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The Influence of Racial Identity Profiles on the Relationship Between Racial Discrimination and Depressive Symptoms

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The Influence of Racial Identity Profiles on the Relationship Between Racial Discrimination and Depressive Symptoms

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This study examined the association between racial identity profiles, discrimination, and mental health outcomes. African American college students (N = 194) completed measures of racial discrimination, racial identity, college hassles, and depressive symptoms. Four meaningful profiles emerged through a cluster analysis of seven dimensions of racial identity assessed using the Multidimensional Inventory of Black Identity (MIBI). Results suggested racial identity moderates the relation between discrimination and depressive symptoms. Students whose racial identity profile involves the goal of blending with the mainstream and focusing on shared human qualities rather than race as a core ideological concept had a significantly stronger association between racial discrimination and depressive symptoms. The results hold implications for investigating the experience of racial discrimination and conceptualization of racial identity.

Keywords: *racial discrimination; racial identity; depressive symptoms; college students; African Americans*

Within the past two decades, research on the effects of discrimination on mental health has increased. These studies have found that increased exposure to discrimination is related to increased reporting of psychiatric problems, in particular, depression and depressive symptoms (Comas-Diaz & Greene, 1995; Essed, 1991; Fernando, 1984; Kessler, Mickelson, & Williams, 1999; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Ren, Amick, & Williams, 1999; Salgado de Snyder, 1987). Subsequently, the field has progressed from

assessing the frequency of experiences of discrimination across racial and ethnic populations to understanding personality factors that influence the experience and outcomes associated with discriminatory events. In particular, racial identity has been proposed as an influential construct in the experience of racial discrimination (Crocker & Major, 1989; Harrell, 2000; Neblett, Shelton, & Sellers, 2004; Sellers & Shelton, 2003; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003).

Recent research has found that different dimensions of racial identity influence the experience of discrimination. The purpose of the present study is to build on the current theoretical and empirical knowledge regarding the association of discrimination and depressive symptoms and to investigate how racial identity may moderate this relationship in African American students. In addition, this study examines distinct dimensions of racial identity simultaneously using a profile-oriented analytical approach rather than separate variables, which has been the methodology of much of the previous research.

College represents a developmental period that is significant for the awareness and process of identity formation (Arnett, 2000; Erikson, 1968). In fact, research has found that higher education spurs worldview exploration as it is a time to evaluate and develop an understanding of norms and beliefs separate from those endorsed by parents (Pascarella & Terenzini, 1991). This distinct period of semiautonomous individuals between the ages of 18 and 25 has been conceptualized as emerging adulthood (Arnett, 2000) and offers increased opportunity for identity exploration. In this study, African American college students' perspectives on racial identity, discrimination, and mental health are investigated.

RACIAL DISCRIMINATION

Racial discrimination is defined as differential treatment on the basis of race (National Research Council [NRC], 2004). Recent research has highlighted that discrimination has changed over the past several decades and is now less overt (e.g., being ignored/overlooked while waiting in line, being mistaken for someone who serves others) than earlier forms of discrimination (e.g., lynching, being denied service at a restaurant; Dovidio & Gaertner, 1998; Essed, 1991; Harrell, 2000; Pettigrew, 1998). However, even less overt incidents may

be stressful, leading to feelings of resignation and hopelessness (Essed, 1991; Deitch et al., 2003; Harrell, 2000; NRC, 2004). Chronically stressful or discriminatory events can accumulate over time, resulting in decreased mental health (Deitch et al., 2003; DeLongis, Coyne, Pakof, Folkman, & Lazarus, 1982; McGonagle & Kessler, 1990; Pierce, 1995). This study examines racial discrimination that is experienced in the context of everyday, interpersonal experiences (e.g., being ignored, overlooked, or not given service; Essed, 1991; Harrell, 2000; Williams, Yu, Jackson, & Anderson, 1997).

Although discrimination is a common negative experience for many groups in the United States, African Americans are more likely to report experiencing racial discrimination than other racial and ethnic groups (Kessler et al., 1999). In a community study of lifetime experiences of discrimination, 70% of African Americans, compared to 30% of White Americans, reported experiencing at least one discriminatory event (Forman, Williams, & Jackson, 1997). In another study, researchers found that 44.4% of non-Hispanic Whites, compared to only 8.8% of non-Hispanic Blacks, reported that they had never experienced a daily discriminatory event (Kessler et al., 1999). A recent survey found that more than 75% of college students (i.e., African American, White, Hispanic, and Asian American students) agreed, "racial hostility is still felt although not openly expressed" (Biasco, Goodwin & Vitale, 2001), and 28% of the students said that African Americans are the targets of discrimination. The experience of discrimination continues to be prevalent in the lives of African Americans.

RACIAL IDENTITY

Understanding how individuals integrate race into their identity has been an important variable of interest in the psychological literature. Just as adolescents examine the question of "Who am I?" adolescents of color negotiate an additional question of how race fits into their sense of self. Research on the process of racial identity development has developed over recent decades and has been used to understand the psychological and social experience of African Americans. However, little consensus has emerged as to how racial identity should be conceptualized (Marks, Settles, Cooke, Morgan, & Sellers, 2004). Some developmental models describe how attitudes change over time or how strongly individuals identify with their racial group (e.g., Cross, 1971; Cross & Vandiver, 2001; Phinney, 1992). Others describe multiple dimensions within the structure of racial identity (e.g., Baldwin, 1984; Thompson, 1995; Sellers, Rowley, Chavous, Shelton, & Smith, 1997).

