

ETHNIC IDENTITY DEVELOPMENT: IMPLICATIONS FOR MENTAL HEALTH IN AFRICAN-AMERICAN AND HISPANIC ADOLESCENTS

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One of the key tasks of adolescence is identity development. This includes ethnic identity, or the aspect of identity related to one's membership in an ethnic group. Ethnic identity development has implications for mental health. Those adolescents who achieve a secure sense of themselves as ethnic group members have higher self-esteem and tend to have better mental health overall. This paper reviews the pertinent literature that connects ethnic identity to mental health outcomes in African-American and Hispanic adolescents. The relevance to mental health nursing is also highlighted.

Adolescence is a period of risk for various mental health and behavioral problems. It is also widely recognized that adolescence is a key phase of the lifespan for identity development and formation (Erikson, 1968). Several aspects of identity are under development during adolescence, including the aspect of identity that is related to one's membership in an ethnic group or ethnic identity (Phinney, 1992; Tajfel, 1981). Ethnic minority groups are a substantial part of the U.S. population. Currently, Hispanics and African Americans represent approximately 12% and 13% of the U.S. population, respectively (U.S. Census Bureau, 2000). This is equivalent to over 32 million people in each group. Research studies examining adolescent mental health have typically neglected factors that are relevant to ethnic

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minorities. Ethnic identity is a particularly salient aspect of identity for ethnic minority group members within a pluralistic society (Phinney, 1996).

It is critical for nurses and other health professionals to be informed of issues that are relevant to minority adolescents. Research focused on ethnic identity development and mental health functioning has been growing over approximately the last 15 years. This paper reviews the existing literature connecting ethnic identity to positive aspects of mental health functioning as well as its relationship to adverse mental health outcomes. A few studies have examined ethnic identity within a resiliency framework, and this work also is reviewed. Implications for mental health nursing are presented.

RELEVANCE TO NURSING—ADOLESCENT MENTAL HEALTH

It is no secret that adolescence is a time of tremendous risk for emotional and behavioral problems. The adolescent research literature would suggest that, within the last year, more than half of middle-school students have been in a fight, just as many have tried alcohol, and 17% have tried marijuana (DuRant, Smith, Kreiter, & Krowchuk, 1999; Fetro, Coyle, & Pham, 2001). By the time adolescents reach high school, depression rates are at adult levels (nearly 20%), and substance abuse rates also worsen. As many as 50% of high school students have ingested alcohol in the last 30 days and almost that many have tried marijuana at least once in their lifetime (Centers for Disease Control, 2000; Lewinsohn, Rohde, & Seeley, 1998).

The discipline of nursing has a history of evaluating mental health issues across the lifespan. Nurse researchers also have been involved in assessing developmental needs of various groups and implementing preventive and intervention programs in response to those needs. There is a significant record of nursing theoretical and empirical work addressing the mental health functioning of minority adolescents (Doswell, Millor, Thompson, & Braxter, 1998; Guthrie & Low, 2000; Long & Boik, 1993). Nurse researchers have evaluated risk and protective factors for substance use in multiethnic (e.g., Native American, Hispanic) children and adolescents as well as in samples of African-American adolescent females (Guthrie & Low, 2000; Long & Boik, 1993). Nursing research has examined causal models of depression and outcomes due to depression in early adolescents utilizing large multiethnic samples of middle school students (Mahon & Yarcheski, 2001; Yarcheski & Mahon, 2000). Additionally, nurse researchers have examined predictors of anger and

violence (Smith & Thomas, 2000), and developed theoretical models to explain substance use and depression in adolescents (Guthrie & Low, 2000; Yarcheski & Mahon, 2000).

These studies are demonstrative of the use of a nursing developmental perspective in research evaluating mental health in minority adolescents. Although the construct of ethnic identity has been rarely studied within the field of nursing and not specifically in relation to adolescent mental health, it clearly has relevance to mental health nursing. The following is a review of literature primarily from the field of developmental psychology. Research that has included African-American and Hispanic adolescents is emphasized.

ETHNIC IDENTITY DEVELOPMENT IN ADOLESCENCE

Adolescents are beginning to explore and formulate identities in several domains of life. Choices adolescents make concerning their developing identities can have an impact on long-range mental health outcomes. For example, an adolescent may choose to become someone who is sexually active, uses illicit substances, or plays sports. Other aspects of identity are ascribed, for example, ethnicity. During adolescence, the cognitive and affective aspects of ethnic identity are beginning to develop.

