ABSTRACT

UZZELL, KAMALA LATORI. The Healthy Psychosocial Development of Black Males: The Relationship Between Wellness and Racial Identity Development. (Under the Direction of Siu-Man Raymond Ting, Ph.D. and Marc Grimmett, Ph.D.)

The life experiences of Black males are accompanied by a host of social, psychological, economic, and political pressures that affect his wellness and racial identity development, which in turn affects his healthy psychosocial development.

The purpose of the study was to research the levels of wellness and racial identity development of Black males to determine if there is a relationship between the two. Two instruments, the Black Male Wellness Measure and the Black Racial Identity Attitude Scale, were used to assess the levels of wellness and racial identity development. The sample for the study consisted of 148 Black males.

Preliminary analyses were conducted to highlight background characteristics of the sample specific to wellness and to address the research aims of the study. A scree plot test was conducted to assess the actual number of components for the Black Male Wellness Measure and it was confirmed that six or seven components could be extracted. Content validity was assessed via exploratory principal components analysis. A qualitative analysis was conducted and six themes were found: financial, educational, family, religious, athletics, and other.

The study found that the majority (96.6%) of the participants in the study were at a medium level of wellness and 94.5% of the participants were at a medium level of racial identity development. Also, the study found that there is a relationship between wellness and racial identity development at all levels. Finally, implications for future research and professional practice are discussed.
The Healthy Psychosocial Development of Black Males:
The Relationship Between Wellness and Racial Identity Development

by

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DEDICATION

This dissertation is dedicated to my parents, J.P. and Melba Uzzell. You’ve shaped me into the person that I am. I love you both and I hope that I have filled your souls with happiness and pride.

I also dedicate this dissertation to all the Black men I have known. To the ones I have loved, the ones who have loved me, and the ones who have supported me throughout this journey. I will forever be grateful to you,

“The desire accomplished is sweet to the soul.” (Proverbs 13:19)
BIOGRAPHY

Kamala Latori Uzzell was born to James Pete and Melba Smith Uzzell on August 3, 1974 in Goldsboro, North Carolina. She was their second and last child. Her brother, Kenyatta, had been born three years earlier. Kamala lived in Goldsboro until 1992 when she left to attend The University of North Carolina at Chapel Hill where her brother was already attending. Kamala earned the Bachelor of Arts degree in Communication Studies with a concentration in Speech and Hearing Sciences from The University of North Carolina at Chapel Hill in 1996. She earned the Master of Arts degree in Agency Counseling from Campbell University in Buies Creek, North Carolina in 1999.

Kamala’s professional work experience is varied and includes Caring Family Network, North Carolina Community College System Office and the Triangle Urban League. She was also the founder and president of Infinite Possibilities of N.C., Inc. – a counseling and consulting firm. Kamala is currently a counselor and student advisor at Durham Technical Community College.

Since 1999, Kamala has taught both graduate and undergraduate college courses at North Carolina State University, Mount Olive College, and Durham Technical Community College. The courses that Kamala enjoys teaching are counseling, psychology, and sociology. Kamala is especially interested in the research aspect of education. Her research interests include race & ethnicity; public policy; crime, punishment, & rehabilitation; and socio-economic class issues. She has presented her research at local and national levels.
Kamala is a member of the American Counseling Association and the North Carolina Counseling Association. She served as the Social Coordinator of the Nu Sigma Chi chapter of Chi Sigma Iota in 2003-2004. Kamala is very active in the community where she is a City of Durham Human Relations Commissioner, a Chapter Secretary for Alpha Kappa Alpha Sorority, Inc., a member of the Triangle Urban League Young Professional Network, and a Downtown Durham 100 Ambassador.
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“I have fought a good fight, I have finished my course, I have kept the faith.”

(II Timothy 4:7)
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CHAPTER 1

INTRODUCTION

This chapter provides the background for the study by examining challenges to the psychosocial development of Black males and the importance of promoting their healthy psychosocial development. Related theories of identity development, racial identity development, and wellness will also be outlined. Furthermore, the purpose of the study, research questions, and the definition of key terms will be reported.

Background of the Study

According to economic and social indicators, the quality of life for Black males is and for decades has been in peril. Theorists have argued and research has indicated that Black males are in absentia from our neighborhoods, families, and college campuses. For example, in the beginning of the 1990s, the United States had more Black men between the ages of 20 and 29 under the control of the nation’s criminal justice system than the total number in college (Haney & Zimbardo, 1998). Over the last decade, for every one Black male enrolled in college, 6 Black males are added to the prison and jail population (Kunjufu, 2001), and at current levels of incarceration, newborn Black males have a greater than 1 in 4 chance of going to prison during their lifetime (Bonczar & Beck, 1997). Black males are matriculating to graduation from college at a much lower rate than any other gender, ethnic, or racial group (Black Issues in Higher Education, 1998). The suicide rate for Black males between the ages of 18 and 24 has increased by 300% since 1996 (Jackson,
2002), and in 1999, in the United States, 48% of Black male children lived with their mothers only (Kunjufu, 2001).

It seems apparent that from an early age, Black males are confronted with challenges of achieving academic, career, and social success. Additionally, Black males face the specific challenges of: (a) experiencing a limited range of positive Black male role models, (b) living in unfavorable environments, and (c) having negative peer and media influences.

Black males are suffering immeasurably in our society. They are not being afforded the full benefit of education and societal promotion. 40% of Black males in the United States are functionally illiterate, and almost 1 in 5 Black males are expelled from school each year (Kunjufu, 2001). Homicide is the leading cause of death (Lee, 1996). 1 in 12 Black males in some of the United States’ major cities is a victim of homicide (Kunjufu, 2001). They have the lowest life expectancy, and endemic incarceration is indeed a fact (Lee, 1996, Parham & McDavis, 1987). The persistence of these negative forces and the challenges of achieving academic, career, and social success have resulted in a significant social disadvantage for Black males. For a significant number of these individuals, this has prevented their healthy psychosocial development.

By definition, healthy psychosocial development is the successful resolution of psychological conflicts encountered during the eight stages of man (Erikson, 1968). It is also a combination of wellness and an achieved racial identity development. Given that healthy psychosocial development requires trust, autonomy, initiative, industry, identity development, intimacy, generativity, and integrity, it appears as if there are significant
threats to the healthy psychosocial development for Black males in this nation. By definition, wellness is “an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable” (Dunn, 1961, p. 4). Also by definition, racial identity is one’s sense of belonging to a particular racial group and the impact that sense of belonging has on one’s thinking, perceptions, feelings, and behavior (Rotheram & Phinney, 1987). For Black male adolescents, racial identity development has been associated with mental health and psychological well-being (Phinney, Lochner & Murphy, 1990; Smith, Walker, Fields, Brookins & Seay, 1999; Stevenson, 1998). Racial identity has been conceptualized as having both a direct and in-direct link to healthy psychological functioning (Cross, Parham, & Helms, 1998). On the other hand, exaggerated negative images of Black males within this society can result in the internalization of negative stereotypes, negative self-acceptance, and, consequently, mental health problems (Munford, 1994; Phinney et al., 1990; Pyant & Yanico, 1991; Stevenson, 1998).

These significant obstacles to the healthy psychosocial development of Black males also directly affect the psychosocial well-being of Black females. According to Robinson (1999) and the literature on discourses, Black women occupy the bottom level of the discourses, with Black men occupying the level directly above them. Discourses refers to positions that place individuals in power relations with one another (Winslade, Monk, & Drewery, 1997). Because of the occupancy of the lowest level of the discourses structure by the Black female, they have no other recourse, but to look towards Black males, who are positioned directly above them for support, respect, and partnership. Therefore, if Black
males are not psychosocially healthy, they will not be able to provide adequate survival
tools with which to assist Black females in their own psychosocial development process. It
seems that, in an ironical way, Black males may be lifelines for Black females. They are
the initial source of support for Black females as they strive to achieve social elevation. If
this support is not readily available from the Black male, the Black female is forced to seek
out alternative means of support. Since the psychosocial development of Black males
influences the psychosocial development of Black females, then it also influences the
welfare of Black families. The mental and/or physical absence or presence of the Black
male in their families is crucial to the functioning of that entity. The welfare and survival
of the Black family is contingent upon the psychosocial development of Black males.

Theoretical Underpinnings

Erikson’s Theory of Identity Development

Erik Erikson’s (1968) psychosocial theory is based on the epigenetic principle of
development (Erikson, 1968, 1997; Muuss, 1996) that states that “anything that grows has a
ground plan, and that out of this ground plan the parts arise, each part having its time of
special ascendancy, until all parts have risen to form a functional whole” (Erikson, 1968,
p.92). Erikson believed that individuals go through eight psychosocial developmental
stages in which they encounter a crisis that has two opposing possible outcomes: Trust vs.
Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority,
Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and
Integrity vs. Despair. Each stage has a corresponding ego strength that becomes
incorporated into the individual’s personality if the crisis is successfully resolved. If the
crisis is not successfully resolved, the individual does not gain the ego strength from that stage of development, and as a result, he or she encounters difficulties during the subsequent stages of psychosocial development.

For Black males, during the two critical childhood stages of trust versus mistrust and initiative versus guilt, the absence of a reliable and steady father figure (trust) and the lack of a positive male role model (initiative) in the home or in the neighborhood have a detrimental effect on the successful resolution of the crises in the aforementioned stages. Childhood is such a critical period of psychosocial development. If Erikson’s childhood ego strengths are not gained, the Black male will experience difficulties in his healthy psychosocial development.

Cross’ Model of Psychological Nigrescence

William Cross’ Model of Psychological Nigrescence (1971) was developed during the Civil Rights Movement and describes five stages of racial identity development for Black individuals: Preencounter, Encounter, Immersion-Emersion, Internalization, and Internalization and Commitment. Cross’ theory, which proposes a link between racial identity and mental health (Carter, 1991; Munford, 1994; Parham & Helms, 1985; Pyant & Yanico, 1991), was developed using the applicability of Erikson’s theory to racial minority groups. Erikson’s theory describes the stages of development of any individual regardless of race. Cross introduces race and the specifics of developing a racial identity simultaneously with developing a psychosocial identity.

For Black males, practical applications of Cross’ model should be implemented to promote a healthy psychosocial development and a healthy racial identity development.
This would involve exposing Black males to cultural activities, positive Black male mentors and role models, and culturally sensitive individuals from other races.

*Phinney’s Model of Ethnic Identity*

Jean Phinney’s Model of Ethnic Identity (1990) suggests, like Erikson’s, that identity is both multi-dimensional and that it develops over time. The model, which was developed using components of Erikson’s and Cross’ theories, consists of three stages: unexamined ethnic identity, ethnic identity search, and ethnic identity achievement. The model assumes that once achieved, identity will remain relatively consistent throughout the individual’s lifetime (Phinney, 1996). Phinney’s research focuses on ethnic issues that are present across all ethnicities. Cross’ research focuses specifically on African-Americans. Although Phinney does not specifically focus on African-Americans or Black individuals, her research does have applicability to Black males. Her research helps to fill in the theoretical and empirical gaps that have resulted from the focus of mainstream research on almost exclusively white middle-class samples (Graham, 1992). She has been able to bring a greater awareness of issues specific to clients from diverse backgrounds.

*Hettler’s Model of Wellness*

Bill Hettler’s (1980) Model of Wellness includes six wellness dimensions that are seen as the responsibility of the individual (Hettler, 1980; Hybertson, Hulme, Smith & Holton, 1992). The six dimensions of wellness in the Model of Wellness are: physical, emotional, spiritual, occupational, social, and intellectual. Each of the six dimensions includes aspects of identity development. As an individual is developing each of the six
dimensions, they are also developing their identity. Optimal health is achieved if these dimensions are successfully and collectively developed.