Of the numerous models and subsequent measures developed to operationalize them, several have garnered empirical support. The African Self-Consciousness Scale (Baldwin & Bell, 1985) operationalizes a model that examines dimensions of an individual's connection with Afrocentric beliefs and values. The Cross Racial Identity Scale (Cross & Vandiver, 2001) emerged from a developmental model that theorizes an individual progression through a series of phases. The Multidimensional Racial Identification Scale (Thompson, 1995) and the Multidimensional Inventory of Black Identity (MIBI; Sellers, Smith, Shelton, Rowley, & Chavous, 1998) are both derived from models that examine multiple dimensions of group identification. These scales represent a subset of the variety of racial identity measures in the current literature that have been empirically validated.

In general, using various measures, racial identity has emerged as an important variable in understanding the well-being of African Americans (Marks et al., 2004). In particular, racial identity has been identified as a variable that may influence an individual's appraisal of discriminatory events (Crocker & Major, 1989; Luthanen & Crocker, 1992; Tajfel & Turner, 1986). The MIBI has been used to examine ways in which racial identity influences the experience of negative outcomes related to racial discrimination (Neblett et al., 2004; Sellers et al., 2003; Sellers, Copeland-Linder, Martin, & Lewis, 2006; Sellers & Shelton, 2003). In this study, the MIBI is used to measure racial identity for three reasons. First, the MIBI is a measure of multiple facets of racial identity, allowing individuals to report simultaneously held views across several dimensions. Second, the MIBI does not restrict individuals to a specific developmental progression of identity, which is important given our focus on college students who represent a relatively restricted age range. Third, the MIBI is used to build on the foundation of previous investigations that use the MIBI to operationalize the ways in which racial identity dimensions are associated with discrimination and mental health.

MULTIDIMENSIONAL MODEL OF RACIAL IDENTITY

The Multidimensional Model of Racial Identity (MMRI) is an integrative framework that synthesizes previous conceptualizations of racial identity and accounts for varying perspectives across multiple dimensions of identity. Similar to other measures of racial identity, the MMRI views African Americans as a heterogeneous group (Sellers et al., 1998). Racial identity is conceptualized as the significance and meaning African Americans place on race and being African American (Sellers et al., 1997). There are several core components of the model, which is operationalized by the MIBI. These components are considered stable over time and are the focus of the current study. The significance placed on racial identity is referred to as racial *centrality*. The

qualitative meaning individuals give to their racial identity is captured by the dimensions of racial *ideology* and racial *private and public regard*.

Centrality refers to the extent to which people generally define themselves in relation to race. Implicitly, centrality refers to the ranking or hierarchy of various identities (e.g., race, gender, sexuality, religion). Private regard is the measure of how individuals feel toward African Americans and how they feel about being African American. Alternately, public regard refers to the extent to which a person believes others think positively or negatively about African Americans. Ideology refers to an individual's beliefs, opinions, and attitudes about how group members should behave and interact with society. The MMRI conceptualizes the ideology dimension as encompassing four philosophies: nationalist, oppressed minority, assimilationist, and humanist. These ideologies are reflected in individuals' attitudes regarding political/economic development, cultural/social activities, intergroup relationships, and perceptions of the dominant group.

It is conceptualized that individuals may endorse beliefs from all four ideologies. Although the nationalist ideology emphasizes the uniqueness of being Black, the oppressed minority ideology focuses on the similarities between African Americans' experiences of oppression and those of other groups. The assimilationist ideology focuses on the similarities between African Americans and the general American society. Regardless of distinguishing characteristics, the humanist ideology emphasizes similarities between all humans. For example, whereas a person holding nationalistic views might encourage African Americans to attend historically Black colleges and universities, an assimilationist might encourage integration and involvement between all groups and emphasize the need to fit into mainstream American society.

RACIAL IDENTITY, RACIAL DISCRIMINATION, AND MENTAL HEALTH

Previously, researchers have modeled the complex effects of racial discrimination on mental health and possible mitigating factors (Harrell, 2000; Lazarus, 1999; Miller & Kaiser, 2001). Empirical literature has demonstrated that components of racial identity are associated with discrimination (Branscombe, Schmitt, & Harvey, 1999; Operario & Fiske, 2001; Sellers et al., 2003; Sellers et al., 2006; Sellers & Shelton, 2003). Operario and Fiske (2001) found that highly identified minority students reported more discrimination than less-identified African Americans. In addition, highly identified minority students were more likely to rate ambiguous events as discriminatory than less-identified students. Similarly, African American students who report race as more central to their identity are more likely to attribute an ambiguous discriminatory event to racial discrimination than students for whom race is less central (Sellers & Shelton, 2003). Furthermore, higher levels of centrality are

related to increased reports of discrimination (Sellers et al., 2003; Sellers & Shelton, 2003). Branscombe et al. (1999), however, found minimal evidence that group identification leads to increased attributions of discrimination, but did find that increased attributions of discrimination were associated with increased group identification.

