Racial Identity and Well-Being among African Americans

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Abstract

How racial identity influences self-esteem and psychological well-being among African Americans remains unresolved due to unexplained inconsistencies in theoretical predictions and empirical findings. Using data from the National Survey of American Life (N = 3,570), we tested hypotheses derived from social identity theory and the internalized racism perspective. Findings support social identity theory in showing that African Americans strongly identify with their group and view it very positively. In addition, those who identify more with their group and evaluate it more positively have higher self-esteem and mastery and lower depressive symptoms. However, findings also support the internalized racism perspective by showing that when group evaluation is relatively negative, stronger racial identification is related to lower mastery and higher depressive symptoms. We conclude that both social identity theory and the internalized racism perspective are needed to understand how racial identity is related to self-attitudes and mental health among African Americans.

Keywords

INTRODUCTION

Despite their disadvantaged status and exposure to other stressors in U.S. society, African Americans have good mental health and high self-esteem (sense of self-worth) (Breslau et al. 2006; Gray-Little and Hafdahl 2000). The findings for mastery (sense of control over one's outcomes) are similar, but more mixed (Kiecolt, Hughes, and Keith 2009; Williams et al. 2012). Many researchers have argued that identity processes protect mental health and self-attitudes such as self-esteem and mastery. However, findings on how racial identity influences well-being among African Americans are inconsistent (e.g. Phinney 1991; Postmes and Branscombe 2002; Rosenberg 1979; Sellers et al. 2003). Theories also differ. Social identity theory predicts positive effects of racial identity on well-being (e.g., Haslam et al. 2009; Tajfel and Turner 1986), whereas the internalized racism perspective predicts negative effects if people have internalized negative racial ingroup stereotypes (Cross 1991; Rosenberg 1979; Williams and Mohammed 2013).

We seek to resolve these inconsistencies by testing predictions from social identity theory and the internalized racism perspective. Social identity theory deals with social identities—self-designations reflecting memberships in groups and social categories, such as race/ethnicity and gender. The theory assumes that people want to achieve a positive social identity to maintain or improve self-esteem, mastery, and mental health (Hogg and Abrams 1990; Haslam et al. 2009; Tajfel and Turner 1986). Social identity theory predicts that if people belong to a low-status group they cannot leave and whose disadvantaged position in society is relatively unchanging, they will attain a positive social identity by producing and internalizing positive views of their ingroup through the process of *social creativity* (Ellemers and Haslam 2012; Ellemers, Kortekaas, and Ouwerkerk 1999; Tajfel and Turner 1986). Social identity theory thus predicts that African Americans will have a positive racial identity that promotes self-esteem, mastery, and good mental health. However, it is unclear what happens if social creativity fails, and people internalize a negative racial identity. The internalized racism perspective examines this question. This perspective predicts that because of the negative racial

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stereotypes that pervade American culture, African Americans will internalize a negative racial identity that leads to low self-esteem and mastery, and poor mental health.

We attempt to reconcile the contrasting predictions of social identity theory and the internalized racism perspective by investigating the association between racial identity and well-being among African Americans using data from the National Survey of American Life (NSAL). Our analysis shows that racial identity is an important element in African American life that promotes and protects well-being. At the same time, however, identity processes have the potential to undermine well-being.

LITERATURE REVIEW

Social Identity Theory

Our study uses social identity theory to investigate how racial identity is related to well-being among African Americans. Two main ideas guide the analysis: 1) that racial identification is associated with positive racial ingroup evaluation and 2) that racial identification and ingroup evaluation are linked to higher self-esteem and, by extension, to higher mastery and fewer symptoms of depression.

Social identities and group evaluation. In social identity theory, a social identity is a person's awareness of belonging to a social category or group, together with the value and emotional significance of belonging (Tajfel and Turner 1986). Social identities begin with self-categorization, identifying as a group member and assessing oneself as being more or less typical of the group. They also entail ingroup identification, a sense of closeness or connectedness to a group (Ashmore, Deaux, and McLaughlin-Volpe 2004; Ellemers et al. 1999). Measures of racial identification often combine perceived similarity and attachment to one's racial group (Ida and Christie-Mizell 2012).

