Test (SISST)

The Social Interaction Self-Statement Test (Glass et al., 1982) is a 30-item test designed to assess cognitions in opposite and same sex interactions. The SISST lists a variety of statements that a subject may have during a social encounter. Each statement is rated using a 5-point Likert scale in which the subject indicates the number of times he/she experienced a particular cognition during a social interaction. The scale has 15 positive (facilitative) and 15 negative (inhibitory) cognitions, and although the scale was originally intended for heterosocial situations, plural pronouns were substituted to generalize the scale for a variety of social situations (Beidel et al., 1985). High inhibitory scores are characteristic of increased social anxiety while high facilitative scores are characteristic of low social anxiety. Glass et al. (1982) reported sufficient internal and concurrent reliability for the inventory. The SISST was administered twice, subjects were asked to answer the first time as if they were interacting with Caucasians, while answering the second time as if they were interacting with African Americans.

Fear of Negative Evaluation (FNE)

The Fear of Negative Evaluation Scale (Leary, 1983) is a 30 item instrument designed to assess one aspect of social anxiety, the fear of negative evaluation. Items are answered using a true or false format. Internal consistency for the measure has been reported at .90 with a test-retest correlation of .75.

Mental Health Inventory

The Mental Health Inventory developed by Veit and Ware (1993) is a 38-item Likert-type self-report instrument consisting of two sub-scales Psychological Distress and Well-Being related to psychological functioning. Psychological Distress consists of 25-items and contains three factors Anxiety, Loss of Behavioral and Emotional Control, and Depression. Well-Being consists of 13-items and consists of two factors Emotional Ties and Positive Affect. Internal consistency estimates for the scale range from .81 to .96. Total scores are the sums of the item values. All items are reverse scored.

Procedures

Undergraduate participants were allowed to fill out questionnaires in several places on campus, including the Black cultural center, common areas of the dorms and in the NAACP office. The numbers of participants present during administration varied but did not exceed 10. Research assistants who were available to answer any questions that arose gave undergraduates a brief explanation of the study. Graduate students were solicited via personal solicitation and email, they were given packets that explained explicit instructions and asked them to return the surveys via intercampus mail. Participants at Radford returned the surveys via their intercampus mail system to a research assistant on that campus. Subjects filled out the questionnaires in a fixed order.

Results

Normative Comparisons

A majority of the information available about the existence of pathology in the African American population has been obtained from epidemiological investigations. For the present study the scores obtained on the various dependent measures were compared to normative means (primarily Caucasian subjects) to determine if the sample of African Americans differed substantially from the normative samples. Comparison of the means between the subject population and the normative sample on the SAD revealed no significant differences between the total scores. As well, there were no significant differences between the mean scores on the FNE, the positive score on the SISST, or the negative score on the SISST for either condition. The mean scores for the African Americans in this sample reveal that the social anxiety exhibited by them is similar to that of the normative population on the SAD, FNE and SISST. On the other hand, differences were obtained on the Psychological Distress factor of the MHI. The Psychological Distress factor of the MHI is composed of three sub-scores, anxiety, depression and loss of behavioral and emotional control. Comparison of the means between the subject population and the normative sample on this factor reveals a statistically significant difference. The African Americans in this sample exhibited higher psychological distress scores. Most other studies also report that African Americans have more depressive symptoms than Caucasians.

Additionally, anxiety disorders are thought to be more prevalent in African Americans (Brown, Eaton, & Sussman, 1990, Last & Perrin, 1993). However, when variables such as age, income, and gender are held constant, the differences become inconsequential (Adebimpe, 1981).

Correlations Among Variables

Pearson R correlation coefficients were computed to determine the extent of correlation between the four racial identity attitudes, age, and the various measures of social anxiety. There were several modest but significant correlations as can be seen in Table 1.

Correlations Between Racial Identity Attitudes and Age

Since our sample varied greatly in age, correlations were computed between racial identity attitudes, social anxiety, and age. To control for error, Bonferonni corrections were applied. There were no significant correlations between age and Racial Identity Attitudes, nor were there any significant correlations between age and the indices of social anxiety or well being (See Table 1).

Correlations Between Racial Identity Attitudes and Social Anxiety

Consistent with predictions, Preencounter scores were significantly related to the total score of the SAD ($r = .27$, $p < .001$), the total score on the FNE ($r = .23$, $p < .05$), and the Inhibitory factor on the SISST for Caucasians ($r = .33$, $p < .001$) and African Americans ($r = .46$, $p < .001$). Inconsistent with our hypothesis, however, Encounter scores were also positively and significantly related to the total score on the SAD ($r = .31$, $p < .01$), the total score on the FNE ($r = .30$, $p < .01$), and the Inhibitory score of the SISST for Caucasians ($r = .28$, $p < .01$) but not for African Americans ($n = .18$, NS). Encounter scores were negatively related to the Caucasian Facilitative score on the SISST ($r = -.21$, $p < .05$), but not the African American SISST score ($r = -.11$, NS).

