Private Regard, Identity Protection and Perceived Racism among African American Males

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Abstract Previous research has documented the negative effects of racism on the psychological health of African American males. However, consideration of racial identity as a potential buffer against racist experiences has received limited attention. This analysis investigates whether one dimension of the Multidimensional Model of Racial Identity, private regard, reduces the effect of racism on internalizing symptoms in 107 African American late-adolescent males. Findings show that racist experiences were positively associated with greater anxiety and depressive symptoms. Results also indicated that private regard reduced the impact of racist experiences, but only for anxiety symptoms. Specifically, males with lower private who also experienced racism had greater anxiety as compared to those with higher private regard. The potential clinical benefits of private regard for African American males are discussed.

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There is a paucity of research that examines depressive and anxiety symptoms in African American adolescents. Although rates of diagnosis of depressive and anxiety disorders appear to be somewhat similar for African American children and their European American counterparts (Albano et al. 2003; Hammen and Rudolph 2003), a limited number of studies have focused on internalizing problems in African American children and adolescents (Neal-Barnett 2004; Repetto et al. 2003). This is surprising given that African American children are disproportionately exposed to certain risks associated with the development of depressive and anxiety symptoms, including poverty (McLoyd 1990) and community violence (Cooley-Quille et al. 2001). Furthermore, studies show the continued existence of institutional racism as well as negative interpersonal encounters and its deleterious economic, political, social, and psychological effects on African Americans (Appiah 2000; Collins 2000; Dovidio and Gaertner 1998; Gaertner and Dovidio 1986; Omi and Winant 1986; Park 2000; West 1993).

This study considers the potential effects of *private regard*—how African American males feel about themselves and their race - as a potential buffer against racist onslaughts. Hierarchical regression modeling based on a sample of 107 late-adolescent African American males is used to examine whether and how racial identity provides protection against racist experiences. These findings will add to existing academic literature and benefit clinicians by: (1) empirically identifying the effects of racism and internal buffers; (2) focusing on the experiences of generally non-poor African American males; and, (3) testing the effects of racism on anxiety and depressive symptoms.

Studying Racism: The Multidimensional Model of Racial Identity

Studies about African American males tend to emphasize externalizing problems to the neglect of attention to internalizing problems (Grant et al. 2004). This has occurred despite recent increases in suicide rates among African American boys and young men (Joe and Kaplan 2002). Research suggests that exposure to racism in its various forms (e.g., institutional, interpersonal) enhances risk for psychopathology in African American boys (Harrell 2000; West 1993). As African American boys grow into adolescence and young adulthood, many are increasingly subjected to racial stereotypes that cast them as aggressive and violent (Anderson 1997; Judd et al. 2004). Moreover, negative media imagery of African American males is pervasive (Rome 2004; Ward et al. 2000; West 1993). These experiences likely undermine the development of a healthy self-concept and diminish psychological functioning over time.

Racial identity has important benefits for mental health among African American adolescents (Sellers et al. 2006; Spencer et al. 2003; Thomas et al. 2003). The Multidimensional Model of Racial Identity (MMRI; Sellers et al. 1998) is a useful framework for examining its potential protective effects on internalizing problems among African American males confronting frequent racist experiences. According to this model, racial identity is defined as "the significance and qualitative meaning

that individuals attribute to their membership within the Black racial group with their self-concepts" (p. 23). To that end, the individual's personal definition of what it means to be Black/African American is most important in considering its role in one's psychological functioning. Furthermore, racial identity is one identity in a list of identities an individual might hold and those identities are hierarchically ranked by order of the importance to the individual. Lastly, the MMRI assumes that racial identity is comprised of situational and stable components that affect how an individual might think or behave in situations involving race over time.

Consistent with these assumptions, the MMRI defines four dimensions of racial identity: *salience*, *centrality*, *ideology*, and *regard* (see Sellers et al. 1998 for full review). Regard is subdivided into two subdimensions: *public regard* and *private regard*. Private regard is defined as the extent to which individuals feel positively or negatively towards African Americans as well as how positively or negatively they feel about being African American. Public regard refers to the extent to which individuals feel *that others view* African Americans positively or negatively (Sellers et al. 1998, p. 26). We propose that *private regard* may insulate adolescent males from frequent racist experiences, thereby reducing the occurrence of depressive and anxiety symptoms. Hence, the goal of this paper is to address the dearth in the literature on the effects of racism on internalizing problems in African American adolescent males, and also examine whether and how racial identity provides possible protection against racist experiences.