Social identities also have an evaluative component—a relatively positive or negative evaluation of one's ingroup. Social identity theory originally argued that ingroup identification would be related to ingroup bias—evaluating one's ingroup more favorably than relevant outgroups (Tajfel and Turner 1986). Ingroup identification is more strongly related to positive ingroup ratings than to ingroup bias, however (Jackson 2002).

Members of high-status groups should have no difficulty evaluating their group

favorably and more favorably than outgroups. In contrast, members of devalued or stigmatized groups, such as racial minority groups, must work harder to do so (Stets and Burke 2000; Tajfel and Turner 1986).

One strategy they can use is *social creativity*, in which group members claim relatively positive characteristics for their group or disavow negative ones (Ellemers and Haslam 2012; Tajfel and Turner 1986). People tend to use social creativity when they cannot leave their group and their group has restricted opportunities and poor prospects for improving its status. These circumstances largely characterize African Americans' situation in American society. Assuming that social creativity succeeds, members of a devalued group will evaluate their group positively.

Thus, social identity theory would predict that despite persisting institutionalized racism, closer racial identification will be related to more positive ingroup evaluation among African Americans. Previous research supports this prediction (Brown, Sellers, and Gomez 2002; Hughes and Demo 1989). Hence, our first hypothesis is that:

Hypothesis 1: The more closely African Americans identify with their group, the more positively they will evaluate it.

Social identities and self-esteem. The self-esteem hypothesis in social identity theory proposes that people are motivated to attain a positive social identity to maintain or enhance their self-esteem. That is, evaluating one's group positively or more positively than other groups should lead to higher self-esteem. Many but not all studies support this hypothesis (Ellemers and Haslam 2012; Rubin and Hewstone 1998).

Consistent with social identity theory, both stronger racial identification and positive ingroup evaluation are related to higher self-esteem for African Americans (Brown et al. 2002; Postmes and Branscombe 2002; Vandiver et al. 2002). Consequently, we expect to observe these associations among African Americans.

Social identities and mastery. Social identities also may help satisfy the need for mastery or self-efficacy, a sense of control over one's outcomes (Hogg and Abrams

1990). Stronger racial identification is related to higher mastery (Hughes and Demo 1989; Smith and Silva 2011). We expect both racial identification and positive ingroup evaluation to be related to higher mastery among African Americans.

Social identities and mental health. Recent work also suggests that group identification is related to better mental health outcomes (Branscombe et al. 1999; reviewed by Haslam et al. 2009), such as lower depressive symptoms, because of the social support that group affiliation can provide (Haslam et al. 2009). For African Americans, closer racial identification and positive group evaluation are related to lower depressive symptoms (Ida and Christie-Mizell 2012).

Based on social identity theory and the literature reviewed above on self-esteem, mastery, and depressive symptoms we predict that:

> *Hypothesis 2a–c:* Among African Americans, closer group identification will be related to (a) greater self-esteem, (b) greater mastery, and (c) fewer depressive symptoms.
>
> *Hypothesis 3a–c:* Among African Americans, more favorable ingroup evaluation will be related to (a) greater self-esteem, (b) greater mastery, and (c) fewer depressive symptoms.

In summary, social identity theory explains how group identification promotes a positive social identity that leads to or maintains positive self-esteem, and, by extension, mastery and greater psychological well-being. The theory also argues that members of low-status groups can use strategies such as social creativity to attain a positive social identity. But what happens when such strategies fail? In particular, what happens to self-esteem, mastery, or psychological well-being when people negatively evaluate and identify with groups they cannot leave and whose low status is relatively stable? Social identity theory has little to say about this question. The concept of internalized racism has been used by researchers in psychology and sociology to address this question.

