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Exploring Diverse Profiles Of Identity, Risk Taking, And Health Risk In Urban Black Emerging Adult Men

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Abstract

Young adult African-American men face some of the most challenging social and health disparities compared to other age, race, and gender groups. They must endure the stress of emerging adulthood through the intense and clashing demands of race and masculinity politics. An unaddressed question in the literature is "Do distinct racial-gender identity subgroups of Black emerging adult men experience different patterns of risk taking and health risk?" Drawing on the baseline data of a "Barbershop-Based HIV/STD Risk Reduction for African American Young Men" (Jemmott, Jemmott, Coleman, Stevenson, & Ten Have, 2009; Jemmott, Jemmott, Lanier, Thompson, & Baker, 2017), a cluster-randomized comparison of two risk-reduction interventions (sexual health risk and violence retaliation) with 597 African American men aged 18 to 24, this secondary analysis study was conducted. Using the method of latent profile analysis, the results of this study found (a) four distinct identity profiles of Black men based on three key identity factors (manhood stress, hypermasculinity, and awareness of Black manhood vulnerabilities) representing distinct subgroups of Black men (diffuse, 4.5%; balanced, 62%; strained, 30%; and distressed, 3%); (b) demographic and emotional and protective factor differences among the profiles; and (c) behavioral outcome differences by profile in the health risk categories of violence, substance use, weapon exposure, alcohol use, and sexual health risk. Findings suggest that the ways that young Black men engage in risk taking occur in complex but discernable patterns. Implications for the study of within-group variations in identity in shaping patterns of risk taking and health risk in emerging adult Black men are discussed.

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EXPLORING DIVERSE PROFILES OF IDENTITY, RISK TAKING, AND HEALTH

RISK IN URBAN BLACK EMERGING ADULT MEN

Lloyd Matthew Talley

A DISSERTATION

in

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in

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EXPLORING DIVERSE PROFILES OF IDENTITY, RISK TAKING, AND HEALTH RISK IN URBAN BLACK EMERGING ADULT MEN

For Dr. Shawn White and the "597," it has been a tremendous honor to continue the work that you laid the groundwork for and I hope that this project honors your sacrifice. And, to Grandpa, Pip, Jay, Wayne, and the others who were gone too soon, this dissertation is respectfully dedicated.

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ABSTRACT

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RISK IN URBAN BLACK EMERGING ADULT MEN

Lloyd Matthew Talley

Howard C. Stevenson

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Implications for the study of within-group variations in identity in shaping patterns of

risk taking and health risk in emerging adult Black men are discussed.

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LIST OF ABBREVIATIONS

AIC Akaike information criterion

AIDS acquired immunodeficiency syndrome

BEAM Black emerging adult men

BIC Bayesian information criterion

BMRR Black male risk and resilience

HIV human immunodeficiency virus

LPA latent profile analysis

LMR Lo-Mendell-Rubin test

MGRS masculine gender role stress

PVEST phenomenological variant of ecological systems theory

STD sexually transmitted disease

STI sexually transmitted infection

CHAPTER 1

INTRODUCTION

This dissertation explores two questions: (a) Can subpopulations (latent profiles) of racial-masculine identity be identified in a population of young Black men from an urban environment? (b) Do these subgroups demonstrate different patterns of risk taking and health risk? This study accomplishes these aims through an intragroup examination of theory-based racial-masculine identity subgroups in a sample of 597 Black emerging adult men (BEAM) (18–24 years of age). This chapter is organized by (a) an overview of the key issues pertaining to research on identity and Black men; (b) background on the targeted population, BEAM; (c) the purpose of the study; (d) the study aims; and (e) the research questions.

Overview of the Issues

The lived experience of being a Black man or *Black Manhood* has been an ongoing subject of lay, public, and scholarly interest for more than a century since before DuBois' initial writings on the "Negro" in Philadelphia (1988). This work has moved from deficit-oriented depictions of Black male impotence, racial inferiority, and criminality (U.S. Department of Labor, 1965) through Afrocentric conceptualizations of Black masculinity (Akbar, 1991) to the current interdisciplinary landscape of perspectives we now have at our disposal. Autobiographical and fictional (Brown, 1965; Ellison, 1952) depictions of Black manhood and Black boyhood have also aided the development of these perspectives by illustrating the varying and diverse lives that Black men lead. The predominating interest in the study of Black men has been the unique

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social and psychological determinants of the deleterious outcomes that Black men face across their life course.

This interest has been sustained by the persistent disparities in the health and social status of Black men compared with other race and gender groups. There are a wide range of social and health risks that are concentrated among the Black male population in the United States. Some of the more pervasive disparities occur in life expectancy (Hoyert and Xu, 2012), sexual health risk (Centers for Disease Control and Prevention, 2011), incarceration (Bureau of Justice Statistics, 2010), and income (U.S. Census Bureau, 2016). Considering these circumstances, many research efforts to uncover the key determinants of health and well-being for Black men have been undertaken. Among the myriad determinants that impact the health and behavior of Black men, factors related to identity and identity development have emerged as the most salient.

Racial and masculine socialization and identity have been topics of substantive interest in Black men's health and behavior because they have been found to moderate a host of outcomes. These lines of research report mixed findings on the role of race and masculinity in Black men's health and behavior. Racial identity is generally seen as a protective factor for Black Americans. Studies have linked racial socialization, racial awareness, and positive racial identity to improved mental health outcomes, academic persistence, and lower substance use in African American youth and young adults (Brook & Pahl, 2005; Caldwell, Sellers, Bernat, & Zimmerman, 2004; Chavous et al., 2003; Sellers, Copeland-Linder, Martin, & Lewis, 2006).

Research on masculine ideologies in Black men has been primarily focused on Black men's conceptualizations of manhood and exaggerated masculine performance or

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hypermasculinity. Conversely, traditional masculine beliefs and norms have been primarily associated with increased risky behaviors and negative health outcomes including higher substance use, risky sexual health attitudes (Santana et al., 2006; Vincent et al., 2016), violent aggression (Cohn & Zeichner, 2006; Cohn, Seibert, & Zeichner, 2009), alexithymia (Levant, Hall, Williams, Hasan, 2009), poor help-seeking behaviors (Powell et al., 2016), reckless driving (Mast, et al.., 2008) and intimate partner violence (Moore & Stuart, 2005; Santana et al., 2006).

From these findings, it is clear that racial and masculine identity are key factors in risk and resiliency among Black men and often impact similar or interacting domains of behavior. These mixed findings however, make it difficult to develop a clear understanding of the role of identity in Black men's behaviors, because it is likely that these identities do not operate in isolation. Researchers have also found that that these identities interact differently at various stages of the life course. For example, Powell (2012) found that for men over the age of 30, the positive relationship between everyday racial discrimination and depressive symptoms was stronger for men who demonstrated higher restrictive emotionality, a common masculine norm. This finding was not true for younger Black men.

Empirical studies of identity in Black men have largely treated racial identity and masculinity as discrete entities rather than analyzing them simultaneously. Though these identities coexist within Black men, many studies have addressed one domain of identity or analyzed the interaction of several domains via additive quantitative approaches (i.e., regression analyses). Despite the nuances of the sampling frame (adolescents, rural populations, men who have sex with men), many studies do little to assess the variability

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in Black men's perceptions of their racial *and* masculine identity. This observation is surmised from the limited parsing of samples beyond sociodemographic characteristics. This methodological choice presumes that Black men have uniform philosophies and perspectives about their race and manhood. This presumption leaves our picture of Black male identity and identity development incomplete.

Several scholars have noted that Black manhood is both diverse and multidimensional (Griffith & Cornish, 2018; Hunter & Davis, 1994; Powell & Mattis, 2005) and that Black men employ various strategies to navigate the social challenges they face. Sociological (hooks, 2004; Neal, 2015), philosophical (Curry, 2017), and narrative (Akbar, 1991; Cleaver, 1968; McCall, 2011; Smith, 2016) inquiries into Black manhood argue that there is an array of masculine archetypes that are specific to age, geographic location, economic wealth, and sexuality. Scholars argue that studies of Black men need to integrate age, race, and masculinity into their analyses to gain more insight into the *within-group* diversity that exists in this population (Griffith, 2012; Griffith, Eilis, & Allen, 2013; Howard & Reynolds, 2013; Rogers, Sperry, Levant, 2015). However, these factors are rarely integrated. The integration of these factors would enhance current models of Black male risk and resilience, which is important as we move toward the development of more targeted strategies for intervention.

Research in men's studies asserts that there are "multiple masculinities" or varying subgroups of masculine ideology within local populations of men (Connell & Messerschmidt, 2005). These different forms of masculinity have been demonstrated to impact the frequency and forms of risk that men experience and engage in (Jewkes & Morrell, 2017). This perspective aligns well with the sociological and narrative accounts

of Black manhood that demonstrate a diversity of manhood philosophies and accompanying behavioral patterns. Research applying this "multiple masculinities" paradigm has found group level differences in intimate violence , aggressive ideation and sexual health risk (2017) at the identity subgroup level. However, this paradigm has rarely been applied in quantitative studies of Black men and identity.

Therefore, it remains to be seen if identity subgroups of Black men exist, even among groups of men who are demographically similar. Thus, an unaddressed question in the literature remains: Do racial-masculine identity subgroups of Black men experience risk taking and health risk differently? Acknowledging that racial identity, masculinity, and developmental stage are not uniform among Black men and that these factors influence men's behaviors (Cohn & Zeichner, 2006; Griffith, 2012), it is unlikely that this is the case. Therefore, determining if there are distinct identity subgroups and behavioral patterns among Black men will allow for the more effective targeting of the mechanisms that drive these disparities.

The Status of Black Emerging Adult Men

A closer look at the data indicates that the disparities in health and social status that face Black men are most heavily concentrated at the intersection of race, gender, and age. Across several outcome domains, Black emerging adult men (18–25 years of age) (BEAM), who comprise 22% of the American Black male population, find themselves facing poor well-being outcomes (U.S. Census Data, 2016).

The disparities in psychological, material, and sociopolitical well-being experienced by BEAM in the United States constitute a humanitarian crisis. Despite living in one of the wealthiest nations in the "developed" world, young Black men living

in urban American communities live a life of unique complexity and precarity. As these men become legal adults, they simultaneously enter the most critical period of their adult development (Schulenburg, Sameroff, & Cicchetti, 2004) and an especially vulnerable period of their educational, vocational, and social lives (Littles, Bower, & Gilmer , 2008).

The rite of passage into adulthood is in general one of the most celebrated moments in societies (Rubenstein, 2016) and is typically treated as a time of promise and opportunity (Arnett, 2006). However, the transition to adulthood for BEAM can be one of the more stressful, anxiety-provoking, and distressing stages of the life course (Arnett, 2000). During this developmental period, BEAM in low-income urban environments experience the highest likelihood of economic disadvantage and interpersonal threat in their life course. Therefore, it can be argued the transition to adulthood is the most vulnerable period of the Black American male life span. The literature confirms that across all levels of ecological systems, African American men in urban environments face a precarious journey in their transition to adulthood. They begin their manhood in circumstances in which their well-being and ability to thrive are often in conflict with their social environment, including the state and its institutions. Historical acts and the contemporary policies of racial dehumanization have placed this population in this vulnerable situation.

The distortion of the public perception of young Black men caused by racial prejudice and male gender stereotypes also results in a tenuous milieu for their optimal human development and self-determination. Contemporarily, racial and gender-based stereotypes permeate the social milieu in which Black men function. This includes the negative social images that simultaneously influence public and self-perceptions of young

Black men through socialization channels such as the media, sports, and popular culture (Gaston, 1986; Howard, Flennaugh, & Terry, 2012). These racial and gender-based stereotypes are also used as archetypes for commercial gain and philanthropic endeavor, resulting most prominently in the active criminalization and dehumanization of young Black men in the American psyche and policy landscape (Goff et al., 2014). Swanson, Cunningham, and Spencer (2003) argue as follows:

> the societal stereotypes, in conjunction with numerous social, political, and economic forces, interact to place African American males at extreme risk for adverse outcomes and behaviors and suggest clear implications for the continued structural conditions that characterize life in the United States for ethnic minorities. (p. 609)

In fact, Trawalter, Todd, Bayard, and Richardson (2008) assert that the stereotypical image of a young Black man as a threat is now deeply rooted in "the collective American unconscious that Black men now capture attention, much like evolved threats such as spiders and snakes" (2008, p. 1). These external factors construct the ecological conditions in which Black men experience heightened levels of threat and risk.

For BEAM this developmental period also presents the unique challenges of navigating what hooks (1997) referred to as a neo-liberal "White Supremacist Capitalist Patriarchal Society" for the first time as an adult Black man. More precisely, the public social perceptions of Black men as threatening, and their lived experiences of social and economic disadvantage are further exacerbated by the accompanying threat of the risk of death that Black males may face in America (Trawalter, Todd, Baird, Richeson 2008). The unfettered use of force against and the murder of BEAM are some of the most pervasive and visible examples of these dangers and are most grimly exemplified by the

deaths of Trayvon Martin, Jordan Davis, Kalief Browder, and Oscar Grant, all of whom were BEAM. These tragedies highlight the ongoing systemic and interpersonal racial violence in the lives of citizens of color. The denial of one's humanity is an inescapable reality for people of color that impacts all domains of health and life.

Arnett and Broady (2008) noted a "puzzling range" of findings in relation to the well-being of BEAM. Specifically, they discuss two dramatic and peculiar trends. First, prior to emerging adulthood, Black men have some of the lowest rates of suicide in the American population. However, in emerging adulthood there is an increase in the number of suicides among BEAM, resulting in suicide being the third leading cause of death among Black men ages 15 to 29. Within this age range there is a spike in suicide from the ages of 20 to 24 (CDC, 2015). Second, the authors cite what is known as the "cross-over effect" in substance use (Kandel, 1995). Whereas White adolescents have higher rates of substance use than Black adolescents, Black adults use substances at higher rates than White adults. Arnett and Broady (2008) highlighted that this crossover in substance use occurs during emerging adulthood. The authors hypothesized that these findings may be closely to identity development and discrimination in emerging adulthood as follows:

> It is only recently that emerging adulthood has come to be recognized as a crucial time for identity issues [Schwartz et al., 2005], so there is limited research on the identity formation of African American emerging adults. However, we believe that identity issues are especially acute for African American emerging adults due to the injection of discrimination and prejudice, and that this may explain a range of puzzling findings regarding this population. (Arnett & Broady, 2008, p. 292)

These circumstances are not new, nor is research on risk and, more recently, on resilience, especially relating to younger Black men. As early as 1899, in his sociological survey of the Black population in Philadelphia, *The Philadelphia Negro*, W. E. B.

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DuBois (1899) noted increases in precarious life outcomes during the transition to adulthood for Black men in Philadelphia. He found that Black men aged 20 to 29 had the highest rates of crime and incarceration in the Philadelphian African American community (Figs. 1, 2). His observations remain salient today as evidence from the Bureau of Justice Statistics (2010) documents a precipitous increase nationally in the incarceration of Black men between the ages of 18 and 29, making the decade housing emerging adulthood the most criminalized decade in the Black male life span compared to White men in the same age group (Figs. 3–5).

As BEAM acquire their newfound legal autonomy, often in high-poverty neighborhoods, they experience fewer job opportunities and employment discrimination (Holzner & Offner, 2006), poorer access to and utilization of health care and social services, and higher exposure to violent crime (Firebaugh & Farrell, 2016). These ecological conditions extend into their lived experiences, with 16- to 25-year-old Black men being more likely to be unemployed or not in school compared to men from other races (U.S. Census Bureau, 2011). These conditions are further compounded by the high likelihood that they will encounter daily racial bias that will further negatively impact their health (Miller, Webster, & McIntosh, 2002; Taylor, Miller, Mouzon, Keith, & Chatters, 2016). These and other relational injustices create for young adult Black men a precarious set of circumstances that they must negotiate throughout their lives. These circumstances are compounded by negative economic circumstances for these young men because they consistently move toward the bottom of the socioeconomic ladder, with over 41% of young men, regardless of race, making less than $30,000 per year (U.S. Census, 2016). This situation is worrisome as the United States population has shifted

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from 45.6% urban to 80.7% urban in the past century creating further economic competition for these men (U.S. Census Bureau, 2016).

These findings however, are not limited to incarceration, substance use, income, and suicide. Research on the health and well-being of BEAM indicates that these men also experience disproportionate rates of preventable social and health risks such as unintentional injury (CDC, 2016), homicide perpetration and victimization (Cooper and Smith, 2011), and sexually transmitted diseases (STD) (2016). These risks are primarily mediated by engaging in a range of risk-taking behaviors including violent aggression and weapon use, risky sex, heavy drinking, and drug misuse.

In the past half century, several philanthropic and policy initiatives aimed at improving the life outcomes of young Black men have spawned a host of research initiatives and program development (Shah & Sato, 2015). Much of this interest serves the purpose of developing health, educational, and social interventions to prevent health risks or to intervene in the risk-taking behaviors of this population. The increase in public attention regarding the well-being of boys and young men of color in America has grown exponentially since the introduction of President Obama's My Brother's Keeper initiative (Obama, 2015). Many of these initiatives and activities have focused on supporting the development of positive life outcomes and identities in Black young men through (a) developing a stronger understanding of the disparities that this population faces and the causes of these context-linked disparities, (b) supporting positive masculine identity development (Givens, Nasir, Ross, & de Royston, 2016), (c) developing racial-ethnic identity through cultural enrichment (Serpell, Hayling, Stevenson, Kem, 2009; Stevenson, 2003), and (d) designing risk prevention programs. Collectively, these

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philanthropic endeavors have directed millions of dollars toward the promotion of well-being and prevention of risk in BEAM.

However, despite the breadth of these risks it cannot be assumed that all BEAM experience and engage in these social and health risks similarly or that all intervention strategies will work the same. There is little research on the diverse identities of this population and their relation to patterns in risk taking and health risk, warranting further studies of within group diversity in this population. An examination of within group diversity among identities is especially salient during the developmental period of emerging adulthood because processes of cognitive maturation, ongoing development of racial and masculine identity, and progress on developmental tasks create a vast heterogeneity in the perceptual experiences of young Black men. In this regard, one of the major developmental tasks and distinct points of the stress during this life stage is the process of developing and learning to navigate their masculine and racial identities simultaneously.

Problem Statement

Evidence regarding the health and life outcomes of young men of color posits overwhelmingly that the social and health disparities that exist among this group are not primarily biological, but ecological, social, and related to issues of identity and stress (American Psychological Association, 2018). Research on both male and African American populations, indicating that Black men consistently experience exceedingly high rates of negative life outcomes and of preventable mortality and morbidity, has remained consistent for more than half a century. Therefore, in research on Black men,

identity has often been studied as an influential factor in the production of these health risk ideologies and behaviors.

Whereas the nature of identity within individual domains of behavior is better understood for Black male youth and adolescents (Cassidy & Stevenson, 2005; Chavous et al., 2003; Sellers, Copeland-Linder, Martin, & Lewis, 2006), less is known about the relationship between identity and behavior during Black emerging adulthood. This observation is pertinent because the integration and synthesis of identity (Erikson, 1994) in emerging adulthood may create synergy across domains of identity and function.

Research also acknowledges that Black manhood is intersectional and multidimensional, and that diversity exists among Black men. Issues of identity development, though central to the life course, have been less often studied as a social determinant of health. Race-ethnicity and masculinity, however, contribute to how men of all races perceive stressors and to their subsequent engagement in risky behaviors (Cohn and Zeichner, 2003; Thomas, Powell-Hammond, & Kohn Wood, 2015).

Despite the ongoing interest in the role of racial and masculine identity and identity development in the risk and resiliency of Black men, many of these investigations consider these factors in isolation. Whereas some studies attempt to statistically control for the role of race and gender, other studies use demographic variables to identify health disparities along race and gender lines. There has been little systematic and integrated study of Black manhood and Black male identity.

Additionally, many of the current investigations of health risk and risk taking in examine only one component of identity (Jones & McEwen, 2000) or one domain of risk (Figner & Weber, 2011). This methodological choice limits our ability to understand the

diversity of social attitudes that young Black men hold. It also has obscured our ability to identify domain-specific patterns of behavior in which BEAM engage, leaving the developmental picture of young Black men incomplete and fragmented.

The confluence of events at this developmental stage is also troublesome for human development, prevention science, and social policy, because many BEAM are no longer easily accessible for health promotion efforts through traditional behavioral intervention settings (e.g., schools, churches, community centers, youth development programs). The disparity in insurance coverage, health care utilization (Denavas-Walt, Proctor, Lee, 2006), medical system distrust (Boulware et al., 2016), and mental health stigma (Corrigan, 2004) in the U.S. African American community further exacerbates the problem. These circumstances make intervention in the lives of urban BEAM more difficult than at earlier and later stages of their life course.

Research Gaps

At the intersection of manhood and developmental stage, emerging adulthood can be a perfect storm for all men. Yet, research on this intersection for Black men has rarely been studied as a backdrop to their life choices and behavioral health or in relation to their decision making in social interactions with peers, partners, strangers, and society. Research for the past decade has critiqued the lack of available qualitative and quantitative data on the well-being of both the Black male and emerging adult populations. Researchers in the fields of emerging adulthood (Syed, 2013) and Black manhood (Watkins & Griffith, 2013) lament the dearth of literature and interventions focused on reducing chronic health and well-being disparities among Black men. Although many existing analyses of this population focus on the role of race, masculinity,

or age (developmental stage) in the lives of these men, few adequately examine the interplay of these factors.

Griffith (2012) argued that investigations into the well-being of Black men must emphasize an intersectional perspective that integrates (a) age, (b) race, (c) masculinity, (d) stress, and (e) environment. Specifically, variability in both racial and masculine socialization, stress, and identity development has been shown to moderate a host of life outcomes (Hoggard, Byrd, & Sellers, 2012; Stevenson & Arrington, 2009; Watkins, Walker, & Griffith, 2010). Yet, there is little research on the development of social identities of emerging adulthood for Black men and rarely are race, masculinity and developmental stage integrated in studies of young Black men.

Research on the experiences of Black emerging adulthood is also weakened by the primary use of college convenience samples (Swanson, 2016), which do not adequately capture the broad range of contexts in which BEAM live (Mitchell & Syed, 2015). Excluding the experiences and narratives of other groups of vulnerable Black men (e.g., non-college) results in another gap in this literature, the role of context in human development and behavior. Moreover, there have been no efforts to examine identity formation and synthesis during Black emerging adulthood and its relationship to risk taking and health risk across domains of behavior. This fact limits the development of broad and effective educational, public health, and judicial interventions and social programs to improve the lives of BEAM.

Purpose of the Study

Further research is needed to explore the unique racial-masculine identity subgroups that exist among Black men, especially BEAM. Understanding the unique lived experiences of this population is important in developing positive life trajectories by incorporating healthy identity development early in adult life for young Black men. Once this goal is achieved, this knowledge can be incorporated into the development and implementation of health promotion interventions in educational and community-based settings. For these reasons, it is imperative to understand the underlying developmental, psychosocial, and behavioral mechanisms that contribute to health and risk taking in this population. One important gap in this growing area of study is the need for a theoretical framing of not only the unique experiences of Black men within their local ecological context, but also how they make meaning of their lived experiences through the mediating processes of identity, stress, and coping to promote or hinder well-being.

This purpose of this dissertation is twofold: (a) to explore diverse racial-masculine identity subgroups and their relationship to risk taking and health risk outcomes of BEAM in an urban environment and (b) to serve as an empirical test of the identity-focused cultural ecological theoretical model, the phenomenological variant of ecological systems theory (PVEST) (Spencer, 2006), and the theoretical proposition of identity subgroups and diverse and patterned outcomes.

In light of the paucity of research on the identity, identity development, and risk-taking of BEAM, an exploratory approach was applied in this study. This study looks at the relationship among diverse profiles of identity, risk taking, and health risk in a sample of urban community-dwelling, heterosexual BEAM in an exploratory manor. Applying

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an intersectional view of identity and a cross-domain view of risk, this study investigates the synergistic role of racial and masculine social identity in shaping patterns of health risk in a sample of Black men in the transition to adulthood.

Current Study

To address the fragmentation of the literature on identity, risk taking, and health of heterosexual BEAM in urban environments, I endeavored to identify latent identity subgroups among a demographically homogeneous sample of non-university BEAM. This demographic and geographic population was selected because of the numerous health and well-being challenges this population faces. Emerging adulthood was also selected as the developmental period of study because of the importance of this stage to the development of future life course health trajectories.

This dissertation explores the presence of subgroups of Black manhood identity using the theory-based profile dimensions of (a) hypermasculine ideology endorsement, (b) Black male vulnerability salience, and (c) manhood stress, using latent profile analysis. Next, this study examines differences in emotional risk and protective factors among the subgroups. Finally, group differences in risk taking and health risk are analyzed. The focus of this dissertation on risk taking and health risk was chosen in relation to both the developmental and practical issues faced in the population of interest. Through an intragroup analysis, this project seeks to develop a more nuanced perspective on the role of identity in shaping patterns of risk taking and health risk during emerging adulthood for Black men.

Finally, these presence of domain-specific patterns of risk taking and health risk are explored by identity subgroups. Rather than focusing on one social identity, I

advanced the perspective that looks toward the integration of racial and gendered

dimensions in relation to health risk ideologies and behaviors in this population. Using a

person-centered quantitative method (latent profile analysis), identity subgroups among

597 BEAM participants were examined.

Study Aims

   The study has two aims:

1. To apply an intersectional and multidimensional identity-focused approach

    (hypermasculinity beliefs, Black manhood vulnerability awareness, and

    manhood stress) to identify distinct identity subgroups within a sample of

    urban heterosexual BEAM.

2. To explore subgroup differences using the variables of sociodemographics,

    emotional risk, and protection and of health attitudes and behavior (violence,

    sexual health, alcohol use, drug use).

   To achieve the stated aims, I posed the following research questions, where

question 1 applies to Aim 1 and questions 2 and 3 apply to Aim 2.

Research Questions

1.   Can distinct subgroups of racial-masculine identity be identified in a population of

    urban heterosexual BEAM from high-risk zip codes via the dimensions of (a) Black

    male vulnerability salience, (b) hypermasculine ideology endorsement, and (c)

    masculine gender role stress appraisal?

2. Do these identity subgroups differ in terms of sociodemographic characteristics and emotional risk and protective factors (e.g., depression, restraint, self-efficacy, and rejection sensitivity [RJS])?

3. Do these identity subgroups demonstrate different patterns of risk taking and health risk across the following four domains:

    (a) Violence: physical fights, verbal arguments, weapon exposure

    (b) Substance use: smoking, marijuana use, problem drug use

    (c) Drinking and alcohol misuse: drinking frequency, binge drinking, problem drinking

    (d) Sexual health risk: Attitudes toward condoms and unprotected sex, attitude toward limiting one's partners, history of STD, HIV/AIDS status?

The outcomes chosen for this study were the most common and pervasive sources of health disparities among younger Black men. Moreover, these outcomes have the highest impact on the physical, mental, and social well-being of this population. Finally, the increase in many of these health risks during emerging adulthood for men warrant further investigation.

CHAPTER 2

LITERATURE REVIEW

Despite the myriad social and health risks which they face, there is little extant research which focuses on BEAM, warranting a genre-specific investigation. Therefore, this review focuses on selected literature on Black manhood, identity, risk and risk taking by which to interpret the results of this exploratory investigation. In alignment with contemporary scholarly perspectives on Black men's risk and resilience, an intersectional perspective toward risk taking is employed. First, I establish the impetus for a genre-specific study of BEAM and selected research on identity and Black manhood. Subsequently, drawing on Griffith's (2012) intersectional framework for research on Black men's health the review focuses on (a) race, (b) masculinity (c) developmental stage (emerging adulthood) and (d) BEAM-specific identity related stressors in relation to risk taking.

The Impetus for a Genre-Specific Study of Black Emerging Adult Men

Over the years, young Black men have been studied in several ways. Some of these studies have served not only to further dehumanize these men (Stevenson, 2016) but also to exacerbate the precarity of their situation. Some of the characterizations of these men have included the following terms: at risk, disconnected, forgotten, super predator, problem, invisible, vulnerable, and animal. The prevalence and variety of these eponyms serve to underscore the severity of the disciplinary fragmentation as well as the multiplicity of approaches that have been used to comprehend, examine, and ultimately

resolve what has come to be known as "the Black male problem" or "the Black male crisis."

Specifically, in the United States, the historical legacy of enslavement, racial terror, lynching, social and political disenfranchisement, segregation, and modern mass criminalization and incarceration continues to shape the "Black male crisis." This crisis, at its core, is expressed in the life course disparities in health, ecological stability, and mortal security that Black men experience. Much of this risk is precipitated by circumstances that expose Black men to higher levels of violence, poverty, employment discrimination, and socioecological instability than the broader American population. This legacy of dehumanization plagues the Black male throughout his life span and traverses all domains of human function and flourishing (e.g., educational attainment, incarceration, employment, physical health, and psychological well-being).

Black men in the United States must navigate a litany of challenges across their life course; however, few life stages are more stressful than the transition to adulthood (Syed & Mitchell, 2013), and fewer developmental tasks are more critical during this time than identity development (Tanner, 2006). Developing an identity that allows one to cope with these challenges with resilience and resistance is integral to a positive life course trajectory. However, many BEAM endure these developmental and ecological challenges without access to the prior support and developmental opportunities available to them in childhood and adolescence (Schwartz, Cote, & Arnett, 2005). This fact is particularly concerning because emerging adulthood is a critical turning point in shaping future life trajectories and well-being outcomes, not only for BEAM but for the population as a whole (Schulenburg, et al., 2004). This developmental stage is important

to the successful attainment of adult roles and the development of personal and social identities in adulthood (Nelson & Barry, 2005).

Arnett (2011) said that there are "many emerging adulthoods" and builds upon his work with Brody (Arnett & Brody, 2008), noting that the general challenges of emerging adulthood are further complicated by additional context- and identity-related stressors specific to Black Americans. Increased autonomy and nascent legal status as adults heightens potential exposure to systemic and interpersonal discrimination and stress. Emphasizing the ecological risks for Black emerging adults, Hope, Hoggard, and Thomas (2015) suggested that stressors such as structural and interpersonal racial-ethnic discrimination create a challenging environment for BEAM to pursue and maintain well-being. Despite the importance of these issues, there has been relatively little research on identity development in BEAM and on the impact of these processes on their life outcomes (Arnett & Brody, 2008).

BEAM are what Sylvia Wynter would term a distinct "genre" of men (McKittrick, 2014). Wynter, by rejecting the notions of gender, race, and class as dichotomous and autonomous, thereby centers the analysis of identity at the intersections of the multiple identity-related experiences of privilege and marginalization as "genres of man." Wynter asserted that both cultural and social forces delimit perceived social value and the expression of an individual's identity within a given society through social hierarchy and social injustice, resulting in dehumanization. She also posits that these various genres interact, simultaneously construct, and negotiate the perceived humanity and social value of the other constituent genres in relation to their own, thereby serving to maintain or reshape the social hierarchy.

In his philosophical examination of the factors that impact the status and life outcomes of Black men, primarily through the study of death and dying, Curry (2017), in *The Man-Not,* drew on Wynter's genre concept, and offered a "genre-d" rather than a gendered concept of the Black man as "the man-not" to articulate the experiences unique to the Black male in the Western context. This genre, he argued, is characterized by a racialized social status that is exacerbated by sex- and gender-specific experiences of marginalized people (i.e., social exclusion, discrimination, and sociopolitical vulnerability). Specifically, he asserted that Black men are plagued by constant dehumanizing experiences and ecological instability because of a Western social imagination that associates Black men with the more negative stereotypes of their race and gender.

Moreover, he argued that other masculinity-related forms of social and interpersonal threat combine to nullify much of the social privilege of being born male in a patriarchal society. To this end, he posited that the uniqueness of the experiences of Black men cannot be easily understood through comparative frameworks and rather advanced a genre-based study of Black men and Black manhood. Curry (2017) asserted that this genre-d concept forms the foundation of a subfield of men's studies called Black men's studies. This subfield, he argued, focuses on the experiences of Black men as unique and suggests that this lens be employed in the analysis of their life course development.