Consistent with our hypotheses Immersion scores were significantly and positively related to the total score on the SAD ($r = .30$, $p <. 01$), total score on the FNE ($r = .22$, $p < .05$), and the Inhibitory score on the SISST in the Caucasian condition ($r = .22$, $p < .05$), but not in the African

American condition (r = - .08, NS). In addition, Immersion scores were significantly and negatively related to Facilitative scores on the SISST in the Caucasian condition (r = -.30, p< .01) but not the African American condition (r = -.09, NS).

Finally, consistent with our hypotheses, Internalization scores were significantly and inversely related to total scores on the SAD (r = -. 50, p< .001), total score on the FNE (r = -. 40, p< .0001), Inhibitory scores for the Caucasian condition (r = -. 55, p< .001) and the Inhibitory scores for the African American condition (r = - .41, p< .001) on the SISST. In addition, Internalization scores were positively related to Caucasian Facilitative scores on the SISST (r = .32, p<.001), but not African American ones (r = .14, NS).

Correlations Between Racial Identity Attitudes and Affective States

Consistent with our hypotheses Preencounter attitudes were positively and significantly related to the Psychological Distress factor of the MHI (r = .27, p< .05). In addition, and consistent with our hypotheses, they were inversely related to the Well-Being factor of the MHI (r = .27, p< .05). Inconsistent with our hypotheses for the MHI, Encounter attitudes were negatively related to the Well-Being factor of the MHI (r = -.32, p< .01). In addition, and also inconsistent with our hypotheses, significant and positive correlations were revealed between Encounter attitudes and the Psychological Distress factor of the MHI (r = .31, p< .01). Inconsistent with our hypotheses there were no significant correlations between Immersion attitudes and measures of distress or well-being. Finally, consistent with our hypotheses Internalization attitudes were positively and significantly related to the Well-Being factor (r = .33, p< .01), and inversely related to the Psychological Distress factor (r = -.41, p< .01) of the MHI.

Insert Table 1 about here

Regression Analyses

Stepwise regression analyses were computed in addition to Pearson R correlations. The racial identity attitudes were used as predictors, while the two categories of the SISST for both situations, total score on the FNE scale, total score on the SADS, and the two factor scores of the MHI were used as the criterion variables. In all, 8 regression analyses were conducted, a summary of final regression models are presented in Table 2.

When the total FNE score was used as the dependent variable, results of the regression analysis revealed that 24% of the variance was explained by the racial identity attitudes, $F(2,98) = 15.26$, $p < .0001$. Consistent with our hypotheses Internalization and Immersion/Emmersion were significantly related to FNE total scores. Immersion/Emmersion attitudes were related to increasing social anxiety while Internalization attitudes were inversely related.

When another index of social anxiety was used as the dependent variable, total SAD score, results of the regression analysis revealed that 41% of the variance was explained by the racial identity attitudes, $F(2,98) = 34.05$, $p < .0001$. The same two predictors accounted for 41% of the variance in the SAD total scores, and consistent with our hypotheses Immersion attitudes were related to increasing social anxiety and Internalization attitudes were inversely related.

Internalization and Immersion attitudes also accounted for 41% of the variability in Inhibitory factor scores for the Caucasian condition of the SISST, $F(2,98) = 33.82$, $p < .0001$. Again, consistent with the hypothesis, Immersion attitudes were related to increasing social anxiety scores while Internalization attitudes were inversely related.

Consistent with the hypotheses, Internalization attitudes were the best single predictors of social anxiety. Immersion attitudes were inversely related to facilitation of social encounters and Internalization attitudes were related to increased social facilitation. Internalization and Immersion attitudes accounted for 24% of the variability in Facilitative factor scores for the Caucasian condition of the SISST, $F(2,98) = 15.13$, $p < .0001$.

Also consistent with our hypotheses, Immersion and Preencounter attitudes both contributed to socially anxious attitudes accounting for 24% of the variance when the Inhibitory factor for the African American condition of the SISST was used as a dependent variable, $F(2,98) = 15.30$, $p < .0001$. The finding that Preencounter attitudes served as a predictor for the African American condition is an intuitive one. The Preencounter phase is one where individuals are uncomfortable with their blackness; thus, those individuals who hold these attitudes would tend to be more inhibited with other African Americans.

