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Jennifer L. VanderZee '05
Illinois Wesleyan University

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Running Head: INFLUENCE OF HOPE

An Investigation of the Influence of Hope on the Relationship between Racial Discrimination
and Depressive Symptoms Among African American College Students

Jennifer Lynn VanderZee

Illinois Wesleyan University

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Abstract

The relationship between perceived racial discrimination, hope, and depressive symptoms among African American college students was investigated. The first supported hypotheses were that racial discrimination, hope, and hope's two components, agency and pathways, would each significantly affect depressive symptoms. Hope and pathways, but not agency, were each found to moderate the relationship between racial discrimination and depressive symptoms and the moderation models were found to explain as much or more variance the models examining direct effects. Also, the interaction of pathways and racial discrimination explained more variance than any of the other models. These results suggest that hope and pathways influence the relationship between racial discrimination and depressive symptoms. Implications for understanding how hope can influence the experience of discrimination for African American college students are discussed.

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An Investigation of the Influence of Hope on the Relationship between Racial Discrimination and Depressive Symptoms Among African American College Students

With the growing bodies of separate literatures on discrimination, hope and depressive symptoms, it might be contrary to expectations that the relationships among the three constructs have yet to be empirically investigated. The present research aims to examine the relationship between racial discrimination, hope and depressive symptoms in a college sample. Knowledge of this relationship could provide further information on the many effects of discrimination, which may be used in individual therapies.

Racial Discrimination

Pervasive, discrimination has occurred throughout history in America (Philipp, 1998; Clark, Anderson, Clark, & Williams, 1999; Rosenbloom & Way, 2004; Thomas & Hughes, 1986). In one study, 46% of African American respondents reported incidents of racial discrimination in locations of leisure (Philipp, 1998). In addition, Kreiger (1990) found that two-thirds of African American respondents had experienced at least one instance of racial discrimination. More prominent reports of racial discrimination were found in another study in which 98.1% of African American respondents reported they had experienced racial discrimination in the past year (Landrine & Klonoff, 1996). Similarly, Rosenbloom and Way (2004) found that African American students reported being harassed by police officers and teachers in their school. From this research, we can deduce that discrimination is a persistent experience for African Americans.

However, research on racial discrimination uses many overlapping terms that can cause confusion. Clark, Anderson, Clark, and Williams (1999) define racism as “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of

phenotypic characteristics or ethnic group affiliation” (p. 805). Racial discrimination consists of acts based on racist beliefs. To describe this behavioral component of racism, some psychologists use the terms racial and ethnic discrimination interchangeably (Philipp, 1998; Williams, Neighbors & Jackson, 2003), others refer to this same idea as racism (Clark, Anderson, Clark, & Williams, 1999; Fernando, 1984; Harrell, 2000; Harrell, Merchant & Young, 1997; Mattis, Fontenot & Hatcher-Key, 2003; Williams & Williams-Morris, 2000), others discrimination (Branscombe, Schmitt & Harvey, 1999; Cassidy, O’Connor, Howe & Warden, 2004; Mossakowski, 2003; Romero & Roberts, 2003; Scott & Lionel, 2003; Wyatt, Williams, Calvin, Henderson, Walker & Winters, 2003), and still others racial discrimination (Deitch, Barsky, Butz, Chan, Brief & Bradley, 2003; Kreiger, 1990; Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003; Sellers & Shelton, 2003; Williams, Lavizzo-Mourey & Warren, 1994). All of these terms refer to discrimination based on membership in a race or ethnic group, and the terms vary by publication. For the purposes of this study, participants were asked to report experiences of discrimination based on race, not ethnicity. Therefore, the term racial discrimination will be utilized and is defined as the behavioral component of racism, or discriminatory acts based on racist beliefs (Williams & Williams-Morris, 2000).

Recent examinations of discrimination differ from the overt or violent acts of the past. Psychologists argue that older and more blatant racist views such as open denigration of visible minorities have been replaced by subtle prejudicial beliefs (neoracism) such as an ambivalence between egalitarian values and negative views of visible minorities (Tougas, Desruisseaux, Desrochers, St. Pierre, Perrino, & De La Sablonnière, 2004). This shift is thought to have occurred because it is presently less socially acceptable to blatantly express prejudicial beliefs through actions such as assault or exclusion from admission into a restaurant. Others believe that

the illegal nature of hate crimes along with prevailing norms against racist acts are other reasons that racial discrimination is now more covert (Tougas et al., 2004). Other researchers give this same trend a different name, labeling the older, more blatant form of racism “traditional racism” and more modern and subtle forms of racism, “symbolic racism” (Rosenbloom & Way, 2004, p. 422).

The focus of this study is the everyday form of racial discrimination, which, like symbolic racism, is more covert and subtle than traditional racism, and is stressed to be more frequently experienced than traditional racism. Everyday discrimination may also be underestimated (Deitch et al., 2003). Since everyday discrimination is subtler and occurs more often as a part of everyday life, people who experience this discrimination may cease to notice some of these experiences. Barnes (2000) relates one such experience of discrimination as reported by Vernon, a twenty-seven year old man from New York,

‘I noticed that the salespeople were staring at me as I walked through the women’s clothing section on the way to the purses. I was approached by a saleswoman at the Coach counter, who asked if I needed assistance. I explained that I was shopping for my girlfriend and had decided to buy her a Coach purse. She started helping me make the selection, showing me all the smaller bags, which were priced relatively low. My girlfriend wanted a larger bag, which I explained to the sales woman. She hurriedly picked out a few for me to choose from. She explained that all of the larger purses were between \$200 and \$300.... I quickly made the decision to select a \$300 purse and put it on my charge account. The saleswoman had prejudged me according to my appearance. I was angry and shocked...’ (p. 74-75).

From this above quote, we can gather that more subtle and everyday episodes of discrimination can also be harmful and hurtful. Vernon's experience indicates that the experience of everyday racial discrimination, which may seem minor to others, can have a dramatic affect on the victim of discrimination.

