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Cultural Pride Reinforcement as a Dimension of Racial Socialization Protective of Urban African American Child Anxiety

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Abstract

The study objective was to examine how parental endorsement of cultural pride reinforcement messages may explain African American child anxiety. Data were gathered from 72 African American parents and their elementary school-aged children. Results indicated stronger parental endorsement of cultural pride reinforcement messages predicted less child anxiety. Additionally parental endorsement of these messages moderated the relationship between child mental health risk factor exposure and child anxiety. Specifically in the presence of high exposure, children of parents who endorsed high levels of cultural pride reinforcement messages had significantly lower anxiety scores relative to children of parents who endorsed low levels of these messages. Findings indicated parental endorsement of these messages may be an important factor in explaining African American child anxiety.

Racial socialization has been defined as a set of attitudes and behaviors that transmit worldviews about race and ethnicity to children (Hughes, 2003). These attitudes and behaviors are meant to convey messages to children of color that bolster child socioemotional functioning through the promotion of a positive racial identity, as well as the provision of resources geared to help children cope with life stressors—particularly racism. Research has identified the vast majority of African American families participate in racial socialization practices (Caughy, O'Campo, Randolph, & Nickerson, 2002; Hughes, 2003; Hughes & Chen, 1997). For example, Caughy et al. identified that among an inner-city sample of 200 African American parents 89% gave messages of racial pride, 74% emphasized messages of spirituality, 66% emphasized messages of preparation for bias, and 65% emphasized messages of racial mistrust to racially socialize their children.

Developmental theorists have begun to examine the role racial socialization may play in relationship to other developmental and family processes, and to child outcomes. For example,

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Garcia Coll et al. (1996) proposed a complex integrative model for minority child development that may help us better understand how racial socialization relates to minority child outcomes. This model is anchored within social stratification theory and emphasizes the importance of racism, prejudice, discrimination, oppression, and segregation on the development of minority children and families. The model emphasizes social position (e.g., race, gender, class) and the concomitant effects of segregation and discrimination that accompany lower status social locations in society. Social address is merely the starting point for understanding minority mental health, but the model moves beyond social address to integrate constructs that more directly influence universally critical family processes and individual development. Specifically, the model suggests social position variables (e.g., race, gender, social class) indirectly affect growth and development through the social mechanisms of racism, prejudice, and discrimination that produce residential, economic, social, and psychological segregation.

The interplay of discriminatory mechanisms and segregation result in social stratification through promoting/inhibiting environments in the form of differential access to or quality of institutions, among them schools, neighborhoods, and the health care system. Social stratification, in turn, leads to the formation of an adaptive culture—goals, values, attitudes, and behaviors—that becomes part of the group's collective history and experience and ultimately distinguishes the group from the dominant culture. In this vein, racial socialization could be considered a unique adaptive family process among families of color in the United States, a process which is designed to buffer child socioemotional well-being from the harmful effects of racism imposed by the dominant culture. Subsequently, in order to understand socioemotional well-being among children of color, it is necessary to consider family and developmental processes universally relevant to child socioemotional well-being and constructs salient specifically to populations of color, including racial socialization.

Cultural pride reinforcement (Stevenson, 1994) is a dimension of racial socialization through which African American parents draw children's attention to many of the cultural strengths that have historically supported African Americans in American society (Hughes, Rodriguez, Smith, Johnson, Stevenson, & Spicer, 2006; Stevenson, 1997). Through this process, the following themes are emphasized to African American children: (a) African American heritage and culture are helpful to their growth and survival in American society; (b) the importance of education in attaining societal and professional advancement for African Americans; and (c) preparedness for subtle and blatant experiences and messages of racism that occur in educational and social environments (Stevenson, 1994). Examples of a racial socialization belief that support this process are "Part of raising a Black child is teaching him/her to be proud to be Black" and "Schools should be required to teach Black history" (Stevenson, 1994).