Stepwise regression analyses were also run on the two factors of the MHI. Internalization and Encounter attitudes accounted for 16% of the variance for the Well-Being factor of the MHI. Consistent with our hypotheses Internalization was the best single predictor of the Well-Being factor of the MHI, followed by Encounter attitudes $F(2,76) = 7.43$, $p < .001$.

These same variables accounted for 21% of the variance on the Psychological Distress factors of the MHI. Consistent with our hypotheses Internalization attitude scores were entered first followed by Encounter $F(2,76) = 9.99$, $p < .001$.

Insert Table 2 about here

Exploratory Analyses

In addition, exploratory analyses were run on the Internalization attitude scores and the two factors on the SISST for the two conditions. A median split was conducted on the Internalization attitude scores to yield two groups, high scorers (Internalization = and above) and low scorers Internalization = and below). All means and standard deviations are presented in Table 3. We questioned whether the average Inhibitory factor scores differed between those with high internalization attitudes versus those with low internalization attitudes in the Caucasian and African American conditions. Independent sample t tests were conducted and the tests were significant, $t(99) = 7.43$, $p < .0001$, and $t(99) = 4.29$, $p <. .0001$ respectively. Results indicate

that the mean amount of inhibition is significantly lower for both conditions in the high-internalized group.

We also questioned whether the average Facilitative scores differed between those with high Internalization attitudes versus those with low Internalization attitudes in the African American and Caucasian conditions of the SISST. Results were not significant for the African American condition; however, for the Caucasian conditions the mean Facilitative scores were significant, t (99) = -4.52, p < .000. Results indicate that the mean amount of Facilitation is significantly lower for those with low Internalization attitudes for the Caucasian condition, perhaps due to residual immersion attitudes.

To determine if the difference between average Inhibitory factor scores for both conditions was significant for either the high Internalization group or the low Internalization attitude group pair-wise comparisons were conducted. Results indicated that the mean scores for the Inhibition factor for the Caucasian condition (51.33) were significantly less than those for the African American condition (39.48) for those with low Internalization attitudes, t (53) = 5.87, p < .0001. No differences were noted for those with high Internalization attitudes for the Caucasian condition (30.51) or the African American condition 30.98, t (53) =, p<.12.

Further pair-wise comparisons were conducted to determine if the difference between the average Facilitative factor scores on both conditions was significant for the high Internalization attitude group or the low Internalization attitude group. Again the results were only significant for the low internalization attitude group. The mean scores for the Facilitative factor for the Caucasian condition were significantly less than those for the African American condition t (53) = -4.89, p < .0001.

Insert Table 3 about here

Discussion

The purpose of this study was to explore the relationships between racial identity, social anxiety and general psychological health. Though not all of our hypotheses were supported, results of this study provide partial support for the theory of Racial Identity Development. The mental health field has paid little attention to the role of race in the expression of psychological disorders.

Racial identity theory has reported that Preencounter attitudes are associated with poor psychological functioning, while Internalization attitudes are denotative of healthy psychological functioning. Recently several theorists have provided support for the conjecture of racial identity theorists (Carter, 1991, Parham & Helms, 1985a, 1985b, Spencer, Cunningham & Swanson, 1995).

Researchers have identified several types of sociocultural stress that can lead to psychological distress. Sociocultural stressors that can lead to problems like depression and anxiety are social disorganization, cultural content and the type of social change that can precipitate identity development (Wittkower & Prince, 1974; Coleman & Butcher, 1989; Sanua, 1980). Though theorists have discovered relationships between general anxiety, general psychological functioning, and racial identity attitudes, there has yet to be a study that examined the relationship between racial identity and social anxiety. In addition to being a developmental construct Racial Identity Development can be viewed as a social construct. Results of this investigation revealed that the fear of negative evaluation and other correlates of social anxiety in African Americans might be related to how they see themselves with regard to race. As well, as how they perceive others see them. Such findings are consistent with the notion that the process of identity development is precipitated by social phenomena whether they are on a personal, interpersonal, or societal level.

Consistent with our hypotheses, Preencounter attitudes were significantly related to social anxiety. Preencounter attitudes appear to exemplify a maladaptive strategy for coping with an oppressive environment. It appears that those individuals, who define themselves in reference to

an Euro-American standard, experience greater levels of social avoidance, fear of negative evaluation, and more inhibition during social interaction. Preencounter individuals are aware of society's negative opinion of African Americans as an undesirable group. Indeed, this awareness may be what propels them toward assimilation. Knowledge of society's negative opinion may lead to the feeling that they will be viewed as part of the undesirable group. Acceptance of these negative stereotypes about African Americans may serve to increase their social anxiety. Cross (1995) calls this type of anxiety "spotlight anxiety", anxiety over being perceived as "too" Black. This anxiety leaves individuals with Preencounter attitudes vulnerable to fear in social situations where members of the majority group may evaluate them.