Depressive and Anxiety Symptoms in African American Adolescents

A significant amount of research has been devoted to understanding the causes of internalizing problems during childhood and adolescence (Evans et al. 2004). Studies of the etiology of internalizing problems have indicated that increased stress (Deardorff et al. 2003), negative life events (Lewinsohn et al. 2001), and family history of anxiety and depressive disorders (Bolton et al. 2006; Rende et al. 2006) are all associated with elevated risk for internalizing problems. African American adolescents residing in urban, disadvantaged communities are often exposed to community violence, a risk factor for anxiety problems such as post-traumatic stress disorder (Barnes 2005; Cooley-Quille et al. 2001; Richards et al. 2004; West 1993).

A topic in need of greater empirical attention in the clinical literature is the impact of racism in its various forms on depressive and anxiety symptoms in African American adolescents (Simons et al. 2002). Recent research has demonstrated that racism has negative effects on mental health (Williams and William-Morris 2000), but the bulk of this work has been conducted with adults. Clark et al. (1999) model of racism as a stressor argues that an individual's appraisal of a stressful event as racist is based on a combination of constitutional, socio-demographic, socio-psychological, and behavioral factors. Moreover, they argue that when an event is perceived as racist, it triggers a set of coping responses and also, psychological and physiological stress responses that influence health outcomes over time. Lastly, they also argue that psychological factors can moderate the relationship between perception of racist experiences and health outcomes. In particular, this analysis investigates whether private regard served as a psychological buffer for anxiety and depressive symptoms when African Americans are confronted with frequent racist experiences.

Several studies provide evidence of the linkages between racism and psychological disorders among African American children and adolescents. Nyborg and Curry (2003) demonstrate that frequent racist experiences predict more internalizing and externalizing behaviors in African American boys. Simons and colleagues (2002) found negative effects of both direct experience with discrimination and the *prevalence* of discrimination within various communities on depressive symptoms in African American children. A third study examining the impact of discrimination in a multiethnic sample of adolescents found that African American adolescents experienced steeper increases in discrimination by adults and peers as they grew older relative to their Asian- and Latino American peers (Greene et al. 2006). The study also found that exposure to racial discrimination predicted more depressive symptoms and lower self-esteem over time. According to Jones et al. (2008) recent analysis based on Black female college students, racist stress events were positively related to depressive symptoms; positive racial identity did not militate against these effects. These studies suggest that racism and discrimination are important realities in the lives of many African American early and late adolescents and that they must be considered in our efforts to understanding the etiology of internalizing problems in this population.

For African American males, the challenges of confronting racism may be especially burdensome because coping with racism can create a unique set of psychological challenges. They must cope with racial microinsults, or *micro-aggressions*, defined as racial insults consisting of "subtle, innocuous, preconscious, or unconscious degradations, and putdowns" (Pierce 1995, p. 280) that can occur in interpersonal interactions with European Americans. Examples include incidents like being seated out of order at a restaurant or being followed around in stores by salespeople due to suspicion of shoplifting (Landrine and Klonoff 1999). These interactions require an individual to anticipate these microaggressions in daily interpersonal interactions with European Americans while simultaneously minimizing their psychological impact and avoiding becoming preoccupied with them (Myers et al. 2003). Even more challenging, the mere physical presence of African American males in interracial contexts can provoke fear in some European Americans (Franklin and Boyd-Franklin 2000), likely triggered by the activation of violent stereotypes of African American males. Consequently, constant hypervigilance to such psychological assaults and the behavioral adjustments intended to reduce the chance of a racially aversive interaction are a normative part of daily life of many African American males (Myers et al. 2003).

This study purposefully focuses on internalizing problems in African American adolescent males to draw attention to the issue in this population. This research emphasis is not intended to suggest that externalizing disorders are not deserving of attention by researchers and clinicians. Indeed, such efforts are crucial. However, social ills such as racism have negative effects on African American males that can result in a variety of poor mental health outcomes, with externalizing problems being only one such outcome (Appiah 2000; Omi and Winant 1986; Park 2000; West 1993). This perspective is consistent with the theoretical assumptions of a developmental psychopathology approach (Masten and Coatsworth 1998) which argues that exposure to a set risk factors can result in multiple outcomes.

