

Racial Identity, Parental Support, and Alcohol Use in a Sample of Academically At-Risk African American High School Students

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This study examined racial identity and parental support as predictors of alcohol use in a sample of 488 African American adolescents. Two dimensions of racial identity were investigated: (1) racial centrality (i.e., the significance that one places on race in defining oneself) and (2) private regard (i.e., the extent to which one feels positively about Black people). In addition, perceived support from mothers and fathers was examined. Multivariate results showed that private regard and father support were associated with less self-reported alcohol use after partialling out the effects of age and gender. An interaction between the two racial identity dimensions was also found such that private regard was associated with less alcohol use for adolescents who reported that race was a more central part of their identity.

KEY WORDS: alcohol use; ethnic identity; racial identity; parental support; substance use.

A consistent finding in the substance abuse literature is that African American adolescents report using and abusing alcohol less frequently than White adolescents. For instance, in a national survey of high school students, 34% of African American seniors as compared to 56% of White seniors reported that they had a drink within the past 30 days. In addition, White seniors (38%) were nearly three times as likely as African Americans seniors (14%) to report that they had been drunk within the past 30 days (Johnston, O'Malley, & Bachman, 1998). Although some have argued that racial differences in substance

use behaviors among urban high school students may be a reflection of differential rates of school dropout, cultural factors are more often cited to explain observed racial differences in substance use behavior between racial groups (Belgrave, Townsend, Cherry, & Cunningham, 1997; Brook, Balka, Brook, Win, & Gursen, 1998; Burlew et al., 2000; Collins, 1996; Scheier, Botvin, Diaz, & Ifill-Williams, 1997). Unfortunately, a predominance of the studies investigating alcohol use among African American adolescents has utilized between-group research designs. The use of race comparative designs provides little information regarding how cultural or other factors may be related to substance use behavior among African American adolescents. The present study addresses this limitation by investigating potential relationships between important cultural factors (i.e., different dimensions of racial identity) and youth perceptions of parental support behavior as protective factors against alcohol use among African American adolescents who were at risk for academic failure prior to entering high school.

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Conceptual Framework

Racial identity and parental support are generally conceptualized as compensatory factors within a broader resiliency perspective. Compensatory factors are variables that neutralize exposure to risk or operate in a counteractive fashion against the potential negative consequences introduced by a risk (Zimmerman & Arunkumar, 1994). As such, compensatory factors have a direct and independent effect on outcomes. In the present study we go beyond testing the compensatory model to test what Brook, Brook, Gordon, and Whiteman (1990) would call the protective/protective influences of racial identity and parental support on the alcohol use behavior of academically at-risk African American adolescents. The protective/protective model of resiliency suggests that one protective factor enhances the effects of another protective factor to predict less negative behavior. Thus, the examination of moderating (i.e., interaction) effects between racial identity and parental support and between different dimensions of racial identity is a test of the protective/protective effects model (Zimmerman & Arunkumar, 1994) examined for the African American youth in this study. The results of this approach should be useful in planning substance abuse preventive interventions for African American youth that incorporate cultural factors and parental behaviors.

Below we provide an overview and critique of empirical studies of racial identity and substance use among African American youth, followed by a summary of research findings regarding parental support and youth substance use behavior to provide a context for the current study. On the basis of this review, several research questions are then presented.

Racial Identity and Substance Use Behavior

A cultural factor that is often cited as a protection against the initiation of alcohol and drug use in ethnic minority adolescents is the concept of ethnic identity (Beauvais, 1998; 1997; Brook et al., 1998; Burlew et al., 2000; Scheier et al., 1997). A relative dearth of studies, however, has empirically assessed the relationship between ethnic identity and substance use among African American youth. The few studies that have investigated such a relationship have produced equivocal findings. Brook et al. (1998), for example, found that ethnic identity was associated with less substance use among African

