

AN EXAMINATION OF THE RELATIONSHIP BETWEEN AFRICENTRISM AND
PSYCHOLOGICAL WELL-BEING IN BLACK GAY MEN

By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the
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ABSTRACT

Africentrism, as defined by the principles of Nguzo Saba, has been recommended and incorporated in interventions. It has also been empirically linked to psychological benefits in various subpopulations of Black people. Despite this, it appears there has not been an evaluation or empirical testing of Africentrism's relationship to positive psychological outcomes in Black gay men. Apart from one recommended intervention for HIV positive Black gay men and their families, there is a gap in the literature which addresses Africentrism in Black gay men. The current study explored if there is a relationship between Africentrism and psychological well-being in Black gay men. Many of the studies done with Black gay men were done with samples made up of both gay and bisexual Black men. Some of the studies also included MSM (Men who have sex with men who may be queer or heterosexual). To isolate population specific patterns, this study was conducted with a homogenous sample of Black gay men only.

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CHAPTER 1

INTRODUCTION

Black gay men are vulnerable to multiple psychological stressors based on double marginalized status (Bowleg, 2013; McConnell 2018; Walker, Longmire-Avital, & Golub, 2015). Racism and homophobia have been shown to contribute to psychological stress and poor health outcomes in Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LBGTQ) people of color (Nadal et al., 2011). Addressing the mental health of Black gay men requires a creative approach which takes into consideration their multiple identities and the intersection of those identities. Research has shown that Black identity is a more salient and protective factor than sexual identity in this population (Bowleg, 2013; Walker, Longmire-Avital & Golub, 2015). Given such a finding, an exploration of possible mechanisms through which Black gay men can develop a psychologically beneficial Black identity would be a logical direction for further research in this area.

Specific guidelines for the development of a healthy Black identity can be found in the principles of Africentrism/Afrocentrism. There are multiple ways Africentrism/Afrocentrism is defined; however, Africentrism as defined by Nguzo Saba (Swahili for Seven Principles) has been operationalized and utilized in psychological research (Grills and Longshore, 1996). Africentrism as defined by the seven principles of Nguzo Saba was created by Dr. Maulana Karenga in the 1960s concurrently with the Black Power movement to contribute to unity among African-Americans (Grills & Longshore, 1996). The principles are grounded in Kawaida theory which represent a synthesis of Pan-African and social thought. Dr. Karenga's Us Organization's website describes Kawaida Theory as an ongoing synthesis of the best of African thought and

practice in constant exchange with the world (Karenga, 2014). The seven principles of Nguzo Saba are:

1. Umoja (Unity): to strive for and maintain unity in the family, community, nation and race;
2. Kujuchaguila (Self-determination): to define ourselves, name ourselves, create for ourselves, and speak for ourselves instead of being defined, named, created for, and spoken for by others;
3. Ujima (Collective work responsibility): to build and maintain our community together and make our sisters' and brothers' problems our problems and solve them together;
4. Ujamaa (Cooperative economics): to build and maintain our own stores, shops and other businesses and to profit from them together;
5. Nia (Purpose): to make our collective vocation the building and developing of our community to restore our people to their traditional greatness;
6. Kuumba (Creativity): to do always as much as we can, in the way we can, to leave our community more beautiful and beneficial than we inherited it; and
7. Imani (Faith): to believe with all our heart in our people, our parents, our teachers, and the righteousness and victory of our struggle.

Karenga (2014) further describes the Nguzo Saba by stating,

These Seven Principles are essential standards of personal and social excellence directed toward building and sustaining moral community, and strengthening and maintaining the community's capacity to define, defend and develop its interests in the most positive and productive sense. In addition to being standards of excellence, the Nguzo Saba are also categories of priorities and categories of human possibilities. As categories of priorities, they tell us some of the most important things in our lives, identifying a key set of views, values and practices which we should, even must, put first in our personal and social life. And as categories of possibilities, the Nguzo Saba, offer us a set of principles which encourage thought and practice which help define,

develop and enhance our humanity in the context of community and the world (<http://www.us-organization.org/30th/ppp.html>).

Out of Kawaiida's core values, the Nguzo Saba came the global pan-African holiday, Kwanzaa. Kwanzaa is a seven-day celebration of the Nguzo Saba. Each one of the principles is celebrated one day at a time. Kwanzaa is also a celebration of freedom against the cultural imperialism of the dominant society that often seeks to strip African Americans of their culture (Madhubuti, 1972). Recovering the vision and values of ancient Africa is an integral part of the cultural self-determination for contemporary African-Americans, which Kwanzaa honors.

As Nguzo Saba are values that represent freedom from imperialism that Black people have endured, it is only fitting that these principles are used to free a population within the Black community that endures marginalization from the dominant society and their own community, Black gay men. The oppression that Black gay men face is complicated as it results from the intersection of two marginalized identities. (Bowleg, 2013; McConnell 2018; Walker, Longmire-Avital, & Golub, 2015). As Black men are experiencing intersectional oppression, it would be prudent to explore aspects of their own communities that are more helpful than harmful which can mitigate the harmful effects of marginalization. As such, this study will attempt to empirically examine if Africentric cultural values are related to benefits for Black gay men.

Any discussion about how a study will promote or examine possible positive outcomes related to Africentrism in Black gay men, must start with the discussion of how Africentrism has been operationalized. Grills and Longshore (1996) were the first to develop a measure of adherence to the Africentric values grounded in the values of Nguzo Saba. This 15 item scale measures adherence to Africentric cultural values, traditions and/or behavioral norms. There has also been research that has used this scale (Wallace & Constantine, 2005; Williams & Chung,

2011). The final alphas for the scale were acceptable, ranging from .62 to .82 with an average of .74. To establish construct validity, the authors correlated their scale with the Multigroup Ethnic Identity Measure (MEIM) because Africentric concepts such as spirituality and communalism were conceptually related to formulations of ethnicity which is salient to one's sense of well-being, conduct, purpose in life and connectedness to others (Phinney, 1992). They found that the Africentrism scale correlated with three subscales on the MEIM ($r = .53$, $r = .56$, and $r = .59$), suggesting that the Africentrism Scale was related to ethnic identity measures, but also captured something that those measures did not.

Despite the acceptability of this scale, there were some limitations. The Ns for the scale development studies were low and the scale measures the level of identification with the principles of Nguzo Saba collectively and not individually. Cokley & Williams (2005) attempted to address some of the limitations of Grills & Longshore's (1996) original studies. They conducted a factor analysis on 167 African-American college students to address the issue of low Ns in the original studies. They also attempted to explore the possibility of finding factors which represented particular principles. The final Cronbach's alpha for the entire scale in this study was .73. They concluded that the scale was better suited to assess collective identification with Nguzo Saba instead of individual principles or subscales. Kwate (2003) further validated the Africentrism Scale by correlating it with the Cultural Misorientation Scale (CMS). The CMS (Kambon, 1997) is designed to measure an institutionalized superimposition of the European worldview among people of African descent. Results of this correlation yielded a strong negative correlation of $r = -.48$, $p < .0001$ which supports the validity of the Africentrism Scale.

Grills & Longshore (1996) correlated their scale with ethnicity when developing their original scale, but did not address within group differences among people of African descent.

Kwate (2003) attempted to address this limitation by conducting a cross validation study of the Africentrism Scale looking at differences among different Afro-Caribbeans and African-Americans. The study found that age and education were positively related to higher levels of Africentrism. The author also found that when controlling for age, Afro-Caribbeans scored lower on Africentrism than African-Americans. The author speculated that perhaps issues of Black empowerment may not be as salient for Afro-Caribbeans based on Gopaul-McNicol's (1993) position that in the Caribbean, race is not often seen as deterrent to political or economic empowerment.

Africentrism is a similar, yet different construct from racial and ethnic identity (Grills and Longshore, 1996). As stated, Africentrism is defined as subscription to the principles of Nguzo Saba for the purposes of this study. Helms (1996) stated that identity models are racial when they describe reactions to societal oppression based on race and are ethnic when they describe the acquisition and maintenance of cultural characteristics such as differences in nationality, ancestry, religion, language, culture, and history to which personal and social meanings of group identity are usually attached. To further explore this difference, Cokley (2005) conducted a study based on the erroneous interchangeable use of the terms racial identity, ethnic identity, and Afrocentric values. The author tested the relationship among the constructs in a sample of Black/African-American college students. Results showed that Africentrism was positively correlated with racial identity ($r = .25$) and ethnic identity ($r = .58$). These correlations indicate similarity, but they were not high enough to suggest possibly redundant operationalization of constructs which is consistent with the finding of the original scale development studies. This is an important distinction. Based on these reported correlations, the possibility exists for one to not

score high on measures of racial identity, but score high on Africentrism or the opposite. The divergence of these three constructs can provide a more nuanced view of a person's experience.

Although a portion of the body of research that supported the need for this study described the benefits of having racial identity as more salient than sexual identity in Black gay and bisexual men, it should be noted that racial identity and Africentrism are not interchangeable terms in this study. This position is guided by the above-mentioned study by Cokley (2005). For the purposes of this study, they are two distinct constructs.

Although a significant amount of research on queer identified Black men tends to recruit both gay and bisexual men as participants, the current study is only focusing on gay men. Boone et al. (2016) found that that internalized homophobia was significantly related to psychological distress for gay Black men, but not for bisexual Black men. Burke et al. (2017) found that people who identify as bisexual tend to be more negatively viewed than people who identify as gay/lesbian. Given these findings, there may be differences between bisexual and gay men which may engender inaccurate predictive patterns if data from both gay and bisexual men are analyzed together. Given this possibility, this study focused on gay men only.

The current study empirically examined the relationship between Africentrism and psychological well-being in Black gay men. To provide a more robust analysis of Africentrism's relationship with psychological well-being, Africentrism's relationship with distress was also examined. Due to the complexity of these possible relationships, both mediation and moderation analyses were conducted in an attempt to gain a further nuanced understanding of significant relationships.

CHAPTER 2

LITERATURE REVIEW

Africentrism in Research

A review of the literature on Africentrism revealed that Africentrism is recommended for incorporation into specific interventions and also used in empirical research (Constantine et al., 2006; Franklin and Pack-Brown, 2001; Green and King, 2001; Harvey and Hill, 2004; Hatcher et al., 2017; Johnson, 2001; McLean and Marini, 2003; Robinson and Howard-Hamilton, 1994; Washington et al., 2007; Wallace and Constantine, 2005; Williams and Chung, 2013; Wyatt, 2009). These recommended interventions targeted specific subsets of the Black population. Africentrism based interventions have been recommended for working with African-American male adolescents, African-American female adolescents, African-American women, African-American college students, African-American youth, and HIV positive Black gay men and their families. The goals of these intervention studies were to improve psychosocial outcomes for participants. There are also some empirical studies demonstrating the benefits of Africentrism. Two of these studies have used the Grills and Longshore Africentrism Scale (1996) to predict various psychosocial outcomes (Wallace and Constantine, 2005; Williams and Chung, 2013).

The following studies reflect the use of Nguzo Saba based Africentrism utilized in numerous ways. As stated before, these studies were conducted to impart psychologically beneficial outcomes as well as empirically test if Africentrism is related to beneficial outcomes in various sub-populations of Black people. Keeping this in mind, the studies that supported the idea of a positive relationship between Africentrism and beneficial outcomes for Black males are salient findings which support the need to go further and study these effects in Black gay men.

The following literature on Africentrism and Black male youth supports the idea that Africentrism can be beneficial to Black males. As all three studies' participants were Black male youth, a gap in the literature regarding empirically tested generalizability of positive outcomes for adult Black males has been highlighted. Due to this significant gap in the literature, this information is valuable as it supports the need for further study of Africentrism in Black male adults.

Franklin and Pack-Brown (2001) developed the TEAM BROTHERS Intervention (Together Empowering African-American Males Building Responsibility and Opportunity Through Honor, Excellence, Respect, and Self-Awareness). The goal of the closed group counseling intervention was to empower and restructure participants' (African-American adolescent males who were exhibiting disruptive classroom behavior) thought processes by improving knowledge of their cultural heritage and by using positive reinforcements and encouragement to decrease disruptive classroom behaviors. The intervention was a 12-week intervention which focused on each of the seven principles of Nguzo Saba and how participants can incorporate the principles into their lives. Pre-post comparisons of teachers' perceptions of classroom behavior and students' disciplinary actions demonstrated that all but one of the participants' classroom behaviors improved for 8 out of 9 participants.

Washington et al. (2007) researched the impact of the Kuumba Group, an Africentrically centered mentoring program for African-American boys. This program incorporated the learning of and promotion of the principles of Nguzo Saba in group mentoring format for boys age 9 to 17. The group is housed within the University of Memphis Relative Care-giver Program (RCP). The children in the program had been removed from abusive and neglectful situations and lived with their relative caregivers in communities that are economically distressed and with high

levels crime and violence. The Kuumba group was designed to act as a cultural inoculation to counteract the values associated with self-destructive behavior and identities such as those promoted in the popular media. The major goal of the Kuumba Group was to provide support for these children who were being raised by relative caregivers. This approach stressed an Afrocentric definition of spirituality that is not derivative of any particular religious practice. Spiritual development in the Kuumba group included respectful relating, nurturing relationships, and African-American cultural values. It was proposed that this approach could be particularly therapeutic for young African-American males in relative care programs who have been separated from the nurturing relationships of parents and who have not been fully exposed to traditional protective African American cultural values.

The intervention study conducted was implemented with twelve African-American boys between the ages of 9 and 17. The principles of Nguzo Saba were taught and discussed in group mentoring sessions, in addition to promotion of authentic interactions, critical thinking, and healthy relationships. Twelve participants from the program were selected to evaluate the program. Results indicated a slight increase in spiritual orientation and improved school and home behavior among participants. Evaluation data was collected through pre and post measures given to participants and relative caregivers. Spirituality was measured using the Cultural Questionnaire for Children (CQC; Jagers and Owens-Mock, 1993). The CQC was designed by Jagers and Owens-Mock (1993) to measure an Afrocultural social ethos that is defined as a combination of spiritual, communal, and affective orientations of people of African descent.

Wyatt (2009) reported on the effectiveness of a 30-week school-based mentoring program for African-American adolescent males that incorporated Nguzo Saba called the Brotherhood. Over the course of four years, 307 students participated in the program. The

principles of Nguzo Saba were taught through weekly discussions. Results were obtained examining GPA differences and through survey data given to 33 members and alumni. There was GPA comparison data from the entire sample that indicated a significant GPA increase during the last three years of the program. Qualitative survey data from a sub-sample of 33 participants asked for participants' perceptions of their academic, personal, and professional growth. Results indicated that program participation increased student academic achievement and fostered personal and social growth and aspirations of success.

Franklin and Pack-Brown (2001), Washington et al.'s (2008), and Wyatt's (2009) studies support the position that Africentrism can possibly lead to improvements in psychosocial and educational domains in Black male youth who are being taught Africentric principles in supportive environments. This leads to the question of how beneficial is Africentrism to youth who are systematically oppressed and at risk?

In a review of evidence documenting the disenfranchisement of African-American youth by the mental health care system, Hatcher et al. (2017) advocated for an Africentric approach using the principles of Nguzo Saba when working with African-American youth in mental health settings. Although the authors were not writing about a structured intervention, they encouraged the use of the principles of Nguzo Saba as a way to honor the historical, environmental, spiritual and personal contexts of African-American youth as these tend to be ignored in mental health settings. This suggestion is supported by a study conducted by Harvey and Hill, (2004). The authors evaluated the MAAT Adolescent and Family Rites of Passage Program. This program was designed to promote resilience in at-risk African American youth through an Africentric approach. The program aimed to promote development of emotional strength to become self and community advocates through peer support and use of the Nguzo Saba principles. The group

process consisted of an eight-week preinitiation or orientation phase followed by weekly meetings emphasizing African and African-American culture. The final phase consists of the "transformational ceremony" during which the participants demonstrated their personal growth, knowledge, and skills to an audience consisting of family members, friends, staff members, and significant other individuals. The Rites of Passage Program had three interventions; an after-school component, family enhancement and empowerment activities, and individual and family counseling. Evaluation of this program showed statistically significant increases in self-esteem and knowledge about drug abuse among participants.

Africentrism and its impact on self-esteem has been empirically studied by Constantine et al. (2006). This study found that identification with Africentric values was predictive of higher levels of self-esteem and perceived social support in African-American adolescent girls. They also found that higher levels of self-esteem were predictive of greater life satisfaction. Given Constantine et al.'s (2006) findings regarding life satisfaction, it would have been remiss not to explore the impact of Africentrism on other domains of life satisfaction; particularly, professional and academic development.

Green and King (2001) developed the Sisters Mentoring Sisters Project (SISTERS) based on Nguzo Saba. The aim of the project was to promote personal and professional growth among Black women in academia through mentoring by other Black women. The structure of the project was 10 mentoring sessions focused on one or more of the principles of Nguzo Saba and how they can be applied to the personal and professional development of participants. Although there was no formal evaluation of the project, the author reported that the project appeared to be well received based on participants' comments. They also followed up with a number of

participants and reported that some were promoted, some furthered their education, and some engaged in mentoring.

Johnson (2001) proposed using the principles of Nguzo Saba to promote success among African-American college students. The author suggests that the Eurocentric nature of most college student developmental theories do not contribute to the success of African-American students. Johnson suggested program development and community organizing based on the principles of Nguzo Saba to contribute to healthy development and success of African-American students. This recommendation was supported by the findings of Williams and Chung (2013) who found a positive correlation between level of identification with Nguzo Saba based Africentrism and academic self-concept in African-American college students. There were 119 participants. The authors suggest that college counselors engage students in race related concerns and link those experiences to academic achievement to foster psychosocial and academic resilience among African-American students. Although identification with Africentrism has been linked to higher academic self-concept in African American college students, it should be noted that Wallace and Constantine (2005) found that higher levels of Africentrism was also associated with higher levels of stigma about counseling and higher self-concealment in Black college students. The authors posed that this could be due the community orientation of Africentric values which suggests seeking out support in one's own community instead of seeking it from outsiders.

Robinson and Howard-Hamilton (1994) suggested a counseling approach for African-Americans based on an Afrocentric paradigm. This consisted of an incorporation of the principles of Nguzo Saba along with the Resistance Modality Model (Robinson & Ward, 1991). The Resistance Modality Model promotes empowerment through awareness of and resistance to

systemic oppression. Robinson's Afrocentric paradigm approach suggests using each of the seven principles of Nguzo Saba to facilitate healthy resistance.

Africentrism and Black Gay Men's Mental Health

Given the stressors that Black gay men face due to marginalization based on race and sexual orientation, it is imperative to explore this population's unique stressors and protective factors. Despite the significant work that has been done suggesting that Africentric values contribute to psychological benefits in various subpopulations of Black people, only one article was found regarding Nguzo Saba and Black gay men. McLean & Marini (2003) suggested that the principles of Nguzo Saba might be helpful when engaging in counseling with HIV positive Black gay men and their families.

There have been no empirical examinations of if Nguzo Saba based Africentrism is related to psychological benefits in Black gay men. Any attempted examination of this relationship must not only begin with a review the literature regarding Africentrism, but also a review of literature on the stressors and protective factors of Black gay men. An understanding of difficulties and benefits of dual minority status that are experienced by Black gay men will help to validate the examination of Africentrism as a possible additional protective factor for this population.

Black Men's Stressors

Black men in the United States are faced with racism, which contributes to increased stress, barriers to adequate medical and mental health care, disproportionate rates of incarceration and police brutality (Wade & Rochlen, 2012). This experience is further supported by Franklin's (1999) position that Black men tend to be assessed and interacted with on the basis of inaccurate assumptions and negative stereotypes, as opposed to their individual achievements

or characteristics. Moreover, belonging to higher socioeconomic category, which affords one access to increased income and resources, does not shield Black men from the deleterious effects of racism. Racism has consistently been found to be a predictor of psychological distress in working and middle-upper class African American men (Pieterse & Carter, 2007). Black men are also disproportionately affected by violence and are at increased risk for depression and suicidal ideation (Thomas, Hammond, and Kohn-Wood, 2015).

Discrimination also takes a biological toll on Black people. Hope, Hoggard, and Thomas (2015) reported that cumulative and chronic experiences of racial discrimination are associated with a number of negative biological and health outcomes, including elevated blood pressure (Brondolo et al., 2008), increased heart rate and risk for cardiovascular diseases (Borrell et al., 2006), and cellular aging (Chae et al., 2014). Further negative biological impact was highlighted by Hicken et al. (2013) who found that racism-related vigilance was associated with more sleep difficulty for Black adults than White adults.

There are also very important within group differences regarding how Black men react to discrimination. Mereish et al. (2016) examined the relationship between discrimination and depressive symptoms. They found that discrimination positively predicted depressive symptoms and this relationship was mediated by self-esteem. They also found that ethnicity moderated the mediation relationship. They found that the mediational function of self-esteem was only significant in African-American men and not Afro-Caribbean men. In their discussion, they proposed that these results may be due to acculturation and differences in perception of discrimination. This appears to be in line with Gopaul-McNicol's (1993) position that in the Caribbean, race is not often seen as deterrent to political or economic empowerment.

In addition to the abovementioned stressors, Black men cope with the pressures of culturally based masculine gender norms which research has shown can sometimes create psychological stress for men who do not subscribe to these norms. Mahalik et al. (2006) found that Black men's conformity to masculinity norms were associated with less self-esteem and more psychological distress. Wester et al. (2006) found that African-American men who internalize a racist understanding of themselves suffer more from their attempts to navigate the traditional male gender roles than men who internalize a racial identity based on an appreciation of their African-American heritage. This finding is further supported by Thomas, Hammond, and Kohn-Wood's (2015) finding that Black men who are more ambivalent in their racial identity scored higher on levels of aggressive ideation.

Disproportionate incarceration is also a salient stressor that Black men deal with. Black Americans are disproportionately affected by incarceration (Brewer et al., 2014). It was also reported that Black men and women were imprisoned at higher rates in all age groups, with the highest imprisonment rate by gender, sex, and age group occurring among Black men aged 25 to 39 years. Black men are also more likely than White men to have a previous history of incarceration. This disproportionate incarceration has also been shown to be related to negative health outcomes (Brewer et al., 2014).

One of the most salient stressors Black men face in the United States is the disproportionate fatal shootings at the hands of police due to aggressive and discriminatory policing (Engel and Johnson, 2006; Sewell, 2017). Exposure to discriminatory policing has been shown to be linked to diminished health (Oh, DeVlyder, and Hunt, 2017; Sewell and Jefferson, 2016). This was further supported by McFarland et al. (2018) who found that perceived unfair treatment by police was associated with shorter telomere length. Premature cellular aging, as

commonly indicated by shorter telomere length, represents an indicator of the body's exposure to repeated stressors. They found that this relationship was stronger in Black men than in White men.

The research that has been done on the stressors that Black men deal with highlight that a majority of these negative outcomes are a result of systemic oppression. As Black gay men are already systemically oppressed due to racism, it is necessary to also review how the addition of oppression due to sexual orientation impacts Black gay men. It is also necessary to review the difficulty that comes with the intersection of those identities and how these men navigate that intersection.