Despite the link between racial identity and discrimination, there is ample evidence suggesting that increased group identification buffers the mental health effects of discrimination (Jones, Harrell, Morris-Prather, Thomas, & Omowale, 1996; Neblett et al., 2004; Operario & Fiske, 2001; Sellers et al., 2003). For example, Jones et al. (1996) found that participants' mood response to discrimination was related to Afrocentricity, defined as the extent to which an individual has a positive attitude toward elements of African culture and history. In a longitudinal study of academically at-risk urban high school students, Sellers et al. (2003) found that racial identity beliefs have both direct and indirect relationships with depressive and anxious symptoms. Individuals for whom race was more central and had lower public regard were more likely to report experiencing racial discrimination, yet experienced lower levels of depressive and anxious symptoms after controlling for the effect of previous racial discrimination. Greater experiences with racial discrimination were associated with higher levels of distress for individuals for whom race was less central. Similarly, centrality was a buffer of psychological distress in a sample of African American college students (Neblett et al., 2004). These findings seem to support the perspective that individuals who hold race as more central to their self-concept and are more aware of discrimination might perceive experiencing more discrimination, but they do not experience greater levels of psychological distress.

Other studies suggest that the regard and ideology dimensions of identity may buffer discrimination. Nationalist ideology and public regard emerged as moderators of depressive symptoms associated with the experience of discrimination in a longitudinal study of African American college students (Sellers & Shelton, 2003). The relationship between racial discrimination and psychological distress was weaker for students with high or frequent endorsement of nationalist ideological beliefs as compared to students who endorsed few nationalist beliefs. Also, students with lower public regard, a belief that others view African Americans negatively, were buffered from the negative effects of racial discrimination. This finding of pubic regard as a moderator has been replicated in other research with adolescents (Sellers et al., 2006).

Previous research, therefore, establishes the utility of a multidimensional conceptualization of racial identity in examining how components of racial identity can buffer against negative outcomes associated with discrimination. The current study seeks to build on these findings by examining dimensions of racial identity using the profile approach. Taking into account multiple

dimensions at one time via individual profiles may help increase our understanding of the complex influence of racial identity in relation to discrimination and mental health.

THE MIBI AND A PROFILE APPROACH

It is important to link the conceptualization of racial identity as a multidimensional construct with an empirical framework. The creation of profiles through clustering has been proposed as an alternative approach to examining linear relationships to components of a multidimensional construct (Bergman & Magnusson, 1987; Lorr, 1986). This approach can capture the landscape of an individual's racial identity and match similar profiles, making the conceptual unit of analyses individuals rather than variables. Thus, the profile approach allows for a more holistic analysis, taking multiple variables into account simultaneously, compared to the variable approach, which takes into account the variables separately. Through developing profiles, it is possible to highlight relationships that are not fully revealed in variable-oriented analyses and can complement previous research that has used a variable approach (Lorr, 1986). The MMRI does not conceptualize individuals as pure subtypes. Scores from the multiple subscales are conceptualized to be taken together. The profile approach allows an individual's score on each subscale to be considered in aggregate. It is important to note that variable and profile approaches are not seen as mutually exclusive; rather, they are complementary. Information might be gained through a profile approach that does not emerge when associations are limited to linear variation.

Previous research has begun to examine how racial identity clusters emerge using a profile approach (Chavous et al., 2003; Rowley, Sellers, & Cooke, 2003). However, previous investigations have not developed clusters that included all the available components of the MIBI. In a study of African American undergraduate students, a 5-cluster solution was determined to best fit the sample for examining the MIBI dimensions of ideology (Rowley et al., 2003). Chavous et al. (2003) used a profile approach by clustering the centrality, private regard, and public regard scales of the MIBI in a sample of high school students. A 4-cluster solution emerged as most parsimonious. Although it is premature to generalize these cluster solutions to other samples, it is noteworthy that studies using this profile method have examined and incorporated subsets of the MIBI variables.

CONCEPTUAL MODEL

This study focuses on the relationship between racial discrimination and depressive symptoms as it is moderated by racial identity profiles in a college

sample. The investigation of these variables is informed by Harrell's (2000) model of stress related to race, racial discrimination, and mental health as a heuristic consisting of various domains and variables. The model recognizes that racial discrimination is a key source of stress for African Americans and that racial identity affects the experience of racial discrimination and mental health. Racial identity may serve as a buffer in the experience of racial discrimination, and it is through empirical replication and expansion that this relationship can be more fully understood.

The present study will extend the literature by utilizing the profile approach to investigate the influence of racial identity on the relationship between racial discrimination and depressive symptoms. The complexity of how racial identity moderates the relationship between racial discrimination and depressive symptoms is conceptualized to be adequately captured using profiles. Rather than understanding the ways in which separate racial identity subscales relate directly to depressive symptoms, the profile approach allows an individual's score on each subscale to be considered in aggregate. It is expected that individuals are not pure subtypes (e.g., nationalist, assimilationist). Clustering will allow the complexity of racial identity to be examined, in that various configurations of scores will be represented within each profile.

CURRENT STUDY

In the present study, we sought to build on cluster methodology to examine how racial identity profiles influence the relationship between racial discrimination and depressive symptoms. Specifically, we ask if the relationship between racial discrimination and depressive symptoms is moderated by cluster membership, whereas clusters are created using seven components of a multidimensional measure of racial identity. This investigation precludes specific a priori hypotheses because this study incorporates more subscales than have been included in previous investigations.

METHOD

PARTICIPANTS

African American U.S.-born students ($N = 194$) from a large Midwestern state university were recruited to participate in this study. The university had a total enrollment of approximately 18,000 undergraduate students, and African American students made up 12% of the student population. Ninety percent of the students were residents of the state, and 70% were employed part-time. Sixty-six percent of the sample was female. Ninety-seven percent identified as

African American, and the remaining 3% indicated Biracial/Multiethnic or another Black ethnicity within the diaspora (e.g., "African American/Native American," "Black/Puerto-Rican"). The majority of the participants were sophomores (32%) and juniors (30%), and most students were 18 to 20 years of age (65%). The most commonly reported level of income while growing up was $21,000 to $41,000.