American adolescents. Similarly, in a sample of ethnically diverse adolescents, Marsiglia, Kulis, and Hecht (2001) found that African American, Mexican American, and mixed-race youth reported less drug use than White adolescents when they had a strong sense of ethnic pride. They also found that ethnic identity was a stronger predictor of drug use when combined with ethnic labels (i.e., self-reported ethnic group identification) as an interaction. Scheier et al. (1997) also found that ethnic identity was a moderator of the relationship between psychosocial factors and attitudes and behaviors related to alcohol use among African American and Hispanic students. Belgrave, Brome, and Hampton (2000), on the other hand, found that racial identity was a stronger predictor of attitudes toward drugs rather than actual drug use in a sample of elementary school African American youth. Burlew et al. (2000) could only provide limited empirical support for a relationship between racial identity and alcohol use in a longitudinal study of 311 African American youth transitioning from sixth to seventh grade. The youth in this study had participated in an intervention to enhance their racial identity as a protection against future alcohol use.

In addition to contradictory empirical findings, conceptual and methodological limitations make it difficult to generalize how identification with one's ethnic group is related to use of alcohol among African American youth. In conceptualizing group identity, the concept of ethnic identity has been used because it provides a rubric within which to study universal components of group identity across various ethnic groups (Phinney, 1992). These universal components of ethnic identity, however, are not equally relevant for all groups. The concept of racial identity has been proposed as an alternative conceptualization for considering the specific experiences of African American youth. Sellers et al. (1998) have argued that racial identity, as opposed to ethnic identity, is more relevant for African Americans given their unique historical experiences in American society. They suggest that it is the concept of race that is the unifying construct in the lives of African Americans. Thus, we use the term racial identity in the present study rather than ethnic identity.

A methodological limitation of many racial identity studies is that the measurement tools used to assess identity development vary and often do not consider the content of the individual's racial identity. In other words, most instruments do not assess the significance and/or meaning that individuals

ascribe to being a member of their racial group. These studies imply that there is some consensus around both the significance and meaning of being Black among African Americans. Cross' model of Nigrescence is frequently used to conceptualize African American racial identity (Cross, 1991). It describes five stages of racial identity development: (1) preencounter (i.e., race is not important), (2) encounter (i.e., racial experiences prompt a reexamination of racial issues), (3) immersion/emersion (i.e., being pro-Black and anti-White), (4) internalization (i.e., inner security and satisfaction about being Black), and (5) internalization-commitment (i.e., a translation of internalized racial identities into action). The Racial Identity Attitudes Scale (RIAS) (Parham & Helms, 1981) is the instrument most often used to operationalize Cross' Nigrescence model. A direct link between racial identity and a number of outcomes in African Americans is typically measured. Findings based on the RIAS show *a less developed racial identity related to concerns about alcohol* among African American youth (Carter, 1991). This approach, however, does not allow for the possibility of interactions between different components of an individual's racial identity and alcohol use. Others have suggested that using a multidimensional approach to measuring racial identity is important for better specifying how different dimensions of racial identity may influence adolescent risk behaviors (Belgrave et al., 1997; Brook et al., 1998; Burlew et al., 2000).

Recently, the Multidimensional Model of Racial Identity (MMRI) has been proposed as a framework for investigating various dimensions of African American racial identity (Sellers et al., 1998; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). The MMRI delineates four dimensions of racial identity that represent both the significance and the meaning that African Americans ascribe to being Black. The four dimensions are racial salience, racial centrality, racial regard (both private and public), and racial ideology. Racial centrality and private racial regard are the two dimensions that are the focus of this study. Racial centrality refers to the extent to which race is normatively a defining characteristic of a person. Private regard is defined as the extent to which individuals feel positively or negatively toward Blacks. Throughout this paper, we use the term African American to refer to the people that the MMRI is relevant to (i.e., people of African descent who were primarily socialized in the United States) and the term Black as a term representing their reference

group. Because some African Americans may not see their reference group (i.e., Blacks) as encompassing individuals who are outside of the United States (e.g., Afro-Caribbean or Africans), whereas others might include some or all of these groups, we use the term Black as a projective stimulus that allows each individual to define their own reference group.