Black Gay Men's Stressors

As previously stated, Black gay men endure double marginal status because of being both Black and gay (Bowleg, 2013; McConnell, 2018; Walker, Longmire-Avital, & Golub, 2015). When discussing the marginalization of a sexual minority, it is imperative to discuss Minority Stress Theory (Meyer, 2003). Minority Stress Theory takes the position that stigma, prejudice and discrimination create a hostile and stressful social environment that causes mental health problems. Minority stress has also been found to be associated with physical health problems (Frost, Lehavot, Meyer, 2015). Further research also found that minority stress has a negative impact on the physical and mental health of HIV positive gay men (Pala, Hart & Steca, 2015). Much of the psychological literature focusing on Black gay men is HIV focused and tends to group gay and bisexual men into one homogenous group. As Black gay men are disproportionately affected by HIV, many researchers focus on HIV prevention and coping efforts. Although many of these studies have led to advances in psychological approaches

regarding Black gay men and HIV, Black gay men deal with a number of other psychosocial stressors that have been addressed in psychological literature.

Graham et al. (2009) conducted a qualitative study exploring the mental health of Black men who have sex with men (MSM). They began with citing Cochran and Mays (1994) which indicated a 32.6% prevalence of depression among a sample of 829 Black men. Six themes emerged from the Graham qualitative study. They found that the struggle of being a Black MSM can contribute to and exacerbate depression. They also found that relationships that were once supportive (family and community) changed to ostracizing and hostile due to homophobia and rejection. Conflict regarding learned and taught concepts of masculinity were also reported. Challenges with dealing with overt discrimination and hostility was also a significant finding. The final theme reflected difficulty with successfully integrating racial identity and sexual orientation into a health identity. Many of the participants expressed being very comfortable with their racial identity due to societal pressures regarding manhood and sexuality combined with being Black. The advantage of this study being qualitative is that it captured specific details regarding the stress that can arise from the intersection of identities. The participants in the study provided invaluable information regarding the unique stressors that can become precursors to depression.

Expanding on the previously mentioned theme of community, Green (2007) conducted a qualitative study of 30 middle-class, urban, Black gay men. Results found that Black gay men tend to experience a push out of local community (family and church) and feel an ambiguous draw to local gay communities. The feeling of ambiguity stemmed from the view that Black men are not treated equally among the larger predominantly White gay community. Regarding Black gay men's stressors from local community, Quinn, Dickenson-Gomez, and Kelly (2016)

conducted a qualitative study of 30 Black men who have sex with men who are actively engaged in church. They found that due to increased homonegativity encountered in the church, Black men tended to conceal their sexuality in order to avoid shame and gossip. Results showed the importance of the church stemmed from involvement in youth. Keeping in line with the subject of youth, Cook et al. (2017) examined attachment style as a moderator between childhood trauma and depression in Black gay and bisexual men. This study found that those with more anxious attachment who experienced bullying in early childhood experienced higher levels of depression in young adulthood. They also found that being bullied later in childhood was associated with higher levels of depression.

O'Donnell and Schwartz (2011) conducted a study to examine rates of depression and suicidality among Black and Latino LGBT youth. They sampled 388 participants and collected data through computer assisted survey. 33% percent of the sample was Black, 33% was Latino and 34% was white. The authors utilized the World Mental Health Survey version of the World Health Organization's Composite International Diagnostic Interview (version 19), (World Health Organization, 1994) to evaluate participants with respect to diagnoses of Major Depressive Disorder and substance use disorders (according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) and to assess suicidal behaviors. Results showed a higher level in depression among Black and Latino LGBT youth than their White counterparts.

Wilton et al. (2018) examined the correlates of suicidal thoughts among 161 Black men who have sex with men and transgender women. They found that 36% percent of the sample reported a history of suicidal thoughts with 16.1% reporting previous suicide attempts. The researchers in this study found that a history of intimate partner violence, greater psychological distress, and higher perceived sexuality discrimination were significantly associated with lifetime

suicidal thoughts. Childhood sexual abuse history, greater psychological distress, lower scores for outness, and higher perceived sexuality discrimination were significantly related to suicide attempts.

An early descriptive study of the prevalence of depression among Black gay men and women conducted by Cochran and Mays (1994) found that Black gay men and women showed higher levels of depression than reported in studies with populations that were primarily Black and primarily White gay men. This study also looked at differences in depression among men who were HIV negative, HIV positive asymptomatic, HIV symptomatic, and HIV status unknown. Results showed that HIV symptomatic men showed higher levels of depression than men of other statuses. It should be noted that this was published before the introduction of HAART (Highly active antiretroviral treatment).

Although this study will not focus on HIV related outcomes regarding Black gay men, it would be remiss not to reflect on the literature. HIV has been a salient stressor of the collective Black gay experience in the United States for the last 40 years. Black men continue to be disproportionately affected by HIV. Although the number of new infections is falling, Black MSM (men who have sex with men) remain among the most affected by HIV (Center for Disease Control, 2015).

There are important within group differences that can lead to psychosocial stress and negative outcomes among HIV positive Black gay men. Age and incarceration history are two salient within group differences. Haile, Padilla, & Parker (2011) conducted a qualitative study which collected data on the experiences of HIV positive Black men over the age of 50 in New York City. Participants expressed feeling dehumanized and the need to subscribe to psychologically harmful social hierarchies in which they are forced to be viewed as invisible for

acceptance in the gay community, where their younger counterparts do not. Jones et al. (2008) found that recently incarcerated Black MSM were less likely to use condoms during insertive anal sex, thereby increasing their risk for acquiring or transmitting HIV. As Black men are disproportionately incarcerated, this places them at greater risk for HIV transmission.

Arnold, Rebhook, and Kegeles (2014) conducted a qualitative study exploring how racism, homophobia and HIV stigma contributed to barriers to getting tested, treatment adherence and status disclosure to partners. One noteworthy finding in the data was consistent with a study by Graham et al (2009); sources of support that helped with coping with racism (family, friends, church) were not sources of support in coping with homophobia and HIV stigma. The study also found that some participants' vulnerability to HIV increased as a result of behaviors utilized to cope with or avoid being stigmatized (ex., unsafe sex to feel closer and more connection after losing familial connections). Substance use and HIV has also been studied with regard to Black gay and bisexual men. Wilton (2008) conducted a study of 481 Black gay and bisexual men and found that substance use was a predictor of HIV sexual risk behavior. These findings are consistent with earlier and later research which found that health challenges are exacerbated among minority sexual populations by stressors that perpetuate experiences of stigmatization, homophobic culture, internalized homophobia, and external prejudices (Dentato, Halkitis, & Orwat, 2013; Meyer, 2003).

The theme of the aforementioned studies is a demonstration that a lack of social support among Black gay men is detrimental to one's mental health. Navigating the dual identities of being Black and gay can be a challenging task for many people. It is only logical to proceed with an exploration of the literature that explores the intricacies of this task.

Psychosocial Complexities of Being Black and Gay

There is a significant body of research that has examined the intersection of Black and gay identity. Loiacano (1989) conducted a qualitative study with African-American identified gay men and lesbians. The study looked at the participants thoughts regarding his/her dual identity of being African-American and gay. The study found three themes regarding being African-American and gay. The first theme dealt with finding validation within the gay and lesbian community. Participants reported experiencing overt acts of discrimination and more covert acts of racism within the predominantly White organized gay community. The second theme dealt with finding validation within the African American community. Participants spoke about challenges surrounding finding support regarding their sexual identity from members of the African American community. Participants spoke about hiding their sexuality in order to maintain support from their African American heterosexual peers. The third theme dealt with the need to integrate racial and sexual identities. Participants who reported being able to do this did so through the formation or joining of groups geared toward African-American gays and lesbians. As these themes were not empirically tested, there is an opening for an opportunity to do so. The finding that community among fellow Black gays and lesbians came up as a theme is a beneficial support to the current research as Africentrism endorses unity, collective responsibility, and cooperative economics (Grills and Longshore, 1996; Karenga, 2014). These two points of interest highlight the need for empirical testing to see if this sense of community imparts any psychological benefits. Another finding of note came from one participant who spoke about the early messages that Black gay men receive that marriage and family are first. The participant felt this contributed to the need for sexual encounters with other men to be invisible. It is logical to conclude that messages about marriage and family are typically

accompanied by expectations of how one must behave within that context. These may include messages about manhood, masculinity, and behavioral expectations.

Regarding the constructs of manhood and sexuality among Black gay men, Johnson (2003) wrote an essay reviewing the impact of ridicule and mocking of any other representation other than patriarchal hypermasculinity among Black men in the media. The author provides historical background on homophobia among Black people with the following quote:

The 1960s Black Nationalist and Black Arts movements provided the cultural backdrop for the establishment of blackness as antigay. Although there was a lull in homophobic discourse in popular culture during the 1970s, primarily due to the activism of lesbians of color who were forcing the white heterosexual women's movement to address its racism and homophobia the 1980s saw the resurgence of antigay sentiment. (p. 220)

This quote is extremely important as it conveys the isolation some Black gay people feel from their own communities due to their sexual orientation. This is not a new phenomenon, but something that even has ties to a historical movement designed to liberate them from race based oppression. The marginalization of one identity in an environment that uplifts the other is the complex path which most Black gay people face. Johnson's (2003) essay detailed how many Black actors and comedians are not subject to scrutiny and ridicule when dressing in drag or playing gay part as long as it portrayed as humor. The essay also discussed how Blackness and homosexuality are often seen as mutually exclusive by heterosexual Black people. This then sets up an exclusion of Black gay men from traditionally defined "blackness." The essay further detailed the perpetuation of negative stereotypes about gay men, also the perpetuation of Black gay men as misogynists who hate women using specific examples from classic African American media. The author takes the position in response to a skit on a sketch comedy that featured two Black gay characters. He further poses that it is unfair that heterosexual Black men "would disingenuously project the responsibility of all misogyny onto

Black gay men, especially in light of Black homophobia and its relation to the devaluation of femininity.” (p. 226).

Johnson’s position regarding significant homophobia in the Black community was supported by George et al.’s (2012) qualitative study of Black gay men in Canada. The researchers took a grounded theory approach to explore community and belonging among Black gay men. The sample population included 12 born in Africa and 12 with Caribbean roots, of whom 6 were born in the Caribbean and 6 born in Canada. Results yielded three themes; Identity: Black and gay, gay attachment, and dilemma of community. Consistent with previous research, a disconnect with both the Black community and the gay community was observed. This disconnect was attributed to both homophobia and racism, respectively. There was also a dilemma of community theme which yielded participant reports of viewing the gay community as the “White gay community” which reflected feeling apart and separate within a shared group identity. George et al. (2012) expand on this by stating that, Black gay men rely on their ethnic/national communities for emotional and social support from life adversities, yet face difficulties in being open about their sexuality as Black gay men in Black communities. They struggle with the silencing, denial and suppression of gay identities in their ethno-racial and national communities of origin. They can be estranged from two primary communities simultaneously – their sexual orientation not being accepted in Black communities, and exclusion from gay communities. As a result of this discrimination, some of these men appear to distance themselves from their ethno-racial background and identity, although they retain a nominal attachment.

George's (2012) study appeared to expand on findings from Hunter (2010) who conducted a qualitative analysis of Black men's racial identity and sexual identity and which one they identify with more. Fifty interviews were conducted to examine how Black gay men negotiate their racial and sexual identities. Results showed three expressions of self; interlocking, up-down, and public-private. The narratives of men within the interlocking model demonstrate instances in which individuals imagine their marginal and intersecting stigmas as interlocking, specifically as they relate to larger notions of hegemonic Whiteness and heteronormativity. These respondents identify forces of oppression and sense that there are overarching structures that enforce the marginalization of Blacks and gays. The up-down model highlighted the ways in which many respondents played up one identity while down-playing another. Some believed that their racial identity was important, others argued that their gay identity best captured their social realities. Respondents within the public-private model expressed a negotiation of race and sexuality, and an articulation of self through an understanding of space. Pointing out the spatial dynamics of identity, respondents within the public-private model asserted racial and sexual identity as being best understood as encompassing either their public or private lives. Because these men considered race as always self-evident, the existence of race was inevitably a public one, whereas gay was seen as specific to personal matters, and was therefore envisioned as a private identity.

Husbands et al. (2013) conducted a study examining sexual behaviors of 134 Black gay men in Canada. In depth qualitative interviews were conducted with twenty-four of these men. Researchers found that men who tended to be receptive or versatile (both receptive and insertive) with Black partners, tended to be insertive with non-Black partners. When reflecting on this data trend, some participants expressed feelings of being sexually objectified. Participants also

described more fulfillment in sexual relationships with other Black men. Some participants tended to avoid relationships with White men or view them as purely sexual. Some participants also preferred relationships with White men due to feeling that Black partners ascribe to “oppressive masculinity.” This study highlights that an aspect of doubly marginalized status that Black gay men experience can manifest as difficulty navigating sexual relationships.

These studies highlight the importance of community and belonging which are endorsed by Nguzo Saba (Grills & Longshore, 1996; Karenga, 2014). The loss or absence of community and the belonging to a community can have significant impact on the mental health of Black gay men as the abovementioned studies have supported. Experiences within a community can lead to distress or positive outcomes. While it is important to acknowledge the stressors that Black gay men face, it is also important to review research on protective factors which help mitigate the effect of stressors related to group belonging.

Protective Factors for Black Gay Men

Most of the psychological literature about Black gay men reviewed so far has focused on problems and psychosocial stress. Despite this prevalence, there is an emerging body of data that highlights resilience and thriving in Black gay men.

Crawford et al (2002) conducted an examination the relationship between racial-ethnic identity and sexual identity development on the psychosocial functioning of 174 African American gay and bisexual men. The results of this study indicated that African American gay and bisexual men that identified in the Integration Mode of Racial-Ethnic Sexual Identity Acculturation (i.e., individuals possessing very positive self-identification as being African American and gay) reported experiencing higher levels of self-esteem, HIV prevention self-efficacy, stronger social support networks, greater levels of life satisfaction, and lower levels of

male gender-role and psychosocial distress than their counterparts in the other Modes of Racial-Ethnic Sexual Identity Acculturation. Participants that were identified in the Marginalization Mode of Racial-Ethnic Sexual Identity Acculturation (i.e., individuals possessing negative self-identification as being African American and gay) reported experiencing the greatest amount of psychosocial distress and the lowest levels of self-esteem, social support, and life satisfaction. Higher levels of self-esteem were associated with greater levels of life satisfaction for the entire sample, followed by higher levels of racial identity development and lower levels of experienced racism. Sexual identity development and experiences with heterosexism were not significant predictors of life satisfaction for this sample. The psychological benefits that were related to the Integration mode were further supported by Reed and Miller (2016). They conducted a qualitative study examining thriving and adapting among Black gay men. One of the highlights of study was a theme that a sense of adjustment and pride in one's dual identity of being Black and gay and a sense of belonging to a community were reflective of thriving and adaptation. This study also found a negative relationship between social support and depressive mood in Black gay men.

One of the most significant examples of the benefits of social support among Black gay men is the Ballroom community. The Ballroom community has its roots in underground gatherings of Black and Latinx LGBT people in the 1980s in New York City (Livingston, 1990). This community is made up of houses which initially began as chosen families for those who were ostracized from their biological families due to sexual orientation or gender identity (Livingston, 1990). This community gathers for large events called balls where different houses will compete in different categories. These categories represent a celebration of all gender identities and expressions (Livingston, 1990). The Ballroom community was also the birthplace

of the dance form known as voguing, which many mistakenly credit the recording artist, Madonna for creating when she did not. This is an example of another layer of oppression experienced by people in the Ballroom community; having their artistic expression capitalized on by others without proper compensation and recognition (Busch, 2006). Ballroom has now grown to include representation in several major United States cities and international cities and is gaining more and more recognition as a sub-culture (Williams, 2016). In a study conducted by Wong et al., (2014), researchers found the social support that Ballroom community members receive from each other mitigate the negative effects of minority stress. The previously mentioned findings are further supported by Wilson et al (2016) who conducted a study which measured multiple dimensions of resilience in 228 Black gay and bisexual men. The dimensions were self-efficacy, hardiness and coping, and social support from family and peers.

As freedom of expression may be limited due to discrimination in the outside world, one can logically question if the freedom of gender expression in the Ballroom community might be a contributing factor to well-being in that setting. This question can be addressed by looking at an exploratory study of the relationship between gender non-conformity and depression in Black gay and bisexual men that was conducted in South Africa by Cook et al. (2013). The findings were contrary to the hypothesis that gender non-conformity would be associated with higher levels of depression. Another finding of this study indicated that gender non-conforming men experienced higher levels of discrimination than gender conforming men. Despite this higher level of discrimination, gender non-conforming men did not differ from their gender conforming counterparts regarding depression. The authors speculated that gender non-conforming men may be more resilient through higher levels of self-esteem than their gender confirming counterparts.

Based on these combined findings, one can easily take the position that freedom of expression within a supportive community is beneficial to Black gay men.

Spirituality has also been found to be beneficial to Black gay men. Miller (2019) found that spirituality offered psychological benefits to HIV positive Black MSM over 50. The study found that spirituality helped mitigate the harmful impact of HIV stigma and contributed to self-empowerment. In this study, spirituality was defined in different ways and some participants did not define their spirituality in a religious context. These findings are particularly salient as religious/spiritual involvement has been shown to be a salient protective factor for Black people against the negative impacts of discrimination, stress, and depression (Taylor, Mattis, & Chatters, 1999). However, despite this finding, many Black LGBT people experience significant stigma and discrimination within religious settings which contributes to further stress and negative psychological effects (Griffin, 2006; Walker & Longmire-Avital, 2013). The finding in Miller's (2019) study that contextually developed spirituality can be beneficial provides a way for Black gay men to navigate the social difficulties that may come with religion-based spirituality.

Bowleg (2013) conducted a qualitative analysis of the intersectional racial and sexual related experiences of Black gay and bisexual men. Twelve interviews were conducted. Ten of twelve (83% of the participants) ranked their Black identity as primary. The primacy of Black identity as protective was further supported by Walker, Longmire-Avital, & Golub (2015). They examined the relationship of racial and sexual identity as a buffer to risky sexual behavior. They found higher racial centrality (degree to which being Black is central to one's identity) was a predictor of less risky sexual behavior in young Black gay and bisexual men. They did not find support for the hypothesis that sexual identity may also act as a buffer. This further supports the

findings that the Black identity tends to be more salient than sexual identity among Black gay and bisexual men.

The findings that highlight identity integration, the primacy of Black identity, comfort with gender expression, social support, and spirituality as helpful to Black gay and bisexual men (Bowleg, 2013; Cook et al. 2013; Crawford et al., 2002; Loiacano, 1989; Miller, 2019; Reed and Miller, 2016; Walker, Longmire-Avital, & Golub, 2015; Wong et al., 2014; Wilson et al. 2016) can be argued to be in line with Africentrism's values of self-determination, community, and spirituality. This further supports the need for an empirical assessment of the impact of these values on the well-being of Black gay men.

Purpose and Rationale of the Study

Black identity has been shown to be more salient and protective than sexual identity in Black gay and bisexual men (Bowleg, 2013; Walker, Longmire-Avital, & Golub, 2015), but Black identity guided by the Africentric principles of Nguzo Saba has not been studied in relation to psychological well-being in Black gay men. Despite the research evidence that Africentrism is related to positive psychological outcomes for Black people, there is no direct empirical evidence of this for Black gay men.

Although McClean and Marini (2003) recommend the use of an Africentric approach with HIV positive Black gay men and their families, there is no structured and evaluated intervention or empirical testing of identification with Africentrism that was conducted to support their recommendations. As Africentrism has been acceptably operationalized by Grills & Longshore (1996), studying the relationship between Africentrism and psychological well-being in Black gay men added to the literature on Africentrism and the literature on the protectiveness of Black identity in Black gay men. Social support has also been shown to benefit Black gay men

(Crawford, 2002; George et al., 2012; Loiacano, 1989; Wilson 2016; Wong et al., 2014) Given that an Africentric worldview endorses community, exploring if Africentrism confers psychological benefits to Black gay men added to the literature on social support among Black gay men.

Black gay men are not a homogenous group. Ethnic differences may contribute to salient experiential differences. Thornton, Taylor, and Chatters (2013) found that Afro-Caribbean's experience with discrimination were associated feelings of closeness to African Americans. This was supported by the findings of Jones and Erving (2015) who found that American born Afro-Caribbeans tended to identify racially and foreign-born Afro-Caribbean tended identify ethnically. In addition to this, they also found that higher levels of discrimination were associated with an ethnic identity preference. Based on these findings, the previously mentioned studies by Kwate (2003) and Mereish (2016), and the position of Gopaul-McNicol (1993), it was prudent to examine if ethnic differences had an impact on predictive relationships in this study.

Research Questions and Hypotheses

Given the research that has been done on the benefits of identification with Africentrism in Black people and the research that Black identity is more salient and protective than sexual identity in Black gay and bisexual men, the following research questions can be asked;

Research Question 1: While controlling for racial identity and sexual identity, are there quantifiable relationships between Africentrism and psychological well-being and Africentrism and distress in Black gay men?

Research Question 2: While controlling for racial identity and sexual identity, will relationships between Africentrism and psychological well-being and Africentrism and distress in Black gay men be moderated by ethnic identity?

Research Question 3: While controlling for racial identity and sexual identity, are there mediational pathways through which Africentrism will positively predict psychological well-being and negatively predict distress in Black gay men?

Based on the evidence in the literature and the proposed research questions, the followings hypotheses were tested in this study:

Hypothesis 1a: While controlling for racial identity and sexual identity, Africentrism will positively predict psychological well-being in Black gay men.

Hypothesis 1b: While controlling for racial identity and sexual identity, Africentrism will negatively predict distress in Black gay men.

Previous research has highlighted the importance of ethnicity as a variable of interest when observing within group differences in Black people. Kwate's (2003) finding that Afro-Caribbean people scored lower on Africentrism suggested that a similar pattern may have been observed in the current study. Jackson & Cothran (2003) conducted a study of Africans, African-Americans and Afro-Caribbeans' views about each other. Results show a large percentage of negative views of others of African descent who did not share participants' ethnic identity. Mereish et al.'s (2016) finding that Afro-Caribbean men's responses to discrimination were not mediated by self-esteem while African American men's responses were (moderated mediation) further supported the need to test the effects of ethnicity. Given these findings and the positive correlation that Cokley (2005) found between Africentrism and continuous ethnic identity, the second hypothesis for the current study was:

Hypothesis 2a: While controlling for racial identity and sexual identity, categorical ethnic identity will moderate the relationship between Africentrism and psychological well-being in Black gay men. It is also hypothesized that while controlling for racial identity and sexual

identity, the predictive relationship between Africentrism and psychological well-being will be stronger for African Americans than non-African Americans (Africans, Afro-Caribbeans, and Afro-Latinos).

Hypothesis 2b: While controlling for racial identity and sexual identity, categorical ethnic identity will moderate the relationship between Africentrism and distress in Black gay men. It is also hypothesized that while controlling for racial identity and sexual identity, the predictive relationship between Africentrism and distress will be stronger for African-Americans than non-African-Americans (Africans, Afro-Caribbeans, and Afro-Latinos).