PROCEDURE

Participants were recruited through flier advertisements, direct contact, and by word-of-mouth. Trained research assistants were stationed in the main hallway near the elevators of a campus building housing general studies and approximately a dozen academic departments. Students who chose to participate in the study signed consent forms and were given information for the university counseling center because of questions about experiencing difficult events and depressive symptoms. Measures for the current study were added to the packet of measures for a study that examined coping behaviors and strategies related to personal and hypothetical situations. All of the measures except for racial identity were presented in one packet of measures, which took approximately 40 minutes to complete. The racial identity measure was included in a separate packet given only to students who identified as African American and included questions about gender role socialization and racial identity. On completion, students were debriefed and given $10 for their participation.

MEASURES

MIBI. Racial identity was measured using the short form of the MIBI (Sellers et al., 1997). The short form of the MIBI is a paper-and-pencil measure consisting of 27 items on which respondents endorse to what extent they agree with statements on a 7-point Likert-type scale. The MIBI consist of seven subscales that measure racial identity constructs considered to be stable conceptualizations based on the MMRI.

Centrality was measured using the centrality subscale from the MIBI. This 4-item scale measures the extent to which an individual considers race as a core aspect of his or her self-concept (current sample $\alpha = .78$). Representative items include "In general, being Black is an important part of my self-image," and "I have a strong attachment to other Black people." Private Regard (current sample $\alpha = .69$) was measured by the private regard subscale from the MIBI. This 3-item subscale measures how favorably an individual perceives other African Americans. Representative items include, "I am proud to be Black," and "I feel good about Black people." Public Regard is a 4-item MIBI

subscale (current sample α = .57) that examines the extent to which an individual feels others view African Americans positively or negatively. Representative items include, "In general, others respect Black people," and "Society views Black people as an asset." Ideology consists of four subscales, each with 4 items, which measure an assimilation ideology (e.g., "Blacks should strive to integrate all institutions which are segregated"; current sample α = .79), humanist ideology ("Being an individual is more important than identifying oneself as Black"; current sample α = .67), oppressed minority ideology (e.g., "The same forces which have led to the oppression of Blacks have also led to the oppression of other groups," current sample α = .55), and nationalist ideology ("Black people must organize themselves into a separate Black political force," current sample α = .66). These ideologies represent an individual's philosophy about political, economic, cultural, and social issues, in addition to intergroup relationships and attitudes toward the dominant group/mainstream American culture.

Daily life experiences. Racial discrimination was measured by the Daily Life Experience subscale, from the Racism and Life Experience Scales developed by Harrell (1997). It is a self-report measure of the frequency of 18 everyday discrimination events with adequate reliability (current sample α = .93). Participants are asked how often they experience each racial hassle. Responses for the frequency of each event range from 0 (*never happened*) to 5 (*once a week or more*). Scores were averaged to generate a range of 0 to 5. Representative items include "being treated rudely or disrespectfully," and "Others expecting your work to be inferior."

College Hassles Scale. The College Hassles Scale is an adapted measure of hassles that affect college students taken from the Inventory of College Students' Recent Life Experiences (Kohn, Lafreniere, & Gurevich, 1990). The measure was reduced to 18 items through piloting (current sample α = .89). Participants were asked how often they experienced each hassle, with responses ranging from 0 (*never happened*) to 5 (*once a week or more*), and scores were averaged. Representative items include "Being let down or disappointed by friends" and "Important decisions about your education."

The Center for Epidemiological Studies Depression Scale (CES-D). The CES-D is a 20-item measure that assesses the presence and intensity of depressive symptoms (Radloff, 1977; current sample α = .90). Participants were asked to rate the frequency for each symptom over the past week. Responses ranged from 1 (*rarely or none of the time—less than 1 day*) to 4 (*most of the time—5 to 7 days*). Scores were summed with a range of 0 to 60. Representative items include "I felt fearful," and "I felt that people disliked

me." This scale has been frequently used in previous research with African Americans (Barbee, 1992).

Demographics. Gender, parental education, and age were used as control variables in the model. Parental education was measured categorically, including "some high school," "high school diploma," "some college," and "college diploma." Mother's education was used over father's education because of missing data for fathers. Age was measured continuously in years.

DATA ANALYSES

Data were analyzed using cluster analysis to delineate profiles within the data based on similarities in response to the racial identity measures. Theoretical and statistical criteria were used to guide the analyses (Bergman & Magnusson, 1987; Lorr, 1983; Lorr, 1986). As in previous research using this approach, all variables were initially standardized to create z scores. Meaningful clusters were then identified using Ward's method (Lorr, 1983). Ward's method uses squared Euclidian distance and provides a series of linkages based on similarity across variables. This method of hierarchical clustering was chosen (1) because of its use in previous research (Chavous et al., 2003; Rowley et al., 2003) and (2) because it initiates the analysis with each individual case being considered a unique cluster rather than beginning with the assumption that all cases fit into a single cluster (Lorr, 1986). The merging of similar cases begins with as many clusters as there are cases and theoretically ends with a single cluster of all the cases. The meaningful number of clusters was determined using coefficients in the agglomeration schedule, the dendrogram, and guiding theoretical frameworks.