The Multidimensional Inventory of Black Identity (MIBI) was developed to operationalize dimensions of the MMRI in African Americans (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). Several studies provide evidence suggesting that the MIBI is a stable, reliable, and valid measure of the MMRI for African American youth (Cokley & Helm, 2001; Sellers et al., 1997; Shelton & Sellers, 2000; Walsh, 2001). Although no previous study has used the MIBI to investigate the role that racial identity may play in alcohol use behaviors, it has been used to examine the relationship between multiple dimensions of racial identity and psychological well-being among African American youth (Caldwell, Zimmerman, Bernat, Sellers, & Natoro, 2002; Rowley, Sellers, Chavous, & Smith, 1998; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, in press). In general, private regard enhanced positive and reduced negative psychological well-being, whereas racial centrality had no direct relationship. In addition, racial centrality was found to be a moderator of key protective factors (e.g., parental support, private regard) and youth psychological well-being (e.g., self-esteem, perceived stress, depressive symptoms, anxiety).

Parental Support and Youth Substance Use Behavior

Support from parents also has been associated with less drinking in racially diverse samples of adolescents (Barnes & Farrell, 1992; Barnes, Reifman, Farrell, & Dintcheff, 2000; Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1998; Stice, Barrera, Chassin, 1993; Wills & Cleary, 1996). Maton and Zimmerman (1992) found that parental support was inversely related to alcohol and marijuana use in an urban sample of African American males. Similarly, Barnes et al. (1994) found that having support from mother resulted in less alcohol abuse among African American 13–16-year olds. In a longitudinal study of children of alcoholics and a matched control group, Stice et al. (1993) found that adolescents who perceived greater support from their parents

reported less alcohol use 1 year later. Parental support appears to influence adolescents' substance use behavior through a variety of pathways. Wills and Cleary (1996), for example, found evidence that parental support had both a mediating and moderating influence on youth substance use. They reported that parental support inversely influenced youth substance use by leading to more behavioral coping and academic competence and less tolerance for deviance. In the same study, parental support both buffered the negative effect of risk factors for substance use and increased the positive effects of protective factors.

African American families often serve as a source of strength and resilience for African American adolescents through their racial socialization practices (McAdoo, 1988; McCubbin, Thompson, Thompson, & Futrell, 1998; White & Parham, 1990). Thus, having support from parents may be an especially important predictor of youth alcohol use behavior. Some researchers have argued that the culturally informed family socialization practices often employed within African American families (e.g., providing strategies for coping with racial stressors, religiosity) are instrumental in explaining African American adolescents' lower rates of alcohol use in comparison to White youths (Johnson & Johnson, 1999). Extant empirical evidence suggests that parental support is related to successful functioning and well-being of African American adolescents in a number of areas (Caldwell et al., 2002; Maton, Teti, Corns, Vieira-Baker, & Lavine, 1996; Thomas, Farrell, & Barnes, 1996). Emphasis has been placed on African American mothers when examining the influence of parental support because of the disproportionate number of female-headed households in African American communities. Recent research, however, has highlighted the role that African American fathers play in the lives of adolescents, even when they do not reside in the same household (Caldwell, Antonucci, Wolford, & Osofsky, 1997; Chadiha & Danziger, 1995; Salem, Zimmerman, & Notaro, 1998; Thomas et al., 1996; Zimmerman, Salem, & Maton, 1995; Zimmerman, Salem, & Notaro, 2000).

At present, the role of fathers in the prevention of substance use and other risk behaviors among African American adolescents is unclear. Some studies find positive influences whereas other studies find negative influences on youth risk behaviors. In a sample of African American adolescent males residing in single female-headed households, for exam-

ple, Thomas et al. (1996) found that males who reported less father involvement in their lives participated in fewer delinquent activities. Zimmerman, Steinman, and Rowe (1998), on the other hand, found that father support helped African American male youth overcome risks associated with violent behavior. Other research has found that perceived father support was related to positive outcomes for African American adolescent girls (Caldwell et al., 1997; Chadiha & Danziger, 1995). These findings suggest that examining the influences of both parents may be vital to understanding family risk and protective factors associated with youth risk behaviors such as alcohol use among African American adolescents.

The link between ethnic identity, parental behaviors, and substance use among African American youth has also been made. In a study of 627 African American youth, Brook et al. (1998) found that ethnic identity affected drug use directly and indirectly through family and personality factors. They suggested that a "positive ethnic identity serves as a protector by supporting adolescents' identification with their parents and thereby promoting their ability to regulate their emotions and engage in effective problem-solving skills." (pp. 1429-1430). Thus, empirical findings provide a context for suggesting possible relationships among racial identity, parental support, and alcohol use among African American youth within both the compensatory and protective/protective models of resiliency.