This larger social dynamic continues to impact research on the life course experiences of young Black men, primarily through the application of deterministic and deficit-emphasizing research paradigms (Spencer, 2006). These paradigms have resulted

in a fragmented literature on the development of life course outcomes of Black men, which limits one's ability to inform the effective and ethical development of interventions to improve the health status of this population. Stevenson (2016) contended that research and the development of interventions for Black men cannot allow universalist approaches to risk and resilience to obscure the unique ecologies in which individuals are embedded. He further argued that a humanizing approach that incorporates sociohistorical factors, lived experience, and sociopolitical vulnerability is integral in investigating the path toward manhood for marginalized men. Elevating the importance of context and identity in the study of well-being for this population, Tolan (2016), in his rejoinder to Stevenson (2016), posited three contemporary issues in the study of young men of color and their dehumanization in research. First, he challenged the prevailing orientation of scholars who conduct their research divorced from the sociopolitical context in which young men of color are embedded. Second, Tolan, informed by Stevenson (2016), highlighted the need to centralize gendered racialized factors in research and intervention on young Black men. Finally, he emphasized the importance of ecology on the developmental trajectories of young men of color.

Schulenburg, Sameroff, and Cicchetti (2004) argued that emerging adulthood is a critical moment in shaping well-being trajectories, citing specifically that the proximal events that occur in the social, political, economic, cultural, and labor transitions of emerging adults may undo aspects of resilience or exacerbate various sources of vulnerability from childhood or early adolescence (13–17 years of age). Moreover, Schulenburg, Bryant, and O'Malley (2004) noted that exacerbated stress across multiple domains (e.g., familial, romantic, economic) can also "lead to manifestation or

consolidation of psychopathology that was subthreshold during adolescence" (2004, p. 800). Unfortunately, due to its recent formation and conceptualization, emerging adulthood is the developmental stage for which the least robust knowledge is available (Park et al., 2014). Despite our limited knowledge, emerging adulthood has been identified as a distinct developmental period that is paramount in determining life course well-being outcomes. Due to the unique occurrences, tasks, and challenges of emerging adulthood, scholars have suggested that it "be treated as a distinct subpopulation in policy, planning, programming, and research (Stroud, Walker, Davis, & Irwin, 2015, p. 125).

Risk and Resilience

Risk is defined as "the increased probability of a negative outcome in a specified population" (Kraemer et al., 1997; Kraemer, Stice, Kazdin, Offord, & Kupfer 2001). As a construct of interest in the social sciences risk has been concerned with both external (social, historical, cultural, political) and internal (biological and psychological) factors that place the individual or broader society at a higher likelihood of psychological, mortal, emotional, and/or social loss or negative consequence. Risk is closely related to the concept of vulnerability, which refers to "differences in the degree to which risk factors are associated with negative outcomes for specific individuals" (Sandler, Tein, Mehta, Wolchik, & Ayers, 2000). Vulnerability therefore represents the likelihood that an individual will experience negative consequences and risk identifies to which groups certain consequences are more likely to occur.

Contrary to these constructs, resilience refers to one's positive adaptation despite experiences of significant adversity (Luthar, Cicchetti, & Becker, 2003). Both risk and

resilience are closely related with contextual stressors and the individual's reactivity or responsivity to these stressors. These factors mediate the degree to which one experiences risk and the psychological and somatic toll that these stressors take on the individual. One's ability to cope with these stressors in a healthful way is central to positive adaptation.

Schoon (2006) argued that risk and resilience are developmental-contextual, meaning that they are at the nexus of an individual's life course stage and the environment where these outcomes occur. In childhood and preadolescence, temperament, economic and social resources, and quality of parenting are predominating factors in risk and resilience; however, social identity-related factors take an increasingly more prominent role in risk and resilience from adolescence through old age. However, contextual risk factors (e.g., poverty, neighborhood disorder) can exacerbate the way individuals experience stressors and thus heighten the propensity for behavioral risk. Risk has been demonstrated to occur in domain-specific patterns (Rolinson, Hanoch, Wood, & Liu, 2013) and to operate synergistically. According to the cumulative risk paradigm, as an individual accrues more risk factors, the likelihood of negative outcomes increases (Evans, Li, & Whipple, 2013). This observation is corroborated by syndemic theory (Singer, 2002), which argues that social health risks are often cumulative with certain risks epidemics (sexual health risk, gang violence, drug use) occurring simultaneously within communities.

There are varying perspectives of the concept of risk. Whereas some paradigmatic orientations treat risk is an aberration of the human experience, other orientations assert that risk is endemic to human life. Spencer (2006) asserted that vulnerability is an often

ignored but central component across the human life span. Spencer (2008), challenges this orientation toward risk as aberrant, with the notion of humans as inherently vulnerable beings, particularly regarding the sociopolitical vulnerability of oppression, which is inherent in human social, civic, and global power dynamics. Therefore, these different paradigms inform the extent to which researchers consider the relative vulnerability of their population of study and incorporate this into their analytical lens.

Black Manhood

The Black manhood, Black masculinity and the Black male identity, its composition, behavioral correlates, and associated risk and health outcomes have long been a fixture of Western discourse, imagination, and fascination. Manhood is defined as the lived experience or state of being a man (Griffith, 2015; Kimmel, 1997.) In this study, I define the Black manhood as the lived experience of being categorized as both African-American or Black and as a male. Additionally, the term Black male identity is representative of the conceptualizations and dimensions of self which exist and occur simultaneously within Black men.

Inquiries into these constructs stem primarily from social and health-related concerns about the impact of marginalization on the development of masculine and racial identity over the Black male life course. Cooper (2005) argued that Black manhood is often seen as comprising two poles, the "Bad Black Man" and the "Good Black Man." This dichotomy is also characteristic of research on Black manhood, because these investigations have focused on the concepts of risk and resilience among Black men. This

dichotomy represents a wider fragmentation in the study of Black men, calling for more nuanced and integrated views of Black manhood.

This work has been primarily undertaken by sociologists and psychologists to investigate the psychological and structural determinants of Black male underperformance from early conceptualizations of African Americans as inherently inferior and culturally pathological. Saint-Aubin (2002) notes that since the eighteenth century western medical and social scientists have advanced arguments of Black racial inferiority through biological determinism. These arguments suggested that race a was biological fact, a notion that has been widely disproven.

In his sociological study of the African American family in the United States, Frazier (1928) documented the evolution of the Black family structure from preslavery through the great migration. He argued that the economic disenfranchisement of Black men led to the maternal organization of the Black family in the South, thereby limiting the influence and involvement of Black men in the family.

Moynihan (Department of Labor, 1965) exacerbated these perceptions of the Black family and thereby Black male dysfunction by attributing the failure of Black men and youth to the weakness of the family structure. Specifically, he cited concerns about the illegitimacy of Black children and the pathology inherent in the disruption of the family structure due to enslavement, racial discrimination, and economic instability. Citing the impact of increasing trends in Black male unemployment on Black men's desertion of their families, Moynihan asserted that these circumstances posed a "crushing burden on the negro male" (p. 29). He contended that Black males had no power in the family and that lower levels of schooling and academic underachievement compared to

females rendered Black men emasculated and impotent. In addition, he argued that fatherless homes and the resultant female-headed households led to negative psychological and behavioral consequences for children, such as the inability to delay gratification and juvenile delinquency. Specifically, Moynihan posited that the absence of fathers in Black households to fulfill traditional gender roles led to a lack of socialization influences for boys. Moreover, he blamed the rates of crime and delinquency (assault, murder, and manslaughter) on these broken family structures. This perspective characterized much of the early literature on Black manhood.

With the rise of both the civil rights and Black power movements, scholarly inquiry began to refute these early concepts. Staples (1971) argued against the conceptualization of the impotent Black male, citing that Black men have consistently demonstrated their ability to survive despite these difficult economic and social circumstances. To dispel these conceptualizations of Black men as lazy, shiftless, and deviant, alternative models of Black manhood began to proliferate in the literature. Particularly, Afrocentric models of Black manhood were proposed to oppose these deficit-oriented narratives (Akbar, 1991), arguing that new paradigms of Black manhood must be developed and advanced to promote the positive development of Black men.

Refuting earlier unidimensional analyses of Black manhood, Hunter and Davis (1992) explored the ways Black men conceptualized their experiences. These scholars found that although masculinity and race were factors that influenced the Black man's self-perception, traditional hegemonic ideologies were not prominent in their sample. In fact, the roles of husband and provider were paramount, and spirituality, humanism, family, and identity development were core aspects of Black men's perceptions of

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manhood. These scholars reported that Black manhood was multidimensional and varied, contrary to the social stereotypes of Black men. Building on this concept of the multidimensionality of Black manhood, Powell-Hammond and Mattis (2013) and Griffith and Cornish (2018) investigated the meaning of manhood for Black men reporting similar findings.

The field moved beyond masculinity as a universal construct for Black men and toward unpacking the underlying psychosocial and emotional factors that shape young Black men's developing masculinity. This line of inquiry sought to identify the relevant determinants of risk that are ecologically and culturally specific to Black men. These investigations also focused on the etiology of the various forms of masculinity that Black men display. Contrary to the more universal examinations of Black manhood, diversity in the experiences of Black men has been reported to take several forms. Scholars have also documented the social transitions in Black male identities. It has been posited that, to navigate the broader American culture, Black men may also develop countercultural behavioral styles and attitudes. Majors and Billson (1992) theorized that many Black men developed the "cool pose," defined as a gendered defensive adaptation that exaggerates performance of traditional male norms, to counteract the inherent frustration and aggression that is associated with the subjugated experience of Black men. Considering the misperceptions of Black manhood in the larger social imagery, Franklin (1999) argued that some Black men perceive their abilities and skills to be obscured by racism and prejudice, resulting in an invisible identity.

Conversely, after the election of President Barack Obama, images of Black male resilience and resistance rivaled these images in both appeal and commercialization.

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Research has also documented historical changes in Black manhood because of shifting gender and social norms. Neal (2015), in his examination of Black male feminists, argued that homogeneous depictions of Black men as hypermasculine fail to embrace the diversity of identity subgroups among Black men. Neal (2015) also argued that, rather than being hypermasculine and deviant, some Black men have adopted more gender-equitable feminist ideologies, an identity he calls "The New Black Man."

    Risk and black men. To understand the most critical factors to examine when seeking to understand the ways by which Black men navigate health and well-being, Griffith (2012) used Crenshaw's (1991) eloquent human equity-oriented "intersectionality" framework to examine the ways in which systems of oppression and domination affect the lived experiences and life outcomes of marginalized Americans and applied it to analyses of Black men's health and well-being. Specifically, he implored researchers to take an intersectional approach, noting that Black men's health and life outcomes are shaped (2012) at the intersections of (a) age (b) race; (c) masculinity; (d) stress; and (e) environment.

    The determinants of risk and resilience for Black men have been characterized into two domains: extrinsic and intrinsic (Ravenell, Whitaker, & Johnson, 2008). Extrinsic factors are related to the social and environmental risks that Black men face and operate primarily at the macro and community levels. In the Griffith framework, these factors are subsumed under the concept of environment. Williams (2008) noted several examples of extrinsic risk factors that Black men face including socioeconomic status, secondary education status, marginality, absence of work, work conditions and stress, and coping with cumulative adversity. Rich (2000) asserted that extrinsic factors such as

racism, discrimination, and structural disadvantage have impacted the health status of Black men for centuries, noting specifically that young Black men are at a disproportionate risk for preventable deaths and morbidity.

By contrast, intrinsic factors operate at the micro level and concern individual biological, psychological, and behavioral determinants (i.e., developmental stage, risk taking, stress responsivity, gendered responses to stress, and racial identity). In this investigation developmental stage, racial awareness, masculine ideologies and masculinity-related stressors are the central intrinsic factors under investigation. Powell, Adams, Cole-Lewis, Agyemang, and Upton (2016) argued that men's perceptions of their masculinity under the duress of racial politics have multiple effects on their health. In 2012, Powell-Hammond found evidence of this in her study of depressive symptoms in Black men. She found a positive association between everyday racial discrimination and restrictive emotionality in the depressive symptoms of Black men aged 18 to 29 years.

This finding builds on the work of Hammond, Banks, and Mattis (2006), who found that restrictive emotionality was negatively associated with forgiveness to discrimination; however, this reaction was moderated by several factors, namely, coping, disposition, age, and socioeconomic status. While examining the interrelationship of racial identity, aggression, and coping, Thomas, Powell, and Kohn-Wood (2015) found statistically distinct profiles of identity in a sample of 128 African American college men using racial identity and masculinity variables in a cluster analysis. They labeled these clusters identity ambivalent, identity appraising, and identity consolidated. Additionally, they found that these identity clusters moderated the relationship between coping and aggressive ideation, although the results did not differ regarding coping.

Rogers, Scott, and Way (2015), in their study of gender and racial identity in Black adolescent males, acknowledged that the examination of gender identity in Black males has received relatively less attention than that of racial identity. This finding is also true in the literature on BEAM. Moreover, these scholars (2015) reported that, contrary to empirical findings related to the relative importance of racial identity in childhood, their findings suggest that gender identity is more salient than racial identity in adolescent Black men. This finding may indicate the heightened importance of research on the intersection of race and gender over the life span and the heightened importance of gender across the Black male life span and increased social risk.

In this dissertation, the concepts of risk and vulnerability are relevant to understanding the variety of unique risks that young Black men face from their social environments and the impetus for this genre-specific study. Specifically, it is assumed that these gendered and racialized social conditions exist and that young Black men are negatively affected by them. Moreover, risk is operationalized through the focus of the dissertation on health risk and risk-taking behaviors.

Identity

Central to research on Black manhood is the concept of identity and identity development. Identity has been a construct of ongoing interest in many fields ranging from mathematics to anthropology. Identity as a construct in human development concerns both the development of the "self" and the impact of social influences on the individual's perception of self. Kroger (2006) summarizing Erikson (1968) defines identity as tripartite in nature consisting of three interacting elements:

…one's biological characteristics; one' own unique psychological needs, interests, and defenses; and the cultural milieu in which one resides. Physiological characteristics such as an individual's gender (sic), physical appearance, physical capacities, and limitations provide one with a sense of 'bodily self.' As one ages, physical features and capacity will change, and healthy identity adaptation requires altering one's sense of identity in accordance with physical changes. Psychological elements of identity include one's unique feelings, interests needs, and defenses, which give one a sense of *I* that remains the same across time and circumstance. One's social and cultural milieus provide opportunities for expression as well as biological and psychological needs and interests. For Erikson, optimal identity development, involves finding social roles and niches within the larger community to that provide a good "fit" for one's biological and psychological capacities and interests. (Kroger, 2006, p. 8)

Identity could be considered the organizing structure of self, and it is the central life course mechanism and process of human development, emphasized as a concept that enables the expression of the individual's authentic sense of selfhood. (Erikson, 1986; Spencer, 2006). Identity is broadly acknowledged as developmental-social because it occurs simultaneously at the individual and societal levels. Because it impacts how individuals see themselves, make meaning, and respond to their environment, identity can be understood as the mediating mechanism between context and self. For this reason, identity has also been interpreted as a mechanism behavior (2006) and has been the subject of numerous social scientific investigations on behavior and life course outcomes.

In the social sciences, identity has been studied in three predominating ways: (a) ego or life course identity development and (b) social identity and (c) domain specific social identity development (race, gender, sexuality), which interact and are intertwined throughout the life span.

Lifespan identity development. Bronfenbrenner (1995) emphasized the concepts of distinctiveness and continuity of time as key features of human development, with

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specific attention paid to psychosocial developmental stage. He argued that the most

salient consideration in the analysis of human behavior is the progress in relation to the

developmental tasks of the life course stage. Erikson, in his original formulation of the

Western human life span, asserted that individuals pass through eight progressive

developmental stages (1950, 1968). At the heart of each stage of psychosocial

development is the resolution of a central psychosocial crisis and specific psychosocial

task(s), which are integral to continuing the positive development of the ego. Erikson

defined identity as:

> a configuration gradually integrating, constitutional givens, idiosyncratic libidinal
> needs, favored capacities, significant identifications, effective defenses,
> successful sublimations and consistent roles (1982 p. 76)

He further posited that identity development is a lifelong process which begins

with infants first internalizing the beliefs and values of others (introjection) moving

toward becoming like significant others (identification) in childhood as they adopt the

roles and norms of their society. Identification ends in adolescence as individuals attempt

to integrate these identifications into a coherent and independent sense of self through the

psychosocial crisis of identity vs. role confusion. This "identity work" aims to bring

resolution to the life course developmental crises of infancy and childhood (Trust vs.

mistrust; Autonomy vs. Doubt and Shame; Initiative vs. Guilt; Industry vs. Inferiority.)

Drawing on Freud's model of the human psyche (1923), E. Erikson considered

the concept of ego identity in his examination of the developmental period of adolescence

(1994). Primarily of interest to Erikson was the question of how humans develop an

understanding of self or the classic question "Who am I, in relation to society?" He

(1968) posited that it was approximately between the ages of 13 and 21 that young people

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began for the first time to consider and orient their goals and motivation toward the attainment of adult roles. Through this identity work the crisis labeled "identity vs. role confusion" ideally is resolved allowing for the further development of an adult identity and subsequent progress on the later developmental crises of adulthood (intimacy v. isolation; generativity vs. stagnation; and integrity vs. despair)

The importance of identity development in health and well-being in emerging adulthood cannot be understated as a unifying central life course task. The literature implicates identity development as central to meaning-making processes and behavior in adolescence and emerging adulthood. McLean and Syed (2014) noted that, although it occurs across the life course, identity development is the most critical psychosocial task of emerging adulthood. The authors define it as

> …constructing an understanding of who one is, and how one came to be that person; that is, identity is an understanding of self that is integrated and coherent across time and context. Successful management of this developmental task facilitates psychological health, the ability to connect with others, and the ability to contribute to one's society.

They further assert that it is during this time that adolescents engage in behaviors that would allow them to have the relevant life experiences to achieve the adult identities they desire. In E. Erikson's (1968) musings on identity, he suggested that society welcomes and trains young people to become members of the body politic by providing for them the necessary tasks, tools, and lessons that they need to achieve full adulthood and citizenship. Yet, as youth exit their (sometimes) protected spaces as adolescents, the way that their society facilitates their positive adult development is a barometer of their racial status. Cote and Levine (2014), drawing on Erikson (1968), asserted that "the major psychosocial task linking childhood and adulthood involves developing a viable adult

identity." (2014, p. 14) It is implied here that there should be a sense of continuity between the individual and society through the process of adopting the prevailing norms and values of their society and maturing into an adult.

In his own critique, Erikson noted that this lack of continuity of self for those who are marginalized and stigmatized can contribute to a sense of distress. Erikson (1968) also noted that the development of ego identity and relevant social domain identities are important but that the synthesis of these identities is the most important factor as one moves from adolescence through emerging adulthood into adult life. The ability to integrate and develop identity, however, is not uniform. Social stigma and exclusion, he suggested, create a sense of identity consciousness within the individual that can cause stress and distress. The literature also posits that threats resulting from social identities can be a major source of stress within the lives of marginalized people (Aaronson, 2002). Other authors note that in college, identity formation by emerging adults predicts risk-taking behavior, with more mature and synthesized identities having lower risk-taking behavior and more positive well-being and satisfaction in life overall.

Identity statuses and styles. The basic principles of Erikson's identity theory are assimilation and accommodation. Assimilation is the "absorption of new components into the identity structure" and accommodation "refers to the adjustment that occurs in the existing structure in order to find a place for new elements" (Jaspal & Breakwell, 2014, p. 29). Marcia extended Erikson's concept of identity through his identity status model (1993). Drawing on Erikson's dimensions of identity development (1968), Marcia (1993) investigated two mechanisms: exploration and commitment. Exploration refers to an individual's pursuit of activities and experiences that expose him or her to an array of

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possible identity contents for future commitment. Commitment, in turn, refers to the

internalization and embodiment of these identity contents as central and appropriate for

the individual. Marcia (1993) proposed that the degree to which one has both explored

the available identity contents and has internalized these contents shapes decision making

and behavior.

To explicate the interaction between these two dimensions, Marcia (1993)

presented an identity status matrix that suggests four identity statuses: diffusion,

foreclosure, moratorium, and achievement. The diffusion status describes an individual

who has not committed to relevant identity contents, whether he or she has explored them

or not. The moratorium status reflects individuals who are in the exploration process and

have opaque commitments. Individuals within the foreclosure status have a high level of

commitment with a low level of exploration. Finally, Marcia argued that the most

adaptive status is identity achievement, which characterizes individuals who have

explored sufficiently and have a high level of commitment to their identity. Identity status

is known to be in dynamic construction over the course of adolescence and emerging

adulthood as young people engage in identity exploration processes, ideally leading to an

achieved identity.

Berzonsky (1989), building on Marcia's identity status paradigm (1993), argued

that the proposed identity statuses could be conceptualized through three styles of

problem-solving or decision-making orientations: normative, informational, and diffuse.

Berzonsky further postulated:

> that individuals have different identity processing styles and function as
> different types of self-theorists: information-oriented problem solvers and
> decision makers; normative types who conform to the prescriptions of

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significant others; and diffuse-avoidant theorists who procrastinate and attempt to avoid dealing with identity-relevant conflicts. (p. 1)

These styles have been shown to reflect the cognitive and behavioral styles that individuals use to navigate their social world and to pursue well-being (Berzonsky & Ferrari, 1995). For example, Vleioras and Bosam (2003) demonstrated that identity styles are related to psychological well-being. They found that the diffuse/avoidant identity style was related to negative psychosocial functioning and that the more resolution-oriented styles were positively related to subjective well-being.

Social identity. Cote (1996) asserts that "For many sociologists there is no identity without society and society steers identity formation while individuals attempts to navigate the passages" (p. 133). Thusly, social identity has been conceptualized as both the social structures and dynamics which shape identity (Stryker, 1987) and the internal process which enables individuals to internalize these social structures (Stets & Burke, 2000). Stryker and Burke united these conceptualizations of social identity into the larger identity theory in which:

> society is seen as a mosaic of relatively durable patterned interactions and relationships, differentiated yet organized, embedded in an array of groups, organizations, communities, and institutions and intersected by cross-cutting boundaries of class, ethnicity, age, gender, religion, and other variables. In addition, persons are seen as living in their relatively small and specialized networks of social relationships, through roles that support their participation in such networks (2000, p. 285)

It is the participation in these social networks or social identity groups which facilitate the adoption of roles by young people, with the number of potential social identity groups being numerous. The social identity approach focuses on socially constructed identity contents—the features that make up an identity, such as affect, attitudes, and behaviors (e.g., Ashmore, Deaux, & McLaughlin-Volpe, 2004; Tajfel &

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Turner, 1986)—whereas the developmental approach focuses on the process of identity

formation—when and how one forms an identity (e.g., Cross, 1991; Phinney, 1989).

Other scholars have noted this "content" versus "process" distinction in the identity

literature and have called for more work that blends the views (Syed & Azmitia, 2008).

Social identities are important because they can influence how individuals evaluate

themselves (Crocker & Major, 1989) and judge their own abilities (Bouchey & Harter,

2005) as well as how they interact with others (Tajfel & Turner, 1986). Much of the

social identity research on Black youth has focused on race (e.g., Crocker, Major, &

Steele, 1998), and racial identity is often cited as one of the keys to promoting positive

development among this population (Quintana et al., 2006; Spencer & Markstrom-

Adams, 1990; Syed, Azmitia, & Cooper, 2011).

To unite the disparate conceptualizations of identity, Jaspal & Breakwell (2014)

offered identity process theory. Building on social representation theory, Breakwell

argued that all identity development processes result from contextual social

representations of identity, which individuals may explore and subsequently commit to in

a Marcian fashion. Breakwell also contended that identity comprises two planes—the

content dimension and the value dimension—the content dimension is the most organized

of the two dimensions. She also argued that the Eriksonian dimensions of assimilation

and accommodation are two aspects this domain, content. She further asserted that

content operates through three principles: (a) the degree of centrality, (b) the hierarchy of

the elements, and (c) the importance of these elements. Breakwell (2014) added this

value dimension by positing that each element or component of identity (gender, race,

ethnicity) is afforded a value on a positive and a negative continuum, therefore shaping unique identities.

Race

In a race-conscious society like that of the United States, race has grave implications for social well-being, despite the widespread acknowledgment of race not as a biological but as a social construct (Smedley & Smedley, 2005). The literature on structural racism argues that race, as a system for the continued maintenance of social dominance (Omi & Winant, 2014), operates as a proxy for limited access to resources, systemic oppression, intergenerational social exclusion, and general life hassles (Miller, Webster, & MacIntosh, 2002) for BEAM. As a lived experience, racial hierarchies and discrimination are part and parcel of the daily life experiences of Black Americans. These factors represent the ecological conditions of threat and dehumanization of which young Black men should be aware. Though race is now widely acknowledged as an outcome of social structures and interactions, a social construction, rather than biological it remains a key aspect of life for all Americans. However, awareness of these circumstances is mediated by one's racial socialization history and racial identity.

In social and counseling psychology, race has been examined through the constructs of racial socialization and racial identity development. Racial socialization is the process by which youth receive messages about racial ideologies and myths and about how they should navigate racial encounters (Hughes et al., 2006; Stevenson, 2014). These messages are transmitted from an array of social actors including parents, peers, and the media, which shape youths' views and ideologies on race. Research supports the protective impact that positive racial socialization and racial identity have on academic

achievement (Chavous et al., 2003; Rivas-Drake et al., 2014) and mental health outcomes (Sellers, et al., 2006) for Black youth. For example, racial-ethnic identity and socialization have been shown to mediate psychopathology from racial discrimination and daily hassles and improve academic achievement in African American adolescents and emerging adults (Hoggard, Byrd, & Sellers, 2012; Neblett, Banks, Cooper, & Smalls-Glover, 2013; Stevenson & Arrington, 2009; White-Johnson, 2015)

Across domains, methods, and disciplines, positive identities are often predictive of positive behaviors. Some scholars suggest that, as the organizing structure of self, all behavior is motivated by the context-relevant identities at any given moment, leading individuals to do things seen as "identity-congruent," both consciously and subconsciously (Oyserman, 2009). It has also been reported that socialization processes and social identities can be predictive of behaviors more generally. We have seen in the past decade a flourishing of literature around racial socialization and racial identity, correlating positive, affirmed racial identities and racial socialization practices to well-being in youth and adolescents. Recently, White-Johnson (2015) found that racial socialization messages were predictive of several well-being outcomes ranging from prosocial behavior to academic performance in emerging adult collegians.

Racial identity. Ostensibly resulting from these socialization experiences, racial identity is defined as the value and content of one's self-conceptualization of one's own race. In response to more deterministic conceptualizations of race, Sellers et al. (1998) proposed a multidimensional model of racial identity for African Americans. The multidimensional model of racial identity comprises four primary dimensions: regard, centrality, ideology, and salience. Regard refers to the value assigned to one's race in

both public and private domains. Centrality denotes the degree of importance that one attributes to one's race. Ideology is one's philosophy toward racial interactions and the ways in which African Americans should participate in American society with other racial groups. Finally, salience pertains to one's awareness of one's own race in a given situation. The dimensions regard and centrality have been the predominating subjects of interest related to racial identity and are assumed to be stable. Sellers, drawing on McCall and Simmons (1978), argued that salience is situational and occurs at the event level. This view, however, competes with Stryker (1968), who defined salience as the probability that a given identity will be drawn upon in each situation. Sellers further argued that salience is a mediating process between a given identity and a situation such that a given event will heighten or lessen salience. In this dissertation, the salience dimension was deemed the most appropriate in relation to risk taking due to its situational nature.

Racial salience as a construct has been understudied in relation to risk taking, although it has been noted to affect decision making in the fields of law and political science (Maeder & Ewanation, 2018). However, Sanders-Thompson (1998) found that racial socialization and discriminatory experiences were predictive of racial salience in African Americans. This author also found that racial salience was predictive of racial group identification (e.g., centrality).

Shih, Pittinsky, and Amabady (1999) also found that social identity salience was related to an increased stereotypical performance in the math performance of Asian students and generalized these findings to the role of social identity salience in other ethnic groups. Finally, Benjamin, Choi, and Strickland (2010), in their analysis of

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financial risk taking, found that when racial identity was made salient for nonimmigrant African American participants, these participants exhibited more patience in financial decision making. The findings though disparate demonstrate that the salience of social identities alters participants' decision-making strategies and behaviors, although there is little consensus on whether this evidence is applicable across domains.

Masculinity

Children are introduced to the gender norms of their society from birth, therefore gender is one of the first social identities to emerge (e.g., Martin & Ruble, 2009). For male sexed children, sexual identity and masculine gender socialization and norms anchor their early development. In American society, masculinity and the accompanying concept of manhood have undergone several historical paradigmatic evolutions. Initially, masculinity was thought to encompass the essential characteristics that were innate to those of the male sex. The sex role or gender role identity paradigm asserted that men were genetically predisposed to the behaviors and performance of masculinity by evolutionary and biological factors. This paradigm posited that the positive development of personality corresponded to the adoption and adherence to traditional gender norms, leading to optimal development.

Observing the lack of uniformity in the performance of masculinity, Pleck (1981) advanced the gender role strain paradigm (GRSP). The GRSP asserts that gender is not biologically determined but socially constructed. GRSP argues that traditional masculine ideology is derived from the macrolevel social ideologies of the gender roles, norms, and stereotypes of the larger society. GRSP and the social-learning paradigm further assert that men are socialized through family, peers, and social institutions to adopt traditional

masculine ideologies. Levant and Richmond (2003), drawing on David and Brannon (1976), note four of the traditional masculine norms: " (a) "no sissy stuff" (that men should avoid feminine things); (b) "the big wheel" (that men should strive for success and achievement); (c) "the sturdy oak" (that men should not show weakness); (d) "give em' hell" (that men should seek adventure, even if violence is necessary" (2008, p. 131). Pleck argued that men are incentivized to perform the traditional masculine roles because there are social consequences to not performing these roles because masculinity is hierarchical (e.g., threat, discrimination, devaluation of social status).

Traditional masculine ideology in American society is characterized by the concept of hegemonic masculinity (Carrigan, Connell, & Lee, 1985), which embodies adventure, bravery, risk taking, and self-reliance, while also embracing bravado, misogynistic attitudes, and the subjugation of cultures perceived as inferior (Connell & Messerschmidt, 2005). In alignment with the GRSP, Butler (2006, 2011) argued that gender is a social script that is performed by men because of the socialization processes and social consequences. The performance of gender and therefore of masculinity is not uniform: This critical interpretation of gender as performance frames the question of how and when men perform certain masculine behaviors.

There are limited and mixed findings about Black men's normative beliefs about masculinity. Hunter and Davis (1992) found that traditional masculine ideologies were not central to Black manhood. Conversely, Levant et al. (2003) in a multicultural sample of masculine ideologies found that Black men were the most likely, in relation to other racial and gender groups, to endorse traditional masculine ideology. The authors attributed this high endorsement by Black men to the strain they faced from the

performance of hegemonic masculinity within ecological conditions that impeded their attainment of this norm. This finding, however, is troublesome because the performance of certain masculine identity role behaviors as a coping mechanism for stress may serve to disproportionately heighten the ecological vulnerability of Black men in situations of conflict with a variety of partners.

Hypermasculinity. This inquiry has paralleled the study of the construct of hypermasculinity. Mosher and Sirkin (1984), in examining the constellation of factors that compose exaggerated masculine performance, defined hypermasculinity in terms of three tenants: " (a) calloused sex attitudes toward women, (b) violence as manly, and (c) danger as exciting." This is a form of masculinity that demonstrates that one is "man enough." If internalized, this attitude further promotes the performance of more, and sometimes increasing, hypermasculine behaviors, creating conflict with other men, violence against women, and further marginalization of sexual minorities. This performance of hypermasculine behaviors intensifies in adolescence and may continue in emerging adulthood. Hypermasculine behaviors have also been documented to be most pronounced when the person is under high levels of ecological and psychological distress and in conflictual interpersonal interactions (Cohn & Zeichner, 2006; McDermott, Schwartz, & Trevathan-Minnis, 2011).