Hettler’s six dimensions of wellness relate to all individuals regardless of race. Therefore, the dimensions are applicable to Black males.

Purpose of the Study

The purpose of the study is to research the levels of wellness and racial identity development of Black males. This purpose will be accomplished by assessing the wellness and racial identity development of Black males.

Research Questions

The research questions for the study are: (a) What are the levels of wellness of Black males; (b) What are the levels of racial identity development of Black males; and (c) Is there a relationship between a Black male’s level of wellness and racial identity development? The assumptions are that the more positive a Black male’s wellness development, the more achieved is his racial identity development.

Definition of Terms

Black: A person having origins in any of the Black racial groups of Africa.

Discourses: Positions that place individuals in power relations with one another.

Healthy Psychosocial Development: The successful resolution of psychological conflicts encountered during Erikson’s “eight stages of man”.

Life Experiences: The collective of concepts including work experience, education experience, up-bringing, and the presence or absence of role-models during the life-span.

Marginal: Barely within a lower standard or limit of quality (as viewed by society).
Psychological Nigrescence: The process of becoming Black.

Racial Identity: One’s sense of belonging to a particular racial group and the impact that sense of belonging has on one’s thinking, perceptions, feelings, and behavior.

Wellness: Existing in a state of optimal functioning; not ailing or lacking.
CHAPTER 2
LITERATURE REVIEW

This chapter begins with a review of literature relevant to the circumstances surrounding the present state of Black males in America. The focus of the literature review will be on the various obstacles that Black males face as they develop psychosocially. The author will identify and elaborate on four obstacles to the healthy psychosocial development of Black males. In addition, the author will examine the theoretical underpinnings for this study based upon the identity development theory of Erik Erikson, the racial identity development theories of William Cross and Jean Phinney, and the wellness model of Bill Hettler. The chapter closes with a synthesis of the literature review and theoretical underpinnings.

Obstacles to the Healthy Psychosocial Development of Black Males

The life experiences of Black males are accompanied by a host of social, psychological, economic, and political pressures. The lives of many of these men are marked by racial intolerance, economic inequalities, unemployment or underemployment, lack of education, and violence (Dwyer, 1994; Fitzpatrick & Boldizar, 1993; Leary, 2001; Mauer & Huling, 1995). These Black males face a number of obstacles to their healthy psychosocial development, namely, a limited range of positive Black male role models, the effects of living in unfavorable environments, negative peer influences, and negative societal expectations.
Limited Range of Positive Black Male Role Models

Positive Black male role models are a valuable, but scarce, human resource. National statistics reveal that many Black male youth are raised in single parent, mother-only, homes. According to the U.S. Department of Health and Human Services, in 2003, in the United States, 48% of Black male children lived with their mothers only (U.S. Dept. of Health and Human Services Statistics, 2004). In a study examining how family characteristics affect African-American youth, researchers found that African-American adolescent boys with non-married parents are more at risk for developing low self-esteem compared with other African-American adolescents (Mandara & Murray, 2000). The absence of Black fathers, Black male teachers, and Black entrepreneurs provides a bleak view of the future that portends the development of a poor self concept, a fear of tomorrow, a lack of encouragement to excel academically and the need to have Black masculinity validated by the overly available negative influences portrayed in the inner city and by the media.

There is somewhat of an abundance of Black males who have achieved success through sports and entertainment highlighted and portrayed in the media. Often, the only positive and successful Black males that many young boys see are on television playing sports or entertaining. However, it is not realistic for every young Black male to believe that he too will become a professional athlete or entertainer. Chances are greater for young Black males to achieve success through earning a college degree. Unfortunately, there is a shortage of Black male role models who have succeeded through acquiring a college degree portrayed in the media. This shortage may contribute to low enrollments of Black males in
college and low retention rates once they are enrolled. Black males, like many others, need examples. If there are few examples of Black men going to college, obtaining degrees, and becoming successful, it is difficult for a young Black male college student to feel as if he is going through the correct process in order to become successful. A survey of 4500 children examined the impact of Black male youths’ perceptions of role models on their personal development. The boys overwhelmingly chose athletes rather than academicians or educators as role models (Assibey-Mensah, 1997).

There is a reason why so many young Black boys want to become professional basketball and football players. That reason is because they have many Black male role models that are successful in those two careers. Not only are they successful; they are also very visible in the media. The professional sports players are entertainers and entertainers must be visible in order to entertain.

Also, in many instances, young Black males have grown up in neighborhoods where drug dealers have been role models. These drug dealers have been role models because often they are the only adult males in the community and they appear to have wealth and power. In the book, The Pact (2002), Drs. Sampson Davis, George Jenkins, and Rameck Hunt attest to the fact that there were no doctors or lawyers walking the streets of their community. The visibility of adult males makes them role models regardless of their occupation.

The Effects of Living in Unfavorable Environments

The findings of a 1996 report prepared by the Annie E. Casey Foundation indicate that 1/4 of young Black people are growing up in distressed neighborhoods.
Another quarter live in transitional neighborhoods that are starting to deteriorate because of loss of blue-collar jobs, declining housing values, and the movement of middle-class Blacks to the suburbs where there are better schools and safer streets……The Casey Foundation study used five indicators to define a distressed neighborhood: drugs, crime, violence, welfare, and teen pregnancies. In these neighborhoods, these negative indicators are much more prevalent than safe schools, high school graduation, and good paying jobs (White & Cones, 1999, p. 287).

Neighborhoods where many young Black males live provide a strong influence on coping strategies for racism, their attitudes toward women, motivation to fulfill dreams, and on their overall psychosocial development.

Racism in America is one of the factors that effect the psychosocial development of adolescent Black males. The effects of racism may produce stress that can affect their mental health. Hostility surfaces as a defense mechanism to protect Black males psyches against the psychological stressors of White supremacy and racism (Fulmore et al., 1994). This hostility can become a personality trait when an individual suffers indignities. The exposure to racism can cause anger, distrust and suspicion of the White society (Thompson, 1994; Wilson, 1991). This anger is manifested in some young Black American males through chronic frustration, constant conflict, anxiety, feelings of relative powerlessness, and chronic stress experienced with restrictive, and conflicting affectionate relations. They have to find a way to express themselves.

Hip-hop street culture is specific to the expressiveness of young Black males. It is a coping strategy and has often been used to ensure the personal survival of Black males in
the White society. This form of expressiveness is exhibited through young Black males’ disposition, walk, talk, and dress. Suppressing emotions other than anger is also a coping strategy and characteristic of young Black male expressiveness.

Tupac Shakur, the deceased and still popular West-coast rapper, is an example of how the young Black male expresses himself. His rap lyrics are introspective and poetic. They delve into the life and soul of the “gangsta”. “Even if you weren’t from the inner city, if you listened to Tupac, you got the feeling that the thugs have more heart than you thought. He reached into himself and tried to interpret where a lot of the negative behavior came from, and he crafted his lyrics in a way that you could really understand” (Davis, Jenkins, & Hunt, 2002, p. 148).

Hip-hop street culture has been praised for providing coping strategies for young Black males, and it has also been blamed for providing and perpetuating negative images of Black females. Females are often portrayed in videos and songs as sexual objects. This portrayal of Black females is what helps to form attitudes towards women for young Black males. In a study done by Janis Hutchinson about black male / female relationships of the hip-hop generation, many Black men in the hip-hop culture that were interviewed valued economic resources and used these resources as a way to manipulate and control women. Also, many women negotiated with their bodies for things that they wanted. In order to gain access to these things and to get the affection from men that they want, some women felt that they must perpetuate the exploitative images of what men want and think women should be (Hutchinson, 1999).
Recently, radio and television talk-show host Don Imus, a white male, came under intense scrutiny for referring to a basketball team consisting primarily of Black females as “nappy-headed hoes”. He received backlash from various individuals and organizations portraying him as racist and sexist. There were demands and much discourse and criticism. The demands were that he be fined and fired. He was eventually fired, but prior to his termination and in the weeks and months thereafter, America focused on the words Mr. Imus used to describe these women and how often these words are used in songs written and performed by Black males and females with no remorse criticism nor scrutiny. The question that was often asked was, “Why is it acceptable for a Black person to use the words that Don Imus used, but unacceptable for Don Imus to use them?” Meaning, if the words are derogatory, should not we be offended no matter who uses them? The response to that question is still being debated.

Another factor that helps to form attitudes towards women is the perception Black males have of their own homes; living in a single-parent household with their mother being that parent.

In some Black families, there are two and three generations of women who have had no long-term relationships with men. Boys learn that women are the ones who take the responsibility for supporting the household financially and protecting the children. Adult male activities are primarily sexual and fun oriented. With no images of responsible males around them, young males are vulnerable to repeating the role of player of women as adults” (White & Cones, 1999, p. 212).
Because of the lack of positive and stable neighborhood influences, the young Black male struggles to understand the positive relationship between a male and a female. He also struggles and often fails to develop a healthy psychosocial identity.

**Negative Peer Influences**

Adolescents place a high value on peers as a source of ideas and values as well as companionship and entertainment. A common reason that adolescents misbehave in school is to get the attention and approval of their peers.

As students enter adolescence, the peer group takes on extreme importance, and peer norms begin to favor independence from authority. When older children and teenagers engage in serious delinquent acts (such as vandalism, theft, and assault), they are usually supported by a delinquent peer group (Slavin, 2003, p. 387).

Furthermore, White and Cones (1999) state:

As Black males progress through late childhood, adolescence, and early adulthood, the peer group becomes a major influence on values, identity choices, masculine styles, attitudes toward women, strategies for coping with racism, and levels of Black consciousness. During adolescence, the peer group replaces the family as the central source of support, understanding, and guidance (p. 213).

The Black American male begins to do things that will fit in with what his peers are doing. His peers are the ones that are now telling him what is right and what is wrong and what is good and what is bad. Negative peer influences will influence him to perhaps do things that are wrong. “Gangs are generally regarded as an example of a negative peer influence” (White & Cones, 1999, p. 219). Although there are exceptions, gangs tend to
develop along racial and ethnic lines, and are typically 90% male (Bodinger-deUriarte, 1993). They almost universally show strong loyalty to their neighborhood and they tend to prey on individuals who are lacking strong family ties.

**Negative Societal Expectations**

Educators and other persons in the community often have low expectations of the Black American male. It is so rare to see a Black American male succeed by the standards set by the larger society that, when one does have the potential to succeed, some individuals give him unearned and unsolicited assistance that in the long run will do more harm than good. For example, an instructor may give a writing assignment to the entire class, but the Black male student is graded on a less difficult scale than the rest of the class to ensure that he succeeds. Eventually, the Black male student will enroll in a course where the instructor grades everyone equally. This student is accustomed to passing by doing the bare minimum. He may not realize that he is doing the bare minimum because he does not expect the instructor to give him this unsolicited assistance. He may be fully capable of passing without assistance, yet he has never been challenged to do any more than what he has done. When he produces in this class what he considers good work that is actually the bare minimum; he fails. This failing grade may come at a crucial point in his college career, and this may determine whether or not he must leave school.