This Study

In an effort to delineate the influence of different dimensions of racial identity and support from both mothers and fathers more fully in explaining alcohol use among African American adolescents, this study examines four research questions. First, are racial identity attitudes (i.e., racial centrality and private regard) associated with alcohol use among academically at-risk African American adolescents? Second, are adolescents' perceptions of support from both mothers and fathers associated with their alcohol use behavior? Third, will different dimensions of racial identity and support from parents as a factor explain additional variance in alcohol use behavior beyond youth demographic characteristics? Finally, will dimensions of racial identity and support from parents interact to predict alcohol use? That is, will parent support variables interact with racial centrality and private regard or will racial

identity dimensions interact with each other to influence youth alcohol use behavior?

METHOD

Sample

The sample for this study was drawn from a larger longitudinal study of school dropout and substance use. The sample for the larger study was recruited from the four public high schools in the second largest school district in a Midwestern city. All students enrolled in the school district at the beginning of the ninth grade (1994–95 school year) with a GPA of 3.0 or below in the eighth grade were invited to participate in the initial study. The grade-point cutoff was used because students were participating in a 4-year longitudinal study investigating youth at risk for school failure or dropout. Only African American and White students were recruited because fewer than 5% of the youth in the school district were from other racial groups. Students who were diagnosed as being either emotionally impaired or developmentally disabled were eliminated from the sample. Of the 979 youth that met selection criteria, 52 had left the public school system. Of the remaining 927 youth, 67 were consistently absent from school after several attempts to interview them; 9 had parents who refused to allow them to participate in the study; and 1 refused to participate. The final sample included 850 youth (679 African American, 145 White, and 26 biracial youth). This sample represented 92% of eligible youth and was representative of the racial and gender composition of the public high schools in the city.

This study focused on the responses of self-identified African American students who completed the fourth wave of the larger study ($n = 613$; 1997–98 school year) when most youth were in the 12th grade and data were collected on racial identity for the first time. Of these students, 125 were omitted because they had missing data on one or more of the key study variables. Differences between youth in the study and those excluded due to missing data were examined to determine if any bias resulted from the elimination of these students. To compare the youth included in the study that had complete data with the youth excluded because of missing data, t tests were conducted. Results indicate that youth who were omitted from the analyses were older than youth who were included in the study, $t(611) = -2.79$, $p < .01$,

but no other differences were found on any other study variables. Thus, the final sample size for the current study was limited to the 488 youth that had no missing on key study variables.

The mean age of the students in the final sample was 17.49 ($SD = 0.63$) at the time of data collection for this study and 54% are females ($n = 264$). Seventy percent ($n = 342$) of the youth were enrolled in school at the time of the interview, 16% ($n = 78$) were in an adult education program, 10% ($n = 47$) left school before graduating, and 2% ($n = 11$) had graduated from high school or received a GED. The school status of the remaining 2% of the sample ($n = 10$) was not known.

Procedure

Data for this study were collected through face-to-face interviews. Project staff conducted 1-hr interviews during regular school hours at the school. Youth who could not be found in school, who had left the school district, or who had dropout of school by Wave 4 of the study were tracked and interviewed in a community setting (e.g., community organization). Questions included in the interview schedule focused on health issues, relationships with family and peers, school experiences, and psychological well-being. After the interview, students completed a self-report questionnaire about alcohol and drug use, sexual behavior, and racial identity. Participants were informed that all information they provided was confidential and they were paid \$20 for their cooperation. The study was approved by the university's Institutional Review Board and procedures approved by the school district were followed to obtain informed consent. (See Zimmerman et al., 1998, for more details on study procedures.)