The literature on the role of masculinity in the health risk ideologies and behaviors of Black men has focused primarily on the ideological construct of hypermasculinity. This construct has been linked to several negative life outcomes: negative affect and risk-taking behaviors, i.e., mood (Levant et al., 2003), violence (Baugher & Gazmararian, 2015; Cohn & Zeichner, 2006) and substance abuse

(Wilkinson, Fleming, Halpern, Herring, & Harris, 2018) in men more generally. Hypermasculinity has been studied across the African American life span, notably excluding emerging adulthood. This work suggests that hypermasculine performance and associated risk taking in Black men are not biological (Pleck, 1981) or personality traits but rather are better understood as gendered reactive coping strategies to manage stress and ecological hardship (Swanson, Cunningham, & Spencer, 2003). Specifically, research posits that the interplay of structural barriers, masculine attitudes, and hypermasculine performance shifts in meaning, prevalence, and incidence across the life span for Black men, though remaining a distinct psychosocial stressor throughout.

Research on hypermasculine attitudes and performance in Black adolescent boys suggests that exaggerated masculine performance and ideologies serve as a gendered reactive coping strategy (Spencer, Fegley, Harpalani, & Seaton, 2006) used specifically to cope with a consistent onslaught of risk factors that comprise their ecological settings. Cassidy and Stevenson (2005), in their examination of hypermasculinity in Black adolescent boys in a disciplinary school, found that hypermasculine attitudes were associated with feelings of hypervulnerability mediated by emotional risk factors such as depression and sensitivity to rejection. Further, hypermasculine attitudes and performance may shift in meaning and prevalence across the life span for Black men. On the further end of the life course spectrum, qualitative studies of Black men in later adulthood note that Black men do not endorse hegemonic masculine ideologies in the ways that have been more stereotypically assumed (Griffith & Cornish, 2018; Hunter & Davis, 1994).

Emerging Adulthood

The transitional life course period of emerging adulthood has been noted to be distinct from that of adolescence (13-17) and has been found to be integral in shaping life course trajectories across the domains of physical, emotional, psychological, and material well-being. Schulenberg, Sameroff, and Cicchetti (2004) asserted that much of early Western psychological and developmental inquiry treated the period directly after adolescence as a passive period of the life course. This is predominately due to the early social, cultural, vocational, and economic norms of traditional Western society (Arnett, 2000). When Erikson (1963) originally conceptualized the psychosocial stages of development, he posited that most of identity development was completed in adolescence.

However, recent rapid shifts in the economic, social, and cultural norms and behaviors of the overall population have also changed the patterns of the life course for Americans and most citizens of the cultural West. The most significant shifts have been (a) the elongation of the life span through improvements in health and medicine and (b) the extended period between adolescence and young adulthood (Cote, 2006). In 1998, developmental theorist Joan Erikson, building on Erik Erikson's psychosocial stages of the life course, posited an addition of a ninth stage to the life course to represent very old age, specifically, 80-90 years of age. It has also been argued that this elongation of the human life span has created a similar elongation of the transition to adulthood for young people (18-24 years of age) in the West. Building on the work of Joan Erikson on the addition of stages of the life course in accordance with social changes, Arnett (2000) coined the term *emerging adulthood* to define this new period.

Arnett (2006) defined five characteristic features of emerging adulthood: (a)

identity exploration, (b) experimentation, (c) feeling in between, (d) negativity, and (e)

self-focus. It is primarily thought of as a time of instability, especially as emerging adults

engage in identity- and context-related shifts across multiple domains, such as college

attendance, independent living, and full-time employment. As young people engage in

the process of identity development and self-exploration, they embark on making the

decisions that will ultimately shape their material, physical, and psychological health for

the remainder of their life course. This developmental period is among the most

consequential and stressful for the individual and for society.

Drawing on E. Erikson's notion of a key psychosocial crisis at the center of each

life course stage, Patterson (2012) posited the defining psychosocial crisis of emerging

adulthood as incarnation versus impudence, more concisely, living responsibly versus

living frivolously. Incarnation is defined as "expressing a concrete or discrete form." It is

described as a state in which one's self-vision and reality are reconciled to reach a level

of self-actualization. It is challenged by the negative pole of the crisis known as

impudence which is defined by chaos, a lack of alignment with reality and of planning for

the future (2012). In relation to emerging adulthood, impudence is characterized by

eschewing firm commitments of adulthood such as independence, self-reliance, and

financial dependence on family members.

Emerging adulthood and well-being. Emerging adulthood is often the first time

that young people have both the legal and social autonomy to explore fully their identities

and make decisions that impact their life paths. During this period of exploration, young

people accumulate lived experience and develop habits, values, dispositions, and other

adult life commitments. As an extension of the second individuation phase of the life course (i.e., adolescence), the transition to adulthood brings about an opportunity for emerging adults to make positive life choices and accomplish the requisite developmental tasks that will result in a sense of adulthood.

Research on emerging adulthood posits that (a) actively engaging in the developmental tasks of emerging adulthood is predictive of positive material life outcomes, and (b) as they go through self-discovery and identity development, emerging adults engage in discovering a purpose in life that is predictive of several positive subjective life goals. Engagement in and successful completion of the tasks of emerging adulthood have been shown to be predictive of well-being in emerging adults, with those engaging in processes like identity exploration faring better during their later 20s and 30s. Sumner, Burrow, and Hill (2015) found that identity development and purpose are predictors of subjective well-being in emerging adulthood, which suggests that a secure sense of identity may be an asset. Schulenburg, Bryant, and O'Malley (2004) argued that developing positive life trajectories in emerging adulthood resulted from the ability to consistently and progressively complete developmental tasks without stalling. This behavior is especially difficult for socio-politically marginalized citizens due to ecological instability and stigmatization.

Though much physical and intellectual development has been completed by the end of adolescence, emerging adults are not fully cognitively mature. Scholars have demonstrated that cognitive maturation in emerging adulthood is ongoing, particularly the development of socioemotional capacity and the ability to engage in social decision making through the development of several neurological structures, particularly the

prefrontal cortex (PFC). In emerging adulthood youth also assume greater legal responsibility for their actions and the consequences of these actions; disenfranchisement, incarceration, and ineligibility for employment are among the most deleterious life circumstances. The importance of identity development and exploration processes in emerging adulthood make identity a highly salient point of study and intervention in this life stage. Emerging adulthood is also the time that a society places the burden of responsibility on its youth by requiring legal responsibility and higher levels of scrutiny of the actions of the individual. This increased ecological responsibility can heighten the consequences of even developmentally appropriate risk taking.

Risk Taking

Risk taking is engaging in behaviors or activities that may place the individual at a heightened likelihood for negative or deleterious outcomes and is most likely to occur during the ages of 18 to 21. In adolescence and emerging adulthood, risk taking is the largest source of injury and poor health due to behaviors such as violence, drug use, alcohol use, and sexual risk taking (Blum & Nelson-Mmari, 2004; Williams, Holmbeck, & Greenley, 2002; Iwamoto, Corbin, Lejuez, MacPherson, 2014). Engagement in risk is primarily a decision-making strategy (Balogh, Mays, & Potenza, 2013), wherein an individual evaluates the likelihood of risk versus benefit when choosing to engage in these behaviors. However, the perception of loss or benefit when engaging in risk taking is influenced by a number of factors including life course stage, cognitive development, and social attitudes.

There have been many deficit-oriented conceptualizations of adolescent and emerging adult risk taking. Most commonly, individuals in these developmental stages

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are assumed to be irrational, to be unable to avert risk, or to perceive themselves as invulnerable. However, Zuckerman (1994, p. 26) argued that adolescents and emerging adults "seek varied, novel, complex, and intense sensations and experiences and the willingness to take physical, social, legal, and financial risks for the sake of such experiences." Furby and Beyth-Maron (1992) asserted that most decisions involve some form of risk and argue that the view of adolescents as undue risk-takers is unfounded.

However, Baumrind (1987) noted that adolescence and emerging adulthood are periods of heightened consciousness of self and of decreased parental influences, which may increase the likelihood of risk taking. Contrary to the deficit orientation or developmental psychopathology model of adolescent risk (Ellis et al., 2012), both evolutionary and life span models of risk taking exist. Romer, Reyna, and Satterwhite (2017) asserted that risk taking during adolescence and young adulthood serves to provide important experiential knowledge resulting in changes in judgment and decision making. These authors also argued that this behavior occurs concomitantly with improvements in executive function (prefrontal cortex maturation). This view asserts that risk taking is a normative developmental process in adolescence and emerging adulthood. In fact, Dworkin (2005) argued that for college-aged young adults engaging in risk is an act of active self-exploration. However, she also noted that emerging adults may not identify themselves as risk takers and often view their risk-taking behaviors as healthy experimentation.

Risk taking shifts dramatically over the life span as individuals mature cognitively, socially, and emotionally. Engaging in risky behaviors heightens in preadolescence and continues into emerging adulthood (Steinberg, 2008). For several

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years, risk taking was assumed to be linked to the onset of puberty; this assumption has been partially confirmed. However, several additional determinants of risk taking have been identified including age, gender, cognitive maturation, personality and sensation seeking, peer influence, increased autonomy, identity development processes (Sumner, Burrow, & Hill, 2014), and other context-related variables (Pharo, Sim, Graham, Gross, & Hayne, 2011).

Cognitively, risk taking is associated with the rapid development of the brain and an imbalance between socioemotional control and neural mechanisms for cognitive control. Several neurological and psychological variables influence engagement in risk. Drawing on the dual systems of the control model, Smith, Chein, and Sternberg (2013) asserted that from early adolescence into adulthood risk taking attenuates due to structural and functional changes in the PFC, the region of the brain most closely linked to social decision making. Risk-taking behaviors may also be further impacted by the ongoing development of the PFC until approximately the age of 25 (Arain et al., 2013; Gogtay et al., 2004).

Evidence suggests that adolescents and emerging adults experience heightened cognitive arousal from engaging in behaviors considered risky. Risk taking has been demonstrated to attenuate in adulthood due to the maturation of cognitive control systems (Steinberg, 2008). Steinberg (2010) further argued that intellectual ability outpaces socioemotional maturity, which may underlie the public perception of young people as competent but irrational. Socially, risk taking is influenced by several contextual factors such as reduced parental monitoring, increased access to substances, and the influence of peer groups (Fromme, Corbin, & Kruse 2008). By virtue of the psychosocial

developmental tasks of adolescence (identity vs. role confusion) and emerging adulthood (incarnation vs. impudence), young people are more focused on the development of self and of social relationships.

Engagement in risk and the perception of risk also differ across the life span (Johnson, Wilke, & Weber, 2004). Rolison, Hanoch, Wood, and Liu (2013) found that across the adult life span, risk taking is domain-specific. In their cross-sectional study of cross-domain risk taking, they demonstrated that, whereas social risk taking increases from young to middle adulthood, financial, health, and ethical risk taking decreased steadily in middle adulthood. In adolescents and emerging adults, social risks tend to be the most prominent domain of risk, followed by recreational and ethical risks (Zhang, Zhang, & Shang, 2015).

Emerging adulthood and risk taking. During the developmental period of emerging adulthood, identity exploration through risk taking is normative (Nelson & Barry, 2005), a central mechanism of identity development (Baumrind, 1987), and integral in the divergence in life course trajectories (Schulenberg, Bryant, & O'Malley, 2004). Whereas in adolescence behaviors such as drinking, smoking, and sexual exploration may be considered risky, in emerging adulthood, these risk-taking behaviors are important developmental hurdles in becoming an adult. This view corroborates the perspective that risk taking during late adolescence and early adulthood is a marker of positive and adaptive social functioning (Dworkin, 2005). By engaging in behaviors that may be considered risky, adolescents and emerging adults test and explore the boundaries of socially acceptable behavior and the veracity of those socially constructed boundaries (Baumrind, 1997). The ways in which emerging adults both explore their identities and

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cope with the stress of the instability of this life transition are integral to understanding the mechanisms that promote well-being in this population and into later adulthood.

In emerging adulthood, though risk taking may be considered normative and developmentally appropriate, it may also serve as a coping strategy to navigate the stress of the instability that is characteristic of this period; however, there is a limited distinction among these parameters in contemporary epidemiological, clinical, and developmental science. For some demographic populations of emerging adults, these tasks may not present exacerbated challenges, but for BEAM, risky contexts, limited opportunities, and multiple marginalized identities can create a more difficult transition (Seng, Lopez, Sperlich, Hamama, & Meldrum, 2012).

Identity-Related Stressors

Meeting the social demands of masculine gender norms and roles under the duress of racial discrimination can be stressful for Black men across the life course. The perception of these stressors is key to understanding how men experience their manhood phenomenologically. There are two primary forms of masculine identity stress: masculine discrepancy stress and masculine gender role stress. Masculine discrepancy stress is defined as a feeling of distress that results from men's perceived inability or desire to engage in traditionally defined male gender roles and the normative culture of patriarchy (Berke, Reidy, Gentile, & Zeichner, 2016). Eisler, Skidmore, and Ward (1988) offered the construct of masculine gender-role stress (MGRS) in late adolescence and adulthood as a key determinant in how men perform their masculine ideologies. MGRS refers to feelings of anxiety and distress that result from the situation in which one's masculine

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performance is challenged by other social actors. MGRS is noted to be distinct from the concept of masculinity and is defined as the appraisal of gender-related stressors as distressing. Foundational to MGRS is the assumption that the stressfulness of many events is determined by gendered expectations and that "men who experience difficulty in living up to the demands of the male role… will experience MGRS" (1988, p. 29). The authors further speculated that MGRS produces deleterious psychological and physical effects. In their research, they found specifically that MGRS was predictive of psychosocial maladjustment and negative health behaviors because of its positive relationship with anger and anxiety and its negative relationship with health.

During emerging adulthood, stress is of particular interest in the etiology of risk and well-being. It has been identified as an underlying cause of several risk behaviors such as violence, depression, cardiovascular disease, and sexual health risk (Watkins et al., 2010). In emerging adulthood, two of the most important and stressful developmental tasks are identity exploration and possibility development (Arnett, 2000). To complicate the situation further, the analysis by Estrada-Martinez, Caldwell, Baumeister, and Zimmerman (2012) of the Flint Adolescent Study dataset found that stressors across multiple domains (e.g., general perceived stress, race-related stress, and economic stress) were cumulatively predictive of depressive symptoms and violent behaviors in African American emerging adults over time, regardless of gender. Chung et al. (2014) examined the stressors of 295 African American men and found that 93% of the men reported perceived levels of stress; among these stressors, both financial resources and racism were the most significant. Griffith, Ellis, and Allen (2013), in their intersectional examination of the health experiences of Black men, found that there were two distinct

stressors for this population: (a) fulfilling culturally defined gender norms and (b) being an African American man in a racially hierarchical society. These studies characterized a trend more broadly found in the literature pertaining to the ecological and psychosocial stressors in Black manhood: identity and ecological context. However, despite the centrality of these stressors, there is diversity in how Black men cope with these stressors; in fact, they are phenomenological.

Ellis et al. (2015) found inconsistencies across their sample in how Black men made meaning out of their ways of coping with stress. Whereas some men acknowledged that their behaviors were coping strategies (e.g., overeating, exercise, religious involvement) for both ecological and psychosocial stressors (e.g., finances, opportunity, gender roles), some men did not perceive these as coping strategies. The participants in this study also noted that they believed that the regularity and chronicity of these life stressors led to poorer quality-of-life outcomes for Black men. These results indicate that the ways in which Black men perceive their life stressors and their resultant health behaviors may be moderated by several perceptual factors and may have wide qualitative diversity. These findings also suggest that the ways in which Black men perceive themselves and their personal relationship to their race and masculinity are not only areas for further investigation but also areas for health promotion and intervention.

Emotional Risk and Protective Factors

Beyond masculinity, race, and age several emotional factors are associated with the perception of risk and subsequent risk taking for Black men. Drawing on Stevenson's

model of Black male risk reduction, this dissertation includes three predominant risk factors: depression, rejection sensitivity (RJS), and restraint self-efficacy.

   Depression. Depression is defined as persistent and chronic feelings of sadness or negative affect (Watkins, Green, Rivers, & Rowell, 2006). To receive a diagnosis of clinical depression, an individual must experience the feelings for a minimum of two weeks. Feelings of depression result in several psychological, somatic, and social consequences namely: social isolation, trouble sleeping, lethargy, thoughts of suicide, disinterest in normal daily activities, and feelings of worthlessness. Regardless of duration, depressive symptoms impact individual function and how one responds to issues of risk and threat.

   Rejection sensitivity. RJS characterizes the emotional reactivity experienced when one perceives and responds to a situation of interpersonal social/relational rejection. Sociocognitive in nature, RJS operates between one's expectation of social rejection and feelings of defensiveness that accompany engaging in social situations, priming a readiness to protect one's self against rejection. Initially examined by Downey and colleagues (1998) in young children and adolescents, RJS is hypothesized to be related to relational difficulties and to impact the way individuals engage in social relationships. RJS has been associated with anxiety, anger, and loneliness. There have been few studies of RJS in Black boys and men. However, Cassidy and Stevenson (2005) found, in their study of Black boys in a disciplinary school, that RJS was associated with both anger and aggressive outcomes in adolescent Black boys. The authors suggest that this factor may exacerbate conflict and risk in Black men.

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Restraint self-efficacy. Self-restraint is a form of behavioral control closely related to self-control and emotional self-regulation. Sullivan et al. (2007, p.) citing Weinberger (1997) defines self-restraint as the "ability to forego behaviors that may provide immediate gratification in lieu of those that promote the attainment of personal goals, and support positive relationships with others". Weinberger (1997) posits four subscale factors: impulse control, consideration of others, suppression of anger and responsibility. In adolescence and young adulthood low self-restraint has been linked to a number of risky behaviors including drug use, sexual risk and aggression (Crockett, Raffaelli, Shen, 2006; Feldman & Weinberger, 1994; Sullivan et al., 2007). DeWall, Baumeister, Stillman and Gailliot (2007) found in a series of five studies found that when primed to retaliate (being insulted) that self-regulatory capacity to restrain was depleted leading to more aggressive responses. Stevenson (in press) hypothesizes that for Black men, due to the number of interpersonally challenging circumstances which they are likely to face that the perceived ability (self-efficacy) to enact self-restraint is a protective factor from a host of risky behaviors. His hypothesized model of Black male risk and resilience (2017) includes restraint self-efficacy as a moderator for several behaviors including violent retaliation, drug use and risky sexual health practices. Based on this model, presented in chapter three, in this investigation restraint self-efficacy is assumed to be an important skill related to BEAM's engagement in risky behaviors.

CHAPTER 3

THEORETICAL FRAMEWORK

A central goal of this dissertation is to present an integrated, person-centered, and developmentally focused examination of the relationship among identity subgroups and indicators of risk taking and health risk among heterosexual BEAM in an urban context. In Chapter 1, I presented the impetus for exploring health risk and the identity among BEAM. In Chapter 2, I reviewed the extant literature on the genre-specific determinants of risk and risk taking for BEAM that are considered in this study. In Chapter 3, I present the theoretical framework undergirding this project. Drawing on the components of Griffith's (2010) intersectional framework for Black men's health, several theories are used to develop a more integrated model of Black male risk and resilience. This model focuses on identity development as a core mechanism of human development, bounded by ecological vulnerability. Moreover, this framework concentrates on the unique psychosocial factors that affect the well-being of Black men. The theories that comprise this framework include the PVEST (introduced in Chapter 1) (Spencer, 2006), intersectionality (Crenshaw, 1991), multiple masculinities theory (Connell and Messerschmidt, 2005), and Stevenson's model of Black male risk and resilience (2017).

Phenomenological Variant of Ecological Systems Theory

In developmental science, scientific metatheories, or models of outcome derivation, are recognized as the lenses by which scholars establish their fundamental assumptions about the mechanisms of human behavior and function. Most often, in the social and psychological sciences, the prevailing paradigms of human life and behavior have been unidimensional and deterministic metatheories. These models examine human

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processes without considering the integral role of identity, stress, and the dynamic interaction of these components in the ongoing organization of human development and behavior (Spencer, 2006).

In the social sciences, a few metatheories can be applied broadly while retaining their ability to provide explanatory power to characterize the nuances of the human experience across diverse populations and life experiences. Some theories provide breadth in terms of universal applicability yet struggle to provide a rationale for the diversity of outcomes that are present in everyday life. Conversely, some theories and methods within the social sciences focus directly on the unique life course experiences of social populations and not on the universal mechanisms that facilitate these outcomes. To address these concerns, Margaret Spencer (2006) offered the PVEST, which integrates identity and context in the analysis of human life course outcomes while recognizing the diversity of life course experiences that occur within groups (Fig. 6). In this study, the application of PVEST is focused on the life course experiences of Black men and the phenomenological nature of human development within an ecological context.

Phenomenology has been broadly recognized as the methodological tool that seeks to assess the human experience and to distill the essence of these experiences (Moustakas, 1994). Phenomenology as an empirical approach to the study of human consciousness and experience (1994) has primarily been applied by qualitative scholars. Recognizing the experiential nature of human development, Spencer (2006) developed an empirically testable phenomenological model of human development and life course outcome derivation. Notably, it broke from more deterministic or behaviorist

perspectives. The theory posits that, as embedded beings in their lived environment, humans experience this environment from a first-person (phenomenological) perspective.

Spencer argued that life course outcomes are framed by the developmental period and by the physical and social environments in which these outcomes occur. This framing draws most prominently on E. Erikson's concept of psychosocial stages of development and the psychosocial crisis that is posited to be at the core of each stage (1968). For example, in adolescence, life course outcomes are reliant on their adaptive fit with the resolution of the "identity versus role confusion" crisis. PVEST also contends that, when interpreting the adaptive nature of these outcomes, one must also take into consideration the ecological condition in which an individual is embedded.

This model draws on Bronfenbrenner's concept of *development in context* (1979), which he expounded upon through his bioecological systems theory of human development. Bioecological systems theory argues that developmental outcomes are shaped by genetic, biological, and sociological factors in the context of multiple levels of environmental supports and challenges (Schoon, 2006). He organized these contexts in a series of five concentric circles representing distinct systems levels, a useful heuristic for his concept of ecological systems. Central to this theory is the transmission of proximal processes, which are transactional exchanges between the individual and the context, whereby the individual and the context develop.

Building on this theory, Spencer's (2006) conceptualization of human development occurring in an ecological context from an identity-focused, phenomenological (i.e., first-person experiential) perspective serves as the primary metatheoretical framework for this dissertation. These initial contributions implore

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researchers to consider the development of youth and all humans through a lens that accounts for issues of vulnerability, lived environment and experience, in the production of identities and resultant life outcomes.

PVEST is the theoretical synthesis of ecological systems theory (Bronfenbrenner, 2006), theories of stress and coping (Lazarus and Folkman, 1984), E. Erikson's theory of life course identity development (1968), and phenomenological and self-appraisal perspectives on the development of human beings. It provides a robust model that allows scholars to centralize the role of identity in the ongoing organization of human development. PVEST also considers the role of contextual factors (ecological systems) in producing the diversity of daily developmental experiences. According to PVEST, developmental stage, identity development, and ecological factors (via the process of stress and coping) shape the lived human experience, organized by Bronfenbrenner's conceptualization of ecological system levels. Spencer (2006) offered the systems-focused theoretical framework for the application of developmental-contextual analyses with a focus on identity development, stress, and coping processes in the production of life outcomes.

Specifically, this model integrates a phenomenological perspective into Bronfenbrenner's (2006) bioecological system theory, through the addition of stress, coping, and identity development as mediating factors. Swanson, Cunningham, and Spencer (2003, p. 612) described the contribution of PVEST as follows:

> an identity-focused cultural ecological perspective (ICE) on identity formation (Swanson & Spencer, 1995). In doing so, various theoretical positions, including psychosocial, ecological, self-organizational, and phenomenological models are integrated, with emphasis placed on self-appraisal processes (Swanson et al., 1998). The approach considers

structural and contextual barriers to identity formation and their implication for psychological processes such as self-appraisal. In sum, it enhances our ability to interpret the available work and to recommend future improvements on how we structure studies and ask questions about 21st-century experiences of African American males.

PVEST posits that there are five primary interlocking components of human development that are centered around the critical life course task of identity development. These components are (a) ecology and ecological vulnerability, (b) net stress engagement, (c) reactive coping, (d) identity development and (e) life course outcomes framed by the life course stage (e.g. childhood, adolescence, emerging adulthood). She asserts that, through proximal processes (Bronfenbrenner, 2009), individuals interact with both their physical and social environments and experience a net stress load (component 2) dependent on both the social supports and challenges in their environment. As most prominently theorized by Lazarus and Folkman (1984), with stressors come coping behaviors. Coping (component 3), in this respect, comprises context-specific adaptive and maladaptive reactive coping strategies that take the forms of both emotion-focused coping and problem-focused coping. Spencer posited that, over time, this stress and coping relationship, which begins in adolescence, forms the basis of identity development, as individuals repeat and habituate these behaviors. Finally, the performance of these coping strategies as a lived, possibly subconscious reality results in the development of identity (component 4), which, she argues, shapes diverse and patterned life course outcomes (component 5).

Spencer (2006) also posited that diversity and patterns of developmental outcomes can be predicted among identity groups. Spencer argued that the admixture of (a) ecological vulnerability, (b) net stress engagement, and (c) coping processes produce

"patterned and diverse" outcomes (Fig. 8). The focus of PVEST on analyzing the

developmental experiences of Black men is the reason why this model was chosen. The

application of a model that can account for the interaction between identity and stress is

imperative in the study of BEAM, due to the ecological and identity-related challenges

present in this stage of the life course. Moreover, the notion of "multiple masculinities,"

discussed below, requires a theoretical framework that accounts for a diversity of

outcomes. In this study, the PVEST model of diverse and patterned outcomes form the

foundation of the theoretical model.

Intersectionality

It is clear that all people inhabit all their social identities simultaneously and that

they are contextually salient (Oyserman, 2009). Extant research on identity posits three

notions: (a) identity is multidimensional (Abes, Jones, & McEwen 2007; Jones &

McEwen, 2000,) (b) identities intersect with social position, and (c) identity informs the

perception of social stressors and thus drives the development of patterns of behavior

through coping (Crenshaw, 1991; Spencer, 2006; Stryker and Burke, 2000). However,

many scientific analyses of identity-related processes and social identities are often

analyzed singularly and decontextualized. Intersectionality as described by Bowleg

(2012, p. 1267) offers the following antidote:

> … Intersectionality is a theoretical framework for understanding how
> multiple social identities such as race, gender, sexual orientation, SES,
> and disability intersect at the micro level of individual experience to
> reflect interlocking systems of privilege and oppression (i.e., racism,
> sexism, heterosexism, classism) at the macro social-structural level.

This approach reflects an epistemological orientation toward analyzing the social forces that act on social identity groups in real time resulting in life experiences that are qualitatively different (Hill Collins, 1990). This approach has an advantage over traditional identity approaches, which are noted to be problematic because they are based on the idea of homogeneous social applicability within identity categories (Bowleg, 2008), (b) do not appropriately mirror the reality of the mutual construction of identities as experienced by individuals (Shield, 2008), and (c) ignore the role of power relations in the construction and development of identity. Despite the widespread acknowledgment and acceptance of the identity development concepts such as (a) sociocontextual influences, (b) multidimensionality, (c) mutual construction and (d) mutual constitution, the concept that unites them, intersectionality theory, has not been adopted with great success as a quantitative empirical model.

Intersectionality theory has also been examined in psychological science. Warner (2008) defined intersectionality in psychology as "the mutually constitutive relationship among social identities… which interact to form qualitatively different meaning" (p. 454). This definition implies that social identities shape lived experiences through their influence on meaning-making processes. Thus, in the analysis of social and health outcomes, an intersectional psychology perspective can be used to better understand how individuals perceive and experience their worlds differently. Seng, Lopez, Sperlich, Hamama, & Meldrum (2012) argued that intersectionality is an important lens for understanding health outcomes within the context of power structures and among populations with multiple marginalized identities. In this dissertation, intersectionality is applied through the combination of racial and gender components in the development of

the theoretical identity profiles. It is assumed that within-group variability in these components predicts qualitatively different patterns of behavior among the identity subgroups.

Multiple Masculinities

Theorizing in men's studies suggests that beyond masculinity as a single trait represented normally across populations, distinct profiles of masculinity exist in local social populations. This diversity of masculinities is argued to be the result of the varying social influences and experiences of men. It has been suggested that these heterogeneous profiles or "multiple masculinities" among demographically homogeneous groups of men can be used to predict patterns of behaviors that traverse outcome disciplines. These patterns are further hypothesized to demonstrate patterns in ideologies, behavior, and resultant outcomes (Connell & Messerschmidt, 2005).

Jewkes and Morrell (2017) used multiple masculinities theory in the study of violence and gender equity across racial groups in South Africa and noted stark differences in behaviors and trajectories at different levels of masculine ideologies. The authors identified four distinct groups of men who engaged in varying patterns of violent behaviors and gender attitudes. McDermott and Schwarz (2012) used gender role journey theory to argue that, due to the unique tasks of emerging adulthood (identity exploration and experimentation), there can be immense heterogeneity in masculine ideology across samples of men and distinct differences may be observed by racial and ethnic group. deVisser and McDonnell (2013) also noted that the centrality of manhood and the endorsement of traditional masculine ideologies were related to engagement in masculine

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norm-oriented health behaviors. This observation, however, was not true for those respondents who did not endorse traditional masculine identity constructs. Based on this proposition, several studies have assessed the presence of masculine identity subtypes in samples of men. Statistical procedures such as cluster analysis, latent class analysis and latent profile analysis (LPA) have been used to identify these subtypes. A range of distinct masculinities have been found in samples of men.

The number of masculine identity subtypes identified has depended on the construct under investigation. Wong, Owen, and Shea (2012), when investigating conformity to male norms and psychological distress, identified two classes, "risk takers" and "risk avoiders." They found that conformity to traditional masculine ideology operated differently among the classes. Conversely, when measuring young men's masculinities in the United States, Casey et al. (2016), in their LCA study of 555 young men from an online sample, found four distinct profiles of masculinity (normative, normative/male activities, sex-focused, misogynistic). A four-profile solution is common when investigating subpopulations of masculinity in young men. For example, Corprew, Matthews and Mitchell (2017) studied a sample of 328 male college students, using cluster analysis found four distinct profiles of masculinity that they called extreme hypermasculine, traditional hypermasculine, traditional masculine, and non-hypermasculine.

Unfortunately, few of these analyses have targeted young Black men or have integrated racial constructs into the analysis. Harper and Nichols (2008) in their qualitative study of Black male collegians, posited that there is immense within-group heterogeneity in samples of Black men. Drawing from the work of Celious and Oyserman

(2001), they proffered that homogeneous analyses of racial groups obscure the diversity

of within race differences. This can be said as well for studies of masculinity that exclude

racial identity in their analyses of men.

Collectively, these findings encourage the fields of psychology, race and men's

studies to examine identity heterogeneity among samples of men more generally and to

center the role of masculinity perceptions in the behaviors of men, especially during

developmental periods that are critical to identity development such as adolescence and

the transition to adulthood. Additionally, more research on multiple masculinities in

BEAM is needed to examine the presence of these profiles with the inclusion of racial

identity variables. In this study, there is an assumption that there are a variety of identity

subgroups among local populations of men and that these subgroups can be used to

predict patterns in behavior. The choice to examine the group-level differences using a

broad set of domains (alcohol, sexual health, drugs, violence) included in this dissertation

is designed to assess variety of behaviors among which to detect patterns.