Ethnic identity is a relatively understudied area in comparison to other aspects of identity (e.g., academic, social, physical). These aspects of identity have been conceptualized as universal. Ethnic identity, in early work, was viewed as separate from general aspects of identity, as well as independent of mental health functioning (Cross, 1978, 1991). The current state of the research in adolescents, however, demonstrates the role ethnic identity plays in the lives of ethnic minorities. It is not only central to the identity of many adolescents, but is closely related to certain aspects of mental health functioning. For example, a strong sense of ethnic identity has been associated with a positive self-concept, self-efficacy, and positive coping styles (Phinney, 1992; Phinney & Chavira, 1995; Smith, Walker, Fields, Brookins, & Seay, 1999).

Phinney and colleagues evaluated the relevance of developmental theories of ethnic identity in multiethnic samples of adolescents (Phinney, 1989; Phinney & Chavira, 1992; Phinney & Tarver, 1988). Marcia's (1980) statuses of identity formation, an extension of Erikson's (1968) theory, were used to categorize qualitative data specifically related to ethnic identity (Phinney, 1989; Phinney & Tarver, 1988). Marcia's theory proposed four statuses: diffused (unexamined identity), foreclosed (achieved identity without searching), moratorium (searching

without commitment to an identity), and achieved identity (Marcia, 1980).

Interview data from a sample of Asian, African-American, Hispanic, and European-American 10th graders resulted in a three-phase adaptation of Marcia's theory that was applied to ethnic identity development in adolescence (Phinney, 1989). Students were categorized into an *unexamined phase*, a *search or exploration phase*, or an *achieved phase*. The European-American responses could not be categorized. These adolescents did not identify themselves as members of an ethnic group other than "American" although a few exceptions did highlight their European descent (Phinney, 1989). This study demonstrated the progressive developmental nature of ethnic identity that parallels the general identity development set out in Marcia's theory. This work also demonstrates the salience of this construct, in particular, for ethnic minority adolescents.

There is other evidence that supports the increased salience of this developmental construct to ethnic minority adolescents. This evidence includes the finding that members of the ethnic majority score significantly lower on measures of ethnic identity than do members of ethnic minority groups (Roberts, Phinney, Masses, Chen, Roberts, & Romero, 1999). Interviews with adolescents have revealed interesting differences between groups. A study of 48 black and white male and female 8th graders was conducted in an urban junior high school (Phinney & Tarver, 1988). Interview responses were categorized into *search or exploration* and *commitment or achievement*. Over 30% of the participants were moderately high in searching, and 29% were moderately high in commitment. There was a trend for more searching in the African-American female adolescents. The construct of ethnic identity was less salient for the white adolescents. The white adolescents were less likely to discuss their own group membership and more likely to discuss relations with other groups (Phinney & Tarver, 1988). This study demonstrates the relevance of ethnic identity for black adolescents, particularly females.

Two studies have provided evidence for the developmental nature of ethnic identity during adolescence (Phinney & Chavira, 1992; Phinney, Ferguson, & Tate, 1997). A sample of African-American, Hispanic, and Asian-American high school students were followed into young adulthood and interviewed about their ethnic identity. Most of those adolescents that were in the unexamined or exploration phases of development at baseline progressed to a higher phase over time. Those that were in the achieved phase at baseline were also in the achieved phase at follow-up (all except one). These findings demonstrate a developmental progression of ethnic identity and a stable end state of an achieved ethnic identity (Phinney & Chavira, 1992).

Phinney (1992) developed the Multigroup Ethnic Identity Measure, which allows for quantitative measurement of ethnic identity for adolescents. Higher scores on this measure are indicative of a more achieved ethnic identity. A study of 547 Asian, African-American, and Latino eighth and eleventh graders found higher levels of ethnic identity in the high school students than the middle school students (Phinney, Ferguson, & Tate, 1997). Although this study did not follow the same adolescents longitudinally, it does provide some evidence of the developmental nature of ethnic identity.

This research provides evidence for a theory of ethnic identity development that occurs during adolescence and is particularly salient for ethnic minority adolescents (Phinney, 1990, 1992; Roberts et al., 1999). This theory proposes that an early adolescent starts out in the unexamined phase. In this phase, ethnic identity is not viewed as an important issue or a significant aspect of the self. The search or exploration phase begins with an increased awareness of one's ethnic background and an increased interest in the history of one's ethnic group (Phinney, 1990). This is tied closely to behavioral aspects, such as increased participation in cultural or ethnic activities (Roberts et al., 1999). The amount of exploration may vary between groups as well as between individuals within a group (Phinney, 1990).