Once the meaningful number of clusters was determined, they were analyzed descriptively based on their pattern of z scores and conceptual understanding of racial identity literature. Bivariate analyses and General Linear Models (GLMs) were conducted to assess differences between the clusters. Given an eta value of .262 and a desired power of at least .80, sample size necessary to detect the interaction between racial identity clusters and discrimination was calculated at approximately 20 subjects per cell, or cluster.

RESULTS

DESCRIPTIVE ANALYSES OF FULL SAMPLE

Descriptive statistics for each study variable and differences by gender are shown in Table 1. Based on Likert-type scales responses, students reported

experiencing racial discrimination on average a "few times" over the course of the previous year ($M = 1.75$, $SD = .95$). The most frequently reported event was "being stared at by strangers" ($M = 2.26$, $SD = 1.47$) and "being treated in an overly friendly/superficial way" ($M = 1.99$, $SD = 1.50$). Participants experienced a wide variety of discriminatory events. A quarter of the respondents reported experiencing all 18 of the discriminatory events within the past year ($n = 49$, 25.3%). The next two largest response groups were 17 events ($n = 25$, 12.9%) and 16 events ($n = 24$, 12.4%). Only 2 respondents (1.0%) reported experiencing none of the racially discriminatory events in the past year. Overall, African American students experienced a high frequency of racial discrimination (50.6% reported 16 events or more), albeit at a low intensity ("a few times over the past year").

Further descriptive exploration of the variables showed that the endorsement of nationalist ideology ($r = .27$, $p < .01$) and race as a central component of identity ($r = .17$, $p < .05$) were related to increased report of racial discrimination, whereas increased endorsement of assimilationist beliefs ($r = -.18$, $p < .05$) were associated with decreased reports of racial discrimination. In this sample, males ($M = 4.58$, $SD = 1.00$) were more likely than females ($M = 4.15$, $SD = .98$) to endorse agreement with statements reflecting nationalist ideology compared to other research. In the full sample, the average CES-D score was $M = 14.29$, $SD = 9.81$ with no gender differences. This score indicated that, on average, depressive symptoms were below clinical levels.

CLUSTER ANALYSES

Ward's method for cluster analyses was used and four meaningful clusters of racial identity emerged. Descriptive information is provided in Table 2 and bar graph representation of cluster z scores is shown in Figure 1. The clusters were labeled based on the patterning of their z scores on the MIBI subscales. The first cluster was identified as Integrationist, because z scores were highest on the Assimilation ($z = .59$) and Humanist ($z = .64$) ideology subscales and lowest on the Nationalist subscale ($z = -.82$). This cluster was also characterized by a modest z score on Private Regard ($z = .28$) and Centrality ($z = -.18$). Based on subscale item endorsement, this group of students reported goals of blending with mainstream and focusing on shared human qualities rather than perceiving race to be a core ideological self-concept.

Cluster two was labeled Multiculturalist. This cluster was identified by positive z scores on all subscales. These cluster members reported high regard for African Americans (Private Regard, $z = .63$) and indicated that being an African American was a central part of their identity (Centrality, $z = .50$). In

TABLE 1
Pearson Correlations, Means, and Standard Deviations of Study Variables ($N = 194$)

Variable	M(SD)	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender													
2. Age[a]	20.41(.17)	.17*											
3. Mother's education		.07	−.06										
4. College hassles	2.62(.86)	.01	.17*	.11									
5. Racial discrimination[a]	1.75(.95)	.12*	−.04	.12	.47**								
6. Centrality	5.13(.95)	.17*	.11	.09	.14	.17*							
7. Private regard	6.17(.97)	.03	.04	−.07	.04	−.03	.37**						
8. Public regard	3.91(.79)	.07	−.07	−.13	−.13	−.11	−.18*	.11					
9. Assimilation	5.00(.95)	.06	−.05	.02	−.05	−.18*	.11	.36**	.05*				
10. Humanist	4.95(.95)	.12	.03	−.07	−.07	−.13	−.01	.30**	.27**	.52**			
11. Oppressed minority	4.69(.95)	.22**	.09	.08	.14	.00	.33**	.17*	−.03	.37**	.30**		
12. Nationalism[a]	4.30(1.00)	.29**	.18*	.08	.09	.27**	.33**	−.08	−.17*	−.08	−.08	.24**	
13. CES-D	14.29(9.81)	−.04	.11	.05	.44**	.27*	.01	−.08	−.14	−.11	−.09	.02	.05

NOTE: CES-D = The Center for Epidemiological Studies Depression Scale.
a. *t* test indicated significant difference by gender.
*p < .05. **p < .01.