Stevenson's Model of Black Male Risk and Resilience

Acknowledging that the factors that contribute to risk and resilience for Black

men are genre-specific, Stevenson (in press) developed the model of Black manhood risk

and resilience, (Fig. 7) from his Racial Encounter Coping, Appraisal, Socialization

Theory (RECAST). This model is based on the idea that, within an ecological context,

risk and resilience for Black men are shaped by (a) masculine identity, (b) racial identity,

and (c) emotional risk and protective factors that interact to structure the ways in which

Black men perceive and engage in risk-taking behaviors. He further argued that these constructs account for the variability in health risk for Black men.

This model posits that Black men's risky outcomes are shaped first by both masculine and general emotional reactivity factors like anxiety related to rejection, depression, and manhood stress appraisal or how stressful men perceive challenges to their masculinity. He then argued that men navigate ecological and contextually stressful situations in the moment through racial and masculine manhood identity coping strategies: hypermasculinity and Black manhood vulnerability salience. Hypermasculinity as a coping strategy reflects men's exaggeration of their masculine performance as a response to threat. Black male vulnerability salience references a strategy in which Black men use their awareness of their gendered-racial vulnerability to negotiate their engagement in risk. He argued that these constructs orient Black men's philosophies toward engaging in risk and responding to risky situations. However, Black men's perceived ability to self-regulate their desire to defend their manhood buffers engagement in risky health behaviors through their ability restrain themselves (restraint self-efficacy), which is seen as a protective factor. According to Stevenson, variability in each of these factors moderates the likelihood that Black men will engage in risk-related behaviors across domains of function.

Theoretical Model: Diverse and Patterned Black Male Risk Outcomes

This theoretical model (Fig. 9) integrates several theoretical (PVEST, intersectionality, multiple masculinities, Black male risk and resilience) and empirical paradigms on the study of identity (comparative, qualitative, and psychosocial) through

the diverse and patterned outcomes proposition of the PVEST model (Fig. 8). Because this study focuses on Black manhood identity, the scope is narrowed in the application of this model. Extending Stevenson's hypothesized model through the application of a PVEST framework, this study used a person-centered design (LPA) that centers the identity dimensions of the model as dimensions of Black male phenomenological experience and examines their relationship to risk-taking ideologies and outcomes. These components are (a) Black manhood vulnerability salience; (b) endorsement of hypermasculine ideologies, and (c) manhood stress appraisal. The PVEST patterned and diverse outcome model components of vulnerability level and stress are operationalized as the constructs (a) Black male vulnerability salience and (b) manhood stress, respectively; coping processes are operationalized through the construct of (c) hypermasculine ideology endorsement. This choice was made due to the extant postulation of hypermasculinity as a coping mechanism for Black male adolescents and Stevenson's classification of hypermasculinity as a manhood identity coping strategy. The result of the person-centered analysis, the identity subgroups of Black manhood, are then used to explore outcomes in the domains of (a) emotional risk and protective factors, (b) violence, (c) sexual attitudes and behaviors, (d) substance use, and (e) alcohol use. To date, no studies have explored quantitatively the interplay of hypermasculine attitudes, masculine gender role-related stress, and racial awareness in relation to patterns of health risk ideologies and behaviors in BEAM.

Applying an Integrated Person-Centered Approach to Black Men's Identity and Risk

I outlined in the previous section the theoretical approaches that are integrated in this framework. Now, I present the empirical perspectives that are integrated in this dissertation.

Analyses of the disparities in health and well-being faced by Black men have been primarily approached in three ways: (a) The intergroup comparative approach, (b) the intragroup qualitative approach, and (c) the intragroup psychosocial approach. First, the intergroup or comparative approach focuses on demographic variables as the mechanism of comparison. Traditionally, these analyses serve to identify disparities among racial-ethnic, gender, and sexuality groups. This approach is efficacious in discerning group differences in life and health outcomes but obscures the diversity of experiences within demographic groups. Second, the intragroup qualitative approach, mostly undertaken through observation, narrative, interview, ethnography, and case study methods seeks to understand the core elements of Black manhood identity and the unique experiences of Black men. These analyses focus on a specific subpopulation of Black male experience (i.e., queer, geographic area, and college students). The intragroup qualitative perspective allows for deep descriptions of participants' experiences.

Third, the psychosocial identity approach uses quantitative measures of identity (e.g., racial identity, masculine ideologies) to examine the influence of these identities on Black men's health behaviors. Those utilizing this tactic often used only one social identity (i.e., racial or masculine) or one outcome domain. This approach is characterized

as a variable-centered paradigm compared to the approach employed in this study, which is person-centered.

Block (1971) developed the useful distinction between variable and person-centered methods. In a variable-centered design, which is the predominating paradigm in the study of identity, the analysis focuses on predicting the outcomes of interest and on the relationships among the dependent and independent variables (Muthén & Muthén, 2005). Magnusson (2003) argued that variable-centered methods are most useful in (a) comparative studies and (b) investigations that assess the difference between groups. Investigations conducted under this paradigmatic frame are broadly concerned with achieving generalizability. Laursen and Hoff (2006) noted that this generalizability is predicated upon the assumption of homogeneity in the population. They asserted that these analyses are best utilized "for questions that concern the relative importance of predictor variable in explaining variance in outcome variables" (Laursen & Hoff, 2006, p. 379).

Contrarily, person-centered quantitative methods focus on identifying patterns of development and are aligned best with intragroup analyses. Laursen and Hoff (2006) identified two central assumptions of a person centered-design "(1) a rejection of the assumptions that the entire population is homogeneous and (2) a search for categories of individuals characterized by patterns of association among variables that are similar within groups and different between groups" (p. 380).

The variable-centered approach has been applied most commonly in quantitative analyses of identity and Black men's health. This approach, which focuses on the magnitude and influence of individual factors, is efficacious in understanding the

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underlying mechanisms that drive negative health and life outcomes. Although these variable-centered investigations have elucidated the role of individual factors in determining specific health outcomes, they have presented a piecemeal understanding of the ways in which these factors are related. Variable-centered analyses also do not allow researchers to discern the qualitatively different experiences and patterns of behavior that exist in local populations.

Despite the cross-domain nature of the risks facing BEAM, research investigations of these issues remain narrowly focused on unitary constructs of identity or on individual health-related outcomes. Risk taking, a focus of this investigation, is based on the perception of risk, which developmental stage (cognitive maturation, psychosocial tasks) and identity moderate. And, studies of personality and behavioral decision making suggest that risk taking most often occurs in domain-specific patterns (Nicholson, Soane, Fenton-O'Creevy, & Willman, 2005; Webber, Blais, & Betz, 2002; Weller and Tikir, 2011).

Drawing on the merits of each of the aforementioned approaches to identity and risk with Black men (comparative, qualitative, psychosocial variable-centered), this study asserts an integrated and person-centered model of Black male identity and risk. First, the sample was selected based on a targeted set of developmental and demographic criteria. In this case, the period of emerging adulthood was selected due to the troubling findings during this developmental period. Additionally, this study focuses specifically on heterosexual, non-university-educated Black or African American men in a poorer urban context. This methodological decision was made in respect to the unique life experiences

of young Black men who self-identify as gay, bisexual, or queer and to the differences in the life course experiences of individuals in rural, suburban, or more affluent locales.

Next, drawing on the psychosocial variable-centered approach, this study uses psychosocial variables to discern within-group variability in the identity constructs of interest. However, rather than analyzing these components separately, this study uses a person-centered method (LPA) to derive distinct profiles of identity in this sample. Finally, drawing on the comparative approach, this study treats these profiles as identity subgroups among the larger sample. These subgroups are used similarly to the way racial, ethnic, and sexual orientation in other studies is used as a level of analysis for comparison. These subgroups are then compared on risk taking and health risk indicators in the domains of violence, substance use, alcohol use, and sexual health.

CHAPTER 4

DATA AND METHODS

This dissertation study is a secondary data analysis from the Barbershop-Based HIV/STD Risk Reduction for African American Young Men study (R01HD061061) funded by National Institutes of Child and Human Development funded study of which Dr. Loretta Jemmott, Dr. Howard Stevenson, and Dr. John Jemmott were the Primary Investigators (Jemmott, L.S. Jemmott, J.B., Coleman, C., Stevenson, H., Ten Have, T., 2009). The investigation was a cluster-randomized efficacy study of a barbershop-based HIV/STD and violence risk reduction intervention targeting young Black men 18-24-year-old heterosexual Black emerging adult men in an urban northeastern U.S. city. The barbershops (the clusters) serving primarily African American men in zip codes with the high rates of HIV/AIDS and violence were eligible to participate if they were a) located in a selected zip code, b) served at least 50 men in the target population in the past 6 months, c) had at least 2 barbers, d) had at least 2 barber chairs, e) were willing to be randomized, and f) agreed to implement interventions with 24 men and to cooperate with data collection .

The barbershops were matched in pairs similar on zip code, the number of barbers, and number of barber chairs. Computer-generated random number sequences were used to randomize one barbershop to the HIV/STI risk reduction intervention and the other to the attention-matched control intervention using concealment of allocation techniques designed to minimize bias in assignment. A co-investigator conducted the computer-

generated random assignments and the project director implemented the assignments. The barbershops were enrolled during the 30-month period beginning in November 2011, with all data collection completed by September 2015. The study was conducted in cohorts of 2 barbershop pairs per month.

The barbershops were randomized to two conditions: (1) the HIV/AIDS sexual health risk reduction intervention, and (2) the violence retaliation reduction intervention. The sexual health intervention served as the primary intervention condition and the violence intervention was developed as the control condition. The goals of the HIV/AIDS sexual health risk condition were to: (1) increase consistent and proper condom use and (2) to reduce the number of concurrent sexual partners. The goals of the violence retaliation reduction condition were to: (1) increase restraint self-efficacy beliefs and skills and (2) reduce the number of violent incidents.

A guiding theoretical framework was identified for each intervention condition. The sexual health risk reduction intervention (Jemmott et al., 2017) was based on the theory of planned behavior (Azjen, 1985, 1991, 2002) and the violence retaliation reduction intervention (Baker et al., 2017) was based on racial encounter coping appraisal and socialization theory (RECAST) (Stevenson, 2014.) Elicitation research was undertaken to study the feasibility of implementing the barber-facilitated sexual health risk and violence retaliation reduction interventions were assessed. Focus groups were conducted to investigate several topics including: the appropriateness and feasibility of using barbershop as a site for health risk interventions, the key social and environmental determinants of violent retaliation and sexual health risk for Black men, the cultural

determinants of health promotion for young black men, and the preferred structure and implementation of these interventions.

Data from these focus groups suggested that due to the nature of the intervention topics (sexual health and violence risk) that the intervention take a one-on-one format to protect confidentiality, rather than a group format. Also, to prevent interfering with the operations of the barbershop, it was suggested that the intervention be implemented on a day that the barbershop was closed or that was traditionally "slow" for business. The focus groups suggested that the intervention name be changed to reflect the barbershop culture. Participants discussed the "shape up aspect" as a key focus of manhood. Therefore the name of the study emerged and became, "'Shape Up' Barbers Building Better Brothers." Additionally, cross-sectional surveys were administered to young men ($n = 48$) eliciting information about sexual health and violence retaliation risk, and racial and masculine ideologies. The findings of this survey and focus groups informed the final development of the intervention.

The intervention was 2-session brief intervention delivered exactly 2 weeks apart. It consisted of two steps: (1) the participants used an interactive tablet (iPad) application that contained intervention related media, games and activities and (2) an interactive engaging conversation with the barber in the barber's chair, while getting a haircut. The intervention was designed to be entertaining and educational and was infused with the theme "Be-A-Man" to promote a sense of responsibility to male participants "to protect themselves and to stay alive for their families, romantic partners and communities." The curriculum used a culturally-responsive format to address the behavioral and normative beliefs linked to the targeted behaviors which were discovered in the study elicitation

research, and in the research team's prior work with African American youth. Additionally, printed educational brochures and implementation guides were developed to support the participants and barbers. Descriptions of the intervention modules can be found in Jemmott et al. (2017) and Baker et al. (2017).

Participant Recruitment and Project Procedures

Participants in this study were recruited by barbers at the 48 barbershops in Philadelphia, PA. Men were eligible to participate if they self-identified as African American or black, were 18 to 24 years of age, resided in Philadelphia and planned to reside in Philadelphia for the next 18 months, and reported having sexual intercourse with a woman at least once in the past 12-months. Barbers employed at the barbershops recruited the men using a common, standardized scripted recruitment procedure, irrespective of the intervention condition. Barbers told the potential participants that they might receive an HIV/STI prevention intervention or a violence prevention intervention.

Once a participant was recruited and enrolled in the study they were instructed to report to their assigned barbershop at a specific time, dependent on their randomly assigned condition. Upon arrival to the barbershop, participants were re-screened by project staff members. Individuals who passed this second screening were officially enrolled in the study. Then these participants were taken to a private mobile health clinic van in front of the barbershop where participants were, they provided informed consent. Afterwards the participants completed baseline surveys via audio computer-assisted self-interview software (ACASI). The survey took 90 minutes to complete. A trained data collector was available to participants needing assistance. The (ACASI) method was

chosen by the investigators to account for issues of confidentiality and accessibility. Extant literature suggests that this method is more efficacious in eliciting truthful answers about sensitive topics (Hewett et al., 2004; Metzger et al., 2000; Turner et al., 1998).

After completing the baseline surveys, participants met individually with a clinical research assistant to provide urine samples to be tested for chlamydia and gonorrhea. Participants then returned to the waiting area of their assigned barbershop and their intervention began.

The participants returned 2 weeks later for Phase 2 of the intervention, consisting of the iPad modules and the interactive barber conversation while getting another haircut. Afterwards participants went onto the mobile health van and completed their posttest surveys. Afterward they met separately with a clinician to receive the results of their STI testing and treatment if necessary.

Sample Characteristics for the Current Study

The sample for this study was drawn from the baseline data of the aforementioned project, which resulted in a large dataset of BEAM ($n = 618$) from barbershops in Philadelphia. Due to the focus of this investigation on heterosexual, non-college-educated Black men, there were several participants from the full "Shape-up" data set who were excluded from this study. If a respondent reported (a) having either male only or both male and female sexual partners, (b) completing a 4-year college degree, or (c) not identifying as Black or African American, he was removed. The result was 597 participants eligible for inclusion in this study who comprise the sample used for analysis. The mean age of the final sample was 21 years, with most of the sample being

18 years of age. Participants were mostly unmarried (97.8%); 80% of the sample reported income less than $850 per month from all sources; 19% of the sample reported some postsecondary education or an associate's degree. Additionally, 28.5% of the sample reported former incarceration. Full descriptive statistics of the sample are provided in Table 1.

Study Measures

The measures for this study are divided into three categories, each of which corresponded to the research questions and the statistical analyses used to analyze the answers to the corresponding research questions. The first set of variables corresponded to the theoretical dimensions of identity (Black male vulnerability salience, hypermasculinity, and manhood stress), which were drawn from Stevenson's model. These variables were used to derive the latent profiles (unobserved subgroups) for subsequent analysis of variance and tests of proportions. The second category of variables, emotional risk and protective factors (depression, RJS, and restraint self-efficacy) corresponded to research question 2. These variables, which are included in Stevenson's model, were analyzed through means comparisons. Finally, several measures of risk-taking and health risk behaviors were analyzed. These variables were organized by domain of interest: (a) violence, (b) sexual health risk, (c) substance use and misuse, and (d) alcohol use and misuse. All variables are described below and can be found in appendix B .

Theoretical identity dimensions.

Hypermasculine ideology endorsement. The hypermasculine ideology endorsement scale is a six-item measure assessing the degree to which participants hold traditional hypermasculine attitudes. This scale is composed of a set of items that ask respondents to endorse attitudes that justify men engaging in violence, misogyny, and masculinity-related conflict. An example of an item is "A real man has to sometimes physically fight his women sexual partners to protect his manhood." This endorsement is measured through a set of Likert items ranging from 1, representing strong disagreement to 5, representing strong agreement. Higher scores on this scale demonstrate higher endorsement of traditional hypermasculine ideologies, whereas lower scores represent a rejection of hypermasculine attitudes. Internal consistency analysis of the six items yielded an alpha coefficient of.61.

Black male vulnerability salience. The Black male vulnerability salience scale is composed of three Likert response items that measure the respondents' awareness of the genre-specific social risks that Black men face. These items reflect an awareness of the risks of violence, discrimination, and financial hardship. An example of an item includes, "Black young men are at more risk of injury or death by violence than any other racial or gender group." The internal consistency of this measure in previous piloting research was found to be at a moderate level (α= .62); in this study the internal consistency was the same.

Masculine gender role stress. The Manhood Stress Scale (Stevenson, 2015) is a seven-item scale that asks respondents how stressful it is for them to manage the pressures of manhood expectations of keeping partners happy, proving toughness to

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women and men, fielding questions of one's manhood or one's negotiating family versus playboy images of manhood. An example of an item includes, "It is stressful to prove to women that I am tough and strong." The internal consistency of this measure in previous piloting research was found to be at a moderate level (α= .80). The items on this scale ranged from 1, "never stressful" to 5, "always stressful."

Emotional risk and protective factors.

Depressive Symptoms. Depressive symptoms were assessed with the Brief Symptom Inventory 18 (BSI-18) depression subscale Derogatis (2001). The BSI-18 is an 18-item Likert scale ranging from 0, "not at all" to 4, "extremely," indicating respondents' feelings of negative affect and social isolation in the past week. Six items of this 18-item scale were selected for survey brevity. Example items included the following: "In the past 7 days, have you been bothered by thoughts of ending your life?" and "In the past 7 days, have you been bothered by feeling no interest in things?" Item reliability analyses indicates strong reliability with a strong alpha coefficient (a=.89).

Rejection Sensitivity. RJS was assessed with the Rejection Sensitivity Questionnaire, a self-report measure modified for adults based on the Children's Rejection Sensitivity Questionnaire (CRSQ) developed by Downey, Lebolt, Rincon, and Freitas (1998). The Rejection Sensitivity Questionnaire measures the extent to which men anxiously or angrily expect rejection before and react to rejection after an ambiguously intentioned rejection situation. The anxiety and anger responses range from 1, "not nervous" or "not mad," to 6, "very, very nervous" or "very, very mad." High scores represent the anxious or angry expectation or anticipation of rejection, and low scores indicate the expectation or anticipation of social acceptance (*a=*.92).

Restraint self-efficacy. Restraint self-efficacy was assessed with a restraint self-efficacy designed by Stevenson for the original study. This 14-item Likert scale ranged from 1, "very hard" to 5, "very easy," with higher scores indicating higher levels of perceived self-efficacy to restrain one's self from retaliating when faced with confrontation in a variety of circumstances. Example items include "How easy or hard could you stop yourself from physically fighting a man who questions your manhood?" and "How easy or hard would it be for you to hold in your anger should a police officer falsely accuse and harass you?" Reliability analyses yielded a strong internal consistency ($a=.85$).

Risk taking and health risk. ***Physical fights and verbal arguments.*** The number of physical fights and verbal arguments were assessed through four behavioral items regarding the frequency of physical and verbal arguments over the last three months and in the past year across several relationships (friends, strangers, and partners). Some items focused on how many events of violence and others asked how frequently according to times per week or year ranging from "0 times a year" to "3 times a week" along a seven-item Likert scale (see appendix B).

Weapon possession. Weapon use or possession in the past year was measured by one Likert item asking, "In the past 12 months, how often did you carry a weapon such as a gun, knife or club?" The scale ranged from 0 to 6 representing various frequencies: 0 ("0 times a year") to 6 ("more than twice a month").

Weapon assault. Participants' experiences with threatening or injuring someone with a weapon in the past year were measured with one Likert scale item. Respondents were asked "In the past 12 months, how often did you threaten to injure someone with a

weapon such as a gun, knife, or club?" Responses ranged from 0, "0 times a year" to 6, "more than twice a month".

Weapon victimization. Participants' experiences being injured to being threatened with a weapon in the past year were measured with one Likert item asking, "In the past 12 months, how often did someone threaten or injure you with a weapon such as a gun, knife or club." Responses for this item ranged from 0, "0 times a year" to 6, "more than twice a month."

Substance use and misuse. *Smoking frequency.* Participants' frequency of cigarette smoking was measured with one item asking, "In the past month, on how many days did you smoke cigarettes?"

Marijuana frequency. Frequency of participants' marijuana use in the past month was measured with one item asking, "In the past month, on how many days did you use marijuana?"

Substance abuse. Substance misuse was measured using the Texas Christian University Drug Screen V from the Texas Christian University Institute of Behavioral Research (2006). The latter is a short-form (one-page) assessment of problem drug use by respondents in the past year. Twelve of the binary coded items were used to assess substance misuse in respondents. Example items include: "During the last 12 months, did you try to cut down on your drug use but were unable to?" and "During the last 12 months, did your drug use cause physical health or medical problems?" Items were summed to create a composite score, with higher scores indicating varying degrees of substance misuse (a=.86).

Alcohol. *Drinking frequency.* Participants' frequency of consuming alcohol in the past month was measured with one item asking, "In the past month, on how many days did you drink alcohol?"

Binge drinking. Participants' experiences of binge drinking in the past month were measured with one item asking, "In the past month, on how many days did you have 5 or more drinks of alcohol?"

Alcoholism. Problem drinking behaviors were measured using the CAGE Questionnaire (Mayfield, McLeod, and Hall, 1977). The CAGE is a brief questionnaire that consists of four clinical interview questions to screen for alcoholism in respondents. The measure is composed of four binary items that ask respondents if they have experienced concerns about their drinking in the past month. Example "yes" or "no" items include "In the past month, did you ever feel you ought to cut down on your drinking" and "In the past month, did you ever feel bad or guilty about your drinking." Participants agreeing with three of the four items are assessed as at risk for alcohol misuse.

Sexual Attitudes and Behaviors. *Condom Attitudes and Knowledge.* *Positive Condom Attitudes.* Participants' positive attitudes toward condom use were measured via a five-item Likert scale assessing their views on the benefits of using condoms as good or bad. This scale consisted of responses ranging from 1, "very bad" to 5, "very good."

Positive Condom Intentions. Participants' intent to use condoms during sexual intercourse in the next three months was measured by a four-item scale. This scale consisted of responses ranging from 1, "very bad" to 5, "very good."

Condom Pleasure Beliefs. Participants' beliefs in the pleasurability of condom use was assessed by a 6-item Likert scale ranging from 1 "strongly disagree" to 5 "agree strongly." A sample item is "When a condom is used, sex still feels good."

Condom Knowledge. Knowledge of appropriate condom use, and function was measured by a four-item Likert scale. Responses on this scale ranged from 1, strongly disagree to 5, agree strongly. A sample item is "Condoms help prevent HIV/AIDS."

Condom Availability Beliefs. Participants' beliefs in the accessibility and availability of condoms was measured by a five-item Likert scale. The responses on this scale ranged from 1, "strongly disagree" to 5, "strongly agree."

Condom Negotiation Beliefs. Beliefs in the ability to negotiate the use of condoms with sexual partners were measured by a five-item Likert scale. Responses ranged from 1, "strongly disagree" to 5, "agree strongly"

Condom use. ***Unprotected Vaginal Sex with a Committed Partner.*** Frequency of unprotected vaginal sex with a main partner was measured by one item that asked, "When you had vaginal intercourse with a main or steady partner in the past 3 months, how often were condoms used." Responses were measured on a Likert scale ranging from 1, never to 5, every time.

Unprotected Vaginal Sex with a Causal Partner. Frequency of unprotected vaginal intercourse with a casual partner was measured by one item: "When you had vaginal intercourse with a casual partner in the past 3 months, how often were condoms used." Responses were measured on a Likert scale ranging from 1, never to 5, every time.

Unprotected Anal Sex with a Committed Partner. Frequency of unprotected anal intercourse with a committed partner was measured by one item asking respondents

"When you had anal intercourse with a main or steady partner in the past 3 months, how often were condoms used." Responses ranged from 1, "never" to 5, "every time."

Unprotected Anal Sex with a Casual Partner. Frequency of unprotected anal intercourse with a causal partner in the past three months was measured by one item asking respondents: "When you had anal intercourse with a casual partner in the past 3 months, how often were condoms used?"

Partner concurrency. *Limiting Partner Attitudes*. Participants' attitudes toward having multiple concurrent sexual partners were measured by 5 Likert items asking how good, wise, pleasant, safe, and beneficial it would be to have more than one sexual partner in the next three months. Items ranged on a scale from 1 to 5, with lower scores indicating negative attitudes.

Limiting Partner Intentions. Participants' intent to have concurrent sexual partners was measured by two Likert items asking whether participants had a goal or planned to have multiple sexual partners in the next three months. Responses ranged from 1, "disagree" to 5, "strongly agree."

Sexual health status.

Human immunodeficiency virus infection. Participants HIV status was measured by one dichotomous yes/no item asking, "Has a doctor or nurse ever told you that you have HIV?"

Sexually transmitted disease history. Participants' history of STD was measured by one dichotomous yes/no item that asked, "Has a doctor or nurse ever told you that you had a sexually transmitted disease?"

Data Analysis

Several statistical techniques were used to explore the outlined study aims and research questions. First, general sample characteristics were determined by computing descriptive statistics. Next, Pearson correlations were conducted among the identity dimensions; the emotional risk and protective factors; and the sexual health, violence, drinking, and drug use variables.

For research question 1, LPA (Muthén and Muthén, 1995) was conducted using MPlus 7.0 (http://www.statmodel.com/index.shtml) to explore distinct subgroups of identity within this sample. LPA is a finite mixture modeling statistical technique that seeks to identify unobserved (latent) categories of subjects based on continuous or categorical indicators. The purpose of LPA is to "categorize people into classes using the observed items" (Nylund, Asparouhov, & Muthén, 2007, p. 539) or to identify homogeneous subgroups in the data. LPA is becoming increasingly popular in developmental psychology and health-related fields to identify subgroups who may respond differently to treatment or intervention. In LPA, two types of variables are considered: (a) observed or manifest variables (categorical or continuous), which generally correspond to study measures used to compute(b) latent profile variables (categorical) that classify participants into their likely subgroups.

Typically, in LPA, several classification solutions (one-class, two-class, three-class) are compared to select the best-fitting model. The goodness of fit for LPA models is best assessed via the comparison of information criterion (2007). In this study, several model fit indices are compared to determine the appropriate classification solution. The fit indices used in this investigation are the Akaike information criterion (AIC), the Bayesian

information criterion (BIC), the n-adjusted Bayesian criterion, and entropy. The AIC, which considers the number of parameters in evaluating model fit, is theoretical in nature, assuming that there is no true model underlying the data. The AIC has been shown to overestimate model fit, especially as sample size increases. Conversely, the BIC, assesses model fit based on both the number of parameters and the number of observations. This criterion can also be sample-size adjusted, resulting in an index called the n-adjusted BIC.

The BIC and the n-adjusted BIC are theoretically based indices and assume that there is a true model underlying the classification of the data. The BIC and n-adjusted BIC have been shown to improve as a measure of model fit as sample size increases. Moreover, when using continuous indicators, the BIC is noted to be superior to the AIC (2007). When comparing profile models, the model with the lowest AIC and/or BIC fit should be selected. Entropy is a measure of classification uncertainty, which ranges from 0.0 to 1.0, with higher values indicating higher certainty of classification. Finally, the Lo-Mendell-Rubin (LMR) test assesses the comparative fit among increasing profile solutions. Essentially, the LMR test compares each profile model to the subsequent model to assess if the previous solution provides a better fit to the data. Tofighi and Enders (2006) suggested that the BIC and the LMR were the best indicators of model enumeration. Because this study assumes that there are indeed unique identity subgroups of among this population, the BIC and n-adjusted BIC were the primary fit indices used. Entropy and LMR were also considered in the comparison of models. In selecting a final classification model, it is common to compare several models based on predictive validity, whereby the profile models are examined to distinguish which model best relates to the outcomes of interest. In this analysis, the proposed theoretical dimensions of (a) Black male vulnerability salience, (b)

hypermasculinity endorsement, and (c) manhood stress serve as the continuous manifest variables for the LPA. Each case was assigned a categorical latent profile variable and a classification likelihood.

Next, these categorical latent profiles variables representing distinct identity subgroups were used as the independent variable in one-way analysis of variance statistical procedures conducted with the Statistical Package for the Social Sciences (SPSS) to assess mean differences among the theoretical dimensions by class or profile.

Research questions 2 and 3 were addressed via one-way analysis of variance and the chi-square test of independence to assess subgroup level mean and proportions differences. Again, using the categorical latent profile variable as the independent variable, proportional differences in sociodemographic measures (age, education, income, incarceration history, marital status, and ethnicity) by profile were assessed through a chi-square test of independence. Then, mean differences in emotional risk and protective factors (depression, RJS, and restraint-self efficacy) and risk taking and health risk variables (sexual health, violence, alcohol, and drug use) were compared by subgroup using one-way analysis of variance procedures. One exception was the HIV and STD status outcomes, which were assessed using the chi-square test of proportions.

CHAPTER 5

RESULTS

Correlational Analyses

Relations among identity construct variables. Correlations among the three

identity profile component variables (hypermasculine ideology endorsement,

vulnerability salience, and manhood stress appraisal) ranged from .09 to .19,

demonstrating slight positive association and relative construct distinctiveness (see Table

2).

Emotional risk and protective variables. Correlations among the identity profile

dimensions and the emotional risk and protective variables (restraint self-efficacy, RJS,

and depressive symptomology) are presented in Table 2. Depressive symptoms and RJS

demonstrated low to moderate positive associations with the identity profile dimensions

with correlation strength ranging from .13 to .47. Restraint self-efficacy was found to be

negatively associated with both hypermasculine ideology endorsement (-.38) and

manhood stress appraisal (-.18).

Alcohol use. Correlations among identity profile dimensions and emotional risk

and protective variables revealed low positive correlations among hypermasculinity,

manhood stress, RJS, and depression. Binge drinking was not significantly associated

with any of the identity profile components (see Table 3).

Substance use. Correlations among identity profile components and emotional

risk and protective variables and drug use variables demonstrated several positive low to

moderate correlations. Problem drug use was the most strongly correlated with all

identity dimensions and with emotional risk and protective variables. Depression was

positively correlated with cigarette and marijuana frequency and heroin injection (see Table 4).

Condom use. Correlations among identity profile dimensions and emotional risk and protective factors with condom variables are presented in Table 5. Hypermasculine ideology endorsement demonstrated low negative correlations with all condom ideologies. Conversely, restraint self-efficacy was positively correlated with all condom ideologies except condom knowledge. RJS had low negative correlations with condom pleasure, availability, and negotiation beliefs.

Violence. Correlations among the theoretical identity profile components and emotional risk and protective variables, hypermasculinity, vulnerability awareness, manhood stress, depression, and RJS demonstrated low to moderate positive associations (.08 -. 31) with several violence risk ideologies and outcomes. Restraint self-efficacy demonstrated low negative associations with all seven violence variables. These associations ranged from -.11 to -.15 (see Table 6).

Limiting partners. Correlations among identity profile components and emotional risk and protective variables with limiting partner attitudes and intentions are presented in Table 7. Hypermasculine ideology endorsement was moderately negatively correlated with limiting partner attitudes and intentions. Restraint self-efficacy demonstrated low positive correlations with these variables.

Identification of Racial-Masculine Identity Subgroups (Latent Profiles)

     Profile construction. Can heterogeneous subgroups of Black manhood identity be derived via the theorized constructs of (a) Black male vulnerability salience, (b) hypermasculine ideology endorsement, and (c) manhood stress appraisal in demographically homogeneous populations of heterosexually identified BEAM (18-25 years of age)?

     LPA was conducted to identify heterogeneous subgroups of Black manhood identity within the sample. LPAs were performed on two-class, three-class, four-class, and five-profile solutions and assessed on several statistical criteria. Models were also compared based on predictive validity in relation to the emotional risk and protective factors and risk taking and health risk outcomes. A four-profile solution best satisfied the statistical criteria having the lowest BIC and n-adjusted BIC values, and satisfactory entropy values. The LMR test also indicated that a four-profile solution resulted in a significantly better model when compared to the five-profile solution. Based on the assumption that there are identity subgroups of Black Manhood identity in this sample, this solution was selected for the analyses of the subsequent research questions. The statistical criteria for all models tested can be found in Table 8.