Another way that low expectations of Black males may impact whether or not they stay in college is because these expectations of failure may be transferred onto the Black male, and he may lack the necessary determination to succeed. This transference makes him believe that he cannot succeed because others think that he cannot succeed, and
eventually it turns into the self-fulfilling prophecy and he does not succeed. In an autobiographical book by Michael Datcher (2001), he states, after being told by his Advanced Placement English teacher that he should turn down Berkeley’s offer of admission for a college that is not quite so difficult,

I sat there, stunned. It was so far from what I was expecting to hear. Like walking into Spanish class to find that the teacher is speaking German. She was my Advanced Placement teacher. Her students were supposed to be getting into the top schools. I couldn’t understand why she would say such a thing. Though I worked almost thirty hours a week outside of school, she knew I was an A student. My sports victories and awards were reported over the homeroom loudspeaker, so she was well acquainted with my athletic abilities. I had been hearing that colleges looked for well-rounded students. My mind was racing. I knew there was no way she would have told a white student with my credentials that he should reject Berkeley’s offer…..What if she was right, though? I wondered, What if I can’t hang? Maybe she was really just trying to spare me some grief. Doing me a hard favor. Maybe I should try a Cal State school…..I got up, walked out of class, and dipped home second-guessing myself (Datcher, 2001, p. 114).

This young Black male is already second-guessing himself because of the low expectations of his high school teacher even before he steps foot on the college’s campus.

Theoretical Constructs

_Erikson’s Theory of Identity Development_
Erik Erikson’s (1968) psychosocial theory is a widely known conceptualization of eight stages of life-span human development. Erikson’s theory is based on the epigenetic principle of development (Erikson, 1997; Muuss, 1996) that states that “anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have risen to form a functional whole” (Erikson, 1968, p. 92). Erikson’s “Eight Stages of Man” was developed in part because of Freud’s psychoanalytic theory of psychosexual development, but Erikson placed a lesser emphasis on the sexual nature and more of an emphasis on psychosocial development (Erikson, 1997). Erikson believed that individuals go through eight developmental stages: Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Integrity vs. Despair (Erikson, 1968, 1997). Each psychosocial stage has a corresponding ego strength, specifically, hope from trust, will from autonomy, purpose from initiative, competence from industry, fidelity from identity, love from intimacy, care from generativity, and wisdom from integrity (Erikson, 1985).

In each of the stages, individuals encounter a psychosocial crisis that has two opposing possible outcomes. If the crisis is successfully resolved, the ego strength from the stage becomes incorporated into the individual’s personality. Successful resolution of prior psychosocial crises and emergence of their associated ego strengths are conducive to the ascendance of later ego strengths (Erikson, 1985).
Stage 1: Trust versus Mistrust

   From birth to age two, children experience a crisis of trust vs. mistrust as they attempt to explore their own environment and form basic social relationships (Garrett, 1995). Children need to experience repetition and familiarity so that they know that their caregiver and others are reliable. This teaches the child to trust others. If this consistency is not fostered, the child will become untrusting and suspicious of others.

Stage 2: Autonomy versus Shame and Doubt

   The child begins to master self-control from ages 2 – 3 (Muuss, 1996; Slavin, 2003). Parents and caregivers should allow their children to have some freedom or self-exploration, but should set boundaries and limits. This enables the child to develop a sense of independence and to learn self-control (Slavin, 2003).

Stage 3: Initiative versus Guilt

   During this stage, from ages 4 – 5, the crisis consists of initiative versus guilt, which is characterized by imitation of parents and is a time when children explore their own and others’ bodies (Erikson, 1968, 1997). There are many role models that the child will observe and emulate to find the personality and behaviors that are a good fit. During this stage, children begin to take on responsibility and develop a feeling of purpose. They begin to learn that challenges are a part of life, and as a result, they learn how to handle them in an appropriate manner (Sharf, 1996).

Stage 4: Industry versus Inferiority

   From the ages of 6 – 10, children encounter the industry versus inferiority crisis and learn the feeling of being successful, either academically or socially (Muuss, 1996).
Teachers are very important during this stage (Muuss, 1996, Slavin, 2003). If the child fails in academics repeatedly in school, the child will think that he or she is a failure. If this occurs, it is in the best interest of the child for the teacher to think of other ways in which the child can excel or succeed, so that the child learns what success feels like and does not think of him or herself as a failure. A “failure” attitude could follow the child throughout his or her life and could cause the child to be unable to progress through later stages of cognitive and identity development (Muuss, 1996, Sharf, 1996, Slavin, 2003). Conversely, if the child does not experience failing or losing during this stage, it will come as a huge shock to the child in a later stage and the child may not be able to handle it (Erikson, 1968, 1997; Muuss, 1996, Slavin, 2003).

Stage 5: Identity versus Role Confusion

Adolescence occurs during the identity versus role confusion stage. Adolescents search for who they are and how they fit into society; they search for their identity. Miller (1989) suggested that trust, autonomy, initiative, and industry all contribute to the adolescent’s identity. Successfully accomplishing the mission of finding out what their purpose is will help the adolescent to make a sound college and/or career choice. However, if difficulty in resolving the identity crisis is encountered, identity diffusion and role confusion are likely to occur, resulting in personality fragmentation (Miller, 1989).

Stage 6: Intimacy versus Isolation

“The intimacy versus isolation crisis occurs during young adulthood wherein efforts are made to establish a nurturing relationship with members of the opposite sex as well as those of the same sex” (Garrett, 1995, p. 210). If a person has been able to successfully
accomplish the other stages, then accomplishing this stage should come naturally (Muuss, 1996). If the other stages have not been accomplished, accomplishing this stage will be very difficult because trust and initiative are fundamental to experiencing intimacy (Muuss, 1996). Intimacy involves establishing emotional closeness to other people as a basis for enduring relationships (Erikson, 1968, 1997; Muuss, 1996; Sharf, 1996; Sigelman & Shaffer, 1995; Slavin, 2003). When attempts to establish these relationships are unsuccessful, episodes of isolation may occur, resulting in loneliness. This is the final stage that may be experienced during adolescence (Erikson, 1968, 1997).

Stage 7: Generativity versus Stagnation

This stage encompasses the productive years and productive activities of adults. Vocational and professional contributions to society are important to individuals during this stage. “Marriage, giving birth to children and guiding their growth are such creative, productive activities. The successful resolution of the conflict implies that the mature person wants to be useful and productive, wants to be needed” (Muuss, 1996, p. 56). The giving completely of oneself to another person, an ideal, or one’s work leads to an increase of ego interests. If failure occurs at this stage, there will be no further development (Erikson, 1968).

Stage 8: Integrity versus Despair

Old age and retirement are encompassed by the last of Erikson’s stages, integrity versus despair. “The conflict here is between combining, integrating, and appreciating all previous life experiences or becoming bitter, resentful, and negative” (Muuss, 1996, p. 56).
The successful resolution of Erikson’s seven preceding stages culminates in integrity. The negative outcome is the feeling that one’s life was wasted.

When working with Black males, it is imperative to place particular emphasis on Erikson’s model from birth to adolescence. Specifically, the stages of trust versus mistrust, initiative versus guilt (childhood), and identity versus identity diffusion (adolescence). Black males are often prevented from mastering these crucial universal and race-specific developmental tasks in childhood and adolescence. In turn, this lack of mastery impedes their academic career, and social success in the later stages of life (Lee, 1996).

During the two critical childhood stages, trust versus mistrust and initiative versus guilt, the absence of a reliable and steady father figure (trust) and lack of a positive male role model (initiative) in the home or in the neighborhood has a detrimental effect on the successful resolution of the crises in the aforementioned stages. It is imperative that trust is learned at this early stage because it will be useful in each of the later stages. With the lack of a trustworthy male role model, the ascendance of the ego strengths of trust and initiative for Black male children and the successful advancement to the identity stage will not occur without intervention. Intervention may come in later stages by way of a mentor whose primary role would be to attempt to resolve previous feelings of mistrust and guilt.

Erikson (1959) believed that the main theme in life was to establish an identity. The establishment of a true sense of a personal identity is the psychological connection between childhood and adulthood. Identity development is especially critical for Black male adolescents. They travel a difficult path to a meaningful adult identity. This path consists of racism, poor education, and lack of employment (Johnson, 1985). The effects of racism
may produce stress that may affect the mental health of adolescent Black males. Hostility surfaces as a defense mechanism to protect the Black male’s psyche against the psychological stressors of White supremacy and racism (Fulmore, Talor, Hom, & Lyles, 1994). This hostility can become incorporated in the personality during identity development. The exposure to racism can cause anger, distrust, and suspicion in Blacks of the White society (Thompson, 1994; Wilson, 1991). This anger is manifested in some young Black males through chronic frustration, constant conflict, anxiety, feelings of relative powerlessness, and chronic stress experienced with restrictive, and conflicting affectionate relations. They have to find a way to express themselves and to cope with the anger in order to prevent it from becoming a part of their identity. Hip-hop street culture is specific to the expressiveness of young Black males in the White society (McCullum, 1997; Brookins, 1996; Lee, 1996; Jones, 1989). This form of expressiveness is exhibited through young Black males’ disposition, walk, talk, and dress and is used as a coping strategy for the Black male’s experience in America.

A limitation of Erikson’s model is that it was developed with the middle-class White male as the prototype, and there may have been some issues that are specific to other races, socio-economic classes, and genders that Erikson did not identify. Erikson’s early work and original notions of identity development in the 1940s and early 1950s focused on individual identity being organized around national identity. National identity, during those times, came from a middle-class White male perspective. In 1968, when Erikson’s work *Identity: Youth and Crisis* was published, individual identity was organized around individuals within the nation who had commonalities with other individuals. “Participation
in and opposition to the Vietnam War had split the country’s loyalties, and the Civil Rights, Women’s, and Labor movements had raised the national consciousness about what it meant to be an American of a particular race, class, and gender” (Nakkula, 2003, p. 4). The American identity parameter of 1950 had split into crisis by 1968. Individuals were focusing on what made them different or unique from others. It is of no wonder that “identity crisis” became an underlying organizing principle of Erikson’s later work and a focus, in one form or another, of the many identity development models that follow (Phinney, 1993). More recent developmental models recognize that America is comprised of many races, socio-economic classes, and genders, and that is taken into consideration when the models are being tested.

Another limitation of Erikson’s model is that there may be an opportunity to resolve past crises from an earlier stage although the model indicates that crises must be resolved before advancing to a new stage. The period of adolescence provides an example of the exception. According to Erikson’s model, adolescence provides a last chance to resolve some of the prior unresolved crises, and therefore, resets the path for positive identity development. This stance on adolescence can be criticized as completely hopeful or hopeless. Nakkula (2003) poses valid questions to gain more insight. “Is it really possible to substantially rework the damages of childhood via a successful identity struggle in adolescence? And, is it really the case that the unsuccessful negotiation of adolescent identity leaves one fated to a lifetime of confusion, failure, and despair” (Nakkula, 2003, p. 5). In all likelihood, the truth is intermediate. Perhaps, the crises are not as critical as depicted by Erikson. Possibly, an individual may develop an identity during adolescence
without sequentially resolving past crises. Individuals may be able to resolve crises that were unresolved during an earlier stage, in which case, a healthy psychosocial identity may still be an option.

Additionally, Erikson’s model assumes that individuals develop mentally at similar rates. His model indicates particular age ranges for each of the stages through adolescence. This assumption provides a limitation for individuals who are either developmentally delayed or advanced.

**Cross’ Model of Psychological Nigrescence**

Proposed in 1971, William Cross’ Model of Psychological Nigrescence is the most frequently cited and researched in the racial and ethnic identity literature (Parham & Helms, 1985). The Nigrescence paradigm is a process in which there is “transformation of a preexisting identity (a non-Africentric identity) into one that is Africentric” (Cross, 1995, p. 97). The word Nigrescence is derived from the French word negritude, which means, the state of being Black (Howard-Hamilton, 1997).