Everyday discrimination may be more harmful than less frequent overt discriminatory acts, and is thus important to research. First, research shows that examining everyday racial discrimination is central to understanding racism in American today and that these microstressors serve as "daily reminders that one's race/ethnicity is an ongoing stimulus in the world" (Harrell, 2000, p. 45). Second, some assert that discrimination is taxing because it limits access to opportunities and negatively affects interpersonal interactions (Dietch, Barsky, Butz, Chan, Brief & Bradley, 2003). In other words, daily privileges many people take for granted such as making friends, getting jobs, etc., could be limited by everyday discrimination. Third, some advocate that, though everyday incidents of discrimination may be less severe than more overt forms of discrimination, their frequency causes them to be significant, leading to feelings of resignation and hopelessness (Dietch, Barsky, Butz, Chan, Brief & Bradley, 2003). In sum, though everyday discrimination involves less overt and violent expressions of racism, it is still very harmful.

Significance for African Americans

Research shows that it is particularly important to investigate racial discrimination against African Americans for three main reasons. First, while it has previously been shown that discrimination is pervasive, African Americans experience more racial discrimination than people of other races or ethnicities (Kessler, Mickelson, & Williams, 1999). Kessler, Mickelson, and Williams (1999) found that 24.8% of Non-Hispanic Black people and 3.4% of Non-Hispanic White people reported they experienced everyday discrimination often, 46.5% of Black

individuals and 20.3% of White individuals reported they experienced everyday discrimination sometimes, 19.9% of Blacks and 31.9% of Whites reported everyday discrimination rarely, and 8.8% of Blacks and 44.4% of Whites reported they experienced everyday discrimination never (Kessler, Mickelson, & Williams, 1999). This study also found that African Americans attributed their experiences of discrimination to race/ethnicity a higher percentage of time (89.7%) compared to other Whites (21.1%) (Kessler, Mickelson, & Williams, 1999).

Second, African Americans' rights have been questioned throughout history. No other "group's humanity was denied them by the U.S. Constitution" (Sellers, Smith, Shelton, Rowley & Chavous, 1998). Even after slavery was abolished, Blacks were prohibited from having contact with Whites and treated as second-class citizens.

Third, African Americans are, for the most part, involuntary immigrants, defined as "immigrants and their descendents, who were forced to move to the U.S. by Euro-Americans through slavery, conquest, or colonization" (Ogbu, 1994). Voluntary immigrants, on the other hand, are defined as people and their descendents who voluntarily moved to the United States, and would include Japanese-Americans, Chinese-Americans, and some Latino-Americans, among others. Voluntary immigrants also include people who are exiled or driven from their home country, since they choose the United States over other countries to immigrate to.

It is important to distinguish between voluntary and involuntary immigrants because these groups have different life experiences, which influence their experience of racial discrimination. Ogbu's (1994) theory contends that voluntary immigrants are able to compare their present situations with their former situations "back home." Thus, voluntary immigrants are able to displace experiences of discrimination and remind themselves that the present situation is probably better than the one they were formerly in. They can practice, reminisce or

even go back to the culture of their home country when assimilation is taxing. These sentiments can be transmitted through generations. Descendants of voluntary immigrants are aware that their ancestors chose to immigrate to the United States, often times in hopes of a better life, while descendants of involuntary immigrants know that their ancestors were forced to come to America (Ogbu, 1994). This information influences how involuntary immigrants tend to interpret perceived racial discrimination, increasing the likelihood that they will perceive it as permanent and pervasive (Ogbu, 1994). Since African Americans were brought to the U.S. through forced slavery, they are classified as involuntary immigrants.

Effects of Discrimination

Research involving discrimination is important because of discrimination's negative effects on an individual's well being, including physiology and psychology (Branscombe, Schmitt, & Harvey, 1999; Thomas & Hughes, 1986). Despite physiological effects, the most researched effects of discrimination are psychological. One negative psychological effect of discrimination is decreased self-esteem (Romero, 2003). Similarly, it is reported that stress associated with perceived discrimination is the most important predictor of decreased optimism among African Americans (Mattis, Fontenot, & Hatcher-Kay, 2003). Of the most relevance to the present study, racial discrimination is widely found to be significantly positively associated with depressive symptoms (Simons et al., 2002) and depression (Cassidy, O'Connor, Howe & Warden, 2004; Fernando, 1984; Noh et al., 1999; Taylor & Turner, 2002; Kessler, Mickelson & Williams, 1999).

Depressive symptoms include depressed mood, diminished interest or pleasure in daily activities, significant weight loss not due to other factors, insomnia or hypersomnia (excessive sleeping), restlessness or sluggishness, fatigue or loss of energy, feelings of worthlessness and

guilt, inability to concentrate or indecisiveness, and thoughts of death or suicide (American Psychiatric Association, 2000). It is conceptualized that racial discrimination may be associated with depressive symptoms because it poses a transient threat to self-esteem, lessens the likelihood of perceiving positive returns, and contributes to a sense of helplessness (Fernando, 1984). In other words, racial discrimination is related to negative effects such as a decrease in self-esteem and a sense of helplessness and prevents the perception of positive feelings, which causes depression.

Though research supports direct relationships between racial discrimination and depressive symptoms, other variables are found to affect this relationship. Models, which include other mitigating factors may further explain the relationship between racial discrimination and depressive symptoms. For instance, a high level of hardiness is found to buffer the effects of racial discrimination to produce less negative psychological effects among Chinese immigrants in Canada (Dion, Dion & Pak, 1992). Ethnic identity is also found to enhance and moderate the relationship between racial discrimination and depression (Noh, Beiser, Kaspar, Hou & Rummens, 1999). More specifically, participants with high ethnic identity who did not use forbearance coping, an emotion-based coping strategy, reported more depression than participants with low ethnic identity (Noh, Beiser, Kaspar, Hou & Rummens, 1999). Self-esteem may mediate the relationship between racial discrimination and depressive symptoms in men, with men experiencing high levels of perceived racial discrimination reporting lower personal and ethnic self-esteem, which leads to increased depression (Cassidy, O'Connor, Howe & Warden, 2004). Given the variables investigated as moderators, hope may be another personality variable that influences this relationship.