TABLE 2
**Means, z Scores, and Standard Deviations
of Cluster Variables**

Cluster	Racial Identity Subscale	z Score(SD)	M(SD)
Integrationist (n = 40)	Centality	−.18(1.09)	4.95(1.04)
	Private regard	.28(.66)	6.45(.64)
	Public regard	.14(.94)	4.02(.74)
	Assimilation	.59(.59)	5.57(.56)
	Humanist	.64(.72)	5.56(.69)
	Oppressed minority	−.22(.60)	4.48(.56)
	Nationalism	−.82(.74)	3.47(.74)
Multicultural idealist (n = 29)	Centrality	.50(.84)	5.60(.80)
	Private regard	.63(.33)	6.79(.32)
	Public regard	.93(.76)	4.64(.59)
	Assimilation	.95(.55)	5.90(.52)
	Humanist	.82(.73)	5.73(.70)
	Oppressed minority	1.05(.92)	5.68(.87)
	Nationalism	.37(.72)	4.67(.72)
Undifferentiated (n = 74)	Centrality	−.24(.86)	4.90(.82)
	Private regard	−.16(.71)	6.02(.69)
	Public regard	.10(.67)	3.99(.53)
	Assimilation	−.54(.73)	4.49(.70)
	Humanist	−.30(.70)	4.66(.67)
	Oppressed minority	−.10(.82)	4.59(.78)
	Nationalism	.14(.95)	4.44(.96)
Race focused (n = 33)	Centrality	.78(.69)	5.87(.66)
	Private regard	.49(.37)	6.65(.36)
	Public regard	−1.12(.99)	3.03(.78)
	Assimilation	.22(.84)	5.21(.79)
	Humanist	−.16(.80)	4.80(.77)
	Oppressed minority	.10(1.03)	4.78(.97)
	Nationalism	.73(.62)	5.03(.63)

addition, they had a relatively positive view of how others viewed African Americans (Public Regard, $z = .93$) in comparison to the mean. Based on their subscale item responses, these individuals endorsed an awareness of race and oppression in society but focused on the commonalities between oppressed groups and all humans rather than issues specific to African Americans.

The third cluster was labeled Undifferentiated. This group of individuals was the largest cluster and tended to have average or moderate scores on most of the subscales. They reported near average beliefs that African Americans are viewed positively in society (Public Regard, $z = .10$) and that
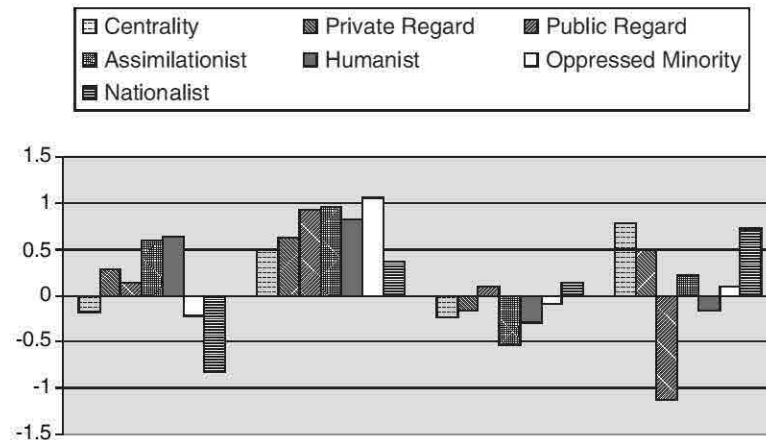
Figure 1: Bar Chart of *z* Scores of Cluster Variables

issues specific to African Americans were important (Nationalism, $z = .14$). However, they did not have a strong connection with other African Americans (Centrality, $z = -.24$). This group of students also indicated disagreement with assimilationist ideals ($z = -.54$) and focused on human commonalities (Humanist, $z = -.30$). Based on item endorsement, these individuals did not seem to conceptualize the world in terms of race.

The fourth cluster was identified as Race-Focused. This group that felt being African American was a central part of their identity (Centrality, $z = .78$) reported ideological beliefs that focused on African American nationalism ($z = .73$) and above average regard for African Americans ($z = .49$). However, this group of students reported lower than average scores on public regard ($z = -1.12$). These students reported a greater focus on issues specific to African Americans than other clusters and believed that others do not think positively of African Americans.

Cross tabs and one-way ANOVAs were conducted to examine if cluster membership was influenced by control variables. Results indicated that the clusters were significantly different by gender, $\chi^2(3, N = 176) = 8.17, p < .05$, but they were not significantly different by level of racial discrimination, age, mother's education, or college hassles. With regard to cluster membership by gender, Clusters 3 and 4 mirrored the total sample (males = 28.4%, females = 71.6%; males = 36.4%, females = 63.6%) and Cluster 2 had equal gender representation (males = 48.3%, females = 51.7%). Cluster 1 consisted of mostly females (males = 17.5%, females = 82.5%).

The GLM technique ANCOVA was used to examine the relation of cluster membership, discrimination, and depressive symptoms, while controlling for gender, age, and mother's education. This method was used because of the mixture of categorical and continuous variables included in the model. GLM analyses revealed no significant differences across clusters for level of racial discrimination and depressive symptom intensity. However, the strength of the association between racial discrimination and depressive symptoms significantly differed by cluster (Table 3; $F(11, 160) = 5.09$, $p < .001$, $R^2 = 20.8\%$). Overall, the cluster membership moderated the relationship between racial discrimination and CES-D scores, $F(3, 160) = 2.72$, $p < .05$, and college hassles was significantly related to CES-D scores, $F(1, 161) = 25.64$, $p < .001$.

The significant interaction coefficient was analogous to an omnibus test of whether there was a difference between the slopes of the clusters. Subsequently, having changed the cluster that is used as the reference group and then having conducted post hoc pairwise tests with Bonferroni corrections, it was determined which slopes were significantly different from each other. In separate analyses, each cluster group was assigned as the reference group. These analyses showed that all significant differences emerged in comparison to the Integrationist cluster. Therefore, Table 3 shows the results of the ANCOVA with the Integrationist cluster as the reference group with the parameter set to zero for comparison to the other three clusters.