The relationships between Preencounter and the indices of psychological functioning are consistent with present theory about the developmental process. Specifically, the findings that Preencounter attitudes were related to the higher levels of psychological distress (i.e., impaired psychological functioning according to Parham and Helms, 1985).

Inconsistent with our hypotheses, Encounter attitudes were also correlated with social anxiety. This may be explained in a couple of different ways, the relatively short-lived phase may make it difficult to measure any relationship between social anxiety and Encounter attitudes. Indeed, in this study, the Encounter phase had the least reliability of the four phases. However, further introspection provides another reason for this relationship. Perhaps, recent emergence from an identity where one is self-depreciating and striving to be like the majority culture, perhaps having left due to a negative encounter experience, a person in the Encounter phase finds him or herself "without a home", so to speak. Thus, a person in this position may also be increasingly vulnerable to the fear of negative evaluation. Someone in this phase may feel guilty about his or her previous attitudes, indeed they may still hold these opinions, which may serve in turn to increase anxiety. This may well be a "spotlight anxiety" of a different kind, anxiety that people may discover, and judge you by, your previous beliefs regarding race.

The relationship between Encounter attitudes and the indices of psychological functioning may be understood in much the same way. Following an encounter experience, or a series of

experiences, individuals in this phase may experience temporary feelings of depression, social isolation, and feelings of helplessness. Cross (1995) theorizes that an encounter experience can trigger confusion, anxiety, anger and even depression. Indeed, Carter (1978) theorized that Encounter attitudes were a watered down version of Immersion attitudes with Immersion attitudes having a greater emphasis on discovering ones identity. However, results have been inconsistent between theory and research (e.g., Parham & Helms, 1985a, 1985b), and this finding should be interpreted with caution. Finally, it is clear from results of this study that the Encounter phase needs to be further operationalized and studied.

Immersion/Emmersion attitudes, consistent with our hypotheses, were significantly related to social anxiety. A phase when a person begins to deify all things Black, the individual on this phase of identity development cloaks him or herself in things they view as Black. However, during this time a person is not fully committed to blackness to the idea of being fully internalized as an African American, but is actually "practicing", they may experience anxiety about social interaction around Caucasians due to their mistrust and anger toward this group. Cross (1995) theorized that another type of anxiety a person in the Immersion phase may experience is "*Weusi"* anxiety that results from the fear that one may be perceived as not "Black" enough, although this theory was not supported by the relationship between Immersion attitudes and inhibitory factor for the African American condition on the SISST.

The most promising results by far were found in the relationships among the social anxiety, indices of psychological functioning, and Internalization attitudes. If Preencounter attitudes are indicative of maladaptive coping strategy, the Internalization attitudes exemplify skillful coping strategies for navigating a sometimes-oppressive society. It appears that those individuals who are comfortable with their racial identity are also comfortable with themselves as social beings. Consistent with our hypotheses, results suggested that these individuals experience less social anxiety, increased positive affect, and healthy emotional relationships.

Results of the exploratory analyses indicated that individuals with low internalization attitudes might have residual Immersion attitudes that might explain their higher levels of inhibition on the

African American and Caucasian conditions of the SISST. Those individuals with low internalization attitudes also reported less facilitative action toward Caucasian individuals perhaps for the same reason. As well, individuals with Preencounter attitudes may show more inhibition in the African American condition due to their perceived need to distance themselves from this socially undersirable group. Inhibition in the Caucasian condition may be explained by the spotlight anxiety described by Cross (1995). Individuals who hold Preencounter attitudes may fear being perceived as "too" black, this fear may in turn lead to increased anxiety around Caucasians.

Although most of our hypotheses were supported, this investigation is not, however, without, limitations. Because the entire study was conducted using self-report measures, we are not without the limitations that come with this type of data collection. As well, we only used one measure of a person's identity; therefore further investigations should use other measures of identity in an attempt to capture other variables that may contribute to the expression of psychopathology in African Americans.