Hypothesis 2c: While controlling for racial and sexual identity, continuous ethnic identity will moderate the relationship between Africentrism and psychological well-being in Black gay men. It is also hypothesized that while controlling for racial identity and sexual identity, the predictive relationship between Africentrism and psychological well-being will be stronger for those with higher levels of ethnic identity.

Hypothesis 2d: While controlling for racial identity and sexual identity, continuous ethnic identity will moderate the relationship between Africentrism and distress in Black gay men. It is also hypothesized that while controlling for racial identity and sexual identity, the predictive relationship between Africentrism and distress will be stronger for those with higher levels of ethnic identity.

The Africentrism Scale (Grills & Longshore, 1996) measures level of identification with a set of values. Given the purpose of this measurement, it is reasonable to question the medium through which identification with these values could predict psychological well-being. Woodruff & Divesta (1948) found that values and attitudes are significantly related. Given this finding, it is logical to question if there is a particular type of attitude that might mediate the predictive

relationship between Africentrism and psychological well-being. White-Johnson (2012) found that prosocial attitudes toward the Black community were significantly correlated with racial identity measures. As racial identity is significantly, but not strongly correlated with Africentrism (Cokley, 2005), African-American prosocial attitudes would be an appropriate variable to consider as a mediator. These combined findings provide a basis for the third and fourth hypotheses in this study:

Hypothesis 3a: While controlling for racial identity and sexual identity, African-American prosocial attitudes will mediate the predictive relationship between Africentrism and psychological well-being in Black gay men.

Hypothesis 3b: While controlling for racial identity and sexual identity, African-American prosocial attitudes will mediate the predictive relationship between Africentrism and distress in Black gay men.

Hypothesis 4a: While controlling for racial identity and sexual identity, the mediational pathway between Africentrism and African-American prosocial attitudes will be moderated by categorical ethnic identity in Black gay men. This moderation will make the predictive relationship stronger for African-Americans than non-African-Americans.

Hypothesis 4b: While controlling for racial identity and sexual identity, the mediational pathway between Africentrism and African-American prosocial attitudes will also be moderated by continuous ethnic identity in Black gay men. This moderation will make the predictive relationship stronger with a higher level of ethnic identity.

Hypothesis 1 was tested using a multiple predictor regression. The impact of the predictor was tested with the addition of control variables into the model. Hypotheses 2, 3, and 4 were tested by using multiple regressions to test the impact of moderation and mediation variables on

the relationship referenced in Hypothesis 1. Analyses conducted to test Hypotheses 2, 3 and 4 also tested the strength of the effect of control variables on moderation and mediational relationships. These analyses will be further detailed in the analysis section of the next chapter.

CHAPTER 3

METHOD

Procedure

The study was conducted via cross sectional internet survey. The survey link was sent via email and text, posted on social media, and sent to organizations that are affirming of and/or service Black gay men. Collection relied on both snowball and targeted sampling to ensure adequate representation from African-Americans and non-African-Americans. The data collection goal was 300 participants with the intention of recruiting 150 African-American participants and 150 non-African-American (Afro-Caribbean, African, and Afro-Latino) participants. When it was observed that recruitment was yielding significantly more African-American participants, targeted sampling requesting the participation of non-African-American Black gay men was utilized through the same mediums mentioned above.

Participants were compensated with a chance to win a \$200 gift card, 1 of 2 \$100 gift cards, or 1 of 2 \$50 gift cards through a raffle. Participants were provided the opportunity to consent or decline via the survey link. The five winners were notified via email. Participants who requested a summary of findings were sent a summary report via email. After this report was sent out, all contact information was deleted.

Participants: Criteria for inclusion in the study:

1. Participants must be at least 18 years old.
2. Participants must identify as Black (African-American, Afro-Caribbean, African, or Afro-Latino).
3. Participants must identify as a gay man.

Three hundred and ten participants completed the survey. Of this sample, four cases were excluded from analysis because the participants endorsed that they did not identify as gay. The remaining 306 cases were included in the analysis. The final sample was comprised of 206 African-Americans (67.3%) and 100 non-African-Americans (32.7%). Seventy-five participants identified as Afro-Caribbean (24.5%), fourteen participants identified as Afro-Latino (4.6%), and eleven participants identified as African (3.6%). The mean age of the sample was 37.43 with a standard deviation of 8.49. The age range of the sample was 18 to 64.

Two hundred and three participants reported earning a bachelor's degree or higher (66.3%). Ninety-nine participants reported having a graduate degree or higher (32.4%) with thirteen of them reporting earning a doctorate (4.2%). Forty-one participants reported earning between \$0 and \$25,000 annually (13.4%), one hundred participants reported earning between \$25,000 and \$50,000 annually (32.7%), one hundred and ten participants reported earning between \$50,000 and \$100,000 annually (35.9%), and fifty-five participants reported earning over \$100,000 annually (18%).

Measures:

Demographic data: Demographic information including age, income, education, and ethnicity was collected. Ethnicity identification data was collected through a single response multiple choice item.

Predictor measure: The total score of this scale was the predictor variable.

Africentrism: Africentrism was measured by the Grills and Longshore Africentrism Scale (Grills & Longshore, 1996). The scale is a 15-item 4-point scale measure. Responses range from 1 to 4 with 1 representing strongly disagree and 4 representing strongly agree. 6 of the items of this measure must be reverse scored. The original scale development studies concluded with an

average alpha of .74 among for studies with alphas ranging from .62 to .82. The alpha for this study was .74.

Predictor control measures: These measures were used to isolate the effect of the predictor variable which strengthened the interpretation of the findings.

Racial centrality: To isolate the effect of Africentrism, racial centrality was measured by the racial centrality subscale of the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997). The MIBI consists of 7 subscales representing 3 dimensions of African-American racial identity (Centrality, Ideology and Regard). The items are on a 7-point scale with 1 representing strongly disagree and 7 representing strongly agree. The centrality subscale is an 8-item measure of the degree to which being Black is central to the respondents' definition of themselves. The centrality subscale yielded an alpha of .77. This was the racial identity measure used in Walker, Longmire-Avital, & Golub's (2015) study of the benefits of Black identity and sexual identity in Black gay and bisexual men. The alpha for the racial centrality subscale for this study was .79.

Sexual identity: Sexual identity was measured by the Connectedness to the LGBT Community Scale (Frost & Meyer, 2012). This scale is a 4-point 8-item measure of LGBT (lesbian, gay, bisexual, and transgender) community connectedness designed for administration in diverse subgroups of sexual minorities with 1 representing strongly disagree and 4 representing strongly agree. The items in this measure are indicators of various ways one can feel connected with the LGBT community. The alpha for the overall scale was .81. The alpha for this study was .83.

Moderation measure: The total score of this measure was used to test if there were differences in the strength of the predictive relationships for different groups.

Ethnicity: In addition to self-report of ethnic group membership in the demographic section, ethnicity was further measured by the revised Multigroup Ethnic Identity Measure (MEIM-R; Phinney & Ong, 2007). The scale is a 6-item measure of ethnic identity on a 5-point scale with 1 representing strongly disagree and 5 representing strongly agree. It is a modified version of Phinney's MEIM (1992). The 6-item measure is the result of a study to test alternative theoretical models of the underlying factor structure of a revised 10-item ethnic identity measure (Roberts et al., 1999), using exploratory and then confirmatory factor analysis. The 6-item scale yielded an alpha of .81. The alpha for this study was .88.

Mediation measure: The total score for this measure was used to test if this variable is a pathway through which the predictive relationship becomes significant.

African-American Prosocial Attitudes: To further isolate the effect of Africentrism, African-American prosocial attitudes was measured by the African-American Prosocial Attitudes Measure (White-Johnson, 2012). This scale was developed to assess African Americans' attitudes concerning prosocial involvement, which is conceptualized as support for behaviors that contribute to or benefit African-American communities. The scale is a 10-item measure on a 5-point scale with 1 representing strongly disagree and 5 representing strongly agree. The scale yielded an alpha of .90 in the original scale development study. The alpha for this study was .76.

Psychological well-being measures: These variables were outcome variables in the predictive model. These scales measured different dimensions of well-being to strengthen conclusions drawn from presence or absences of predictive relationships.

Well-being: Well-being was measured by the social well-being, eudaimonic well-being, and hedonic well-being subscales of the Lui & Fernando Well-being Scale (2018). The scale is a 29-item, 6-point measure. Responses range from 1 to 6 with 1 representing strongly disagree and 6

representing strongly agree. The final well-being score is calculated by averaging the scores on all items. The scale is comprised of 5 subscales measuring financial well-being, physical well-being, social well-being, eudaimonic well-being, and hedonic well-being. The alpha for the entire scale is .92 and the alphas for the social well-being, eudaimonic well-being, and hedonic well-being subscales were .79, .83, and .85 respectively. The alphas for this study were .78, .77, and .81 respectively.

Satisfaction with life: Satisfaction with life was measured by the Satisfaction with Life Scale (Diener et al., 1985). This is a 5-item 7-point scale with 1 representing strongly disagree and 7 representing strongly agree. The original scale development study yielded a two-month test-retest correlation coefficient of .82 and a coefficient alpha of .87. The alpha for this study was .90.

Self-esteem: Self-esteem was measured by the Rosenberg Self-esteem Scale (Rosenberg, 1965). This is a well validated 10-item 4-point scale with 1 representing strongly disagree and 4 representing strongly agree. Fleming and Courtney (1984) reported a 1-week test-retest reliability of .82 and a coefficient alpha of .88. The scale has already been used in a large-scale study assessing Black men's self-esteem (Mereish et al., 2016). The alpha for this study was .87.

Distress measures: A negative predictive relationship between the predictor and distress outcomes will further strengthen the conclusions that can be drawn from the positive predictive relationship as distress measures are negatively correlated with well-being measures.

Depression symptoms: Depression symptoms was measured by the revised Center for Epidemiological Studies Depression Scale (CES-D-10; Andersen et al., 1994). The original scale by Radloff (1977) is a well validated 20-item measure scored on a 4-point scale ranging from 0 representing rarely or none of the time to 3 representing most or all of the time. The revised 10-

item scale follows the same structure. Alphas in original study were .85 for the general population and .90 for the patient sample. The original version of the CES-D was shortened from 20 to 10 items to improve clinical utility and ease of scoring. The CES-D-10, showed good predictive accuracy when compared to the full-length 20 item version of the CES-D ($\kappa = .97, P < .001$). The alpha for this study was .84.

Perceived Stress: Perceived stress was measured by the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). The PSS is a 14-item instrument designed to measure the degree to which situations in one's life are appraised as stressful. PSS items were designed to tap the degree to which respondents found their lives unpredictable, uncontrollable, and overloading. The scale is scored on a 5-point scale ranging from 0 representing never to 4 representing very often. Scores are obtained by reversing the scores on seven items and then summing across all 14 items. The original study yielded alphas of .84, .85, and .86. The alpha for this study was .85.

Analysis

Data was downloaded into and analyzed using SPSS. I performed regression analyses using final Africentrism scores as a predictor variable and social, eudaimonic, and hedonic well-being subscale scores as outcome variables. This process was repeated with Africentrism as a predictor and satisfaction with life, self-esteem, depression symptoms, and perceived stress as outcome variables. To further examine and isolate the effect of Africentrism, I included Black racial centrality and sexual identity measures as predictor controls for all analyses.

I tested differences in predictive relationship strength and I also tested a predictive relationship pathway using moderation and mediation analyses respectively. I conducted a moderation analysis to test if ethnicity moderated any of the predictive relationships. This

moderation analysis was going to be conducted two ways; using categorical demographic self-identification measures and continuous total ethnicity scale scores. Only continuous ethnicity scores were included in analysis. The reason for this will be detailed in the next chapter. In preparation for categorical moderation tests, I coded moderator values as 1 and 0 to indicate that the test examined the impact of the presence or absence of a value when creating the predictor/moderator cross-product; that value being African-American identity.

I also tested African-American prosocial attitudes as a mediator of the relationship between Africentrism and the previously mentioned outcome variables. I also tested if this meditation was moderated by continuous ethnicity.

As stated earlier, all analyses were conducted using racial centrality and sexual identity as control variables, including moderation and mediation analyses. Using control variables for these analyses involved conducting collective (predictor and controls) and comparative moderation analyses to compare the strength of each variable's impact on the moderation relationships. A similar method was conducted for mediational analyses. Collective (predictor and controls) and comparative mediational analyses were conducted to compare the strength of each variable's impact on the mediational relationships. The analyses were conducted using guidelines recommended by Hayes (2018) which provides ideal methods of comparing the strength of predictor and control variables on moderation and mediational relationships.

CHAPTER 4

RESULTS

Results of hypothesis testing are presented in narrative form, supported by tables and figures. Before regressions were conducted, descriptive statistics and correlations were generated in SPSS. Descriptive statistics revealed sufficient variance among the variables of interest (See Table 1). Basic correlations revealed that there were a number of significant correlations among the variables of interest which justified further hypothesis testing by regression (See Table 2). After descriptive and correlation tables, the results of each hypothesis are presented in narrative sections with supporting tables and figures after each narrative.

Regression, moderation, and mediation tables display indicators of relationship strength (regression coefficients), the likelihood of statistically significant predictive strength (p value), and the precision of the statistical tests (confidence intervals). The magnitudes of these tests are presented in narrative form (effect size).

Table 1

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Africentrism	306	2.20	4.00	3.22	.35	.12
Racial centrality	306	1.50	7.00	5.40	1.05	1.11
African Am prosocial attitudes	306	2.40	5.00	3.95	.45	.20
Level of ethnic identity	306	1.17	5.00	4.05	.70	.49
Sexual identity	306	11.00	32.00	23.85	4.10	16.77
Social well-being	306	1.25	6.00	5.49	.71	.51
Eudaimonic well-being	306	3.43	6.00	5.40	.59	.34
Hedonic well-being	306	1.67	6.00	5.17	.86	.73
Satisfaction with life	306	5.00	35.00	21.62	7.20	51.86
Self-esteem	306	15.00	40.00	32.79	5.55	30.80
Depression symptoms	306	.00	29.00	10.18	6.12	37.44
Perceived stress	306	5.00	49.00	23.13	8.08	65.25
Valid N	306					

Table 2

Correlations

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Africentrism	1	.48**	.54**	.26**	.06	.52**	.30**	.31**	.22**	.19**	.25**	-.14*	-.19**
2. Racial centrality	.48**	1	.36**	.14*	.19**	.53**	.22**	.15**	0.10	.14*	.17**	-.13*	-.11*
3. AA prosocial attitudes	.54**	.36**	1	.28**	-.03	.44**	.16**	.28**	.15**	.14*	.12*	-.01	-.05
4. Sexual identity	.26**	.14*	.28**	1	.03	.17**	.24**	.24**	.19**	.17**	.12*	-.11	-.05
5. Categorical ethnic identity	.06	.19**	-.03	.03	1	-.04	.04	-.02	-.04	.03	.05	-.05	-.03
6. Continuous ethnic identity	.52**	.53**	.44**	.17**	-.04	1	.33**	.31**	.27**	.29**	.28**	-.16**	-.22**
7. Social well-being	.30**	.22**	.16**	.24**	.04	.33**	1	.56**	.44**	.30**	.43**	-.28**	-.30**
8. Eudaimonic well-being	.31**	.15**	.28**	.24**	-.02	.31**	.56**	1	.60**	.44**	.55**	-.38**	-.34**
9. Hedonic well-being	.22**	.10	.15**	.19**	-.04	.27**	.44**	.60**	1	.58**	.67**	-.61**	-.58**
10. Satisfaction with life	.19**	.14*	.14*	.17**	.03	.29**	.30**	.44**	.58**	1	.56**	-.51**	-.56**
11. Self-esteem	.25**	.17**	.12*	.12*	.05	.28**	.43**	.55**	.67**	.56**	1	-.70**	-.67**
12. Depression	-.14*	-.13*	-.01	-.11	-.05	-.16**	-.28**	-.38**	-.61**	-.51**	-.70**	1	.75**
13. Perceived stress	-.19**	-.11*	-.05	-.05	-.03	-.22**	-.30**	-.34**	-.58**	-.56**	-.67**	.75**	1

*Note*¹: *** $p < .001$, ** $p < .01$, * $p < .05$

*Note*²: Due to uneven representation among African-American, African, Afro-Caribbean, and Afro-Latino groups, categorical ethnic identity was coded as a dichotomous variable with values representing African-American (1) and non-African-American (0).

Hypothesis 1

As stated above, there were numerous significant correlations which justified further testing (See Table 2). Africentrism was significantly correlated with social well-being ($r = .30$, $p < .01$). Africentrism was significantly correlated with eudaimonic well-being ($r = .31$, $p < .01$). Africentrism was significantly correlated with hedonic well-being ($r = .22$, $p < .01$). Africentrism was significantly correlated with satisfaction with life ($r = .19$, $p < .01$). Africentrism was significantly correlated with self-esteem ($r = .25$, $p < .01$). Africentrism was significantly

negatively correlated with depression symptoms ($r = .14, p < .05$). Africentrism was significantly negatively correlated with perceived stress ($r = .19, p < .01$).

Hypothesis 1a

Hypothesis 1a stated that Africentrism will positively predict psychological well-being while controlling for racial centrality and sexual identity. There was support for this hypothesis. (See Tables 3 through 7). When controlling for racial centrality and sexual identity, regression analyses revealed that Africentrism positively predicted social well-being ($R^2 = .13, B = .42, p < .01, CI = [.17, .67], r_{es} = .18$). When controlling for racial centrality and sexual identity, Africentrism positively predicted eudaimonic well-being ($R^2 = .12, B = .45, p < .01, CI = [.24, .66], r_{es} = .24$). When controlling for racial centrality and sexual identity, Africentrism positively predicted hedonic well-being ($R^2 = .07, B = .46, p < .01, CI = [.15, .78], r_{es} = .16$). When controlling for racial centrality and sexual identity, Africentrism weakly positively predicted satisfaction with life ($R^2 = .06, B = 2.78, p = .04, CI = [.12, 5.45], r_{es} = .12$). Given the p value being so close to .05, the moderate width of the confidence interval, and modest effect size, this finding should be accepted with caution. When controlling for racial centrality and sexual identity, Africentrism positively predicted self-esteem ($R^2 = .07, B = 3.20, p < .01, CI = [1.16, 5.25], r_{es} = .18$) (See Tables 3 through 7).

Hypothesis 1b

Hypothesis 1b stated that Africentrism will negatively predict distress while controlling for racial centrality and sexual identity. There was partial support for this part of the hypothesis (See Tables 8 and 9). When controlling for racial centrality and sexual identity, regression analyses revealed that Africentrism did not positively or negatively predict depression symptoms ($R^2 = .03, B = -1.46, p = .21, CI = [-3.76, .84], r_{es} = .07$). When controlling for racial centrality

and sexual identity, Africentrism negatively predicted perceived stress ($R^2 = .04$, $B = -4.21$, $p < .01$, $CI = [-7.23, -1.19]$, $r_{es} = .16$). The wide confidence interval suggests that this finding should be accepted cautiously.

Table 3

Regression Analysis of Social Well-being Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	.42	.13	.20	3.25	.001**	.17, .67
<i>Covariates</i>						
Racial Centrality	.07	.04	.10	1.66	.10	-.01, .15
Sexual Identity	.03	.01	.18	3.20	.002**	.01, .05

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 4

Regression Analysis of Eudaimonic Well-being Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	.48	.11	.26	4.20	<.001***	.24, .66
<i>Covariates</i>						
Racial Centrality	-.00	.03	-.00	-.03	.98	-.07, .07
Sexual Identity	.03	.01	.17	3.11	.002**	.01, .04

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 5

Regression Analysis of Hedonic Well-being Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	.46	.16	.19	2.89	.004**	.15, .78
<i>Covariates</i>						
Racial Centrality	-.01	.05	-.01	-.11	.91	-.11, .10
Sexual Identity	.03	.01	.14	2.50	.013*	.01, .05

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 6

Regression Analysis of Satisfaction with Life Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	2.78	1.36	.13	2.05	.04*	.12, 5.45
<i>Covariates</i>						
Racial Centrality	.38	.44	.06	.86	.39	-.48, 1.23
Sexual Identity	.23	.10	.13	2.26	.03*	.03, .43

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 7

Regression Analysis of Self-esteem Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	3.20	1.04	.20	3.08	.002**	1.16, 5.25
<i>Covariates</i>						
Racial Centrality	.36	.33	.07	1.08	.28	-.30, 1.02
Sexual Identity	.08	.08	.06	1.02	.31	-.07, .23

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 8

Regression Analysis of Depression Symptoms Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	-1.46	1.17	-.08	-1.25	.21	-3.76, .84
<i>Covariates</i>						
Racial Centrality	-.46	.38	-.08	-1.22	.22	-1.20, .28
Sexual Identity	-.11	.09	-.07	-1.26	.21	-.28, .06

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 9

Regression Analysis of Perceived Stress Predicted by Africentrism While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI
<i>Predictor</i>						
Africentrism	-4.21	1.54	-.18	-2.74	.006**	-7.23, -1.19
<i>Covariates</i>						
Racial Centrality	-.22	.49	-.03	-.45	.65	-1.19, .75
Sexual Identity	.00	.12	.00	.04	.97	-.22, .23

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Hypothesis 2

There was some support for Hypothesis 2. There was no support for Hypothesis 2a or 2b, partial support for Hypothesis 2c, and support for Hypothesis 2d. Level of ethnic identity impacted the relationship between Africentrism and eudaimonic well-being and Africentrism and both distress measures. There was a moderating effect indicating that higher levels of ethnic identity strengthened the impacted positive relationship and negative relationships.

Hypothesis 2a

Hypothesis 2a stated that the predictive relationship between Africentrism and psychological well-being will be moderated by categorical ethnic group membership while controlling for racial centrality and sexual identity. There was no support for this hypothesis. Due to categorical ethnicity not being significantly correlated with any variables except racial centrality (See Table 2), moderation analyses would not have yielded any significant results and were therefore not conducted. Hypothesis 2a also stated that the predictive relationship between

Africentrism and psychological well-being would be stronger for African-Americans than non-African-Americans. There was no support for this position based on categorical ethnic identity not being significantly correlated with any variables except racial centrality.

Hypothesis 2b

Hypothesis 2b stated that the predictive relationship between Africentrism and distress will be moderated by categorical ethnic group membership while controlling for racial centrality and sexual identity. There was no support for this hypothesis. Due to categorical ethnicity not being significantly correlated with any variables except racial centrality (See Table 2), moderation analyses would not have yielded any significant results and were therefore not conducted. Hypothesis 2b also stated that the predictive relationship between Africentrism and distress would be stronger for African-Americans than non-African-Americans. There was no support for this position based on categorical ethnic identity not being significantly correlated with any variables except racial centrality.