Hope

Historically hope has been conceived as the perceived ability to meet one's goals (Snyder, 1995). Hope is generally associated with positive outcomes such as perception of the ability to meet one's goals, so it can be inferred that hope increases successful goal completion (Snyder, 1995). In the past, hope theorists have concentrated predominantly on a determination to meet one's goals. More recently, the construct of hope is also thought to be composed of agency and pathways. Agency "refers to a sense of successful determination in meeting goals in the past, present, and future" and pathways refer to "a sense of being able to generate successful plans to meet goals" (Snyder, Harris, et al., 1991, p. 570). For instance, if one's goal is to attend college, one who has high agency will truly believe they will go to college. One who has high pathways would possess the ability to see many ways of getting to college, for instance going to community college first to bring up grade point average, applying for scholarships, or working while going to school if money is a factor.

While this idea of hope is more complex than past definitions, it has been found to be reliable (Snyder, 1995; Snyder, Harris, et al., 1991; Snyder, Sympson, et al., 1996). Additionally, agency and pathways are also found to be individually reliable (Snyder, 1995; Snyder, Harris, et al., 1991; Snyder, Sympson, et al., 1996). This measure also has been found to have temporal stability, as test-retest correlations were .85, $p < .001$ (Snyder, Harris, et al., 1991). Agency and pathways do measure separate constructs and are not repetitive, although they do correlate to some degree (Babyak, Snyder & Yoshinobu, 1993). Thus, Snyder's Hope Scale is concluded, at present, to be the best means for measuring hope (Steed, 2002).

To better understand this measure and its effects on people, it is beneficial to understand the other concepts, which are associated with hope. Hope is found to be positively correlated with self-esteem (Snyder, 2002; Snyder, Harris et al., 1991), self-efficacy (Snyder, Harris et al.,

1991), and optimism (Bryant & Cvengros, 2004; Huprich & Frisch, 2004; Snyder, 2002; Snyder, Harris et al., 1991), and negatively correlated with depression (Huprich & Frisch, 2004; Snyder, Harris et al., 1991). While these other constructs are associated with hope, none measure exactly the same idea. Optimism is the most researched trait associated with hope. However, optimism is found to be most similar to Snyder's (1991) definition of agency (Bryant & Cvengros, 2004), and fails to take into account the many ways an individual might reach a goal (pathways) (Bryant & Cvengros, 2004).

Despite all of the research involving hope, researchers are less certain about what influences hope. This uncertainty is unfortunate, because if psychologists can understand this relationship, they may be able to facilitate hope in people, thus increasing their chances of goal attainment. One possible correlate of hope involves parenting styles. Some research has found that authoritative parenting styles, parenting styles in which parents are "both demanding and responsive as they monitor and set clear standards for their children's behavior" (p. 688), facilitate attachment, which in turn led to higher hope (Shorey, Snyder, Yang, & Lewin 2003). Authoritarian and rejecting parenting styles in which "parents are not responsive, but they are demanding and directive with their status orientations and demands for unquestioning obedience" (p. 688) led to less attachment and lower hope. In other words, attachment served as a moderator between parenting styles and hope in children (Shorey, Snyder, Yang, & Lewin 2003).

Another correspondent of hope, specifically the successful completion of goals, is general well-being and self-esteem. This relationship also works conversely, since the unsuccessful completion of goals leads to less feelings of well-being and self-esteem. Thus, well-being and

self-esteem correspond to completion of goals, which is facilitated by hope (Snyder, Feldman et al., 2000).

Hope also has been shown to correlate with academic achievement in college students (Curry, Snyder et al., 1997; Snyder, Shorey et al., 2002). Similarly, hope was found to be associated with higher cumulative GPA, higher likelihood to graduate college, and lower likelihood of being dismissed as a result of poor grades (Snyder, Shorey et al., 2002). It is hypothesized that higher hope individuals “are attuned to their own goals and are in control of how they will pursue them, these students are intrinsically motivated and perform well academically” (Snyder, Shorey, et al., 2002, p. 824). Higher hope individuals also may have the ability to see more pathways to complete their goals resulting in higher academic achievement. Thus, higher hope corresponds to better academic achievement.

Another predictor of hope was its negative correlation with The Depressive Personality Disorder Inventory (DPDI) (Huprich and Frisch, 2004). More specifically, the DPDI is significantly negatively correlated with quality of life, hope, and optimism. The DPDI is concluded to both impair the ability to see pathways for goals and confidence that goals can be met (Huprich & Frisch, 2004). Since the DPDI is negatively correlated with hope, one can assume that hope would also be negatively associated with a depressive symptoms measure such as the Center for Epidemiologic Studies Depression Scale (CES-D).

Some also argue that traumatic events deprive people of their drive to pursue goals (Snyder, 2002). Snyder (2002) expands on this theory, hypothesizing that victimization causes people to want to stay safe and protected, where they do not have to take chances or work for goals. Traumatic events such as racial discrimination may also be demoralizing, which could lead to depressive symptoms. This theory suggests that experiencing racial discrimination may

lead to decreased hope and increased depressive symptoms (Snyder, 2002). However, while the racial discrimination literature indicates a positive relationship between racial discrimination and depressive symptoms, it also suggests that the experience of discrimination is not monolithic. Thus, it would be interesting to investigate the interaction between racial discrimination and hope on depressive symptoms.

Limited research has examined hope in populations of color. Snyder (1995) theorized that obstacles created by racial discrimination could lead to decreased hope for people of color. However, Latin American college students were found to have significantly higher levels of agency than European American and African American college students. In addition, African American and Latin American college students reported significantly higher pathways than European American and Asian American college students (Chang & Banks, in press). This research theorizes that, in contrast to Snyder's (1995) theory, since people of color have experienced racial discrimination in the past, they have learned to seek alternative ways to acquire their goals. College students who are people of color have already had to overcome such obstacles in order to meet this goal, so they may have developed higher hope than college students who have not faced racial discrimination (Chang & Banks, in press).

Another group of researchers investigated the relationship between hope, coping skills, and life satisfaction. Black students with high hope reported greater life satisfaction and lower levels of coping with discrimination, while Black students with low hope reported greater life satisfaction and higher levels of coping. Thus, an interaction effect was found (Danoff-Burg, Prelow & Swenson, 2004). These results were surprising, but the researchers hypothesized that coping indicated seeking help from others, so people with lower hope may feel they cannot meet their goals alone, but that completion of goals is possible with the assistance of others.