The final phase of development is that of an achieved ethnic identity. The hallmark of this phase is a "secure sense of oneself" as an ethnic group member (Phinney, 1992, p. 160). There are also positive attitudes or feelings associated with group membership, termed "affirmation," ethnic pride, or ethnic esteem (Phinney, 1990, 1992, p. 159). Other aspects of an achieved ethnic identity include a commitment to one's ethnic group and a feeling of belonging and attachment to one's ethnic group (Roberts et al., 1999). An achieved ethnic identity has been associated with positive mental health functioning and is believed to be protective against adverse mental health outcomes with or without serious risk factors (Brook, Balka, Brook, Win, & Gursen, 1998; Brook, Whiteman, Balka, Win, & Gursen, 1998; Miller & MacIntosh, 1999; Roberts et al., 1999; Schier, Botvin, Diaz, & Ifill-Williams, 1997).

The following sections review literature on ethnic identity and various aspects of mental health functioning. The majority of the research has involved quantitative measures of aspects of ethnic identity and/or the overall level of ethnic identity achievement. Exceptions to this type of measurement are highlighted, as are the specific aspects of ethnic identity that were assessed in different studies. Research measuring racial identity and aspects of mental health functioning in adolescence is also presented. There has been some debate in the literature about the differences

between racial and ethnic identity (Helms & Talleyrand, 1997; Phinney, 1996). A full discussion of this debate is beyond the scope of this paper. However for the purposes of this review, racial identity is considered an aspect of ethnic identity. Specific terminology is detailed within the context of each study under review. Unless otherwise noted, the term ethnic identity refers to the overall level of ethnic identity achievement for the adolescent.

ETHNIC IDENTITY AND POSITIVE MENTAL HEALTH FUNCTIONING

Most research that has assessed ethnic identity in adolescents has associated this construct with positive aspects of mental health and psychological functioning. The most commonly studied construct has been self-esteem (see Phinney, 1991 for a review). Other research has examined ethnic identity levels and their relationship to aspects of self-concept, self-efficacy, intergroup relationships, and academic achievement (Beale Spencer, Noll, Stoltzfus, & Harpalani, 2001; Phinney, Ferguson, & Tate, 1997; Romero & Roberts, 1998; Smith et al., 1999). The key studies in this area of research have been included.

Research connecting ethnic identity and self-esteem has consistently found a positive relationship (Phinney, 1992; Phinney & Chavira, 1992). Ethnic identity was positively correlated with high self-esteem in the minority participants of a sample of 417 high school and 136 college students. This relationship was not found in the white students, with one exception. Ethnic identity was associated with high self-esteem for the white students that were the minority within their school (Phinney, 1992). This study found that high self-esteem is related to ethnic identity for those with minority status.

Ethnic identity was positively related to self-esteem levels longitudinally in a sample of African-American and Hispanic high school students that were followed into young adulthood (Phinney & Chavira, 1992). Those with an achieved ethnic identity had higher self-esteem at both baseline and follow-up. Interestingly, self-esteem was found to be relatively consistent over time, while ethnic identity underwent developmental progression (Phinney & Chavira, 1992).

In a study of middle-school students that included a large representative sample of ethnic minority participants, positive relationships between ethnic identity and several adaptive psychological constructs were demonstrated (Roberts et al., 1999). In this sample of 5,423 Mexican-American, African-American, and European-American early

adolescents, ethnic identity was associated with increased levels of coping, general mastery, self-esteem, and optimism (Roberts et al., 1999).

Some research supporting the notion of differential relationships over the course of ethnic identity development has been conducted in the area of academic achievement (Beale Spencer et al., 2001). Academic achievement is a somewhat distal outcome variable in comparison to constructs such as self-esteem. However, academic achievement is an important area of functioning during adolescence. Beale Spencer and colleagues (2001) evaluated a sample of 562 African-American middle-school students, 80–90% of which were receiving free lunch. In this study, rankings on the Iowa Test of Basic Skills were used to operationalize academic achievement. This study measured racial identity specifically. The authors described a four-stage model of racial identity development. The relationships to Phinney's (1990, 1992) theory of ethnic identity and the definitions provided by the author are in parentheses. The stages include the *Eurocentric* (unexamined acceptance of the majority culture), *transitional*, *reactive Afrocentrism* (an early exploration of an Afrocentric identity, considered "superficial" identification by the author) and *proactive Afrocentrism* (the achieved, secure sense of racial identity; Beale Spencer et al., 2001, p. 26). Although these terms are specific to African Americans and differ somewhat from those described in the ethnic identity research, the findings are still relevant to this review.