The Internalized Racism Perspective

Internalized racism involves accepting the negative racial stereotypes of minority groups that pervade society and applying them to oneself as a group member (Williams and Mohammed 2013). Early social psychologists assumed that this phenomenon was widespread and that it damaged self-esteem. Work from the 1940s through the 1960s argued that members of devalued minority groups internalized negative cultural stereotypes of their groups, and that as a result, members disliked their groups, wanted to join the dominant group (which rejected them), and experienced low self-esteem and demoralization. Some scholars viewed this problem as especially serious for African Americans, who were trapped in a group they viewed negatively (Clark and Clark 1947; Kardiner and Ovesey 1951; Proshansky and Newton 1968).

Later work in the 1970s and 1980s, however, showed that minority status by itself had no systematic impact on self-esteem or other dimensions of well-being. Blacks' self-esteem is most influenced by their reference groups—family and friendship groups comprised mostly of other blacks—and not by the wider, largely white, society (Rosenberg 1979; Yancy, Rigsby, and McCarthy 1972). **<Query, Author from Deputy Editor Kalkhoff: Please clarify who "they" refers to.>**In addition, racial identity is just one identity among many, so it should not have much impact on self-esteem (Cross 1991; Rosenberg 1979).

Rosenberg's (1979) study of Baltimore school children supported these ideas by showing that racial identification had no overall association with self-esteem. However, black children who internalized the group into their self-concept *and* lacked pride in their racial group had low self-esteem. But this phenomenon was rare (occurring in roughly 3% of respondents). Otherwise, racial identification had little, if any, association with self-esteem.

Later research also finds that most dimensions of black identity (Cross 1991; Vandiver et al. 2002) are unrelated to self-esteem and well-being. In contrast, acceptance of negative stereotypes about African Americans diminishes well-being if it is transformed into self-hatred for being black. Black college students rarely accept negative ingroup stereotypes or express self-hatred for being black, however (Vandiver et al.

2002). Hence internalized racism should have little overall impact on most African Americans' feelings of self-worth, mastery, or depressive symptoms.

Early and later studies of internalized racism largely agreed, except on one point. Earlier researchers found some evidence of preferences for outgroups and/or negative ingroup evaluation in small samples of African Americans. Despite weak evidence, they assumed that these identity elements were widespread and internalized, leading to low self-esteem and poor psychological outcomes (Cross 1991). Later studies (Rosenberg 1979; Vandiver et al. 2002) showed that internalized racism damages self-esteem and well-being, but that most African Americans have a positive racial identity, and internalization of negative racial stereotypes is rare. Based on the internalized racism perspective, we predict that:

Hypothesis 4a–c: Group identification and group evaluation will interact. For African Americans who evaluate their group more negatively (that is, tend to accept negative racial stereotypes), greater closeness will be related to (a) lower self-esteem and (b) lower mastery and (c) more symptoms of depression.

The Problem

In the analyses below, we test the hypotheses derived from social identity theory and the internalized racism perspective. These frameworks offer distinct arguments linking group identity to well-being. We aim to develop a theoretically integrated, empirically supported understanding of how group identification and ingroup evaluation affect self-esteem, mastery, and psychological well-being among African Americans.

Control Variables

The analyses controlled for the quality of respondents' social relationships, perceptions of racial discrimination, and socio-demographic characteristics. Racial identity develops and is sustained in social relationships, so supportive social relationships should be related to a stronger, more positive racial identity. Social relationships also may partly explain why racial identity is related to self-esteem,

mastery, and depressive symptoms (Haslam et al. 2009). As Stets and Burke (2000) noted, "The increase in self-worth that accompanies a group-based identity…may come not simply from the act of identifying with the group, but from the group's acceptance of the individual as a member" (p. 233). Supportive relationships enhance mastery and self-esteem (Cast and Burke 2002) and reduce depressive symptoms (e.g., Kiecolt et al. 2008). Overall, controlling for social relationships will yield a purer estimate of how racial identity influences self-attitudes and depressive symptoms.