Racial Identity for African American Males

Racial identity is an important cultural resource for African Americans that can serve as psychological armor to the assaults on self-worth that racist experiences bring (Neblett et al. 2004). Consequently, the manner in which African Americans construct a racial identity has implications for understanding their psychological functioning and by extension their experience of internalizing problems. In addition to the MMRI, this study draws upon Clark et al. (1999) theoretical model describing racism as a biopsychosocial stressor as the theoretical bases for the present study. Clark and colleagues state that certain factors can moderate the effects of racism on health outcomes in this population. This analysis utilizes a developmental psychopathology approach that asserts the importance of protective factors in reducing the occurrence of psychopathology (Masten and Coatsworth 1998). Consistent with these frameworks is the contention that private regard may be a protective factor that buffers African American males from the microaggressions associated with racist experiences because greater private regard is considered one aspect of a positive self-concept for African Americans. Hence, adolescents can use their positive attitudes about being African American to reject the harmful message implicit in racism—that African Americans are inferior to European Americans— and also deflect the message's emotional impact (Collins 2000; Omi and Winant 1986).

In particular, this study investigates whether private regard will buffer young African American males from the negative effects of racist experiences. Consistent with the theoretical tenets of these models, we argue that greater private regard may help protect African American males from the emotional consequences of racism. African American males may be less likely to internalize these negative experiences and more able to deflect them cognitively and emotionally when they occur.

Hypotheses

Three hypotheses are tested here. First, we replicate previous research that demonstrates a positive link between racism and internalizing symptoms. Second, we hypothesize that private regard will result in lower levels of anxiety and depressive symptoms. Third, potential interaction effects are tested and private regard is expected to reduce the effect of racism on internalizing symptoms. Given the difficulty of recruiting sufficiently large clinical samples of African American males (Burlew 2003; Cauce et al. 1998), these three hypotheses were tested using a sample of late-adolescent African American males who were enrolled in their freshman year of college. We believe that exploring the proposed hypotheses in such a sample can provide valuable information for academic and clinical research and intervention with this population.

Method

Data from this study were taken from a larger study on factors predicting the transition to college among African American college freshmen. Participants in the

present study were 107 African American males between the ages of 18 or 19 years old (M=18.34, SD=.48) enrolled at a medium-sized public historically Black college/university (HBCU; n=75) located in the Southeast and a large predominantly White public institution (PWI; n=32) located in the Midwest. The sample's median family annual income fell between $30,000 and $39,000.

Racist experiences The Brief Racism Scale from the Racism and Life Experiences Scales-Revised (RaLES; Harrell 1997a, b) was used to assess racist experiences. Based on the Multidimensional Theory of Racism-related Stress for People of Color (Harrell 2000), the measure is a condensed version of 10 scales assessing various experiences with and responses to racism. It contains nine items that assess a variety of experiences and perceptions related to the impact of racism on respondents' lives. Content areas include personal experiences with racism, the perceived impact of racism on one's family, friends, and racial/ethnic group, frequency of thoughts about racism, and the degree of stress that racism has caused over one's lifetime and in the past year (α=0.65). The RaLES were normed on ethnic minority undergraduate and graduate samples. Limited evidence of convergent validity indicates that the Brief Racism Scale shows expected relationships with measures of urban stress, racial identity, and collective self-esteem. Sample items include the following: "Overall, during your lifetime, how much have you personally experienced racism, racial discrimination, or racial prejudice?" and "Overall, how much do you think racism affects the lives of people of your same racial/ethnic group?" All items have a five-point Likert-type format. The anchors for the scale varied based on the type of question posed. They included *not at all* to *extremely*, *none* to *extreme*, *rarely or never* to *very often*, *everyday* to *once a year or less*, and *very negatively* to *very positively*. Two items were reverse-coded such that higher scores indicated greater impact of racist experiences. All items were summed to create an index of racist experiences.

Racial identity The Private Regard subscale of the Multidimensional Inventory of Black Identity-Revised (MIBI-R; Sellers et al. 1997) was used to assess private regard. The six-item subscale assesses the extent to which respondents endorsed positive or negative attitudes about being African American and African Americans in general. Sample items include the following: "I am happy that I am Black," and "I believe that because I am Black, I have many strengths." Respondents indicated their extent of agreement on a seven-point scale (1, *strongly disagree* to 7, *strongly agree*). One item was reverse-coded, and all items were averaged. Higher scores indicated greater levels of private regard. The MIBI-R has strong psychometric properties (Sellers et al. 1997). Internal consistency for Private Regard was strong (α=0.77).

