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Diversity within Discrimination: Does Victim Nativity and Discriminator Race Matter for the Mental Health of Blacks?

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DIVERSITY WITHIN DISCRIMINATION: DOES VICTIM NATIVITY AND
DISCRIMINATOR RACE MATTER FOR THE MENTAL HEALTH OF BLACKS?

by

AJA SIMPSON ZULFIQAR

Under the Direction of Dr. Meredith Greif

ABSTRACT

The current study focuses on the variations in mental health effects due to the race of discriminators and the heterogeneity of the Black racial group. Using NSAL data, this study seeks to determine whether skin color discrimination has differing mental health impacts if it originates from a Black perpetrator versus a White one. The study examines these effects on both foreign-born and native-born Blacks to determine similarities and differences in their experiences in distress. The findings can provide a unique insight into diversity within the discrimination experience and inform interventions and policies that seek to improve the mental health among populations most at risk due to discrimination.

INDEX WORDS: Skin color, Colorism, Discrimination, Nativity, Distress, NSAL, Immigrant, Black, African American, Heterogeneity, Intragroup, Intergroup

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INTRODUCTION

Blacks in particular have been targets of racial discrimination throughout US history, and a sizeable body of literature illustrates that their mental health may suffer as a result (Branscombe, Schmitt, & Harvey, 1999; McCoy & Major, 2003; Bourguignon, Seron, Yzerbyt, & Herman, 2006; Verkuten & Thijs, 2006; Mesch, Turjeman, & Fishman, 2008). However, the existing body of literature on discrimination and mental health does not thoroughly explore how the race of the discriminator may significantly impact the influence of discrimination on mental health. Studies have largely focused on intergroup Black-White discrimination, to the near exclusion of intragroup discrimination (Alcoff, 2006; Waters, 1999; Perea, 1998). There is reason to believe, however, that discrimination from other Blacks can be equally, if not more, detrimental to the mental health among Blacks (Postmes & Branscombe, 2002). Given the variations in experiences in discrimination among Blacks, especially as they relate to variation in phenotype (specifically skin tone, also known as colorism), research on intragroup discrimination and its mental health consequences is warranted (Gordon, 2002; Chukka, 2002; Clark, 2009; Hoschild, 2006; Wilder, 2010).

Given increases in Black immigration to the US in recent years (Kent, 2007), it is also important to consider the role of nativity status¹ for a number of reasons. There is scant literature on the mental health of Black immigrants; the vast majority of studies examining mental health and discrimination among immigrants have generally focused on Asians and Latinos (c.f. Finch, Kolody, & Vega, 2000; Flores et al., 2008; Pérez, Fortuna, & Alegria, 2008; Schachter, Kimbro, & Gorman, 2012; Yoo, Gee, & Takeuchi, 2009). Given that foreign-born Blacks tend to arrive

¹ For the purpose of this project, “nativity status” and “nativity” specifically refer to country of birth. As the United States is the birthplace of reference, the terms “native” or “native-born” refer to those born in the United States. This language, while problematic, is used for clarity.

with less familiarity with racial dynamics in the US, unexpected experiences with racial discrimination may be particularly damaging to their mental health. However, foreign-born Blacks may possess a sense of resilience that can deflect the harmful effects of discrimination, particularly when living in ethnic communities (Waters, 1999).

Furthermore, it is plausible that nativity status, with the race of the discriminator, modifies the relationship between discrimination and mental health effects in ways that are important to consider for a more complete and useful understanding of mental health among Blacks. Foreign-born Blacks may view Whites' acceptance as the social barometer for success due to Whites' social status, therefore making White-inflicted discrimination more impactful. Yet, Black-inflicted discrimination may be detrimental as well, as it may be unexpected from those of equal social standing, in turn increasing mental distress. For native-born Blacks, who may be more accustomed to White-inflicted discrimination (thus more immune to it), Black-inflicted discrimination may be viewed as a violation of group solidarity.

Overall, there are gaps in the vast body of literature examining the relationship between discrimination and mental health among Blacks, which are more concerning with the growth of ethnic diversity and intragroup discrimination. Accordingly, the current study focuses on how discrimination by Whites and Blacks may be associated with greater mental distress among Blacks, and whether mental health effects differ according to nativity status. The findings can contribute to the ongoing dialogues about how to improve mental health among both native-born and foreign-born Black communities.

DISCRIMINATION AND MENTAL HEALTH

There is a long history of research on various types of discrimination and its psychological correlates. The general consensus is that discrimination is linked to various

psychological outcomes (Franklin-Jackson & Carter, 2007; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000). Indeed, discrimination is associated with lower life satisfaction, depression, anxiety, and psychological distress (Williams, Yu, Jackson, & Anderson, 1997; Franklin-Jackson & Carter, 2007; Williams et al., 2003; Williams & Williams-Morris, 2000). Given the long history of racial discrimination toward Blacks in the U.S., they are particularly susceptible to increased exposure and perceptions of discrimination, putting them at risk for negative psychological consequences (Clark, Anderson, Clark, & Williams, 1999; Franklin-Jackson & Carter, 2007; Williams & Williams-Morris, 2000). However, even in experiencing high levels of discrimination, Blacks tend to have better overall mental health than whites and many of their minority cohorts (Kessler, Mickelson, & Williams, 1999; Williams et al., 1997; Brown et al., 2000).

The unexpected better mental health among Blacks may be explained by a number of factors. For example, Blacks may manifest the impacts of discrimination in ways other than a clinical expression of mental illness as a result of coping strategies and collective consciousness that psychologically buffer them from the full impact of such experiences (or primes them for perceiving them that way) (Williams et al. 2003; Clark et al. 1999). Similarly, the theories of Cooley (1902) and Crocker and Major (1989) together suggest that discrimination takes effect via dual pathways (Branscombe et al., 1999). That is, in addition to negative effects, there are indirect positive effects of perceiving discrimination for people who highly identify with their social group (see also Keyes, 2009; Bourguignon et al., 2006). Recognizing and valuing their membership in the Black racial/ethnic group as a response to perceived discrimination may have some protective effects, while facing racial discrimination generally still has a negative effect. However, these theories based on racial identification are complicated by the multiple or

divergent Black identities that are frequently overlooked when Blacks are defined homogenously. Therefore, it is yet unclear how the differing and multiple racial and ethnic identities and experiences of Blacks influence their mental health outcomes. Clarifying various Black experiences with discrimination can allow us to better understand the range of influences on Black mental health outcomes (Branscombe et al., 1999; Twenge & Crocker, 2002; Bourguignon et al., 2006).

THE SIGNIFICANCE OF SOCIAL HIERARCHIES

Racial Hierarchies

Heterogeneity, especially in experiences, appearance, and background, complicates the understanding of the relationship between discrimination and mental health among Blacks. One such complication comes from heterogeneity in the discriminators. The dearth in attention inter-versus intragroup discriminators inhibits the necessary clarity on the relationship between mental health outcomes and perceived discrimination among Blacks (Clark, 2004; Hoschild, 2006; Wilder, 2010). Discrimination at the hands of groups of an outside, higher social status (e.g. Whites) may have a larger impact on mental health than at the hands of those within the same low social status group, as they are likely to hold gatekeeper positions and thus carry more influence in their interactions with others. Alternatively, intragroup discrimination may have a constant, and personal impact on victims' feelings of self-perception and ability, being that intragroup members are each other's constant reference group (Postmes & Branscombe, 2002; McPherson, Smith-Lovin, & Cook, 2001; Hamm, 2000).

Considering these power dynamics, intragroup discrimination potentially has a dual effect on Blacks in the US. It can unify them, giving them strength and value in identifying as Black,

but at the same time, still compromises their mental health. Blacks are arguably one of the social groups that have faced the most racial discrimination in America, which theoretically should place them at increased risk for poor mental health. However, due to current experiences with racial discrimination and a common history of ancestral exploitation, many Blacks in the US identify with one another (Waters, 1999; Hay, 2009). The strengthening of group identity among Blacks may protect them against, or help them cope with, further experiences of discrimination (Brown et al., 2000; Postmes & Branscombe, 2002). Yet, a deeper identification with the Black social group may leave Blacks more susceptible to intragroup biases. Thus, intragroup discrimination and how its effects compare to that of intergroup discrimination require further refinement.