The Present Study

The current study builds on previous research investigating the relationship among racial discrimination, hope, and depressive symptoms. The present study predicts that hope will act as a moderator, a variable “that affects the relationship between two variables” (Holmbeck, 1997, p. 599) on the relationship between racial discrimination and depressive symptoms. In other words, level of hope (higher or lower) is hypothesized to influence the relationship between racial discrimination and depressive symptoms.

In order to answer these questions, the present study will investigate the relationship between racial discrimination, hope and depressive symptoms, controlling for mother’s education, age, and gender. Mother’s education will be measured categorically (i.e. some high school, high school diploma, some college, or college diploma). This variable is important to control for because mothers with less education may earn lower salaries, which in turn could lead to more depressive symptoms, since the children of those mothers with less money could have fewer opportunities available. It is also important to control for gender, since men are found to report more racial discrimination than women (Kessler, Mickelson & Williams, 1999; Sellers & Shelton, 2003) and women are more often diagnosed with depression than men (Sellers & Shelton, 2003). As age and experience may lead to more responsibility and stress, which could lead to more depressive symptoms, this study will also control for these variables.

Hypotheses

It is first hypothesized that total hope is significantly negatively associated with depressive symptoms. My second hypothesis is that pathways is significantly negatively associated with depressive symptoms. Third, it is hypothesized that agency will be significantly negatively associated with depressive symptoms. The fourth prediction is that racial

discrimination and total hope will have a significant interaction effect on depressive symptoms with high hope individuals experiencing less depressive symptoms than low hope individuals and that this model will explain more variance than the model with total hope and racial discrimination entered separately. Fifth, pathways and racial discrimination are hypothesized to have a significant interaction effect on depressive symptoms with high pathways individuals experiencing less depressive symptoms than low pathways individuals and that this model will explain more variance than the model with pathways and racial discrimination predicting depressive symptoms independently. Sixth, racial discrimination and agency are predicted to have a significant interaction effect on depressive symptoms with high agency individuals experiencing less depressive symptoms than low agency individuals and that this model will explain more variance than the model with total agency and racial discrimination entered separately.

Method

Participants

Participants were 194 African American students from a large mid-western state university. Participants' mean age was 20 years (65% were between 18 and 20, range = 18-34 years); 67% were female and 33% were male. Participants mean family income "while growing up" (\$21,000 to \$41,000) mirrored the national average for Black families during the mid 1990s (\$27,950-\$53,189 between 1990 and 1995, U.S. Department of Health and Human Services, 1997).

The data for this study was previously collected through a research project at the University of Michigan investigating ethnic and gender differences in coping with negative mood. With permission from the researchers, a subset of the variables was used for the current

analysis. Recruitment for the study included posters at a kiosk positioned within a university building housing general studies. Posters advertised that ten dollars would be given to all individuals willing to participate. The snowball method was also used as word spread about the payment for participation to other interested individuals.

Participants were given an informed consent form and the surveys, and were told they could go anywhere within the building to complete the questionnaires. Surveys were self-report measures and students were informed to answer questions as honestly as possible since there were no right or wrong answers. All participants were debriefed following the surveys, which included the information for the university counseling center given the nature of questions about mood and stressful events.

Measures

Hope. The Hope Scale includes twelve items, which assess multi-dimensional hope (Snyder et al., 1991). Participants complete four items of the Hope-Agency scale (e.g., “I meet the goals that I set for myself”), four items of the Hope-Pathways scale (e.g., “I can think of many ways to get out of a jam”), and four filler items. This measure uses a four-point Likert-type scale ranging from (1) definitely false to (4) definitely true. Higher Hope-Agency scores indicate more positive thoughts regarding ability to successfully complete a goal. Higher Hope-Pathways scores indicate better ability to find multiple ways to reach a goal (Hope-Agency $\alpha = .78$, Hope-Pathways $\alpha = .74$).

Everyday racial discrimination. The Daily Life Experience subscale is a part of the larger Racism and Life Experience Scales, as developed by Harrell (1997). This is a self-report measure of the frequency of eighteen everyday discrimination events ($\alpha = .93$). Examples of such everyday discrimination events include “being treated rudely or disrespectfully” and “others

expecting your work to be inferior.” This measure uses a six-point Likert-type scale ranging from (0) “never happened” to (5) “once a week or more.”

Depressive symptoms. The CES-D is a self-report scale, which measures depressive symptoms (Radloff, 1977). This measure is a four-point Likert-type scale, which asks how many times in the last week participants experienced twenty different feelings. Responses range from (0) “rarely or none of the time (less than 1 day)” to (3) “most or all of the time (5-7 days)” and include statements such as “I did not feel like eating; my appetite was poor,” “I felt lonely,” and “I felt that people disliked me.”

Demographic and control variables. Gender, parental education, and age will be used as control variables for the purposes of this study. Parental education is measured categorically including “some high school,” “high school diploma,” “some college,” and “college diploma.” However, father’s education was omitted due to data unavailability.

Analyses

The data had already been entered into the Statistical Package for Social Sciences (SPSS). Descriptive statistics were obtained on all variables relevant to the present study. Data was analyzed using a correlation matrix in order to see how strongly hope and agency were correlated, since too high a correlation would indicate that the two aspects of hope were redundant.

Means of total hope, agency, and pathways scores were calculated and the variables were divided into high and low for analyses. The mean score of racial discrimination and depressive symptoms were utilized. ANCOVA was used to examine the relationships among total hope, agency, pathways, and racial discrimination on depressive symptoms. ANCOVA was also utilized to investigate the interaction between racial discrimination and hope and between racial

discrimination and pathways on depressive symptoms, while controlling for gender, age, and mother's education.

Results

Descriptive Statistics

Descriptive statistics are shown in Table 1. All participants were enrolled in college but the average level of mothers' education was a high school diploma. The mean total discrimination reported experienced was 1.75, $SD = .96$ and ranged from 0 to 4.5. Participants reported very similar levels of hope pathways ($M = 24.71$, $SD = 4.49$) and hope agency ($M = 25.81$, $SD = 4.35$).