The researchers found that the Eurocentric (unexamined) and the reactive Afrocentrism (exploration/searching) phases were associated with significantly lower levels of academic achievement. In contrast, the proactive Afrocentrism (achieved) phase of racial identity development was positively associated with academic achievement (Beale Spencer et al., 2001). These findings demonstrate that certain phases of racial identity development may be a vulnerable time for adolescents, but an achieved racial identity is associated with adequate functioning within the academic domain.

Other research has found direct and indirect relationships between ethnic identity and more proximal attributes such as self-concept and self-efficacy (Arroyo & Zigler, 1995; Smith et al., 1999). Ethnic identity was directly related to general mastery and emotional well-being, as well as peer and familial aspects of self-concept, in 100 6th grade African-American students (Smith et al., 1999). It also was positively correlated with perceived self-efficacy in the academic and career domains. Another study found a positive relationship between collective ethnic identity and self-efficacy in African-American high school students (Arroyo & Zigler, 1995). Interestingly, in the 6th grade sample, ethnic identity had

a direct negative effect on prosocial attitudes (i.e., use of legitimate methods for goal attainment). This finding was offset by the indirect effect ethnic identity had on prosocial attitudes via self-efficacy (Smith et al., 1999).

Other research has explored the relationship between ethnic identity and coping style within intergroup relationships (Phinney & Chavira, 1995; Phinney, Ferguson, & Tate, 1997). In a study of 60 parent-adolescent dyads, ethnic socialization, ethnic identity, and coping styles in the face of prejudice and stereotyped thinking were studied (Phinney & Chavira, 1995). Those high school students with high levels of ethnic identity were more likely to have proactive coping styles. They were more likely to use discussion, self-affirmation, and attempts to disprove stereotypes than to utilize passive or aggressive coping styles (Phinney & Chavira, 1995). This finding demonstrates that ethnic identity has a positive effect on the ability to cope with the stress of prejudice.

These studies provide significant evidence for the positive nature of ethnic identity development. Its association with positive psychological constructs (e.g., self-esteem, coping style, self-efficacy) places it in the realm of healthy or adaptive development. Ethnic identity can be viewed as an aspect of self-concept that develops in psychologically healthy individuals. That is not to say that each individual requires the same level of this factor. It is only to say that a secure sense of oneself as an ethnic group member is a positive aspect of self-concept.

ETHNIC IDENTITY AND ADVERSE MENTAL HEALTH OUTCOMES

There is a growing body of literature that has examined ethnic identity and its relationship to adverse mental health outcomes in school-based samples. Based on the consistent finding that ethnic identity is directly related to positive mental health functioning, researchers have begun to examine the question of its relationship to negative outcomes. It has been hypothesized that ethnic identity is inversely related potentially to a variety of adverse mental health outcomes (Arbona, Jackson, McCoy, & Blakely, 1999; Arroyo & Zigler, 1995; James, Kim, & Armijo, 2000; Roberts et al., 1999; Rotheram-Borus, 1989). This hypothesis has not always been supported empirically (James, Kim, & Armijo, 2000; Roberts et al., 1999). However, this area of research is not as fully developed. Also, methodological issues have often contributed to mixed results. The various findings related to this topic are described here and contradictory results are discussed along with methodological issues.

Several studies have examined ethnic identity and levels of depressive and anxious symptoms (Arroyo & Zigler, 1995; Roberts et al., 1999; Rotheram-Borus, 1989). Early research involving African-American and Puerto Rican high school students found differential relationships between phases of ethnic identity development and internalizing and externalizing symptoms (Rotheram-Borus, 1989). An achieved ethnic identity was associated with less self-destructive behavior, but still was related to elevated levels of inattentiveness and nervousness. Those adolescents in the moratorium phase of development (the period of exploration/searching without commitment) were more likely to have internalizing and externalizing symptoms (Rotheram-Borus, 1989). This study lends credence to the idea that exploration of ethnic identity may be a vulnerable time of development for adolescents, while the achieved phase is protective against some adverse symptoms. This study utilized a comprehensive clinical measure of symptomatology, which was a unique aspect of this study that has not been replicated elsewhere (Rotheram-Borus, 1989).