Cross’ Nigrescence Model (1971) was developed during the Civil Rights Movement and describes five stages of racial identity development that individuals experience as they construct a psychologically healthy Black identity; pre-encounter, encounter, immersion-emersion, internalization, and internalization and commitment.

**Stage 1: Pre-Encounter**

In this stage, individuals do not believe that race is an important element of their identity. There is self-hate, low self-esteem, an anti-Black attitude, and an endorsement of the Eurocentric cultural perspective (Howard-Hamilton, 1997). Pre-Encounter refers to the
attitudes and beliefs that an individual has before he or she “encounters” interpersonal situations that draw attention to the consequences of skin color and racial issues. An example of an “encounter” would be an individual’s first experience with racial discrimination. Before this experience, the individual was in the pre-encounter stage. The experience or encounter moves the individual into the encounter stage. The focus of the pre-encounter stage is the pre-existing non-Africentric identity that must be transformed (Cross, 1991).

Stage 2: Encounter

Individuals in the second stage are confronted with a profound situation or circumstance that is likely to be a motivating factor in challenging previous anti-Black cultural beliefs. This experience encourages individuals to re-examine their current identity and find or further develop their Black identity, and can be either positive or negative (Cross, 1991). The failure to internalize and personalize the experience can hinder movement to the next stage.

Stage 3: Immersion – Emersion

The Immersion-Emersion stage is described as being pro-Black and anti-White. It is during this stage that the individual makes a decision to commit to personal change and an immersion into Black culture takes place (Cross, 1991). The Immersion-Emersion stage is, in essence, a stage of transition. By working through the challenges and problems of the Immersion-Emersion stage, the person internalizes the new identity (Ponterotto et al., 1995). A healthy Africentric identity is embraced and the individual is able to see both the positive and negative elements of being Black or White.
Stage 4: Internalization

During this stage, individuals completely resolve any dissonance that exists regarding their emerging identity. There is now an evidence of high regard for Blackness (Cross, 1991).

Stage 5: Internalization and Commitment

This stage gives the individual an opportunity to “translate their personal sense of Blackness into a plan of action or general sense of commitment” (Cross, 1995, p.121). People in this stage often seek to eradicate oppression for all people.

An important contribution of racial identity development models is that they acknowledge sociopolitical influences in shaping minority identity. They incorporate the effects of oppression, such as racism and prejudice, into the identity transformation of their victims (Sue & Sue, 2003). Cross’ (1971) model is straightforward and resonates with many of these oppressed individuals (Vandiver, 2001). He has made a valuable contribution to research on Black racial identity. His work proposes a direct link between racial identity and mental health, and empirical studies that use the RIAS support this conceptualization (Carter, 1991; Munford, 1994; Parham & Helms, 1985; Pyant & Yanico, 1991).

Cross’ Nigrescence model has served as a foundation for the development of subsequent theories, measures, and research on Black racial identity. Early research on Cross’ model used Q-sort methodologies, which grouped together single-paragraph phrases or stereotypic descriptions of Blacks based on the stages of Nigrescence. This method validated self-perceptions, which are consistent with the stages. More recent research
found that Blacks categorize other Blacks based upon the stages of Nigrescence and also described personal identity development as consistent with Cross’ stages (Cross, 1978).

For Black males, practical applications of Cross’ model would be beneficial and should be implemented stage by stage based upon their level of racial identity development. Coping strategies should be employed during and after the second stage because an encounter would have occurred and intervention would be necessary. Also, exposing Black males to cultural activities, positive Black male mentors and role models, and culturally sensitive individuals from other races, would be appropriate in promoting a healthy racial identity, thus, promoting a healthy psychosocial development.

A limitation of Cross’ (1971) model is that because it was developed out of the Civil Rights Movement, it may no longer be a true description of Black people’s reactions to the social conditions that they encounter. It may be hypothesized that the model accurately described the Nigrescence process of Black people in the late 1960s and early 1970s, but that present day Blacks searching for their identity are influenced by different personal, social, and environmental factors and that they may have learned to adapt differently than did their predecessors (Parham & Helms, 1985). If this is true, then a stage-like progression of identity development is no longer accurate.

Also, models such as Cross’ (1971) that emerged as a reaction to a movement suggest that individuals are reactors to events in the environment, therefore implying that the environment effects changes in identity development (Akbar, 1989; Nobles, 1989). This view minimizes the role that the individual plays in the identity development process (Akbar, 1989; Highlen et al., 1986; Nobles, 1989).
Another limitation of Cross’ model is that Nigrescence seems to be descriptive of adult behaviors and beliefs only; therefore neglecting adolescent identity development although adolescents experience many of the same injustices as adults that make them conscious of their race. Furthermore, adolescents do have encounters with racial issues.

*Phinney’s Model of Ethnic Identity*

Jean Phinney (1990) conceptualizes ethnic identity as “the part of the self-concept that is derived from a person’s knowledge of his or her own group membership, and the value and significance a person places on being a member of that group” (p. 918). The term ethnicity is used by Phinney to encompass race. The psychological importance of race derives from the way in which others respond to one on the basis of visible racial characteristics such as skin color, and that implications of race are responses for one’s life chances and sense of identity (Phinney, 1996). These implications of race are aspects of ethnicity that are of psychological importance. In a multicultural context, Phinney’s model of adolescent ethnic identity development stands out. Phinney, like Erikson, has suggested that identity is both multidimensional and that identity develops over time. She based her model on the stages of Erikson’s (1968) Theory of Identity Development, and Marcia’s (1980) operationalization of Erikson’s stages. Erikson and Marcia suggest that identity development takes place in a sequential form during adolescence, and that the successful outcome is characterized by an achieved identity. Phinney’s model assumes that once achieved, identity will remain relatively consistent throughout the individual’s lifetime (Phinney, 1996).
The first of the three stages of Phinney’s (1992) model, unexamined ethnic identity, consists of early adolescents and some adults who have not been exposed to ethnic identity issues (Phinney, 1990). Race is not significant for the individual. According to Cross (1978), this stage may be characterized for minorities by a preference for the dominant culture. The second stage, ethnic identity search, is characterized by an exploration of one’s own ethnicity, and is similar to Marcia’s (1980) moratorium status (Phinney, 1990). Individuals are actively exploring for themselves what it means to be a member of their own racial or ethnic group (Tatum, 1997). The final stage, ethnic identity achievement, is the consummation of this exploration process (Phinney, 1990). As a result of this process, individuals come to a deeper understanding and appreciation of their ethnicity, and they are able to assert a clear and confident sense of their racial or ethnic identity.

Phinney has taken a universal approach to studying racial identity. She acknowledges that there are aspects of ethnic identity that are specific to each ethnic group; however, she focuses on the aspects of ethnic identity that are presumably present across all ethnic groups (Phinney, 1992). In doing so, she neglects the specific cultural practices, customs, and attitudes that distinguish one group from another and that are essential for understanding individual groups and the experience of members of those groups that may be of value for educators, researchers, and counselors.

Another limitation of Phinney’s model is that the MEIM was normed with high school adolescents and college students. Data from high school surveys may be distorted because students from the lower socio-economic class are more likely not to obtain parental permission to participate in studies, to be absent from school, or to have reading problems
(Phinney & Tarver, 1988). Thus, data that was gathered about all ethnic minority groups may have unknowingly excluded Black males because they have the highest school absentee rate and because many Blacks are in the lower socio-economic class (Haney & Zimbardo, 1998). Also, because Black males comprise only a small percentage of college students, the sample size for Black male college respondents is likely insignificant.

Phinney’s research on ethnic identity has largely been either descriptive or correlational. That is a limitation because in both of those types of research, ethnic identity is confounded with other personality traits, making it difficult to identify the effect of ethnic identity on behaviors and attitudes of ethnic minorities.

Wellness

Wellness has been defined by various disciplines, and has been conceptualized as being multidimensional, interconnecting all aspects of existence (Hyberston, Hulme, Smith, & Holton, 1992). It incorporates the feasibility, willingness, and responsibility of an individual to develop functional and practical life behaviors intellectually, spiritually, physically, socially, emotionally, and occupationally or psychologically (Myers, Sweeney & Witmer, 2000; Hettler, 1980). The World Health Organization (WHO), in 1947, defined wellness as “physical, mental, and social well-being, not merely the absence of disease” (WHO, 1958, p. 1). Dunn (1961), the originator of the modern wellness movement, defined wellness as “an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable” (p. 4). Furthermore, Myers, Sweeney & Witmer (2000) define wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully
within the human and natural community” (p. 252). In essence, wellness is the optimal state of health and well-being that an individual is capable of achieving (Myers, Sweeney & Witmer, 2000).

*Hettler’s Model of Wellness*

Hettler (1980) contends that wellness is ultimately an individual responsibility although personal and environmental factors play a part in influencing an individual’s state of well-being. His Model of Wellness focuses on six dimensions of wellness, namely physical, emotional, spiritual, occupational, social, and intellectual which individuals must successfully achieve in order to be considered “well” (Harari, Waehler, & Rogers, 2005). The physical dimension encourages the protection of one’s self from physical hazards and discourages cigarette smoking, the use of illegal drugs, and excessive alcohol consumption. This dimension promotes medical care and a healthy lifestyle. The emotional dimension focuses on self-esteem and an individual’s perception of their internalized self-image. An emotionally well individual builds and maintains satisfying relationships with others. The spiritual dimension is the philosophical or religious pursuit of personal meaning (Hettler, 1980). The occupational dimension is characterized by the preparation for work in which an individual will gain personal satisfaction and find enrichment in his or her life through work. The social dimension addresses the contribution that one makes to their environment and to the common welfare of their community. It places a special emphasis on the pursuit of harmony in the individual’s family and community. Finally, the intellectual dimension evaluates how well an individual uses available resources to expand his or her knowledge in
improving skills along with expanding his or her potential for sharing information with others.

Synthesis

Erikson’s (1968) Theory of Identity Development laid the foundation for most, if not all, identity development models presently being used. His theory has endured as a reliable framework for the study of adolescent identity formation. His eight stages of psychosocial development can and have been operationalized to explain the identity development of many groups, including Black males, even though he did not incorporate multicultural issues in his research.

William Cross realized the applicability of Erikson’s theory to racial minority groups as he developed his racial identity development model; the Model of Psychological Nigrescence. Cross’ (1971) Nigrescence Model has played a major role in the conceptualization of Black racial identity development for more than three decades. It has been the most frequently used racial identity model, and has been extended and somewhat paralleled by other models. Models of female identity development & models of identity development for gays and lesbians have mirrored the developmental process of oppressed groups outlined in Cross’ (1971) model. Further validation of Cross’ (1971) model is found in the idea that past research supports that people’s knowledge about Black identity development corresponds to the various stages laid out in the Nigrescence model.

As originally developed, the Nigrescence model primarily mapped adult behaviors and beliefs, but Parham and Helms (1981) successfully expanded the Nigrescence discourse to other age groups. Parham and Helms also based their model of racial identity
development on Erikson’s (1968) stages of psychosocial identity development, thus making
the theories of Erikson, Cross, and Parham and Helms supportive of one another, and
related by constructs that are relevant to and useful in understanding the Black male’s
challenged path to a healthy psychosocial development. Healthy psychosocial development
is understood as wellness as according to the research by Hettler (1980) and Adams,
CHAPTER 3

METHOD

Introduction

This chapter consists of the purpose for the study, a description of the sample, the instrumentation, the data collection and analysis procedures, and the limitations of the study.