Division of total hope, pathways, and agency at the mean revealed that participants were well-distributed around the mean. Ninety-eight people reported low total hope (51.9%), while 88 people reported high total hope (46.6%). Eighty-eight participants indicated low pathways (46.6%), while 99 participants indicated high pathways (52.4%). In addition, 73 people reported low agency (38.6%) and 115 people reported high agency (60.8%).

Significant correlations can be found in Table 2. Discrimination was found to be negatively associated with both agency and total hope ($r = -.174$, $p < .05$; $r = -.150$, $p < .05$). Discrimination is also significantly positively associated with depressive symptoms ($r = .292$, $p < .01$). Total hope, hope agency, and hope pathways all were significantly negatively associated with depressive symptoms ($r = -.375$, $p < .01$; $r = -.325$, $p < .01$; $r = -.332$, $p < .01$). Gender was not significantly correlated with any of the study variables.

Inferential Statistics

T-tests indicated that participants did not report differences in hope, pathways, agency, depressive symptoms, or racial discrimination according to gender. In addition, low hope, low

pathways, and low agency individuals reported significantly higher levels of depressive symptoms than individuals with higher hope, pathways, and agency ($t = 3.30, p < .001$; $t = 4.46, p < .001$; $t = 3.62, p < .001$). However participants with high hope, pathways, or agency did not report significantly different levels of racial discrimination than individuals with low hope, pathways, or agency.

Hypothesis 1: total hope will be significantly negatively associated with depressive symptoms. This hypothesis was confirmed. The influence of gender, age, mother's education, racial discrimination, and total hope on depressive symptoms produced a significant overall model ($F(3, 168) = 8.23, p < .001$) and explained 17.4% of the variance (Table 3). This demonstrated that total hope was significantly associated with depressive symptoms ($B = .153, p < .001$). Under this model, racial discrimination and age were also significantly positively associated with depressive symptoms ($B = .257, p < .001$; $B = .021, p < .05$).

Hypothesis 2: pathways is significantly negatively associated with depressive symptoms. This hypothesis was also confirmed. The influence of gender, age, mother's education, racial discrimination, and pathways on depressive symptoms also produced a significant overall model ($F(3, 168) = 9.66, p < .001$) and explained 20.2% of the variance (Table 4). This demonstrated pathways to be significantly associated with depressive symptoms ($B = .185, p < .001$). Under this model, racial discrimination and age were also significantly positively associated with depressive symptoms ($B = .240, p < .001$; $B = .021, p < .05$).

Hypothesis 3: agency is significantly negatively associated with depressive symptoms. This hypothesis was confirmed. The influence of gender, age, mother's education, racial discrimination, and agency also produced a significant overall model ($F(3, 170) = 6.37, p < .001$) and explained 13.4% of the variance (Table 5). This model demonstrated that agency is

significantly associated with depressive symptoms ($B = .099, p < .05$). Under this model, racial discrimination and age were also significantly positively associated with depressive symptoms ($B = .112, p < .001$; $B = .019, p < .05$). High agency individuals expressed a significantly lower mean depressive symptoms ($M = .847$) than the level of depressive symptoms expressed by low hope individuals ($M = .744, p < .05$).

Hypothesis 4: racial discrimination and total hope will have a significant interaction effect on depressive symptoms with high hope individuals experiencing less depressive symptoms than low hope individuals and this interaction will explain more variance than the model in hypotheses 1. This hypothesis was partially supported, as gender, age, mother's education, total hope, racial discrimination, and the interaction between racial discrimination and total hope produces a significant overall model ($F(3, 168) = 6.98, p < .001$) and explains 17.4% of variance (Model 4). This step demonstrated that hope moderates the relationship between racial discrimination and depressive symptoms ($B = -.193, p < .01$). However, both this model and Model 1 explained the same amount of variance (17.4%). See Table 6 for more results. High hope individuals indicated a more positive relationship between racial discrimination and depressive symptoms than low hope individuals. Additionally, low hope individuals indicated more depressive symptoms overall ($M \text{ difference} = .227, p < .01$). See Figure 1 for an illustration of these results (on the x-axis, mean racial discrimination ranges from 0-4.5).

Hypothesis 5: pathways and racial discrimination will have a significant interaction effect on depressive symptoms with high pathways individuals experiencing less depressive symptoms than low pathways individuals and this interaction will explain more variance than the model in hypothesis 2. This hypothesis was supported, as gender, age, mother's education, pathways, racial discrimination, and the interaction between pathways and racial discrimination

produced a significant overall model ($F(3, 168) = 8.70, p < .001$) and explains 21.3% of variance (Model 5). This also demonstrated that the interaction between racial discrimination and pathways is significantly related to depressive symptoms ($B = -.218, p < .01$). See Table 7 for more results. High pathways individuals indicated a stronger positive relationship between racial discrimination and depressive symptoms than low pathways individuals. Additionally, low pathways individuals indicated less depressive symptoms overall. This model also explained 1.1% more variance than the model with racial discrimination and pathways entered as separate variables. Low pathways individuals also reported more depressive symptoms than people with high pathways ($M \text{ difference} = .294, p < .001$). See Figure 2 for an illustration of these results (on the x-axis, mean racial discrimination ranges from 0-4.5) and Table 8 for a summary of the results of all five models.

Hypothesis 6: agency and racial discrimination will have a significant interaction effect on depressive symptoms with high agency individuals experiencing less depressive symptoms than low agency individuals and this interaction will explain more variance than the model in hypothesis 3. This hypothesis was not supported. The effect of gender, age, mother's education, racial discrimination, agency, and the interaction between racial discrimination and agency on depressive symptoms is an overall significant model ($F(3, 170) = 5.45, p < .001$) and explains 13.4% of variance (Model 6). However, the interaction between agency and racial discrimination is not significantly related to depressive symptoms ($B = -.046, p = .346$).