Skin Color Hierarchies

Heterogeneity amongst the victims of discrimination also complicates the understanding and usefulness of previous literature on discrimination and literature among Blacks. The variation in experiences that heterogeneity in skin color brings is another factor that demonstrates the complexity of discrimination and mental health. Lighter skin tone, though confounded by race, has been awarded higher social status and power in US society, producing inequalities in areas such as neighborhood desirability, occupational opportunities, and health (c.f. Bonilla-Silva, 2002; Foreman, Goar, & Lewis, 2002; Goldsmith, Hamilton, & Darity, 2007; Fong & Shibuya, 2005; Hall, 2002; Hersch, 2008; Hersch, 2009; Hersch, 2011). A by-product of such hierarchies, skin color discrimination, or colorism, is mistreatment based on the hue of one's skin, where lighter skin tone is often privileged over darker (Hunter, 2007). Despite evidence of the existence of skin color discrimination among Blacks, its role as a source of intragroup discrimination has been given relatively little attention as a potential stressor that can

diminish the quality of Blacks' mental health in the way that discrimination on the part of non-Blacks can. Such skin color hierarchies, and subsequent skin color discrimination, are also found in numerous other countries that house people of the African diaspora (c.f. Liberato & Feagin, 2007, Charles, 2003; Hall, 2000; Hay, 2009; Pierre, 2008; Anderson-Ferguson & Cramer, 2007; Kpanake, Munoz Sastre, & Mullet, 2010; Wilder, 2010).

Regrettably, skin color discrimination remains understudied among Blacks as a form of intergroup, but especially intragroup, discrimination. This may be due to Blacks' efforts to maintain a racially unified front (Hochschild, 2006). Considering the social closeness of intragroup members, the Black unified front may be masking detrimental mental health effects of intragroup discrimination that mirror those of intergroup (e.g. White-inflicted) discrimination. Colorism's existence, prevalence, and complexity demonstrate the need for more specificity in researching the sources and effects of discrimination.

DISCRIMINATION AND NATIVITY STATUS

Foreign-born Blacks may be particularly vulnerable to the negative effects of both intergroup (White-inflicted) and intragroup (Black-inflicted) skin color discrimination. The foreign-born Black population frequently differs from native-born Blacks in their experiences with discrimination, though this topic has been largely understudied (Waters, 1999; Benson, 2006; Wheeler, Brooks, & Brown, 2011). There are a number of reasons why foreign-born nativity may condition a relationship between discrimination and mental health among Blacks. The "healthy immigrant effect" offers that foreign-born people frequently exhibit better mental health than their native-born counterparts as a result of protective cultural buffers, particularly when residing in ethnic communities, as well as the self-selection of healthier foreign-born migrants (McDonald & Kennedy, 2004; Newbold, 2006; Wu & Schimmele, 2005). Furthermore,

many foreign-born Black populations, (e.g., Jamaicans, Haitians, and Ghanaians) originate from countries where they are the racial majority and hold significant political and social power, which may heighten their expectations of social and economic advancement in the US (Waters, 1994; Vickerman, 1999; Waters, 1999; Benson, 2006). These generally lesser concerns for racial discrimination compared to native-born Blacks and similarly greater sense of optimism regarding upward mobility may initially deflect some of the potentially negative health effects of discrimination (Gordon, 2007; Waters, 1994; Waters, 1999; Benson, 2006).

Alternatively, foreign-born Blacks may be at greater risk of poorer mental health compared to native-born Blacks. Their lower expectations of discrimination may reduce their likelihood of creating a protective buffer to deflect such experiences that would prevent internalization of them. Further, many foreign-born Blacks feel indignant due to their rapid assignment to a uniform category of “Black American” upon their arrival in the US (Táíwò, 2003; Waters, 1994); they often do not completely identify with the native-born Black population (Waters, 1999). Foreign-born Blacks often characterize native-born Blacks as lacking confidence and interest in education and hard work, and as racializing every negative experience (Táíwò, 2003; Gordon, 2007; Waters, 1999); thus they attempt to separate themselves from native-born Blacks.

Additionally, foreign-born Blacks commonly report being met with negativity from their US counterparts due to their heightened ties to their nationality, weaker identification with native-born Black culture, and greater success in education and employment (Waters, 1999). Foreign-born Blacks report feeling insulted by their native-born cohorts who suggest their native countries are under-developed and indigent (Fears, 2002; Chukka, 2002; Gordon, 2002). Racial intragroup tensions may weaken the support network that foreign-born Blacks could otherwise

benefit from in terms of their mental health outcomes. Consequently, foreign-born Blacks may identify more strongly with Whites, which would suggest that racial intergroup discrimination may have a stronger influence on mental health than intragroup discrimination. Foreign-born Blacks may also look to Whites, the most advantaged social group, to gauge their success in their new country, thus increasing the impact intergroup discrimination has on their mental health. However, it is important to also consider that, despite tensions among native-born and foreign-born Blacks, their shared experiences with discrimination in the US may provide common ground for unity (Waters, 1999; Vickerman, 1999, Wheeler et al., 2011). Therefore, the increased experience of discrimination may degrade the ethnic buffers mentioned above, making foreign-born Blacks highly vulnerable to the negative effects of intergroup and intragroup discrimination.

In sum, previous studies have not sufficiently acknowledged the complexity of Blacks' mental health. Few studies have given proper attention to the role of intragroup discrimination in shaping Blacks' mental health, instead remaining largely fixated on the consequences of White-inflicted discrimination. Previous work on this subject has also overlooked not only heterogeneity in the race of the discriminator, but among the victims. The foreign-born Black population, which has expanded in recent years, may experience intragroup and intergroup discrimination differently than native-born Blacks. Accordingly, the current study will address these gaps by explaining and expounding upon the differences that may exist among Black groups and the influence of intragroup and intergroup skin color discrimination on the psychological well-being of Blacks in the US. Specifically, the study will examine a diverse sample of Blacks to: 1) determine the prevalence of skin color discrimination by White and Blacks, 2) assess the influence of intragroup and intergroup skin color discrimination on mental health, and 3) explore whether intragroup and intergroup discrimination impact mental health for

both native and foreign-born Blacks². It is important to clarify these relationships, as the United States continues to diversify and as racial and ethnic boundaries transform.

METHODS

Sample

The populations of interest are native-born and foreign-born “Blacks”. I utilize the National Survey of American Life (NSAL), which was part of the larger Collaborative Psychiatric Epidemiological Surveys (CPES). The NSAL population includes African Americans³, Afro-Caribbeans, Other Hispanics and non-Hispanic Whites, ages 18 and older, excluding those who are institutionalized, living on military bases or do not speak English (“Sample design”, n.d.). As a sampling frame, the study employed a four-stage national area probability sample. The primary stage identified and sampled Metropolitan Statistical Areas (MSAs) and counties. The second stage sampled area segments, which were formed by grouping census blocks containing a minimum number of occupied housing units. These units were stratified by geographic location and racial/ethnic composition of households. The following stages were samplings of housing units within the chosen segments, and then randomly selected respondents from those households. The NSAL section of the CPES includes an additional area probability sampling of households from areas with high percentages of Afro-Caribbean residents, Blacks specifically identifying Caribbean heritage, for the purpose of the study (“Sample design”, n.d.).

A team of interviewers was trained on interviewing skills and use of the survey. They were responsible for individual data collection, and were supervised by a team leader. A regional

² Original surveyors did not distinguish between native (US) and foreign (non-US -born) Blacks in the skin color discrimination variable.

³ Original surveyors coded all native-born Blacks as African American.

manager reviewed each team's collection for quality control. Of the household addresses identified in the random sample, 11, 634 were eligible for the NSAL study. A total of 6,199 participants were interviewed (1,006 White, 1,623 Afro-Caribbean, and 3,570 African American). The general response rate for the survey was 71.5%, and 76.4% amongst the supplemental sample of Afro-Caribbeans ("Sample design", n.d.). In order to attend specifically to the study topics among Black communities, the proposed study will exclude those coded as white⁴, leaving a sample size of 4,815. The data set is especially ideal for the questions of interest, as it includes numerous valid and reliable scales for psychological evaluation, which allows for a unique analysis of skin color discrimination and the mental health outcome psychological distress. The survey also asks participants to identify the race of those who have discriminated against them based on the color of their skin, which is rarely available in secondary data. Using this survey allows for the comparison of the experiences among a large group of Blacks that might otherwise be difficult to capture, allowing for more generalizable results. Based upon the information provided in the survey, the relationships in question can be examined, and social factors that may be influential, such as education, accent, language skills etc., can be controlled for in order to determine the strength of these relationships.

MEASURES

Dependent Variables

Despite the many ways it is defined, psychological distress has repeatedly been tied to discrimination (Williams et. al, 2003; Williams & Williams-Morris, 2000). One of the more

⁴ The variable available for race (RANDEST) in the data set is one recoded by surveyors from a series of questions, specifically country of birth and self-identified race. Those recoded as African American are those that identified as Black and were born in the United States. Those recoded as Afro-Caribbean or Other Hispanic identified as Black and as having a non-US birthplace. The variable RANDEST was used only to select out white participants.

common distress measures uses a combination of symptoms for depression and anxiety. Franklin-Jackson and Carter (2007) used depressive and anxiety symptomology, as well as a loss of behavioral and emotional control, to define distress. In their study examining the role of racial identity in the relationship between discrimination and psychological distress, the researchers found that the more highly identified participants were with their racial identity, the less psychological distress they experienced in the face of discrimination. Other researchers rely on similar definitions to determine general emotional and behavioral affliction that may not equate to clinical health problems, but demonstrates that discrimination is indeed pathogenic (Williams et al., 1997; Banks, Kohn-Wood, & Spencer, 2006; Brown et al., 2000). Following the trend and evidenced significance within discrimination research, this paper examines mental health impacts of discrimination in terms of psychological distress outcomes.