Purpose of the Study

The purpose of the study is to investigate the levels of wellness and racial identity development of Black males to determine if there is a relationship between the two.

Participants

Any man between and including the ages of 18 and 51 who considered himself Black was allowed to participate in the study. In order to accomplish this task, various individuals, institutions, and organizations were contacted across the United States to ensure a representative sample. Institutions and churches from six locations participated in the study. Four of the locations were institutions in North Carolina, and two were in Washington, DC. The locations in North Carolina were as follows: (1) Durham Technical Community College in Durham, (2) Union Baptist Church in Durham, (3) Best Grove Missionary Baptist Church in Goldsboro, and (4) North Carolina Central University in Durham. The locations in Washington, DC were: (1) Georgetown University, and (2) Howard University.

In order to recruit a sizeable sample of Black males for participation in the study, it was necessary for the researcher to use convenience sampling at and with the
previously identified locations. Convenience sampling was done at each of the aforementioned locations as well as via the following avenues: various barbershops, husbands and boyfriends of the researcher’s sorority sisters and friends, co-workers of the researcher’s family members, fraternity brothers of the researcher’s brother, Black males waiting at bus stations, metro/train stations, and airports, participants in a presentation given by the researcher at a national convention, and any other Black males who came into contact with the researcher during the 5-month survey period. 808 surveys were distributed and 151 were returned for a response rate of 18.7%. Although the response rate for this study was less than desirable, it falls within the expected response rate reported for counseling research using survey procedures which is 43.5% of 34 studies had response rates below 50% (Wade, 1996; Weathers, Furlong, & Solorzano, 1993). Of the 151 returned surveys, three were outside of the age range to be studied; therefore making N = 148.

Instrumentation

Two instruments were used in the study. Collectively, these instruments are intended to examine the wellness and racial identity development of Black males. The two instruments are described below.

**Black Male Wellness Measure**

*Development.* The development of the BMWM extended over a period of one year. The purpose for the development of the scale was to answer the researcher’s questions of interest about Black males that no other survey had addressed. The development of the questionnaire involved the construction of questions related to various aspects of any Black
male’s life. The researcher considered experiences that many of her Black male acquaintances have had throughout their lives and attempted to construct questions that would answer why and/or how these experiences took place. Also taken into consideration during the development of the questionnaire were current events surrounding the six dimensions of wellness. Furthermore, demographic questions were added so that various analyses could be done.

*Description.* The Black Male Wellness Measure (BMWM) is a 25-item questionnaire (see Appendix A for the complete questionnaire) developed by the researcher to study the various life experiences of Black males as they relate to Hettler’s (1980) six dimensions of wellness. The six dimensions are: physical, emotional, spiritual, occupational, social, and intellectual. The demographic questions, 1 – 10, will not be scored, but will be coded in such a manner that the descriptive data of the participants will be able to be reported by using standard deviations and means. Questions 11 – 23 will be scored by assigning a numerical value of 1 – 4 to each item of each question. 1 = negative life experience, 2 = somewhat negative life experience, 3 = somewhat positive life experience, and 4 = positive life experience. Each item of question 24 (*Black male role models*) has been assigned a value of 1 point because all contribute equally to wellness. Since participants are able to select more than one response, the total possible score for that question is 7. Finally, responses to question 25 (*one thing you would change in your past*) will not be scored, but will be evaluated to determine key words and/or phrases that may indicate possible topics for further research on Black males. To obtain a score for each
participant, the total sum of all questions is computed. More positive life experiences yield a higher score. The total possible score for the Black Male Wellness Measure is 63.

*Pilot Study.* A pilot study of the BMWM was conducted with 12 participants in order to gain feedback about how the questionnaire should be revised and how well the questionnaire measured the demographics and various life experiences of Black males. At the time of the pilot study, the questionnaire consisted of 21 questions. The low number of questions contributed to the content validity of the pilot study being poor. The overwhelming response from the participants was that the questionnaire did not adequately measure the background, life experiences, and demographics of the Black male because it was too short. Modifications were made to the questionnaire according to the suggestions and recommendations of the pilot study participants. Four questions were added to the BMWM to bring the total questions on the scale to 25 and the 60-item Black Racial Identity Attitude Scale was also incorporated in the study. Pilot study results will be reported in Chapter 4.

*Black Racial Identity Attitude Scale*

The second instrument, the Black Racial Identity Attitude Scale (BRIAS, Helms, 2004), is a revised version of the 50-item RIAS. It is a 60-item scale that measures attitudes associated with the four stages of Black identity development, as according to Cross’ (1971) model. The four stages of the BRIAS are: Pre-Encounter, Encounter, Immersion/Emersion, and Internalization. Each of the four stages corresponds to a different set of feelings, beliefs, and attitudes regarding the condition of being Black. The BRIAS is scored by using a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree) to
indicate the extent to which each item is descriptive of the participant. The sum of the responses for each subscale (Pre-encounter, Encounter, Immersion/Emersion, and Internalization) is computed and divided by the number of items in the subscale. This procedure obtains scores for the four subscales. Higher scores indicate higher levels of a given attitude. Internal consistency reliability coefficients for the five subscales are: Pre-Encounter .67, Encounter .72, Immersion/Emersion .66, and Internalization .71. Helms (2004) also reported evidence of construct validity for the BRIAS.

Procedure

Data Collection

Each participant was given a survey packet containing the following information: (a) Informational letter to the participant, (b) Consent form, (c) BMWM, and (d) BRIAS. A copy of the forms can be located in the Appendices. The packets were pre-addressed to return to the researcher and postage was affixed prior to distributing the packets. The informational letter asked the participant to read the consent form, complete the two surveys, and return only the surveys to the researcher in the provided envelope. Descriptions of the primary locations at which the surveys were distributed are below.

Durham Technical Community College is the 4th largest community college in North Carolina’s 64 community college system. It has an enrollment of approximately 24,000 students attending classes in two counties, on three campuses, and on various off-campus sites. Convenience sampling was done across the campuses and included Black males enrolled in Adult High School, GED, Associate’s Degree, and Continuing Education programs. Durham Technical Community College was selected for the study because of
the high enrollment of Black males at the college and because of the convenience for the researcher who is the counselor for the Adult High School and GED program and is also an instructor in the University Transfer program. Verbal approval from the Vice – President of the college was granted prior to data collection.

Union Baptist Church, located in Durham, NC, has approximately 4,500 members, with approximately 2,100 of those members attending one of three services each Sunday. Union Baptist Church was chosen because of the large amount of Black males attending services and for the convenience associated with the researcher being a member of the congregation.

Unsuccessful attempts were made to faculty members at North Carolina Central University, located in Durham, North Carolina to obtain permission to administer surveys in psychology and sociology classes. North Carolina Central University is a historically Black university with an enrollment of 8,231 students. Although the researcher was unable to gain permission to administer survey packets during classes, she was able to do a convenience sampling with students via the 100 Black Men campus organization.

Best Grove Missionary Baptist church, an African American church located in Goldsboro, North Carolina with approximately 800 members was chosen for the researcher’s familiarity with the congregation and the convenience of the church being located in the researcher’s childhood neighborhood.

Georgetown University, a predominantly White university, located in the District of Columbia with an enrollment of 12,000 students from all 50 states and over 100 foreign countries was selected because of its diverse student population and because of the
convenience of a personal relationship with an English professor at the university. Convenience sampling was done using the Black male students of the English professor.

Howard University, a predominantly Black university located in the District of Columbia with an enrollment of 10,930 was also chosen for its high enrollment of Black males. Convenience sampling was conducted in various locations around campus.

Upon receiving the completed surveys, each packet was opened and the two documents were coded in order to ensure that the two surveys would remain associated for correlational purposes. Data collection ended with the quantitative and qualitative data from the two surveys being entered.

**Data Analysis**

**Overview.** Preliminary analyses were conducted to highlight background characteristics of the sample specific to wellness and to address the research aims of the study. Scale dimensions for both the BMWM and the BRIAS were constructed as well as summed scores for each scale and survey. A factor analysis was done to verify latent structure of each test. Factor analysis examines the interrelationships among many variables and summarizes that information into a smaller set of common underlying dimensions or factors (Heppner, Kivlighan, & Wampold; 1999). Demographic coding was done in order to separate participants into United States divisions per United States Census information, and a qualitative analysis Heppner, Kivlighan, Wampold; 1999) was done for code-opened responses. SPSS V14 was used for the analyses. Additionally, a qualitative analysis was conducted to assess participants’ responses to five open-ended questions.
Research Question 1 – What are the levels of wellness of Black males? Three wellness levels were used: high, medium, and low. Of the 14 scored questions, the maximum possible score for the BMWM is 63. The range of scores for the levels are as follows: low = 0 – 19, medium = 20 – 39, and high = 40 – 63. The researcher’s intentions were to equally distribute the ranges; however, the high range was given an additional 4 points. In order to compute the levels of wellness, the scores for each question were added to obtain a total scale score for each participant. Next, the scale score was determined to be of the low, medium, or high level.

Additionally, demographic analyses were done by: age, residing location, yearly income, occupation, educational level, type of 4-year degree earning institution attended, and fraternity membership. These analyses were used to determine if there were any obvious trends or correlations among the participant demographics as they related to wellness.

Research Question 2 – What are the levels of racial identity development of Black males? The BRIAS consists of 60 items with 5 points being the highest possible score for each item. Total scores could range from 60 – 300. Items that Helms (2004) identified as characteristic of each individual stage of Black identity development were totaled to yield four scores for each participant (pre-encounter, post-encounter, immersion-emersion, internalization). The highest of the four scores indicated that the participant was in that stage of Black identity development. The researcher assigned the level of low to the pre-encounter stage, medium to the post-encounter and immersion-emersion stages, and high to
the internalization stage in order to be able to correlate the BRIAS and BMWM which was necessary for answering research question 3.

As with the BMWM, demographic analyses were done by: age, residing location, yearly income, occupation, educational level, type of 4-year degree earning institution attended, and fraternity membership. These analyses were used to determine if there were any obvious trends or correlations among the participant demographics as they related to racial identity attitude.

*Research Question 3 – Is there a relationship between a Black male’s level of wellness and his level of racial identity development?* The total scores of the BMWM and the scale scores of the BRAIS were studied to explore if there are relationships. The correlation range is from –1 to +1 indicating direction of the relationship and the corresponding number indicates the strength of the relationship with –1 and +1 suggesting both strong relationships but the prior a ‘negative relationship’ and the latter a ‘positive relationship’. The Pearson Product Moment correlation coefficient is used to describe both level and strength of a linear relationship. This was done to assess the level and strength of the relationship between the BMWM and BRIAS for study participants. The strength was calculated by correlation self-multiplication (r x r).

*Qualitative Analysis*

Participants were asked to respond to five open-ended questions on the BMWM. The questions were: (1) Do you vote in local (city council, mayor) and national (president) elections? Why or Why not? (2) In high school, what was your involvement in athletics, school clubs, and community groups? List activities for which you held an office. (3) In
high school, what was your involvement in athletics, school clubs, and community groups? List activities for which you held no office, but of which you were a member? (4) To what community organizations do you actively (attend at least one meeting or event per month) belong or participate? (5) If there were ONE thing that you could change in your past, what would it be?