There is an emerging base of research that links racial socialization to child socioemotional well-being. The most frequently identified relationship is an association between racial socialization and positive racial and ethnic identity development (Hughes et al, 2006). Recently, researchers have begun to shift attention to the influence of racial socialization on other social and behavioral outcomes. Findings are mixed, but there is growing and converging evidence that racial socialization practices influence psychosocial and behavioral functioning in children (Caughy et al., 2002; Constantine & Blackmon, 2002; Stevenson, Reed, Bodison, & Bishop, 1997). Germane to the study of racial socialization is the manner in which socialization constructs are measured. For example, racial socialization has been measured through a survey of how strongly a parent or child endorses specific racial socialization beliefs and reports of how frequently parents actively attempt to instill racial socialization beliefs in their children (see Hughes et al., 2006, for a review). The current manuscript examines the racial socialization construct of cultural pride reinforcement through a survey of how strongly parents endorse cultural pride reinforcement messages via the Scale of Racial Socialization for African American Adolescents (SORSA-A; Stevenson, 1994).

Research has identified that cultural pride reinforcement messages and cultural pride-related variables, when measured through ratings of parental endorsement, have a direct influence on outcomes for African American children. For example, studies have shown cultural pride reinforcement and cultural pride variables are positively related to important youth outcomes including self-esteem (Constantine & Blackmon, 2002) and academic achievement (Smith, Atkins, & Connell, 2003). Moreover, studies have also demonstrated cultural pride reinforcement and cultural pride variables are positively related to higher levels of anger control (Stevenson, 1997; Stevenson et al, 1997) in youth. Stevenson, Herrero-Taylor, Cameron, and Davis (2002) also found cultural pride, in combination with preparation for bias, was associated with lower levels of physical aggression frequency and initiation. Collectively, the emerging evidence suggests cultural pride reinforcement and cultural pride variables are important factors for understanding a variety of outcomes for African American children. In particular, one potential youth outcome that may be affected by cultural pride is anxiety.

Anxiety is an important aspect of socioemotional functioning in children. Numerous studies have demonstrated that problems with anxiety are very common in childhood (Costello & Angold, 1995; Gurley, Cohen, Pine, & Brook, 1996; Muris, Merckelbach, Mayer, & Prins, 2001). Moreover, problems with anxiety appear to be a precursor for additional problems over the course of a child's development, including the development of depression, substance abuse, and other negative mental health outcomes (Feehan, McGee, & Williams, 1993; Ferdinand & Verhulst, 1995; Keller, Lavori, Wunder, Beardslee, Schwartz, & Roth, 1992; Pine, Cohen, Gurley, Brook, & Ma, 1998). Anxiety may have particular relevance for African American children living in dangerous neighborhoods. Specifically, conceptualizations of the etiology and maintenance of anxiety posit the crucial role of perceived lack of control and misperceptions of threat as key to the development of anxiety (Barlow, 2002; Chorpita, 2001). Racial discrimination, prejudice, segregation, and dangerous neighborhoods potentially increase risk for anxiety in African American children given the potential negative impact of these factors on children's perceived control and perceptions of threat in their environment. Likewise, racial socialization beliefs, among them cultural pride reinforcement, may potentially reduce risk for anxiety in these children. Clearly, understanding the association between racial socialization beliefs and anxiety in children represents an important area of research.

Guided by our theoretical framework, the current study considers the racially salient family characteristic of cultural pride reinforcement in analyses and various other child and family characteristics that have been related to child anxiety across populations. The child and family characteristics linked with child anxiety across populations that will be included in the current study are parental depression (Pilowsky et al, 2006; Spence, Najman, Bor, O'Callaghan, & Williams, 2002; Weissman et al, 1997), parental monitoring and supervision (Vazsonyi & Belliston, 2006), family support (Hill, Levermore, Twaite, & Jones, 1996; Vazsonyi & Belliston, 2006), and the cumulative effect of exposure to child mental health risk factors (Hill & Madhere, 1996; Hill, Levermore, Twaite, & Jones, 1996; Singer, Anglin, Song, & Lunghofer, 1995).

Furthermore, it has been noted in the literature that racial socialization is best understood as an important family characteristic among families of color that moderates other child and family characteristics to influence child outcomes (Hughes et al., 2006). However, few empirical studies have been conducted that examine how racial socialization may potentially moderate other family characteristics and developmental processes to explain child outcomes. Therefore, the current study will attempt to move this research forward by examining if and how cultural pride reinforcement moderates the relationship between other child and family study variables and child anxiety.

Thus, the purpose of the current study of 72 African American children and their families is: (a) to examine the potential main effects of parental endorsement of racial socialization messages on child anxiety, while controlling for the influence of other child and family constructs universally related to child anxiety; and (b) to examine the potential moderating effects of parental endorsement of racial socialization messages on the relationship of other child and family constructs with child anxiety.