Measures

Alcohol Use

A composite measure of alcohol use was created from three self-report items on frequency of alcohol use (Cronbach $\alpha = .81$). Adolescents were asked to respond yes or no to the following question: "Have you ever had any beer, wine, or liquor to drink (1 = no; 2 = yes)?" Those students who reported that they had drunk beer, wine, or liquor were asked to use a 7-point response scale (1 = *never*, 7 = *40+ times*) to

answer the following items: "How many times have you had alcoholic beverages to drink during the last 12 months?" "How many times have you had alcoholic beverages to drink during the last 30 days?" A composite score for alcohol use was created such that individuals who reported that they had never drunk received a score of 0. Approximately 37% of the participants reported never drinking in this sample. Individuals who reported drinking in their life but reported not drinking within the past 30 days received a score of 1. All other participants received a score from 2 to 14 based on the sum of their scores from the items assessing 30-day and lifetime prevalence of alcohol use. Thus, a higher score on the composite variable indicates a higher level of alcohol use.

Racial Identity

Shortened versions of the private regard and centrality subscales of the Multidimensional Inventory of Black Identity (MIBI) were used to measure racial identity (Sellers et al., 1997). A 3-item private regard measure assessed individuals' positive or negative feelings toward Blacks and their membership in that group (Cronbach $\alpha = .64$). Sample items include, "I am happy that I am Black." "I am proud of Black people." The 4-item centrality measure assessed the extent to which being Black was central to the respondents' definition of themselves (Cronbach $\alpha = .65$). Sample items include, "Being Black is a major part of my identity." "I feel close to other Black people." Responses were recorded using a 7-point Likert scale that ranged from *strongly disagree* (1) to *strongly agree* (7). Several studies provide evidence suggesting that the MIBI is a stable, reliable, and valid measure of the MMRI for African American youth (Cokley & Helm, 2001; Sellers et al., 1997; Shelton & Sellers, 2000; Walsh, 2001). The dimensions of racial identity used in this study included fewer items than the original measure. Given the psychometric properties of the original measure, reliabilities on a 6-item measure of private regard would be the equivalent of a Cronbach α of .79, while an 8-item centrality measure would also have an α of .79.

Parental Support

Perceptions of parental support were measured with a shortened version of the parental support scale developed by Procidano and Heller (1983). This measure was shortened from 10 to 5 items with

all the same psychometric properties and correlations with other variables based on a sample of urban African American adolescents (Zimmerman & Maton, 1992). Using a 5-point scale (1 = *not true*, 5 = *very true*), adolescents responded to five items assessing the amount of support that they received from their mother and father, respectively. Sample items include, "I rely on my mother/father for emotional support." "I have a deep sharing with my mother/father." If youths did not have or know their father, and did not have another father figure in their life, they were coded as 0 for the father support variable ($n = 96$). The Cronbach's α for the mother support and father support indices were .92 and .95, respectively.

Demographics

Participants' age, gender, and their family socioeconomic status (SES) were also included in this study as control variables. Participants' age was determined by their reported birth date. Participants' self-reported gender was coded such that 1 = males and 2 = females. Family SES was assessed via their parents' occupational prestige. Participants were asked to indicate their father and mother's occupation. Occupations were allotted a prestige score assigned to 20 major occupational classifications (Nakao & Treas, 1990a, 1990b). If the participants provided information regarding an occupation for both parents, the highest occupational prestige score of the two parents was assigned to the participant. The highest occupational group received a score of 64.38 (professional), and the lowest group received a score of 29.28 (private household work). The mean prestige score for the present sample was 40.14 ($SD = 10.48$), which corresponds to a skilled blue-collar occupation (e.g., machinist).

RESULTS

The means, standard deviations, and skewness for study variables are presented in Table I, whereas Pearson correlations are presented in Table II. The mean score for alcohol use in this study was 3.13 with a standard deviation of 3.38, and a skewness index of 1.00. In general, the respondents reported a great deal of support from their mother ($M = 4.02$, $SD = 1.00$), but less support from their father, $M = 2.53$, $SD = 1.73$; $t(487) = 17.79$, $p < .01$. Males reported more support from their father than

Table I. Mean, Standard Deviation, and Skewness for Demographic Background, Parental Support, Racial Identity, and Alcohol Use

	Mean	SD	Skewness
Alcohol use behavior	3.13	3.38	1.00
Demographic background			
Age	17.49	0.63	0.96
Socioeconomic status	40.14	10.48	1.34
Parental support			
Mother support	4.02	1.00	-1.17
Father support	2.53	1.73	-0.13
Racial identity			
Private regard	6.14	1.03	-1.61
Racial centrality	5.49	1.25	-0.99