Results indicated that the slope of the Integrationist cluster was significantly different from the Multiculturalist ($B = -.236$, $p < .05$) and Undifferentiated ($B = -.264$, $p < .01$) clusters, and there was a trend toward significance for the Race-Focused ($B = -.211$, $p = .056$) cluster. Although all the clusters exhibited a positive relationship between racial discrimination and depressive symptoms, the other three cluster slopes exhibited a weaker association between racial discrimination and depressive symptoms compared to the Integrationist cluster. Figure 2 illustrates the variation in slopes. The hypothesis that cluster membership moderates the relationship between racial discrimination and CES-D scores was supported. Indeed, the relationship between discrimination and depressive symptoms was influenced and differed significantly based on cluster membership. In particular, the Integrationist cluster resulted in the strongest relation between discrimination and depressive symptoms. However, there were no cluster differences in the report of racial discrimination or depressive symptoms.

TABLE 3
**Parameter Estimates for ANCOVA With the Interaction
of Racial Discrimination and Cluster Membership
Associated With CES-D Scores**

	B	SE	p
Intercept	−.38	.35	.28
Gender	.03	.08	.71
Age	.01	.02	.53
Racial discrimination	.23	.08	.00
College hassles	.23	.05	.00
Mother's education	.01	.04	.86
Integrationist[a]	0		
Multiculturalist	.18	.20	.35
Undifferentiated	.31	.18	.08
Race-focused	.34	.22	.12
Integrationist • Racial Discrimination[a]	0		
Multiculturalist • Racial Discrimination	−.24	.11	.04
Undifferentiated • Racial Discrimination	−.26	.10	.01
Race-Focused • Racial Discrimination	−.21	.11	.06

NOTE: CES-D = The Center for Epidemiological Studies Depression Scale. Integrationist group is set as the reference group.
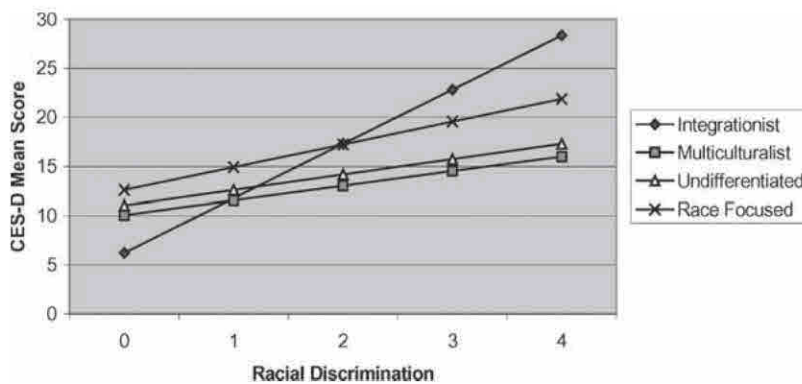a. This parameter is set to zero because it is redundant.

Figure 2: Association Between Racial Discrimination and CES-D by Cluster

DISCUSSION

This study examined the relationships among racial discrimination, racial identity, and depressive symptoms in African American college students. The overall findings of this study suggest that (1) African American college students reported experiencing a wide variety of racially discriminatory events and that (2) racial identity, conceptualized as profiles, influenced the relationship between racial discrimination and depressive symptoms. The literature on racial identity has been advanced with the MMRI, a multidimensional conceptualization of the construct (Sellers et al., 1997). However, the field has yet to offer a fully multidimensional characterization of racial identity in empirical work. Previous studies have examined subsets of multidimensional constructs of racial identity (Chavous et al., 2003; Rowley et al., 2003) and profiles based on stage models of racial identity (Neville & Lilly, 2000). To our knowledge, this study is the first to incorporate all seven dimensions of the MMRI by utilizing racial identity profiles. The approach used in this study attempted to incorporate the dimensionality and complexity of individuals' racial identity through clustering. Rather than analyzing how variables representing separate aspects of racial identity relate to an outcome, profile analyses of seven dimensions of racial identity allowed these subscales to be understood in relation to each other and to subsequent outcome measures.

It appears that students experienced more racial discrimination as compared to previous research (Sellers & Shelton, 2003), but it is also a possibility that this is a unique sample. Also, in comparison to other studies, fewer students in this sample reported never experiencing racial discrimination (D'Augelli & Hershberger, 1993). These findings suggest that African American college students may experience a variety of racially discriminatory events over the course of their education. In this sample, male students reported experiencing significantly more experiences with racial discrimination than female students, and this finding is consistent with previous research (Forman et al., 1997; Kessler et al., 1999; Sellers & Shelton, 2003). In general, the finding that the experience of racial discrimination is a part of the college experience for many African American students is supported by previous research (Biasco et al., 2001; D'Augelli & Hershberger, 1993; Sellers & Shelton, 2003).

In this sample, there were no differences in depressive symptom intensity across gender. This lack of gender difference is consistent with previous research on college students (Sellers & Shelton, 2003) but inconsistent with robust evidence that women are more likely to experience major depressive disorder (Kessler et al., 1994; U.S. Department of Health and Human Services [USDHHS], 2001). Perhaps gender differences are less robust in samples with a low prevalence of depressive symptomatology.