Two independent observers reviewed the responses to each of the questions to determine thematic codes by using inductive coding. Themes are recurrent patterns in data that represent a certain concept (Heppner, Kivlighan, & Wampold; 1999). Furthermore, the purposes for using inductive coding are to (a) condense raw textual data into a brief, summary format; (b) establish clear links between the evaluation or research objectives and the summary findings derived from the raw data; and (c) develop a framework of the underlying structure of experiences or processes that are evident in the raw data (Thomas, 2006). During the analysis, codes are generated for various themes that are intrinsic to the phenomenon being studied. Next, the codes are refined until a clear theme emerges. Once the theme is developed, the investigator(s) / observer(s) reexamine the data to understand how the theme functions with the phenomenon (Heppner, Kivlighan, Wampold; 1999).
CHAPTER 4

RESULTS

The goal of this study was exploratory in nature. The levels of wellness and racial identity development of Black males were to be researched. This chapter will present and summarize the results from the data analysis of the research questions.

Descriptive Characteristics of the Sample

The sample was comprised of Black males with an age range of 18 to 51 ($M = 30.5$) from 13 states and the District of Columbia (for complete demographic characteristics, see Tables 1 & 2). Eighty-one participants (54.7%) were between the ages of 30 and 39. Fifty-two participants (35.2%) reported yearly incomes of $50,000 or more. Seventy-seven of the participants (52%) were single and seventy participants (47.3%) had no children. Most of the participants 128 (86.5%) reported having a High School Diploma, General Education Diploma, or higher with a large proportion of the participants 63 (42.6%) having a Bachelor’s Degree or higher.
Table 1. Background Characteristics of Sample (N = 148)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Mean = 30.5 yrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-21</td>
<td>17</td>
<td>11.5</td>
</tr>
<tr>
<td>22-29</td>
<td>38</td>
<td>25.7</td>
</tr>
<tr>
<td>30-39</td>
<td>81</td>
<td>54.7</td>
</tr>
<tr>
<td>40-51</td>
<td>12</td>
<td>8.1</td>
</tr>
<tr>
<td><strong>Yearly Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-$24,999</td>
<td>48</td>
<td>32.4</td>
</tr>
<tr>
<td>$25K-$49,999</td>
<td>48</td>
<td>32.4</td>
</tr>
<tr>
<td>$50K-$74,999</td>
<td>28</td>
<td>18.9</td>
</tr>
<tr>
<td>$75K and above</td>
<td>24</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>4.8</td>
</tr>
<tr>
<td>Married</td>
<td>64</td>
<td>43.2</td>
</tr>
<tr>
<td>Single</td>
<td>77</td>
<td>52.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>20</td>
<td>13.5</td>
</tr>
<tr>
<td>HS Diploma/GED</td>
<td>27</td>
<td>18.2</td>
</tr>
<tr>
<td>Some College</td>
<td>28</td>
<td>18.9</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>10</td>
<td>6.8</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>39</td>
<td>26.4</td>
</tr>
<tr>
<td>Master Degree</td>
<td>20</td>
<td>13.5</td>
</tr>
<tr>
<td>PhD or Professional</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>70</td>
<td>47.3</td>
</tr>
<tr>
<td>One</td>
<td>26</td>
<td>17.6</td>
</tr>
<tr>
<td>Two</td>
<td>33</td>
<td>22.3</td>
</tr>
<tr>
<td>Three or more</td>
<td>19</td>
<td>12.8</td>
</tr>
</tbody>
</table>
Table 2. Geographical Dispersion of Participants by US Census Divisions (N = 148)

<table>
<thead>
<tr>
<th>Division</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Atlantic</strong></td>
<td>135</td>
<td>91.2</td>
</tr>
<tr>
<td>Delaware</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Washington, DC</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Middle Atlantic</strong></td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>New York</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>New England</strong></td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>East North Central</strong></td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Indiana</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>East South Central</strong></td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>West North Central</strong></td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>Missouri</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>West South Central</strong></td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>Texas</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
According to the results displayed in Table 3, over 70% of participants reported having a relative as a role model during his formative years of development. Almost 35% of participants reported a coach as a mentor while another 33.8% of participants self-reported having a role model at church.

Table 3. Black Role Model During Childhood (N = 148)

<table>
<thead>
<tr>
<th>Description of Role Model</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach</td>
<td>51</td>
<td>34.5</td>
</tr>
<tr>
<td>Counselor</td>
<td>39</td>
<td>26.4</td>
</tr>
<tr>
<td>Church</td>
<td>50</td>
<td>33.8</td>
</tr>
<tr>
<td>Principal</td>
<td>26</td>
<td>17.6</td>
</tr>
<tr>
<td>Relative</td>
<td>105</td>
<td>70.9</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Note: Participants may have had multiple role models.
Preliminary Analyses

Originally, it was hypothesized that there were six components of the Black Male Wellness Measure (BMWM). A scree plot test was conducted to assess the actual number of components. An examination of the plot for the first clear break upward from the lines confirmed that six or seven components could be extracted for the BMWM (see Figure 1).

Figure 1. Scree Plot for Exploratory Principal Component Analysis
Construct validity of the BMWM was assessed via exploratory principal components analysis (PCA). A priori method for six components would be extracted to determine if the hypothesized six factors of the BMWM (i.e., social, physical, spiritual, intellectual, occupational, and emotional) could be identified. Based on the factor analysis, six factors were confirmed. The factors were: social, role model, religious / spiritual, primary caregiver, supervision, and health related habits. The variance explained for the Social factor (Items 13a, 13b, & 20) was 14.25%. The variance explained for the Role Model factor (Items 24a, 24b, 24c, 24d, & 24f) was 12.58%. The variance explained for the Religious / Spiritual factor (Items 15, 16, 17, & 18) was 9.67%. The variance explained for the Primary Caregiver factor (Items 11 & 12) was 8.89%. The variance explained for the Supervision factor (Items 14, 19, & 24e) was 7.95%. The variance explained for the Health Related Habits factor (Items 18, 21, 22, & 23) was 7.78%. The six factors combined to have a total of 61.12% variance explained. Table 4 highlights the results of these analyses.
Table 4. Exploratory Principal Components Analysis for the BMWM Survey

<table>
<thead>
<tr>
<th>Item</th>
<th>Social (School/Community)</th>
<th>Role Model</th>
<th>Religious/Spiritual</th>
<th>Primary Caregiver</th>
<th>Supervision</th>
<th>Health Related Habits</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.871</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>.983</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13b</td>
<td>.985</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>.991</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td>.378</td>
<td></td>
<td>.600</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>.711</td>
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</tr>
<tr>
<td>24a</td>
<td>.560</td>
<td>.733</td>
<td>.632</td>
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<td></td>
</tr>
<tr>
<td>24b</td>
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<td>24c</td>
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</tr>
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<td>24d</td>
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<td></td>
</tr>
<tr>
<td>24e</td>
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<td>.625</td>
</tr>
<tr>
<td>24f</td>
<td></td>
<td>.755</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24g</td>
<td></td>
<td></td>
<td></td>
<td>.114</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Rotation Method: Varimax. Rotation converged in 5 rotations.
The Cronbach Alpha’s reliability for the 6 extracted components (social, role model, religious/spiritual, primary caregiver, supervision, and health related habits) are shown in Table 5.

Table 5. Reliability of BMWM Subscales after PCA Analysis

<table>
<thead>
<tr>
<th>Component</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social (School/Community)</td>
<td>.21</td>
</tr>
<tr>
<td>2. Role Model</td>
<td>.74</td>
</tr>
<tr>
<td>3. Religious/Spiritual</td>
<td>.56</td>
</tr>
<tr>
<td>4. Primary Caregiver</td>
<td>.70*</td>
</tr>
<tr>
<td>5. Supervision</td>
<td>.46</td>
</tr>
<tr>
<td>6. Health Related Habits</td>
<td>.35</td>
</tr>
</tbody>
</table>

*Pearson Correlation Computed for 2 items.
Primary Analyses

Research Question 1 – What are the levels of wellness of Black males?

Descriptive characteristic results for the levels of the BMWM are displayed in Table 6. The results indicate that 96.6% of the participants’ total BMWM survey scores fell within the BMWM medium score range of 20 – 39. The average score for participants in the medium level of the BMWM was $M = 29.1$ ($SD = 4.35$).

Table 6. Descriptives for BMWM Dimensions (N = 148)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD)</th>
<th>Range</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMWM_low (0-19)</td>
<td>17.5 (2.12)</td>
<td>16-19</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>BMWM_medium (20-39)</td>
<td>29.1 (4.35)</td>
<td>20-38</td>
<td>143</td>
<td>96.6</td>
</tr>
<tr>
<td>BMWM_high (40-63)</td>
<td>41.0 (1.00)</td>
<td>40-42</td>
<td>3</td>
<td>2.0</td>
</tr>
</tbody>
</table>
Research Question 2 – What are the levels of racial identity development of Black males?

Descriptive characteristic results for the dimensions of the Black Racial Identity Attitude Scale (BRIAS) are displayed in Table 7. The results indicate that 94.5% of the participants were identified as having immersion/emersion racial identity attitudes. The average score for this dimension was $M = 67.86$ ($SD = 13.44$).

Table 7. Descriptives for BRIAS Scale Dimensions (N = 145*)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD)</th>
<th>Total #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Encounter</td>
<td>29.53 (7.97)</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Post-Encounter</td>
<td>17.23 (5.66)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Immersion/Emersion</td>
<td>67.86 (13.44)</td>
<td>137</td>
<td>94.5</td>
</tr>
<tr>
<td>Internalization</td>
<td>49.39 (7.75)</td>
<td>7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

*Note: One observation was deleted because missing data and two additional observations were deleted due to scores on both Internalization and Immersion/Emersion.
Research Question 3 – Is there a relationship between a Black male’s level of wellness and his level of racial identity development?

Table 8 displays the bivariate relationships between the total score on the BMWM and the four dimensions of the BRIAS (i.e., pre-encounter, post-encounter, immersion/emersion, and internalization) are displayed in Table 9. While all dimensions were positively related to the total score on the BMWM, only two of the four dimensions were positively and significantly related. The first dimension of the BRIAS that was positively and significantly related to the BMWM total score was immersion/emersion which yielded a Pearson Product Moment correlation coefficient of $r = .16$, $p < .05$. Therefore, the strength for variance explained was $.16 \times .16 = .026$. The dimension of the BRIAS that was positively and significantly related to the BMWM total score was internalization which yielded a Pearson Product Moment correlation coefficient of $r = .23$, $p < .05$. Therefore, the strength for variance explained was $.23 \times .23 = .053$.

Table 8. Bivariate Relationships between BMWM Total Score & BRIAS Scale Dimensions

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pre-Encounter</th>
<th>Post-Encounter</th>
<th>Immersion/Emersion</th>
<th>Internalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMWM Total Score</td>
<td>.02</td>
<td>.04</td>
<td>.16*</td>
<td>.23*</td>
</tr>
</tbody>
</table>

*p < .05.
Tables 9, 10, and 11 present the bivariate relationships between the three levels of BMWM (i.e., low, medium, and high) and the four dimensions of the BRIAS (i.e., pre-encounter, post-encounter, immersion/emersion, and internalization). The relationship between pre-encounter and the low level of the BMWM yielded the only significant coefficient. The Pearson correlation coefficient for this relationship was $r = 1.00$, $p < .05$ which suggests a perfect linear relationship between these two constructs.

Table 9. Bivariate Relationships Between Levels of BMWM & BRIAS Scale Dimensions

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pre-Encounter</th>
<th>Post-Encounter</th>
<th>Immersion/Emersion</th>
<th>Internalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMWM_low</td>
<td>1.00*</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>(0-19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMWM_medium</td>
<td>–</td>
<td>-.03</td>
<td>.06</td>
<td>–</td>
</tr>
<tr>
<td>(20-39)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMWM_high</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>.91</td>
</tr>
<tr>
<td>(40-63)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05.