Note. Socioeconomic status result is based on a sample size of 427.

females ($r = -.12, p < .05$). In addition, the majority of the respondents reported feeling very positive about Black people ($M = 6.14, SD = 1.03$) and most reported race as a central part of their identity ($M = 5.49, SD = 1.25$). Although the scores on the racial identity measures are high, an assessment of skewness indicates that both measures are below the accepted cutoff of 2.00. Age was inversely correlated with racial centrality ($r = -.09, p < .05$) such that younger youth reported higher levels of racial centrality. Socioeconomic status was inversely correlated with age ($r = -.11, p < .05$) indicating that younger adolescents were from homes with less occupational prestige. Because this variable had a large amount of missing data and it was not associated with key study variables, it was eliminated from further analyses.

Pearson correlations were computed to address the first two research questions (see Table II). None of the racial identity measures or demographic control variables was correlated with alcohol use at the bivariate level of analysis. Both perceptions of

mother support and father support were inversely related to alcohol use. Also, mother support and father support were positively correlated with each other. Further, racial centrality was positively correlated with mother support and with private regard, whereas support from father was not correlated with the racial identity measures.

A hierarchical regression analysis was conducted to test our third and fourth research questions regarding the additional contributions of the racial identity and parental support factor, and the interaction terms. Three blocks were entered: (1) the adolescents' age and gender as demographic controls; (2) mother support, father support, private regard, and racial centrality as the second factor; and (3) two-way interactions between parental support and racial identity and between racial centrality and private regard (see Table III). Results indicate that the demographic variables explained less than 1% of the variance, whereas the parental support and racial identity block of variables explained an additional 2.6% of the variance. The interaction block of variables explained an additional 1% of the variance in alcohol use. With regard to the perceptions of parental support variables, only adolescents' perception of father support predicted their alcohol use behavior. Adolescents who perceived more support from their father reported less alcohol use. Although mother support was significantly correlated with alcohol use in the bivariate analyses, it only approached significance when entered into the multivariate analyses. In addition, private regard was associated with less alcohol use, whereas no direct association was found for racial centrality and alcohol use within the multivariate analysis. Finally, racial centrality \times private regard was the only two-way interaction term related to alcohol use.

Table II. Zero Order Correlations Among Demographic Background, Parental Support, Racial Identity, and Alcohol Use

	1	2	3	4	5	6	7	8
1. Alcohol use	—							
2. Private regard	-.07	—						
3. Racial centrality	-.03	.59*	—					
4. Mother support	-.10*	.08	.12*	—				
5. Father support	-.10*	.04	.05	.16*	—			
6. Age	-.05	-.08	-.09*	-.09	-.07	—		
7. Socioeconomic status	-.08	-.02	.00	.05	.05	-.11*	—	
8. Gender ^a	-.04	-.06	-.04	-.09	-.12*	-.07	-.10*	—

Note. Correlations with socioeconomic status are based on a sample size of 427.

^aGender: 1, male; 2, female.

* $p < .05$.

Table III. Summary of Hierarchical Regression Analysis for Predicting Alcohol Use From Demographic, Parental Support, Racial Identity, and Interaction Variables

	<i>B</i> (<i>SE B</i>)	<i>R</i> ²	<i>R</i> ² change
Block 1: Demographics		.005	—
Age	-.45 (.25)		
Gender	-.47 (.31)		
Block 2: Parental support and racial identity		.030	.026*
Mother support	-.30 [†] (.16)		
Father support	-.20* (.09)		
Private regard	-.50* (.21)		
Racial centrality	-.02 (.16)		
Block 3: Interactions		.042	.012
Mother support × Private regard	.07 (.18)		
Mother support × Racial centrality	-.06 (.14)		
Father support × Private regard	.04 (.11)		
Father support × Racial centrality	-.03 (.10)		
Racial centrality × Private regard	-.22* (.09)		

* $p < .05$. [†] $p < .10$.