Hypothesis 2c

Hypothesis 2c stated that the predictive relationship between Africentrism and psychological well-being will be moderated by level of ethnic identity while controlling for racial centrality and sexual identity. There was some support for this hypothesis (See Tables 10 through 14; See Figure 1). When controlling for racial centrality and sexual identity, regression analyses revealed that level of ethnic identity (Finalized ethnicity scale scores) did not moderate the relationship between Africentrism and social well-being ($R^2 = .16$, $B = -.02$, $F(5,300) = 11.14$, $p = .88$, $CI = [-.32, .30]$). When controlling for racial centrality and sexual identity, level of ethnic identity moderated the relationship between Africentrism and eudaimonic well-being at the .05 level ($R^2 = .17$, $B = .25$, $F(5, 300) = 11.88$, $p = .04$, $CI = [.01, .49]$). As level of ethnic

identity increased by approximately one standard deviation above the mean, the R^2 for this positive predictive relationship increased by .01 (See Figure 1). When controlling for racial centrality and sexual identity, level of ethnic identity did not moderate the relationship between Africentrism and hedonic well-being ($R^2 = .11$, $B = .23$, $F(5, 300) = 7.42$, $p = .20$, $CI = [-.13, .60]$). When controlling for racial centrality and sexual identity, level of ethnic identity did not moderate the relationship between Africentrism and satisfaction with life ($R^2 = .10$, $B = 1.00$, $F(5, 300) = 6.80$, $p = .52$, $CI = [-2.06, 4.06]$). When controlling for racial centrality and sexual identity, level of ethnic identity did not moderate the relationship between Africentrism and self-esteem ($R^2 = .11$, $B = 2.29$, $F(5, 300) = 7.23$, $p = .06$, $CI = [-.05, 4.64]$).

Hypothesis 2d

Hypothesis 2d stated that the predictive relationship between Africentrism and distress will be moderated by level of ethnic identity while controlling for racial centrality and sexual identity. There was support for this hypothesis (See Tables 15 and 16; See Figures 2 and 3). When controlling for racial centrality and sexual identity, regression analyses revealed that level of ethnic identity moderated the relationship between Africentrism and depression symptoms at the .05 level ($R^2 = .05$, $B = -2.93$, $F(5, 300) = 3.22$, $p = .03$, $CI = [-5.60, -.62]$). As level of ethnic identity increased by approximately one standard deviation above the mean, the R^2 for this negative predictive relationship increased by .02 (See Figure 2). When controlling for racial centrality and sexual identity, level of ethnic identity moderated the relationship between Africentrism and perceived stress at the .05 level ($R^2 = .08$, $B = -4.30$, $F(5, 300) = 4.97$, $p = .02$, $CI = [-7.78, -.83]$). As level of ethnic identity increased by approximately one standard deviation above the mean, the R^2 for this negative predictive relationship increased by .02 (See Figure 3).

Table 10

Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Social Well-being While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	.36	.63	.58	.56	-.88, 1.60
Level of ethnic identity	.30	.47	.62	.53	-.64, 1.23
Interaction (Africentrism X Level of ethnic identity)	-.02	.15	-.16	.88	-.32, .27
Racial centrality	.01	.05	.31	.75	-.07, .10
Sexual identity	.03	.01	3.11	<.01**	.01, .05

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 11

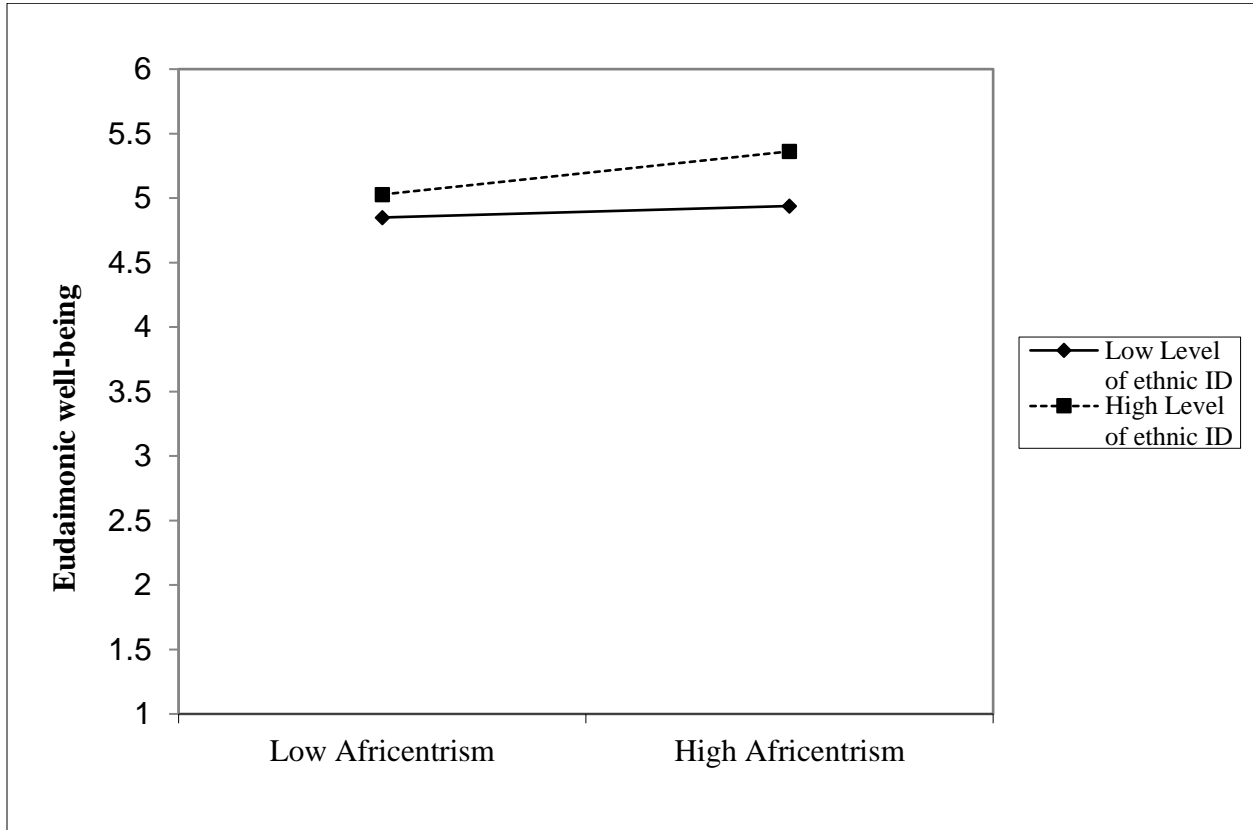
Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Eudaimonic Well-being While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	-.71	.52	4.08	.17	-1.72, .31
Level of ethnic identity	-.59	.39	-1.53	.13	-1.35, .17
Interaction (Africentrism X Level of ethnic identity)	.25	.12	2.04	.04*	.01, .49
Racial centrality	-.04	.04	-.96	.34	-.11, .04
Sexual identity	.02	.01	2.87	<.01**	.01, .04

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Figure 1

Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Eudaimonic Well-being While Controlling for Racial Centrality and Sexual Identity



Note: Low Africentrism = 1 standard deviation below the mean; High Africentrism = 1 standard deviation above the mean; Low level of ethnic ID = 1 standard deviation below the mean; High level of ethnic ID = 1 standard deviation above the mean.

Table 12

Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Hedonic Well-being While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	-.71	.78	-.92	.36	-2.24, .82
Level of ethnic identity	-.44	.58	-.75	.45	-1.59, .71
Interaction (Africentrism X Level of ethnic identity)	.24	.18	1.28	.20	-.13, .60
Racial centrality	-.07	.06	-1.22	.22	-.18, .04
Sexual identity	.03	.01	2.30	.02*	.00, .05

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 13

Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Satisfaction with Life While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	-3.24	6.58	-.49	.62	-16.18, 9.70
Level of ethnic identity	-.40	4.93	-.08	.94	-10.10, 9.30
Interaction (Africentrism X Level of ethnic identity)	1.00	1.55	.64	.52	-2.06, 4.06
Racial centrality	-.24	.47	-.52	.60	-1.16, .67
Sexual identity	.21	.10	2.09	.03*	.01, .41

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 14

Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Self-esteem While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	-7.45	5.05	-1.47	.14	-17.38, 2.50
Level of ethnic identity	-5.51	3.79	-1.46	.15	-12.96, 1.94
Interaction (Africentrism X Level of ethnic identity)	2.29	1.19	1.92	.06	-.06, 4.64
Racial centrality	.05	.36	.15	.88	-.65, .76
Sexual identity	.06	.07	.76	.45	-.09, .21

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 15

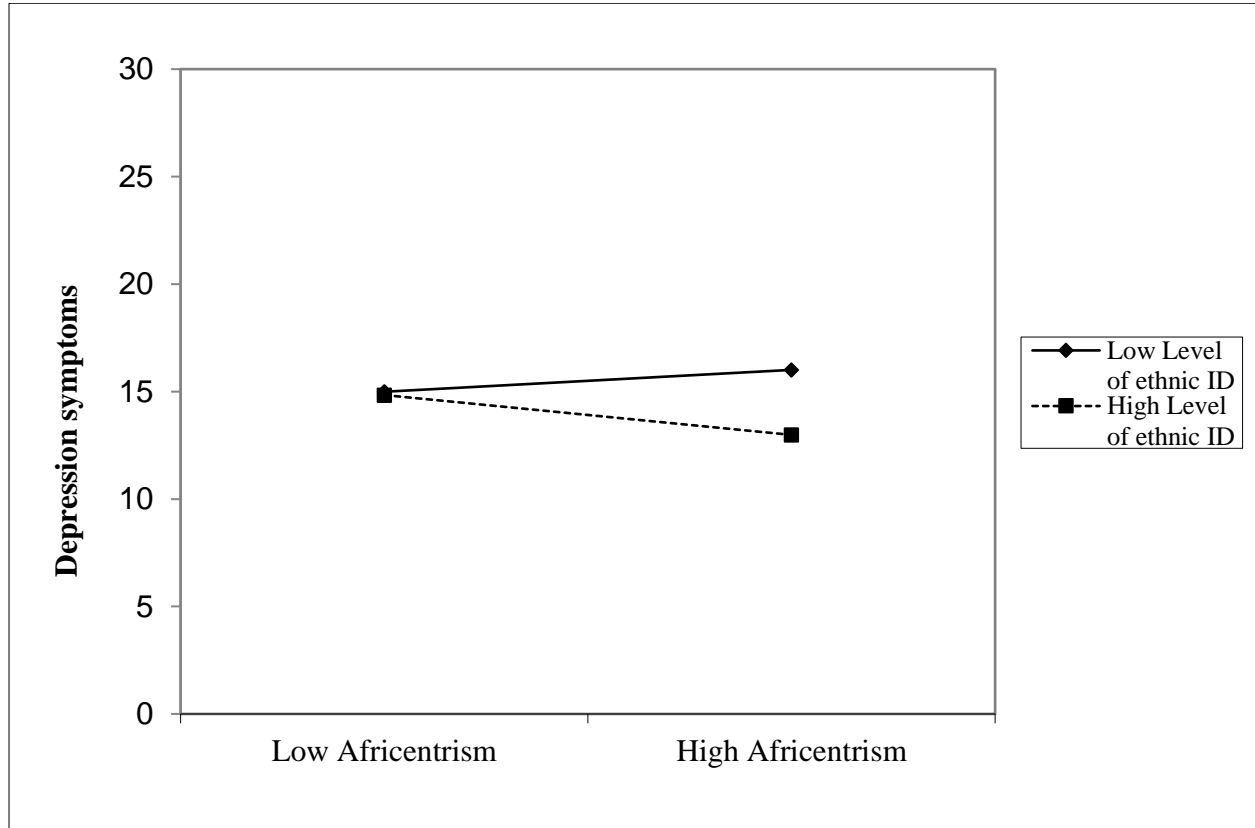
Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Depression Symptoms While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	11.27	5.74	1.96	.05	-.03, 22.58
Level of ethnic identity	8.30	4.31	1.93	.06	-.18, 16.77
Interaction (Africentrism X Level of ethnic identity)	-2.93	1.36	-2.16	.03*	-5.60, -.26
Racial centrality	-.37	.41	-.92	.36	-1.17, .43
Sexual identity	-.09	.09	-1.03	.30	-.26, .08

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Figure 2

Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Depression Symptoms While Controlling for Racial Centrality and Sexual Identity



Note: Low Africentrism = 1 standard deviation below the mean; High Africentrism = 1 standard deviation above the mean; Low level of ethnic ID = 1 standard deviation below the mean; High level of ethnic ID = 1 standard deviation above the mean.

Table 16

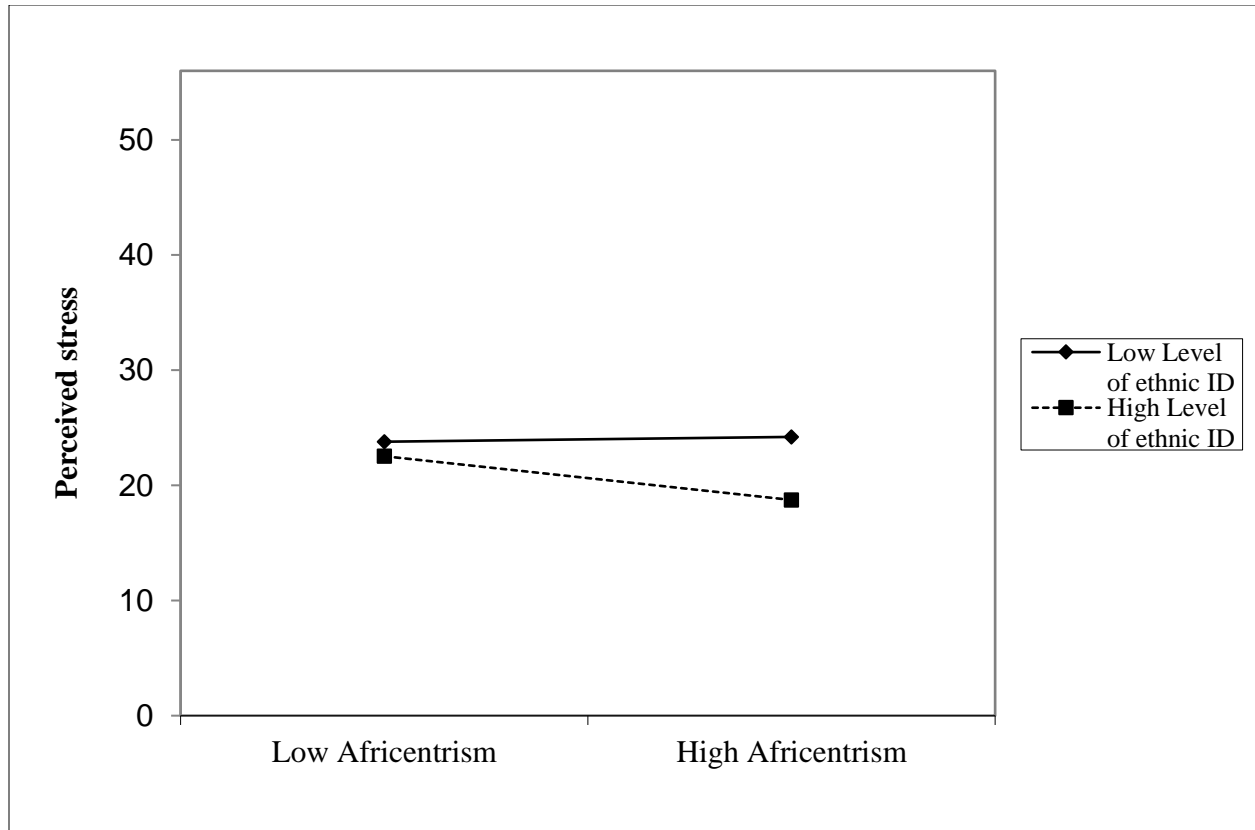
Analysis of Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Perceived Stress While Controlling for Racial Centrality and Sexual Identity

Predictor Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>p</i>	95% CI
Africentrism	15.00	7.48	-.71	.05	.28, 29.72
Level of ethnic identity	11.44	5.61	2.04	.04*	.40, 22.48
Interaction (Africentrism X Level of ethnic identity)	-4.30	1.76	-2.44	.02*	-7.78, -.83
Racial centrality	.09	.53	.16	.87	-.96, 1.13
Sexual identity	.04	.11	.34	.74	-.19, .26

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Figure 3

Moderating Effect of Level of Ethnic Identity on the Relationship between Africentrism and Perceived Stress While Controlling for Racial Centrality and Sexual Identity



Note: Low Africentrism = 1 standard deviation below the mean; High Africentrism = 1 standard deviation above the mean; Low level of ethnic ID = 1 standard deviation below the mean; High level of ethnic ID = 1 standard deviation above the mean.

Hypothesis 3

Hypothesis 3 stated that Africentrism's predictive relationships with psychological well-being and distress will be mediated by African-American prosocial attitudes. There was no support of this hypothesis.

Hypothesis 3a

Hypothesis 3a stated that African-American prosocial attitudes will mediate the predictive relationship between Africentrism and psychological well-being while controlling for racial centrality and sexual identity. There was no support for this hypothesis (See Tables 17 through 21; See Figures 1 through 5). When controlling for racial centrality and sexual identity, regression analyses revealed that African-American prosocial attitudes did not mediate the relationship between Africentrism and social well-being ($R^2 = .13$, $B = -.07$, $F(4, 301) = 11.07$, $p = .47$, $CI = [-.28, .13]$). When controlling for racial centrality and sexual identity, regression analysis suggested that African-American prosocial attitudes might have mediated the relationship between Africentrism and eudaimonic well-being ($R^2 = .14$, $B = .18$, $F(4, 301) = 11.79$, $p = .03$, $CI = [.01, .35]$). This was refuted by a Sobel test ($a = .57$, $s_a = .07$, $b = .18$, $s_b = .09$, $p = .05$). When controlling for racial centrality and sexual identity, African-American prosocial attitudes did not mediate the relationship between Africentrism and hedonic well-being ($R^2 = .07$, $B = .05$, $F(4, 301) = 5.52$, $p = .73$, $CI = [-.21, .30]$, $r_{es} = .02$). When controlling for racial centrality and sexual identity, African-American prosocial attitudes did not mediate the relationship between Africentrism and satisfaction with life ($R^2 = .06$, $B = .26$, $F(4, 301) = 4.46$, $p = .81$, $CI = [-1.88, 2.40]$, $r_{es} = .01$). When controlling for racial centrality and sexual identity, African-American prosocial attitudes did not mediate the relationship between Africentrism and self-esteem ($R^2 = .07$, $B = -.49$, $F(4, 301) = 5.58$, $p = .56$, $CI = [-2.13, 1.15]$, $r_{es} = .03$).

Hypothesis 3b

Hypothesis 3b stated that African-American prosocial attitudes will mediate the predictive relationship between Africentrism and distress while controlling for racial centrality and sexual identity. There was no support for this hypothesis (See Tables 22 and 23; See Figures 6 and 7). When controlling for racial centrality and sexual identity, regression analyses revealed that African-American prosocial attitudes did not mediate the relationship between Africentrism and depression symptoms ($R^2 = .04$, $B = 1.61$, $F(4, 301) = 3.05$, $p = .09$, $CI = [-.23, 3.44]$, $r_{es} = .10$). When controlling for racial centrality and sexual identity, African-American prosocial attitudes did not mediate the relationship between Africentrism and perceived stress ($R^2 = .04$, $B = 1.53$, $F(4, 301) = 3.37$, $p = .21$, $CI = [-.88, 3.95]$, $r_{es} = .07$).

Table 17

Analysis of Social Well-being Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	.46	.14	-1.43	<.01**	.18, .74
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	-.07	.10	-.72	.47	-.28, .13
Indirect effects					
a_1b	-.04	.07			.18, .74

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

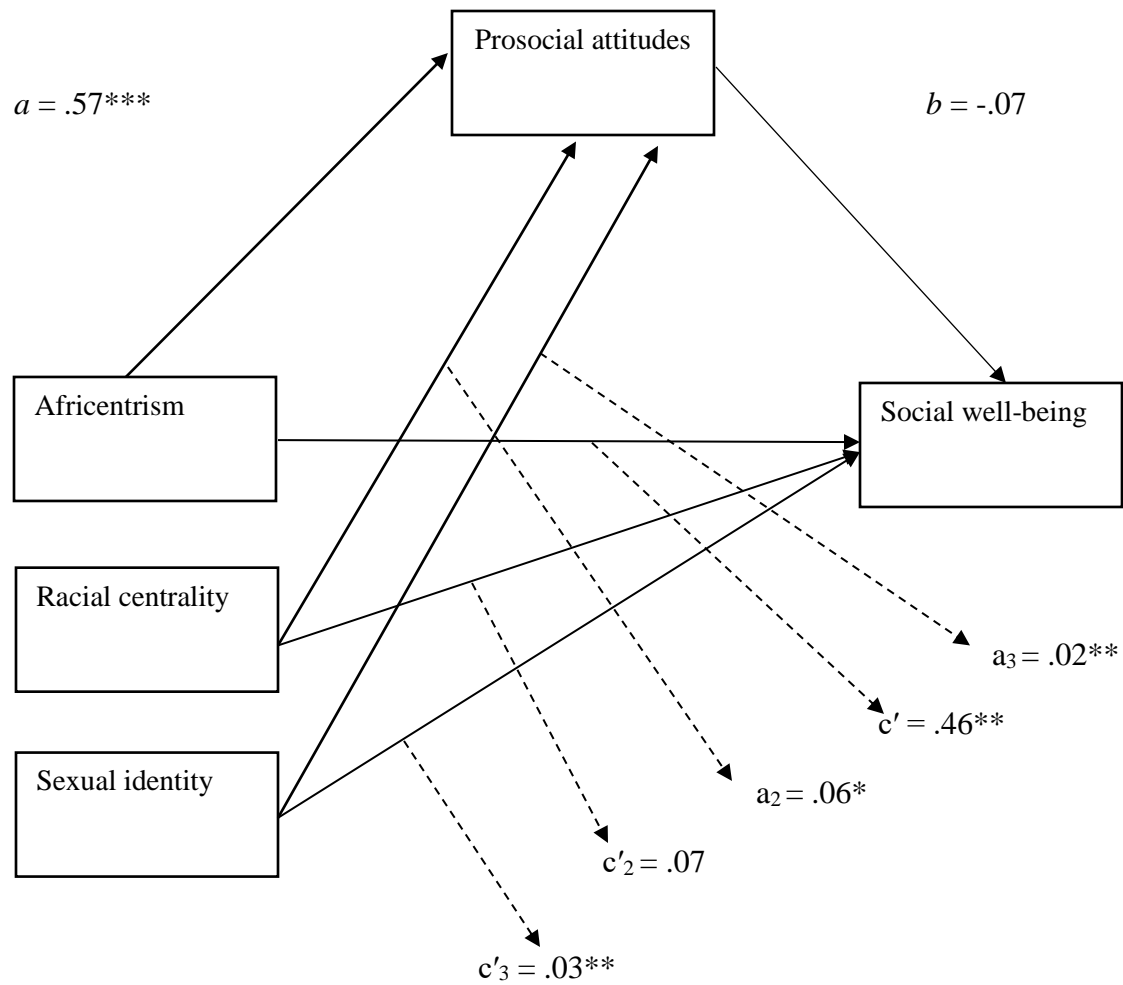


Figure 4

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Social Well-being While Controlling for Racial Centrality and Sexual Identity