Internalizing symptoms Internalizing symptoms were assessed by the students' responses to the Depression and Anxiety subscales of the Brief Symptom Inventory (BSI; Dergotis and Melisarotis 1983). The BSI measures the number and intensity of psychological symptoms in clinical and non-clinical populations. The 53-item inventory assesses nine primary symptom dimensions reflecting different problems including depression, anxiety, interpersonal sensitivity, psychoticism, hostility,

somatization, paranoid ideation, phobias, and obsessive-compulsive problems. Depressive symptoms were assessed by the Depression subscale. It included seven items that assessed loneliness, sadness, lack of interest in pleasurable activities, hopelessness, worthlessness, suicidal ideation, and emotional sensitivity. Anxiety symptoms were assessed by the Anxiety subscale. It included six items that assessed nervousness/shakiness, fearfulness, muscle tension, restlessness, panic spells, and hypervigilance. Respondents indicated the degree to which they had struggled with various symptoms on a five-point Likert-type scale ranging from 0 for *not at all* to 4 for *extremely*. Scoring is based on the mean of items for each subscale. The BSI has excellent psychometric properties including strong test–retest reliability, internal consistency, and evidence of convergent and discriminant validity. The BSI has been used successfully with other samples of African Americans (Neville and Lily 2002; Zimmerman et al. 2000). The Chronbach's alpha for the Depression and Anxiety subscales in the current sample were 0.73 and 0.66 for each scale, respectively.

Demographic information A questionnaire requesting information about participants' background including age, gender, family income, and other related information was administered to all participants. Family income was assessed via an item asking participants to indicate their family's annual income. Incomes ranged from below $5,000 to $100,000 or higher per year.

Procedure

Trained African American research assistants collected the data on both campuses in group sessions during the 2004–2005 academic year. At the HBCU, research assistants collected data from students enrolled in a freshmen orientation course during a class meeting for the course. At the beginning of each class, research assistants made announcements that described the purpose of the study, the activities involved in the research, rights of research participants, the risks and benefits involved in participating in the research, and compensation procedures. Students who were not interested in participating in the research were permitted to leave class prior to the announcement. After making the announcement, students who declined to participate in the research were also permitted to leave class prior to the commencement of the study. Research assistants distributed consent forms, explained the informed consent process to the students, and asked consenting students to complete and sign the forms prior to participating in the study. After completing the informed consent process, the research assistants distributed a packet of questionnaires to the participants. Of the 218 students who were recruited via this format, 95% ($n=208$) consented to participate.

Random selection procedures were used to recruit students enrolled at the PWI via a list of 273 African American freshmen from the registrar. Research assistants contacted potential participants by telephone and read a slightly modified version of the scripted announcement used at the HBCU. Research assistants explained the informed consent process to the participants and obtained written consent. Consenting students completed a questionnaire packet. These efforts yielded a response rate of 30% ($n=83$) at the PWI. One of these students was dropped from the sample because he was not a freshman at the time of the study. The overall study

participation rate was 59%. Completion of the study took approximately 1 h. All students received $10.00 cash for their participation. Although the sample size prohibits generalizability to the overall population of African American males, it is adequate to empirically test the current research topic.

Plan of Analysis

In the first stage of the analysis, descriptive statistics and correlations for the study indicators were generated (Table 1). Next, hierarchical regression models were used to test the effects of racist experiences on subsequent anxiety and depressive symptoms for the sample members. In each model, the dependent variable is regressed on demographic controls (campus affiliation and family income; step 1); racist experiences and private regard, separately (step 2); and, to examine the interaction between racist experiences and private regard (step 3). Results for anxiety symptoms are provided in model 1; findings for depressive symptoms are included in model 2 (Table 2). All predictor variables were centered at zero to reduce mathematically caused multicollinearity (Aiken and West 1991). Continuous variables were standardized ($M=0$, SD$=1$). Variance Inflation Factors (VIF) were examined as a check of multicollinearity, and each were within an acceptable range. In each interaction, scores were computed by inserting specific values (1 SD above and 1 SD below the mean) for each variable to facilitate interpretation.