To illustrate the nature of the racial centrality × private regard interaction, we plotted the regression line for predicting alcohol use for individuals who were at the mean, and one standard deviation above and below the mean on racial centrality (see Aiken & West, 1991). Figure 1 graphically represents the linear relationship between alcohol use and private regard at these three values of centrality. These results indicate that private regard was associated with less alcohol use for adolescents with higher levels of racial centrality.

DISCUSSION

The results of this study, though modest, suggest that future research should consider multiple dimen-

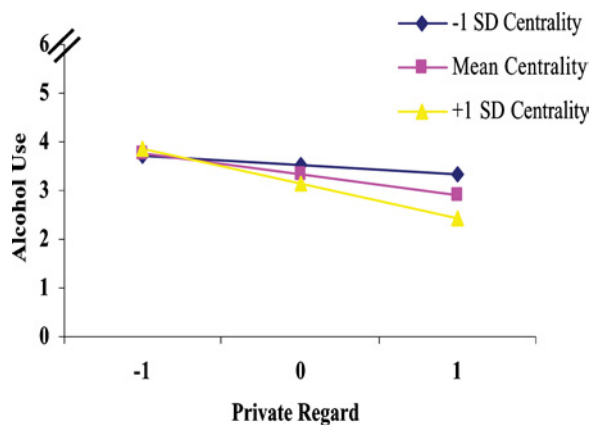


Fig. 1. The relationship between private regard and alcohol use by level of racial centrality.

sions of racial identity as factors when assessing resiliency among African American adolescents. Our findings provide some support for both the compensatory and protective/protective models of resiliency. We found that private regard and father support were inversely associated with alcohol use at the multivariate level of analysis. Specifically, African American adolescents who felt more positive about their racial group reported less alcohol use and African American adolescents who felt that their father was supportive reported less consumption of alcohol. On the other hand, racial centrality was not directly related to alcohol use and support from mother was not associated with youth alcohol use behavior when the influences of demographic, racial identity, and father support variables were taken into account. We also found that the racial identity/parental support factor accounted for about 3% more variance in alcohol use behavior when added to the demographic factor. The most important finding in this study supports the protective/protective effects model of resiliency. That is, the relationship between private regard and alcohol use was moderated by racial centrality. Private regard was associated with less alcohol use for adolescents for whom race was more central than for those for whom race was less central to their identity.

Because of the modest study findings and the paucity of research that links dimensions of racial identity, parental support, and youth alcohol use, we can offer no definitive explanations of study findings. A number of findings, however, are suggestive of directions for future research and intervention. The relationship found at the multivariate level between perceptions of father support and alcohol use and the

fact that no relationship was found for mother support and alcohol use is particularly intriguing given the protective and nurturing qualities attributed to African American mothers. The restricted range in the distribution of scores may be one explanation for these findings. The overwhelming majority of adolescents reported strong support from their mother. Another possibility is that fathers may have more influence on adolescent problem behaviors (e.g., alcohol use) than mothers may have, suggesting, perhaps a mediating influence of father support on the relationship between mother support and adolescent alcohol use. Like Zimmerman et al. (1998), our finding suggests that fathers may play a positive role in the lives of African American adolescents. These findings are in contrast to those reported by Thomas et al. (1996), who found that having nonresident African American fathers involved in their adolescent sons' life was detrimental to the sons' well-being. Although our sample included both male and female youth and was not restricted to individuals who had nonresident fathers, the only gender difference found was that males in our sample reported more support from their fathers than females. Future research should further examine the influences of having a supportive father as a protective factor against alcohol use among male and female African American adolescents in an effort to better delineate how fathers may be involved in interventions designed to prevent alcohol use among African American youth.

Our finding regarding the interactional influence of racial centrality and private regard on alcohol use underscores the importance of conceptualizing and measuring racial identity as a multidimensional construct. Without such an approach, it would be impossible to capture the complexity by which various dimensions of racial identity may relate to each other and other phenomena (Sellers et al., 1998). Finding that private regard may be protective only for youth that consider being Black an important part of their identity has implications for interventions designed to prevent substance use among African American adolescents. A critical function in the conceptualization of racial identity has been its buffering role in protecting African Americans from the negative impact of racism on their psyche (Cross, Parham, & Helms, 1998). Holding positive attitudes about being Black (private regard) may protect African American adolescents from the potential impact that experiencing racist events may have on their use of alcohol to cope with such stressors. Thus, incorpo-