Findings related to mood symptoms and other internalizing symptoms have differed among ethnic groups. Roberts and colleagues (1999) found that ethnic identity was inversely related to depression and loneliness in a large sample of middle-school students. However, this finding was only in African-American middle-school students and the effect sizes were very small. There was no significant relationship between ethnic identity and internalizing symptoms in the Mexican-American adolescents (Roberts et al., 1999).

In a sample of 91 African-American high school students, high levels of "racelessness," (identification with mainstream European-American culture at the expense of racial identification) was associated with more anxious and depressive symptoms (Arroyo & Zigler, 1995, p. 904). The implications of this finding are that sacrificing one's racial identity is related to increases in anxious and depressive symptoms.

These findings together provide more questions than answers. However, they do provide some initial evidence of the protective nature of an achieved ethnic identity in reference to internalizing symptoms at least in African-American adolescents. The question still remains unanswered regarding any possible relationship between ethnic identity and internalizing symptoms in Hispanic adolescents.

There have been even fewer studies evaluating externalizing symptoms and ethnic identity. No published research has actually evaluated ethnic identity and angry, irritable mood or aggressive or violent behavior. One study in the literature examined attitudes about fighting and ethnic identity in a sample of 330 multiethnic middle-school students

(Arbona et al., 1999). The researchers controlled for two well-known risk factors for aggression: lack of parental involvement and negative peer behaviors. Ethnic identity was significantly related to nonfighting attitudes in African-American adolescents, but not in Hispanics (Arbona et al., 1999).

Other research has examined ethnic identity and the externalizing symptom of substance abuse. In a study of 127, multiethnic, 11 to 20 year olds, there was a discussion about the unexpected association between ethnic identity and high levels of substance abuse. However, the actual statistical finding was not detailed in the article (James, Kim, & Armijo, 2000). There were differential findings between ethnic groups on levels of ethnic identity. African-American adolescents had the highest level of ethnic identity, while there was no significant difference between Hispanics and European-American adolescents (James et al., 2000). There were no significant differences among ethnic groups on measures of substance use. However the association between high levels of ethnic identity and heavy substance use in the ethnic minority adolescents was surprising. This finding contradicts the hypothesized inverse relationship between ethnic identification and substance use in minority adolescents. Other research examining ethnic identity and substance use has been conducted within a resiliency framework.

RESILIENCY MODELS OF ETHNIC IDENTITY

The broad conceptual framework of risk and resiliency has been utilized within the disciplines of developmental psychology, medicine, and nursing (Mandleco & Peery, 2000; Resnick, 2000; Werner, 1986). This framework is simple in that there are two primary concepts, risk and resiliency. Risk factors are those factors (e.g., individual, familial, or social) that increase a person's chances of becoming ill. Resiliency factors are those factors that increase a person's chances of remaining healthy in the face of adversity or known risk factors (Garmezy, 1991; Werner, 1986). The finding that some individuals are able to avoid serious illness or behavioral problems in spite of serious risk has led to a shift in the focus of research to the identification of factors that promote resiliency.

A growing body of research has evaluated the protective qualities of ethnic identity within the risk and resiliency framework (Brook, Balka et al., 1998; Brook, Whiteman et al., 1998; Miller & MacIntosh, 1999; Scheier et al., 1997). Several of these studies examined ethnic identity and its potentially protective role against substance abuse (Brook, Balka et al., 1998; Brook, Whiteman et al., 1998; Scheier et al., 1997) and

one study has utilized academic achievement as the outcome of interest within this framework (Miller & MacIntosh, 1999).

Brook and colleagues (1998) utilized several measures of ethnic identity in a sample of 627 African-American adolescents. African-American awareness and church attendance had a main effect on drug involvement. Those participants that reported more African-American awareness and that attended church regularly had lower levels of drug involvement. The authors assessed risk and protective factors in multiple domains (personality, family, peer, and ecological). Ethnic identity enhanced individual, familial, and peer protective factors. It also protected against drug use in the face of individual (e.g., depressive symptoms) and ecological risk factors, such as drug-offering strangers (Brook, Balka et al., 1998). In other words, in the face of known risk factors, drug use was lower in those that had higher levels of ethnic identity.

In a comparable study of 555 Puerto Rican adolescents from New York City, ethnic identity was found to ameliorate several known risk factors for substance abuse and to enhance other protective factors (Brook, Whiteman et al., 1998). Spanish language preference and immigrant status (as measures of ethnic identity) were both associated with lower levels of substance abuse. In addition, several aspects of ethnic identity (e.g., affirmation and belonging; familism; Hispanic awareness) also were found to enhance resiliency or to be protective against substance use (Brook, Whiteman et al., 1998).