Nevertheless, the findings of this study appear to be clinically and empirically useful. Results of this investigation suggest that individuals who possess racial identity attitudes in the various phases may function differentially on indices of psychological functioning. Little research has been done that examined anxiety in African Americans, indeed this study is the first of its kind to investigate social anxiety in African Americans. Although the racial identity attitudes accounted for only 10 - 29% of the variance in our anxiety measures, the findings add to our understanding of the expression of social anxiety in African Americans. As well, results of this investigation provide support for the hypothesis that Racial Identity Development is a social construct; therefore, clinicians working with African Americans might consider the role that racial identity plays in social anxiety and tailor treatment to the racial identity needs of the individual. Jones (1990) recommended that clinicians consider the client's reaction to racism and critically evaluate all references to race made by the client in order to aid the clinicians in their formulation. Clinicians interested in changing a client's racial identity attitudes will need to embark on a plan of sociocultural reorientation. Some ways that this goal might be accomplished are through the open

and critical processing of encounter experiences, and through modeling of the appropriate responses to racism, in this way clients can also be taught more effective coping strategies for maneuvering oppressive environments.

Though few studies have attempted to use racial identity as a treatment option, there is one that provides promising results for the clinician. The use of behavior therapy has been used by at least one therapist to change a client's racial identity attitudes (Fudge, 1996). Using the Rational Emotive Therapy (RET) of Ellis (1985) to proceed through treatment the therapist and client first identified several of the client's irrational beliefs pertaining to his race. He was taught to recognize those beliefs and the emotions that accompanied them. During each treatment session the therapist and client would process each emotion and focus on teaching the client to distinguish between rational and irrational thought.

Bibliotherapy was then introduced where the client was given several excerpts from autobiographies written by prominent African American leaders. The autobiographies were used to aid the client in generating alternatives to his irrational beliefs. The first and second stages of therapy attended to the client's preencounter and encounter attitudes. Once the client had developed sufficient skill in identifying and challenging his irrational beliefs he was introduced to assertiveness training.

Again, examples were used from the autobiographies of appropriate assertive responses. The use of assertiveness training and the emphasis on its distinction from aggressiveness was used to aid the client in traversing the divide between the immersion and internalization phase. Once the client had developed sufficient internalization attitudes the therapist focused on the client's commitment to his new identity. This was accomplished by teaching the client to change his environment by identifying antecedents and identifying the circumstances that needed altering. This last stage of treatment corresponds to the internalization commitment phase of identity development. This example is but one way that established treatments, in this case RET, can be used to raise the ethnic consciousness of African Americans.

The central thesis to using racial identity to respond to a client's needs is to relate the intervention to their needs surrounding identity development. Identifying these needs can only be accomplished through adequate assessment and diagnosis. Although too complex to describe here, there are several excellent texts that address diagnosis and treatment of minority populations (Pederson & Ivey, 1993; Seiden, Lam, 1996; Skillings & Dobbins, 1991; Tanaka-Matsumi 1995).

Finally, this is the first investigation to use with-in group psychological variables to explore the expression of social anxiety in an African Americans. Results of the investigation might also lead to further research about race and ethnicity defined as racial identity development. Thus this information could become an invaluable asset to the clinician and researcher.

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Table 1 Pearson R Correlations

	Reliability	*M*	SD	Age	Preencounter	Encounter	Immersion/ Emmersion	Internalization
Age	--	26.30	7.46	1.00				
Preencounter	.89[A]	22.19	13.96	.20	1.00			
Encounter	.52 [A]	10.87	4.43	.28	.07	1.00		
Immersion/ Emmersion	.84 [A]	21.56	9.85	.11	-.51****	.51****	1.00	
Internalization	.85 [A]	34.05	11.81	-.36	-.68****	-.24*	.18	1.00
SAD	.96 [B]	11.43	9.43	.22	.27**	.31**	.30**	-.50****

FNE	.95 [B]	14.64	9.36	.08	.23*	.30**	.22*	-.40****
Inhibitory Caucasian	.96 [C]	41.64	17.44	.19	.33****	.28***	.22*	-.55****
Facilitative Caucasian	.93 [C]	41.5	13.60	-.13	-.09	-.21*	-.30**	.32****
Inhibitory African Am.	.96 [C]	35.52	10.76	.01	.46****	.18	-.08	-.41****
Facilitative African Am.	.92 [C]	46.58	10.80	-.01	-.01	-.11	-.09	.14
Psychological Distress	.89 [C]	72.11	21.44	-.07	.27*	.31**	.11	-.41**
Well-Being	.94 [C]	52.87	17.46	.17	-.27*	-.32**	-.01	.33**

Note: * p<. 05 ** p<. 01 *** p<. 005 **** p<. 001

[A] Internal-consistency reliability computed using Cronbach's alpha (N=101)

[B] Internal-consistency reliability computed using Kuder-Richardson 20.