Note¹: *** $p < .001$, ** $p < .01$, * $p < .05$

Note²: c (total effect) = .42; $c'_1 = .46$; a_1b (indirect effect) = -.04

Table 18

Analysis of Eudaimonic Well-being Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	.35	.12	2.97	<.01**	.12, .57
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	.18	.09	2.12	.03*	.01, .35
Indirect effects					
a_1b	.10	.05			.00, .22

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

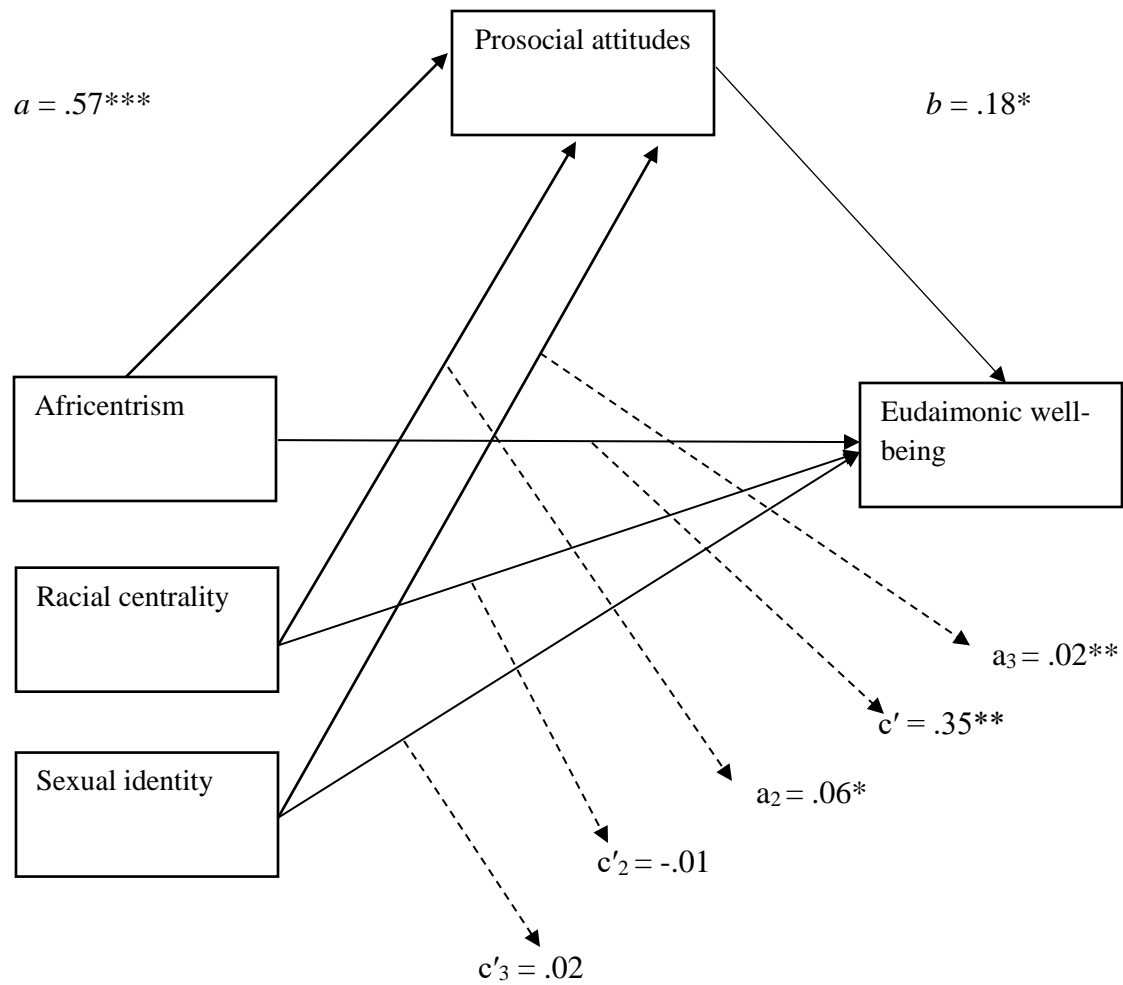


Figure 5

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Eudaimonic Well-being While Controlling for Racial Centrality and Sexual Identity

Note¹: *** $p < .001$, ** $p < .01$, * $p < .05$

Note²: c (total effect) = .45; $c'_1 = .35$; a_1b (indirect effect) = .10

Table 19

Analysis of Hedonic Well-being Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	.44	.18	2.49	.01*	.09, .78
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	.05	.13	.35	.73	.01, .35
Indirect effects					
a_1b	.03	.07			-.21, .30

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

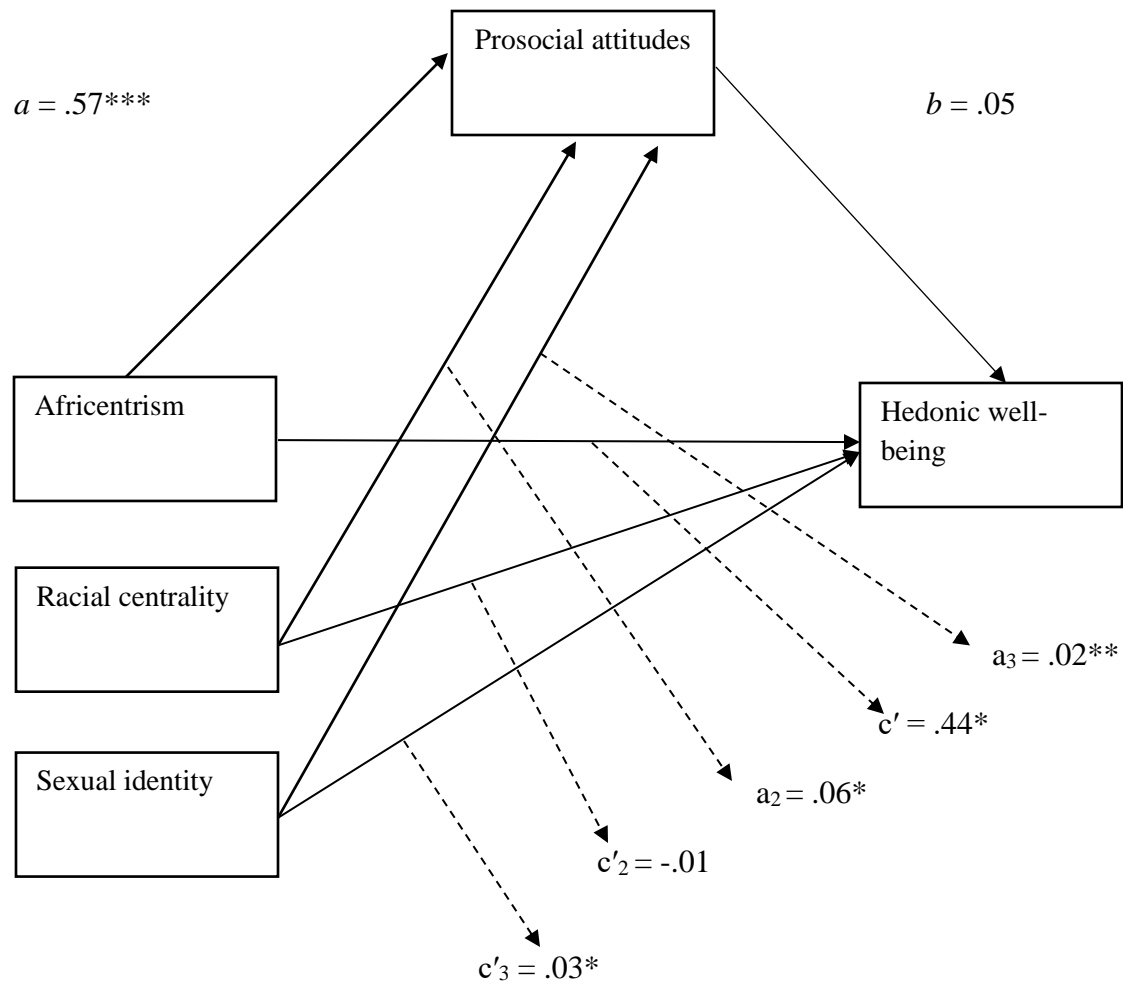


Figure 6

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Hedonic Well-being While Controlling for Racial Centrality and Sexual Identity

*Note*¹: *** $p < .001$, ** $p < .01$, * $p < .05$

*Note*²: c (total effect) = .47; $c'_1 = .44$; a_1b (indirect effect) = .03

Table 20

Analysis of Satisfaction with Life Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	2.64	1.49	1.77	.08	-.30, 5.57
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	.26	1.09	.82	.81	-1.88, 2.40
Indirect effects					
a_1b	.15	.67			-1.18, 1.44

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

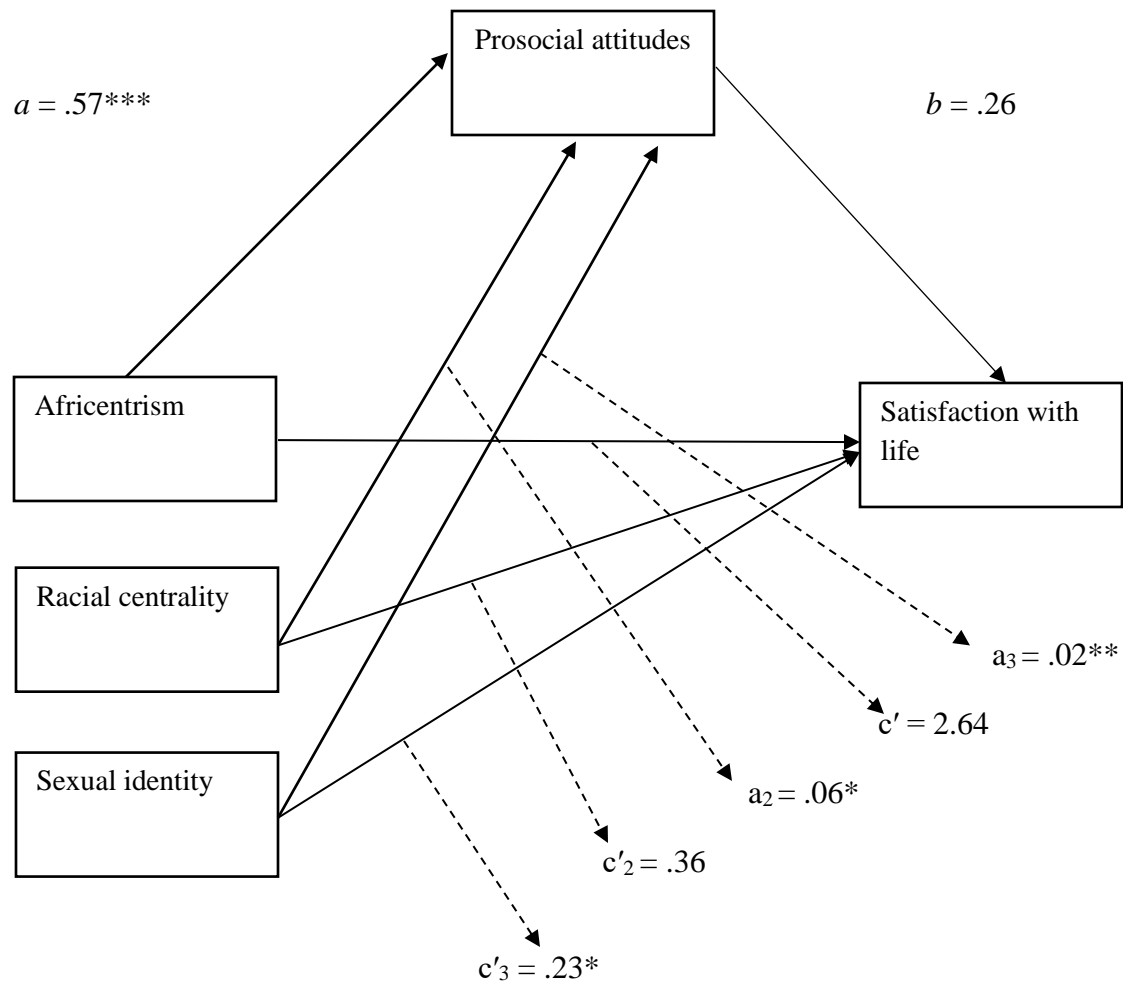


Figure 7

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Satisfaction with Life While Controlling for Racial Centrality and Sexual Identity

*Note*¹: *** $p < .001$, ** $p < .01$, * $p < .05$

*Note*²: c (total effect) = 2.79; $c'_1 = 2.64$; a_1b (indirect effect) = .15

Table 21

Analysis of Self-esteem Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	3.48	1.14	3.05	<.01**	1.23, 5.72
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	-.49	.83	-.59	.56	-2.13, 1.15
Indirect effects					
a_1b	-.28	.52			-1.31, .75

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

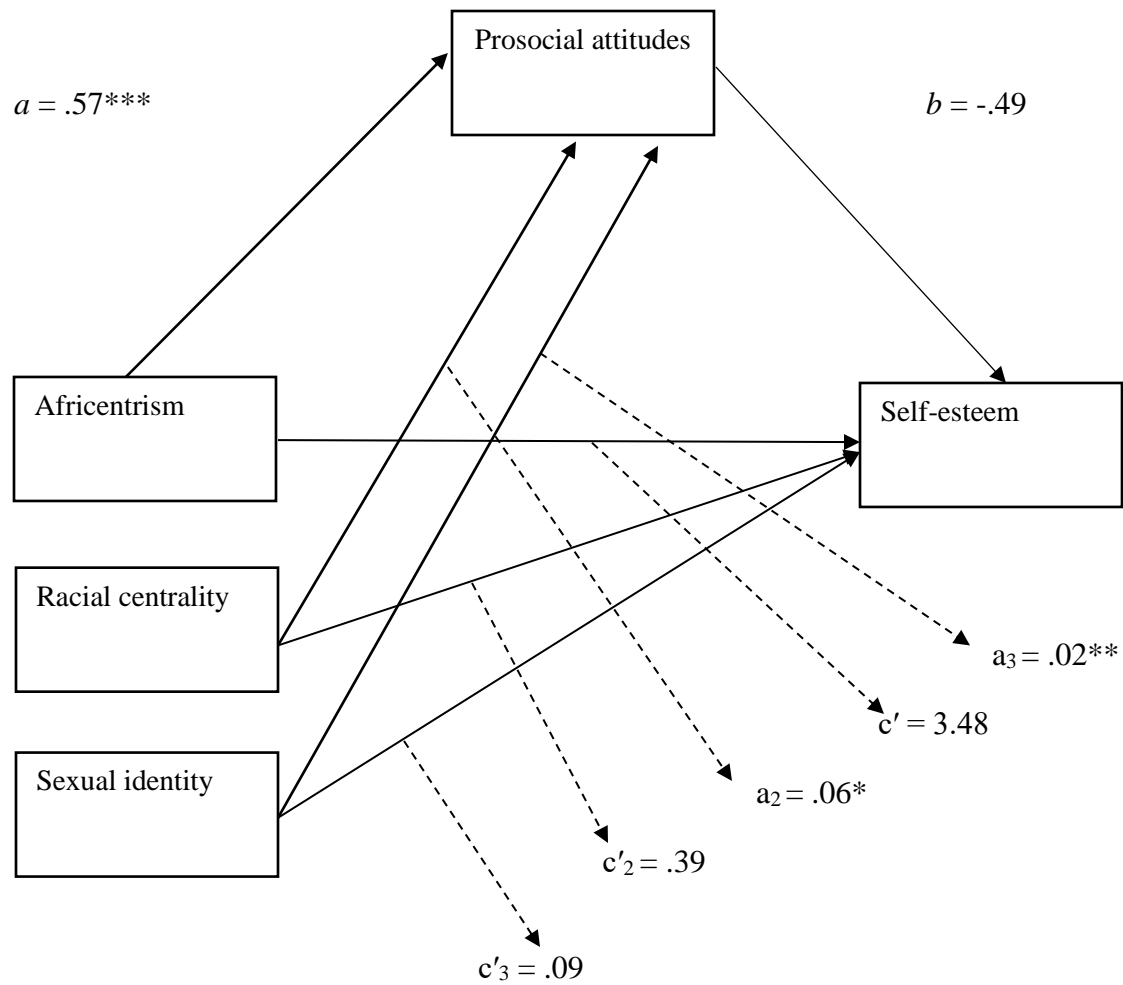


Figure 8

Test of African-American Prosocial Attitudes a Mediator between Africentrism and Self-esteem While Controlling for Racial Centrality and Sexual Identity

*Note*¹: *** $p < .001$, ** $p < .01$, * $p < .05$

*Note*²: c (total effect) = 3.20; $c'_1 = 3.48$; a_1b (indirect effect) = -.28

Table 22

Analysis of Depression Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	-2.27	1.28	-1.86	.07	-4.89, .14
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	1.61	.93	1.73	.09	-.23, 3.44
Indirect effects					
a_1b	.91	.54			-.11, 1.99

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

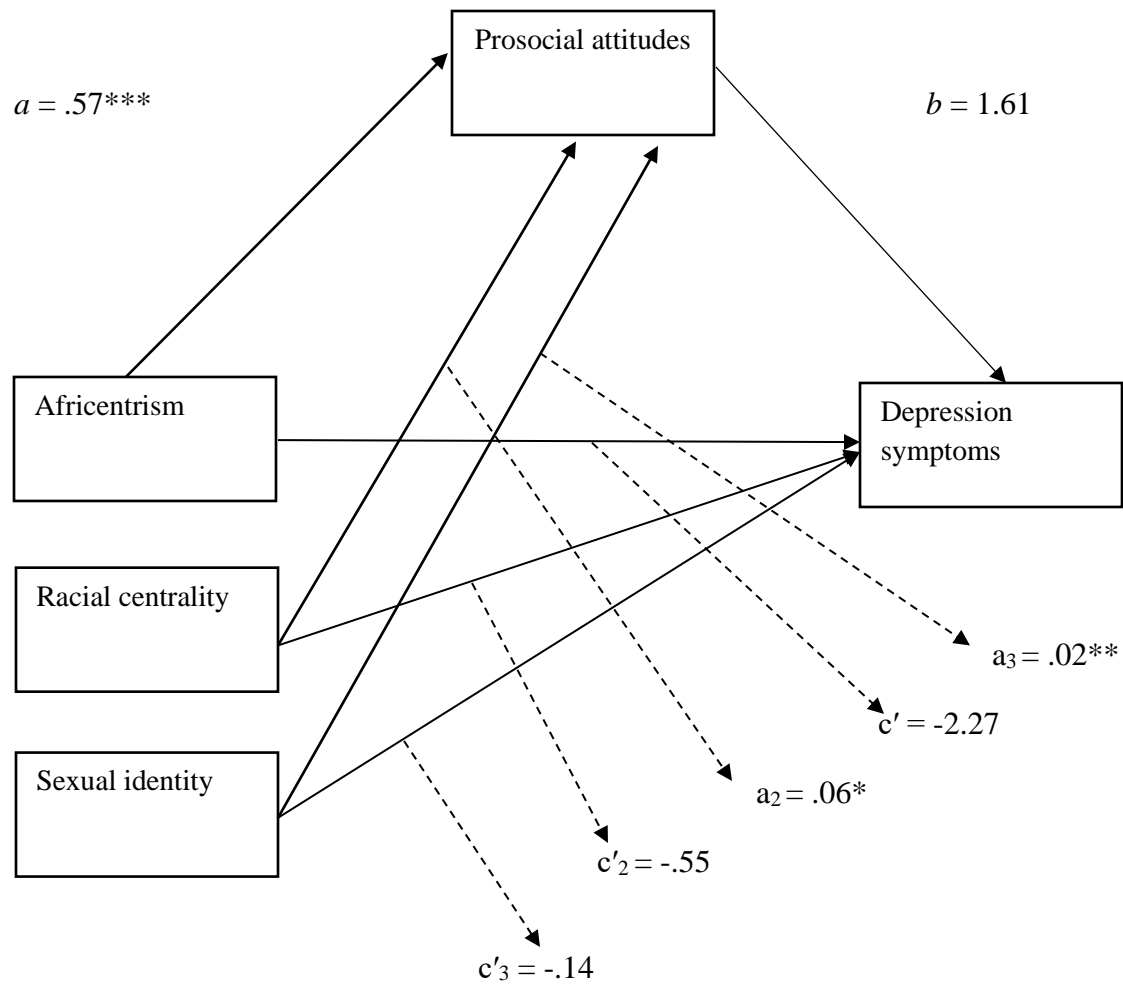


Figure 9

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Depression Symptoms While Controlling for Racial Centrality and Sexual Identity

Note¹: *** $p < .001$, ** $p < .01$, * $p < .05$

Note²: c (total effect) = -1.36; $c'_1 = -2.27$; a_1b (indirect effect) = .91

Table 23

Analysis of Perceived Stress Predicted by Africentrism, Mediated by African-American Prosocial Attitudes While Controlling for Racial Centrality and Sexual Identity

<i>Path</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p-value</i>	<i>95% CI</i>
Direct effect (c'_1)	-5.08	1.68	-3.01	<.01**	-8.39, -1.76
a_1	.57	.07	7.86	<.001***	.42, .71
a_2	.06	.02	2.44	.02*	.01, .10
a_3	.02	.01	3.07	<.01**	.01, .03
b	1.53	1.23	1.25	.21	-.88, 3.95
Indirect effects					
a_1b	.87	.67			-.40, 2.24

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

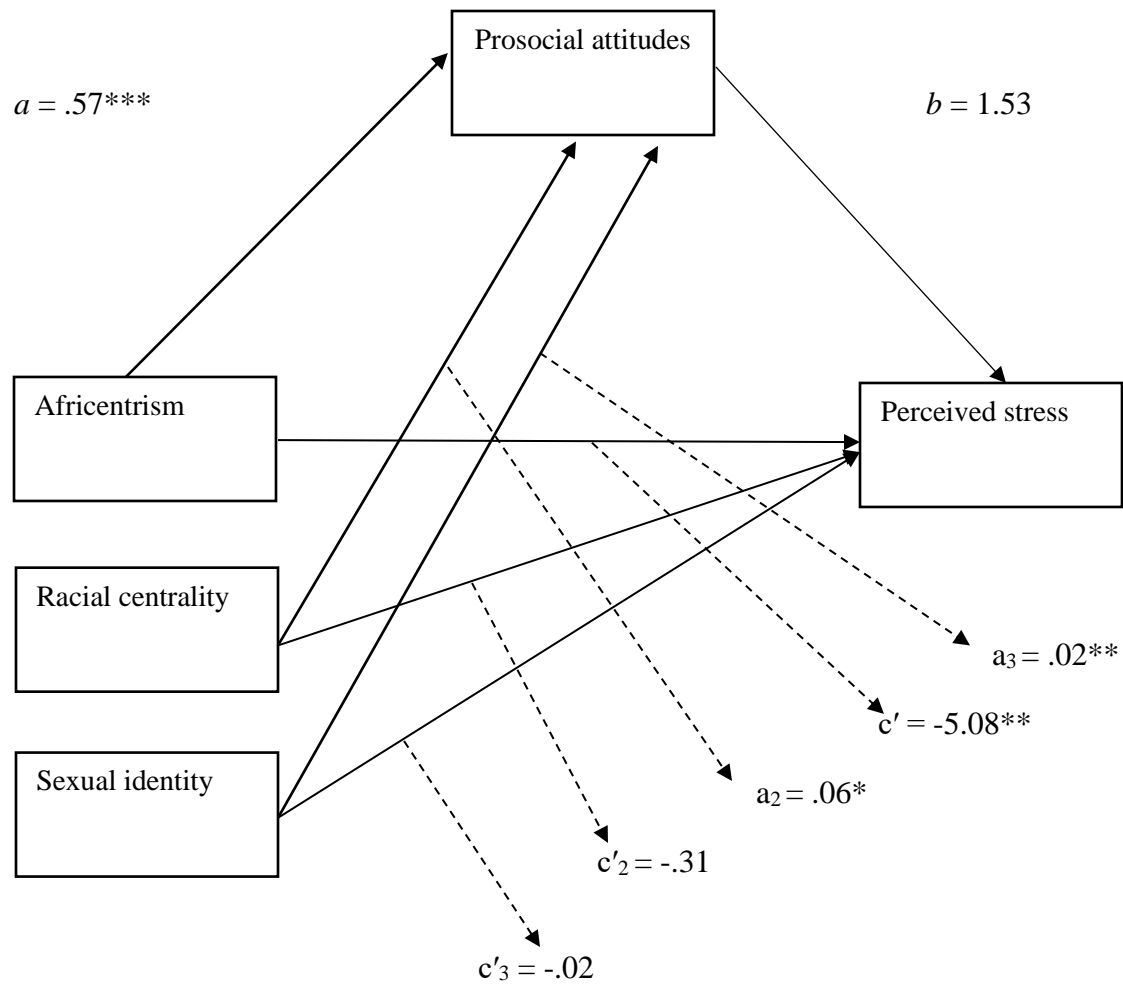


Figure 10

Test of African-American Prosocial Attitudes as a Mediator between Africentrism and Perceived Stress While Controlling for Racial Centrality and Sexual Identity

*Note*¹: *** $p < .001$, ** $p < .01$, * $p < .05$

*Note*²: c (total effect) = -4.21; $c'_1 = -5.05$; a_1b (indirect effect) = .87

Hypothesis 4

Hypothesis 4 stated that the mediational relationship between Africentrism and African-American prosocial attitudes will be moderated by both categorical and continuous ethnicity and the mediational relationship would be stronger for African-Americans and those with higher levels of ethnic identity, respectively. There was no support for this hypothesis.