     Identity construct mean differences. Mean differences in identity profile dimensions were assessed through one-way analysis of variance statistical procedures. Profile mean differences and composition are presented in both raw and standardized forms in Table 9 and Fig. 10. Significant mean differences were found for each of the identity constructs across the latent profiles: hypermasculine ideology endorsement $F(3,596) = 31.13$, $p < .001.$; manhood stress $F(3,596) = 651.14$, $p < .001.$; black male

vulnerability awareness $F(3,596) = 57.99$, $p < .001$. Post-hoc tests were conducted to further examine mean differences in the identity dimensions by profile membership. The naming of profiles based on the observed standardized mean differences in profile constructs is standard in LPA. The profiles were named by the construct mean(s) that best distinguished their members from those of the other latent profiles.

Profile Composition

  Profile 1: Black masculine diffusion subgroup. The "Black masculine diffusion" profile comprised 4.5% ($n = 27$) of the total sample. Participants in profile1 had the lowest means across all three profile constructs. Members of this profile reported strong disagreement with stereotypical masculine norms ($M = 1.73$), very low salience of racial vulnerability ($M = 1.60$), and very low appraisal of the stressfulness of manhood-related events ($M = 1.55$). Members of this profile fell 1 and 2 standard deviations below the mean on hypermasculine ideology endorsement and racial awareness respectively.

  Profile 2: Black masculine balanced subgroup. Profile 2 represented 62% of the sample ($n = 371$) of the sample. Membership in this profile is characterized by a moderate disagreement toward hypermasculine norms ($M = 2.59$), moderate level of vulnerability salience and awareness ($M = 3.63$), and a low appraisal of masculinity-related stress ($M = 1.61$). When standardized and compared against the other profiles derived from the sample, the means of these dimensions were found to be the closest to the mean of the sample. Therefore, this profile was named the *balanced* profile.

  Profile 3: Black masculine strained subgroup. Profile 3 represented 30% of the sample ($n = 180$). Members of this profile reported a moderate endorsement of hypermasculine norms ($M = 2.84$) and a moderate level of salience/awareness of

ecological vulnerability ($M = 3.50$). They rated the stressfulness of masculinity-related challenges as "sometimes stressful" ($M = 3.06$) when compared to the members of other profiles.

Profile 4: Black masculine distressed subgroup. Profile 4 represented 3% of the sample ($n = 19$). Members of this profile reported the highest responses on all three profile variables. Hypermasculine ideology endorsement ($M = 3.08$) and Black male vulnerability salience ($M = 3.96$) were ½ *SD* above the mean of the sample. Moreover, manhood stress appraisal ($M = 4.44$) was more than 2 *SD* above the mean.

Differences in Sociodemographic Variables by Identity Subgroup

Chi-square tests of independence were performed to examine sociodemographic differences by profile membership. The demographic variables considered were age, education level, employment status, income, prior incarceration, marital status, and ethnicity. Participants who identified as Black/African American-Hispanic were more likely to be in Black masculine *diffuse* subgroup X^2 (3, 597) F=8.00, $p < .05$; all other demographic variables were non-significant.

Risk Taking and Health Risk Differences by Profile

Emotional risk and protective variables. One-way analysis of variance tests were conducted to assess mean differences in emotional risk and protective variables by identity subgroups. Statistical analyses demonstrate significant mean differences in emotional risk and protective factors by identity subgroup (depressive symptomology

$F(3, 593) = 14.08, p < 0.000$, RJS $F(3, 593) = 49.39, p < 0.001$, restraint self-efficacy $F(3, 593) = 8.52, p < 001$). Tukey's honest significant difference (HSD) post-hoc analyses were conducted to assess and compare mean levels of risk reduction variables by profile. Table 10 presents means, standard deviations and significant differences. Figure 11 presents standardized mean differences by profile membership.

Violence. Results from analysis of variance tests found statistically significant differences among five of the violence variables Tukey HSD post-hoc pairwise comparisons were conducted for variables that were statistically significant. The raw and standardized means, standard deviations and significant differences are presented in Table 18 and 19 and standardized group comparisons in Figs. 16 and 17. Tukey HSD pairwise post hoc tests were performed. The *strained* profile had significantly higher incidences of verbal arguments in the past year $F(3,596) = 3.761, p < .05$; weapon possession $F(3, 593) = 5.41, p = 0.001$, victimization $F(3, 593) = 6.83, p < 0.001$, and assault $F(3, 593) = 10.10, p = 0.000$. The *distressed* profile had significantly higher incidence of physical fighting in the past year $F(3,595) = 3.528, p < .05$.

Alcohol use. Results from the one-way analysis of variance test found statistically significant between-profile differences on problem drinking behaviors $F(3, 593) = 5.11$, p $< .01$. No statistically significant difference was found for drinking frequency or binge drinking. However, binge drinking approached significance at the $p < .10$ level $F(3, 593) = 2.53, p = 0.056$. Tukey HSD post-hoc tests were conducted to explore these differences.

The members of the *strained* subgroup were significantly more likely to report higher levels of problem drinking behavior (see Table 11).

Substance use. Results from one-way analysis of variance tests found statistically significant differences among drug injection $F(3, 593) = 7.07$, p $= 0.002$ and problem drug use in the past three months $F(3, 593) = 7.34$, p < 0.000. Smoking frequency, frequency of marijuana use, and use of another illegal drug were non-significant. Tukey HSD post-hoc pairwise comparisons were conducted to determine between-profile mean differences in heroin injection and problem drug use (see Table 12 and Figure 13) The *distressed* profile was significantly more likely to have engaged in these two behaviors in the past three months.

Condom ideologies and behaviors. Results from one-way analysis of variance tests found statistically significant between-profile differences in four condom use variables: condom pleasure beliefs $F(3, 593) = 3.16, p < .05$, condom negotiation beliefs $(3,593) = 4.10, p < 01$, condom availability beliefs $F(3, 593) = 10.56, p < .00$, and unprotected anal sex with a casual partner $F(3, 315) = 2.74, p < .05$. Tukey HSD post hoc pairwise comparisons were conducted to examine mean differences more closely; these results are presented in Figure 14. No significant differences were found between condom attitudes, knowledge, or condom use during vaginal sex. The *diffuse* profile was found to have the highest positive condom use ideologies and the highest frequency of unprotected anal sex with a casual partner.

Limiting partner ideologies and behaviors. Results from one-way analysis of variance tests demonstrated between-profile differences in limiting partner ideologies and behaviors (see Table 14 and Figure 14). Tukey HSD post-hoc pairwise comparisons were performed, and significant differences were found in limiting partner intentions ($F(3,593)$ = 5.34, $p < .00$). The *diffuse* group had the highest limiting partner intentions. Number of partners was non-significant $F(3,596 = 0.32, p = .80)$.

Sexually transmitted disease history. A chi-square test of independence was performed to examine the relation between identity profile and STI history. There was no significant relationship between profile membership and previous STI diagnosis (X^2 (3, N = 593) = 2.08, $p = . 57$) see table 16.

Human immunodeficiency virus serostatus. A chi-square test of independence was performed to examine the relation between identity subgroup membership and HIV infection. The relationship between these variables was significant (X^2 (3, N = 597) = 9.33, $p < .05$). Though there were few participants who reported being HIV positive, members of the *strained* identity subgroup profile were more likely to have a positive HIV status than members of the other groups see table 17.

CHAPTER 6

DISCUSSION

The purpose of this study was to explore the presence of identity subgroups in a demographically homogeneous population of BEAM and the relationship between these subgroups and cross-domain patterns in health risk ideologies and behaviors. The findings of this study corroborate much of the existing evidence in the literature on the role of masculinity, race, and assumptions of patterned and diverse developmental outcomes among local populations of men.

This chapter discusses the statistical analyses presented in Chapter 5. First, I discuss the findings of the LPA and the profile compositions. Next, I discuss the relationship of these identity subgroups to the emotional risk and protective factors . Finally, I present a holistic review of the risk taking and health risk findings by outcome domain.

Identity Subgroups

Research Question 1: Can identity subgroups be found in a population of heterosexually identified BEAM from high-risk zip codes via the dimensions of (a) Black male vulnerability salience, (b) hypermasculine ideology endorsement, and (c) masculine gender role stress appraisal?

The first aim of this study was to identify subgroups of Black manhood identity within a demographically homogeneous group of urban heterosexual BEAM and the compositions of these identity profiles. Among the statistical solutions produced through LPA to test this question, the four-profile solution demonstrated the best fit to this data.

The four profiles identified in ascending order by the number of members were (a) the *distressed* profile, (b) the *diffuse* profile, (c) the *strained* profile, and (d) the *balanced* profile. A key goal of this study was to understand the number profiles that occurred naturally in the sample and the unique permutations of these constructs among these profiles.

The first notable finding among these profiles was that there were very few respondents who moderately or strongly endorsed hypermasculine ideologies. Even the profile that had the highest endorsement of hypermasculine ideologies, the *distressed* profile, had a mean endorsement of 3.08, indicating only mild endorsement. The statistically significant differences suggest a stratification of hypermasculine ideologies into three groups: very low—the *diffuse* profile, low—the *balanced* profile, and mild— the *strained* and *distressed* profiles. Moreover, both the *diffuse* and *balanced* profiles, which cumulatively composed 66.7% of the sample demonstrated strong to moderate disagreement with these norms. This finding may point to the general shift in gender norms and attitudes that have been documented in the overall American population, suggesting a growth in more gender equitable attitudes and ideologies. It may also speak to the developmental stage of emerging adulthood as young men may still be developing their gender-related ideologies and may not yet hold strong gender stereotypical attitudes.

Conversely, the *balanced*, *strained*, and *distressed* profiles comprising the majority of the sample (95.5%) indicated moderate levels of Black male vulnerability salience. This finding is unsurprising due to the geographic region and socioeconomic status of this sample. This construct was stratified into three levels as well: very low—the *diffuse* profile, moderate—the *balanced* and *strained,* and high—the *distressed* profile.

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Specific to the construct of manhood stress appraisal, the sample was also stratified into three groups, low—the *diffuse* and *balanced* profiles, moderate—the *strained* profile, and high—the *distressed* profile.

Profile Summaries

    The Diffuse Profile. The identity subgroup labeled *diffuse* was the second smallest profile identified, comprising 4.5% of the sample ($n = 27$). This profile derived its label from the relatively low scores across the identity constructs, especially the Black male vulnerability salience dimension (- 2 *SD*). The low level of Black male vulnerability salience that described the profile was surprising due to the nature of the sample. As residents of an urban community with a large African American population, it was surprising that the members of this profile rated their awareness of these social vulnerabilities low. Those who have diffuse identity statuses or styles are also considered to procrastinate in resolving identity-related commitments. In this group, diffusion is surmised to reflect a low level of awareness of, exploration of, or commitment to the racial dimension of their identity. When paired with the low endorsement of hypermasculine norms, this profile resembles descriptions of the diffuse identity status (some exploration, low commitment).Therefore, this profile was labeled *diffuse*. Members of the *diffuse* group had the lowest mean number of physical fights, verbal arguments, weapon exposure, alcohol use, depression, and RJS among the profiles. They were also at or lower than the mean for all substance use measures. Members of this profile also reported the highest restraint-self efficacy; positive condom use, pleasurability, and negotiation beliefs; and positive limiting partner attitudes and

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intentions. Conversely, these men had the highest frequency of unprotected anal sex with casual partners. This group resembled the sex-focused masculine identity profile found by Casey et al. (2014).

   The Balanced Profile. The identity subgroup labeled *balanced* was the largest profile identified, comprising 62% ($n = 371$). Members of this profile approached the mean of the sample for all three identity constructs. This group had a moderate endorsement of traditional masculine ideologies and vulnerability awareness and low manhood stress; therefore, they were named *balanced*. This label was confirmed by the outcome variables because members of this profile approached the mean on all measures included in this dissertation. This group appears to be like the *traditional masculine* (Corprew, Matthews, & Mitchell, 2015) and the *normative* (Casey et al., 2014) masculinity groups found in previous research. Additionally, this group seems to be related to the achieved identity status (Marcia et al., 1993) and the informational identity style (Berzonsky, 2003.).These characterizations are surmised by the average rates of risk taking indicated by these groups and the low scores on high-risk measures like problem drug use and problem alcohol use.

   The Strained Profile. The second largest identity subgroup was the *strained* class, comprising 30% of the sample ($n = 180$). The subgroup *strained* derived its name from the high level of hypermasculinity and moderate level of manhood stress appraisal that they endorsed compared to those in the *balanced* and *distressed* profiles. The construct manhood stress appraisal best differentiated the *strained* profile members from the

distressed class. Members of this profile reported moderate levels of depressive symptoms and high RJS compared to the full sample. This profile had the highest levels of weapon use, assault, victimization, and problem drinking behaviors. Moreover, this profile had low positive condom pleasurability and condom negotiation beliefs but moderate levels of unprotected anal sex with both committed and casual partners. Additionally, the four participants who reported a positive HIV serostatus were classified into this group. This profile resembles the *traditional hypermasculine* class identified by Corprew, Matthews, and Mitchell (2015).

The Distressed Profile. The smallest profile identified in this study was the *distressed* class, comprising 3% of the sample (*n* =19). This profile reported moderate levels of vulnerability salience, high hypermasculinity, and high manhood stress. The name of this profile was derived from the high level of manhood stress appraisal (+2 *SD*) when compared to the other profiles. Members of this profile had the highest level of depressive symptoms and RJS and the lowest restraint self-efficacy. This group reported the highest levels of interpersonal violence (physical and verbal), injection of heroin, binge drinking, and problem drug use. Converse to the most similar profile, *strained*, the *distressed* profiler eported posit ie condom attitudes and intentions, while reporting low condom pleasurability. However, members of this profile reported moderate condom negotiation beliefs and had the lowest levels of unprotected vaginal and anal sex with both main and casual partners. This profile is similar to the *extreme hypermasculine* and *misogynistic* classes reported in previous research.

The present findings suggest there is indeed diversity in the Black manhood identities of young Black men in local populations despite their demographic homogeneity. Moreover, these findings challenge the use of arbitrary quantitative cutoff points for the assessment of these ideologies on psychological measurement scales. The range of endorsement on these ideological constructs may not be valid for broad generalizations and should instead be assessed relative to the ideologies of the local population.

The number of profiles derived (four) and the levels of stratification across the constructs (three) are also of note. Although this point is discussed in more detail in the following section, these values bear more than a passing resemblance to those of Marcia's identity statuses paradigm (1992) (four) and Berzonsky's (2003) concept of identity style decision-making orientations (three).

Sociodemographic and Emotional Risk and Protective Factors

Research Question 2: Do these identity subgroups differ by sociodemographic characteristics and emotional risk and protective factors (e.g., depression, restraint self-efficacy, and RJS)?

The second aim of this study is expressed in research question 2, sought to examine the differences in these subgroups by sociodemographic variables and hypothesized emotional risk and protective factors.

The results of the chi-square tests of independence on the demographic variables indicated that there were no demographic differences in the profiles except for ethnicity. Respondents who indicated that they identified as Black-Hispanic were significantly

more likely to be represented in the *diffuse* profile. As noted in the previous section, the *diffuse* group had the lowest scores on all constructs. Though speculative, this finding may represent varying racial, ethnic, and masculine socialization patterns that these men were exposed to during their childhood and adolescence. This speculation is based on the low levels of Black male vulnerability salience. Scholars have noted that racial identity salience is associated with the socialization messages that individuals receive, racial ideologies, and experiences of discrimination (Sanders-Thompson, 1997). Hispanic respondents, though identifying as Black, may not encounter the same racial challenges or messages surrounding their development as Black men due to their ethnic origins. The ethnic compositions of their families and peer groups may also influence this low level of salience; however, more investigations of this finding are warranted.

The lack of demographic differences among the samples, however, suggests the need for more investigations into the relative importance of age, education, income, incarceration status, marital status, and unemployment in shaping these varying outcomes. Due to the relative homogeneity of the study sample introduced by the sampling frame, the variance in the sample demography was purposefully limited. However, this finding may denote a more limited importance of these factors than previously assumed and highlight the importance of identity-related factors (i.e., socialization, peer groups) that shape identity contents and thus behavioral patterns. It may also indicate the strength of identity subpopulation membership as a determinant of risk taking and health risk during emerging adulthood.

As hypothesized by Stevenson's model of Black male risk and resilience, the profiles did differ significantly by emotional risk and protective factors. Like the profile

constructs themselves, the variables under investigation—depression, RJS, and restraint

self-efficacy—were also stratified into levels. Across the sample, depressive symptoms

were very low. The measurement of depression and depressive symptoms in Black men

has been an ongoing point of debate as most clinical assessments struggle to determine

levels of depression in this population. The overall low mean value of depressive

symptoms could represent a measurement issue. However, it could also suggest that

depressive symptoms were reliably low in the population being studied. Moreover, this

finding may be related to the developmental stage of the participants. Though emerging

adulthood is typified as a time of negativity, this finding challenges the pervasiveness of

negative ideation in BEAM. The standardized differences in depression symptoms in the

sample were stratified into three levels: very low—the *diffuse* and *balanced* groups;

low—the *strained* group; and mild—the *distressed* group.

Further, RJS ranged from low to moderate in the sample and was characterized by

two levels: low—the *diffuse* and *balanced* profiles and moderate—the *strained* and

distressed profiles. RJS was also positively correlated with all three identity constructs

and depression. Finally, restraint self-efficacy was also moderate across the profiles,

ranging from a mean of 2.93 (*distressed*) to 3.61 (*diffuse*). This finding suggests that

despite the moderate level of belief in their ability to restrain themselves from retaliation,

the sample participants also would engage in retaliation-related violence. I assert that this

observation may reflect the willingness to defend oneself when challenged, which is an

adaptive strategy dependent on the context and other situational factors. High levels of

restraint when threatened, though ideal, do not reflect the reality of socially constructed

manhood and may result in being victimized in social situations. When observing the

standardized values, restraint self-efficacy was also stratified into three levels: low—the

strained and *distressed* profiles; moderate—the *balanced* profile; and high—the *diffuse*

profile. Restraint self-efficacy was also negatively correlated with hypermasculine

ideology endorsement, manhood stress appraisal, depressive symptomology, and RJS.

In sum, these findings lend credence to the relationships between emotional

reactivity and identity dimensions hypothesized by Stevenson's model. However, like the

findings presented in the previous section, they suggest that measuring the construct

quantitatively may be more valid when measuring these findings against those from other

members of the same demographic local population of men. Few respondents selected

extreme values on these measures; hence, future measurements must consider the range

of values and item labels used to characterize these ideologies.

Domains of Risk Taking and Health Risk

Research Question 3: Do these identity subgroups demonstrate different patterns of risk

taking and health risk across the following four domains:

 (a) Violence: (physical fights, verbal arguments, weapon exposure)
 (b) Substance and misuse: (smoking, marijuana use, problem drug use)
 (c) Drinking and alcohol misuse: (drinking frequency, binge drinking, problem drinking)
 (d) Sexual health risk: (condom attitudes and unprotected sex, limiting partner attitudes, STD diagnosis history, HIV status)?

The final aim of this study, characterized by research question 3, sought to explore if

these theoretically derived profiles affirmed the PVEST proposition of diverse and

patterned life course outcomes by exploring group level differences in risk-taking

ideologies and behaviors across four domains. Each domain is reviewed individually and then these findings are synthesized in the following section.

Violence. There were no statistically significant differences in the number of verbal arguments in the past year or month across the profiles. Because verbal arguments are a normative occurrence in relationships more broadly, this finding is not surprising. However, the *strained* profile did approach a statistically significant higher rate of verbal arguments than the other profiles. On the contrary, the *distressed* profile engaged in more frequent physical fights in the past year than the *diffuse*, *balanced*, and *strained* profiles. This finding is notable because the *distressed* profile has the highest mean values on manhood stress appraisal while not being statistically significantly different from the *strained* group on hypermasculine ideology endorsement. This finding corroborates scholars' suggestions that hypermasculinity as a construct of investigation is conceptually distinct from that of masculine-related stressors (Eliser, Skidmore, & Ward, 1988). Moreover, it highlights the exacerbating role that perceiving situations that challenge one's manhood as stressful may lend to a defensiveness and readiness to act. This finding also suggests that lower restraint self-efficacy, higher depressive symptoms, and higher RJS are factors that contribute to engaging in acts of physical violence.

The *strained* profile, however, demonstrated the highest rate of weapon possession, assault, and victimization. This difference was statistically significant from the *balanced* profile and higher than all of the identified profiles. This finding argues that, although an endorsement in hypermasculine ideologies and manhood stress appraisal may contribute to engaging in violent behaviors, there may be qualitatively different strategies in which men may engage when faced with socially challenging situations. Moreover, the

difference between the *strained* and *distressed* groups on the construct of manhood stress

appraisal and depressive symptoms may further moderate one's willingness to act in

stressful situations and the expectation of what one must do to be prepared for these

situations (e.g., carry a weapon or threaten someone one with violence).

   Sexual health risk. Across the four profiles, there were no differences in condom

attitudes and intentions. Most respondents indicated positive ideologies toward and

strong intentions to use condoms during future sexual intercourse. The *diffuse* profile

endorsed the highest values on the use and pleasurability of using condoms. There were

significant differences, however, in the pleasurability, availability, and ability to negotiate

the use of condoms with partners. The profiles with the highest hypermasculine ideology

endorsement and manhood stress appraisal (the *strained* and *diffuse* profiles) reported

low evaluations of the pleasurability of condoms. This echoes the findings of men's

stereotypical views on the use of condoms as unpleasable or inconvenient. However, the

higher levels of depression in these profiles relative to the other profiles suggest that there

may be somatic effects that may relate to this lack of perceived pleasurability from

condom use. Paradoxically, the *diffuse* profile, while reporting significantly more positive

condom ideologies (pleasure, negotiation, and availability), demonstrated less knowledge

of the appropriate use of condoms. However, this finding was marginally significant.

   Similarly, no significant differences were found in terms of limiting partner

attitudes or number of partners among the groups. However, the *diffuse* profile reported

the highest limiting partner intentions; this finding is paradoxical to the findings on the

sexual activity of this group. There were no statistically significant results for

engagement in unprotected vaginal sex with main or casual partners or anal sex with a

main partner among the profiles. However, there was a statistically significant difference for engagement in unprotected anal sex with a casual partner, with the *diffuse* reporting significantly higher engagement than the other three profiles. The discrepancy between the sexual health ideologies reported by the *diffuse* group and this finding warrants further investigation.

Finally, there were no significant differences in prior STD diagnoses by profile; however, the *diffuse* profile had the highest proportion of prior STD diagnoses (25.9%) compared to the other profiles. Further, though there were very few cases of HIV infection reported by respondents ($n = 4$), all four cases of HIV reported in the sample were by men who were classified in the *strained* profile. The patterns demonstrated by these findings suggest again that these profiles distinguish qualitatively different attitudes toward engagement in sexual health behavior and held ideologies regarding sexual health. Of note here is that both the *diffuse* and *strained* groups had the lowest levels of Black male vulnerability salience. Racial identity and awareness have been demonstrated as protective factors for Black people across a range of outcomes, and it is our assertion that the lower levels of racial salience in these subgroups may be related to their engagement in the risk behaviors. Moreover, Berzonsky (1992) argued that a lack of commitment to ideologies (i.e., diffuse) has been shown to be related to an avoidant style of problem solving leading to poorer health decision making.

Alcohol and substance use. Drinking frequency demonstrated no significant difference by profile. This is unsurprising because alcohol consumption during the period of emerging adulthood is common for young people. Though the analysis of variance test results were marginally significant for binge drinking ($p = .056$), post hoc tests could not

detect pairwise differences. However, the *strained* and *distressed* profiles had the highest

mean values for binge drinking. The *strained* profile was significantly more likely to

report problem drinking behaviors. This finding once again aligns with traditional

masculine stereotypes of excessive drinking and alcohol abuse (Lemle & Mishkind,

1989).

The profiles demonstrated no statistically significant differences in the frequency

of cigarette or marijuana use or in experimentation with non-marijuana drugs. This

finding may reflect both the normative nature of experimentation that is characteristic of

emerging adulthood and the shifting social norms regarding drug use in the United States.

Yet, significant differences in heroin injection and problem drug use were found, with the

distressed group reporting significantly more engagement in both behaviors. These

findings between the *strained* and *distressed* group, despite their similar mean scores on

the endorsement of hypermasculine ideologies, again suggest that these risk-taking

behaviors may be domain specific. Moreover, it may suggest that manhood stress

appraisal may not operate in a linearly increasing fashion relative to all risk-taking

behaviors.

Synthesis of Findings

Holistically, this investigation paints a complex picture of the diverse

masculinities and domain-specific patterns of risk-taking ideologies and behaviors of

BEAM. First, this study affirms the notion of heterogeneous identities among

demographically homogeneous populations of men and the multidimensionality of these

profiles. This finding corresponds to those from the work on both the multiple

dimensions of Black manhood identity and multiple masculinities that are present in local populations of men more broadly. Perhaps the most significant finding in this investigation is confirmation of the normative nature of risk taking in this population. This finding aligns with most scholarly conceptualizations of the developmental tasks of emerging adulthood as a period of social exploration and risk taking. Further, the domain-specific differences in risky outcomes (unprotected sex, HIV status, physical fighting, and problem substance use) confirm Spencer's proposition that the theoretical components of vulnerability, stress, and coping lead to diverse and patterned outcomes.

Moreover, general trends in these findings corroborate some of the previous findings on racial identity as a protective factor in Black youth (Arrington & Stevenson, 2009; Neblett, Banks, Cooper, & Smalls-Glover, 2013) and hypermasculine ideologies as risk factors for young men. However, these findings challenge how these factors may interact when existing simultaneously. It appears from the findings regarding the *distressed* group that the combination of high vulnerability salience, hypermasculine ideology endorsement, and manhood stress appraisal may be linked to deleterious patterns of risk taking. Also, regarding the identity components present in the *diffuse* sample, racial and masculine ideologies may not operate linearly as suggested by the current quantitative investigations of these constructs. Low race salience and rejection of all traditional masculine ideologies, as is present in the *diffuse* group, may lead individuals to follow a different pathway toward risk that is not as easily identified by measures of ideology or by examining a singular domain of behavior.

Moreover, this investigation calls into question the ranges of awareness, ideological endorsement, and stress that may be able to distinguish risky behavior and

lead to resilience. In fact, the results of this study suggest that a balanced profile of racial awareness and mild endorsement of masculine norms may lead to the most adaptive outcomes for Black men in emerging adulthood. This balance appears to represent both a firmness and openness to social ideologies that allow for the development of an ability to adjust and adapt to risky situations and to make positive risk-taking decisions. The findings of this study, although not presented explicitly here, confirm the interrelationships among the components of Stevenson's model. Further work should be done to examine the structural relationships between these components for different profiles of Black manhood. The parameters in which these constructs are healthful and contribute to well-being should be more closely investigated to inform the future development of targeted interventions that appreciate the diverse and varying representations of emerging Black manhood.

After examining the dependent variables in this study, I argue that these profiles may align more closely to the Marcian (1993) identity statuses and the Berzonsky identity styles (1993) then originally assumed. Clear domain-specific patterns in the behaviors of the profiles indicate that there are different decision-making strategies and levels of identity development apparent across the profiles. Although this investigation did not assess the social-cognitive strategies of these participants, future work should examine the relationship between identity development and social identity with a focus on the socialization experiences, social representations, and other social influences that result in the observed patterns. Future work should also assess other dimensions of identity (i.e., religious, vocation) in relation to their influence on these behavioral styles and relationship to engage in risk.

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Strengths and Limitations

The primary strength of this dissertation lies in its large sample size, focused and targeted sampling frame, and cross-domain approach. By conducting an intragroup examination of heterosexual BEAM in an urban setting, this study illuminates the complexity of Black manhood for this highly vulnerable population. The methodological choice also represents a strength because it narrowly focuses on a key population of interest to public policy and philanthropic communities. The narrow focus is, however, also a limitation of this study in several ways. First, the study from which this sample was drawn, "The Shape-Up Project," was aimed at BEAM specifically from "high-risk" zip codes. Focusing on heterosexual African American emerging adult men in Philadelphia from these zip codes precludes our ability to extrapolate these findings to other racial-ethnic, geographic, or life course groups. Though the profiles in this study mirror profiles found in previous studies, both the profile proportions and rates of risk taking may differ in other populations of Black and emerging adult men. To address this concern, this study should be replicated with other local populations of men (e.g., military, college students). Further longitudinal work should be done to explore both the development and stability of these profiles over time.

Second, the participants in the original study were not randomly selected because the randomization occurred at the cluster level (barbershop). Moreover, the participants included in this study were sampled purposively. This decision was made due to the limited research on BEAM and is commonly used to investigate populations of which

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little is known. Therefore, the lack of participant-level randomization does not impede the validity of this study. Third, the topic of investigation, i.e., risk-taking behaviors, is a sensitive topic and was assessed retrospectively. Hence, there may have been issues pertaining to honest disclosure and recall bias. To address these concerns in the original study, care was taken to collect accurate data using computer-assisted methods (e.g., audio computer-assisted self-interview software), in a confidential environment. These methods have been shown to attenuate inaccurate responses and have been used successfully in previous health research in community settings in Philadelphia.

Notably, despite research that notes the impact of other dimensions of Black manhood (e.g., spirituality, humanism), racial identity (e.g., centrality, ideology), and the impact of other social identities (e.g., religion, political) on behavior, these variables are not included in this study. Admittedly, the exclusion of these other dimensions limits our ability to discern if including other dimensions of identity would have changed the classification of participants into subgroups. The constructs chosen were selected due to the available data and for profile parsimony; however, these variables may be included in the future to allow for more complete identity profiles, and they should be examined in future studies of Black manhood. Also, risk taking and health risk do not operate in a vacuum. In fact, several other stressors have a demonstrated impact on health and risk taking (economic stress, racial stress, and adverse childhood experiences). These ecological factors, though not covered in this analysis, should be included in future studies to better account for the variance of the risk taking and health risk within the identity subgroups. Specifically, cumulative stressors and adverse life circumstances should be examined to determine the magnitude of the impact that these factors have on

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the frequency and severity of risk-taking behaviors.

Another limitation of this study is the moderate internal consistency of the measures hypermasculine ideology endorsement and Black male vulnerability salience. These measures were developed for the original project and although they were determined to be psychometrically sound in previous research, they may be improved in future research studies. Moreover, the stronger internal consistency of the manhood stress measure (a=.80), when compared to hypermasculinity and vulnerability salience, may account for the strength of this measure in influencing the profile enumeration in the LPA. Additionally, the unequal sample sizes in this study present a limitation. In studies with unequal sample sizes, the type 1 error rate may be elevated. However, in this study, the harmonic mean of the sample was used to compute the mean difference in the analysis of variance results. This decision improves the validity of the findings because mean differences were found despite the small sample sizes of the *diffuse* and *distressed* profiles. Contrary to experimental studies in which the sample sizes may be more equal, the unequal sample sizes of the profiles also provide insight into the distribution of these identity subtypes in the larger population.

Finally, despite labeling the behaviors in this study as risk taking, this study did not assess if the participants in this study perceived these behaviors as risky. This limitation reflects Dworkin's (2006) assertion that emerging adults may not perceive themselves as risk takers. Further qualitative and mixed methods studies should be undertaken to examine the perception of these risk-taking behaviors as risky.