Psychological distress is the dependent variable used to assess mental health. Psychological distress is measured on an ordinal level via questions that original surveyors adapted from the National Comorbidity Survey (Kessler, 1990-1992). The scale captures the frequency of feelings of anxiety and depression in the past 30 days. The responses for the following questions were those used to create the scale⁵: In the past month, about how often did you feel a) nervous, b) restless or fidgety, c) hopeless, d) that everything was an effort, e) worthless, and f) blue. Responses range from 1-All of the time to 5-None of the time. Responses were recoded in order for higher ratings to indicate increased frequency in depressive symptomology. The responses to each item are compiled to create a mean composite score to facilitate comparisons. The scale achieved a Cronbach's alpha of .83.

⁵ Rotated analysis reveals that more than one construct could be assessed through the components.

Due to the fact that distress is comprised of two distinct factors, the distress scale will be deconstructed to explore possible differences between depressive and anxiety-related distress symptomology among the participant groups. The depressive symptomology subscale consists of a mean composite score from the following questions: In the past month, about how often did you feel c) hopeless, e) worthless, and f) blue. The subscale achieved a Cronbach's alpha of .84. The anxiety-related symptomology subscale consists of a mean composite score from the following questions: In the past month, about how often did you feel a) nervous, b) restless or fidgety, d) that everything was an effort. The subscale achieved a Cronbach's alpha of .63.

Independent Variables

Nativity Status. Nativity is determined by the participant's response to the question "Where were you born?" Responses were either coded 0- native U.S. born or 1- foreign-born. The secondary analysis⁶ based on nationality was determined using the answer to the following: "Can you please tell me what is your ancestry or country of origin?" Responses vary for the Afro-Caribbean subsample; however, Blacks born in the United States were not asked to discuss their ethnicities in the same manner.

Skin Color Discrimination.

To assess personal experiences of skin color discrimination, this project relies on two questions that were included in the questionnaire: "How often would you say that whites treat you badly because of the shade of your skin color?", and "How often would you say that Blacks treat you badly because of the shade of your skin color?". Responses to both of these questions range from 1-Very often to 5-Never. These items were then collapsed into groups of either discrimination

⁶ Because this question was skipped for those who identified as native-born Black, this question is used for secondary analyses that may not be central to the hypotheses of this study, but extend the overall goal to assess ethnic variances.

(ratings of 1 to 4) or no discrimination (rating of 5). The two items were then recoded into four dummy variables coded 0/1: White-inflicted discrimination, Black-inflicted discrimination, discrimination from both Blacks and Whites, and discrimination from neither group (reference group) in order to better isolate the experiences due to each type of discriminator as opposed to experiences at the hands of both types of discriminators.

Acculturation (only assessed among foreign-born participants). Number of years as a citizen/resident in the United States will also be included in models concerning foreign-born Blacks⁷, as it has been shown to influence the relationship between discrimination and mental health for foreign-born people (Mossakowski, 2007; McDonald & Kennedy, 2004; Wu & Schimmele, 2005; Lam, Yip, & Gee, 2012). Length in the US is a continuous variable assessed in years, via responses to the question “How long have you been a citizen/resident of the U.S.A?”. Responses of less than a year were coded as 1 (year). Higher valued responses indicate being in the US for a longer period of time.

Language differences and accents have also been shown to elucidate the “foreign-ness” of foreign-born people and elicit discrimination (Ding & Hargraves, 2009; McDonald & Kennedy, 2004; Newbold, 2006; Dean & Wilson, 2010; Waters, 1994). To control for these with the foreign-born subsample⁸, this study relies on participant responses to “How well do you feel that you speak English?”, assessed on a Likert rating between 1- Not at all to 5-Very well. Higher ratings on the measure suggest better English proficiency.

Ethnic Group Identification.

⁷ Because this question was skipped for those who identified as US-born Black, this question will be used for secondary analyses that may not be central to the hypotheses of this study, but extend the overall goal to assess ethnic variances.

⁸ See note above.

Identification with a racial/ethnic group has also proven prominent in the relationship between discrimination and mental health, and therefore will be included in the models (Waters, 1999; Branscombe et al., 1999; McCoy & Major, 2003; Bourguignon et al., 2006; Verkuten & Thijs, 2006; Mesch et al., 2008). In this study, group identification is measured using responses to the question series asking “How close do you feel in your ideas and feelings about things to _____ people in this country?”, which asked about Blacks, Whites, Black Caribbeans and Africans. Responses are measured on a Likert scale, ranging from 1- Very Close to 4- Not Close at All. Responses were recoded in order for higher ratings to indicate stronger identification with that group.

Sociodemographic Controls. In order to assess the independent link between skin color discrimination and mental health, analyses will control for demographic variables known to be associated with both discrimination and mental health, which include, age, education, income, marital status and gender. Age is a continuous variable coded in years⁹. Education was initially measured continuously in years. Original surveyors recoded the participant responses into 4 response categories: 1- 0 to 11 years, 2- 12 years, 3- 13 to 15 years, and 4- greater or equal to 16 years. These categories are presently recoded as dummy variables for my regression analysis purposes; those with 0 to 11 years of education are used as the reference group. Family income, also a continuous variable, was formed by original surveyors imputing participant responses to a series of income-related questions, creating a numerical value (in dollars) (Faison & Torres, 2007). Marital status is a nominal variable consisting of 3 categories: 1- married/cohabitating, 2- divorced/separated/widowed, 3- never married. From these, categorical dummy variables are

⁹ A secondary regression analysis will be conducted to assess for identity interaction, place of origin, and cohort effects. The results can be found in the appendix tables.

created to facilitate statistical regression analyses; the never married group is used as the reference group. Gender is a categorical variable in which male is coded as 0 and female as 1.

ANALYSIS PLAN

Descriptive statistics on all study variables will be assessed by nativity status. In order to investigate study aim 1, native-born and foreign-born Blacks' differences in levels of perceived skin color discrimination, t-tests are conducted (Table 1). Study aim 2, perceived skin color discrimination's association with poorer mental health, is assessed using bivariate and ordinary least squares regression (OLS) analyses (Table 2, Table 3, and Table 4). A description of the models used in the regression analyses can be found in Appendix A. The detailed influence of perceived skin color discrimination on mental health outcomes among native-born and foreign-born Blacks, study aim 3, is assessed using ordinary least squares regression (OLS) analysis (Table 5-Table 7). Models conducted with nativity-specific variables (Table 7), such as English-speaking ability and years in the US, are important to further clarify nativity-based relationships, and are included for review. A population weight is applied to the sample for all statistical tests (NSALWTPN). This will help to avoid error, correctly estimate variances, and assure the results' usefulness in deducing the nature of the study relationships among the larger populations.

RESULTS

An overview of the sample characteristics can be seen in Table 1. The sample is largely female (63.1%), middle-aged (mean age =42), married (37.3%), and holds a high school diploma (35.3%). While the average income is \$34,804, there is a marked difference in the average income and education levels for foreign-born Blacks in comparison to native-born Blacks. This

pattern is consistent with prior research (Waters, 1999). The sample overwhelmingly reports feeling close ties with Blacks (52.3% report feeling “very close”) and significantly less with Whites (13.3% feel “very close”), as might be expected considering the racial composition of the sample.

There are also noteworthy findings in the reports of discrimination, as only 19.9% of the pooled sample report experiencing discrimination from neither Blacks nor Whites. The most commonly reported category for discrimination is “both types” (55.8%). Yet, few native-born and foreign-born Blacks report experiencing Black-inflicted discrimination. Considering participants’ greater identification with Black and Black-ethnic groups, fewer reports of Black-inflicted discrimination in comparison to White-inflicted discrimination is to be expected. This also may be due to the use of the umbrella term Black, which again overlooks the effects of heterogeneity. However, it is important to note that neither native-born nor foreign-born Blacks are devoid of experiences with intragroup discrimination, as reports of discrimination from Whites and Blacks is the highest of all discrimination reported. The following statistical results will allow for a deeper view into these patterns.