Hypothesis 4a

Due to categorical ethnicity not being significantly correlated with any variables except racial centrality, moderation analyses would not have yielded any significant results and were therefore not conducted. Hypothesis 4a also stated that the mediational relationship between Africentrism and African-American prosocial attitudes will be stronger for African-Americans than non-African Americans. There was no support for this hypothesis as categorical ethnic identity could not have moderated the relationship between Africentrism and African American prosocial attitudes based on it not being correlated with most other variables.

Hypothesis 4b

Level of ethnic identity did not moderate a mediational effect of African-American prosocial attitudes on Africentrism and any outcome variables while controlling for racial centrality and sexual identity. The confidence intervals for the indexes of moderated mediation in all moderated mediation analyses contained zero which suggests no moderated mediation relationship (See Tables 24-30), as suggested by Hayes (2018). See Figures 8 through 14 for additional hypothesis testing representation. Hypothesis 4b also stated that the mediational relationship between Africentrism and African-American prosocial attitudes will be stronger for those with a higher level of ethnic identity. There was not support for this as there was no moderated mediation.

Table 24

Moderation-Mediation Analysis of Africentrism as a Predictor of Social Well-being, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	-.07	.10	-.72	.47	-.28, .13
X → Y (c' ₁)	.46	.14	3.26	.001	.18, .74
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	.07	.04	1.74	.08	-.01, .16
COV ₂ → Y (c' ₃)	.03	.01	3.27	.001	.01, .05
Conditional mediation for W at 16 th Percentile	-.04	.06			-.16, .08
Conditional mediation for W at 50 th Percentile	-.04	.01			-.16, .08
Conditional mediation for W at 84 th Percentile	-.03	.06			-.16, .07
Index of moderated mediation	.00	.01			-.03, .03

Note. X =Africentrism, Y= Social well-being, M = African American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

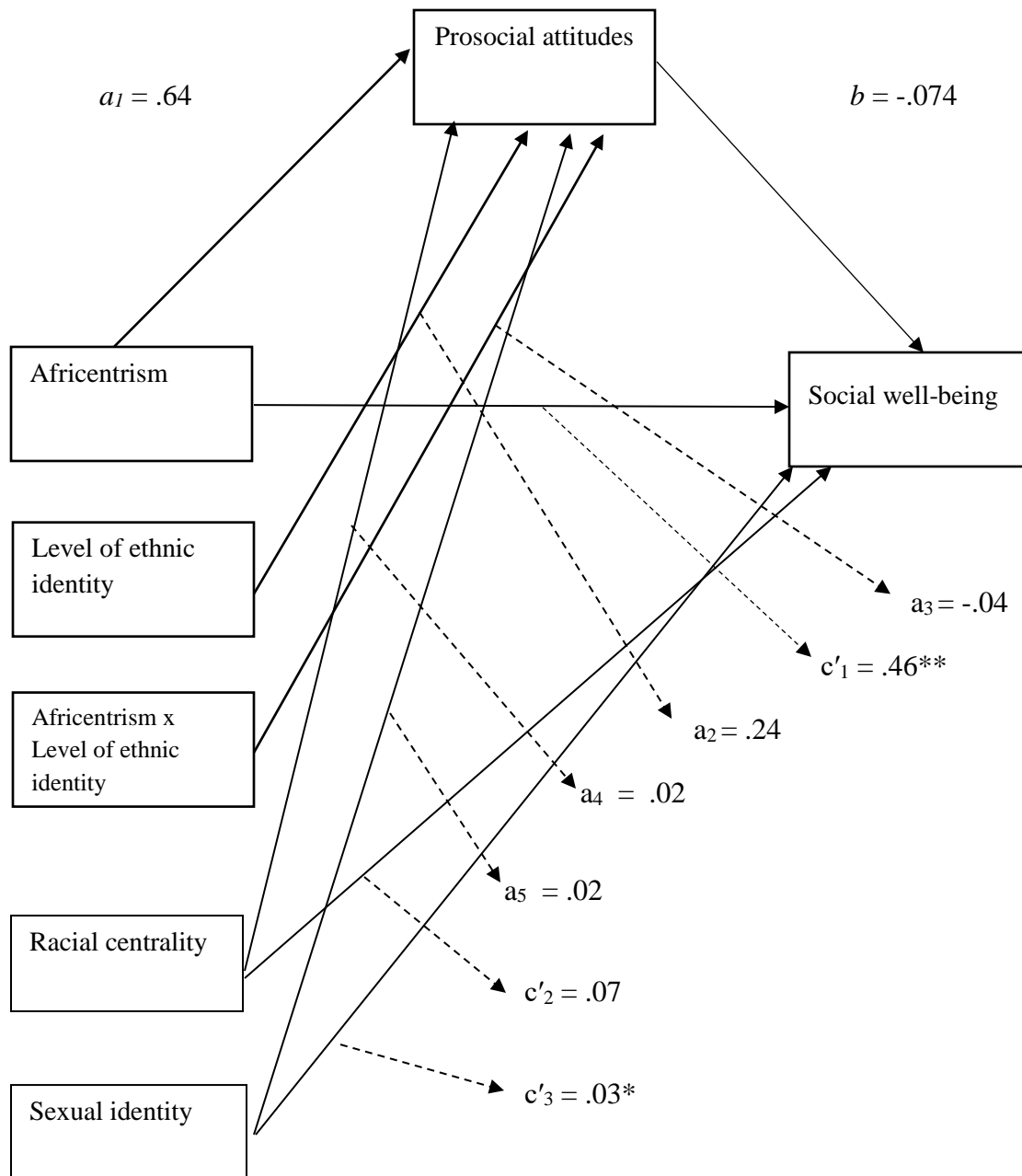


Figure 11

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Social Well-being While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 25

Moderation-Mediation Analysis of Africentrism as a Predictor of Eudaimonic Well-being, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	.18	.09	2.13	.03	.01, .35
X → Y (c' ₁)	.35	.12	2.98	.003	.12, .57
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	-.01	.03	-.32	.75	-.08, .06
COV ₂ → Y (c' ₃)	.02	.01	2.71	.007	.01, .04
Conditional mediation for W at 16 th Percentile	.09	.05			.00, .20
Conditional mediation for W at 50 th Percentile	.09	.04			.00, .18
Conditional mediation for W at 84 th Percentile	.08	.05			.00, .18
Index of moderated mediation	-.01	.02			-.05, .03

Note. X =Africentrism, Y= Eudaimonic well-being, M = African American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

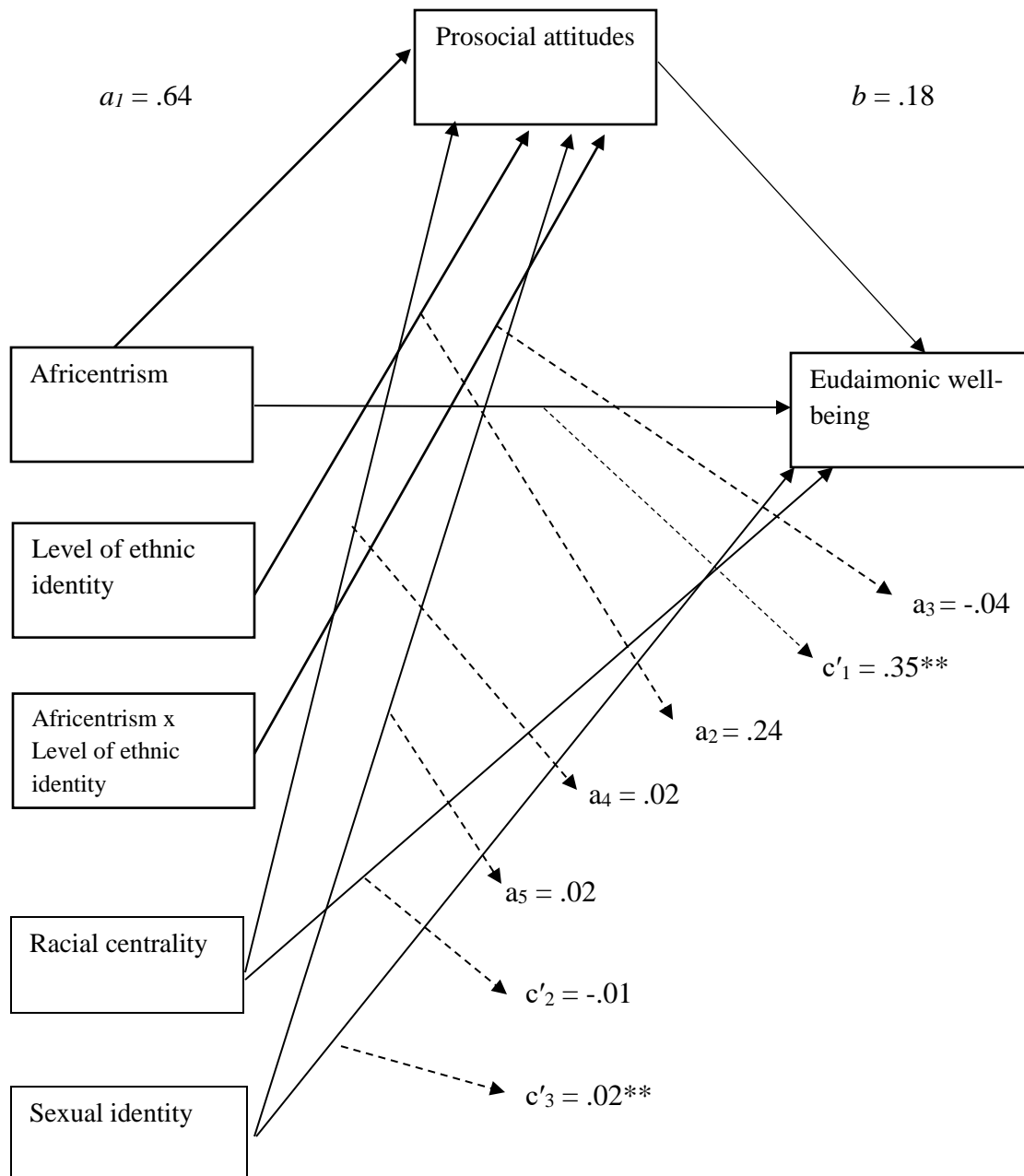


Figure 12

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Eudaimonic Well-being While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 26

Moderation-Mediation Analysis of Africentrism as a Predictor of Hedonic Well-being, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
$X \rightarrow M (a_1)$	.64	.35	1.8	.07	-.06, 1.33
$M \rightarrow Y (b)$	.05	.13	.35	.73	-.21, .30
$X \rightarrow Y (c'_1)$	.44	.18	2.49	.01	.09, .78
$W \rightarrow M (a_2)$	.24	.26	.92	.36	-.28, .76
$X*W \rightarrow M (a_3)$	-.04	.08	-.45	.65	-.20, .13
$COV_1 \rightarrow M (a_4)$	.02	.02	.98	.33	-.02, .07
$COV_2 \rightarrow M (a_5)$	.02	.005	3.01	.00	.01, .00
$COV_1 \rightarrow Y (c'_2)$	-.01	.05	-.16	.88	-.11, .09
$COV_2 \rightarrow Y (c'_3)$	.03	.01	2.40	.02	.01, .05
Conditional mediation for W at 16 th Percentile	.03	.07			-.11, .15
Conditional mediation for W at 50 th Percentile	.02	.06			-.11, .14
Conditional mediation for W at 84 th Percentile	.02	.06			-.10, .14
Index of moderated mediation	-.00	.01			-.03, .03

Note. X =Africentrism, Y= Hedonic well-being, M = African American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

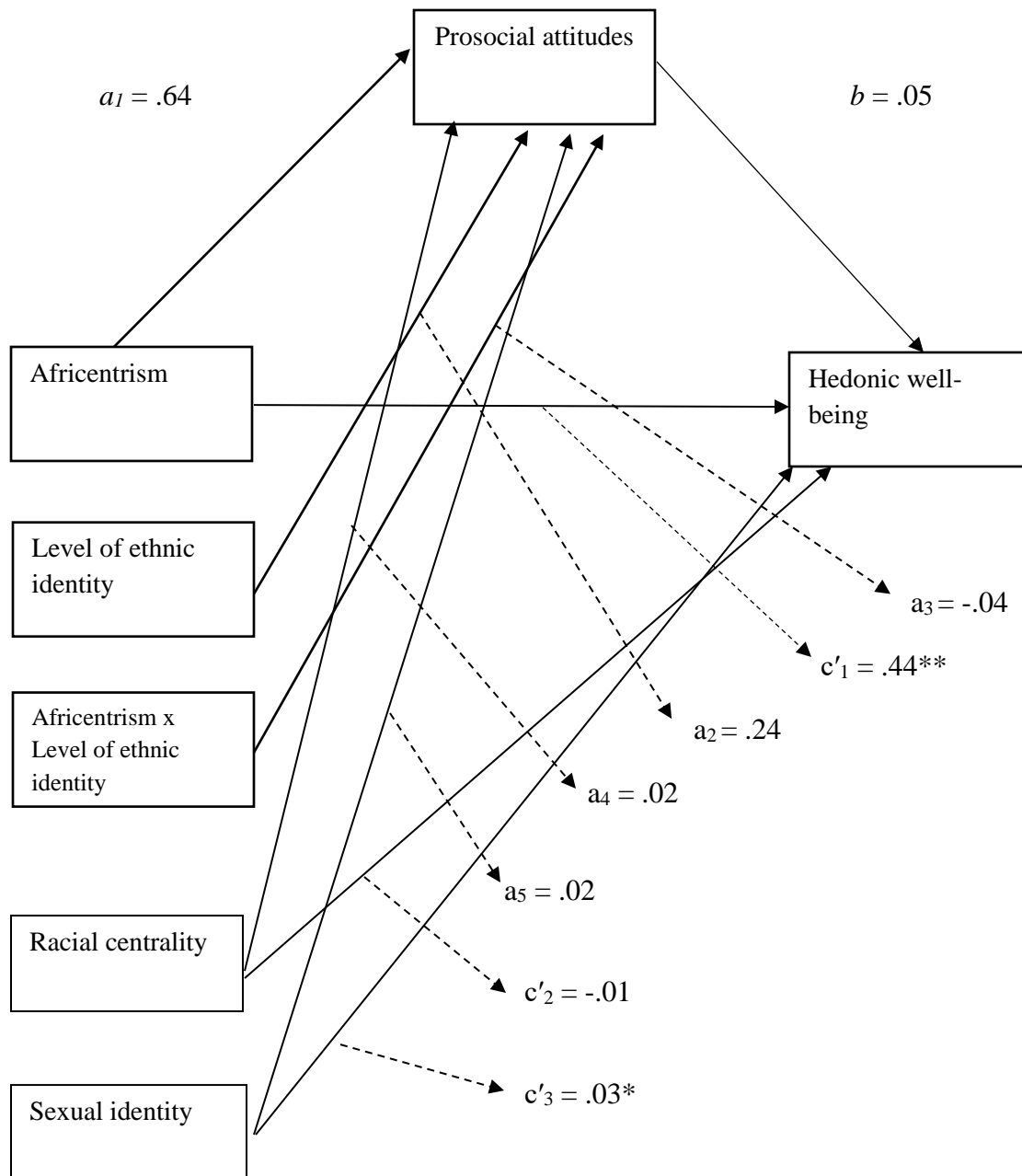


Figure 13

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Hedonic Well-being While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 27

Moderation-Mediation Analysis of Africentrism as a Predictor of Satisfaction with Life, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	.26	1.09	.24	.81	-1.88, 2.40
X → Y (c' ₁)	2.64	1.49	1.77	.08	-.30, 5.57
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	.36	.44	.82	.41	-.51, 1.23
COV ₂ → Y (c' ₃)	.23	.10	2.18	.03	.02, .43
Conditional mediation for W at 16 th Percentile	.13	.60			-1.10, 1.28
Conditional mediation for W at 50 th Percentile	.13	.57			-1.08, 1.20
Conditional mediation for W at 84 th Percentile	.12	.54			-1.02, 1.11
Index of moderated mediation	-.01	.12			-.32, .22

Note. X =Africentrism, Y= Satisfaction with life, M = African American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

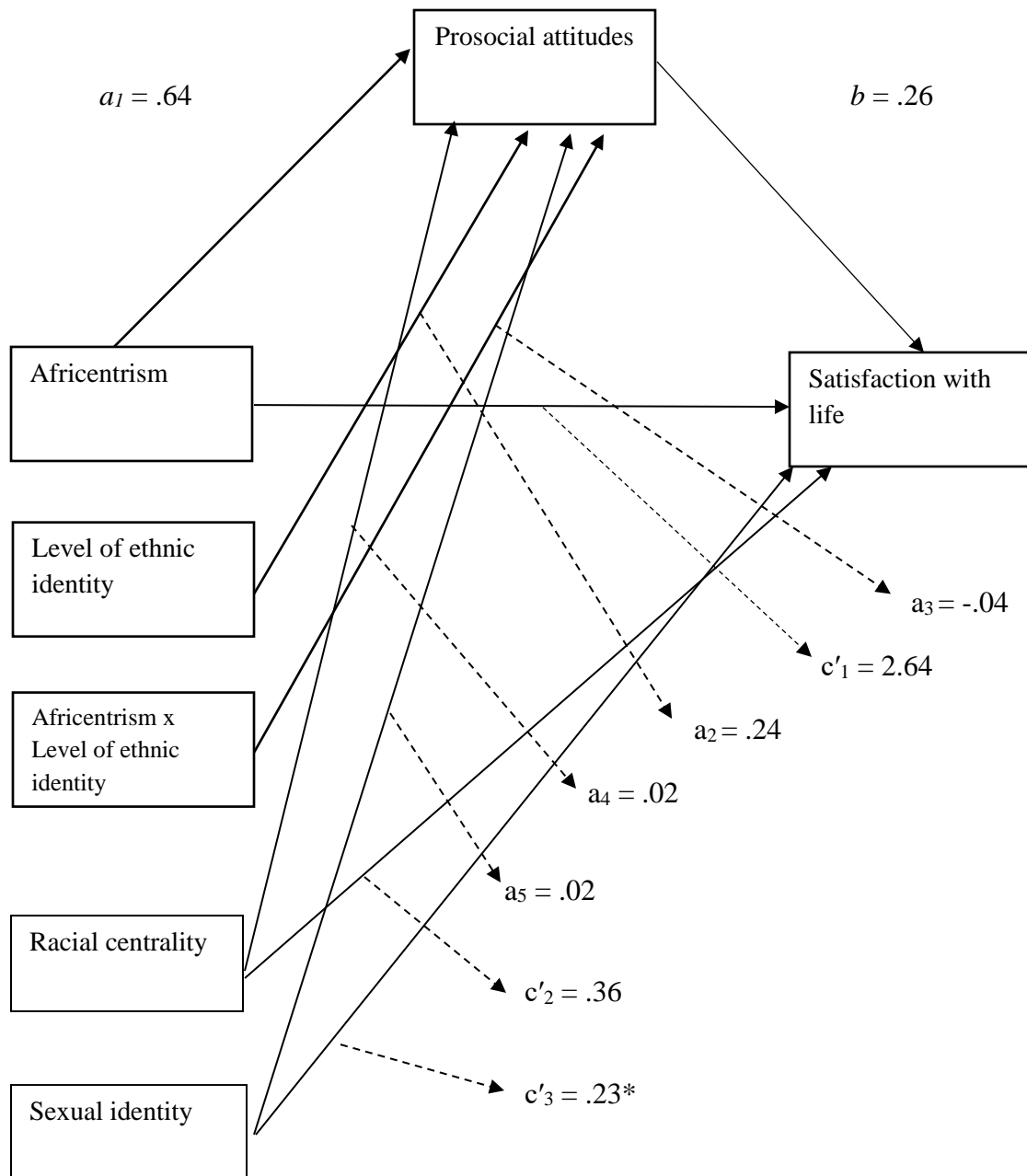


Figure 14

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Satisfaction with Life While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 28

Moderation-Mediation Analysis of Africentrism as a Predictor of Self-esteem, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	-.49	.83	-.59	.56	-2.13, 1.15
X → Y (c' ₁)	3.48	1.14	3.05	.003	1.23, 5.72
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	.39	.34	1.15	.25	-.28, 1.05
COV ₂ → Y (c' ₃)	.09	.08	1.11	.27	-.07, .24
Conditional mediation for W at 16 th Percentile	-.25	.47			-1.20, .70
Conditional mediation for W at 50 th Percentile	-.24	.45			-1.16, .65
Conditional mediation for W at 84 th Percentile	-.22	.42			-1.12, .58
Index of moderated mediation	.02	.10			-.20, .24