Discussion

In sum, the analyses conducted produced six overall significant models. In the model in hypothesis 5, pathways and racial discrimination interacted to explain more variance (21.3%) in depressive symptoms than any of the other models. The model which explained the second most

variance (20.2%) is the model in hypothesis 2, in which pathways alone predicted depressive symptoms. The model in hypothesis 1, in which hope predicted depressive symptoms and the model in hypothesis 4, in which the interaction between total hope and racial discrimination predicted depressive symptoms both individually explained 20.2% of variance. Finally, the model in hypothesis 3, which stated that agency would predict depressive symptoms, and the model in hypothesis 6, in which agency and racial discrimination interacted to predict depressive symptoms, explained 13.4% of variance.

However, before delving into possible theories about why this occurred, it is first necessary to investigate the variables individually and compare them to past research. The mean reported racial discrimination level was 1.75, which indicates that participants on average experienced discrimination between once and a few times in the previous year. This finding is important; as it supports previous findings that racial discrimination is prevalent in our society today, though the frequency of racial discrimination is lower in the present study than in previous research (Kreiger, 1990; Landrine & Klonoff, 1996; Philipp, 1998; Rosenbloom & Way, 2004). Reported levels of hope, agency, and pathways were also similar to previous studies (Danoff-Burg, Prelow & Swenson, 2004) and because of past research, one can postulate that pathways levels would be similar in Latin Americans and lower in European Americans and Asian Americans (Chang & Banks, in press).

Correlations were, for the most part, unremarkable. Hope, pathways, and agency were not so positively correlated that they were redundant, but still positively correlated (Snyder, 1995). Pathways and agency were found to correlate higher than previous studies utilizing a student population (Steed, 2002). Hope, pathways, and agency did not correlate with gender, similar to the results of previous research (Snyder, 1995). Racial discrimination and depressive

symptoms positively correlated, comparable to previous research (Cassidy, O'Connor, Howe & Warden, 2004; Fernando, 1984; Kessler, Mickelson & Williams, 1999; Noh, Beiser, Kaspar, Hou & Rummens, 1999; Simons, Murry, McLoyd, Lin, Cutrona & Conger, 2002; Snyder, 2004; Taylor & Turner, 2002). Racial discrimination also negatively correlated with both hope and agency, but not with pathways, consistent with Snyder's (2002) predictions that victimization would correlate with decreased hope. In addition, hope negatively correlated with depressive symptoms, as theorized by Snyder (2004).

With regard to *t*-tests, gender was not found to influence hope, pathways, or agency, similar to some research (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Danoff-Burg, Prelow & Swenson, 2004; Snyder, 1995; Snyder, Shorey, Cheavens, Pulvers, Addams, & Wiklund, 2002), but dissimilar to other research, in which men were found to have significantly more pathways than women (Huprich & Frisch, 2004) or women reported significantly higher agency than men (Shorey, Snyder, Yang, and Lewin, 2003).

Hypotheses 1, 2, and 3 were confirmed, as levels of hope, pathways, and agency were significantly related to depressive symptoms, with increased total hope, pathways, and agency relating to decreased depressive symptoms. The present results seem to support past research, which found that pathways significantly predicted depressive personalities on the Depressive Personality Disorder Inventory (DPDI) (Huprich & Frisch, 2004). Since a sense of hopelessness is a symptom of depressive personality disorder and depression, it makes sense that high hope, pathways, and agency individuals would report less depressive symptoms than participants with low hope, pathways, and agency.

Age was found to be significantly positively associated with depressive symptoms for all three direct effect models. This is unsurprising, since increasing age leads to increased

responsibility for the age group sampled. Increased responsibility and stress could lead to increases in depressive symptoms.

Since the interactions between total hope and racial discrimination and between pathways and racial discrimination are both significantly related to depressive symptoms, we can conclude that both total hope and pathways moderate the relationship between racial discrimination and depressive symptoms. For both models, participants with high total hope or high pathways experience a stronger positive relationship between racial discrimination and depressive symptoms than participants with low total hope or pathways. Low total hope or pathways individuals also reported significantly more depressive symptoms than participants with high total hope or pathways.

In order to fully understand the results of this study, one must understand why these interactions occurred. Perhaps people with high pathways, participants who can see many paths to meet their goal, are more surprised and thus more depressed when some of those possible paths are blocked by instances of racial discrimination. Those who cannot see many pathways to meet their goals do not have as many pathways to be blocked by racial discrimination, thus the weaker relationship with depressive symptoms.

On the other hand, people who have high agency possess a general belief that they can meet their goals. Given this fact, when high agency individuals experience racial discrimination, they may not exhibit as many depressive symptoms because this general feeling is not as affected by racial discrimination. People's agency may remain intact and buffer the negative effects of discrimination because they feel that they can meet their goals *despite* adversity, including racial discrimination. People with higher pathways may be more affected by racial discrimination than individuals with higher agency because blocked pathways may decrease their general belief they

can meet their goals. This explanation might help describe why there were no differences in the relationship between racial discrimination and depressive symptoms among low and high agency participants.

Given that pathways had a significant interaction with hope on depressive symptoms and agency did not, agency may mute the significance of the model in hypothesis 5 when the two are combined and the interaction between total hope and racial discrimination on depressive symptoms. For instance, in a given sample, the interaction involving pathways may be highly significant and explain more variance. However, if the interaction with agency is insignificant and explains little variance, the variance explained by the interaction with total hope would fall somewhere between the variance explained by the other two models. This may be why the model in hypothesis 4, the interaction between total hope and racial discrimination on depressive symptoms explains less variance than the model in hypothesis 5, in which pathways and racial discrimination interact to explain depressive symptoms.

These results support previous findings that Black students with high hope have greater life satisfaction and lower levels of coping with discrimination, while Black students with low hope possess greater life satisfaction and higher levels of coping (Danoff-Burg, Prelow & Swenson, 2004). It makes sense that Black students with high hope experience more depressive symptoms than students with low hope as racial discrimination rises because high hope students are not coping with that discrimination as much as low hope students. Thus, the results of the present study support notions that coping with racial discrimination leads to less depressive symptoms. Future research could investigate the relationship between these variables more directly.

The results of the present study also support Snyder's (2002) speculation about the possibility of false hope, since high total hope and pathways individuals have a more direct relationship between racial discrimination and depressive symptoms. These results indicate that having hopes that are perhaps unrealistically high makes one more vulnerable to depressive symptoms as one experiences racial discrimination. However, it is important to remember that overall, higher hope seems to be protective, as it is associated with less depressive symptoms. Thus, it is important to foster agency, since agency is less related to depressive symptoms than pathways.