Other researchers have previously examined aspects of racial identity using the profile approach. Rowley et al. (2003) and Chavous et al. (2003) used a subset of subscales from the MIBI. Across these studies, the emergence of four to five meaningful clusters has remained consistent. Similar to the current study, Rowley (2003) found a group that appeared undifferentiated in that the profile did not take on a clear structure with near average z scores. Previous studies do not, however, incorporate all seven subscales of the MIBI; therefore, comparisons to the current study are somewhat limited. The findings from the previous research, along with the results from this study, provide a conceptual and methodological framework for subsequent research to use the profile approach to examine racial identity from a multidimensional perspective.

Results indicated that profile membership does influence the association between depressive symptoms and the experience of racial discrimination. Previous research provides some support for these findings. For example, separate dimensions of racial identity, centrality (Neblett et al., 2004; Sellers et al., 2003), nationalist, and public regard beliefs (Sellers & Shelton, 2003) have been found to moderate the relationship between racial discrimination and depressive symptoms. However, these studies examined aspects of racial identity as separate variables.

In particular, the current study suggests that members of the Integrationist group had a significantly stronger relationship between increased discrimination and increased depressive symptoms as compared to other cluster groups. Because no differences existed in the level of racial discrimination responses across clusters, the findings suggest that it is the strength of the association between racial discrimination and depressive symptoms, not the frequency of these experiences, that varied across clusters. Increased levels of discrimination being related to increased depressive symptomatology is consistent with previous literature (Comas-Diaz & Greene, 1995; Essed, 1991; Fernando, 1984; Kessler et al., 1999; Noh et al., 1999; Ren et al., 1999; Salgado de Snyder, 1987). This study replicated previous findings in that all of the clusters exhibited a positive relationship between racial discrimination and depressive symptoms. This direct relationship has been consistent. However, this study adds to the literature by having shown that a particular group of individuals might be at increased risk for experiencing depressive symptoms related to discrimination, in part, based on their racial identity.

Students in the Integrationist cluster may be reaching out to make connections with the mainstream population and other individuals on the basis of human commonalities. Therefore, when faced with racial discrimination, members of this group may be more strongly affected than members of other clusters because of the strong desire to connect with the mainstream. The influence an individual's racial identity has on the appraisal and subsequent outcome of a discriminatory event has been proposed as an important concept

(Crocker & Major, 1989; Harrell, 2000; Sellers et al., 2003). If an individual is seeking connections and is rebuffed, it can have a greater impact than if an individual is not seeking those connections. The Integrationist cluster is predominantly female, which may further explain the stronger association with depressive symptoms (Kessler et al., 1994; Nolen-Hoeksema & Girgus, 1994; USDHHS, 2001). However, gender differences in depressive symptoms did not emerge in this sample, and gender was not a significant factor in the model. Overall, endorsing the set of beliefs characterized by the Integrationist profile appears to amplify the relationship between racial discrimination and depressive symptoms.

It is also possible that the nature of the discrimination varies by clusters. This supposition should not be seen as contradictory to the finding that the amount of discrimination reported by each cluster was not significantly different. Perhaps the threshold for what is constituted as a discriminatory act is higher for those in the Integrationist cluster. For example, they might report "being treated rudely or disrespectfully" only when a blatant act occurs, such as overhearing a food server lament that they expect to receive an inadequate tip because "African Americans do not tip well." However, individuals in the Race-Focused cluster might report the same discriminatory act (i.e., "being treated rudely or disrespectfully") when they perceive that they are made to wait longer for service compared to others because of their race. On the measure of racial discrimination used in this study, both events would be reported as the same discriminatory act. However, it could be that greater depressive symptoms might be related to the more blatant experience (i.e., overhearing the comment) compared to the more subtle discrimination experience (i.e., perceiving being overlooked).

LIMITATIONS

The major limitation of the current study is that it is based on cross-sectional data from a nonrandom sample, limiting the ability to draw causal inferences. A randomly selected longitudinal design would offer the possibility to examine profiles and the experience of racial discrimination over time. This sample is also limited in generalizability given the single geographic location of the college. In addition, the internal consistency of items on several racial identity subscales are low, particularly the public regard and the oppressed minority ideology subscales. This may, in part, be related to the small number of items that comprise the subscales. Although internal consistency is an important indicator of reliability, other psychometric indicators should be considered given the nature of the scale (West & Finch, 1997). Furthermore, measuring an extended number of mental health and related indicators (e.g., anxiety, hope, hostility, spirituality, and cardiovascular reactivity) would

provide a fuller picture of how racial discrimination and racial identity are related to mental health, and perhaps illuminate gender differences in symptomatology.

CONCLUSION

The present study builds on prior research investigating racial identity and its role in the experience of discrimination and mental health. The examination of racial identity using a profile approach adds to the knowledge regarding racial identity as a moderator. This research adds to our understanding of racial identity by clustering all of the subscales of the MIBI and builds on previous research that clustered a subset of dimensions (Chavous et al., 2003; Rowley et al., 2003).

Future research should seek to understand how profiles might change over time and how the appraisal of racial discrimination influences outcomes. For example, experimental studies could examine physiological and mood responses to varying types of racial discrimination as influenced by racial identity profiles. Qualitative studies could provide a phenomenological understanding of racial identity profiles and the multiple ways people make meaning of racial discrimination and depressive symptoms across different clusters. Specific to racial discrimination, future studies could examine if, within the construct of everyday discrimination, subtypes of stressors relate to outcome variables differently (e.g., acts that are relational or ambiguous). In general, the nuances of the African American experience are important to understand to more effectively treat the psychological ramifications of discrimination and subsequently develop tailored interventions specific to the needs of individuals with different profiles.

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