Implications

  Research. This dissertation study has several implications for research and intervention on identity and the well-being disparities faced by BEAM. Through my theoretical framework, I assert developmental, phenomenological, intersectional, and diverse (multiple masculinities) perspectives on identity and behavior. Each of these perspectives serves to reframe contemporary paradigms on the study of behavior and of Black men. First, this study affirms that, beyond demographic variables, there is a great diversity in the manhood experiences of young Black men. By applying intersectionality theory to the development of the latent profiles using racial and masculine identity variables, this study implores researchers and practitioners to acknowledge the multiple identities that impact the behavior of individuals. It is evident that all these identities are operating simultaneously within individuals.

  However, research and intervention perspectives on BEAM often assume that all Black men have similar experiences and philosophies pertaining to their identity. Studies and interventions are designed based on this assumption. Further efforts to promote the well-being of young Black men must move toward understanding how the admixture of different social ideologies and experiences work concomitantly to impact the behaviors of this population. However, this assertion is not limited to BEAM. It is likely that these dynamics operate similarly across all human populations; therefore, reductionist analyses of human behavior undoubtedly bias and limit the validity of research conducted within this paradigm. Moreover, whereas traditional variable-centered analyses of identity provide simplistic and easily interpretable results, they fail to demonstrate how different identities operate in sum. This approach to understanding human behaviors because it

ignores the intersection of various social identities and their performance under different social conditions.

Second, the results of this study indicate that diverse outcomes and patterns of behavior are present in local populations of men. By applying a cross-domain perspective and an expectation of multiple forms of masculinity in the sample, we can discern and target the unique needs of different identity subgroups of men. Moreover, by applying a developmental perspective to risk taking, this study challenges the predominating notion that young Black men are hypermasculine and risky. If the profile proportions in this study approximate the general population, it appears many of the most hypermasculine ideology and deleterious risk taking are confined to small populations of men. The large proportion of Black men in the *balanced* subgroup warrants attention. Though it appears that these men are not facing many serious health risks, health is not solely the absence of physical or mental aliments according to the World Health Organization. To promote the well-being of Black men, programs that promote their self-determination and thriving are necessary. These programs stand to considerably improve the health and life status of Black men. Regarding the *strained* and *distressed* profiles, the importance of masculine gender role stress in differentiating these profiles is an interesting finding. Extant literature links risk and resilience with the evolutionary-biological constructs of stress reactivity and responsivity. Therefore, research exploring the differences in stress reactivity as related to these profiles should be conducted.

Generally, this study implies that these identities may be tied to the broader theories of diverse identity statuses (Marcia et al., 1993) and styles (Berzonsky, 1989). No research seeks to unite general theories of identity with more population-specific

approaches to identity. For example, the similarity between the outcomes of the *balanced* profile and the findings on achieved identity status and the informational identity style are notable. Research that examines the relationship among social identity subgroups, identity statuses, and identity styles can further unite our perspective on the role of identity development in shaping diverse outcomes at the demographic group level.

Intervention

Educational practice. The impact of schools and out-of-school programs during childhood and adolescence on the development of these manhood experiences later in life should not be ignored. Schools should seek to deliver targeted interventions that help young Black men begin to develop healthful coping skills and awareness of the identity-related challenges that they will face. A current trend in schools is the implementation of social and emotional learning programs (SEL). Although most of these programs are universal school-wide programs, targeted SEL programs have been suggested as a mechanism to reach populations of students with unique experiences (Durlak, Domitrovich, Weissber, & Gullotta, 2015). Therefore, rites of passage, cultural enrichment, racial awareness, and manhood development programs may be adequately adopted as forms of targeted social and emotional learning and further developed from the research that undergirds SEL programs. Existing programs for the development of young Black male adolescents should target emotional development, racial socialization, and critical conceptions of masculinity. The findings of this study suggest that these programs must strive to develop balanced profiles of identity in young Black men that will enable them to be resilient during of the transition to adulthood.

Moreover, Black youth are disproportionately the targets of school discipline, suspensions, and expulsions; hence these findings shed light on the misperceptions of the challenges that Black adolescents face. The findings of this study and similar findings can also be used to develop professional development opportunities for school administrators, teachers, and counselors to improve educators' awareness of the challenges of young Black manhood. Learning how to adequately perceive the role of identity development and risk-taking behaviors of this population can improve their practice with Black boys. Finally, during emerging adulthood, it is important for postsecondary institutions and workforce development programs to recognize the ongoing identity development processes of young Black men. Programs that are purely functional and exclude opportunities for the development of personal and social identity limit their efficacy by ignoring the developmental needs of BEAM. In fact, due to the centrality of identity at this life course stage, incorporating racial and masculine identity development frameworks into these programs may improve their effectiveness.

Health care and clinical practice. This study encourages health care and public health practitioners to understand the role of identity development and the multiple factors that contribute to health risk and to question earlier models of health behavior that do not center the role of identity and stress as sites for investigation and intervention. Though racial awareness and masculine ideologies are the target of many health protocols and interventions, a better target may be identity-related stressors. Programs and protocols that address identity-related stressors such as masculine gender role stress and racial stress may be efficacious in improving the condition of Black men facing certain

patterns of risk taking and comorbid risks. Mental health counselors should recognize the diverse identities and be able to address the different types of Black men across the life span. Moreover, counselors who work in anger management and substance abuse programs should address masculine gender role stress and feelings of rejection and try to build restraint self-efficacy in BEAM.

In relation to sexual health, this study also challenges existing models of health behaviors that link beliefs and attitudes to sexual health practices. As is evident for both the *distressed* and *diffuse* groups, sexual health ideologies do not always correspond to practices. It is important that sexual health educators and clinicians recognize the role of identity development and social awareness in positive sexual health practices. Contrary to cognitive-based models like the theory of planned behavior, which do not include identity-related factors, models that center identity in the analysis of behavior may be more efficacious in the analysis of health-related behaviors. Also, understanding the role of identity and identity development during adolescence and emerging adulthood may improve the practices of sexual health educators and clinicians.

Justice. The rise in BEAM homicides and incarcerations during this critical developmental period is also of major concern. It is evident that law enforcement, the legal system, and the prison system severely misunderstand and neglect the challenges that young Black men face. Therefore, training in the development of the emerging adult brain and the genre-specific challenges that young Black men face are important steps in developing the competencies and skills of wardens, correctional officers, social workers, and counselors who work in correctional facilities. Such training would focus on building

empathy and competence toward the developmental and social factors that contribute to risk-taking in young Black men. Moreover, programs targeted toward BEAM who are incarcerated should focus on the ongoing positive development of racial and masculine identity and assist young Black men in developing skills and strategies to increase restraint self-efficacy and lessen sensitivity to rejection. This implication is undoubtedly lofty, as many would argue that the corrections system is designed to actively inhibit the development of young Black men during this developmental period. Conversely, transitional service programs and parole systems must recognize the need to incorporate racial and masculine identity as a component of programs looking to stem recidivism.

Understanding how to integrate social attitudes and identity-related stressors into understanding the health of the population is integral for health policy makers. Unfortunately, the data used in this study are unique; many governmental agencies do not collect psychosocial data on their constituents (identity measures, well-being ideologies). However, working backward and analyzing the leading problems facing Black men in their communities may provide a sense of the predominating profiles of identity toward which they should target their efforts.

The stark drop-off in services (educational, social, health care) available for the further positive development of young Black men after high school is troubling. During the transition to adulthood, the challenges that young Black men face are more starkly exacerbated than at earlier times of their life course. Even though many initiatives and efforts focus on prevention in childhood and early adolescent years, there is a need for community-based development programs for young men who are no longer accessible via schools and social service agencies.

CONCLUSION

In contemporary American society, there is both a pressing need to address the holistic health of Black men and a policy, philanthropic, and social landscape that is seeking to address the disparities in health and well-being that face these men. The purpose of this study was to explore the presence of local subgroups of racial-masculine identity and their relationship to domain-specific health risk ideologies and behaviors. By applying genre-specific frameworks (PVEST and Black male risk-reduction models), the results of this study provide foundational insights into the diversity of health risk ideologies and behaviors of urban BEAM and the development of health and risk trajectories. The findings of this exploratory investigation corroborate and extend previous scholarship on emerging adult Black men, indicating that there is indeed a diversity in the perspectives of Black men regarding the dimensions of their identity and that these perceptions relate to their health ideologies and risk-taking behaviors. Moreover, it appears that these distinct multidimensional profiles demonstrate a variability in both the incidence and frequency of risk-taking behaviors and the domains in which these risks are taken.

Emerging adulthood is a critical intervention point in the lives of American citizens regardless of social identity. However, in a society that structures inequity by identity status, this transitional period is most critical for those at the margins of society. Developing more robust scientific understandings of the lived experiences of Black men in the transition to adulthood is integral to promoting the health and well-being of Black men earlier in their life trajectories. The future study of emerging adult Black men should

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use our understanding of the importance of identity development at this life stage, including the multidimensionality of identity to examine the intersection and influences that multiple identities have on the behaviors of Black men in the context of their ecological hardship and vulnerability. Only through the nuanced and humanizing study of emerging adult Black men will the field be able to lend knowledge to the ongoing social policy dilemma facing the well-being and life outcomes of Black men in the United States.

Table 1. Demographics of Participants in Study

Variable	
Age	
• Range	18 – 24
• *M*	20.74
• *SD*	2.03
• Mode	18
Income (monthly, all sources)	%
• Less Than $ 400	55.3
• $ 400 - $ 850	24.8
• $ 851 - $ 1650	14.2
• $ 1651 - $2500	
• $ 2501 - $ 3300	
• $ 3301 - $ 4100	
	%
Education	
• Less than a high school diploma	31.8
• H.S. Diploma or GED	49.1
• Some College or Associates	19.1
Formerly Incarcerated	
• Yes	28.5
• No	71.5
Marital Status	
• Never Married	97.8
• All other martial statuses	2.1
Employment	
• Yes	38.2
• No	61.8

Table 2. Correlations Between Identity Constructs and Emotional Risk and Protective Factors

Variable	1	2	3	4	5
1- Black male vulnerability salience	-				
2- Hypermasculine ideology endorsement	.091*	-			
3- Manhood stress appraisal	0.051	.184**	-		
4- Depression	0.064	.129**	.258**	-	
5- Rejection sensitivity	.135**	.214**	.471**	.332**	-
6- Restraint self-efficacy	-0.02	-.384**	-.180**	-.096*	-.263**

*$p <.05$, **$p <.01$

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Table 3. Correlations Between Identity Constructs, Emotional risk and protective Factors and Alcohol Variables

Variable	Black Male Vulnerability Salience	Hypermasculine Ideology Endorsement	Manhood Stress Appraisal	Depression	Rejection Sensitivity	Restraint Self-Efficacy
Drinking Frequency	.123**	0.048	0.049	.123**	.152**	-.085*
Binge Drinking	0.055	0.065	0.078	.121**	.146**	-0.071
CAGE Problem Drinking	0.042	.105*	.109**	.228**	.155**	-.136**

*$p <.05$, **$p <.01$

Table 4. Correlations Between Identity Constructs, Emotional risk and protective Factors and Substance Use Variables

Variable	Black Male Vulnerability Salience	Hypermasculine Ideology Endorsement	Manhood Stress Appraisal	Depression	Rejection Sensitivity	Restraint Self-Efficacy
Cigarette Frequency	0.056	0.004	0.05	.167**	.088*	-0.021
Marijuana Frequency	.136**	0.056	0.019	.093*	0.062	-0.01
Injected Drug	0.078	.103*	.097*	.131**	0.035	0.008
TCU Problem Drug Use	.127**	.176**	.199**	.409**	.234**	-.135**

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

Table 5. Correlations Between Identity Constructs, Emotional risk and protective Factors and Condom Variables

Variable	Black Male Vulnerability Salience	Hypermasculine Ideology Endorsement	Manhood Stress Appraisal	Depression	Rejection Sensitivity	Restraint Self-Efficacy
Positive Condom Attitudes	0.058	-.179**	0.027	-.095*	-0.064	.253**
Positive Condom Intentions	0.075	-.123**	0.05	-0.073	-0.056	.213**
Condom Knowledge	.162**	-.147**	-0.014	-0.012	0.053	0.043
Condom Pleasure	-0.043	-.238**	-0.073	-0.067	-.173**	.263**
Condom Availability Belief	-0.003	-.206**	-.155**	-.134**	-.179**	.187**
Condom Negotiation Beliefs	.103*	-.167**	-0.006	-.111**	-.091*	.203**

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

Table 6. Correlations Between Identity Constructs, Emotional risk and protective Factors and Violence Variables

	Black Male Vulnerability Salience	Hypermasculine Ideology Endorsement	Manhood Stress Appraisal	Depression	Rejection Sensitivity	Restraint Self-Efficacy
Verbal Arguments (Past Three Months)	.123**	0.018	.113*	.136**	.174**	-.126**
Verbal Arguments (Past Year)	.181**	.095*	.128**	.269**	.328**	-.123**
Physical Arguments (Past Three Months)	-0.016	.245**	.173**	.167**	.163**	-.132**
Physical Arguments (Past Year)	-0.045	.269**	.112**	.204**	.112**	-.124**
Weapon Possession	.095*	.118**	.127**	.163**	.134**	-.132**
Weapon Assault	-0.00	.200**	.146**	.220**	.203**	-.140**
Weapon Victimization	.082*	.104*	.190**	.305**	.224**	-.111**

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

Table 7. Correlations Between Identity Constructs, Emotional risk and protective Factors and Concurrent Partner Variables

	Black Male Vulnerability Salience	Hypermasculine Ideology Endorsement	Manhood Stress Appraisal	Depression	Rejection Sensitivity	Restraint Self-Efficacy
Limiting Partner Attitudes	0.074	-.280**	-0.066	0.034	-0.039	.162**
Limiting Partner Intentions	-0.035	-.394**	-.119**	-0.057	-.092*	.198**

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

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Table 8. Model Fit Indices for Identity Profiles Generated with Latent Profile Analysis

Number of Profiles	AIC	BIC	n-adjusted BIC	Entropy	L-M-R p. value
Two Profiles	4225.545	4269.464	4237.717	0.75	0
Three Profiles	4199.582	4261.069	4216.623	0.82	0.03
Four Profiles	4179.265	4258.319	4201.174	0.81	0.02
Five Profiles	4167.180	4263.802	4193.958	0.77	0.14

Note: AIC = Akaike Information Criterion, BIC = Bayesian Information Criterion, LMR = Lo-Mendell-Rubin Test

Table 9. Raw and Standardized Mean, and Standard Deviations of theoretical identity dimensions, by Identity Profile

	Identity Profile			
Variable	Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
Raw Means				
BMVS	1.60 (.52)[a,b,c]	3.63 (.76)[a]	3.50 (.86)[b]	3.96(.74)[c,f]**
HYMP	1.73 (.48)[a,b,c]	2.59 (.61)[a,d,e]	2.84 (.59)[d,f]	3.08 (.90)[c,e]
MNST	1.56 (.51)[b,c]	1.61(.44)[d,e]	3.06 (.39)[b,d]	4.44 (.38)[c,e,f]
Standardized Means				
BMVS	-2.14 (.59)	0.14 (.86)	-0.01(.97)	0.51 (.86)
HYMP	-1.4 (.73)	-0.09 (.93)	0.31(.91)	0.67 (1.38)
MNST	-0.65 (.58)	-0.59 (.50)	1.03(.44)	2.57(.43)

Note: BMVS = Black Male Vulnerability Salience, HYMP = Hypermasculine Ideology Endorsement, MNST = Manhood Stress Appraisal

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed

All differences are $p \leq .05$, except otherwise noted by ** $p < .10$

Table 10. Raw and Standardized Mean and Standard Deviations of Emotional risk and protective Variables, by Identity Profile

Variable	Identity Profile			
	Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
Raw Means				
Depression	0.19 (0.38)[b,c]	0.23 (0.52)[d,e]	0.53 (0.82)[a,d]	0.85 (0.85)[c,e]
Rejection Sensitivity	1.67 (0.55)[b,c]	1.87 (0.51)[d,e]	2.43 (0.65)[b,d]	2.55 (0.49)[c,e]
Restraint Self-Efficacy	3.61 (0.74)[a,b,c]	3.22 (0.64)[d,e]	3.052 (0.57)[b,d]	2.93 (0.58)[c]
Standardized Means				
Depression	-0.23 (0.58)	-0.167 (0.80)	0.30 (1.26)	0.79(1.31)
Rejection Sensitivity	-0.60 (0.88)	-0.29(0.82)	0.61(1.05)	0.81 (0.80)
Restraint Self-Efficacy	0.68 (1.16)	0.073 (1.010)	-0.20 (0.89)	-0.40 (0.92)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 11. Raw and Standardized Mean and Standard Deviations of Alcohol Use Variables, by Identity Profile

	Identity Profile			
	Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
Variable				
Raw Means				
Drinking Frequency	2.48 (5.83)	4.5 (6.33)	5.34 (8.21)	5.47 (8.82)
Binge Drinking	1.67 (5.83)	2.33 (4.71)	3.48 (6.75)	4.26 (7.50)
CAGE Problem Drinking	0.33 (0.68)	0.46 (0.82)[d]	0.77 (1.16)[d]	0.47 (1.45)
Standardized Means				
Drinking Frequency	-0.32 (0.83)	-0.03 (0.90)	0.09(1.17)	0.11 (1.25)
Binge Drinking	-0.19 (1.05)	-0.07 (0.85)	0.14 (1.21)	0.28 (1.35)
CAGE Problem Drinking	-0.23 (0.73)	-0.09 (0.87)	0.24 (1.24)	-0.08 (0.90)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 12. Raw and Standardized Mean and Standard Deviations of Substance Use Variables, by Identity Profile

	Identity Profile			
	Profile 1: Black Masculine Diffusion	Profile 2: Black Masculine Balanced	Profile 3: Black Masculine Strained	Profile 4: Black Masculine Distressed
Variable	($n = 27$)	($n = 371$)	($n = 180$)	($n = 19$)
Raw Means				
Cigarette Frequency	7.52 (11.96)	10.33 (12.63)	10.73 (12.83)	8.84 (10.72)
Marijuana Frequency	9.81 (13.99)	7.85 (12.05)	9.1 (12.38)	6.79 (11.30)
Injected Drug	0.00 (0.00)[c]	0.01 (0.16)[e]	0.01 (0.08)[f]	0.26 (1.15)[c,e,f]
Other Illegal Drug	0.19 (0.96)	2.8 (15.61)	3.7 (19.91)	2.39 (7.21)
TCU Problem Drug Use	0.37 (0.74)[c]	0.6 (1.18)[d,e]	1.01 (1.81)[d]	1.79 (2.18)[c,e]
Standardized Means				
Cigarette Frequency	0.05 (1.14)	-0.04 (0.99)	0.09 (1.00)	-0.06 (1.00)
Marijuana Frequency	-0.22 (0.95)	0.01 (1.00)	0.04 (1.02)	-0.11 (0.85)
Injected Drug	-0.06 (0.00)	-0.03 (0.65)	-0.04 (0.31)	1.03 (4.74)
Other Illegal Drug	-0.17 (0.06)	-0.01 (0.94)	0.04 (1.20)	0.04 (0.44)
TCU Problem Drug Use	-0.26 (0.51)	-0.11 (0.81)	0.18 (1.25)	0.72 (1.50)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 13. Raw and Standardized Mean and Standard Deviations of Condom Ideologies Variables, by Identity Profile

	Identity Profile			
	Profile 1: Black Masculine Diffusion (*n* = 27)	Profile 2: Black Masculine Balanced (*n* = 371)	Profile 3: Black Masculine Strained (*n* = 180)	Profile 4: Black Masculine Distressed (*n* = 19)
Variable				
Raw Means				
Positive Condom Attitudes	4.21 (0.72)	4.08 (0.62)	4.10 (0.70)	4.20 (0.74)
Positive Condom Intentions	4.40 (0.80)	4.20 (0.77)	4.23 (0.75)	4.37 (0.66)
Condom Knowledge	2.96 (0.98)	3.16 (0.91)	2.97 (1.14)	3.37 (0.83)
Condom Pleasure	3.82 (0.73)[b]	3.50 (0.68)	3.42 (0.70)[b]	3.29 (0.80)
Condom Availability Belief	4.72 (0.36)[a,b,c]	4.33 (0.53)[a,d,e]	4.18 (0.68)[b,d]	3.92 (0.68)[c,d,e]
Condom Negotiation Beliefs	4.74 (0.41)[a,b]	4.33 (0.64)[a]	4.30 (0.67)[b]	4.42 (0.61)
Standardized Means				
Positive Condom Attitudes	0.18 (1.11)	-0.02 (0.95)	0.01 (1.07)	0.15 (1.14)
Positive Condom Intentions	0.22 (1.05)	-0.03 (1.012)	0.00 (0.98)	0.19 (0.86)
Condom Knowledge	-0.14 (0.99)	0.06 (0.91)	-0.13 (1.14)	0.27 (0.84)
Condom Pleasure	0.48 (1.04)	0.02 (0.98)	-0.09 (1.00)	-0.28 (1.14)
Condom Availability Belief	0.72 (0.61)	0.07 (0.90)	-0.19 (1.15)	-0.64 (1.15)
Condom Negotiation Beliefs	0.63 (0.64)	-0.02 (0.99)	-0.07 (1.04)	0.12 (0.94)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 14. Raw and Standardized Mean and Standard Deviations of Limiting Partner Ideology Variables, by Identity Profile

| | Identity Profile | | | |
	Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
Variable				
Raw Means				
Limiting Partner Attitudes	3.28 (1.01)	3.27 (0.81)	3.11 (0.84)	3.00 (0.93)
Limiting Partner Intentions	3.96 (1.18)[b,c]	3.54 (1.11)[d]	3.23 (1.23)[b,d,f]	3.05 (1.28)[c]
Standardized Means				
Limiting Partner Attitudes	0.08 (1.21)	0.07 (0.97)	-0.12 (1.00)	-0.31 (1.11)
Limiting Partner Intentions	0.44 (1.00)	0.08 (0.95)	-0.18 (1.05)	-0.34 (1.09)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 15. Raw and Standardized Mean and Standard Deviations of Sexual Intercourse Variables, by Identity Profile

	Identity Profile			
Variable	Profile 1: Black Masculine Diffusion (*n* = 27)	Profile 2: Black Masculine Balanced (*n* = 371)	Profile 3: Black Masculine Strained (*n* = 180)	Profile 4: Black Masculine Distressed (*n* = 19)
Raw Means				
Unprotected Vaginal Sex (Main Partner)	20.38 (20.07)	26.89 (48.24)	19.22 (35.52)	3.13 (4.70)
Unprotected Vaginal Sex (Casual Partner)	9.25 (14.59)	5.47 (13.84)	3.15 (8.48)	3.38 (5.01)
Unprotected Anal Sex (Main Partner)	1.94 (6.23)	0.28 (1.55)[d]	1.07 (4.06)[d]	0.00 (0.00)
Unprotected Anal Sex (Casual Partner)	0.92 (1.51)[a]	0.02 (0.14)[a]	0.31 (2.16)	0.00 (0.00)
Standardized Means				
Unprotected Vaginal Sex (Main Partner)	-0.03 (1.10)	0.09 (1.00)	-0.14 (1.00)	-0.72 (0.67)
Unprotected Anal Sex (Main Partner)	0.46 (1.29)	0.04(1.10)	-0.12 (0.85)	0.02 (0.94)
Unprotected Vaginal Sex (Casual Partner)	0.48 (2.19)	-0.10 (0.54)	0.17(1.42)	-0.20 (0.00)
Unprotected Anal Sex (Casual Partner)	0.60 (1.18)	-0.10 (0.11)	0.13 (1.69)	-0.12 (0.00)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 16. Chi-Square Table of STD History

		Identity Profile			
		Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
No	Count	20 [a]	300[a]	142[a]	17[a]
	% within Class	74.10%	81.50%	79.30%	89.50%
Yes	Count	7[a]	68 [a]	37 [a]	2[a]
	% within Class	25.90%	18.50%	20.70%	10.50%

Table 17. Chi-Square Table of HIV Infection

		Identity Profile			
		Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
No	Count	27 [a, b]	371 [b]	176 [a]	19 [a, b]
	% within Class	100.00%	100.00%	97.80%	100.00%
Yes	Count	0 [a, b]	0 [b]	4 [a]	0 [a, b]
	% within Class	0.00%	0.00%	2.20%	0.00%
	Count	27	371	180	19

Table 18. Raw and Standardized Mean and Standard Deviations of Arguments and Fights Variables, by Identity Profile

	Identity Profile			
Variable	Profile 1: Black Masculine Diffusion ($n = 27$)	Profile 2: Black Masculine Balanced ($n = 371$)	Profile 3: Black Masculine Strained ($n = 180$)	Profile 4: Black Masculine Distressed ($n = 19$)
Raw Means				
Verbal Arguments (Past Three Months)	3.96 (10.79)	4.45 (10.94)	6.14 (15.47)	4.17 (6.56)
Verbal Arguments (Past Year)	0.70 (1.08)	0.95 (1.03)	1.20 (1.23)	1.47 (1.53)
Physical Arguments (Past Three Months)	0.17 (0.50)[c]	0.83 (4.71)[e]	2.30 (7.51)[f]	9.92 (31.87)[c,e,f]
Physical Arguments (Past Year)	2.44 (5.03)	3.73 (10.86)[d]	6.91 (15.50)[d]	8.95 (21.00)
Standardized Means				
Verbal Arguments (Past Three Months)	-0.08 (0.87)	-0.04 (0.88)	0.10 (1.25)	-0.06 (0.53)
Verbal Arguments (Past Year)	-0.29 (0.96)	-0.07 (0.92)	0.15 (1.10)	0.39 (1.37)
Physical Arguments (Past Three Month)	-0.17 (0.07)	-0.09 (0.63)	0.11(1.01)	1.13 (4.28)
Physical Arguments (Past Year)	-0.18 (0.39)	-0.08 (0.85)	0.17 (1.22)	0.33 (1.65)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

Table 19. Raw and Standardized Mean and Standard Deviations of Weapon Variables, by Identity Profile

	Identity Profile			
Variable	Profile 1: Black Masculine Diffusion (*n* = 27)	Profile 2: Black Masculine Balanced (*n* = 371)	Profile 3: Black Masculine Strained (*n* = 180)	Profile 4: Black Masculine Distressed (*n* = 19)
Raw Means				
Weapon Possession	0.56 (1.67)	0.82 (1.79)[d]	1.49 (2.24)[d]	0.79 (1.62)
Weapon Assault	0.30 (1.71)	0.26 (1.01)[d]	0.74 (1.51)[d]	0.32 (.058)
Weapon Victimization	0.26 (1.16)	0.24 (0.77)[d]	0.75 (1.433)[d]	0.32 (0.58)
Standardized Means				
Weapon Possession	-0.23 (0.86)	-0.10 (0.92)	0.244 (1.15)	-0.11 (0.83)
Weapon Assault	-0.10 (0.98)	-0.12 (0.84)	0.28 (1.26)	-0.08 (0.49)
Weapon Victimization	-0.13 (1.10)	-0.15 (0.73)	0.33 (1.36)	-0.08 (0.55)

Note [a] = differences between groups Diffuse & Balanced [b] = differences between groups Diffuse & Strained [c] = differences between groups Diffuse & Distressed [d] = differences between groups Balanced & Strained [e] = differences between groups Balanced & Distressed [f] = differences between groups Strained & Distressed
All differences are $p \leq .05$.

APPENDIX B: FIGURES

Age.	Number.	Percentage.	
15–19	58	10.73	66.92
20–24	170	56.19	
25–29	132		
30–39	132	24.03	
40–49	34	6.29	34.08
50–59	10	1.85	
60 and over	5	.91	
Total	541	100.	

Figure 1. Crimes by Philadelphia Negro Men, 1899

AGE AND SEX OF CONVICTS IN EASTERN PENITENTIARY.
NEGROES, 1885-1895.