Note. X = Africentrism, Y = Self-esteem, M = African-American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

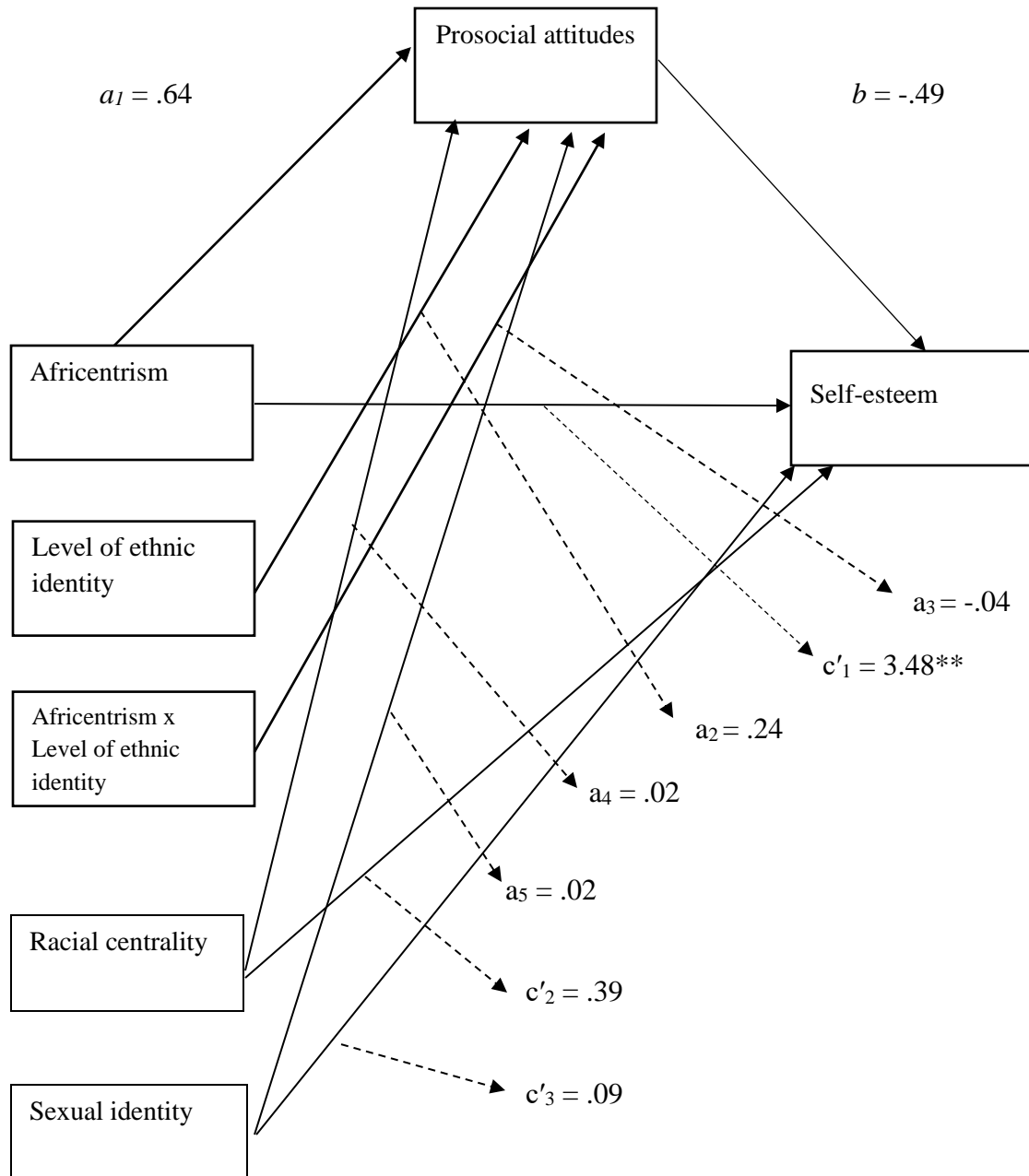


Figure 15

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Self-esteem While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 29

Moderation-Mediation Analysis of Africentrism as a Predictor of Depression Symptoms, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	1.61	.93	1.73	.09	-.23, 3.44
X → Y (c' ₁)	-2.37	1.28	-1.86	.07	-4.89, .14
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	-.55	.38	-1.45	.15	-1.29, .19
COV ₂ → Y (c' ₃)	-.14	.09	-1.55	.12	-.31, .04
Conditional mediation for W at 16 th Percentile	.81	.50			-.09, 1.89
Conditional mediation for W at 50 th Percentile	.78	.47			-.08, 1.75
Conditional mediation for W at 84 th Percentile	.73	.46			-.07, 1.74
Index of moderated mediation	-.06	.18			-.45, .30

Note. X =Africentrism, Y= Depression Symptoms, M = African-American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

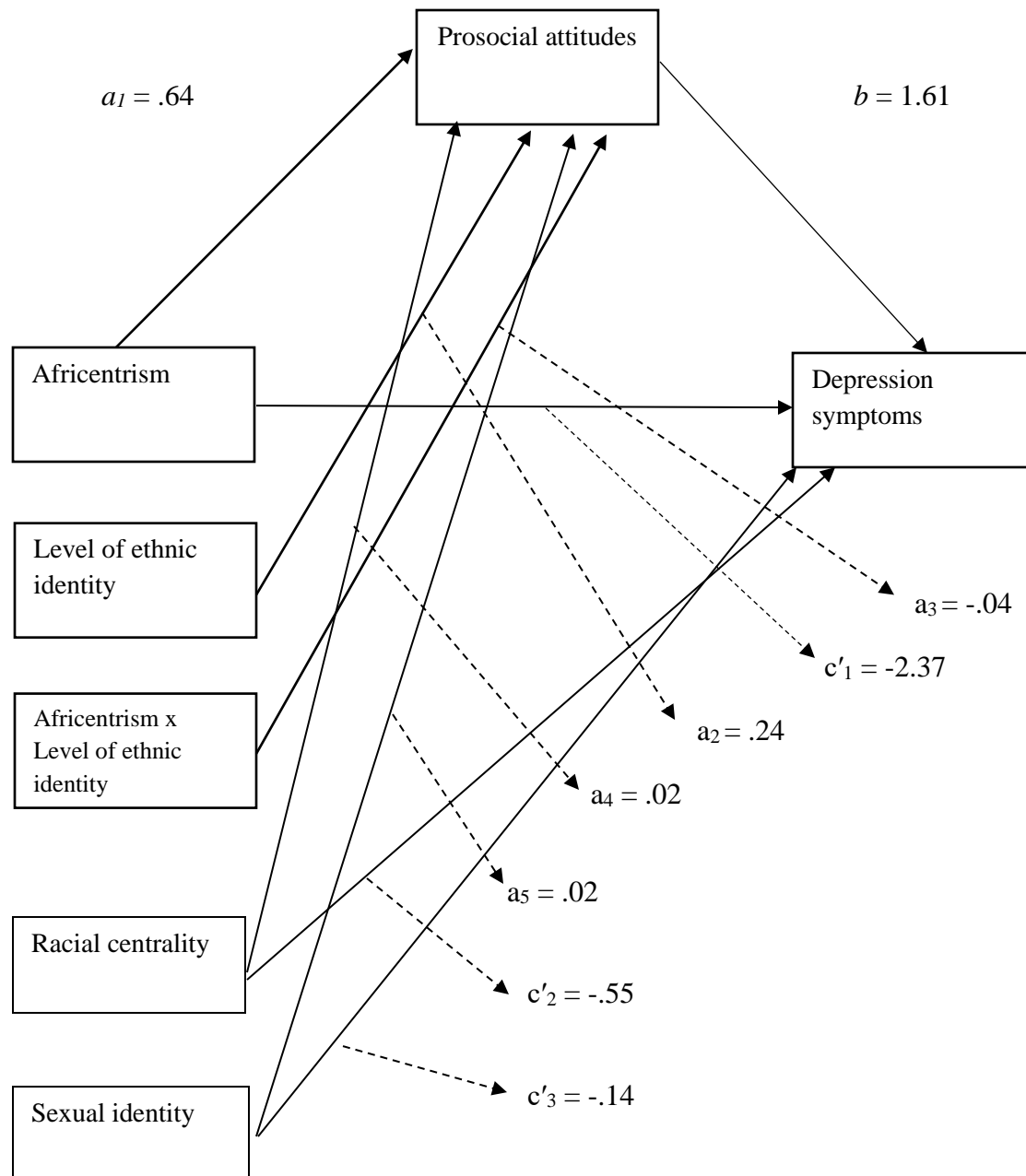


Figure 16

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Depression Symptoms While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 30

Moderation-Mediation Analysis of Africentrism as a Predictor of Perceived Stress, Mediated by African-American Prosocial Attitudes and Moderated by Level of Ethnic Identity

<i>Measure</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
X → M (a ₁)	.64	.35	1.8	.07	-.06, 1.33
M → Y (b)	1.53	1.23	1.25	.21	-.88, 3.95
X → Y (c' ₁)	-5.08	1.68	-3.01	.003	-8.39, -1.76
W → M (a ₂)	.24	.26	.92	.36	-.28, .76
X*W → M (a ₃)	-.04	.08	-.45	.65	-.20, .13
COV ₁ → M (a ₄)	.02	.02	.98	.33	-.02, .07
COV ₂ → M (a ₅)	.02	.005	3.01	.00	.01, .00
COV ₁ → Y (c' ₂)	-.31	.50	-.62	.54	-1.29, .67
COV ₂ → Y (c' ₃)	-.02	.12	-.18	.86	-.25, .21
Conditional mediation for W at 16 th Percentile	.77	.64			-.41, 2.10
Conditional mediation for W at 50 th Percentile	.74	.60			-.39, 1.97
Conditional mediation for W at 84 th Percentile	.69	.57			-.36, 1.90
Index of moderated mediation	-.06	.18			-.47, .28

Note. X = Africentrism, Y = Perceived stress, M = African-American Prosocial Attitudes, W = Level of Ethnic Identity, COV₁ = Racial Centrality, COV₂ = Sexual Identity

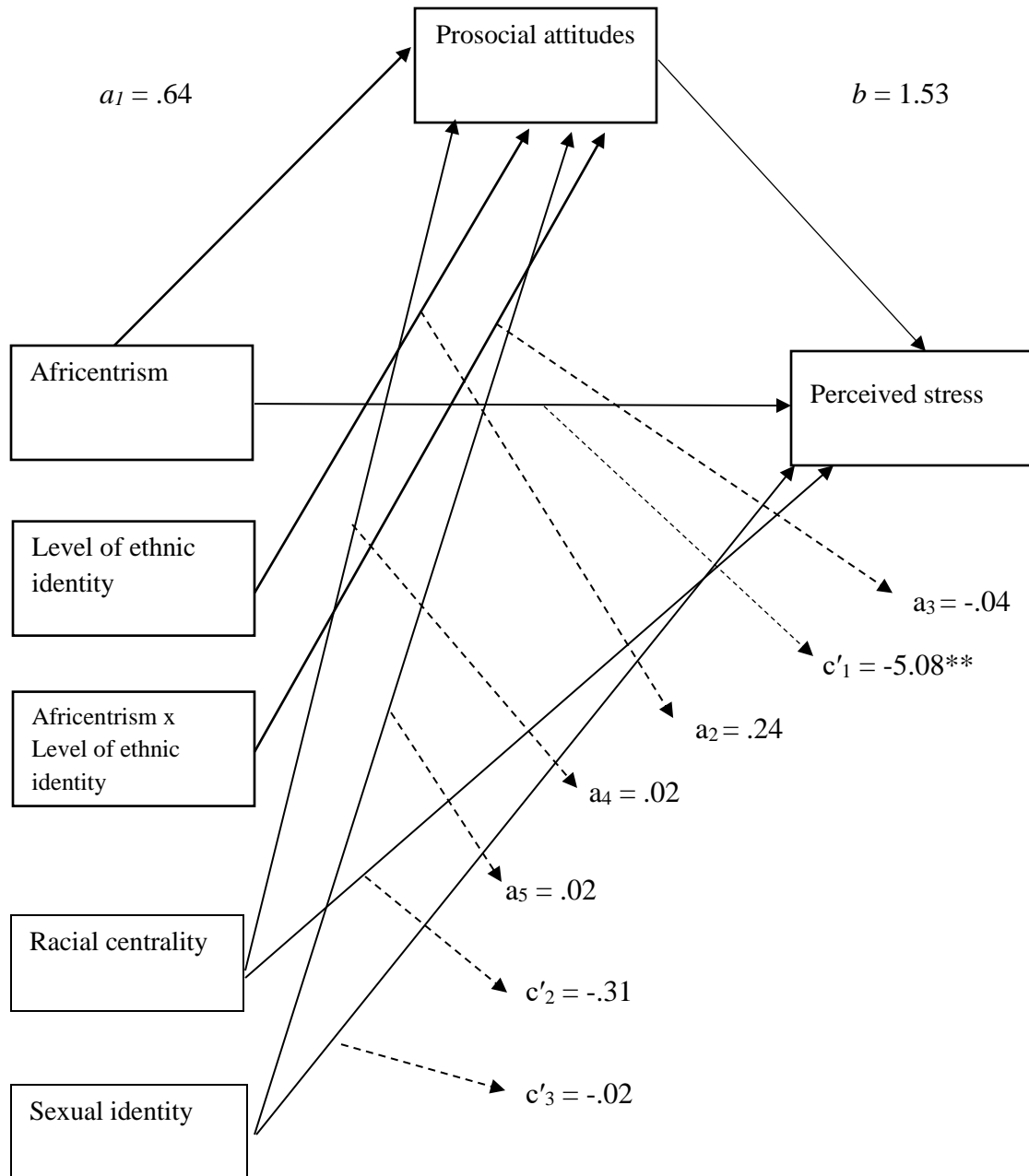


Figure 17

Test of Moderation of Level of Ethnic Identity on African-American Prosocial Attitudes' Mediation Effect between Africentrism and Perceived Stress While Controlling for Racial Centrality and Sexual Identity

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

CHAPTER 5

DISCUSSION

Africentrism has been shown to predict positive outcomes for some sub-groups of Black people (Wallace and Constantine, 2005; Williams and Chung, 2013), but it has only been recommended to do the same for Black gay men; more specifically, HIV positive Black gay men (McLean and Marini, 2003). The current study was the first to empirically test if Africentrism predicts positive outcomes in a general sample of Black gay men. Results and implications of this study's findings will be discussed in this chapter.

Summary of Results

The goals of Hypotheses 1a and 1b were to test if Africentrism positively predicted psychological well-being and negatively predicted distress while controlling for racial centrality and sexual identity. The findings of this study supported Hypothesis 1a. Africentrism was shown to positively predict psychological well-being. Although there was a great deal of support for Hypothesis 1a, one Hypothesis 1b test did not yield the predicted result. After controlling for racial centrality and sexual identity, Africentrism did not negatively predict depression symptoms.

The goal of Hypotheses 2 was to test if predictive relationships between Africentrism and psychological well-being and Africentrism and distress were moderated by both categorical ethnicity and level of ethnic identity. There was some support for this hypothesis by way of partial support for Hypothesis 2c and support for Hypothesis 2d. There was support for the impact of level of ethnicity on the relationship between Africentrism and eudaimonic well-being and Africentrism and both distress measures. There was a slight moderating effect indicating that

higher levels of ethnic identity strengthened this positive relationship and these negative relationships.

The goals of Hypotheses 3a and 3b were to test if predictive relationships between Africentrism and psychological well-being and Africentrism and distress were mediated by African-American prosocial attitudes. There was no support for Hypothesis 3a or 3b, but African American prosocial attitudes came very close to mediating the relationship between Africentrism and eudaimonic well-being.

The goals of Hypotheses 4a and 4b were to test if the mediational effect of African-American prosocial attitudes on the relationships between Africentrism and psychological well-being and Africentrism and distress were moderated by either categorical ethnicity or level of ethnic identity. There was no support for Hypothesis 4. The positive predictive relationship between Africentrism and African American prosocial attitudes was not moderated by categorical ethnic identity or level of ethnic identity.

Africentrism, Racial Centrality, Sexual Identity, and Black Gay Men in Research

Black gay men can now be included in the body of research on Africentrism. This study was a new opportunity to empirically test the impact of Africentrism among a subgroup of Black people using Grills and Longshore's Africentrism Scale (1996). Given that reliability analysis of the Africentrism Scale in this study yielded an alpha identical to the average alpha of the original scale development study and close to the alpha found in Cokley & Williams's (2005) psychometric examination of the scale, the usefulness of this scale among Black people is once again supported. This study was conducted with an exclusively gay identifying sample. Given that support for the usefulness of the Africentrism Scale was found among a sample of Black gay

men, it supports the possibility of future use among that group and possible use among other subgroups of the Black LGBTQ+ community.

Since Africentrism's core are principles to live by (Grills and Longshore, 1996; Karenga, 2014), the findings from Hypothesis 1a are particularly salient, especially since the target population is doubly marginalized for being both Black and gay. These statistical outcomes standing up to added controls are also salient findings, indicating that Africentrism may impart a unique benefit in Black gay men.

Given the findings of Hypothesis 1a, one might be inclined to inquire about why Africentrism positively predicts well-being outcomes in a way where racial centrality and sexual identity do not cancel out the relationship or drastically reduce the significance of Africentrism when introduced into predictive models. It is interesting to note that racial centrality was not significant in any of the Hypothesis 1 models (See Tables 3 through 9). It should also be noted that even when sexual identity remained a significant predictor in a model, Africentrism consistently remained the strongest predictor of well-being except in the model with satisfaction with life as an outcome (See Tables 3 through 9).

Racial centrality's non-significance in these models is quite a significant finding, especially since Africentrism and racial centrality are strongly correlated (See Table 2). What this may be suggesting is that among Black gay men, how one believes they and other Black people should live their lives is more predictive of psychological well-being than how central one's Black identity to their person. As the questions in the Africentrism Scale (Grills & Longshore, 1996) are an assessment of values based on self and others (See Appendix) and the questions in the Racial Centrality subscale of the MIBI (Sellers et al., 1997) are an assessment of belief about one's self (See Appendix), it would suggest that the position could be asserted that

collectivity is a better predictor of psychological well-being than individuality among Black gay men. This can be supported by information the literature review about the benefits of social support among Black gay and bisexual men (Crawford, 2002; George et al., 2012; Loiacano, 1989; Wilson, 2016; Wong et al., 2014).

Although depression symptoms were the only variable with no significant predictive outcome, it is not necessarily an anomalous finding. One might take the position that depression symptoms were not negatively predicted because this was not a clinical sample and data might have reflected significant skewness toward low depression symptom scores; however, based on the scoring and diagnostic guidelines of the CES-D-10 (Andersen et al., 1994) with scores of 10 and above representing depression, approximately half of this sample met diagnostic criteria for depression (49.3%). Visual representation of this distribution (See Table 31 and Figure 18 in Appendix) reflects an almost normal curve distribution of depression symptoms.

It is possible that Africentrism's impact on depression is affected by how connected one feels to their sexual identity. Although the literature review highlights the salience of racial identity over sexual identity in Black gay and bisexual men, this finding suggests the impact of sexual identity cannot be dismissed. This could be supported by Frost and Meyer's (2012) finding that connectedness to the LGBT community was positively correlated with self-esteem among the Black men in their sample. Support for this could be drawn from the previously mentioned finding that sexual identity remained significant with the following outcome variables; social well-being, eudaimonic well-being, hedonic well-being, and satisfaction with life. It is possible that sexual identity plays a part in transmitting Africentrism's positive prediction of well-being in Black gay men.

When testing for the moderation effect of continuous ethnic identity on the predictive relationship between Africentrism and well-being measures and Africentrism and distress measures while adding control variables of racial centrality and sexual identity, there were interesting findings. Sexual identity remained significant in the model while Africentrism's significance dropped out when testing the predictive relationship between Africentrism and social well-being. This is an indicator of possible mediation. The same pattern occurred with eudaimonic well-being, hedonic well-being, and satisfaction with life.

When conducting moderated mediation analyses with racial centrality and sexual identity as controls for moderation by level of ethnic identity, sexual identity remained a significant variable in many of the models. This suggests the possibility that sexual identity may play a role in how Africentrism predicts African-American prosocial attitudes among Black gay men.

Despite the lack of support for Africentrism having a negative predictive relationship with depression symptoms, the large amount of support for Hypothesis 1 contributes to the body of literature on protective factors for Black gay men. These findings lend possible support for the position asserted earlier in the literature that findings that highlight identity integration, the primacy of Black identity, comfort with gender expression, social support, and spirituality as helpful to Black gay and bisexual men (Bowleg, 2013; Cook et al. 2013; Crawford et al., 2002; George et al., 2012; Loiacano, 1989; Miller, 2019; Reed and Miller, 2016; Walker, Longmire-Avital, & Golub, 2015; Wilson et al. 2016; Wong et al., 2014) can be argued to be in line with Africentrism's values of self-determination, community, and spirituality.

Impact of Ethnicity

The lack of support for categorical ethnicity moderation in Hypotheses 2a and 2b was an interesting finding given Kwate's (2003) finding significant differences in Africentrism scores

among African-Americans and Afro-Caribbean people. One could attribute the lack of impact of ethnic group membership on the relationship between Africentrism and psychological well-being to acculturation, homogenization of the experience of Black gay men, or globalization, especially given that Kwate's (2003) findings are seventeen years old and don't seem to reflect an all gay sample as this study does. Many of the non-African-American men in the sample could be highly acculturated to American life. As the literature review highlights that some Black gay and bisexual men expressed feeling ostracized by other Black people for their sexuality (Graham, 2009); Green, 2007), ethnicity may become moot when they find community among other Black gay men. In addition to this, globalization and the internet are pervasive mediums through which acculturation and the homogenization of experiences can occur.

The support for the impact of level of ethnicity on the relationship between Africentrism and eudaimonic well-being and Africentrism and both distress measures was an interesting finding. There was a slight moderating effect indicating that higher levels of ethnic identity strengthened both this positive relationship and these negative relationships. This was not surprising as Grills and Longshore (1996) and found that Africentrism and level of ethnicity were significantly positively correlated in their original study which was later supported by Cokley (2005).

Although this moderating effect was not surprising given the relationship between Africentrism and level of ethnicity, one could ask why this moderation only occurred with eudaimonic well-being and distress variables and not the other outcome variables. One could pose that meaning in life and how one experiences distress could be more impacted by Black gay men's cultural value systems than the way they experience satisfaction and pleasure. This position could be supported by Noyola, Sánchez, and Cardemil's (2020) qualitative findings that

different dimensions of oppression and Latinx cultural values work together in complex ways to shape the minority stress that sexual diverse Latinxs experience and how they cope with such stress. Although their study was conducted with a Latinx sample and not a Black gay sample, both studies look at patterns among queer people of color. There is also a possibility that some participants might have conflated ideas of ethnic identity with racial identity when answering continuous ethnicity questions which could have possibly impacted some results.