The following hypotheses were tested:

1. Higher levels of parental endorsement of cultural pride reinforcement messages will evidence significant main effects associated with a decreased level of child anxiety beyond the other child and family variables included in the current study. Specifically, we hypothesize that in the full multivariate model, higher levels of parental endorsement of cultural pride reinforcement messages will be associated with lower levels of child anxiety.
2. Parental endorsement of cultural pride reinforcement messages will moderate the relationship between other child and family variables included in the current study and child anxiety. Specifically, we hypothesize children of parents who endorse high levels of cultural pride reinforcement messages will evidence significantly lower levels of youth anxiety in the presence of high levels of child exposure to mental health risk factors, parental depression, within family support, and parental involvement and supervision, relative to children whose parents endorse low levels of cultural pride reinforcement messages.

Methods

Sample and Setting

The current study utilizes data gathered from 72 African American families who participated in a study funded by the National Institute of Mental Health (NIMH) titled Knowledge about the African American Research Experience (KAARE). The KAARE study was a cross-sectional survey of African American parents and one of their school-aged children conducted in Chicago from 1997–1999. The sample for the KAARE study was randomly drawn from families participating in a larger family-based HIV and mental health prevention study, titled the Collaborative HIV/AIDS prevention and Adolescent Mental Health Project (CHAMP). The CHAMP sample represented a pool of 324 participants who were chosen randomly from a roster of 550 children and their families attending four inner-city public elementary schools in 1996. A 92% consent rate for inclusion in the random assignment process of the CHAMP Family Program study was obtained. This rather high response rate was obtained through the use of a community collaborative design, which was specifically developed to involve families in the target community (see McKay, Coleman, Paikoff, Baptiste, Madison, & Scott, 2000, for details regarding the CHAMP Family Program study and recruitment methods used therein). Randomly selected CHAMP participants were invited to participate in an additional interview, which represented the data collection phase of the KAARE study.

All KAARE participants signed consent forms (and child assent) independent of their participation in CHAMP, if they chose to complete the KAARE interview. All data were gathered via interviews using standardized instruments and open-ended questions that were read aloud separately to adults and children in 6-to-8 person groups. Interviews were conducted by two-person teams. The first team member was a trained community interviewer who was of African American descent. The second team member was a graduate student in a master of social work or master of psychology program who was of White, African American, or Hispanic descent. Institutional review board approval was obtained. Thirty additional target

KAARE families could not be interviewed due to a combination of staff's inability to locate the family and refusals.

In the current sample, 100% of caregivers and children were African American. Ninety-two percent of adult caregivers were female. The typical caregiver was single (77%), unemployed (58%), and received public assistance (71%), with the average annual family income reported between $5,000–$9,000. Eighty percent of caregivers had a high school/GED level of education, with 20% of caregivers having an education level beyond high school (i.e., trade school, community college, graduate school). Children ranged from 9–15 years of age (M = 11.8; SD = 1.22). Sixty percent of children were female. In observing the demographic characteristics of the sample, it is important to note the population targeted for inclusion in the larger family-based HIV and mental health prevention study (from which the sample for the current study was drawn), is predominantly low-income, urban families of color, many of which are headed by only one parent. This demographic was targeted because children within these families are at a particularly high risk of engaging in unsafe sexual behavior (Brook, Adams, Balks, Whiteman, Zhang, & Sugerman, 2004; Devieux et al., 2005), and of experiencing mental health difficulties (Guerra, Huesmann, & Spindler, 2003; Smith & Hasbrouck, 2006).

Measures

Predictor variables—Information was collected from adult care-givers concerning *child and family demographic characteristics* (e.g., age, gender, marital status, education, and income level). *Parental depression* was measured via the Symptom Checklist—90 -Revised (SCL—90-R; Derogatis, Lipman, & Covi, 1973; Derogatis, Rickels, & Rock, 1976) which is a 90-item, self-report inventory designed to tap current symptoms associated with mental health. Respondents rate the extent to which each symptom (e.g., feeling blue) has been bothersome in the past week on a 5-point scale (1 = *not at all*, 5 = *extremely*). The measure contains nine subscales and three global indices of distress. Only the subscale assessing depression is considered here. Subscale scores are determined by adding the values of each contributing item. The possible range of this 13-item subscale is 13 to 65, with higher scores representing greater depression. Alpha for the current sample = .86.