Results

Bivariate Results

Descriptive statistics and correlations for the study variables are shown in Table 1. A review of the correlational data indicates few significant relationships. Racist experiences were not correlated with the predictor or outcome variables. However, respondents who reported greater private regard also reported fewer anxiety and depressive symptoms. Furthermore, respondents who reported high levels of anxiety symptoms also reported higher levels of depressive symptoms. The next stage of the

Table 1 Descriptive statistics and correlations: racial identity among late-adolescent African American males

Variables	1	2	3	4	5	*Mean*	SD
Family income	1.0					–	–
Racist experiences	0.16	1.0				22.91	4.49
Private regard	0.09	−0.05	1.0			6.37	.84
Anxiety symptoms	−0.08	0.18	−0.30**	1.0		0.47	0.50
Depressive symptoms	−0.16	0.17	−0.31**	0.73**	1.0	0.57	0.57

$N=107$
**$p<0.01$

Table 2 Results of hierarchical models of private regard and racist experiences

Steps	Model 1 anxiety symptoms				Model 2 depressive symptoms			
	B	SE B	β	ΔR^2	B	SE B	β	ΔR^2
Step 1				0.01				0.03
Campus affiliation	−0.07	0.11	−0.06		−0.04	0.12	−0.04	
Family income	−0.01	0.02	−0.03		−0.03	0.02	−0.14	
Step 2				0.11				0.12
Racist experiences	0.02*	0.01	0.20		0.02*	0.01	0.19	
Private regard	−0.01	0.01	−0.14		−0.02*	0.01	−0.22	
Step 3				0.10	–			0.03
Racist experiences × private regard	−0.01***	0.00	−0.34		−0.01	0.00	−0.19	

B-weights and β-weights for the full models are provided. model 1 $F(5, 106)=5.67$, $p<0.0001$, $R^2=0.22$.
model 2 $F(5, 106)=4.21$, $p<0.01$, $R^2=0.17$.
*$p<0.05$
**$p<0.01$
***$p<0.001$

analysis considers the potential influence on anxiety and depressive symptoms by examining the study variables simultaneously.

Modeling Anxiety and Depressive Symptoms among Late-Adolescent African American Males

Model 1 (Table 2) includes findings for anxiety symptoms. Results indicate that campus affiliation and family income are unassociated with anxiety symptoms. Thus respondents' class background nor their matriculating institution do not influence whether they experience anxiety as studied here. However, racist experiences do predict greater anxiety symptoms and a direct relationship is evident ($b=0.02$, $p<0.05$). Yet private regard does not predict anxiety symptoms. Thus respondents who express more positive regard are no less likely to experience anxiety than their counterparts who express less positive regard. However, the interaction term is statistically significant ($b=−0.01$, $p<0.001$) and suggests that African American males who experience racism but embrace being Black are less likely to exhibit the anxiety symptoms studied here. The full model explained 23% of the variance in anxiety symptoms [$F=(5, 106)=5.99$, $p<0.001$].

Model 2 (Table 2) included the multiple regression findings when depressive symptoms is the outcome variable. As was the case in model 1, the demographic profiles of the respondents are not predictive indicators of depressive symptoms. Racist experiences continue to be important and positively predict depressive symptoms ($b=0.02$, $p<0.05$). However, greater private regard predicts fewer depressive symptoms ($b=−0.02$, $p<0.05$). Thus African American males who positively identify with their individual and group racial designation are less likely to exhibit depressive symptoms. However, interaction effects (racist experiences*private regard) are not apparent. Private regard does not appear to buffer the effects of racism when depressive symptoms are considered. The model explained 17% of the variance in depressive symptoms [$F(3, 106)=4.21$, $p<0.001$].

Discussion

This study sought to address the potential protective role of private regard for internalizing symptomatology in African American late-adolescent males. Specifically, we were interested in whether private regard, defined as positive attitudes about being African American, would reduce the harmful effects of racism on internalizing symptoms. In support of Hypothesis 1, late-adolescent African American males who encountered more racism also experienced more anxiety and depressive symptoms. Hypothesis 2 was partially supported by these results. Feeling positive about being African American predicted fewer depressive symptoms, but it was unassociated with anxiety symptoms. However, private regard moderated the relationship between racist experiences and internalizing symptoms, but only when anxiety was considered. Thus Hypothesis 3 was partially supported as well.

As hypothesized, racist experiences predicted more anxiety and depressive symptoms in this study. These findings are consistent with the existing literature on the linkages between racism and mental health among African Americans (Clark et al. 1999; Harrell 2000). Few studies have examined the linkage between private regard and different forms of internalizing symptoms in young African American males. These results indicate that African American males with lower private regard may be more vulnerable to experiencing depressive symptoms, but not anxiety problems. Our results of the interaction effects between private regard and racist experiences are consistent with Clark et al.'s (1999) theory of racism stress suggesting that private regard buffers African American late-adolescent males from frequent racist experiences in the form of fewer internalizing symptoms. These findings suggest that feeling positive about being African American and holding positive attitudes towards other African Americans can serve to reduce the harmful effects of racism among late-adolescent African American males. It is possible that such attitudes allow them to deflect the negative messages embedded in racist interactions, namely that African Americans, and males in particular, are inferior to their European American counterparts.

