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The Portrait Project: Identity Formation Among Young Men of Color in East Oakland

By

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A thesis submitted in partial satisfaction

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Health and Medical Sciences

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The Portrait Project: Identity Formation Among Young Men of Color in East Oakland

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by Stephanie Ying Fong

*O Lord, you hear the desire of the afflicted;  
You will strengthen their heart; you will incline your ear  
to do justice to the fatherless and oppressed.  
– Psalm 10:16-18*

To those whose stories remain untold, to those who are listening, and to those whose struggles and resiliency lit a fire in my heart for social justice and health equity.

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## Part I: Literature Review

### Introduction

Adolescence: a time of transitions

A critical period of human development, adolescence encompasses many biological, cognitive, and social transitions (Dahl, 2004; Selemon, 2013; Steinberg, 2013c). It is defined as the time between biological changes associated with puberty and the attainment of adult roles and responsibilities.

Biologically, an increase in certain hormones leads to the onset of pubertal changes. Adolescents begin to mature sexually, develop secondary sex characteristics such as breasts and facial hair, and experience somatic growth (Steinberg, 2013a; Styne, G., 2011). Cognitive changes and the neurological restructuring that underlie them afford adolescents greater flexibility in thinking. Compared to children, adolescents are better able to consider possibilities and abstract, multidimensional concepts. Hypothetical thinking and higher-order logic allows for advanced reasoning about both day-to-day choices as well as intangible ideas such as friendship and morality. Additionally, adolescents develop the ability to think about and monitor their thought processes, becoming more introspective and self-conscious (Steinberg, 2013b). Finally, changes in social definition—how society views the individual—lead to new roles, increased autonomy, and increased responsibilities (Steinberg, 2013d). For instance, mid- to late-adolescents are legally allowed to work, drive, vote, and buy cigarettes and alcohol. Notably, social transitions vary depending on context and culture.

These biological, cognitive, and social changes generally occur from around twelve to twenty-five years of age, though the onset of puberty is increasingly earlier and attainment of adult roles and responsibilities is increasingly later (Sisk & Foster, 2004).

Adolescence & identity

The confluence of pubertal changes, cognitive development, and social transitions make adolescence a particularly ripe time for individuals to intentionally reorganize, restructure, and attach meaning to their identities. In fact, identity development is the key psychological task of adolescence. Identity—the dynamic mosaic of personal traits and characteristics, social relations and roles, and group memberships that define who one is—lies at the core of a person and influences the choices they make, ways in which they navigate society, and mental and physical health outcomes (Deaux & Burke, 2010; Oyserman, Elmore, & Smith, 2012).

A body of empirical work has linked positive identity development to positive health and behavioral outcomes. Personal identity formation is associated with decreased risky behaviors including lower levels of alcohol, marijuana, and illicit drug use; decreased



incidence of unprotected, intoxicated, or casual sex; and decreased drunk driving (Dumas, Ellis, & Wolfe, 2012; Schwartz et al., 2010). Positive ethnoracial identity formation is associated with improved mental health, less symptoms of anxiety and depression, lower long-term odds of psychiatric conditions, and increased self-esteem and resiliency (Burnett-Zeigler, Bohnert, & Ilgen, 2013; Greig, 2003; Hardy et al., 2013; Mandara, Gaylord-Harden, Richards, & Ragsdale, 2009; Miller & MacIntosh, 1999). Finally, identity-based motivation may lead to increased engagement in school, relationships, and prosocial activity (Oyserman et al., 2012; Steinberg, 2013c). In short, the process of identity formation has important implications for health and behavior, both during adolescence and throughout adulthood.

Nonetheless, scholars theorize that identity formation has become increasingly difficult in the past century due to economic, political, and historical trends that have increased personal freedom and choice, thereby placing a larger burden on individuals to determine their sense of self and life course (Deaux & Burke, 2010). Young people of color in urban areas face additional challenges, as they must undertake the process of identity formation while experiencing high rates of poverty; navigating low-resource environments; and being exposed to community violence, racial discrimination, and structural violence (Brooks-Gunn & Duncan, 1997; Dashiff, Childs, & Roberson, 2011; Ginwright, 2010). These stressors make the process of identity formation more complex and challenging (Evans & English, 2002). It is possible that identity mediates and moderates the effects of these stressors on the health of young men of color, potentially contributing to health disparities seen amongst this population and/or serving as a path to resiliency.

Reviewing a multidisciplinary body of theoretical and empirical work, this paper will discuss:

1. What is known about the process of identity formation in general?
2. What is known about the process of identity formation among male, urban adolescents of color?
3. How are positive identity formation and health outcomes related?