Degree of *parental involvement and supervision* was measured on the parenting skills questionnaire (Tolan & Gorman-Smith, 1991). This 30-item parent report contains four subscales: discipline effectiveness, positive parenting, parent involvement and supervision, and child compliance. Only parent involvement and supervision is considered here. The parent involvement and supervision subscale assesses reports of the ways parents keep track of children's whereabouts, who they are with, household rules, and how often they are left in charge of other children. This instrument has 17 items with a 4-point scale (1 = *always true*, 4 = *always false*). The possible range of this instrument is 17 to 68 with higher scores representing a greater degree of parental involvement and supervision. Subscale scores are determined by adding the values of each contributing item completed. Alpha for the current sample = .75.

Degree of *within family support* was measured using the Family Assessment Measure (Tolan, Florsheim, McKay, & Kohner, 1993). This 68-item parental report was normed on 600 urban minority families and contains six statistically derived subscales, of which within family support (r = .52) is considered here. The within family support subscale has 6 items measured on a 4-point Likert-type scale (1 = *strongly disagree*, 4 = *strongly agree*). An example of an item is, "I listen to what other family members have to say, even when I disagree." The possible range of this subscale is 6 to 24, with higher scores representing a greater degree of within family support. Subscale scores are determined by adding the values of each contributing item. Alpha for the current sample = .88.

Child mental health risk factor exposure was measured via a 10-item risk factor exposure subscale incorporated within the family stress scale (Tolan, Miller, & Thomas, 1987). Within this subscale, respondents are asked to identify whether they or another member of their family experienced a series of potentially stressful events (*yes/no*). Items incorporated within this subscale reflect exposure to community violence, domestic violence, and substance abuse within a respondent's household. In the current study, children provided data via this subscale. Please see Table 1 for a full description of the items presented in this scale, along with the percentage of children who report exposure to each mental health risk factor event. The possible scale range is 0–10, with higher scores indicating a greater child exposure to mental health risk factors.

Parental endorsement of *cultural pride reinforcement* messages was measured via the Scale of Racial Socialization for African American Adolescents (SORSA-A; Stevenson, 1994). This instrument, appropriate for both adolescents and caregivers, contains 4 subscales (spirituality and religious coping, extended family caring, cultural pride reinforcement, and racial awareness teaching) that consist of 37 items designed to assess opinions about the appropriateness of racial socialization practices in educational, family, and societal venues. Respondents rate each item along a 4-point scale (1 = *strongly disagree*, 4 = *strongly agree*). Only the cultural pride reinforcement subscale (possible range 7–28; alpha for current sample = .71) is used in the current analysis, as this construct was the focal point of the manuscript. Two sample items included within this subscale are, "Schools ought to be required to teach all children about Black history" and "Getting a good education is still the best way for a Black child to survive racism." Subscale scores are determined by adding the values of each contributing item completed with higher scores representing stronger parental endorsement of racial socialization items.

Outcome variable—*Child anxiety* was measured via the State-Trait Anxiety Inventory for Children (Spielberger, Edwards, Lushere, Montouri, & Platzek, 1973). This instrument (alpha among current sample = .83) is a general measure of state anxiety levels theorized to predispose children to the harmful effects of stressors, thereby compromising their socioemotional well-being (Spielberger, 1966). The child version (appropriate for ages 9–14) contains 20 items, each measured on a 3-point scale (1 = *very* "item," 3 = *not very* "item"). Two sample items are, "I feel sad" and "I feel tense." The outcomes score is determined by adding the values of each contributing item completed. A higher score represents a higher frequency of endorsement of items related to anxiety (possible range = 20–60).

Statistical Analysis

Statistical analysis was conducted in four phases. First, to assess possible bias, a general linear model incorporating univariate analysis of variance tests of between-subjects effects was used to assess if child age and/or gender moderated the association of parental endorsement of cultural pride reinforcement and child anxiety. Second, bivariate correlations were conducted to identify the relationship between parental endorsement of cultural pride reinforcement messages, other child and family study variables, and child anxiety. Third, a hierarchical ordinary least squares (OLS) regression model was used to examine if parental endorsement of cultural pride reinforcement messages explained child anxiety beyond the multiple influences of other child and family study variables included in analyses. Fourth, a series of general linear models with an added 2 × 2 interaction term (parental endorsement of cultural pride reinforcement messages × one of the other child and family study variables) was conducted to determine the potential moderating effect of parental endorsement of cultural pride reinforcement messages on the relationship between other child and family study variables and child anxiety within the full multivariate model. Socioeconomic status (i.e., income) was controlled for in the multivariate model. Checks for multicollinearity among

predictor variables revealed no significant problems (Cohen, West, Aiken, & Cohen, 2003). All variables used in current analysis are centered. Techniques to account for missing values were not necessary as participants in the current study provided complete data.