Table 10. Bivariate Relationship Between BMWM Low Subscale & Pre-Encounter of BRIAS

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
<th>Pre-Encounter</th>
<th>bmwm_lo</th>
</tr>
</thead>
<tbody>
<tr>
<td>pre_encounter</td>
<td></td>
<td></td>
<td>148</td>
<td>1.000(**</td>
<td>1</td>
</tr>
<tr>
<td>bmwm_low</td>
<td>Pearson Correlation</td>
<td></td>
<td>1</td>
<td>1.000(**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).

Table 11. Bivariate Relationship between Internalization (BRIAS) & BMWM (High) Subscale

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
<th>internal</th>
<th>bmwm_high</th>
</tr>
</thead>
<tbody>
<tr>
<td>internal</td>
<td></td>
<td></td>
<td>148</td>
<td>1.000(**</td>
<td>.906</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td>3</td>
<td>.278</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bmwm_high</td>
<td>Pearson Correlation</td>
<td></td>
<td>1</td>
<td>.906</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td>3</td>
<td>.278</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p>.05.
Qualitative Analysis

Participants were asked and responded to five open-ended questions on the BMWM. Using inductive coding (Heppner, Kivlighan, & Wampold; 1999), five themes emerged with the addition of an OTHER category where varied responses were given. The categories were: financial, educational, family, religious, athletics, and other. Highlights of excerpts from participants’ open-ended responses are presented below.

**Question #10b: Why or Why Not? (Asked after the participant was asked if they voted in local and national elections.)**

**Dominant Theme(s): Family**

Response(s): “… if I don’t vote, I have no reason to complain and also our forefathers fought too hard for our generation not to take advantage”

~ 38 year old married father of 2

“…because I want a better life for myself and my family”

~ 26 year old single father of 3

**Question #13a: In high school, what was your involvement in athletics, school clubs, and community groups. List activities for which you held an office.**

**Dominant Theme(s): Athletics, Educational**

Response(s): “basketball, football, track, French club, honor society”

~ 32 year old divorced father and fraternity member

“Student Government, Sunday School”

~ 35 year old business owner

**Question #13b: In high school, what was your involvement in athletics, school clubs, and community groups. List activities for which you held no office, but of which you were a member.**

**Dominant Theme(s): Athletics, Educational**

Response(s): “football, J.R.O.T.C.”

~ 31 year old unemployed, student
**Question #20:** To what community organizations do you actively (attend at least one meeting or event per month) belong or participate?

Dominant Theme(s): **Religious, Other**

Response(s):  
“Kappa Alpha Psi Fraternity, Inc., Elizabeth City State University Alumni Association”  
~ 36 year old single, Area Director  
“church (outreach ministry and traveling choir)”  
~ 26 year old married data analyst

**Question #25:** If there were ONE thing that you could change in your past, what would it be?

Dominant Theme(s): **Education, Financial**

Response(s):  
“I would have attended college”  
~ 39 year old married, law enforcement agent, and father of 3  
“…would have partied less and studied more”  
~ 31 year old single physician
CHAPTER 5
DISCUSSION

The purpose of this exploratory study was to investigate the levels of wellness and racial identity development of Black males to determine if there is a relationship between the two. Specifically, the study sought to answer three research questions. First, what are the levels of wellness of Black males? Second, what are the levels of racial identity development of Black males? Finally, is there a relationship between a Black male’s level of wellness and racial identity development? Both quantitative and qualitative approaches were taken to obtain a more in-depth understanding of the wellness and racial identity development of the Black males participating in the study.

This chapter will examine the study’s research findings, limitations, and implications for practice and research.

Summary of Research Findings

The research study presented many interesting findings. First, it was discovered that the majority (96.6%) of the Black males who participated in the study were at the medium level of wellness and 2.0% of participants were reported to be at a high level of wellness. Second, 94.5% of the participants were at the medium (Immersion/Emersion) level of racial identity development and 4.8% of participants were reported to be at a high (internalization) level of racial identity development. This implies that approximately only 1% of participants were reported to be at low levels of both wellness and racial identity development. These implications are favorable for the Black males who participated in this study because too
often we are reminded by the statistical publications and media depictions of the negative conditions in which many Black males find themselves immersed.

Third, the research study found that there is a relationship between wellness and racial identity development at all levels. This supports the researcher’s assumptions. First, there is a perfect linear correlation between the low levels of wellness and racial identity development. Additionally, an inverse relationship was found between the medium levels of wellness and racial identity development. Finally, the high levels of wellness and racial identity development have a positive correlation, but the correlation is non-significant because there is only moderate strength.

Limitations

There are several limitations to this study that must be taken into consideration when drawing conclusions about the results. First, the sample was not as diverse as the researcher had desired. Even though there were participants from 13 states and the District of Columbia, the sample was mostly made up of males including and between the ages of 30 and 39 with 117 of the 148 participants residing in North Carolina. The researcher believes that this is attributed to the snow-ball and convenience sampling procedures that were put into place as a “last-resort” method of obtaining surveys. Because the researcher resides in North Carolina, using the two aforementioned procedures meant that most of the participants would be from North Carolina.

Another limitation is that the sample size was relatively small (n=148) despite 808 surveys being distributed. This yielded a response rate of 18.7%. Although the response rate for this study was small, it does indeed fall within the expected response rate reported for
counseling research using survey procedures which is 43.5% of 34 studies had response rates below 50% (Wade, 1996; Weathers, Furlong & Solorzano, 1993). A larger sample may have yielded different results and had more statistical power.

Another limitation is in the construction of the BMWM. The BMWM consists of 25 questions of which only 14 are scored. Increasing the number of items on the BMWM and also increasing the number of scored items would likely result in better reliability for the measure.

Lastly, the method of selecting participants for the study is a limitation. Because participants were only those Black males who chose to return the questionnaire packet, there may be differences in the characteristics of the men who chose to participate and of those who declined to participate. “For example, Heppner (1995) noted the difficulty some men have with disclosure, particularly around sensitive topics, which may be a factor in response biases in collecting data from men, especially non-college men” (Wade, 1996). Also, potential participants who were acquainted with the researcher (mostly college-educated males between 30 & 39 years of age) were more likely than non-acquaintances to complete the questionnaire packet because of the personal relationship with the researcher. In convenience sampling, surveys are given out as convenient. The skewed sample indicates that the researcher distributed surveys to the participants with similar backgrounds. Their backgrounds were also similar to the researcher’s background because they were acquaintances of the researcher. Acquaintances may have felt a sense of obligation to the researcher, so they may have been more likely than a non-acquaintance to complete the surveys.
Because participation was anonymous, the differences in the characteristics of the men who chose to participate and of those who chose not to participate cannot be conclusively determined. The researcher was unable to define the sub-sample of participants because of the anonymity of the research. This limits the generalizability of the results.

Implications and Recommendations for Future Research and Practice

**Role Modeling / Mentoring**

Role modeling was one of the factors found in the factor analysis of the wellness model. In the present research study, all participants reported having at least one role model during childhood with 105 of the 148 participants reporting that a relative was a role model.

The obstacles presented in Chapter 2 (a) limited range of positive Black male role models, (b) the effects of living in unfavorable environments, (c) negative peer influences, and (d) negative societal expectations must be treated and prevented in order to promote the healthy psychosocial development of Black American males. One method of treatment and prevention is mentoring. Mentoring provides a sustained relationship that involves support, guidance, and assistance from one individual to another when facing new tasks and challenges and in times of difficulties (Franklin, 2004; White & Cones, 1999). Mentoring provides role models who offer the support and guidance that a young Black American male needs. The mentor in the relationship should be a Black American male because “Only a Black male can teach a Black boy how to be a man. By virtue of attaining adult status as Black and male, he alone has the gender and cultural perspective to accurately address the developmental challenges facing Black boys” (Lee, 1991, p. 3). With this being the case, counselors, educators, and community members should make an effort to introduce and
foster relationships between young Black American males and positive role models who will be their mentors. Many churches, community agencies, fraternities, colleges, universities, and Black owned businesses have mentoring programs or they have the resources to begin mentoring programs. For example, one Hundred Black Men, Inc., a non-profit organization of Black men in public affairs, government, education, business, industry, and other professions, has a mentoring component. The organization has a mission to improve the quality of life for minorities. The mentoring component provides a network of positive Black male role models for young Black males in elementary, middle, and high schools. The program pairs members of the organization one-to-one with young males.

Although there has been little research done on the effects of mentoring, some studies do support positive claims (Flaxman, 1992). Cave and Quint (1990), found in their study that participants in a number of mentoring programs had higher levels of college enrollment and higher educational aspirations than non-participants who had received comparable amounts of education and job-related services. Preliminary research by psychologists at the Urban Institute in Washington, DC indicates that mentoring programs show strong signs of success. White and Cones (1999) state that: “Boys who participate in these programs for an extended time display a positive self-concept, improved grades, and less involvement in drugs and delinquent behavior, they also stay in school longer” (p. 258). Mentoring programs provide the necessary empowerment strategies that are needed in order to overcome the obstacles that Black American males face. An increasing availability of mentoring programs would be a positive step towards promoting the healthy psychosocial development of Black American males.
Athletic Involvement

In the present study, 137 of the 148 participants reported playing a sport in
childhood/adolescence. Also, 34.5% of the participants reported having a coach as a role
model during childhood and/or adolescence.

Research indicates that athletic involvement in childhood and adolescence can
promote healthy psychosocial development (Sharpe, Brown, & Crider, 1995). In a study
reviewed by Sharpe et al. (1995), a physical education curriculum was developed for third-
graders to teach positive social skills, such as conflict-resolution and leadership behaviors.
The results of the study were that there was an immediate increase in student leadership and
conflict-resolution skills and similar changes in student behavior in the regular classroom
setting. “This implies that lessons learned through sports may be applied in other life
activities, such as academics or a job” (Meyer, 1996, p. 401).

Adolescence is perhaps the most important period of the life span in which to develop
a sense of self. It is a time for individuals to discover themselves, to get to know this person
that they have become, and also to struggle with who they want to become in the future. In
each of Erikson’s (1968) stages of psychosocial development, individuals encounter a crisis
that has two opposing possible outcomes. If the crisis is successfully resolved, the positive
quality from the stage becomes a part of the individual and the individual is able to continue
to have a healthy development (Erikson, 1968, 1997; Muuss, 1996; Sharf, 1996; Sigelman &
Shaffer, 1995; Slavin, 2003). On the other hand, if the crisis is not resolved, the negative
quality will interfere with each future stage causing psychological problems (Erikson, 1968,
1997; Muuss, 1996; Sharf, 1996; Sigelman & Shaffer, 1995; Slavin, 2003). During the
Identity vs. Role Confusion stage, adolescents are experiencing an especially tumultuous period, and participation in athletics can provide healthy identification and adult guidance (Meyers, 1996). “Coaches are also commonly idolized by their adolescent players, and they can be a valuable source of adult guidance at a time when parental rebellion is at its peak” (Meyers, 1996, p. 3). Thus, it is important that coaches of adolescents are positive role models and structure enforcers.

Taking part in sports requires a work ethic similar to that needed in the adult workplace: practices and competitions are scheduled regularly, attendance is required to remain on the team, and teammates and coaches expect maximum effort from each player, leading to a sense of loyalty and responsibility. Interpersonal conflict resolution is also learned as rivalries inevitably arise, and the child eventually becomes a “team player”. Finally, the importance of goal-setting is appreciated, and the gratification of achieving as well as the pain of falling short of goals is experienced. Similar events occur in the adult workplace; early lessons in dealing with them can only help (Meyers, 1996, p. 2).