We also controlled for perceived racial discrimination because it is linked to lower self-esteem and mastery (Williams et al. 2012) and higher depressive symptoms (Ida and Christie-Mizell 2012; Sellers et al. 2003). Discrimination also may be related to stronger racial identification (Branscombe et al. 1999; Ramos et al. 2012). The analysis also controlled for age, gender, education, income, and marital status.

METHODS

Data

The data for this study came from the National Survey of American Life (NSAL; Alegria et al. 2007; Jackson et al. 2006), conducted from 2001 to 2003. The survey was a national multistage probability sample of adults aged 18 and older in the continental United States, of whom 3,570 were African American. Data were weighted to adjust for differential probability of inclusion (Heeringa et al. 2006). The statistical tests adjusted for the nonrandom sample (StataCorp 2011).

Measures

Dependent variables. Rosenberg's self-esteem scale (Rosenberg 1989) averaged scores on ten items ($\alpha = .76$), such as "I feel that I have a number of good qualities" and "I feel I do not have much to be proud of." Responses ranged from very true to not true at all. Higher values meant higher self-esteem.

The mastery scale (Pearlin and Radabaugh 1976) had seven items ($\alpha = .72$), such as "There is really no way I can solve some of the problems I have" and "I can do just about anything I set my mind to." Responses ranged from strongly agree to strongly disagree. Higher values meant higher mastery, and scores were averaged.

Depressive symptomatology was measured by the twelve-item Center for Epidemiological Studies Depression Index (CES-D; Radloff 1977). Example items were how often respondents felt depressed and felt hopeful, from rarely or none of the time to most or all of the time. Higher scores signified more depressive symptoms ($\alpha = .76$).

Independent variables. Closeness to African Americans was a nine-item scale ($\alpha = .87$). Respondents were asked how close they felt in their ideas and feelings about things to various categories of Black people, such as young Black people, Black elected officials, or working-class Black people. Responses ranged from very close to not too close/not close at all.

Ingroup evaluation was measured by a scale of positive and negative stereotypes held of African Americans. Respondents were asked, "How true do you think it is that most Black people _____": are intelligent, are hardworking, are proud of themselves, are lazy, give up easily, and are violent? Responses ranged from not at all true to very true. On all items, higher scores meant a more favorable ingroup evaluation ($\alpha = .62$).

Control variables. We controlled for four aspects of social relationships: family support, family strain, closeness to church members, and friend support. We also controlled for everyday racial discrimination, a ten-item scale of how often in their day-to-day life respondents experienced such things as: being treated with less courtesy than other people, receiving poorer service than other people at restaurants or stores, and people acting as if they were afraid of the respondent. Responses ranged from "never" to "almost every day." Scores were averaged for items on which respondents attributed their experiences to ancestry or national origins, race, or shade of skin color. We also controlled for age, gender, education, family income, and marital status.

<div align="center">RESULTS</div>

Table 1 shows descriptive statistics for the study variables. Average self-esteem and mastery were high, and average depressive symptoms were low. As social identity theory would assume, on average, respondents felt close to other African Americans (between fairly close and very close). Moreover, evaluation of African Americans as a group was overwhelmingly favorable, with a mean of 2.18 out of 3. These findings are inconsistent

with what the internalized racism perspective would assume.