rating racial pride as part of preventive interventions such as those developed by and Burlew et al. (2000) is an important first step. Additional information, however, will be necessary to further understand how to incorporate racial centrality in substance use prevention efforts. Our findings suggest that enhancing private regard and racial centrality may protect against alcohol use among African American youth. It is possible, however, that race as a central identity may exacerbate the effect of experiencing a racist event. In such an instance, experiencing a racist event may lead to greater alcohol use for those for whom race is more central. Future research should examine the relationship between different dimensions of racial identity and race-related stressors as they related to alcohol use among African American adolescents. In so doing, the content for future interventions may be better specified to help African American adolescents deal with inevitable racial encounters. Providing information about African American history to enhance racial pride may not be enough to deter risky youth behaviors. Focusing on racial coping skills may be just as important for teaching youth to avoid substances as a way of coping with racial stressors.

Several limitations of this study should be noted. Special consideration must be given to the social and cultural context (e.g., urban, Midwestern, largely African American) within which this research was conducted. Most importantly, the sample for this study was initially restricted to youth with grade-point averages of 3.0 or below in eighth grade due to the focus of the larger study on at-risk youth. Truncating the sample in this way can threaten the internal and external validity of survey data (Berk, 1983). Several factors, however, may mitigate the problems associated with this sampling approach. First, significant numbers of youth in the sample had GPAs above 3.0 by their senior year in high school (Zimmerman, Caldwell, & Bernat, 2002). This suggests that a number of students improved their GPAs during high school, resulting in more heterogeneity in GPAs. Second, focusing on alcohol use as the outcome for a sample of African American high school students that excluded their higher achieving schoolmates when they were in eighth grade may be helpful in understanding substance use behavior among African American youth at greater risk for a variety of negative outcomes. Nevertheless, the results of the current study may not generalize to all urban African American adolescents, but may be most relevant for those who were at greatest risk for negative

outcomes because of lower academic achievement prior to high school. Future research is needed to determine whether the present results generalize to higher achieving African American adolescents.

A cross-sectional study design was used in this study; therefore, it is impossible to infer the causal nature of the relationships that were found. Although our use of compensatory and protective/protective resiliency models implies that racial identity and parental support influence adolescent alcohol use, it is equally plausible that alcohol use may influence both adolescents' attitudes about racial identity and their perceptions of parental support. In addition, racial identity and parental support variables as a block accounted for less than 3% of the variance in youth alcohol use behavior, whereas the interactions explained an additional 1% of the variance. These small effects do not necessarily mean they are insignificant. Others have noted that small effects may be important when the dependent variable is difficult to influence (Prentice & Miller, 1992). Because a large number of factors are associated with alcohol use and other risky youth behaviors, it is unlikely that the small number of variables included in this study would have a large influence. We limited this study to few variables because we were interested in understanding whether or not racial identity and parental support variables could potentially be important in explaining alcohol use among African American youth. In addition, statistically significant interaction effects are very difficult to detect in survey research (McClelland & Judd, 1993). The fact that we found an interaction between racial centrality and private regard suggests that a relatively powerful moderation effect exist. Although our study findings are not definitive, they do provide a basis upon which future research on racial identity, parental support, and alcohol use among African American adolescents may build.

This study does demonstrate the importance of examining African American adolescents' alcohol use using a within-group methodology. By taking such an approach, our findings suggest that variables traditionally examined with minority youth (i.e., racial/ethnic identity) and variables often examined with White youth (i.e., parental support) influence alcohol use in ways that are consistent with African American adolescents' experiences. Although understanding the prevalence of alcohol use among African American adolescents within the broader context of youth from other racial groups is useful, further research is needed that examines individual

and environmental risk and protective factors within the context of the lives of African American adolescents. Such an approach should result in more information that may be useful for policy makers, service providers, and preventive interventions aimed at protecting the health and well-being of African American youth.

ACKNOWLEDGMENTS

This research was funded by the National Institute on Drug Abuse, Grant No. DA07484. The views or policies expressed do not necessarily reflect the views or policies of the National Institute on Drug Abuse.

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