As research suggests, due to the general assumption of Black homogeneity in the US, foreign-born Blacks may be subject to equally negative, discriminatory treatment as are those born in the US (Waters, 1999; Benson, 2006). However, varied cultural and sociohistorical experiences might allow foreign-born Blacks to distance themselves from native-born Blacks, and thus be subject to less negative treatment by others. Results of t-test analyses investigating study aim 1, native-born and foreign-born Blacks’ differences in levels of perceived skin color discrimination from Whites and Blacks, examine such treatment and are presented in bold in Table 1. Per the undifferentiated discrimination analyses, foreign-born Blacks (mean=15.19)

report more discrimination than native-born Blacks (mean=13.39). The differentiated discrimination analyses provide more detail about these reports. Foreign-born Blacks (mean = 3.55) report White-inflicted skin color discrimination more frequently than native-born Blacks (mean = 3.35). The same is true of Black-inflicted skin color discrimination (foreign-born mean of 4.11, compared to native-born mean of 3.78). Both of these findings reflect significant differences between native-born and foreign-born Blacks. This pattern is likely due to a number of factors. Foreign-born individuals may become targets for discrimination due to poorer English language ability or having an accent, and other observable differences such as style of dress (McDonald & Kennedy, 2004; Waters, 1994). Interestingly, among the native-born and foreign-born Blacks that reported skin color discrimination, group means suggest that discrimination was more often from Blacks than Whites. This is likely due to people's homophilic nature as well as high levels of racial segregation, making Blacks each other's most frequent reference group as part of their families, communities, and surrounding environments.

The relatively frequent presence of discrimination in Blacks' lives elicits concern for Blacks' mental health. Study aim 2 addresses this concern by examining perceived skin color discrimination's association with poorer mental health in Table 2, Table 3, and Table 4. Per Table 2, undifferentiated discrimination has a moderate negative correlation to distress ($r = -.190$, $p \leq .001$), which is counterintuitive, and differs from the manner of relationships of the differentiated discrimination measures and distress. Skin color discrimination from Whites has a moderate positive correlation to distress ($r = .173$, $p \leq .001$). Skin color discrimination from Blacks also has a moderate positive relationship with distress ($r = .178$, $p \leq .001$). It is interesting to note the closeness in strength of the correlation coefficients, as it suggests that Black-inflicted and White-inflicted skin color discrimination may have similar impacts on distress. Per these

findings, the long tradition of undifferentiating discrimination, assuming discriminatory experiences all happen at the hands of Whites, in studies of Blacks' mental health requires redirection in order to capture the pejorative mental health symptoms of Black-inflicted discrimination.

Interestingly, in Table 2, nearly all of the identity variables were negatively correlated with distress. Even more intriguing are the correlations between the identity variables and both types of discrimination, where nearly all were negative associations, except for Closeness to Africans that was only associated with Black-inflicted discrimination ($r = -.056, p \leq .001$), and Closeness to Blacks that was positively associated with White-inflicted discrimination ($r = .030, p \leq .05$). Such outcomes support previous research that indicates that identity may cloud the relationship, either acting as a buffer or deepening the effects, between discrimination and distress.

Regression analyses in Table 3 and Table 4 are employed to determine whether relationships assessed for study aim 2 (perceived skin color discrimination's association with poorer mental health) remain evident in the face of relevant control variables. First, Model 1 in Tables 3 and 4 indeed show that experiencing any type of skin color discrimination is associated with less distress for native-born and foreign-born Blacks (coefficients = $-.018, p < .01$ and $-.013, p < .01$), even controlling for a range of individual-level variables, which support a counterintuitive relationship between discrimination and mental health. These patterns echo those of other studies, which have primarily relied on general measures of discrimination such as this one. However, the current study advances the analysis by distinguishing between types of discrimination according to the race of the discriminator beginning in Model 2 of Table 3 and 4, and finds meaningful results that point to the importance of a nuanced approach to specifying

types of discrimination.

Model 2 in Tables 3 and 4 examine the association between the three detailed skin color discrimination variables and distress. The results support Hypotheses 2, showing that experiencing discrimination is related to poor mental health, but those most influential may differ per nativity. Per Model 2 in Table 3 and 4, discrimination from both Blacks and Whites is particularly detrimental to the mental health of native-born Blacks, while foreign-born Blacks are influenced by “both” types of discrimination and “White-inflicted” discrimination. Patterns among foreign-born Blacks remain relatively consistent with the introduction of other independent control variables in Model 3. Among native-born blacks the “Black-inflicted” discrimination variable becomes significant, suggesting a suppression effect due to control variables.

After controlling for the potential buffer offered by identity variables in Model 4 in Tables 3 and 4, discrimination remained significantly related to poorer mental health, though differently for native-born versus foreign-born Blacks. The coefficients for Black-inflicted discrimination and discrimination from both Blacks and Whites decreased slightly with the addition of the identity variables, which suggests that some aspects of identity may actually be increasing mental health effects rather than acting as a buffer from them. Yet overall, for native-born Blacks (Table 3, Model 4), only Black-inflicted discrimination and discrimination from both groups proved statistically significant. Black-inflicted skin color discrimination has a positive association with frequency of distress in the final model ($b=.139, p\leq.05$), as does that from both groups ($b=.241, p\leq.001$).

However, for foreign-born Blacks (Table 4, Model 4), the coefficients of significant discrimination variables actually increased with the addition of identity variables, suggesting that

identity may have more of a buffering effect for foreign-born Blacks. With all control variables included, White-inflicted discrimination and discrimination from both groups proved significant for foreign-born Blacks. White-inflicted skin color discrimination has a positive association with frequency of distress in the final model ($b=.144$, $p\leq.01$), as does that from both groups ($b=.236$, $p\leq.001$). It appears that while both groups experience negative and statistically significant relationships between “both group” discrimination and distress, the mental health of native-born Blacks is also specifically affected by intragroup discrimination, while that of foreign-born Blacks is more influenced by intergroup discrimination.

Tables 5, 6, and 7, representing the results of investigating study aim 3, further reveal the differences in the influence of perceived skin color discrimination on mental health among native-born and foreign-born Blacks by breaking down the mental health measure into the more specific distress outcomes of depressive and anxiety-related symptomology. Patterns indicate differences among native-born and foreign-born Blacks in the predictors of mental distress. The regression results affirm that distress symptoms differ with both the nativity of the group and the race of the discriminator. As Table 5 displays, native-born Blacks’ depressive symptomology is only affected by skin color discrimination from both groups in the final model ($b=.214$, $p\leq.001$). Table 6 shows that the foreign-born respondents’ depressive symptomology is related to the White-inflicted discrimination ($b=.173$, $p\leq.001$), as well as discrimination from both groups in the final model ($b=.240$, $p\leq.001$). Again, for foreign-born Blacks, intergroup discrimination proves more influential than intragroup discrimination. There may be numerous causes for these findings. For example, they may be due to cultural differences in perceptions and processing of discrimination, such that foreign-born Blacks may not be accustomed to harsh and prevalent White discrimination, coming from a majority Black country, and thus are more affected by such

discrimination. The final models for depressive symptomology, shown in Table 6, show modest differences in the variance explained ($R^2 = .121$ among foreign-born; $R^2 = .130$ for native-born). The model's effectiveness in explaining distress largely increases with the addition of the acculturation variables in Table 7. According to these findings, depressive symptomology is more of a significant mental health outcome for foreign-born Blacks than native-born Blacks, thus supporting the validity and importance of study aim 3, and mirroring the lack of findings of clinical depression amongst Blacks faced with discrimination (Williams et. al, 2003).

The findings change substantially for anxiety, such that native-born Blacks exhibit significant relationships between anxiety-related symptomology and all three types of skin color discrimination. Per the final model in Table 5, anxiety-related symptomology are significantly associated with White-inflicted discrimination ($b=.137, p\leq.01$), Black-inflicted discrimination ($b=.188, p\leq.05$), and discrimination from both groups ($b=.308, p\leq.001$). The importance of anxiety-related symptomology demonstrated in these results suggests that perhaps anxiety is a better mental health indicator to assess the impact of discrimination on native-born Blacks. In contrast, foreign-born Blacks' anxiety-related symptomology is only significant in relation to discrimination from both Whites and Blacks together (Table 6, Model 4, $b=.226, p\leq.001$). It appears that, for native-born Blacks, skin color discrimination generally is more closely associated with anxiety-related symptomology, also supporting the nativity-based difference in mental health outcomes examined under study aim 3. The findings may also suggest that intragroup versus intergroup discrimination may be perceived and thus influence mental health in differing ways. The coefficient for the final model for the foreign-born anxiety-related symptomology (Table 6, $R^2 = .106$; Table 7, $R^2 = .154$) is nearly twice that of their native-born counterparts (Table 5, $R^2 = .067$). The findings also demonstrate that the significant complexity

of skin color discrimination and mental health, and that these measures may be too crude to capture and assess the impact of such experiences for extremely heterogeneous groups such as Blacks in the US.

Characteristics associated with foreign-born people, such as poor English language skills or non-native accents, may influence differences in reported discrimination among foreign-born Blacks as well. After controlling for the effects of English language skills and length of time in the US, the White-inflicted discrimination/anxiety relationship again reached statistical significance (Model 5, Table 7, $b=.142$, $p\leq.05$). This pattern may have emerged due to the potential effects of both of these factors. For example, perhaps those who have poor English language skills have less communication or interaction with Whites in their employment or neighborhood. It is also possible, as Waters (1999) suggests, that Blacks who recently immigrated to the United States are less likely to assume interactions with Whites are negative or discriminatory. Therefore, controlling for the acculturation variables allows a clearer picture of the impact of perceived White-inflicted discrimination on mental health.