[C] Internal-consistency reliability computed using Spearman Brown split-half reliability

Table 2 Summary of Stepwise Regression Analyses

Dependent Variable Fear of Negative Evaluation (FNE)

	B	SEB	Sig. Level
Step 1 Internalization	-.35*	.09	.000
Step 2 Immersion	.28*	.07	.001

Note. $R^2 = .24$, $\Delta R^2 = .22$, $F(2, 98) = 15.26$, $p<.01$

Dependent Variable Social Anxiety and Distress (SAD)

	B	SEB	Sig. Level
Step 1 Internalization	-.46	.06	.000
Step 2 Immersion	.38	.08	.000

Note. $R^2 = .41$, $\Delta R^2 = .40$, $F(2, 98) = 34.05$, $p<.01$

Dependent Variable Inhibitory Factor for SISST Caucasian Condition

	B	SEB	Sig. Level
Step 1 Internalization	-.90	.12	.000
Step 2 Immersion	.59	.14	.000

Note. $R^2 = .41$, $\Delta R^2 = .40$, $F(2, 98) = 33.82$, $p<.01$

Dependent Variable Facilitative Factor for SISST Caucasian Condition

	B	SEB	Sig. Level
Step 1 Internalization	.45	.10	.000
Step 2 Immersion	-.51	.12	.000

Note. $R^2 = .24$, $\Delta R^2 = .22$, $F(2, 98) = 15.13$, $p<.01$

Dependent Variable Inhibitory Factor for SISST African American Condition

	B	SEB	Sig. Level
Step 1 Preencounter	.43	.08	.000
Step 2 Immersion	.22	.11	.05

Note. $R^2 = .24$, $\Delta R^2 = .22$, $F(2, 98) = 15.30$, $p<.01$

Table 2 Summary of Stepwise Regression Analyses cont.'

Dependent Variable Psychological Distress

Variable	B	SEB	Sig. Level
Step 1 Internalization	-.64	.19	.001
Step 2 Encounter	1.00	.49	.04

Note. $R^2 = .21$, $\Delta R^2 = .19$, $F(2,76) = 9.99$, $p<.01$

Dependent Variable Well-Being

Variable	B	SEB	Sig. Level
Step 1 Internalization	.39	.16	.018
Step 2 Encounter	-.94	.41	.025

Note. $R^2 = .16$, $\Delta R^2 = .14$, $F(2,76) = 7.43$, $p<.01$

Table 3 Means and Standard Deviations for High and Low Internalization on both Conditions of the SISST

	Caucasian Condition				African American Condition			
	Inhibitory		Facilitative		Inhibitory		Facilitative	
Internalization	Mean	SD	Mean	SD	Mean	SD	Mean	SD
High	30.51	12.05	47.51	11.74	30.98	10.44	48.77	10.08
Low	51.33	15.57	36.27	13.03	39.48	10.44	44.69	11.14

Appendix A

VIRGINIA POLYTECHNIC AND STATE UNIVERSITY

Informed Consent for Participants

of Investigative Projects

Title of Project: Identity and Social Interaction

Investigator(s): Cheri Weeks, B.A. and Thomas Ollendick, Ph.D.

I. Purpose

You have been invited to participate in a study concerning identity and social interaction among African American undergraduate and graduate students at Virginia Tech. Through this study we would like to gain a greater understanding of the types of experiences, attitudes, and social behaviors that play a role in the lives of African American students.

II. Procedure

To accomplish the goals of this study, you will be asked to fill out five questionnaires that will not take you more than 30-45 minutes to complete. These questionnaires will include items about a variety of feelings, concerns, and social situations you may have experienced.

III. Risks

It is not expected that you will experience any discomfort while filling out the questionnaires; however, if at any time during the study you wish to stop, you may choose to do so without penalty.

IV. Benefits of this Project

The information you provide will only be used for scientific purposes. This may include a presentation of the results at a scientific meeting and/or being published and reproduced in professional journals or books, or used for any other purpose that Virginia Tech's Department of Psychology deems in the proper interest of education, knowledge or research. However, you will not be identified in any way other than as part of the African American student body at a major southeastern university. The information you provide will be kept in a locked filing cabinet which will only be accessed by the researcher and research assistants.

V. Anonymity

The results of this study will be kept confidential. The information you provide will have a code number to identify you during analyses and any write-up of the research. Consequently no one will be able to identify you or determine which questionnaires you filled out.

VI. Compensation

There is no compensation for your participation unless it is being done for extra credit. If this is the situation you will be compensated for one a credit hour.

VII. Freedom to Withdraw

If at anytime you wish to decline participation, you are free to withdraw at anytime without penalty at any time.