Results

Description of Study Variables

Descriptive analysis of the outcome variable indicated low levels of child anxiety. The sample mean tended toward the lower end of all possible scale values, $M = 27.5$, $SD = 5.53$, possible scale range = 20–60. Exploratory bivariate analysis indicated that levels of child anxiety were not significantly related to child gender, $t(70) = 1.82$, $p = .07$, or child age, $r(70) = -.01$, $p = .95$. Regarding the independent variables, the means, standard deviations, and possible ranges for variables are as follows: parental depression, $M = 20.5$, $SD = 7.46$, possible scale range = 13–65; parental involvement and supervision, $M = 60.6$, $SD = 5.58$, possible scale range = 17–68; within family support, $M = 20.3$, $SD = 3.90$, possible scale range = 6–24; child mental health risk factor exposure, $M = 3.0$, $SD = 1.64$, possible scale range = 0–10; and cultural pride reinforcement, $M = 23.2$, $SD = 2.70$, possible scale range = 7–28.

Bivariate Analyses Between Predictor Variables and Child Anxiety

Initial bivariate analyses revealed parental endorsement of cultural pride reinforcement messages was significantly related to levels of child anxiety, $r(70) = .20$, $p < .05$. Further bivariate analyses revealed several other predictors were significantly associated with child anxiety. Table 2 and Table 3 describes significant correlational analyses between predictors and child anxiety. Among predictors, child anxiety scores were inversely associated with parental involvement and supervision, $r(70) = .20$, $p < .05$, and within family support, $r(70) = .20$, $p < .05$. Child anxiety was significantly positively associated with parental depression, $r(70) = -.23$, $p < .05$, and number of exposures to child mental health risk factors, $r(70) = -.26$, $p < .01$.

Multivariate Results

Table 3 summarizes the results of the OLS hierarchical linear regression. Results from the analyses indicated that in step 1, child mental health risk factors significantly contributed to explaining child anxiety with 12% of the sample variance in child anxiety being explained, $R^2 = .12$, $F = 3.05$, $p < .05$. In step 2, when the block of three child protective factor variables were entered into the model, an additional 10% of the sample variance in child anxiety was explained, $R^2 = .22$, $F = 3.01$, $p < .01$. In step 3, when parental endorsement of cultural pride reinforcement was entered into the model, an additional 5% of the variance in child anxiety was explained by this single variable, $R^2 = .27$, $F = 3.33$, $p < .001$.

The strength of the association of the individual variables with child anxiety was examined by evaluating the standardized regression coefficients and their associated significance levels within the context of the full model. Within the full model, child mental health risk factors were not significantly related to anxiety. Of child mental health protective factors, lower levels of parental depression, $B = -.15$, $\beta = -.22$, $p < .05$, was significantly associated with lower anxiety. Degree of parental involvement and supervision and within family support were unrelated to child anxiety in the full model. Finally, cultural pride reinforcement was significantly associated with a lower child anxiety, $B = .40$,$\beta = .23$, $p < .05$, beyond other child and family study variables entered in the first and second step.

Moderation Effects

Four general linear models were constructed to detect significant findings. Each model incorporated ratings of parental endorsement of cultural pride reinforcement messages and all child and family variables included in this study, as well as a single interaction term between parental endorsement of cultural pride reinforcement messages and one of the child and family variables included in the current study. Analysis revealed parental endorsement of cultural pride reinforcement messages failed to moderate the association of parental depression, $F(7, 64) = .43$, $p = .51$, parental involvement and supervision, $F(7, 64) = 2.37$, $p = .13$, and within family support, $F(7, 64) = .79$, $p = .38$, with child anxiety. However, analysis did indicate parental endorsement of cultural pride reinforcement messages did moderate the association of child exposure to mental health risk factors with child anxiety at a statistically significant level, $F(7, 64) = 3.18$, $p < .05$. Figure 1 presents a graphical depiction of this relationship.