After assessing depressive symptomology, the significance of White-inflicted discrimination seen in Table 6 is no longer apparent when length of time in the US and English-speaking ability are added to the regression in Table 7. Yet, a stronger effect for skin color discrimination from both Blacks and Whites emerges among foreign-born Blacks (Table 7, Model 5, $b=.362$, $p\leq.001$). A similar pattern can be seen from Table 6 to Table 7 in the relationship between discrimination from both groups and anxiety-related symptomology. These findings may arise for similar reasons as those listed above. Capturing poor language skills, fewer interactions with Whites, or overly positive views of Whites may have exposed a stronger relationship between discrimination and mental health for foreign-born Blacks. These results

suggest that there is great heterogeneity in Blacks' experiences with discrimination as a result of ethnicity, culture, and other demographic factors that are often overlooked when studying the well-being of Blacks in the US.

DISCUSSION AND CONCLUSION

Previous studies have suggested that discrimination can take a toll on the mental health of Blacks. The current investigation advances the existing dialogue in several ways. First, it shows that the source of discrimination matters. Skin color discrimination from Blacks and Whites is related to poorer mental health, albeit in different ways. Further, there are significant incongruities in the social determinants of mental health across the native-born and foreign-born Black groups. Exploring these issues is more vital than ever, given the growth of the foreign-born Black population in the U.S. in recent years and the underrepresentation of research on Black heterogeneity.

Regression results show the complex relationships among race of the discriminator, nativity status, and mental health. Per Tables 3 and 4, Black-inflicted skin color discrimination and discrimination from both Blacks and Whites mattered for native-born Blacks. However, White-inflicted discrimination, in addition to that from both Blacks and Whites, was also meaningful to the mental health of foreign-born Blacks. Foreign-born Blacks clearly differ from native-born Blacks in which source of discrimination impacts them more. Overall, these findings implore that more attention be given to the negative effect of intragroup discrimination on mental health in addition to White-inflicted discrimination.

The analyses of the various distress symptomology also provided insight into the relationships between skin color discrimination, nativity, and mental health. The final models in Tables 5, 6, and 7 of the specified distress regressions showed that all three types of skin color

discrimination impacted native-born Blacks' anxiety-related symptomology. Among foreign-born Blacks, initially the "both" discrimination variable demonstrated an association with anxiety-related symptomology, and depressive symptomology proved more significant. After factoring in the acculturation variables, discrimination from both groups as well as White-only discrimination was associated with anxiety-related symptomology for foreign-born Blacks. The change in patterns may be due to the impact of acculturation. For example, lesser English proficiency may decrease the likelihood of communication with Whites, which may reduce opportunities for exposure to discrimination or perceptions of acts as discriminatory. On the whole, results suggest broad measures of discrimination cannot fully capture the multifaceted ways in which discrimination can be detrimental to Blacks' mental health.

The relationship between skin color discrimination and mental health also calls attention to the importance of identity. The current analysis uncovered that racial and/or ethnic identity may be both beneficial and harmful to Blacks' mental health. For native-born Blacks (per Table 3), identifying with Blacks and with Africans (which may be tied to celebrating African heritage for Black Americans), were related to general distress, independent of discrimination factors. A closer look at distress (per Table 5) showed that Black identity was negatively associated with both depressive and anxiety-related symptomology, suggesting a protective role of (racial) in-group identification for mental health. African identity among native-born Blacks, however, was positively related to depressive symptomology, suggesting it has a less protective and perhaps more harmful role in mental health outcomes. This may be due, in part, to conflicting messages from Whites that aggregate all Blacks together and from foreign-born Blacks that distance foreign-born Blacks from native-born Blacks (Waters, 1999; Benson, 2006). These results suggest that, while identity is related to mental health, Black American identity may be unique in

its protective factors, and other ethnic/national identities of native-born Blacks might not offer the same buffer from negative mental health outcomes. The impact or moderating effects of various identities on native-born Black mental health is an interesting and promising topic for future research.

However, identity played a slightly different role among foreign-born Blacks. The only identity variable significantly associated with general distress for this group pertains to Black Caribbeans. Foreign-born Blacks' identification with Black Caribbeans maintained its negative and significant association with both anxiety-related and depressive distress symptomology, though the strength of the relationship was higher for anxiety-related symptomology. Similar to patterns regarding the protective effect of Black identity for native-born Blacks, foreign-born Blacks' identification with Black Caribbeans may buffer the effects of various stressors.

Interestingly, once length of time in the US and English-speaking ability were included in the regression analysis, the Black Caribbean identity variable did not reach significance, though the White and African identity variables did. Identification with Whites was positively associated with depressive and anxiety-related symptomology, while identification with Africans became significantly and negatively correlated with anxiety-related symptomology. These results further suggest that racial and ethnic identification may buffer distress, but may also be detrimental to mental health. Identification with Whites (and possibly other racial groups) may be more harmful for the mental health of foreign-born Blacks because, despite a connection to the white community, they still experience discrimination from it. Perhaps defying the norm of identifying with one's racial in-group primes Blacks for discrimination and can lead to distress. Few studies have assessed how the role of Blacks' identification with Whites or other groups impacts their mental health, warranting future research.

Additional variables that can speak to intersectionality showed significant associations with White- and Black-inflicted skin color discrimination, and many maintained significant relationships to mental distress, independent of discrimination. In nearly every regression model, age was negatively associated with distress, as previous research has shown (c.f. Kubzansky, Berkman, & Seeman, 2000). Yet, age has also been tied specifically to negative health outcomes for foreign-born people, which may explain why foreign-born Blacks' age-distress relationship did not reach significance once acculturation variables were added to the regression models (Lam et al., 2012). Cohort effects¹⁰ also may be obfuscating some results as well, and future research featuring ethnicity-based cohort comparisons of skin color discrimination and distress would be valuable.

Gender also proved significantly related to distress in nearly every regression model. The association between gender and distress remained robust for native-born and foreign-born Blacks, where females more frequently experience more distress. While the mental outcomes follow the expected gender patterns, the gender-discrimination relationship shown in Table 2 is counterintuitive, as it suggests that Black men more frequently experience White-inflicted skin color discrimination than Black women. These results are surprising, considering colorism research overwhelmingly features Black women and thus implies that they are the most likely sufferers from such discrimination. Additionally, anecdotal discussions frequently present Black women's skin color as a point of contention within the Black community, therefore it is also surprising to see that gender was not associated with Black-inflicted skin color discrimination per Table 2 (Hunter, 2002; Hill, 2002; Hall, 2010). It is possible that Black men's experiences

¹⁰ The regression analyses initially included an exploration of cohort effects on mental health. They demonstrated little impact on the relationships central to the current project.

with skin color discrimination, especially as it varies by nativity and ethnicity, is underreported and under-studied. Alternatively, the skin color discrimination variables may require refinement, especially as it pertains to Black men, since few other studies have produced similar results for native- or foreign-born Black men.

Education and income were also significantly and negatively associated with distress. According to Waters (1999) and Benson (2006), native-born and foreign-born Black groups often differ in these two areas, potentially fueling foreign-born Blacks' preference for separating themselves from native-born Blacks. T-Tests (shown in bold in Table 1) supported this possibility. Yet, while the education and income of native-born Blacks were significantly associated with distress in every model, neither education nor income exerted a uniformly significant effect throughout the analyses of foreign-born Blacks. In fact, only having some secondary education was most frequently and significantly (negatively) related to distress for foreign-born Blacks. Perhaps this is due to the identity-building, culture-specific groups that exist on many university campuses that may serve to buffer distress among foreign-born Blacks who attend college in the US. The factors that influence education attainment, such as better neighborhoods and higher family incomes, may also be responsible for allaying distress.

Ethnic background and acculturation-based factors can influence reports of distress, and can directly impact distress (and likely experiences of discrimination). Interestingly, the only statistically significant acculturation variable was English proficiency (per Table 7). It was negatively associated with both depressive and anxiety-related symptomology, implying that better English-speaking abilities relate less to mental distress, which aligns with previous health studies (Ding & Hargraves, 2009). This pattern may contribute to the relationship between discrimination and distress for foreign-born Blacks. This relates to patterns seen among native-

born Blacks, as non-normative ethnic dialects and accents such as Ebonics often incite discrimination (Baron, 2000; Baugh, 2003). Thus, language abilities and language perceptions may place all Blacks at risk for discrimination.