*Cognitive Behavioral Prevention Programs*

The present study indicates that most Black males in this sample are at the medium level of racial identity development. The medium level of racial identity development translates to the encounter and immersion/emersion stages of Helms’ model. From Helms’ perspective (2004), Black males did well but are still struggling with their racial identity development because they have not yet reached the internalization stage, which is the highest stage, of their racial identity development.
Attitudes are the foundation of racial identity development. Attitudes that Black males hold about issues concerning race are what determine his racial identity development. One way to change attitudes and to advance an individual’s level of racial identity development is through using cognitive-behavioral approaches, such as cognitive-behavioral therapy, coping skills therapies, and problem-solving therapies.

According to Dobson (2001), cognitive-behavioral therapy has three underlying characteristics: (a) cognitive activity affects behavior, (b) cognitive activity may be monitored and altered, and (c) desired behavior change may be affected through cognitive change. According to Baker and Shaw (1987): “Cognitive-behavioral tactics that have proved effective in psychotherapy treatments may also be used successfully in primary prevention programming. As a result, health and wellness may be enhanced across that segment of the population that receives cognitive-behavioral coping skills training” (p. 100). Coping skills therapies, along with problem-solving therapies, and cognitive restructuring methods are the three major classes of cognitive-behavioral tactics (Dobson, 2001). The cognitive-behavioral approach challenges individuals to think about their behaviors in order to see which behaviors are inappropriate or problematic. Once those behaviors have been identified, the individual can make the necessary steps to change them. Many people believe that an individual’s situation is a result of the choices that they have made. This belief can be applied to Black American males succumbing to negative peer influences. If they would not choose to associate with negative peers, then they would not be influenced and pressured into delinquency by those peers.
Cowen (1982) states that: “Primary prevention programs must be group oriented, must be before-the-fact, and must have the potential to improve psychological health and prevent maladaptation” (p. 2). Cognitive-behavioral prevention programs can be established in schools or in community agencies to assist young Black American males with understanding that thinking affects behaviors. The prevention programs can also teach and reinforce coping skills. “Those who successfully add the coping strategies to their behavioral repertoires should be better able to handle life’s stressful situations and prevent undue wear and tear on their mental and physical well-being” (Baker & Shaw, 1987, p. 101).

Conclusion

Based on this study, there is a relationship between a Black male’s level of wellness and racial identity development. When considering the psychosocial development of Black males, it is important to note that social, cultural, and economic forces throughout American history have combined to keep Black males from assuming traditional masculine roles (Staples, 1982). For a number of Black males, these forces or obstacles have prevented them from mastering important developmental tasks in childhood and adolescence, which in turn negatively influences their wellness in academic, career and social success in later stages of life (Lee, 1991). Also, because of these obstacles, the Black male’s racial identity develops at only a moderate rate without intervention. However, based on the recommendations presented in this research study for preventing and overcoming these obstacles, it is apparent that the Black male is not destined for failure as much of society proclaims. He is not hopeless, and he has not completely disappeared despite the statistics
that have been published and circulated for numerous years. The Black male is present and he wants to succeed.

The Black man desires the most ordinary of successes: a steady job, the chance to be a productive citizen and provide for his family, a chance to help shape the direction and future of his country and to be able to live in peace. He wants the opportunity to be himself and have the chance to better his life and the lives of those he loves (Majors & Billson, 1992).

Finally, there are many opportunities for the Black male to succeed. Role modeling / mentoring, extracurricular and athletic activities, and cognitive-behavioral prevention programs have been tried with some success. One must keep in mind that there may be alternative ideas yet to be determined by all of those who seek to promote the healthy psychosocial development of Black males. However, the bottom line is that academic and mental health professionals can and should encourage and advocate for the Black male’s successful psychosocial development.
References


Fulmore, C., Talor, T., Hom, D., & Lyles, B. (1994). Psychological


Miller, P.H. (1989). Freud’s and Erikson’s psychoanalytic theories. In P.H. Miller *Theories of development psychology* (pp. 121-196).


influences. *Adolescence, 40,* 237 – 256.


Appendix A

January 2007

Dear Participant,

Thank you for participating in this research study to investigate the levels of racial identity development and wellness of Black males between and including the ages of 18 & 40. This research is important because few studies focus on Black males and less focus on ways to promote the healthy psychosocial development of Black males.

Please complete the forms included in this packet and mail them back in the pre-paid, addressed envelope to the researcher or return the packet to the person who gave it to you by May 16, 2007.

If additional information is needed you may contact me, the researcher, at 919/451-6196. E-mails are welcome if the communication does not breach confidentiality. My e-mail address is kuzzell@nc.rr.com.

Sincerely,

Kamala L. Uzzell, M.A
Doctoral Candidate
North Carolina State University

Raymond Ting, Ph.D.
Professor/Advisor
North Carolina State University

Marc Grimmett, Ph.D.
Professor/Advisor
North Carolina State University
Appendix B

North Carolina State University
Informed Consent for Research

Title of Study: The Healthy Psychosocial Development of Black Males: The Relationship between Racial Identity Development and Wellness.

Principal Investigator: Kamala L. Uzzell
Faculty Sponsors: Dr. Raymond Ting & Dr. Marc Grimmett

We are asking you to participate in a research study. The purpose of this study is to investigate the levels of racial identity development and wellness of Black males between and including the ages of 18 & 40 by examining the attitudes, behaviors, and life experiences of each participant.

INFORMATION

If you agree to participate in this study, you will be asked to complete two surveys; the Black Racial Identity Attitude Scale (BRIAS) and the Black Male Wellness Measure (BMWM). Completing the two surveys should take approximately 25 – 30 minutes.

RISKS

The topic of race most often produces racially charged emotions. It is not the intent of this researcher to cause discomfort for the participants. However, some of the questions relative to race may cause minimal risk. Some participants may learn new information about themselves regarding their racial identity development that may produce anxiety, concern or distress. Furthermore, the reflection on earlier life experiences may also cause discomfort for some participants. Should this occur, participants may contact the researcher for debriefing or assistance in locating a licensed counselor.

BENEFITS

A benefit from this research may be discovering influencers of the healthy psychosocial development for Black males considering that Black males area suffering immeasurably in our society. An additional benefit may be that participants will achieve a sense of self-understanding and will discover how their attitudes and behaviors towards race influence their identity development and how their life experiences and choices influence their wellness.
CONFIDENTIALITY

The information and records of this study will be kept in the strictest confidence. Data will be stored in a secure, locked file box with only the investigator and faculty advisors possessing the key. No reference will be made in oral or written reports that could link you to the study. All documents will be destroyed at the completion of the research.

COMPENSATION

None.

CONTACT

If you have questions at anytime about the study or the procedures, you may contact the researcher, Kamala L. Uzzell, at 509 Wheeling Circle, Durham, NC 27713 or 919/451—6196. If you feel you have not been treated according to the information on this form, or your rights as a participant have been violated during the course of this project, you may contact Dr. Matthew Zingraff, Chair of the North Carolina State University Institutional Review Board for the Use of Human Subjects in Research Committee, Box 7514, NCSU Campus 919/513-1834 or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus 919/513-2148.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed at your request.

CONSENT

“I have read and understand the above information. I received a copy of this form. I agree to participate in this study with the understanding that I may withdraw at any time. I understand that the return of the completed instruments to the researcher serves as informed consent on my behalf.”

This information is for you to keep.
Appendix C

Black Male Wellness Measure

1. Age: _______________

2. City and State in which you live: ________________
   ______________________

3. Occupation: __________________________

4. Yearly income:
   a. $0 - $24,999
   b. $25,000 - $49,999
   c. $50,000 - $74,999
   d. $75,000 and above

5. Marital Status:
   a. Divorced
   b. Married
   c. Single
   d. Widowed

6. How many children have you fathered?
   a. 0
   b. 1
   c. 2
   d. 3 or more

7. Highest level of educational attainment (Circle one):
   Grade: 6 7 8 9 10 11 High School Diploma  G.E.D.
   College: 1st year  2nd year  3rd year  4th year
   Associate’s Degree  Bachelor’s Degree  Master’s Degree  Doctoral Degree

8. If you have earned a Bachelor’s degree, from which type of institution was it earned?
   a. Historically Black College or University
   b. Predominantly White College or University

9. In what environment(s) do you feel uncomfortable because of your racial/ethnic group? (Ex. work, restaurants, theatres, etc.)
a. _______________________________
b. _______________________________
c. _______________________________
d. _______________________________

10. a. Do you vote in local (city council, mayor) and national (president) elections? (Y / N)
b. Why or Why not?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
______________________________

11. Who was your primary caregiver in early childhood (0 – 10 years)?
a. Both parents
b. Single parent (father)
c. Single Parent (mother)
d. Grandparent(s)

12. Who was your primary caregiver in adolescence (11 – 17 years)?
a. Both parents
b. Single parent (father)
c. Single parent (mother)
d. Grandparent(s)

13. In high school, what was your involvement in athletics, school clubs, and community groups?
a. List activities for which you held an office.
   1. 
   2. 
   3. 
   4. 
b. List activities for which you held no office, but of which you were a member.
   1. 
   2. 
   3. 
   4.

14. What is your Educational experience?
a. Did not complete traditional high school and did not receive a GED or AHSD
b. Did not complete traditional high school and did receive a GED or AHSD
c. Completed traditional high school

d. Completed traditional high school and at least one year of college

15. What is your Employment experience?
   a. Always employed
   b. Unemployed for less than 1 year
   c. Unemployed for 1 year or longer
   d. Always unemployed

16. How often did you attend church or a regularly scheduled religious activity in early childhood (0 – 10 years)?
   a. 1 or more times per week
   b. 1 – 3 times per month
   c. 1 – 11 times per year
   d. never

17. How often did you attend church or a regularly scheduled religious activity in adolescence (11 – 17 years)?
   a. 1 or more times per week
   b. 1 – 3 times per month
   c. 1 – 11 times per year
   d. never

18. How often do you attend church or a regularly scheduled activity now?
   a. 1 or more times per week
   b. 1 – 3 times per month
   c. 1 – 11 times per year
   d. never

19. For what amount of time have you been under the supervision of the criminal justice system?
   a. 1 year or greater imprisonment or jail time served
   b. More than 1 day, but less than 1 year imprisonment or jail time served
   c. Probation – No imprisonment or jail time served
   d. Never – No supervision

20. To what community organizations do you actively (attend at least one meeting or event per month) belong or participate?
   a. _______________________________
   b. _______________________________
   c. _______________________________
21. How often do you engage in physical exercise/activity?
   a. Never
   b. 1 – 3 times per month
   c. 1 time per week
   d. More than 1 time per week

22. How many alcoholic beverages do you drink per week?
   a. None
   b. 2 or less
   c. 3 - 7
   d. More than 7

23. How often do you smoke tobacco products?
   a. Never
   b. Occasionally/Socially
   c. 2 packs or less per week
   d. More than two packs per week

24. From 0 – 17 years of age, did you have a Black male role model in a (circle all that apply):
   a. coach
   b. counselor
   c. church
   d. principal
   e. relative
   f. school counselor
   g. other ___________ (please list)

25. If there were ONE thing that you could change in your past, what would it be?
    ____________________________________________
    ____________________________________________
    ____________________________________________
    ____________________________________________