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Ages.	Males.	Females.	Total.
15–19	53	5	58
20–24	153	17	170
25–29	119	13	132
30–34	80	5	85
35–39	45	2	47
40–44	21	1	22
45–49	11	1	12
50–59	3	.	3
60 and over	15	.	15
Total	497	44	541

Figure 2. Age and Sex of Convicts In Eastern Penitentiary Negroes, 1885-1895

Male Correctional Populations in the United States By Age Black - White Comparison - 2010

Legend:
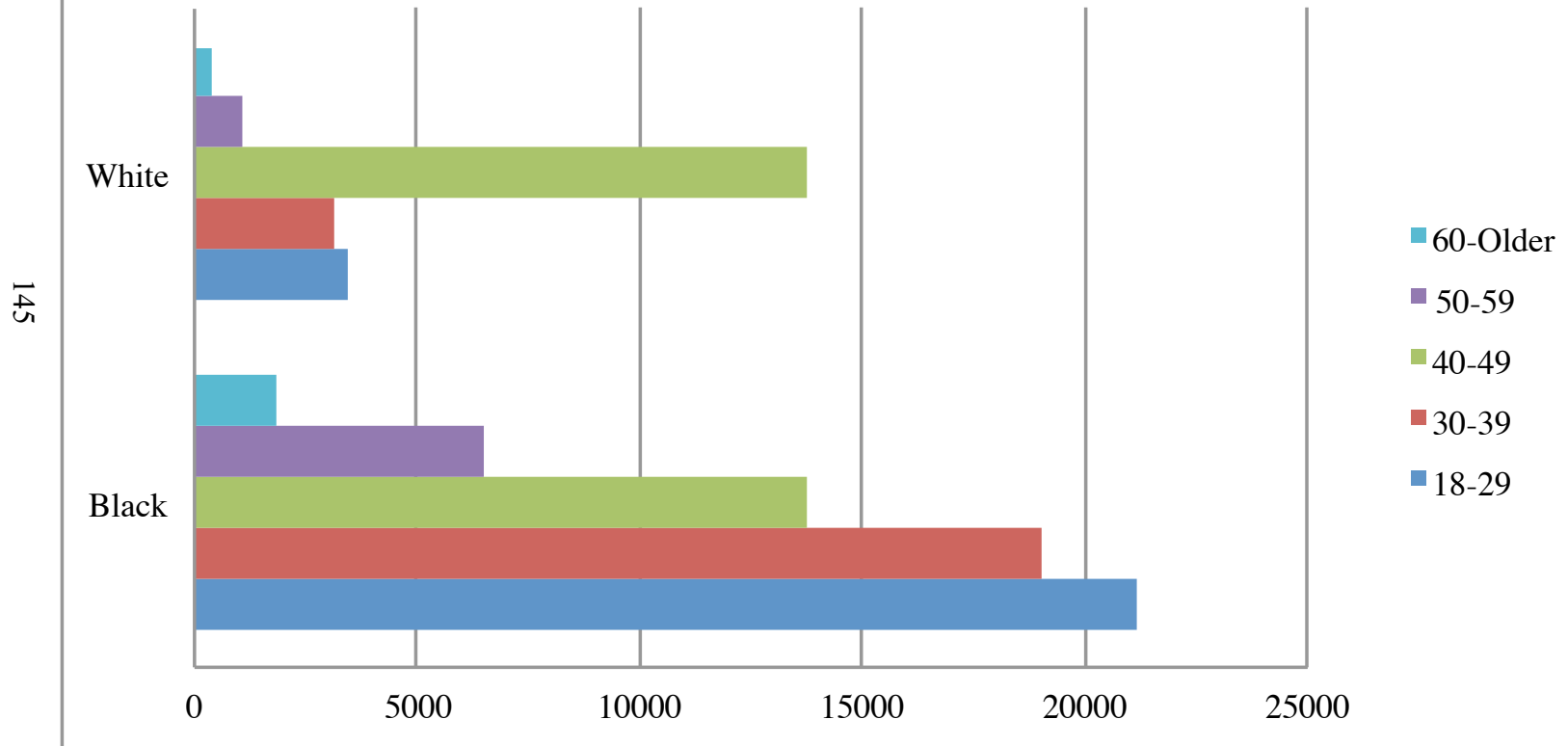- 60-Older
- 50-59
- 40-49
- 30-39
- 18-29

145

Figure 3. Correctional Population in the United States 2010, Bureau of Justice Statistics Data

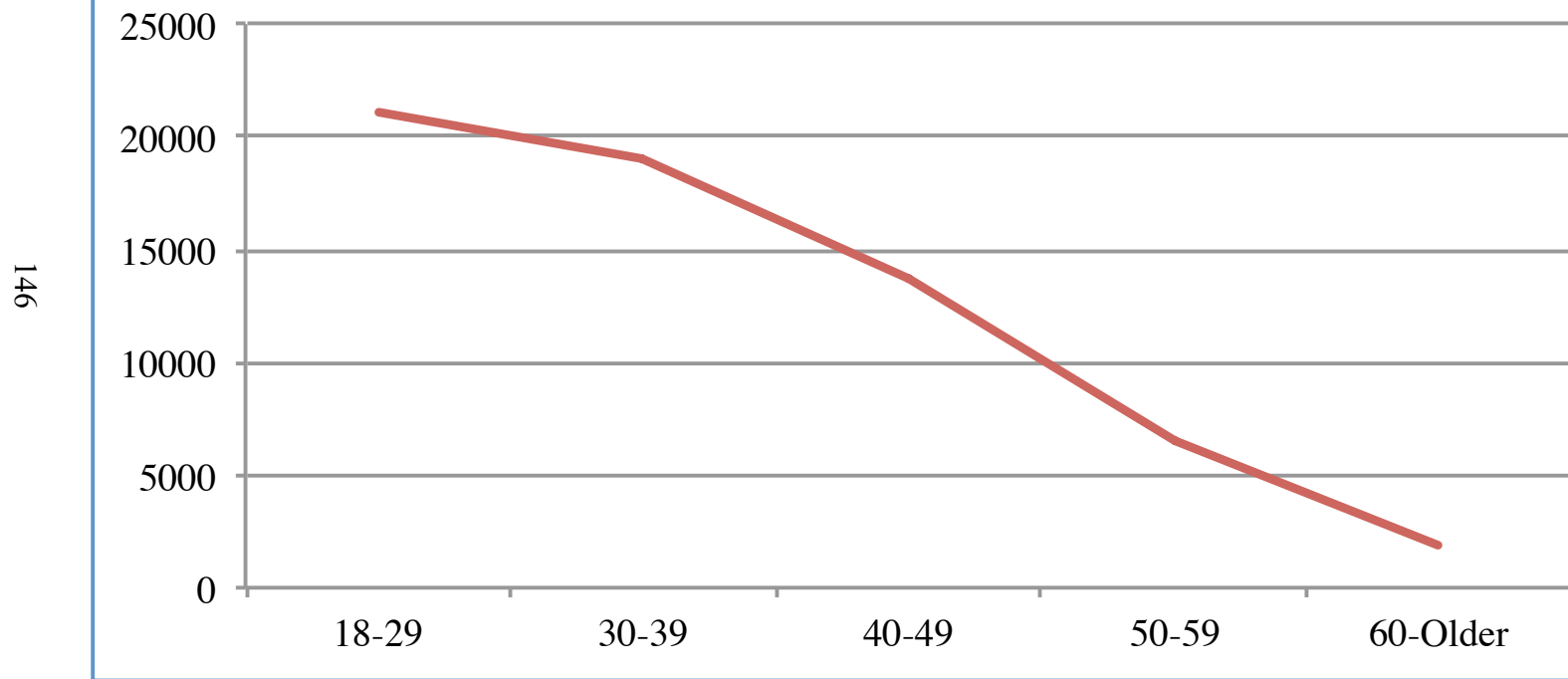# Black Male Correctional Population In the United States (2010)

Figure 4. Correctional Population in the United States 2010, Bureau of Justice Statistics Data

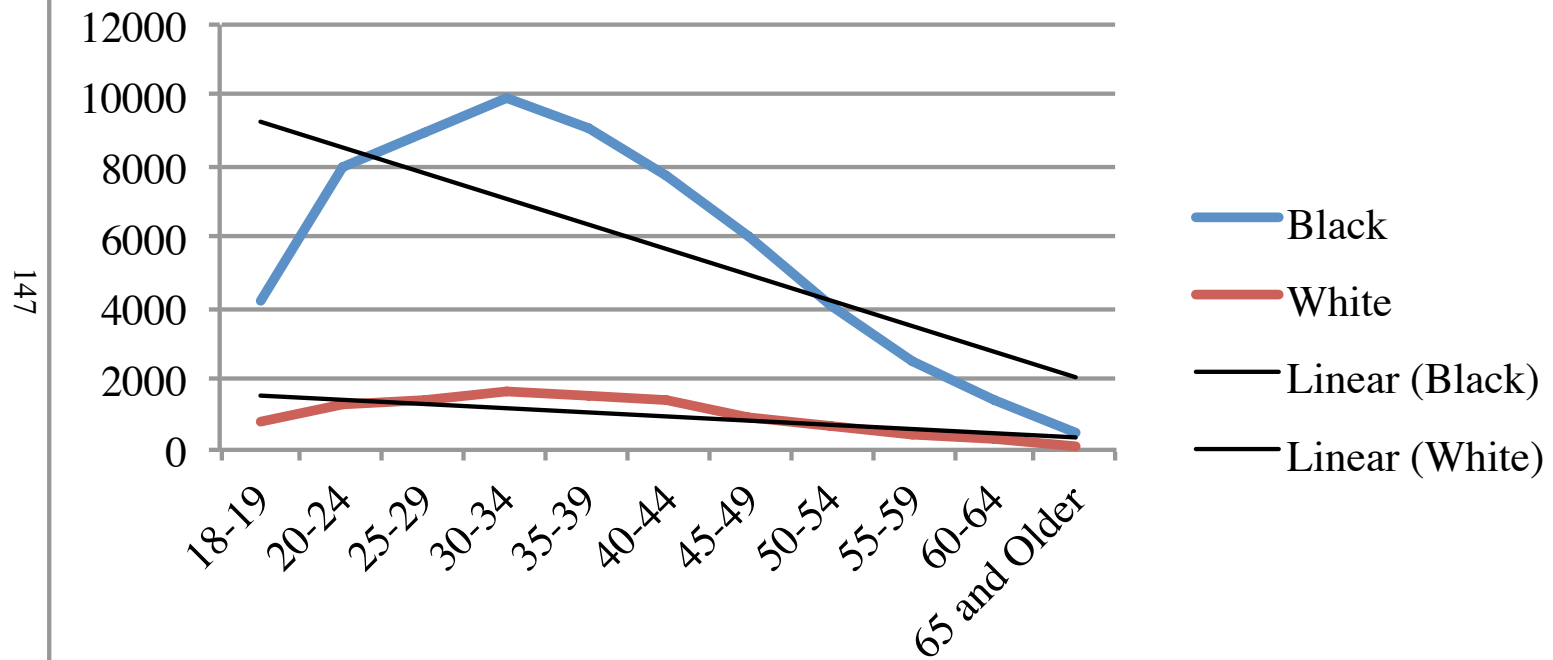# Black & White Male Incarcerations in The United States by Age (2010)

Legend:
- Black
- White
- Linear (Black)
- Linear (White)

Figure 5. Bureau of Justice Statistics Data, Correctional Population in the United States 2010
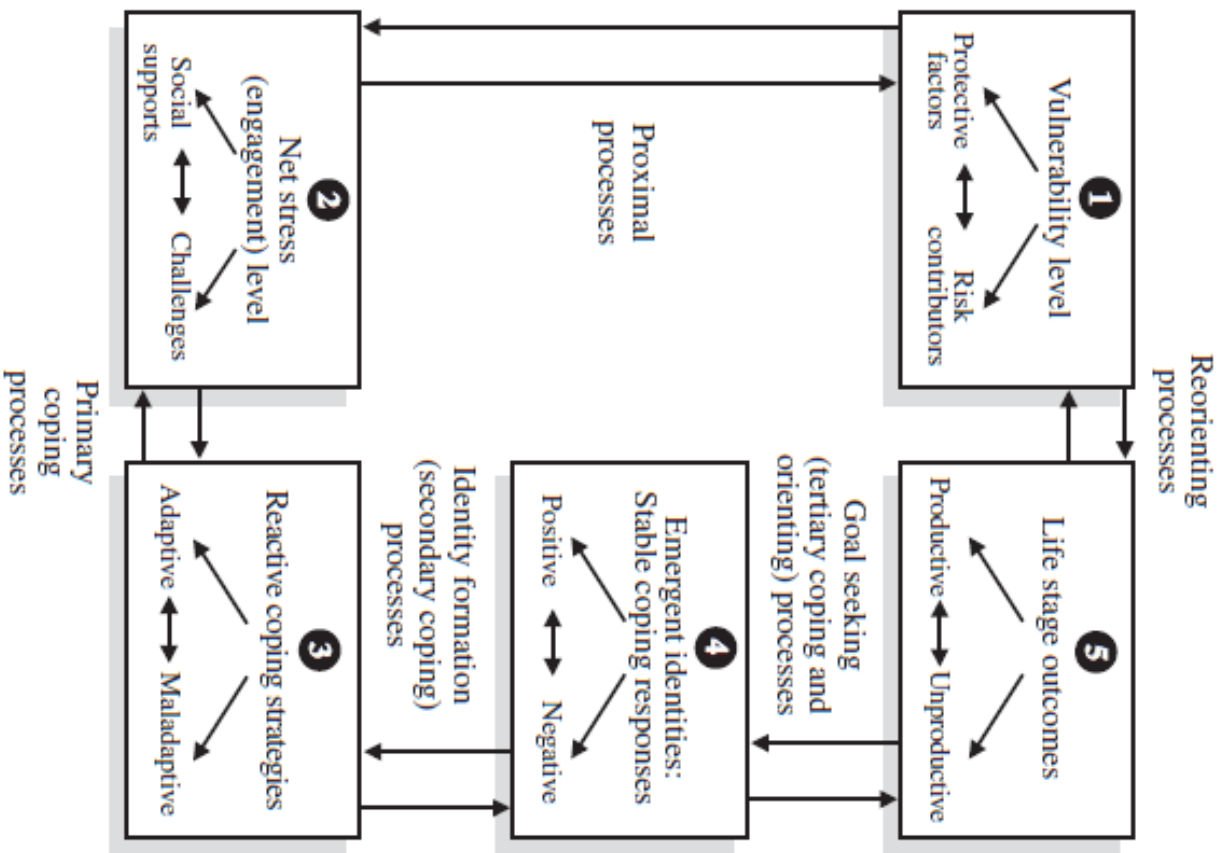
148

Figure 6. Phenomenological Variant of Ecological Systems Theoretical Mode
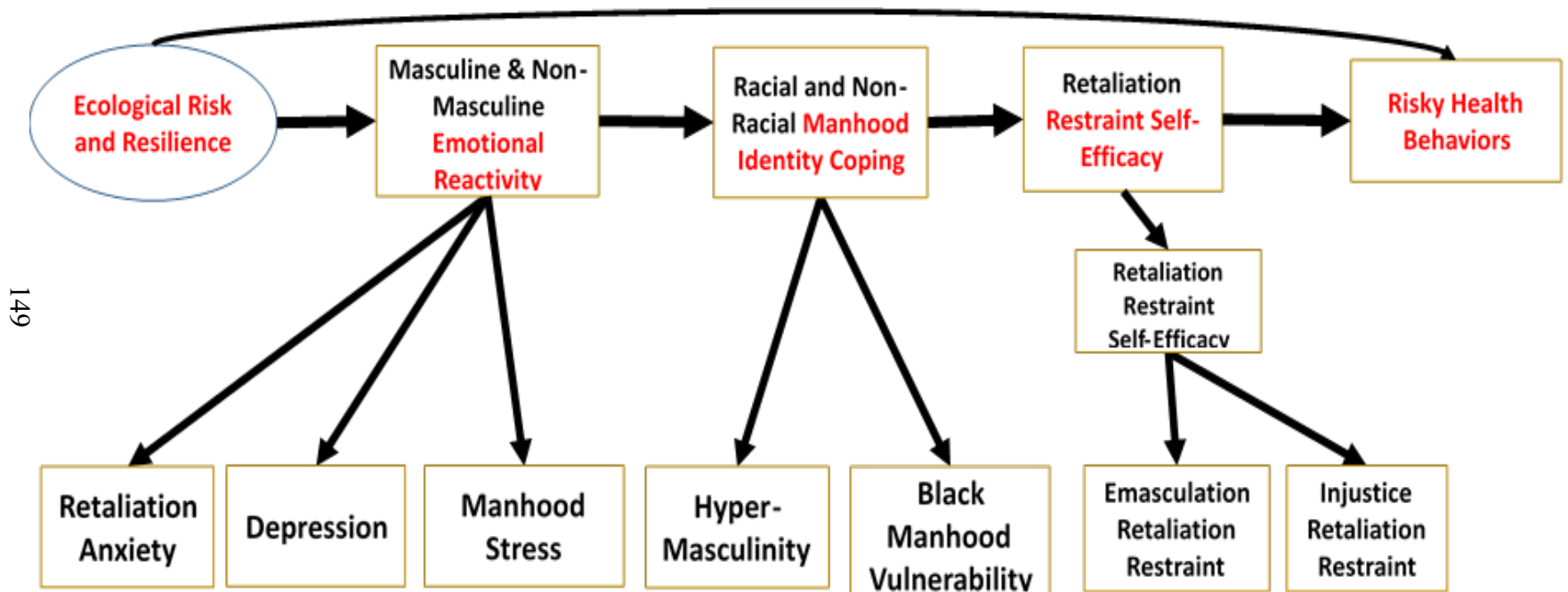
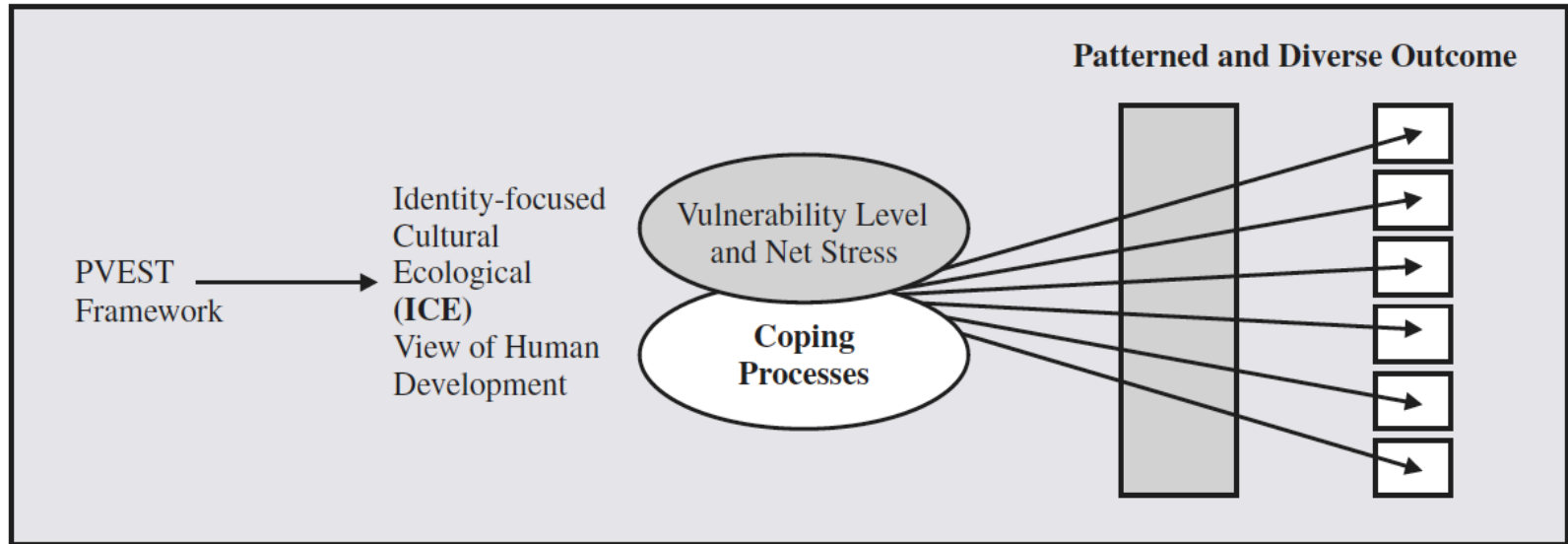Figure 7. Stevenson's Model of Black Male Risk and Resilience

Figure 8. Spencer's articulation of the PVEST framework for diverse and pattered outcomes
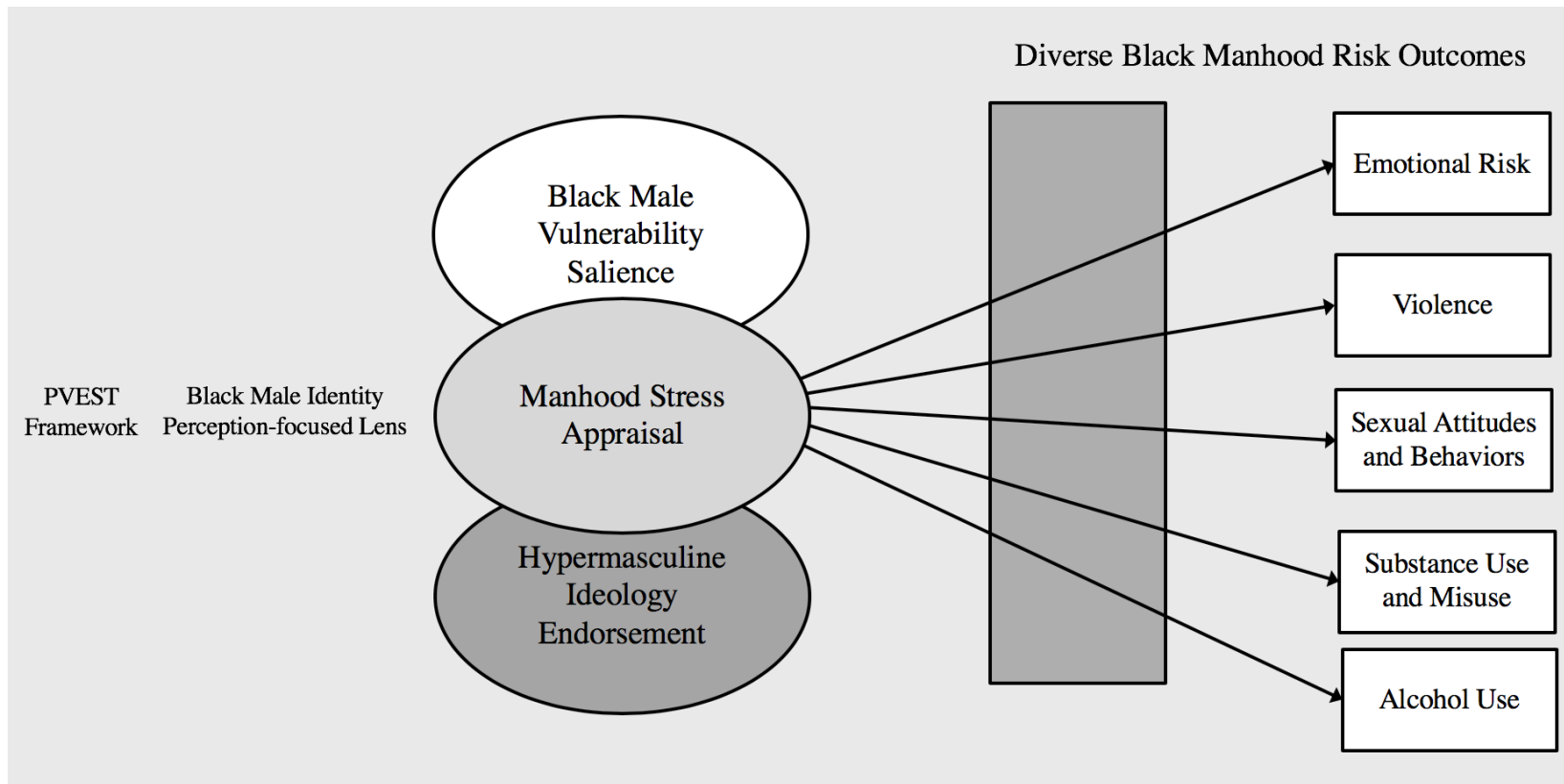
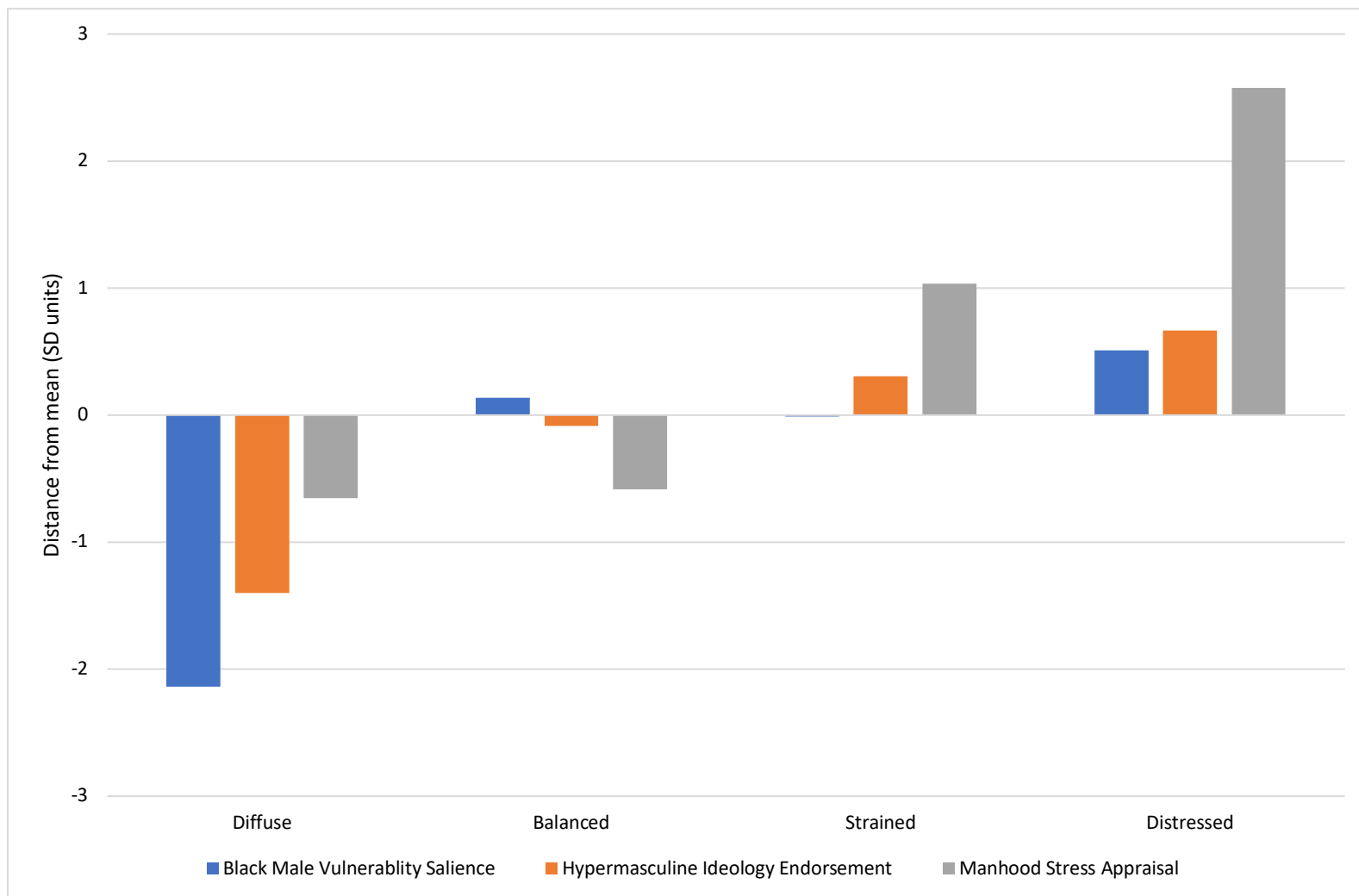*Figure 9. Diverse Black Manhood Risk Outcome Theoretical Framework*

Figure 10. Standardized mean values of theoretical identity variables by profile .
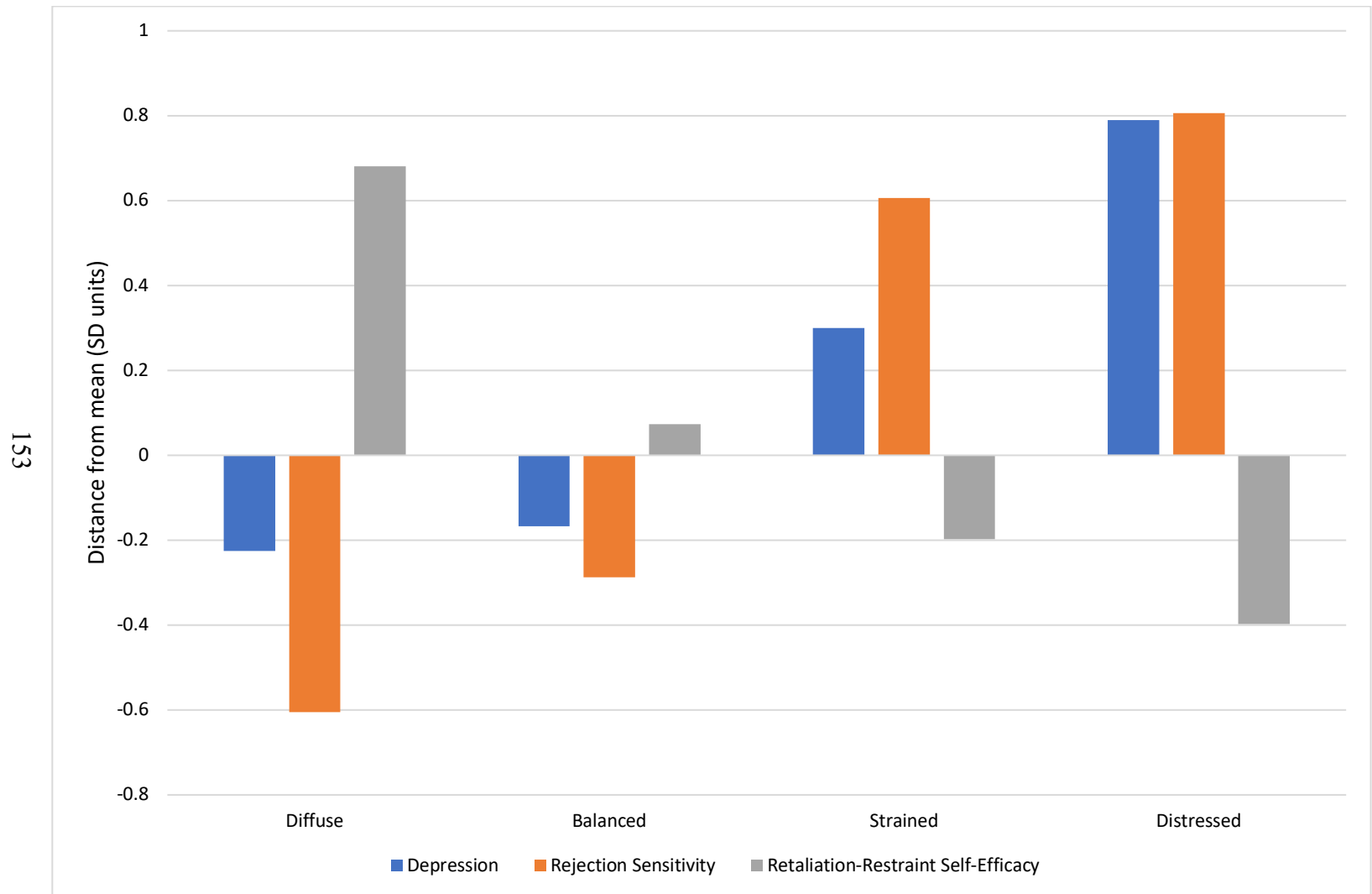
Figure 11. Standardized mean values of emotional risk and protective variables by identity profile.

Figure 12. Standardized mean values of alcohol use variables by identity profile.

Figure 13. Standardized mean values of substance use variables by identity profile.

Figure 14. Standardized mean values of sexual ideology variables by identity profile.