The findings also underscore the importance of separately examining ethnic background, as it is too often conflated with race despite being a different construct (Cornell & Hartmann, 2004). As such, Appendix B shows the foreign-born population further divided according to ethnic background to assess the relationship between discrimination and distress across groups. The Spanish Caribbean, Jamaican, and Trinidad/Tobago groups were the only ones to demonstrate significant relationships between skin color discrimination and distress, though their patterns differed. For the Spanish Caribbeans, Black-inflicted skin color discrimination and that from both Blacks and Whites proved significant. The Jamaican subgroup exhibited strong associations between the three types of skin color discrimination and distress. Those from Trinidad and Tobago only exhibited a significant relationship between skin color discrimination from Blacks and Whites and distress. These patterns speak to the significant variability that exists within the Black racial group, and demand a more refined treatment of ethnicity in studies of discrimination.

The impact of heterogeneity, in the race of the discriminator as well as within the Black group itself, on discrimination and mental health has important implications for future policy and research. It highlights the value and necessity of redefining diversity in research. It acknowledges and reiterates the limited nature of racial and other categories in policies and associated practices. The importance of heterogeneity calls for changing mental health practices based on differing experiences and needs, as well as the revisiting data on immigrants to explore other overlooked differences in health predictors and outcomes.

There are several limitations to consider when reviewing the study results. First, the sampling method included an oversampling in areas with a high density of Afro-Caribbean residents, and it is possible that unique racial dynamics in these areas would render results ungeneralizable to other regions. Second, data collection efforts classified participants by their first-mentioned identity or (in cases of unclear nationality) based on the prevalent ethnic groups in the participant's census block ("Race/Ancestry Populations", n.d.). Original surveyors used this information to recode for race/nationality, therefore creating umbrella groups that participants did not necessarily approve. Additionally, the discrimination measures available in the NSAL data do not differentiate among Blacks based on nativity, therefore limiting more in-depth intragroup discrimination assessment. Finally, the data set is cross-sectional, which prevents interpretation of temporal order between perceived skin color discrimination and mental health across time. Additionally, given the sensitive nature of mental health, individuals may underreport symptoms of poor mental health.

In addition to those aforementioned, there are a number of areas worth further investigation. Skin color can impact sexual experiences and mate selection (Thompson & Keith, 2001; Hunter, 1998; Hunter, 2002). Therefore, future studies should examine age cohort and sexuality with nativity to determine their impact on discrimination and mental health. Additionally, the current study should be repeated with other racial and ethnic groups, as intergroup and intragroup skin color discrimination is neither unique nor specific to Blacks. Yet due to the study limitations, as well as the unique treatment of various racial and ethnic groups, the current findings may not be generalizable to other racial groups who also experience skin color discrimination, namely Latinos and certain Asian populations (e.g., Filipinos, Asian Indians).

In sum, recent literature on the link between discrimination and mental health has not sufficiently accounted for the significance of intra- and intergroup discrimination. Further, they have not given sufficient attention to the experiences of foreign-born Black, despite the noted possible influence of nativity. Using NSAL data, this study advanced the current literature by underscoring the unique impact of intragroup and intergroup discrimination on Blacks' mental health, and by illustrating the importance of looking at the discrimination experiences of foreign-born Blacks and how they may differ from those of native-born Blacks. The findings provide a unique insight into diversity within the discrimination experience and inform interventions and policies that seek to improve mental health among populations most at risk due to discrimination.

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Table 1. Descriptive Statistics

	Whole		Native-born		Foreign-born	
	%(N)	M(SD)	%(N)	M(SD)	%(N)	M(SD)
<i>Gender</i>						
Male	1778 (36.9%)		1306 (35.7%)		472 (40.8%)	
Female	3037 (63.1%)		2352 (64.3%)		685 (59.2%)	
<i>Age¹</i>		42 (16)		42 (16)		43 (15)
<i>Marital Status</i>						
Married/Cohabiting	1795 (37.3%)		1255 (34.3%)		540 (46.7%)	
Divorce/Sep/Widowed	1414 (29.4%)		1120 (30.6%)		294 (25.4%)	
Never Married	1606 (33.4%)		1283 (35.1%)		323 (27.69%)	
<i>Education</i>						
0-11 years	1130 (23.5%)		901 (24.6%)		229 (19.8%)	
12 years	1702 (35.3%)		1360 (37.2%)		342 (29.6%)	
13-15 years	1173 (24.4%)		879 (24.0%)		294 (25.4%)	
≥16 years	810 (16.8%)		518 (14.2%)		292 (25.2%)	
<i>Income²</i>		34,804 (30,857)		33,012 (29,932)		40,472 (32,997)
<i>Closeness to Blacks (g3a)</i>						
Not Close At All	84 (1.7%)	3.40 (.72)	56 (1.5%)	3.45 (.69)	28 (2.4%)	3.27 (.77)
Not Too Close	402 (8.3%)		259 (7.1%)		143 (12.4%)	
Fairly Close	1811 (37.6%)		1342 (36.7%)		469 (40.5%)	
Very Close	2518 (52.3%)		2001 (54.7%)		517 (44.7%)	
<i>Closeness to Whites (g3b)</i>						
Not Close At All	576 (12 %)	2.55 (.87)	444 (12.1 %)	2.56 (.87)	132 (11.4 %)	2.51 (.86)

Not Too Close	1652 (34.3%)	1205 (32.9%)	447 (38.6%)	
Fairly Close	1948 (40.5%)	1518 (41.5%)	430 (37.2%)	
Very Close	639 (13.3%)	491 (13.4%)	148 (12.8%)	
		2.87	2.68	3.44
<i>Closeness to Black Caribbeans (g3f)</i>		(.94)	(.92)	(.73)
Not Close At All	453 (9.4%)	428 (11.7%)	25 (2.2%) 91 (7.9%)	
Not Too Close	1125 (23.4%)	1034 (28.3%)	386 (33.4%)	
Fairly Close	1854 (38.5%)	1468 (40.1%)	655 (56.6 %)	
Very Close	1383 (28.7 %)	728 (19.9 %)		
		2.76	2.68	3.00
<i>Closeness to Africans (g3g)</i>		(.94)	(.94)	(.90)
Not Close At All			79 (6.8%)	
Not Too Close			228 (19.7 %)	
Fairly Close	532 (11.0 %)	453 (12.4 %)	463 (40.0 %)	
Very Close	1247 (25.9 %)	1021 (27.9 %)	387 (33.4 %)	
	1898 (39.4 %)	1435 (39.2 %)		
	1138 (23.6 %)	749 (20.5 %)		
<i>Caribbean Ethnic Origins (car5cat) –foreign group only</i>				
Spanish Caribbean	168 (3.5%)	59 (1.6%)	109 (9.4%)	
Haiti	285 (5.9%)	52 (1.4%)	233 (20.1%)	
Jamaica	481 (10.0%)	101 (2.8%)	380 (32.8%)	
Trinidad and Tobago	157 (3.3%)	41 (1.1%)	116 (10.0%)	
Other	415 (8.6%)	158 (4.3%)	257 (22.2%)	
<i>Length of Time in US (H33) – foreign group only</i>				12.98 (11.02)

<i>English Speaking Ability– foreign group only</i>			1 (.0%)	4.40 (.85)
Not At All			35 (.7%)	
A Little			84 (1.7%)	
Somewhat			208	
Well			(4.3%)	
Very Well			478	
			(9.9%)	

*Skin Color Discrimination
(g10a, g10b)*

		13.82	13.39	15.19
		(7.38)	(7.33)	(7.37)
Undifferentiated				
Discrimination	956	670	286	
	(19.9%)	(18.3%)	(24.7%)	
Neither type of	993	697	296	
Discrimination	(20.6%)	(19.1%)	(25.6%)	
White-Inflicted	180	141	39 (3.4%)	
Discrimination Only	(3.7%)	(3.9%)	536	
Black-Inflicted	2686	2150	(46.3%)	
Discrimination Only	(55.8%)	(58.8%)		
Discrimination from both				
Blacks and Whites				

*Distress*³ 1.61 (.67) 1.63 (.69) 1.54 (.61)

Notes. N= 4,815. ¹Years (Range = 18 – 94). ²Dollars (Range = 0 0 – 200000). ³Score (Range = 1 – 5).
⁴Bolded values indicate significant differences between groups as shown by T-Test analyses.