This study possesses a few limitations. First, the above results may not be accurately generalized to other African American populations, since the participants were all college students. Subjects of this study may have a different perspective since they have already overcome obstacles on their path to becoming college students. Second, these results cannot be assumed to generalize to other minority groups. The African American experience is unique, since no other ethnic population was enslaved in the United States and the results of this study may be different in other areas of the country, since levels of racial discrimination vary geographically. However, since people of color all experience racial discrimination it is possible that the experience of African American college students is similar to other college students of color.

In the future, researchers may investigate whether this interaction occurs in other racial and ethnic groups. This interaction may not occur with White people, since they do not experience racial discrimination at similar levels to African Americans. In addition, the interaction could look different with other minority groups, since they experience varying levels of racial discrimination and may also perceive racial discrimination differently.

In future research, the effects of other variables such as socioeconomic status, stress levels, and self-esteem on the relationship between racial discrimination and depressive symptoms could also be investigated. Since these variables are related to some of those used in the present study, research involving these variables could clarify the relationships between all of these variables. For instance, socioeconomic status could be a better indicator of stress due to possible financial difficulties than mother's education.

The current study has revealed that hope and pathways as defined by Snyder (1995) act as moderators on the relationship between racial discrimination and depressive symptoms among African American college students. Knowledge of this relationship may help therapists to understand why some people of color experience more depressive symptoms than others. Understanding of this relationship may also allow therapists to more effectively help people of color who seek therapy for their depressive symptoms by highlighting the possible role of racial discrimination and hope in the mental health of African American college students. If our theory is correct that high hope individuals are more shocked and let down by racial discrimination than low hope individuals, which leads to more depressive symptoms, perhaps therapists could help people of color prepare for racial discrimination, thus working to prevent high levels of depressive symptoms. However, this relationship should also be investigated within other racial and ethnic groups so that the results of this study can be generalized to these groups.

Table 1.

Descriptive Statistics for All Variables

	M	SD	Range	N
Age (in years)	20.37	2.31	18-34	189
Mother's Education	1.79	0.94	0-3	188
Mean Racial Discrimination	1.75	0.96	0-4.5	189
Total Hope	50.55	7.70	21-64	186
Hope Agency	25.81	4.35	7-32	188
Hope Pathways	24.71	4.49	9-32	187
Depressive Symptoms	0.72	0.50	0-2.7	175

Table 2.

Correlations of Variables of Interest

	1	2	3	4	5	6	7
1. Depressive Symptoms	--						
2. Racial Discrimination	.292**	--					
3. Total Hope	-.375**	-.150*	--				
4. Hope Pathways	-.325**	-.099	.879**	--			
5. Hope Agency	-.332**	-.174*	.871**	.533**	--		
6. Age	.105	-.027	-.016	.040	-.068	--	
7. Mother's Education	.075	.122	.021	.058	-.006	-.056	--

*p < .05. **p < .01.

Table 3.

Parameter Estimates for ANCOVA with the Effect of Total Hope on Depressive Symptoms

	B	SE	P
Intercept	.037	.210	.860
Gender	.069	.046	.134
Age	.021	.009	.022
Mother's Education	.011	.023	.636
Racial Discrimination	.101	.022	.000
Lower Total Hope	.153	.042	.000
Higher Total Hope ^a	0		

Note. High total hope is set as the reference group.

a. This parameter is set to zero because it is redundant.

Adjusted R Squared = .174

Table 4.

Parameter Estimates for ANCOVA with the Effect of Pathways on Depressive Symptoms

	B	SE	P
Intercept	.042	.206	.838
Gender	.068	.045	.132
Age	.021	.009	.021
Mother's Education	.018	.022	.414
Racial Discrimination	.092	.022	.000
Lower Pathways	.185	.042	.000
Higher Pathways ^a	0		

Note. High pathways is set as the reference group.

a. This parameter is set to zero because it is redundant.

Adjusted R Squared = .202

Table 5.

Parameter Estimates for ANCOVA with the Effect of Agency on Depressive Symptoms

	B	SE	P
Intercept	.118	.213	.579
Gender	.078	.046	.092
Age	.019	.009	.042
Mother's Education	.013	.023	.584
Racial Discrimination	.098	.022	.000
Lower Agency	.099	.045	.028
Higher Agency ^a	0		

Note. High agency is set as the reference group.

a. This parameter is set to zero because it is redundant.

Adjusted R Squared = .134

Table 6.

Parameter Estimates for ANCOVA with the Interaction of Racial Discrimination and Total Hope Associated with CES-D Scores

	B	SE	P
Intercept	-.498	.351	.158
Gender	.094	.076	.223
Age	.028	.015	.072
Mother's Education	.017	.038	.614
Racial Discrimination	.257	.052	.000
Lower Hope	.563	.144	.000
Higher Hope ^a	0		
Lower Hope * Racial Discrimination	-.193	.072	.008
Higher Hope * Racial Discrimination ^a	0		

Note. High hope is set as the reference groups.

a. This parameter is set to zero because it is redundant.

Adjusted R Squared = .174

Table 7.

Parameter Estimates for ANCOVA with the Interaction of Racial Discrimination and Pathways Associated with CES-D Scores

	B	SE	P
Intercept	-.461	.341	.177
Gender	.085	.074	.256
Age	.026	.015	.085
Mother's Education	.033	.037	.376
Racial Discrimination	.240	.048	.000
Low Pathways	.672	.143	.000
High Pathways ^a	0		
Low Pathways * Racial Discrimination	-.218	.071	.003
High Pathways * Racial Discrimination ^a	0		

Note. High pathways is set as the reference group.

a. This parameter is set to zero because it is redundant.

Adjusted R Squared = .213

Table 8.