Table 1. Descriptive Statistics for Study Variables

| Variable	Mean	S.E.	Range	Unweighted N
Well-being:				
Self-esteem	2.62	.01	0–3	3,415
Mastery	2.33	.01	0–3	3,399
Depressive symptoms (CES-D)	6.71	.19	0–36	3,383
Social identity measures:				
Closeness to African Americans	1.28	.01	0–2	3,458
Positive evaluation of African				
Americans	2.18	.02	0–3	3,491
Social relationships:				
Family support	2.23	.02	0–3	3,530
Family stress	.84	.02	0–3	3,522
Closeness to church members	2.45	.03	0–4	3,561
Friend support	1.91	.01	0–3	3,553
Everyday racial discrimination	.89	.03	0–5	3,525
Age in years	42.33	.52	18–93	3,570
Female	.56		0, 1	3,570
Married or cohabiting	.42		0, 1	3,562
Education (4 categories)	2.28	.03	1–4	3,570
Family income in $1,000s	36.12	1.31	0–20	3,570

Hypothesis 1 from social identity theory predicted that the more strongly African Americans identify with their group, the more positively they will evaluate it. As Hypothesis 1 predicted, closeness to African Americans and ingroup evaluation were significantly and positively correlated with one another at the zero-order level. Thus, African Americans who had a stronger sense of racial identification evaluated African Americans more positively.

As Hypothesis 2a, 2b, and 2c predicted, closeness was significantly correlated with higher self-esteem and mastery, and lower depressive symptoms. Similarly, as Hypothesis 3a, 3b, and 3c predicted, a more positive evaluation of African Americans

was significantly correlated with higher self-esteem and mastery and lower depressive symptoms.

A set of regression analyses included an interaction term of closeness X group evaluation. These interactions tested Hypothesis 4a, 4b, and 4c from the internalized racism perspective that for African Americans who evaluate their group negatively, identifying more closely with their group will be related to (a) lower self-esteem, (b) lower mastery, and (c) higher depressive symptoms, respectively. For self-esteem, the interaction term was not significant. Thus, Hypothesis 4a was not supported.

In contrast, as Hypothesis 4b predicted for mastery, group evaluation interacted with closeness. This interaction is shown in Figure 1. For respondents who evaluate their group negatively (-1 SD; the diamond-marked line), closeness decreased mastery. Though not predicted by Hypothesis 4b, closeness increased mastery for respondents who evaluated their group most positively (+1 SD; the triangle-marked line).

Figure 1. Mastery by Closeness at Three Levels of Group Evaluation
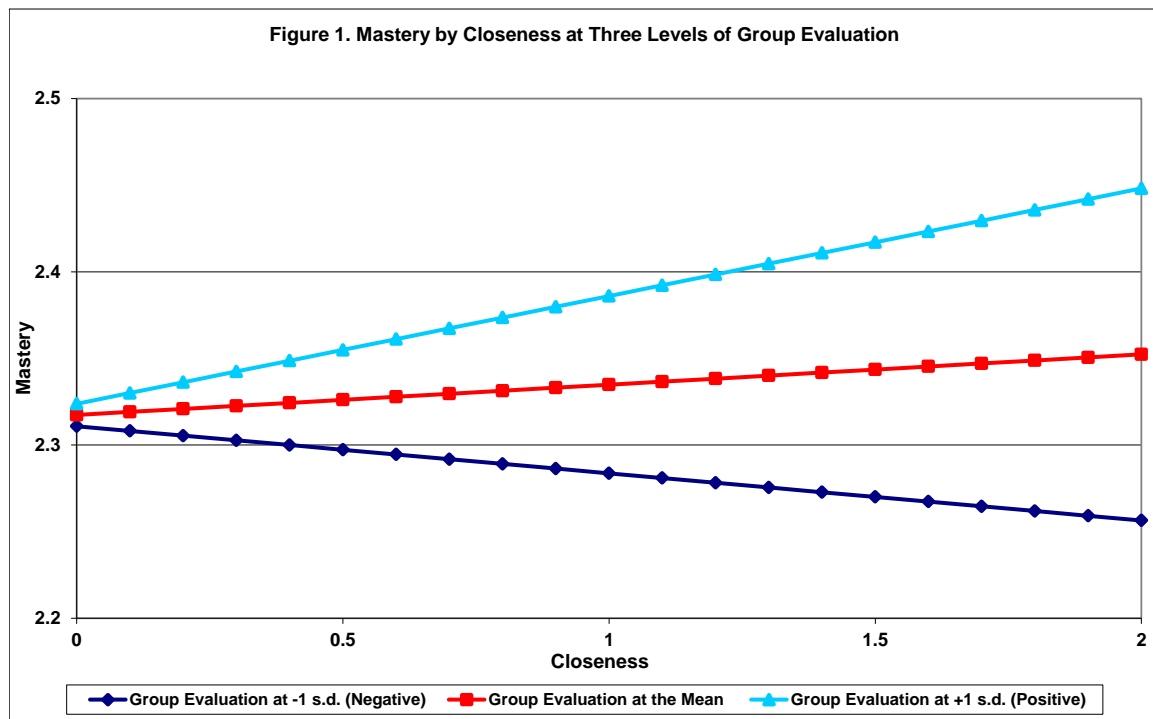
Closeness and group evaluation also interacted to influence depressive symptoms, as Hypothesis 4c predicted (see Figure 2). For respondents who evaluated their group negatively (-1 SD, shown by the diamond-marked line), closeness increased depressive symptoms. Though not predicted by Hypothesis 4c, for respondents who evaluated their group most positively (+1 SD, shown by the triangle-marked line), closeness *decreased* depressive symptoms.