Table 2. Correlation Matrix of Independent Variables and Dependent Variable for Pooled Sample

	Gender	Education	Income	Age	Closeness to Blacks	Closeness to Whites	Closeness to Caribbeans	Closeness to Africans	Skin Color Discrimination from Whites	Skin Color Discrimination from Blacks	Undifferentiated Discrimination	Distress
Gender (fem)	-	.013	-.157***	-.015	-.058***	-.042**	-.106***	-.096***	-.092***	.019	.051***	.077***
Education	.013	-	.415***	-.109***	.039**	-.037*	.095***	.023	-.061***	-.038**	.046***	-.191***
Income	-.157***	.415***	-	-.026	.027	.012	.103***	.027	-.024	-.033*	.024	-.188***
Age	-.015	-.109***	-.026	-	-.049***	.096***	-.021	-.017	.056***	.077***	-.062***	-.125***
Closeness to Blacks	-.058***	.039**	.027	.049***	-	-.297***	.293***	.369***	.030*	-.056***	.002	-.066***
Closeness to Whites	-.042**	-.037**	.012	.096***	.297***	-	-.264***	.280***	-.149***	-.050***	.123***	-.015
Closeness to Caribbeans	-.106***	.095***	.103***	-.021	.293***	-.264***	-	.661***	-.032*	-.112***	.073***	-.059***
Closeness to Africans	-.096***	.023	.027	-.017	.369***	.280***	.661***	-	.023	-.056***	.012	.000
Skin Color Discrimination from Whites	-.092***	-.061***	-.024	.056***	.030*	-.149***	-.032*	.023	-	.492***	-.887***	.173***
Skin Color Discrimination from Blacks	.019	-.038**	-.033*	.077***	-.056***	-.050***	-.112***	-.056***	.492***	-	-.798***	.178***
Undifferentiated Discrimination	.051***	.046***	.024	-.062***	.002	.123***	.073***	.012	.887***	-.798***	-	-.190***
Distress	.077***	-.191***	-.188***	-.125***	-.066***	-.015	-.059***	.000	.173***	-.178***	-.190***	-

Note. N= 4,815

* p \leq .05; **p \leq .01; ***p \leq .001

Table 3. OLS Regression of Psychological Distress on Key Independent Variables for Native-Born Blacks

	I	II	III	IV
White-inflicted Discrimination Only		.035 (.037)	.035 (.035)	.037 (.035)
Black-inflicted Discrimination Only		.112 (.064)	.147 (.061)*	.139 (.061) *
Discrimination from both Blacks and Whites		.217 (.030)***	.245 (.029)***	.241 (.029) ***
Undifferentiated Discrimination	-.018 (.001)***			
Gender	.125 (.022)***		.120 (.022)***	.117 (.022)***
Age	-.007 (.001)***		-.007 (.001)***	-.007 (.001)***
Married	.023 (.028)		.021 (.029)	.020 (.029)
Unmarried	-.005 (.034)		-.001 (.034)	-.004 (.034)
12 years of education	-.192 (.029)***		-.202 (.029)***	-.199 (.029)***
13-15 years of education	-.274 (.032)***		-.294 (.033)***	-.286 (.033)***
≥16 of education	-.327 (.039)***		-.368 (.040)***	-.351 (.040)***
Income	-2.216E-6 (.000)***		-2.371E-6 (.000)***	-2.368E-6 (.000)***
Closeness to Blacks	-.091 (.017)***			-.085 (.017)***
Closeness to Whites	.031 (.014)*			.014 (.014)
Closeness to Black Caribbeans	-.020 (.017)			-.015 (.017)
Closeness to Africans	.049 (.016)**			.053 (.017)***
	R ² = .128***	R ² = .019***	R ² = .107***	R ² = .115***

Note. N=3,658. Unstandardized regression coefficients shown (Std Error).

* p≤.05; **p≤.01; ***p≤.001

Table 4. OLS Regression of Psychological Distress on Key Independent Variables for Foreign-Born Blacks

	I	II	III	IV
White-inflicted Discrimination Only		.147 (.052)**	.133 (.051)**	.144 (.051)**
Black-inflicted Discrimination Only		-.059 (.120)	-.039 (.116)	-.011 (.116)
Discrimination from both Blacks and Whites		.245 (.048)***	.224 (.046)***	.236 (.046)***
Undifferentiated Discrimination	-.013 (.002)***			
Gender	.112 (.038)**		.116 (.038)**	.113 (.039)**
Age	-.008 (.002)***		-.009 (.002)***	-.008 (.002)***
Married	-.191 (.050)***		-.164 (.050)***	-.177 (.050)***
Unmarried				-.066 (.065)
12 years of education	-.074 (.065)		-.053 (.065)	.017 (.053)
13-15 years of education	.026 (.053)		.017 (.053)	-.214 (.058)***
≥16 of education	-.197 (.058)***		-.203 (.058)***	-.086 (.058)
Income	-.085 (.058) -1.566E-6 (.000)*		-.061 (.057) -2.219E-6 (.000)***	-.1724E-6 (.000)**
Closeness to Blacks	.002 (.030)			.000 (.030)
Closeness to Whites	.022 (.022)			.020 (.022)
Closeness to Black Caribbeans	-.080 (.025)**			-.085 (.026)***
Closeness to Africans	.018 (.026)			.024 (.026)
	R ² = .136***	R ² = .025***	R ² = .127***	R ² = .136***

Note. N=1,157. Unstandardized regression coefficients shown (Std Error).

* p≤.05; **p≤.01; ***p≤.001

Table 5. OLS Regression of Depressive and Anxiety-related Distress Symptomology on Key Independent Variables for Native-Born Blacks

Symptomology	Depressive				Anxiety-related			
	I	II	III	IV	I	II	III	IV
White-inflicted Discrimination Only		-.001 (.038)	-.004 (.036)	-.022 (.036)		.126 (.046)**	.130 (.045)**	.137 (.045)**
Black-inflicted Discrimination Only		.089 (.065)	.127 (.062)*	.119 (.062)		.170 (.080)*	.197 (.078)*	.188 (.078)*
Discrimination from both Blacks and Whites		.191 (.031)***	.219 (.029)***	.214 (.029)***		.284 (.038)***	.309 (.037)***	.308 (.037)***
Undifferentiated Discrimination	-.017 (.002)***				-.021 (.002)***			
Gender	.106 (.022)***		.100 (.023)***	.097 (.023)***	.174 (.028)***		.170 (.028)***	.167 (.029)***
Age	-.008 (.001)***		-.008 (.001)***	-.008 (.001)***	-.005 (.001)***		-.004 (.001)***	-.004 (.001)***
Married	.035 (.029)		.033 (.029)	.032 (.029)	-.007 (.036)		-.008 (.037)	-.011 (.036)
Unmarried	-.009 (.034)		-.002 (.034)	-.001 (.034)	-.008 (.045)		-.007 (.045)	-.010 (.043)
12 years of education	-.197 (.029)***		-.206 (.029)***	-.204 (.029)***	-.180 (.037)***		-.191 (.037)***	-.189 (.037)***
13-15 years of education	-.298 (.035)***		-.318 (.035)***	-.309 (.035)***	-.215 (.041)***		-.235 (.042)***	-.227 (.042)***
≥16 of education	-.370 (.040)***		-.411 (.040)***	-.393 (.040)***	-.219 (.050)***		-.262 (.051)***	-.246 (.051)***
Income	-2.201E-6 (.000)***		-2.372E-6 (.000)***	-2.355E-6 (.000)***	-2.252E-6 (.000)***		-2.367E-6 (.000)***	-2.400E-6 (.000)***
Closeness to Blacks	-.087 (.017)***		-.080 (.017)***	-.080 (.017)***	-.103 (.022)***		-.097 (.022)***	-.097 (.022)***
Closeness to Whites	.026 (.014)		.009 (.014)	.009 (.014)	.044 (.018)*		.027 (.018)	.027 (.018)
Closeness to Black Caribbeans	-.029 (.017)		-.024 (.018)	-.024 (.018)	.004 (.022)		.007 (.022)	.007 (.022)
Closeness to Africans	.059 (.017)***		.062 (.017)***	.062 (.017)***	.026 (.021)		.029 (.021)	.029 (.021)
	R ² = .131***	R ² = .017***	R ² = .114***	R ² = .121***	R ² = .079***	R ² = .017***	R ² = .062***	R ² = .067***

Note. N=3,658. Unstandardized regression coefficients shown (Std Error).