In a much larger study of substance use and multiple risk and protective factors, 1,815 7th graders were assessed cross-sectionally and a subset of 1,303 students were followed longitudinally into 8th grade (Scheier et al., 1997). These authors grouped risk factors into several domains. High ethnic identity was actually associated with high alcohol use in African-American and Hispanic adolescents. This association was especially strong in the presence of cognitive-affective risk (e.g., knowledge and expectancies related to alcohol use). In contrast, ethnic identity was protective against alcohol use in the presence of social skills risk. In other words, adolescents who had a lack of assertiveness or poor communication ability reported less alcohol use if they had a high level of ethnic identity compared to those with low ethnic identity. Ethnic identity also was protective against marijuana use in the presence of social influence risk (e.g., perception of peer usage and availability of marijuana) and social skills risk (Scheier et al., 1997).

These findings, together, paint a complex picture about the relationship between ethnic identity and substance use. Although some aspects of ethnic identity may be protective against certain substances in certain

individuals, many questions are still unanswered. In some cases ethnic identity may even increase risk, specifically for alcohol use.

Finally, one study examined racial socialization, collective self-esteem, and ethnic identity as resiliency factors that potentially protect adolescents in the domain of academic achievement (Miller & MacIntosh, 1999). In a sample of 131 African-American adolescents who were at risk for academic failure, ethnic identity was positively correlated with grade point average and inversely related to school absenteeism. Ethnic identity also had a buffering or protective effect on academic achievement in the presence of risk factors. Specifically, when the participants reported a high amount of daily hassles, ethnic identity protected their level of academic achievement (Miller & MacIntosh, 1999).

This body of research provides an interesting framework for studying the protective nature of ethnic identity in minority adolescents. However, due to the nature of the resiliency framework, it is best suited for studying adolescents at risk for problems such as substance abuse or academic failure. In addition to enhancing resiliency for vulnerable adolescents, there is evidence to suggest that ethnic identity achievement is a normative, healthy aspect of development.

SUMMARY

The concept of ethnic identity has only been studied systematically in adolescents over the last 10–15 years. It is clear from this body of research that African-American and Hispanic adolescents are examining the meaning of their membership in ethnic minority groups. Adolescence is the logical period of the lifespan to study aspects of identity formation (Erikson, 1968). Ethnic identity has been consistently associated with positive aspects of psychological functioning in African-American and Hispanic adolescents (Arroryo & Zigler, 1995; Phinney & Chavira, 1992, 1995). There is some evidence that ethnic identity may decrease risk for certain behavioral problems, such as substance abuse and academic failure (e.g., Brook, Balka et al., 1998; Miller & MacIntosh, 1999). Conflicting results have demonstrated that ethnic identity may be associated with increased alcohol use in some adolescents (Scheier et al., 1997). The inverse relationship between ethnic identity and adverse mental health outcomes has been confirmed more frequently in samples of African-American adolescents than in Hispanic samples (Arbona et al., 1999; Roberts et al., 1999). More research is needed to assess the relationship between ethnic identity and outcomes such as substance use, aggression, and affective symptoms, particularly with Hispanic adolescents.

IMPLICATIONS FOR MENTAL HEALTH NURSING

Nurse researchers should integrate sociocultural and developmental factors such as ethnic identity into research protocols examining adolescent mental health. Nursing research has a history of examining strengths or protective factors that reduce the risk for mental health problems in minority adolescents (Guthrie & Low, 2000; Long & Boik, 1993). Ethnic identity is a normative aspect of adolescent development for members of minority ethnic groups, and it should be considered in the study of adolescent mental health within a multiethnic society.

Ethnic identity development has significant implications for the practice of mental health nursing. Adolescent mental health care has traditionally been problem-focused. Although mental health problems must be addressed, a strength based approach to prevention and early intervention is a refreshing alternative (Walker, 2002). Mental health nurses in both community and school-based settings should integrate sociocultural concepts into their interventions for adolescents. Along with interventions to foster a sense of self-efficacy and self-esteem, encouraging a positive ethnic identity should be a basic part of nursing practice with ethnic minority adolescents. Whether mental health nurses are providing traditional psychotherapeutic interventions or developing innovative school-based programs, it is vital that these interventions are both empirically based and ethnically appropriate.

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