Figure 2. Depressive Symptoms (CES-D) by Closeness at Three Levels of Group Evaluation
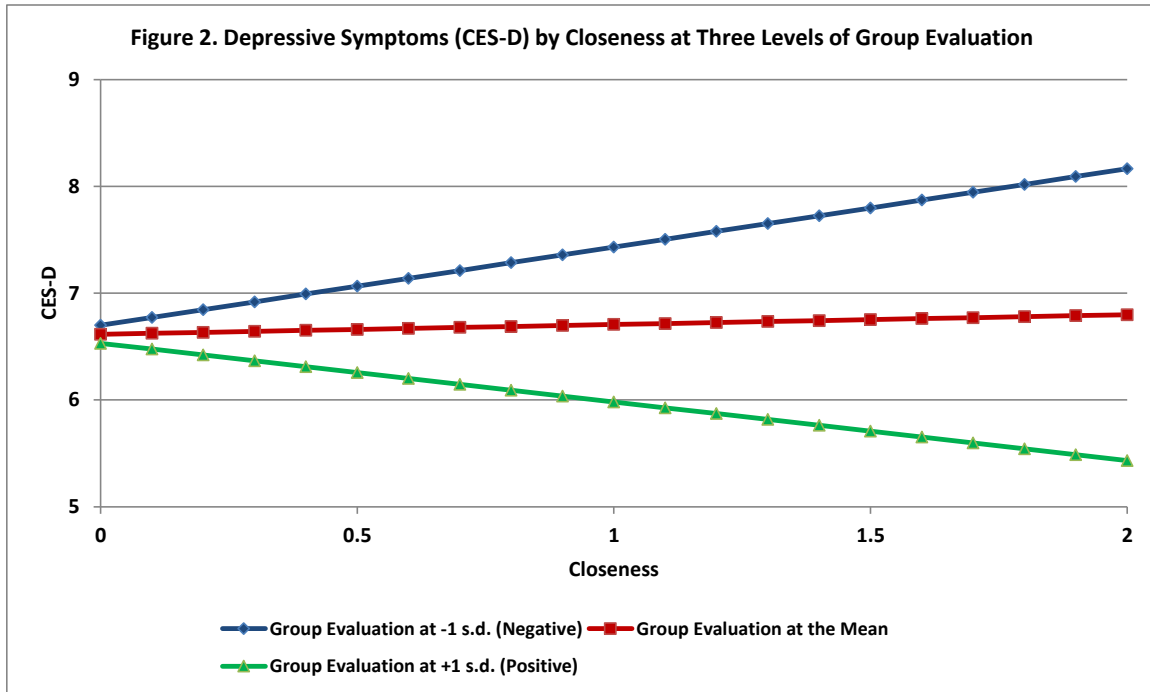
DISCUSSION

This study re-examined a long-standing question—how racial identity affects African Americans' self-attitudes and well-being—by evaluating the competing claims of social identity theory (e.g., Tajfel and Turner 1986) and the internalized racism perspective (e.g., Lewin 1948; Prochansky and Newton 1968; Williams and Mohammed 2013). We find that both frameworks are necessary for understanding how racial identity is related to self-attitudes and mental health among African Americans.