This research has been approved, as required, by the Institutional Review Board for Research involving Human Subjects at Virginia Polytechnic and State University, and by the Human Subjects Commitee of the Department of Psychology.

IX. Participant's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:

To fill out each questionnaire honestly and to the best of my abilities.

X. Participant Permission:

I have read and understand the above description of the study. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project. If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project. Should I have any questions about this research or its conduct. I may contact:

Cheri Weeks B.A.,	(540) 231-6914	Researcher
Thomas H. Ollendick Ph.D.	(540) 231- 6914	Faculty Advisor
Robert J. Harvey Ph.D.	(540) 231-7030	Chair Human Subjects Committee
H.T. HURD	(540) 231-5281	Chair IRB

_____ _____

Signature Date

Curriculum Vitae

Personal Information

Name:	Cheri Weeks
Born:	April 28, 1972 Berkeley, California
Address:	1659 York Drive Christiansburg, Virginia 24073

Education

1990 - 1995	Bachelor's of Science in Psychology San Diego State University San Diego, CA *Cum Laude, B.A.*
	Minor in Africana Studies
1995 - 1998	Master's of Science in Clinical Psychology Child Specialization Virginia Polytechnic Institute and State University Blacksburg, VA

Professional Memberships

1995	Association for Children and Adolescents with Emotional and Behavioral Disorders *Student Member
1995 - Present	Association for the Advancement of Behavior Therapy *Student Member
1997 – 1998	International Society for Traumatic Stress Syndromes *Student Member
1996 – 1997	Association of Black Psychologists *Student Member Reginal Representatiove for Virginia Tech (1996- 1997)

Additional Professional Activities

Co-founding member of the Africana Psychological society of San Diego State University. The goals of the program include, increasing the number of underrepresented minorities in the mental health field and developing research programs that address he mental health issues of African Americans.

Awards and Honors

1995	Cum Laude Graduate of San Diego State University
1997	Recipient of NIMH Minority Research Supplement

Research Experience

January 1997 – May 1997	Research Assistant Psychological Services Center Virginia Polytechnic Institute and State University *Administration of individual interviews and assessment of individuals with varying degrees of pathology following a residential fire supervised by Dr. Russell Jones.*
September 1995 - June 1996	Research Assistant Virginia Polytechnic Institute and State University Blacksburg, VA *Participated in the data collection for a study assessing the knowledge and perceptions of developmental and safety issues, in adolescent mothers. Activities included providing developmental education and individual counseling for teenage mothers*
September 1995	Research Assistant Virginia Polytechnic Institute and State University Blacksburg, VA *Served as an interviewer in a study assessing the etiology of panic disorder in adolescents. Responsible for intake assessment of subjects for inclusion into the study.*
September 1994 – May 1995	Independent Undergraduate Research Assistant San Diego State University San Diego, CA

Research assistant under the supervision f Dr. Patricia Tackett for an investigation of the efficacy of county adolescent group homes. Responsible for conduction structured interviews with clientele and administration of San Diego County group homes.

September 1994 – May 1995

Independent Undergraduate Research Assistant
San Diego State University
San Diego, CA

Research assistant under the supervision of Dr. John Sheposh in an investigation of self-efficacy of adolescents enrolled in a community employment program. Responsible for initial and follow-up interviews as well as data management and analysis.

September 1993 – May 1995

Independent Undergraduate Research Assistant
San Diego State University
San Diego, CA

Independent researcher under the supervision of Norman Chambers Ph.D. Assisted in the development of a training program for the United Way designed to incorporate affective strategies for cross-cultural communication between staff and ethnic minority clientele.

Clinical Experience

August 1997 – January 1998

Psychology Extern
South Western Virginia Mental Health Institute
Marion, Virginia

Provided intake, intelligence and personality assessment to adults and adolescents inpatients with severe psychopathology. Duties also included serving as co-facilitator in several therapy groups.
Assisted in treatment and discharge planning for individual therapy patients.

August 1996 – May 1997

Graduate Clinician
Psychological Services Center
Virginia Polytechnic Institute and State University

Provide intake assessments, and intelligence testing, and individual therapy with child, adolescent outpatients with behavioral and psychological disorders.

August 1995 - May 1996 — Graduate Clinician
Psychological Services Center
Virginia Polytechnic Institute and State University

Provide intake assessments, and intelligence testing, and individual and family counseling to outpatients with various mental illnesses.

Professional/Teaching Experience

June 1994 - August 1995 — Coordinator/Educator
San Dieguito Boys and Girls Club
Encinitas, California

Responsible for matching youth with community employers, teaching job search and retention skills. Also responsible for intake, facilitation, and follow-up of participants. This position also included management of funds, outreach promotion assessment of program efficacy, and grant writing.