Impact of African-American Prosocial Attitudes

The literature review and the findings of Hypothesis 1 in this study have demonstrated support for Africentrism's psychological benefits among Black people and Black gay men in particular. As mentioned in the literature review, Black gay men can be the victims of both racism and homophobia. White-Johnson (2012) suggests that prosocial involvement may help mitigate the negative impact of racism for African-Americans by becoming involved with activities that benefit African-Americans as a group. An intervention combining Africentric values and prosocial attitudes could not only provide participants a guide for helpful ways to live, but also helpful ways to cope with systemic oppression. It should be noted that the strong relationship between Africentrism and African-American prosocial attitudes suggest that this value system and set of attitudes could be used together to impart benefits as evidenced by their narrowly missed statistical impact on eudaimonic well-being. As Africentrism reflects a value system regarding how to live (Grills & Longshore, 1996; Karenga, 2014), it is not surprising that Africentrism's benefits related to eudaimonic well-being might be partially transmitted through an attitude toward life. Perhaps a larger sample might have captured this as a statistically significant relationship.

As eudaimonic well-being reflects how one feels purposeful and self-actualized (Lui & Fernando, 2018), a significant statistical finding reflecting the benefit of a value system in relation to a particular attitude could contribute to interventions which could help Black gay men in therapy feel self-actualized. This is particularly important for the same reasons that the findings of Hypothesis 1 were important; the literature review highlights identity integration, the primacy of Black identity, comfort with gender expression, social support, and spirituality as helpful to Black gay and bisexual men (Bowleg, 2013; Cook et al. 2013; Crawford et al., 2002; George et al., 2012; Loiacano, 1989; Miller, 2019; Reed and Miller, 2016; Walker, Longmire-Avital, & Golub, 2015; Wilson et al. 2016; Wong et al., 2014) and it can be argued that this is in line with Africentrism's values of self-determination, community, and spirituality.

Implications for the Field of Mental Health Counseling

Although there was only strong support for one hypothesis, minimal support for another, and no support for two, the analyses indicated interesting patterns even when hypotheses were not supported. A hypothesis not being supported does not mean the findings contribute nothing to a field of study. Unsupported hypotheses can guide the directions for future research which may illuminate helpful findings. One could ask why these findings are important and what they could do for mental health counselors. These findings can inform clinical practice, counselor education, and counselor supervision.

Implications for Clinical Practice

The findings of this study support McLean and Marini's (2003) suggestion that the principles of Nguzo Saba might be helpful in treating HIV positive Black gay men and their families. Given the fact this was a general sample and participants were not asked their HIV status, these results support generalizing McLean and Marini's (2003) suggestions to the general

population of Black gay men. The significant support for Hypothesis 1 contributes the most support to this suggestion that Nguzo Saba is helpful in clinical practice. The significant number of participants who endorsed diagnostic criteria for depression reflects a significant need for clinical services among Black gay men.

Despite its partial support, the findings related to Hypothesis 2 can also inform whether or not it might be helpful to apply Nguzo Saba to clinical practice based on a client's level of ethnic identity. Despite there not being any support for Hypothesis 3 or 4, the analyses revealed patterns that could still be helpful. As mentioned above, Hypothesis 3 found that African-American prosocial attitudes came close to mediating the relationship between Africentrism and eudaimonic well-being. Hypothesis 4 did not find that categorical or continuous ethnicity moderated a mediational relationship between Africentrism and the outcome variables. Given the strong positive predictive relationship between Africentrism and African-American prosocial attitudes and the finding that the relationship between Africentrism and eudaimonic well-being was almost mediated by African-American prosocial attitudes, we cannot ignore the possible benefits of the possibility that utilizing both Nguzo Saba and African-American prosocial attitudes together in a clinical setting might impart significant psychological benefit for Black gay men.

Counselors could utilize a social justice multicultural approach in helping Black gay men cope with and navigate systems of power and privilege that oppress them. While working through these systems of oppression, the principles of Nguzo Saba could also be processed in counseling by getting a full understanding of what these principles mean to a client who is a Black gay man. Exploring what these principles look like for an individual client could possibly empower them to enhance their lives through these principles.

It is not yet known if each principle contributes to positive psychological outcomes for Black gay men equally; therefore, therapeutic intervention based on this model could begin with a presentation of the principles and working collaboratively with the client on which principle they would like to explore first. Understanding how these principles manifest in their life can help clients explore what may need to be added, avoided, or enhanced in their lives.

Implications for Counselor Education

Much of the research cited in this paper comes from health psychology, community psychology, and social psychology. None came from counselor education. Although counselor education has demonstrated a void regarding Black gay literature, this void does not mean that there is not room for it. Black gay identity has been branching out from mainstream gay identity consistently over the past decade as evidenced by the literature review. We are seeing more Black gay representation in psychological research as well as media. Counselor education research has produced work that examines LGBT identity, as well as racial identity. Combining the two would be the next logical step.

As counselor education is becoming a more diverse field, this diversity would not be limited to the counselors entering the field, but also the clients that are being engaged and the range of emerging subjects. Adding research on the interaction of Black and gay identities can only help enrich the field. This could benefit counselors who work in settings that service a large amount of Black gay men. It can also benefit counselor educators who work in university settings that have strong connections with communities with high Black gay representation.

The significant relationship between Africentrism and African-American prosocial attitudes that was found when testing Hypotheses 3 and 4 would be particularly salient in a counselor education setting. As Nguzo Saba represents a set of values that are so heavily

correlated with African-American prosocial attitudes, one could speculate that it could be beneficial to incorporate these values and attitudes into a counselor educator's teaching style, particularly in counseling programs housed within historically Black colleges and universities. As Williams and Chung (2013) found that higher levels of Nguzo Saba were positively correlated with higher levels of academic self-concept in African-American college students, one might wonder if this pattern might be consistent with Black students in a counseling program.

Another helpful arena where Black gay research can be helpful in counselor education can be the experience of Black gay counselors in training. No data was found regarding the percentage of Black gay men represented in the counseling field. It can be inferred by this absence of data that there is low representation of Black gay men in the field of counseling. Based on this inference, it is an intuitive assumption that many of these trainees may find themselves experiencing the racism and homophobia reviewed by the aforementioned literature. It is possible that a supervision model based on Nguzo Saba can be developed to provide more nuanced and helpful supervision to Black gay supervisees.

Implications for Counselor Supervision

The creation of a supervision model based on these findings is a possibility given that there is already a supervision model specifically based on the experiences of queer people of color. The Queer People of Color Resilience-Based Model of Supervision (Singh & Chun, 2010) emphasizes the need for QPOC supervisors to engage in each process (Awareness of Privilege and Oppression, Affirmation of Diversity, and Supervisor Empowerment) as supervision progresses through each Multicultural Supervision Competencies domain (Ancis & Ladany, 2001). Singh and Chun (2010) posit that supervision is enhanced when supervisors engage in ongoing self-reflection, both challenging and empowering themselves, at each stage of the

process. They further this thought by suggesting that such thoughtfulness is considered beneficial in any supervisory relationship and for queer people of color supervisors, self-examination regarding awareness of privilege and oppression, the need to affirm diversity, and the process of empowering oneself is essential.

Singh and Chun (2010) further expand on the centrality of resilience by suggesting that by virtue of their identities and experiences, QPOC supervisors often approach supervision with histories of marginalization, a desire to seek out and nurture relationships, and resilience borne from necessity. As queer people of color, these supervisors have experienced oppression on multiple fronts. QPOC supervisors are familiar with the complexity of having facets of their identity privileged in some settings, but oppressed in other areas. Based on this reasoning they also suggest that ongoing awareness is needed. The authors also caution that entering into supervision brings with it an added layer of evaluative power that further complicates the dynamics of the supervisory relationship. Continual self-examination regarding awareness of privilege and oppression would allow QPOC supervisors to develop further as they negotiate complicated sets of hierarchies, power dynamics, and politics throughout supervision (Singh and Chun, 2010).

As there is already a supervision model based on the experiences of being a queer person of color, a similar model based on Nguzo Saba could form the basis of another way to provide multiculturally informed supervision which celebrates community and connection. The findings of this study could help inform the creation of such a model for use in clinical, training, and research programs who service Black gay men.

The salience of the relationship between Africentrism and African-American prosocial attitudes may also be helpful in counselor supervision. A supervision model based on

incorporating these values and attitudes might also be beneficial in supervising counselors who work in settings that service a large number of Black gay men. As mentioned above with counselor education, a supervision model based on Africentrism and African-American prosocial attitudes could also be beneficial in supervising Black supervisees who might come from counseling programs housed within historically Black colleges and universities.

Limitations of the Study

While the results of this study are beneficial for clinicians, educators, and supervisors working with Black gay men, there are a number of limitations to the study. The principle investigator belongs to the same reference groups as the participants. Although the study was quantitative in nature using established scales, there is no absolute guarantee that data analysis and the interpretation of results was not impacted by bias. The self-report nature of the measures could have contributed to some inaccurate data due to participants wanting to answer favorably. The incentive for participation could have contributed to participants answering questions without reading to gain access to the incentive which could have impacted the findings by contributing inaccurate data. There was also the risk that due to the online self-administered nature of data collection that some people who did not fit the demographic did the survey for the incentive. The high prevalence of depression symptoms among the sample could have also possibly contributed to a decrease in motivation to accurately answer questions.

Further limitations are related to identity inquiries. There was no report of gender identity. Some of the participants could have been transgender Black gay men. If this was true, there is no way to know how transgender Black gay men's data impacted the findings. It is also possible that some participants might have conflated ideas of ethnic identity with racial identity which could have impacted the moderation outcomes with level of ethnic identity as a

moderator. There was also no measure of acculturation among non-African-American participants. This may have provided some additional insight regarding the results of the moderation tests.

Directions for Future Research

The correlations and regression analyses in this study show that Africentrism is indeed a unique construct apart from Black identity and continuous ethnic identity as stated by Cokley (2005). It seems that this uniqueness somehow contributes to psychological benefits among Black gay men. The medium through which Africentrism imparts its benefits could be further researched through qualitative methods. A qualitative examination of the impact of Africentrism on Black gay men might highlight important nuances that cannot be captured by quantitative analysis. This study utilized a general specific scale (Grills and Longshore, 1996) to test the impact of Africentrism as defined by the principles Nguzo Saba collectively and not individually, as established by Cokley and Williams, (2005). A qualitative examination could possibly highlight the impact of each Nguzo Saba principle individually.

Although possible benefits of Africentrism for Black gay men in clinical practice, counselor education, and counselor supervision were suggested above, there is no research in those domains. This study could be used as part of a literature review validating the need for such research. Both quantitative and qualitative analysis might prove beneficial in these research areas.

Post hoc observations suggest that sexual identity may interact with other variables in a complex way which impacts psychological well-being in Black gay men. Although Africentrism was shown to impact psychological well-being, sexual identity cannot be ignored. Future

research should focus on further study of the variables of interest in the post hoc observations among Black gay men to see if these findings would be replicated.

Conclusions

The literature review stated that there was no empirical evidence that Africentrism is related to psychological benefits in Black gay men. This study has now yielded evidence that suggests that Africentrism is indeed related to psychological benefits in Black gay men. This evidence can support the recommendation for using the principles of Nguzo Saba in treatment with Black gay men. The fact that the sample only includes Black men who identify as gay (and not a mix of gay men, bisexual men, and MSM) reduces the likelihood of the data being impacted by within group differences. It is not known if bisexual men or MSM's participation would have changed the conclusions, but isolating patterns among Black gay men increase external validity for that population.

These findings can not only be utilized to develop Africentrism based interventions for Black gay men, but to also inform program development for Black gay organizations. Black gay men are constantly marginalized for both being Black and gay (Graham, 2009; Green, 2007). Purpose and self-actualization in the face of marginalization might be extremely difficult for Black gay men at times. One of the salient findings of this study was how eudaimonic well-being was impacted. These findings are not only interesting from a research perspective, but provide evidence for the principles of Africentrism being a possible path toward self-actualization in the face of adversity for Black gay men.

The implications of these findings for the field of mental health counseling are quite salient. The connection between research and practice is particularly important when thinking about providing counseling services to marginalized populations. Research also informs not only

how counselors provide services, but how they are taught and trained as well. The findings of this study can help to provide some insight into a marginalized population that can not only inform how counselors work, but also how counselor educators and supervisors teach about this intersectional identity.

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APPENDIX

Table 31

Sample Distribution of Depression Symptoms

		Frequency	Percent	Valid Percent	Cumulative Percentage
Valid	.00	10	3.3	3.3	3.3
	1.00	5	1.6	1.6	4.9
	2.00	9	2.9	2.9	7.8
	3.00	21	6.9	6.9	14.7
	4.00	12	3.9	3.9	18.6
	5.00	19	6.2	6.2	24.8
	6.00	17	5.6	5.6	30.4
	7.00	19	6.2	6.2	36.6
	8.00	18	5.9	5.9	42.5
	9.00	25	8.2	8.2	50.7
	10.00	15	4.9	4.9	55.6
	11.00	22	7.2	7.2	62.7
	12.00	20	6.5	6.5	69.3
	13.00	9	2.9	2.9	72.2
	14.00	19	6.2	6.2	78.4
	15.00	14	4.6	4.6	83.0
	16.00	6	2.0	2.0	85.0
	17.00	7	2.3	2.3	87.3
	18.00	6	2.0	2.0	89.2
	19.00	9	2.9	2.9	92.2
	20.00	3	1.0	1.0	93.1
	21.00	2	.7	.7	93.8
	22.00	5	1.6	1.6	95.4
	23.00	4	1.3	1.3	96.7
	24.00	3	1.0	1.0	97.7
	25.00	2	.7	.7	98.4
	26.00	2	.7	.7	99.0
	27.00	1	.3	.3	99.3
	28.00	1	.3	.3	99.7
	29.00	1	.3	.3	100.0
	Total	306	100.0	100.0	

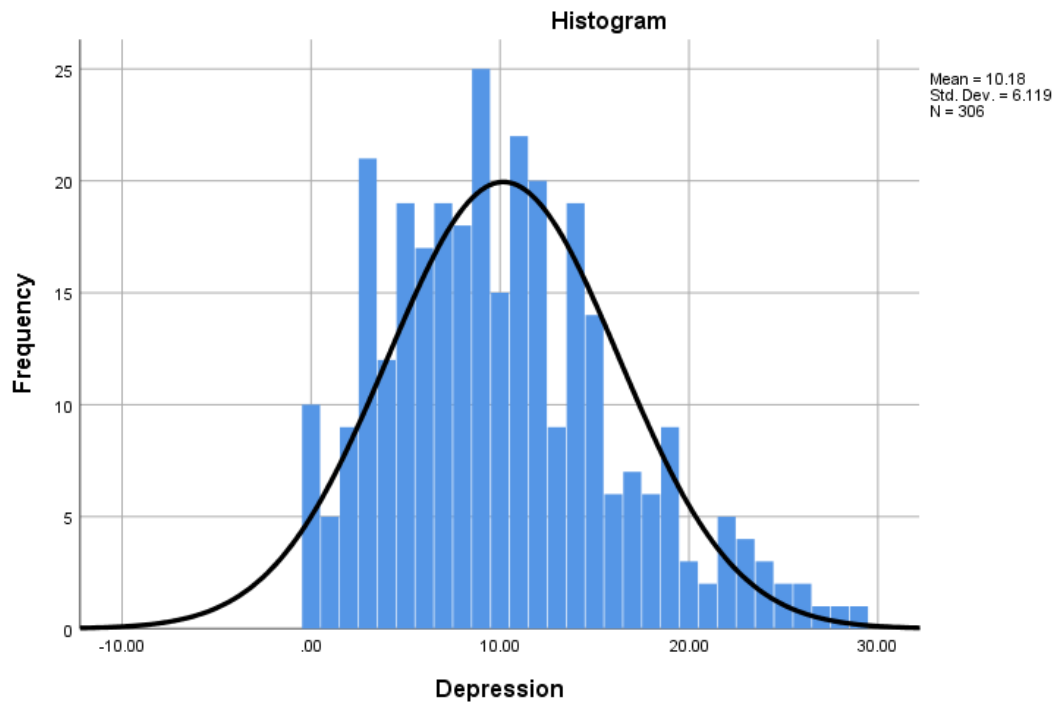


Figure 18

Sample Distribution of Depression Symptoms

Africentrism Scale (Grills & Longshore, 1996)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
Black people should make their community better than it was when they found it. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The problems of other Black people are their problems, not mine (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They unity of the African race is very important to me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more concerned with reaching my own goals than with working for the Black community (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have very little faith in Black people. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I owe something
to Black people
who suffered
before me. (6)

☐☐☐☐

Black people
need to stop
worrying so
much about “the
community” and
take care of their
own needs (7)

☐☐☐☐

I am doing a lot
to improve my
neighborhood.
(8)

☐☐☐☐

The success I
have had is
mainly because
of me, not
anyone else. (9)

☐☐☐☐

I have more
confidence in
White
professionals,
like doctors and
teachers, than in
Black
professionals.
(10)

☐☐☐☐

Black people
should build and
maintain their
own

☐☐☐☐

communities.
(11)

I must do all I
can to restore
Black people to
their position of
respect in the
world. (12)



I make it a point
to shop at Black
businesses and
use Black-owned
services. (13)



It hurts me when
I see another
Black person
discriminated
against. (14)



It is important
that Black
people decide for
themselves what
to be called and
what their needs
are. (15)



Racial Centrality Subscale of the Multidimensional Inventory of Black Identity (Sellers, 1997)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree or disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
Overall, being Black has very little to do with how I feel about myself. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, being Black is an important part of my self-image. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My destiny is tied to the destiny of other Black people. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Black is unimportant to my sense of what kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

of person I
am. (4)

I have a
strong sense
of belonging
to Black
people. (5)

I have a
strong
attachment
to other
Black
people. (6)

Being Black
is an
important
reflection of
who I am.
(7)

Being Black
is not a
major factor
in my social
relationships.
(8)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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African American Prosocial Attitudes Scale (White-Johnson, 2012)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
Successful Blacks should help other Blacks to succeed. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black people should choose careers that will allow them to make change in Black communities. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black people should fight against injustice and racism. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black people should attend community meetings or conferences related to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Black issues.
(4)

Black people
should do
what they can
to ensure that
predominantly
Black
neighborhoods
thrive. (5)

Black people
should be
involved in
the political
process so that
they can
influence who
makes
decisions that
affect the
Black
community.
(6)

Black people
should tend to
their own
business and
not worry
about the
larger Black
community.
(7)

Black people
should



participate in
organizations
that serve
Black people.
(8)

Black people
have a
responsibility
to contribute
to the Black
community.
(9)

Blacks should
work toward
the goal of
leaving Black
communities
better off than
they were
originally.
(10)



The Multigroup Ethnic Identity Measure (Phinney & Ong, 2007)

Please pick the ethnic group that you identify with the most.

☐ African American (1)

☐ African (2)

☐ Afro-Caribbean (3)

☐ Afro-Latino (4)

Based on your answer to the previous question, please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to my own ethnic group. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand pretty well what my ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

membership
means to me
(3)

I have often
done things
that will help
me
understand
my ethnic
background
better. (4)

I have often
talked to
other people
in order to
learn more
about my
ethnic group.
(5)

I feel a strong
attachment
towards my
own ethnic
group. (6)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Connectedness to the LGBTQ Community Scale (Frost & Meyer, 2010)

Please select the answer that best represents how you feel about each statement. Please select only one answer. LGBTQ = Lesbian, gay, bisexual, transgender, queer/questioning

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
You feel you're a part of the LGBTQ community. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in the LGBTQ community is a positive thing for you. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel a bond with the LGBTQ community. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are proud of the LGBTQ community. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for you to be politically active in the LGBTQ community. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If we work together, gay, bisexual, lesbian, transgender, and queer/questioning people can solve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

problems in the
LGBTQ
community (6)

You really feel
that any problems
faced by the
LGBTQ
community are
your own
problems. (7)

You feel a bond
with other gay
men. (8)



The Social, Eudaimonic, and Hedonic Subscales of the Lui & Fernando Well-being Scale (Lui & Fernando, 2018)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Moderately disagree (2)	Mildly disagree (3)	Mildly agree (4)	Moderately agree (5)	Strongly agree (6)
I have someone who knows me well to talk to when I have problems. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know I can count on my friends and/or family in a time of crisis. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is at least one person I know who loves me and/or needs me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy spending time with friends and/or relatives. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I have the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

potential to
reach my
goals. (5)

I believe that
I can make a
difference in
the lives of
others. (6)

Life has
meaning for
me. (7)

I am satisfied
with my
spirituality.
(8)

I think I am
as smart as, or
smarter than,
others. (9)

I often do
things that
bring out my
creative side.
(10)

I like
engaging in
stimulating
conversations.
(11)

I try to do
things that

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

make me
happy. (12)

I feel happy
often. (13)

I enjoy life.
(14)

☐☐☐☐☐☐☐☐☐☐☐☐

The Satisfaction with Life Scale (Diener et al., 1985)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
In most ways my life is close to my ideal. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far I have gotten the important things I want in life. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

life over,
I would
change
almost
nothing.
(5)

The Rosenberg Self-esteem Scale (Rosenberg, 1965)

Please select the answer that best represents how you feel about each statement. Please select only one answer.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
I feel that I am a person of worth, at least on an equal basis with others. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the whole, I
am satisfied with
myself. (7)

☐☐☐☐

I wish I could
have more
respect for
myself. (8)

☐☐☐☐

I certainly feel
useless at times.
(9)

☐☐☐☐

At times I think
I am no good at
all. (10)

☐☐☐☐

The Center for Epidemiological Studies Depression Scale (CES-D-10; Andersen et al., 1994)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

Rarely or None of the Time (Less than 1 Day)

Some or a Little of the Time (1-2 Days)

Occasionally or a Moderate Amount of Time (3-4 Days)

Most or All the Time (5-7 Days)

	Rarely or none of the time (1)	Some or a little of the time (2)	Occasionally or a moderate amount of time (3)	Most or all of the time (4)
I was bothered by things that usually don't bother me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt fearful. (6)

☐☐☐☐

My sleep was
restless. (7)

☐☐☐☐

I was happy. (8)

☐☐☐☐

I felt lonely. (9)

☐☐☐☐

I could not get
"going." (10)

☐☐☐☐

Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983).

The questions in this scale ask you about your feelings and thoughts during The last month. Please select the answer that best represents how you feel about each question. Please select only one answer.

	Never (1)	Almost never (2)	Sometimes (3)	Fairly often (4)	Very often (5)
In the last month, how often have you been upset because of something that happened unexpectedly? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and “stressed”? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you dealt successfully with day to day problems and annoyances? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last month, how often have you found that you could not cope with all the things that you had to do? (8)

☐☐☐☐☐

In the last month, how often have you been able to control irritations in your life? (9)

☐☐☐☐☐

In the last month, how often have you felt that you were on top of things? (10)

☐☐☐☐☐

In the last month, how often have you been angered because of things that happened that were outside of your control? (11)

☐☐☐☐☐

In the last month, how often have you found yourself thinking about things that you have to accomplish? (12)

☐☐☐☐☐

In the last month, how often have you been able to control the way you spend your time? (13)

☐☐☐☐☐

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (14)

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