For the purposes of graphical display, parental ratings of the cultural pride reinforcement messages and child exposure to mental health risk factors were dichotomized. Within Figure 1, high levels of cultural pride reinforcement are categorized as scores at least 1 standard deviation above the mean and low cultural pride reinforcement are categorized as scores at least 1 standard deviation below the mean value of cultural pride reinforcement. Likewise, high levels of child mental health risk exposure are categorized as scores at least 1 standard deviation above the mean and low child mental health risk exposure are categorized as scores at least 1 standard deviation below the mean of child mental health risk exposure. Considering the relatively small sample used in the current study, it is important to be sure that an adequate number of cases fall into the extreme group subsamples described above to bolster our confidence in findings. One would expect 32% of cases to be one standard deviation outside of a given study variable (Cohen et al, 2003). Therefore, within the current sample of 72 cases, one would expect 23 cases (72 cases × .32 = 23 cases) to be available toward graphing the extreme group subsamples described above. The actual values in the current sample reflect there are 6 cases in the category *high cultural pride reinforcement/high exposure* and 6 cases in the category *high cultural pride reinforcement/low exposure*, along with 7 cases in the category *low cultural pride reinforcement/high exposure* and 7 cases in the category *low cultural pride reinforcement/low exposure*. Thus, there were a balanced number of 26 cases available for graphing the extreme group subsamples described above, which is slightly above the estimated number of cases that would be available for analyses as per statistical guidelines.

Figure 1 suggests a buffering effect, in which children of parents who endorse high levels of cultural pride reinforcement messages begin with lower anxiety in comparison to children of parents who endorse low levels of cultural pride reinforcement messages. Additionally, as exposure to a greater number of mental health risk factors increases, anxiety does not increase for children of parents who endorse high levels of cultural pride reinforcement messages, but does increase for children of parents who endorse low levels of cultural pride reinforcement messages. Specifically, the mean value of child anxiety for children with high cultural pride reinforcement remains constant at 23 across exposure to mental health risk factors. The mean values of child anxiety for children with low cultural pride reinforcement rises from 26.1 for children with low exposure to mental health risk factors to 30.2 for children with high exposure to mental health risk factors. This finding indicates among urban African American families, having parents who more strongly endorse cultural pride reinforcement messages may play a significant role in buffering urban African American child mental health from the potentially harmful effects of exposure to mental health risk factors.

Discussion

Data supported the first hypothesis as higher levels of parental endorsement of cultural pride reinforcement messages evidenced significant main effects associated with a decreased level

of child anxiety. This finding suggests parental endorsement of cultural pride reinforcement messages acts as a significant influence on urban African American child anxiety independent of its association with other child and family variables included in this study. Specifically, findings suggest among African American families, child anxiety is directly linked to parental endorsement of messages related to efforts to educate children about their culture and its history, instill a positive racial identity, and teach strategies to cope with negative race-related messages and inequity faced by people of color in the United States. However, how child anxiety is linked to the parental endorsement of these messages is not clear. For example, do parents who strongly endorse these messages also practice additional behaviors related to cultural pride reinforcement? Are these parental behaviors related to parental endorsement of cultural pride reinforcement the driving force behind the findings of the current study?

Future research can certainly advance the findings of the current study through making a more cogent inquiry into if and how parental endorsement of cultural pride reinforcement is conveyed to children and the manner in which it influences their level of child anxiety. Based on the findings of the current study, a valid argument can be made suggesting future studies with stronger designs replicate these findings to more rigorously examine if an actual link exists between the presence of cultural pride reinforcement in urban African American families and preferable child socioemotional outcomes, reduced youth anxiety among them.

Data also partially supported the second hypothesis as parental endorsement of cultural pride reinforcement messages did moderate the relationship between child exposure to mental health risk factors and child anxiety. Specifically, in the presence of high child exposure to mental health risk factors, the children of parents who endorsed high levels of cultural pride reinforcement messages had significantly lower levels of child anxiety relative to children of parents who endorsed low levels of cultural pride reinforcement messages. The finding may be especially important for African American children residing within inner-city environments. The literature identifies urban minority children are often exposed to a considerable range of stressors that negatively impact their mental health (Black & Krishnakumar, 1998; Tolan & Henry, 1996; Tolan, Guerra, & Kendall, 1995; Weist, Acosta, & Youngstrom, 2001). However, only a very small proportion of these children ever receive needed mental health care (McKay & Bannon, 2004; National Institute of Mental Health, 2001; U.S. Public Health Service, 1999; 2000; 2001). Thus, the identification of factors that pre-exist in their families and communities, cultural pride reinforcement among them, that seem to buffer child psychological well-being from exposure to mental health risk factors may be especially important for this population. Through identifying, examining, and perhaps enhancing such naturally occurring factors within these families, child socioemotional outcomes, including reduced child anxiety, may be enhanced in spite of the low likelihood these children will ever receive mental health care in response to their exposure to mental health risk factors.