Results of All Models

Main Variables of Interest	Adjusted R Squared	B	P
<i>Model 1</i>	.174		
Total Hope		.153	.000
Racial Discrimination		.101	.000
<i>Model 2</i>	.202		
Pathways		.185	.000
Racial Discrimination		.092	.000
<i>Model 3</i>	.134		
Agency		.099	.028
Racial Discrimination		.098	.000
<i>Model 4</i>	.174		
Total Hope*Racial Discrimination		-.193	.008
<i>Model 5</i>	.213		
Pathways*Racial Discrimination		-.218	.003
<i>Model 6</i>	.134		
Agency*Racial Discrimination		-.046	.346

Figure 1.

The Interaction Between Racial Discrimination and Total Hope on Depressive Symptoms

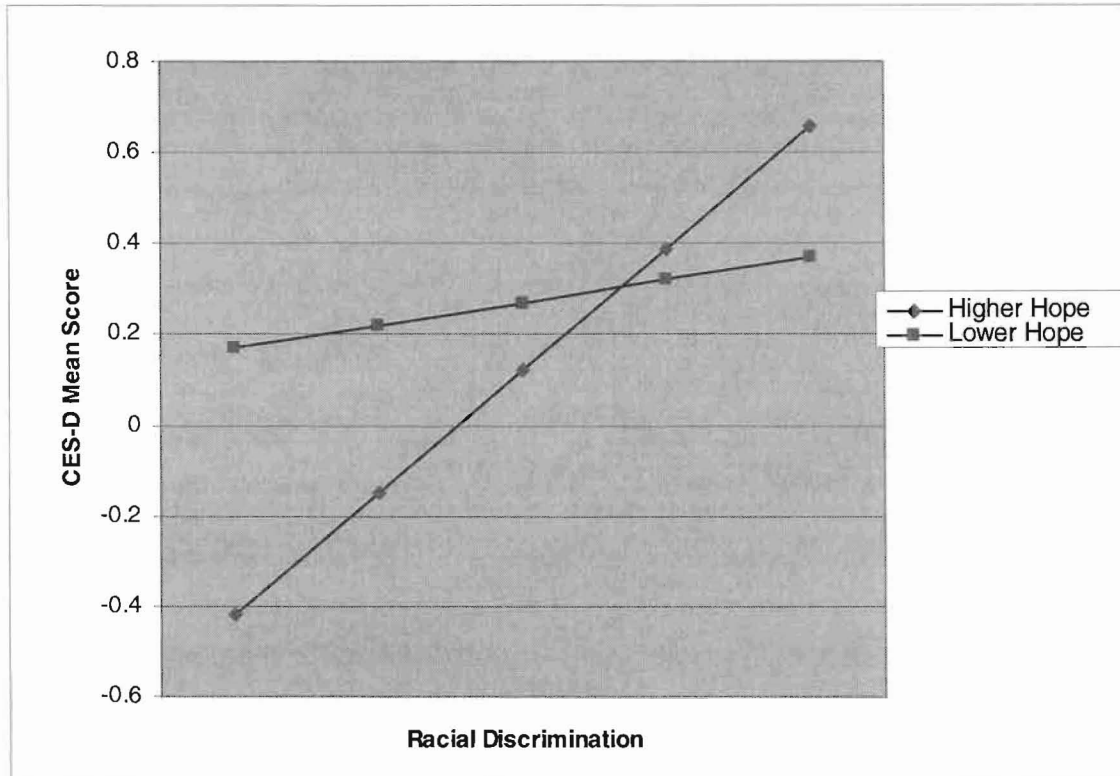
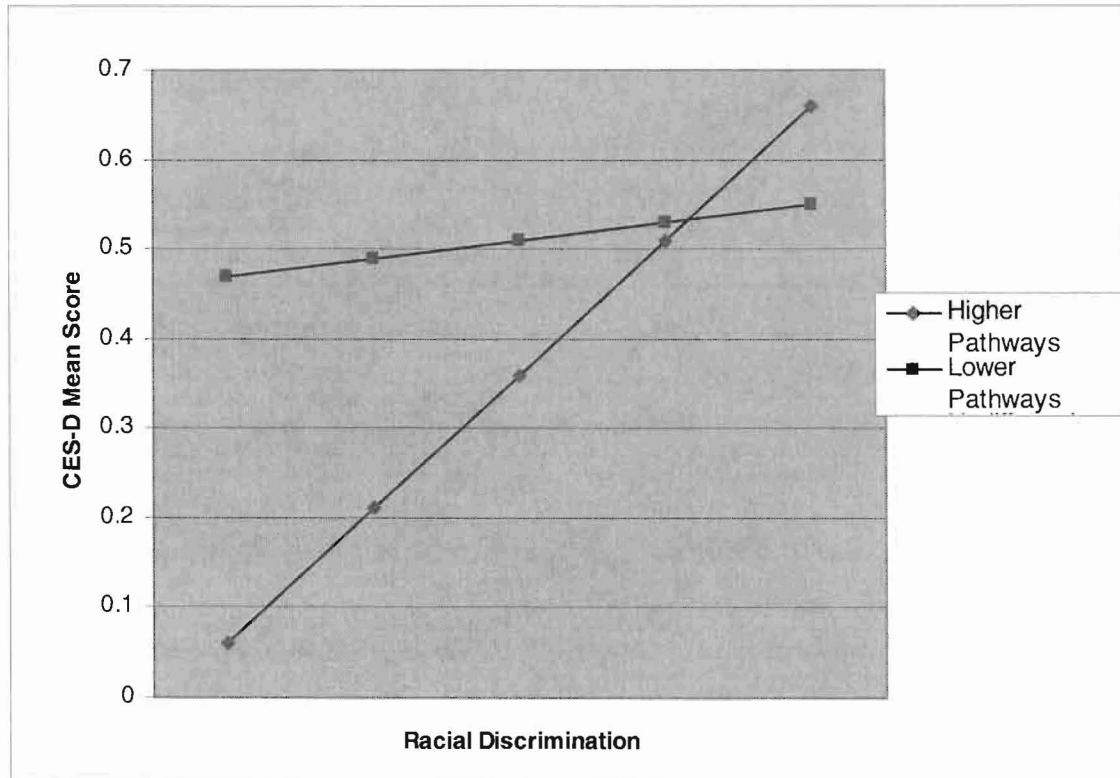


Figure 2.

The Interaction Between Racial Discrimination and Pathways on Depressive Symptoms



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