Figure 15. Standardized mean values of argument and fight variables by identity profile.
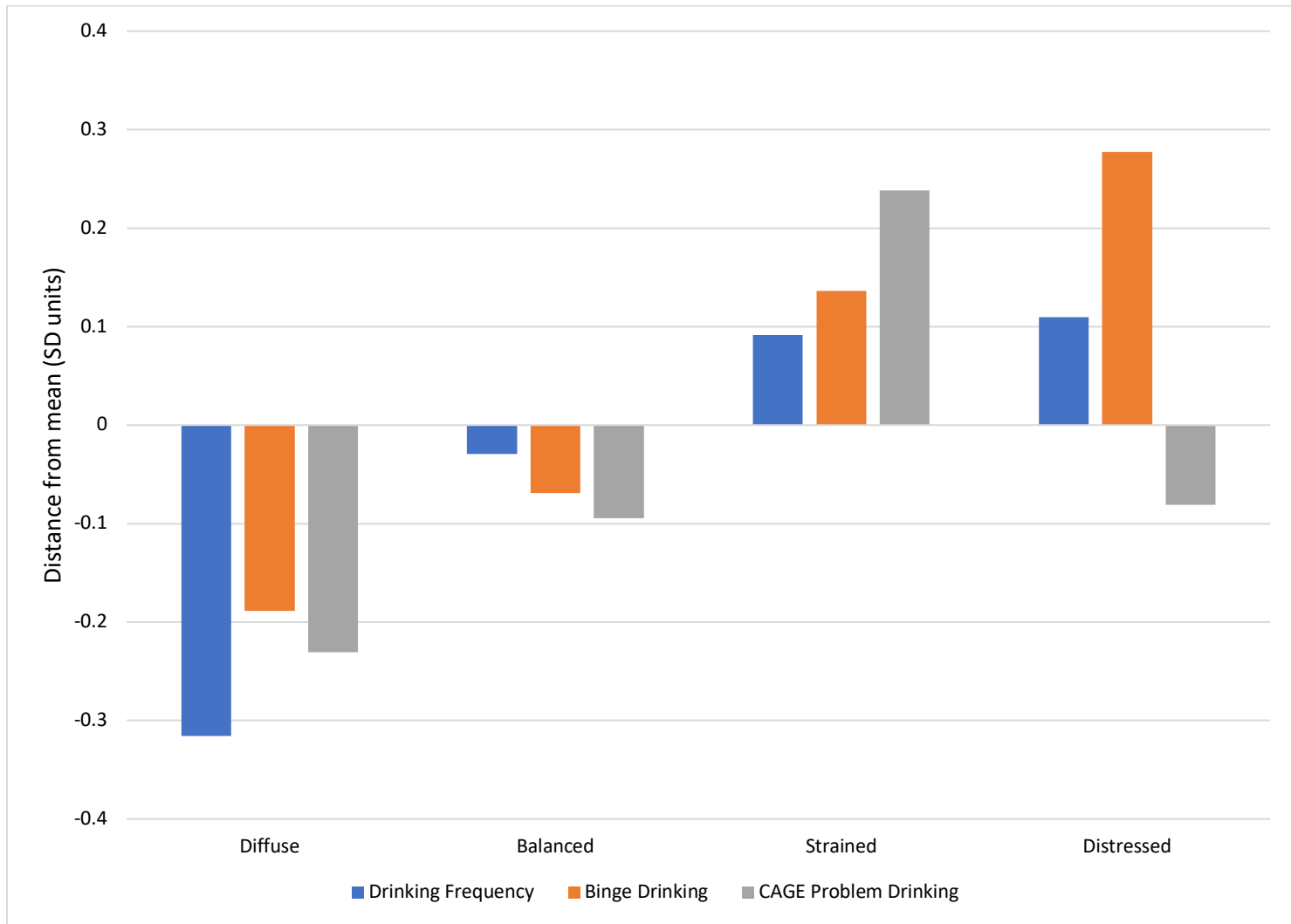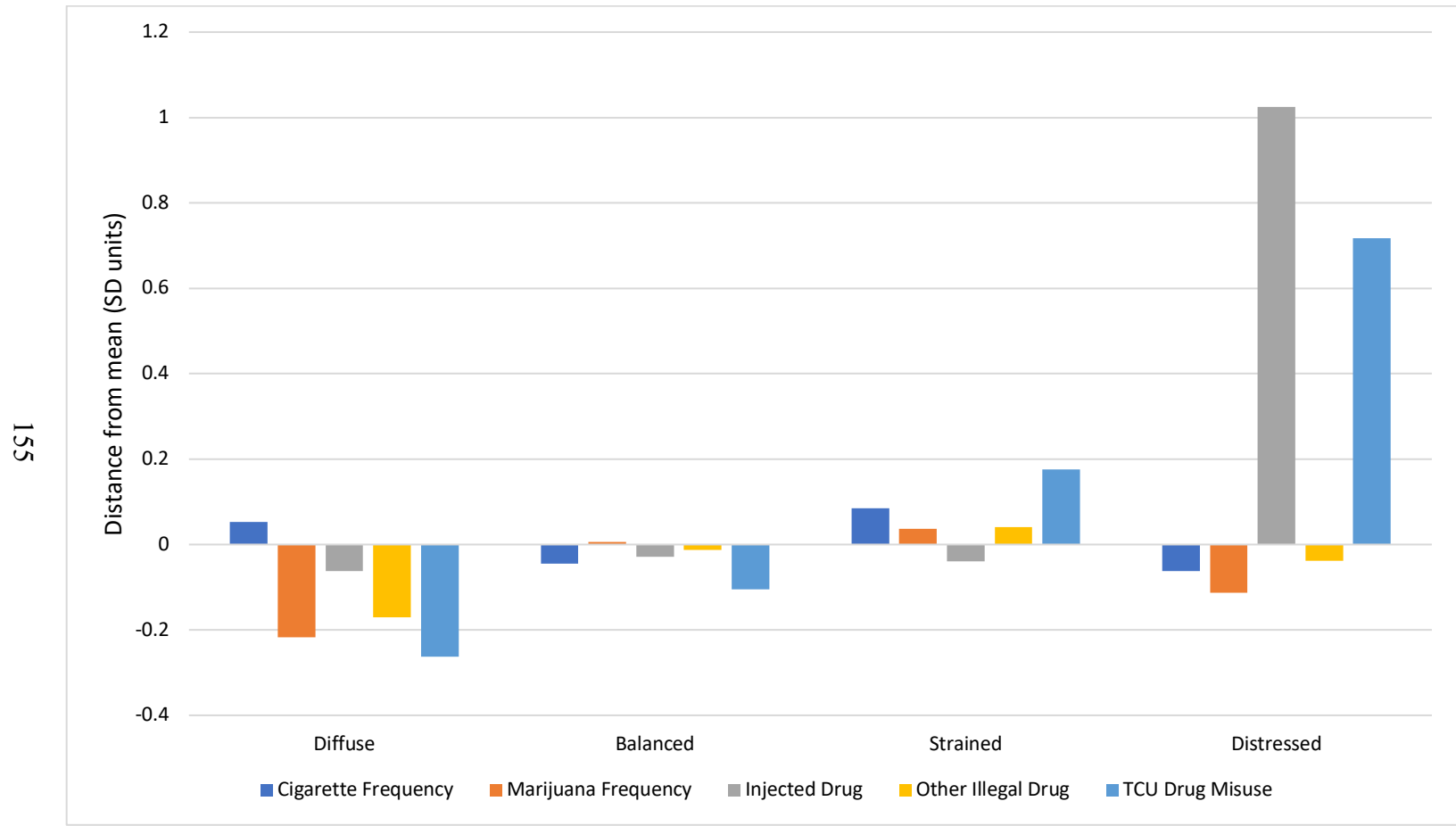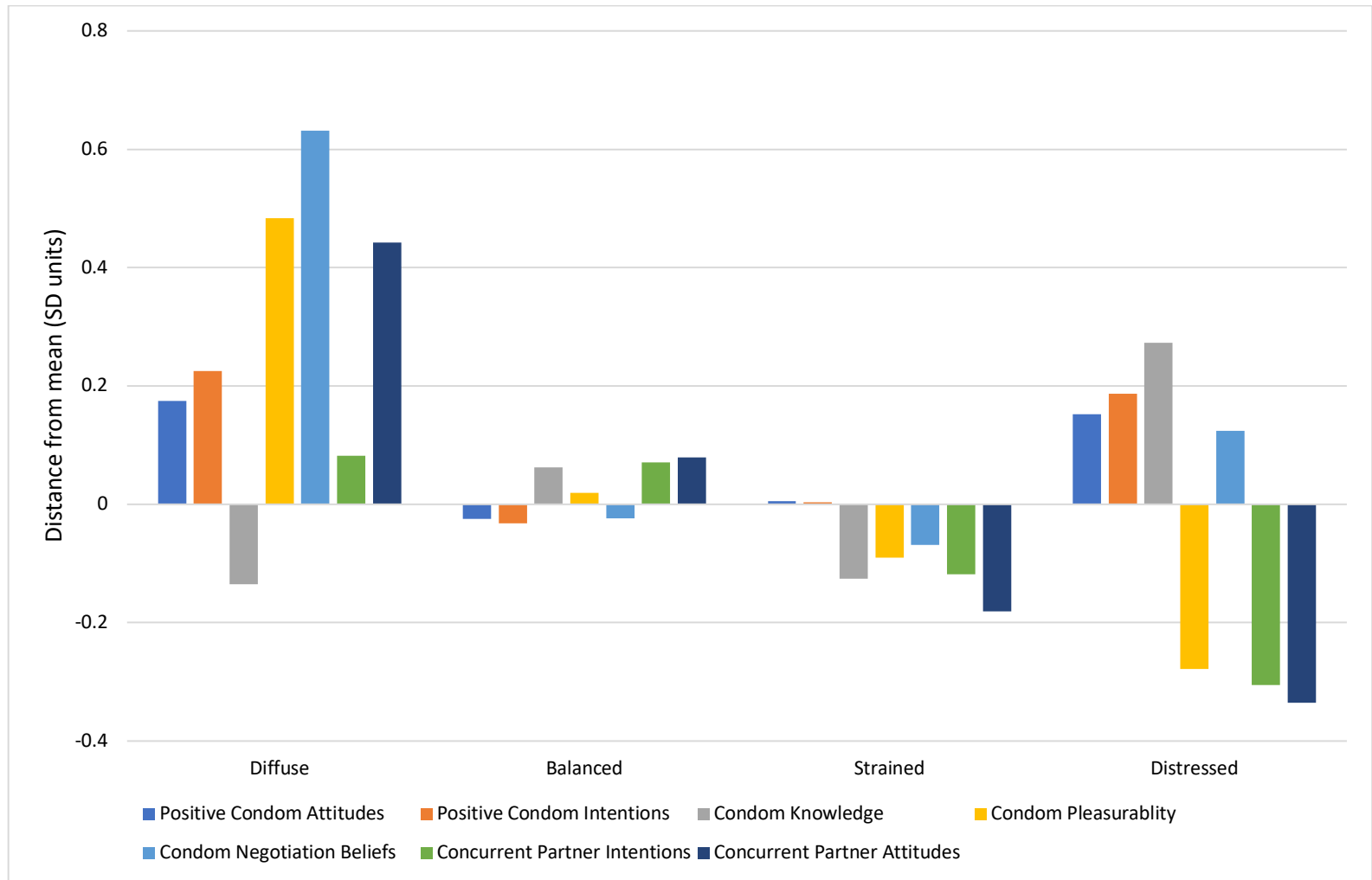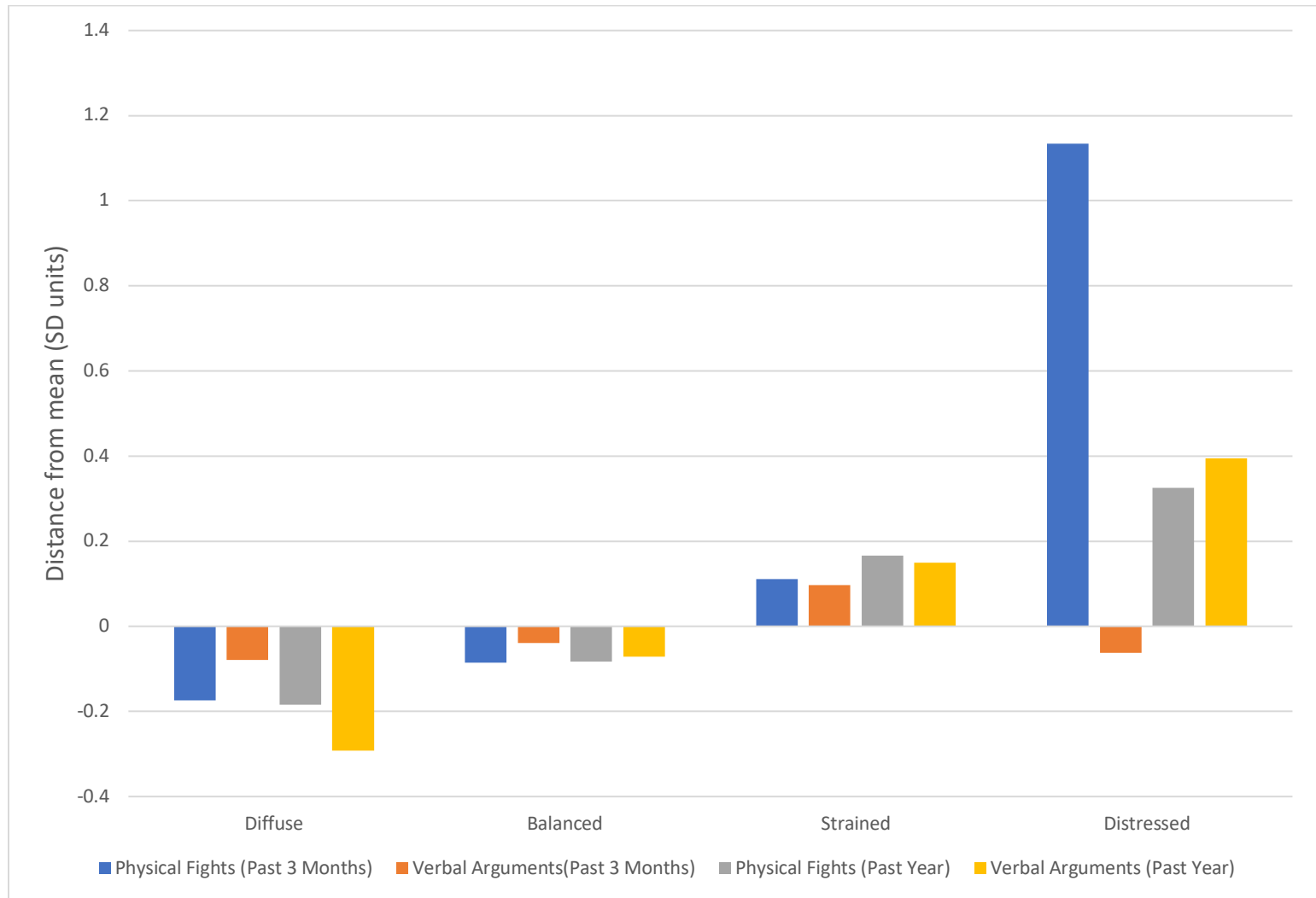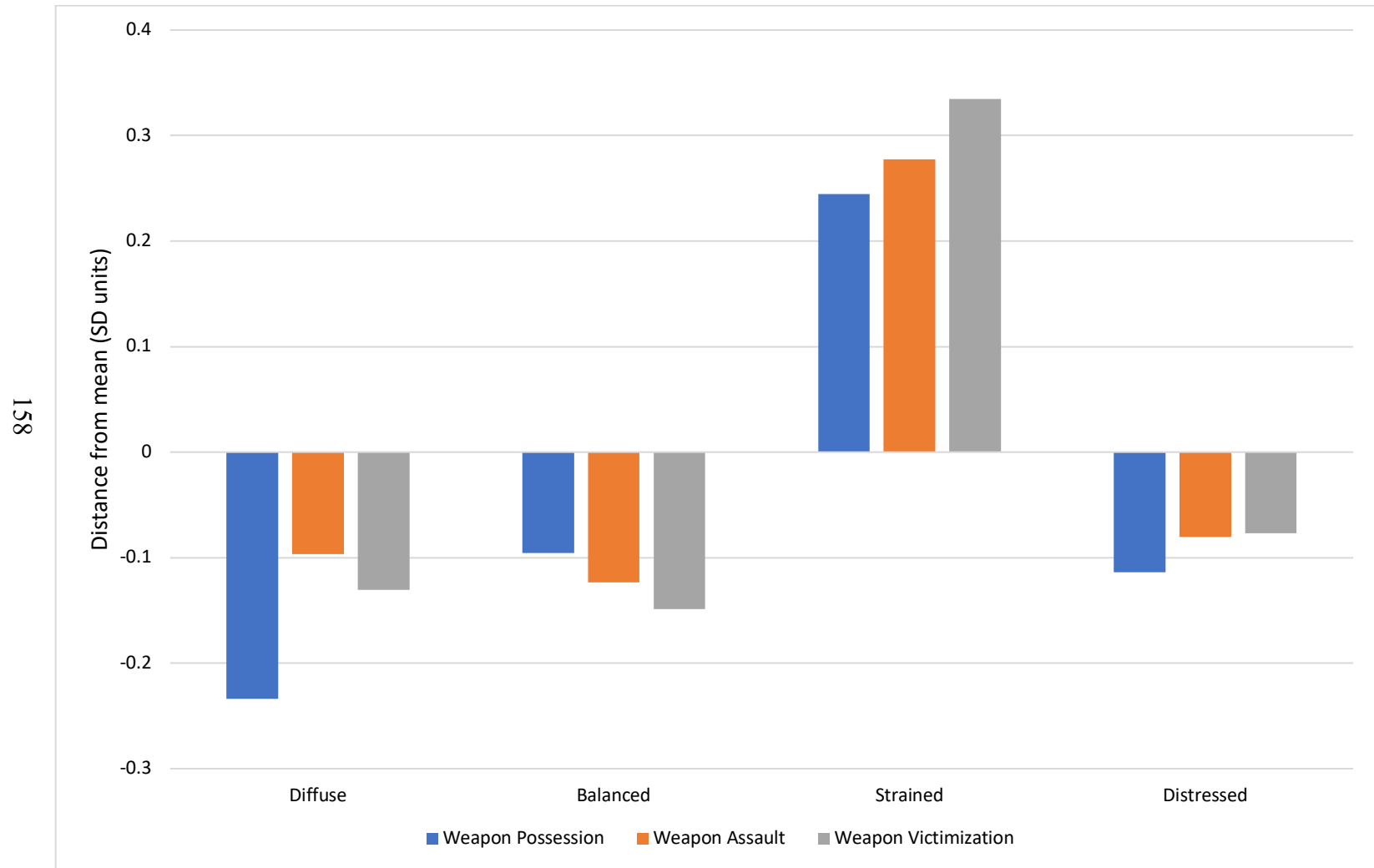
Figure 16. Standardized mean values of weapon use variables by identity profile.
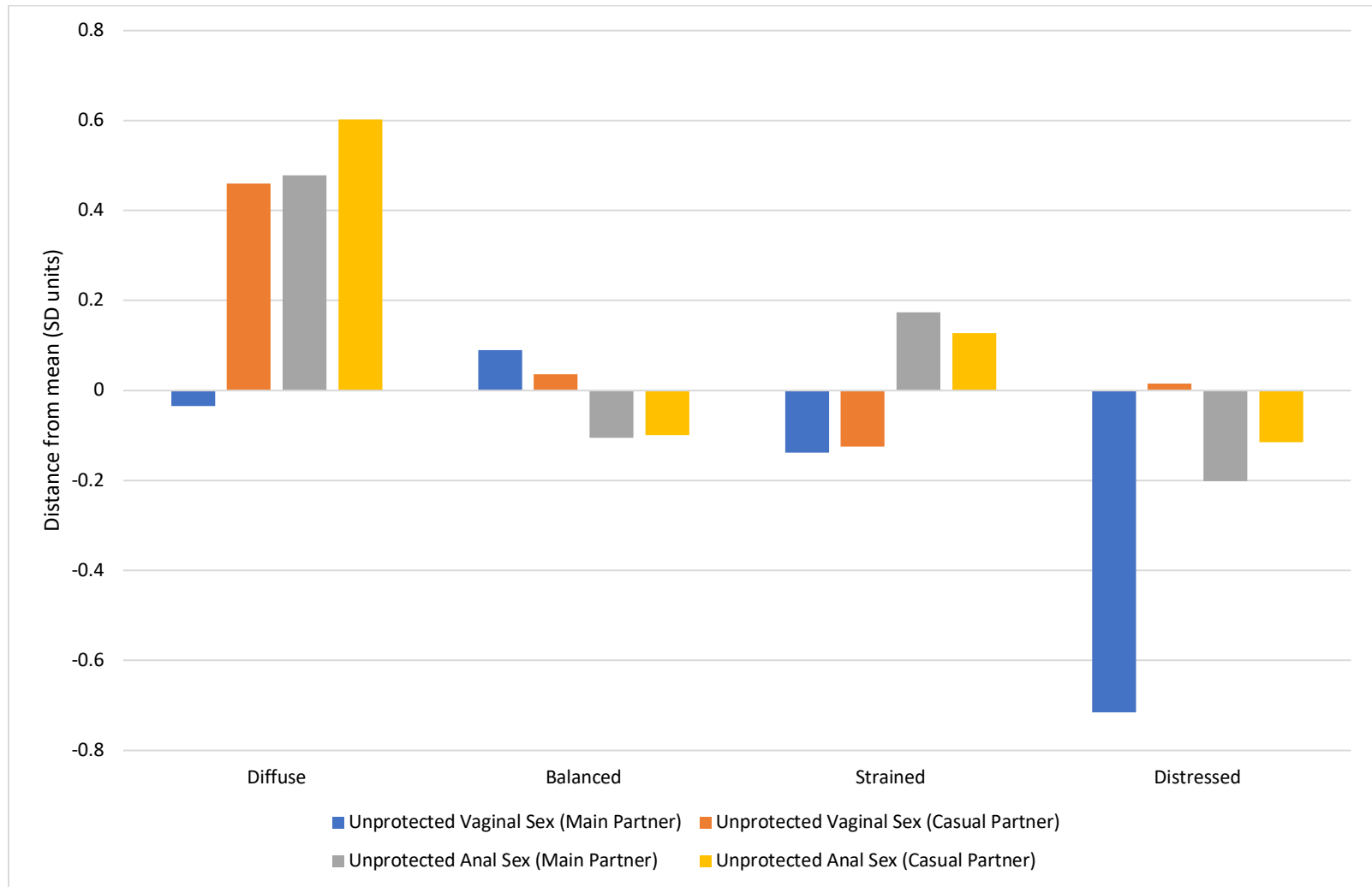
Figure 17. Standardized mean values of sexual intercourse variables by identity profile

APPENDIX C: MEASURES

Independent Variables - Identity Profile Variables		
Name of Variable	Items	Range of Possible Values
Black Male Vulnerability Salience	1. Black men have to endure greater financial hardship than other men and women in America. 2. Black young men are at more risk of injury or death by violence than any other racial or gender group 3. Being a Black man means fighting both the discrimination of being Black and being male	1- Strongly Disagree 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree
Hypermasculine Ideology Endorsement	1. You can get more respect as a real man if you have many women female partners 2. A real man does not allow another man to disrespect him 3. If a woman disrespects a man in public, it's okay if he uses physical means to put her in her place 4. A real man can be a "playa" and take care of his family at the same time. 5. A real man has to sometimes physically fight other men to protect his manhood 6. A real man has to sometimes physically fight his women sexual partners to protect his manhood	1- Strongly Disagree 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree
Manhood Stress Appraisal	1. It is stressful to prove to other men that I am tough, so they will not challenge me 2. It is stressful to prove to women that I am tough and strong 3. It is stressful when other men question your manhood 4. It is stressful when women question your manhood. 5. It is stressful to keep all of your woman partners happy 6. It is stressful when you have to end a relationship with one of your women sexual partners 7. It is stressful to be a "playa" and care for your family at the same time	1- Never Stressful 2- A Little Stressful 3- Sometimes Stressful 4- Often Stressful 5- Always Stressful

Alcohol Use Variables		
Name of Variable	Items	Range of Possible Values
Drinking Frequency	In the past month (30 days), on how many days did you drink alcohol (beer, malt liquor, wine, wine coolers, and hard liquor)?	0 - 30
Binge Drinking	In past month (30 days), on how many days did you have 5 or more drinks of alcohol (beer, malt liquor, wine, wine coolers, and hard liquor)?	0 - 30
Problem Drinking - Alcoholism	• In the past month did you ever feel that you ought to cut down on your drinking? • In the past month, have people ever annoyed you by criticizing your drinking? • In the past month, did you ever feel bad or guilty about your drinking? • In the past month, did you ever have a drink first thing in the morning to steady your never or rid yourself of a hangover?	1- No 2- Yes

Emotional Risk and Protective Variables		
Name of Variable	Items	Range of Possible Values
Depression	In the past 7 days, have you been bothered by … … thoughts of ending your life? … feeling lonely even when you are with people? … feeling blue? … feeling no interesting in things? … feeling hopeless about the future? … feelings of worthlessness?	0- Not At All 1- A Little Bit 2- Moderately 3- Quite A Bit 4- Extremely
Rejection sensitivity	1. Imagine you are playing ball and the guy guarding you starts calling your game weak and starts to get physical with you as you are trying to score. He fouls you and takes the ball and then goes down to score a point. 2. Imagine you are at work and your boss decides to give you more work than your other coworkers. He wants the work done before you leave which will make you work later in the night. He comes over to check your work. 3. Imagine your girlfriend is talking you about your relationship with your homies and believes that you spend more time with them than you do with her. She starts to get angry 4. Your friends told you they thought they saw your partner with another man. As you think about it, you realize that your partner has been acting different lately – coming home late, not answering the call phone and not making love. 5. Imagine that your little 12-year-old brother comes to your house and tells you about how he got into a fight with a boy who brought his 18-year-old cousin with him and both of them jumped him after school about 10 minutes ago. 6. Imagine you are driving you and your girlfriend in the car to get something to eat and a car with two men drive in front of you and cut you off. You think nothing of it, but she is	Prompts: How: (a) nervous (b) mad Items: 1- Never 2- A little 3- Somewhat 4- Very 5- Extremely

	upset and yells outside to the two men. The slow down and come along side of your side of the car.	
Restraint Self-Efficacy	How easy or hard… • could you stop yourself from physically fighting a man who questions your manhood? • would it be to physically fight back when a man gets physically aggressive with you? • would it be to defend yourself with words if your girlfriend or wife questions your manhood? • would it be for you to hold in your anger when a female stranger is embarrassing you in public? • would it be for you to calmly use words to disagree when a female boss challenges your competence? • would it be for you to hold in your anger should a police officer falsely accuse and harass you? • would it be to for you to defend yourself with words if your closest male friends question your manhood? • would it be for you to calmly use words to disagree when a male boss challenges your competence? • would it be for you to fight back physically when a woman gets physically aggressive with you? • would it be for you to hold in your anger when a male stranger is embarrassing you in public? • would it be for you to calmly use words to disagree when a teacher is unfair to you or your child? • would it be for you to calmly use words to disagree with a parent of a child who bullied your child? • would it be for you to hold in your anger when a salesperson assumes you might steal while shopping.	1- Very Hard 2- Hard 3- In the Middle 4- Easy 5- Very Easy

Sexual Health Variables		
Name of Variable	Items	Range of Possible Values
Condom Attitudes	1. How good or bad would it be to use a condom every time you have sex in the next 3 months? 2. How foolish or wise would it be to use a condom every time you have sex in the next 3 months? 3. How unpleasant or pleasant would it be to use a condom every time you have sex in the next 3 months? 4. How dangerous or safe would it be to use a condom every time you have sex in the next 3 months? 5. How unenjoyable or enjoyable would it be to use a condom every time you have sex in the next 3 months?	1- Very (Bad, Foolish, Unpleasant, Dangerous, Unenjoyable) 2- Bad, Foolish, Unpleasant, Dangerous, Unenjoyable 3- In the Middle 4- Good, Wise, Safe, Enjoyable 5- Very (Good, Wise, Safe, Enjoyable)
Condom Intentions	1. I will try my best to use condoms if I have sex in the next 3 months. 2. I plan to use condoms if I have sex in the next 3 months. 3. My goal is to use condoms if I have sex in the next 3 months. 4. How likely is it that you will decide to use a condom if you have sex in the next 3 months?	1- Disagree Strongly 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree
Condom Availability	1. Condoms cost too much. 2. It is easy for me to have a condom with me at all times. 3. It is hard for me to get condoms. 4. I can get condoms. 5. It is too much trouble to carry condoms around.	1- Disagree Strongly 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree

	6. How easy or hard would it be to use condoms when you have sex?	
Hedonic Condom Beliefs	1. Sex feels unnatural when a condom is used. 2. Trying to use a condom makes you lose your erection. 3. Condoms are embarrassing to use. 4. If I used a condom sex would not feel as good.	1- Disagree Strongly 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree
Concurrent Partner Attitudes	1. How good or bad would it be to have more than one steady sexual partner in the next 3 months? 2. How foolish or wise would it be to have more than one steady sexual partner in the next 3 months? 3. How unpleasant or pleasant would it be to have more than one steady sexual partners in the next 3 months? 4. How dangerous or safe would it be to have more than one steady sexual partner in the next 3 months? 5. How harmful or beneficial would it be to have more than one steady sexual partner in the next 3 months?	1- Very (Bad, Foolish, Unpleasant, Dangerous, Unenjoyable) 2- Bad, Foolish, Unpleasant, Dangerous, Unenjoyable 3- In the Middle 4- Good, Wise, Safe, Enjoyable 5- Very (Good, Wise, Safe, Enjoyable)
Condom Knowledge	1. The penis should be hard when the condom is put on it. 2. When a condom is placed on the penis, space should be left at the tip of the condom. 3. Storing or carrying condoms in a hot or warm place can destroy their effectiveness. 4. If you placed a condom on the penis in the wrong way, you should start over with a new condom.	1- True 2- False 3- Do not know
Condom Negotiation Beliefs	1. I can talk to my partner about using condoms. 2. I can get my partner to use a condom, even if she doesn't want to.	1- Disagree Strongly 2- Disagree

	3. I can say to my partner that we should use a condom. 4. Before we are ready to have sex, I can talk to my partner about using a condom. 5. I can put a condom on without making my partner lose interest	3- In the Middle 4- Agree 5- Strongly Agree
Concurrent Partner Intentions	I plan to have sex with more than one steady partner in the next 3 months? My goal is to have sex with more than one steady partner in the next 3 months.	1- Disagree Strongly 2- Disagree 3- In the Middle 4- Agree 5- Strongly Agree
Unprotected Vaginal Sex – Main Partner	When you had vaginal intercourse with a main or steady partner in the past 3 months, how often were condoms used?	0-999
Unprotected Anal Sex – Main Partner	In the past 3 months, how many times did you have anal intercourse with a main or steady partner without using a condom?	0-999
Unprotected Vaginal Sex – Casual Partner	When you had vaginal intercourse with a casual partner in the past 3 months, how often were condoms used?	0-999
Unprotected Anal Sex – Casual Partner	In the past 3 months, how many times did you have anal intercourse with a casual partner without using a condom?	0-999
STD Diagnosis History	Has a doctor or nurse ever told you that you had a Sexually Transmitted Disease?	1- No 2- Yes
HIV Infection	Has a doctor or a nurse ever told you that you have HIV?	1- No 2- Yes

Substance Use Variables		
Name of Variable	Items	Range of Possible Values
Cigarette Frequency	In the past month (30 days), on how many days did you smoke cigarettes?	0-30
Marijuana Frequency	In the past month (30 days), on how many days did you use marijuana?	0-30
Heroin Use	In the past 3 months, how many times have you injected heroin, cocaine or any other drugs?	0-999
Other Illicit Drug Use	In the past 3 months, how many times have you used any other illegal drugs?	0-999
Problem Drug Use	• … did you use larger amounts of drugs or use them for a longer time than you had planned or intended? • … did you try to cut down on your drug use but were unable to? • … did you spend a lot of time getting drugs, using them, or recovering from their use? • … did you get so high or sick from drugs that it kept you from doing work, going to school, or caring for children? • … did you get so high or sick from drugs that it caused an accident or out you or others in danger? • … did you spend less time at work, school or with friends so that you could use drugs • … did your drug use cause emotional or psychological problems? • … did your drug use cause problems with family, friends, work or police? • … did your drug use cause physical health or medical problems? • … did you increase the amount of a drug you were taking so that you could get the same effects a before? • … did you ever keep taking a drug to avoid withdrawal or keep from getting sick? • … did you get sick or have withdrawal when you quit or missed taking a drug?	1- No 2- Yes

Violence Variables		
Name of Variable	Items	Range of Possible Values
Physical Fights (Past Year)	Items Averaged: In the past 12 months how often have you had a physical argument with: (a) someone you knew; (b) main or steady partners; (c) male friend; (d) a stranger; (e) someone you knew but do not consider a friend.	0- 0 times a year 1- 1-2 times a year 2- 3-4 times a year 3- 5-6 times a year 4- Once a month 5- Twice a month 6- More than twice a month
Physical Fights (Past 3 Months)	Items summed: In the past 3 months, how many times did you have a physical fight with: (a) someone you knew; (b) main or steady partners; (c) male friend; (d) a stranger; (e) someone you knew but do not consider a friend.	000-999
Verbal Arguments (Past Year)	Items Averaged: In the past 12 months how often have you had a verbal argument with: (a) someone you knew; (b) main or steady partners; (c) male friend; (d) a stranger; (e) someone you knew but do not consider a friend.	0- 0 times a year 1- 1-2 times a year 2- 3-4 times a year 3- 5-6 times a year 4- Once a month 5- Twice a month 6- More than twice a month
Verbal Arguments (Past 3 Months)	Items summed: In the past 3 months, how many times did you have a physical fight with: (a) someone you knew; (b) main or steady partners; (c) male friend; (d) a	000-999

	stranger; (e) someone you knew but do not consider a friend.	
Weapon Use	In the past 12 months, how often did you carry a weapon such as a gun, knife, or club?	0- 0 times a year 1- 1-2 times a year 2- 3-4 times a year 3- 5-6 times a year 4- Once a month 5- Twice a month 6- More than twice a month
Weapon Assault	In the past 12 months, how often did you threaten or injure someone with a weapon such as a gun, knife, or club?	0- 0 times a year 1- 1-2 times a year 2- 3-4 times a year 3- 5-6 times a year 4- Once a month 5- Twice a month 6- More than twice a month
Weapon Victimization	In the past 12 months, how often did someone threaten or injure you with a weapon such as a gun, knife, or club?	0- 0 times a year 1- 1-2 times a year 2- 3-4 times a year 3- 5-6 times a year 4- Once a month 5- Twice a month 6- More than twice a month

Demographic Variables		
Name of Variable	Items	Range of Possible Values
Age	How old are you?	18-24
Education	What is the highest grade of school you have completed?	0- No formal schooling 1- Less than a high school diploma 2- A high school diploma (or GED) 3- Some college or a 2 -year degree
Employment	Are you employed?	1- No 2- Yes
Income	What is your total monthly income (from all sources)?	1- Less than $400 per month 2- $400-$850 per month 3- $851 - $1650 per month 4- $1651 - $2500 per month 5- $2501 - $3300 6- $3301 - $4100 7- $4101 or more per month
Incarceration History	Have you ever spent time in jail or prison?	1- No 2- Yes
Marital Status	What is your marital status?	1- Never married 2- Married 3- Separated 4- Divorced 5- Widowed

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