Analyses did not evidence significant moderating effects of parental endorsement of cultural pride reinforcement messages on the relationship between the other family characteristics (i.e., parental depression, within family support, or parental supervision and monitoring) and child anxiety. However, it is important to note the current study utilized a fairly small sample with limited statistical power to detect interaction effects. The field would benefit from future research with larger samples to increase statistical power, which may facilitate the detection of interaction effects and a more fine-grained study of multiple interaction terms. Thus, the specific mechanisms by which these other child and family characteristics may work in concert with parental endorsement of cultural pride reinforcement messages to influence child anxiety may not be clear from the findings presented here.

Practice Implications

The current study has implications for both mental health researchers and practitioners conducting studies and programs in urban settings among families of color. Specifically, the fact that parental endorsement of cultural pride reinforcement messages had significant effects on child anxiety suggests addressing this construct may be appropriate in child mental health treatment plans, and in research studies, targeting urban families of color. Essentially, these preliminary data suggest cultural pride reinforcement may be a variable of importance that has not yet been examined extensively in urban child mental health research. However, important gaps in the current research need to be addressed to bolster our confidence in these findings.

For example, it is not unreasonable to speculate parents who strongly endorse messages of cultural pride reinforcement are also more likely to practice behaviors conveying cultural pride to their children. However, this is purely an assumption. Further research needs to be conducted that tests this assumption. Specifically, research needs to be conducted that relates both parental endorsement of and parental behaviors related to cultural pride reinforcement to one another, and other important child and family constructs and outcomes. Only through this type of rigorous examination will it be possible to determine the likelihood that cultural pride reinforcement is a significant influence on urban African American child anxiety and warrants inclusion in urban mental health services research and practice among urban families of color.

Conclusion

Despite these limitations, the present study expands knowledge concerning the factors that influence anxiety levels among African American children residing in urban environments. The present research goes beyond the consideration of child and family factors that have been linked to child anxiety across populations, to identify a unique construct within families of color that may play a role in child socioemotional well-being. This knowledge can be useful in expanding the developmental models explaining urban child mental health and informing interventions designed to promote positive mental health in children. Additional research in this area should be pursued.