* p≤.05; **p≤.01; ***p≤.001

Table 6. OLS Regression of Depressive and Anxiety-related Distress Symptomology on Key Independent Variables for Foreign-Born Blacks

Symptomology	Depressive				Anxiety-related			
	I	II	III	IV	I	II	III	IV
White-inflicted Discrimination Only		.181 (.054)***	.164 (.055)**	.173 (.054)***		.062 (.061)	.055 (.061)	.072 (.061)
Black-inflicted Discrimination Only		-.052 (.125)	-.020 (.120)	-.005 (.121)		-.077 (.142)	-.086 (.139)	-.023 (.139)
Discrimination from both Blacks and Whites		.254 (.030)***	.229 (.048)***	.240 (.048)***		.223 (.056)***	.211 (.055)***	.226 (.055)***
Undifferentiated Discrimination	-.014 (.003)***				-.011 (.003)***			
Gender	.085 (.040)*		.087 (.039)*	.087 (.040)*	.181 (.046)***		.187 (.045)***	.179 (.046)***
Age	-.008 (.002)***		-.008 (.002)***	-.008 (.002)***	-.009 (.002)***		-.010 (.002)***	-.009 (.002)***
Married	-.212 (.052)***		-.190 (.052)***	-.200 (.052)***	-.136 (.060)*		-.100 (.060)	-.121 (.060)*
Unmarried	-.116 (.068)		-.100 (.068)	-.109 (.068)	.030 (.078)		.063 (.078)	.043 (.078)
12 years of education	.030 (.055)		.019 (.055)	.018 (.055)	.017 (.063)		.013 (.064)	.013 (.063)
13-15 years of education	-.186 (.060)**		-.199 (.061)***	-.207 (.061)***	-.224 (.069)***		-.213 (.070)**	-.233 (.069)***
≥16 of education	-.081 (.060)		-.068 (.059)	-.086 (.060)	-.095 (.069)		-.042 (.068)	-.089 (.069)
Income	-1.957E-6 (.000)**		-2.570E-6 (.000)***	-2.124E-6 (.000)**	-5.909E-7 (.000)		-1.343E-6 (.000)	-7.239E-7 (.000)
Closeness to Blacks	-.023 (.031)			-.025 (.032)	.065 (.036)			.064 (.036)
Closeness to Whites	.032 (.023)			.027 (.023)	.000 (.026)			.001 (.026)
Closeness to Black Caribbeans	-.061 (.026)*			-.066 (.027)*	-.128 (.030)***			-.132 (.030)***
Closeness to Africans	.021 (.027)			.025 (.027)	.012 (.031)			.020 (.031)
	R ² = .131***	R ² = .025***	R ² = .124***	R ² = .130***	R ² = .101***	R ² = .018***	R ² = .091***	R ² = .106***

Note. N=1,157. Unstandardized regression coefficients shown (Std Error).
* p<.05; **p<.01; ***p<.001

Table 7. OLS Regression of Depressive and Anxiety-related Distress Symptomology on Key Independent Variables for Foreign-Born Blacks, with Immigrant-Specific Variables Included

Symptomology	Depressive					Anxiety-Related				
	I	II	III	IV	V	I	II	III	IV	V
White-inflicted discrimination only		.189 (.068)**	.097 (.070)	.104 (.071)	.120 (.072)		.113 (.065)	.099 (.068)	.128 (.069)	.142 (.070)*
Black-inflicted discrimination only		.057 (.167)	.068 (.159)	.084 (.159)	.122 (.159)		.049 (.159)	.049 (.154)	.081 (.154)	.129 (.153)
Discrimination from both Blacks and Whites		.410 (.065)***	.328 (.064)***	.342 (.064)***	.362 (.065)***		.292 (.062)***	.264 (.062)***	.285 (.062)***	.306 (.062)***
Undifferentiated Discrimination	-.017 (.003)***					-.010 (.003)***				
Gender	-.001 (.052)		.001 (.051)	.003 (.052)	-.009 (.052)	.097 (.050)		.140 (.050)**	.121 (.050)*	.102 (.050)*
Age	-.003 (.002)		-.004 (.002)*	-.004 (.002)	-.003 (.002)	-6.272E-5 (.002)		.000 (.002)	.000 (.002)	.000 (.002)
Married	-.492 (.079)***		-.454 (.078)***	-.479 (.078)***	-.474 (.078)***	-.359 (.076)***		-.362 (.075)***	-.355 (.076)***	-.343 (.075)***
Unmarried	-.322 (.094)***		-.295 (.093)***	-.312 (.093)***	-.286 (.093)**	-.283 (.090)**		-.287 (.090)***	-.295 (.090)***	-.255 (.090)**
12 years of education	.070 (.071)		.046 (.070)	.037 (.070)	.059 (.070)	.053 (.068)		.039 (.068)	.020 (.067)	.051 (.068)
13-15 years of education	-.138 (.088)		-.156 (.086)	-.172 (.086)*	-.130 (.088)	.048 (.085)		.037 (.084)	.004 (.084)	.058 (.085)
≥16 of education	.070 (.081)		.047 (.077)	.061 (.079)	.105 (.081)	-.003 (.078)		-.016 (.075)	-.036 (.077)	.022 (.078)
Income	-1.724E-6 (.000)		-2.710E-6 (.000)**	-1.905E-6 (.000)	-1.897E-6 (.000)	-1.749E-6 (.000)		-2.263E-6 (.000)*	-1.775E-6 (.000)	-1.754E-6 (.000)
Closeness to Blacks	-.055 (.046)			-.056 (.045)	-.063 (.045)	.053 (.044)			.063 (.044)	.050 (.043)
Closeness to Whites	.086 (.030)**			.090 (.029)**	.092 (.029)**	.057 (.029)*			.058 (.029)*	.063 (.028)*
Closeness to Black Caribbeans	.003 (.040)			.015 (.039)	.027 (.040)	-.087 (.039)*			-.088 (.038)*	-.074 (.038)
Closeness to Africans	-.048 (.036)			-.031 (.036)	-.043 (.036)	-.074 (.035)*			-.060 (.035)	-.075 (.035)*
Length of time in US	1.221E-6 (.003)				.000 (.003)	.002 (.003)				.002 (.003)
English-speaking ability	-.067 (.034)*				-.085 (.034)*	-.100 (.032)**				-.116 (.032)***
	R ² = .173***	R ² = .059***	R ² = .165***	R ² = .179***	R ² = .187***	R ² = .135***	R ² = .034***	R ² = .122***	R ² = .138***	R ² = .154***

Note. N=1,157. Unstandardized regression coefficients shown (Std Error).

* p<.05; **p<.01; ***p<.001

APPENDIX A

Regression Models for Assessing Relationships among Black Mental Health and Discrimination

	Subsample: Native-Born Blacks	Subsample: Foreign-Born Blacks
DV: Distress	IV: 1) general skin color discrimination and independent variables 2) Itemized discrimination only (Black-inflicted, White- inflicted, None, and Both Types) 3) itemized discrimination and demographic information 4) itemized discrimination, demographic information, and racial identity	IV: 1) general skin color discrimination and independent variables 2) Itemized discrimination only (Black- inflicted, White- inflicted, None, and Both Types) 3) itemized discrimination and demographic information 4) itemized discrimination, demographic information, and racial identity * 5) all independent variables, acculturation variables

* sub-analysis, which includes variables only assessed for foreign-born participants

APPENDIX B

General Distress by Ethnicity for Those of Caribbean Ethnic Origins

Country of Origin	Spanish Caribbean	Haiti	Jamaica	Trinidad/Tobago	Other
White-inflicted discrimination only	.220 (.250)	-.180 (.177)	.412 (.084)***	.500 (.259)	-.010 (.195)
Black-inflicted discrimination only	1.693 (.570)**	.072 (.426)	.418 (.184)*	.575 (.483)	-.132 (.465)
Discrimination from both Blacks and Whites	.514 (.239)*	-.019 (.154)	.447 (.070)***	.428 (.210)*	-.083 (.193)
Gender	-.065 (.199)	-.165 (.151)	.139 (.061)*	-.227 (.163)	-.571 (.142)***
Age	-.012 (.009)	.012 (.006)*	-.001 (.002)	-.010 (.006)	-.005 (.006)
Married	.431 (.342)	-.531 (.207)*	-.088 (.092)	.214 (.185)	-1.086 (.198)***
Unmarried	.679 (.311)*	-.094 (.239)	-.053 (.106)	.131 (.224)	-1.136 (.211)***
12 years of education	-.324 (.227)	-.032 (.177)	.049 (.073)	.136 (.271)	.148 (.204)
13-15 years of education	-.179 (.324)	-.103 (.194)	.090 (.090)	-7.904E-6 (.000)*	-.305 (.251)
≥16 of education	-.752 (.295)*	-.206 (.221)	-2.293E-6 (.000)*		-.084 (.264)
Income	-2.186E-6 (.000)	4.087E-6 (.000)			-5.164E-6 (.000)
Closeness to Blacks	.111 (.133)	-.161 (.106)	-.010 (.052)	-.050 (.120)	.008 (.122)
Closeness to Whites	-.212 (.116)	.053 (.075)	.008 (.037)	.091 (.107)	.173 (.075)*
Closeness to Black Caribbeans	.244 (.145)	-.066 (.124)	.123 (.056)*	-.039 (.141)	-.177 (.118)
Closeness to Africans	-.041 (.152)	.060 (.106)	-.119 (.044)**	.035 (.110)	.037 (.123)
Length of time in US	.011 (.007)	-.016 (.009)	-.008 (.004)*	.008 (.010)	.007 (.008)
English-speaking ability	-.044 (.115)	-.199 (.068)**	-.111 (.047)*	-.114 (.192)	.061 (.119)

$R^2 = .558$	$R^2 =$.246**	$R^2 =$.285***	$R^2 = .307$	$R^2 =$.521***
N=168	N=285 N=157		N=481	N=415

Note. Unstandardized regression coefficients shown (Std Error).

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$