Our findings supported three hypotheses derived from social identity theory. First, the more closely African Americans identified with their group, the more positively they evaluated it. Second, closer racial group identification was associated with higher self-

esteem and mastery and lower depressive symptoms. Third, positive ingroup evaluation also was related to more positive self-attitudes (self-esteem and mastery) and lower depressive symptoms.

We drew on the internalized racism perspective to address a question that research on social identity theory has not examined—how failure to achieve a positive social identity affects well-being. What happens to self-esteem, mastery, or psychological well-being when people negatively evaluate and identify closely with their group, but can neither leave it nor increase its status? As the internalized racism perspective would predict, when that was the case, racial identification with other African Americans was associated with lower mastery and higher depressive symptoms.

Our study shows that most African Americans achieve a positive social identity by strongly identifying with their racial group and viewing it very positively. These racial identity dimensions promote and maintain self-worth, self-efficacy, and good mental health. However, we also found that racial identification results in lower mastery and higher depressive symptoms among people who evaluate their group negatively. These findings mean that the identity processes the internalized racism perspective assumes (Lewin 1948; Williams and Mohammed 2013), though not common (Williams and Mohammad 2013), are real and potentially detrimental to African Americans well-being.

The findings that most African Americans closely identify with their group and view it very positively indicate that racial identity has a net positive impact on African Americans' mental health. In fact, when group evaluation was positive (as was the case for most respondents), unexpectedly closeness increased mastery and reduced depressive symptoms. These findings may help explain African Americans' positive self-attitudes and overall good mental health (Breslau et al. 2006; Gray-Little and Hafdahl 2000). However, our findings also suggest that persisting negative stereotypes of African Americans in U.S. culture can undermine this mental health advantage.

Our study has three limitations. First, the data are cross-sectional, so we could not determine whether identity dimensions influence well-being or the reverse. Second, other measures of racial identity, such as racial identity centrality or importance, would have

been desirable (Ashmore et al. 2004). Third, we could not fully test the self-esteem hypothesis in social identity theory because we could not measure ingroup bias. Our findings were consistent with the self-esteem hypothesis, however.

We pose four questions for future research to address. First, which matters more for self-esteem, mastery, and mental health: positive ingroup evaluation or ingroup bias? Second, how is racial identity related to perceived discrimination? In our study, as in other studies, perceived discrimination was not related to group evaluation (Ramos et al. 2012), but unlike other studies, it was not related to racial identification (closeness). Perhaps this is because our measure of racial identification and our sample differed.

Third, social relationships partly explain why racial identity is related to well-being. Why? Researchers will want to use identity theory along with social identity theory (Deaux and Martin 2003). Identity theory proposes that well-being rests partly on identity verification from role partners with whom people have affective ties (Burke and Stets 2009), and it also considers the social contexts in which those ties form (Merolla et al. 2012). How, when, and where positive racial identities are verified by role partners, and how racial and role identities intertwine are important issues to explore.

Finally, future research should further investigate how and when racial identity buffers stressors. For example, racial identity buffers the effect of financial stress on depressive symptoms (Hughes, Kiecolt, and Keith 2014), but in most studies it has no significant moderating effects on discrimination (reviewed by Brondolo et al. [2006] and Pascoe and Richman [2009]).

In conclusion, our study shows the value of combining social identity theory with the internalized racism perspective to explain how racial identity influences well-being among African Americans. The benefits of racial identity that social identity theory emphasizes are real, but so are the cultural and structural forces that can undermine those benefits.

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