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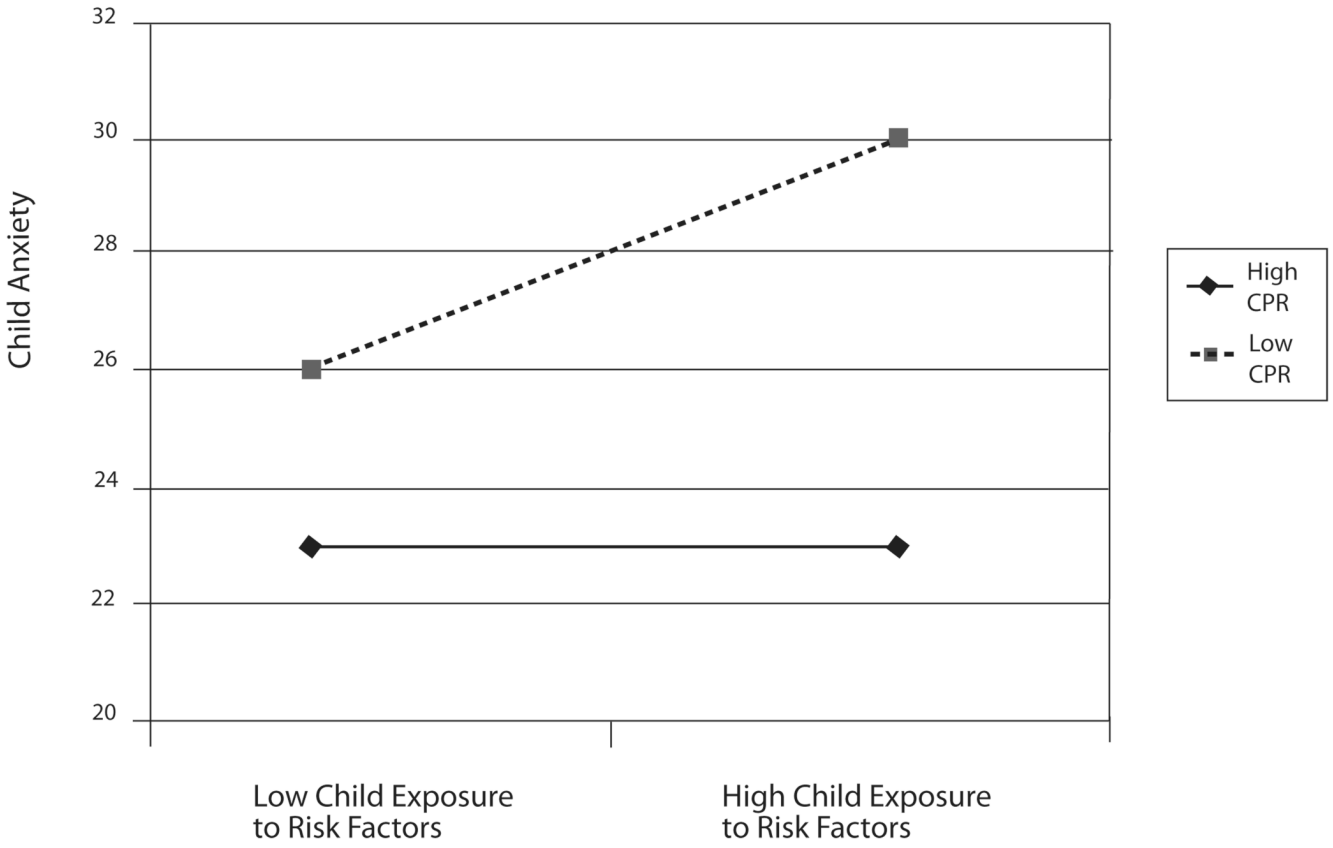

FIGURE 1.
The moderating effect of parental endorsement of cultural pride reinforcement (CPR) messages on the association of child mental health risk factor exposure with child anxiety.

TABLE 1

Items Used to Examine Child Mental Health Risk Factors and Exposure Percentage

MENTAL HEALTH RISK FACTOR EXPOSURE EVENT FOR CHILD OR FAMILY MEMBER	PERCENT EXPOSED(*N* = 72)
Trouble at school	46%
Trouble with the authorities	14%
Had a family member die	76%
Had another close relative die	56%
Had their house damaged by fire	13%
Had their house damaged by burglary	19%
Had a family member use drugs not given by a doctor	6%
Had been badly hurt by someone	28%
Had seen someone beaten very badly, attacked, or killed	46%
Had seen violence in their family (anyone shoved/hit/slapped)	35%

TABLE 2

Intercorrelations Between Subscales (N = 72)

VARIABLE		1	2	3	4	5	6
1.	Child Mental Health Risk Factor Exposure	--	.04	.12	−.16	.10	.26**
2.	Within Family Support		--	−.23*	.18	.02	−.20*
3.	Parental Involvement and Supervision			--	.09	−.01	−.20*
4.	Parental Depression				--	−.04	.23*
5.	Cultural Pride Reinforcement					--	−.20*
6.	Child Anxiety						--

*p<.05

**p<.01.

TABLE 3

Hierarchical Ordinary Least Squares Regression Explaining Child Anxiety (N=72)

VARIABLE	*B*	*SE*	β
Step 1			
Child mental health risk factor exposure	.56	.26	.25*
Step 2			
Child mental health risk factor exposure	.42	.26	.19
Within family support	−.19	.13	−.17
Parental involvement and supervision	−.30	.28	−.12
Parental depression	.16	.08	.23*
Step 3			
Child mental health risk factor exposure	.37	.25	.16
Within family support	−.20	.12	−.18
Parental involvement and supervision	−.29	.27	−.12
Parental depression	.15	.08	.21*
Cultural pride reinforcement	−.39	.19	−.23*

R^2 = .12, Adj. R^2 = .08, *df* = 71, *F*= 3.05, $p < .05$.

R^2 = .22, Adj. R^2 = .15, *df* = 71, *F* = 3.01, $p < .01$.

R^2 = .27, Adj. R^2 = .19, *df* = 71, *F*= 3.33, $p < .001$.