Private regard did not reduce the effect of racist experiences on depressive symptoms as hypothesized. This finding is similar to other studies suggesting that these factors do not provide a buffer for depressive symptoms. For example, a study conducted by Wong et al. (2003) investigated protective effects of a similar variable, connection to ethnic group, on psychosocial outcomes in African American adolescents. In their study, connection to one's ethnic group did not buffer adolescents who reported experiences frequent discrimination by peers and teachers from experiencing depressive symptoms. In light of expected interaction effects based on the zero-order relationship between private regard and depressive symptoms and subsequent modeling findings, it seems that the benefits of private regard for depressive symptoms are derived from its direct effects for a positive global identity. According to the MMRI, racial identity is one component of an individual's global identity (Sellers et al. 1998). The extent to which young males endorsed positive attitudes about being African American may reflect a positive global identity.

It is unclear why private regard reduced the impact of racist experiences only for anxiety symptoms. It is possible that when African American males are confronting racist experiences, they are more able to access positive attitudes about being African American when managing an anxiety response. In contrast, when racist experiences trigger depressive symptomology, they may not be as able to utilize private regard as a psychological buffer. The direct positive effect of private regard on depressive symptoms may mean that adolescent males with greater private regard are less likely to develop depressive symptoms from the start. It may also be the case that the demographic indicators are suppressing potential interaction effects during the modeling phase. These preliminary results suggest the need for more rigorous, nuanced testing based on a larger sample and longitudinal data.

The pattern of findings in this study is consistent with the developmental psychopathology framework (Masten and Coatsworth 1998), which states that protective processes may be more relevant to the prevention of some forms of psychopathology with other protective factors being relevant for the prevention of other outcomes. These findings highlight the need for investigators studying psychopathology in African American children and adolescents to give greater attention to understanding the potential role of culturally-relevant protective factors such as racial identity. These results are all the more intriguing given the contrasting findings by Jones et al. (2008) concerning Black female college students. Unlike our results, positive racial identity did not minimize depressive symptoms associated with negative racial events. However, a multicultural identity (defined as acceptance of and connection with diverse cultures and worldviews) did minimize depressive symptoms. Their findings, in conjunction with those from this current study, suggest the importance of considering the influence of gender and other cultural markers in countering the effects of racism. For example, it may be the case that the male identity and its place in society serves to militate against some of the negative effects of racism for African American males. Along these lines, more research is needed to understand under what conditions factors such as private regard and gender benefit mental health in this population.

Racial identity has long been advocated as an important aspect of healthy identity for African Americans (Cross 1991; Sellers et al. 1998). However, acknowledgement of the potential clinical benefits of promoting a healthy racial identity has received limited attention in the clinical literature. Indeed, a large amount of the published work on racial and ethnic identity in African American children and adults has been published by researchers in counseling psychology (e.g., Neville and Lily 2002); personality and social psychology (e.g., Sellers and Shelton 2003); sociology (Appiah 2000; Collins 2000; Omi and Winant 1986; Park 2000; West 1993); and, developmental psychology (e.g., Phinney and Kohatsu 1997). Despite recent efforts to emphasize the importance of race/ethnicity and culture in research on treatment of psychopathology (e.g., Miranda 1996), progress remains slow (Nagayama Hall 2001). Given the increasing racial and ethnic diversity of children and adolescent population the U.S. (García Coll and Szalacha 2004), it is important that these issues become part of the discussion in child clinical psychology as well as applied sociology.

Implications and Conclusions

The results of the present study suggest that private regard can have a unique influence on various internalizing problems in African American adolescent males. They also suggest that clinicians working with upwardly mobile late-adolescent African American males should consider the role of private regard and other aspects of racial identity in understanding the etiology of depressive and anxiety symptomotology in this population. Therapeutic activities designed to boost private regard or racial identity as a whole may play an important role in treating these problems. African American males are often exposed to some to the worst of society's ills due to unresolved problems with institutional and interpersonal forms of racism and discrimination (Anderson 1997; Cunningham 2001; West 1993). Consideration of cultural factors such as racial identity and the influence of racist experiences can be quite useful in understanding internalizing symptoms in African American adolescent males. Studies such as this current endeavor will hopefully stimulate further research to better illumine the potentially empowering effects of racial identity in combating racism, its systemic origins, and deleterious effects such as anxiety and depressive symptoms in this population.

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