August 1995 - May 1996 — Graduate Teaching Assistant
Virginia Polytechnic Institute and State University
Blacksburg, VA

Responsible for conducting discussion classes and assigning weekly essay and examination grades for Introductory Psychology students. Also assisted in the administration of major examinations and instructor evaluations.

August 1996 – May 1997 — Graduate Teaching Assistant
Virginia Polytechnic Institute and State University
Blacksburg, VA

Responsible for conducting discussion classes and assigning weekly essay and examination grade for Introductory Psychology students. Also assisted in the

administration of major examinations and instructor evaluations.

October 1995 — Interviewing Consultant
Virginia Polytechnic Institute and State University
Blacksburg, VA

Provided an informational workshop on child interviewing for undergraduates in Dr. Robin Coopers Developmental Psychology class.

Grant Assistance Experience

January 1997 – Present
NIMH Residential Fire Grant
Grant funded by National Institutes of Mental Health in the amount of 1.2 million dollars. This grant is designed to assess the effects of residential fire on children and their families. The grant PI's are Russell T. Jones and Thomas H. Ollendick. My grant responsibilities include administrative duties, subject recruitment and tracking, and scheduling. As well, I am responsible for the supervision of several undergraduate research assistants as well as subject interviews.

Conference Presentations and Posters

Gulotta, C.S., Bradberry, K., Weeks, C., Moseman, H., Fisher, M., and Finney, J. (1996/November). *A behavioral and educational treatment to improve adolescent mother's supervision and home safety practices with their young child.* Presented at the annual meeting of The Association for the Advancement of Behavior Therapy, New York, New York.

Weeks, C., Digiorgio, A., Davis, M. Scott, D. (1997/February). *African American students finding their way.* Colloquium given for students and administration at Virginia Polytechnic and State University.

Weeks, C., Ollendick, T. (1997/November) *Racial identity development as a predictor of social anxiety in African Americans.* Paper presented at the sixth annual Virginia Beach conference.

Jones, R. T., Ollendick, T. H., Byrd, D. A., Parker, M. N., Seligman, L. D., Weeks, C. (1997/Novemeber) *NIMH Residential fire grant*. Paper presented at the sixth annual Virginia Beach conference.

Mattis S.G., Ollendick, T. H., Rock, C.M., Byrd, D.A., Goza, A.S., Weeks, C. (1997/Novemeber) *Nonclinical panic attacks in late adolescence: Prevalence, symptomotology, and associated diagnoses.* Poster presented at the 31st Annual conference for AABT.

Jones, R. T., Ollendick, T. H., Byrd, D. A., Parker, M. N., Seligman, L.D., Weeks, C., Langley, A. (1997/November). *The effects of residential fire on children and adolescents*. Poster presented at the 31st Annual conference for AABT.

Jones, R. T., Ollendick, T. H., Byrd, D. A., Parker, M. N., Weeks, C., Seligman, L. D., (1997/November). *Assessment and intervention with traumatized children.* Presented at the annual meeting of the International Society for Traumatic Stress Syndromes, Montreal, Canada.

Jones, R. T., Ollendick, R. H., Lease, C. A., Parker-Davis, M., Langley, A., Seligman, L., & Weeks, C. (1998, September). Children's Responses to Residential Fires: Preliminary Findings. Presented at the 106th Annual American Psychological Association Convention, San Francisco, California.

Langley, A. K., Seligman, L. D., Byrd, D. A., Parker, M. N., Weeks C., Jones, R. T., Ollendick, T.H., Lease, C. A. (1998, October). *Adaptive functioning and post traumatic distress in youth following a residential fire*. Paper presented at the 8th Annual Virginia Beach Conference: Children and Adolescents with Emotional, Behavioral,, and Developmental Disorders.

Parker, M. N., Weeks, C., Langley, A. K., Byrd, D A., Seligman, L. D., Lease, C. A., Jones, R. T., & Ollendick, T. H. (1998, November). *Residential fires: The moderating impact of social support and religious coping.* . Poster presented at the 32nd Annual Meeting of the Association for the Advancement of Behavior Therapy, Washington DC.

Byrd, D. A., Langley, A. K., Seligman, L. D., Parker, M. N., Weeks, C., Lease, C. A., Ollendick, T. H., & Jones, R. T. (1998, November). *Depression in child and adolescent victims of residential fire: An analysis of attributional style and sef-esteem ratings.* Poster presented at the 32nd Annual Meeting of the Association for the Advancement of Behavior Therapy, Washington DC.