I will begin by describing foundational theories and conceptualizations of identity, then propose a comprehensive definition of identity (Section I). Next, I will discuss the different aspects of identity including personal identity (Section II), relational identity (Section III), and collective identities such as race, gender, class, and place (Section IV). Ultimately, I evoke an intersectional approach to understand identity and identity formation holistically among male, urban adolescents of color (Section V). This will frame the implications on health and society and point toward future research directions.

## Section I.

### Foundational conceptualizations of identity

#### Ancient roots

Among the earliest thinkers on self and identity were Greek and Roman philosophers (Hammack, Phillip L., 2015). These ancient cultures used the term *persona* to describe both the self as a mask or public presentation as well as the true nature of the individual. This conceptualization seeded subsequent understandings of identity development that emerged as social sciences became distinct from philosophy millennia later (Burkitt, 2011).

#### Antecedents of contemporary thought

Two of the foundational social science theorists of identity in the 19<sup>th</sup> and 20<sup>th</sup> centuries were William James and George H. Mead. Both James and Mead suggested that coherent, unified internal psychological processes were central to identity development, but their theories of identity diverged greatly in terms of the weight that they placed on external forces and the social world. James, father of the psychological thread, focused on cognition and the individual, and his work provided a foundation for the seminal work of Erik Erikson and James Marcia on identity development and the identity status paradigm. In contrast, Mead wrote extensively about the public world of symbolic meaning that shapes identity. This spurred a separate lineage of scholars who proposed theories such as symbolic interactionism, Goffman's stigma and identity management theory, McCall and Simmon's role identity theory, Stryker's structural symbolic interactionism, and social identity theory.

#### *William James and the psychological thread*

A prominent American psychologist and philosopher during the late 19<sup>th</sup> century, James described personal identity as a sense of sameness and continuity in self-perception, emphasizing individual agency and "a private world of interior thought," or cognition (Hammack, Phillip L., 2015). James' writings inspired a lineage of scholars including Erik Erikson and James Marcia.

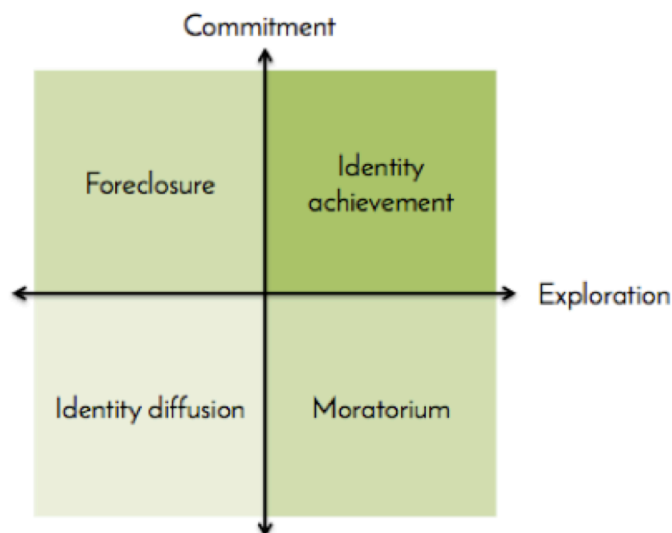
One of the most famous scholars of human development, psychologist Erikson posited that individuals must negotiate distinct, important tasks at each life stage, including forming a stable and coherent identity during adolescence. Navigation of each task requires resolution of a conflict, and successful adaptation to the current stage and prepares individuals to navigate the subsequent stages. Regarding identity formation, Erikson viewed adolescence as the window in time when inner and outer worlds converge, lending young people the opportunity to establish new identities, which he defined as a sense of sameness and historical continuity (Hammack, Phillip L., 2015). He added that resolution of this conflict is an individual as well as social process that is central to future psychological health (McLean, K. & Syed, M., 2015; Steinberg, 2013c).

Erikson's theory of identity development is broad and multi-dimensional, as successful resolution of identity crisis requires engagement, exploration, and eventual commitment at three levels: ego identity, personal identity, and social identity. Ego identity focuses on personal continuity, or integration of basic and important beliefs about the self to create a sense of personal sameness over time. This is similar to what James called personal identity. Personal identity from Erikson's perspective centers on how a person defines their beliefs and goals in the context of culturally- and socially-relevant roles. Finally, social identity is defined as the larger groups to which a person affiliates or belongs (Erikson, 1968; McLean, K. & Syed, M., 2015).

After engaging with all three of these levels of identity, Erikson suggests that individuals must synthesize a coherent representation that remains consistent across time and contexts and fits into adult roles valued by larger society. Notably, Erikson's work was largely theoretical and based on psychobiographical case studies, interviews of WWII veterans, and his experiences as a psychoanalyst.

James Marcia furthered Erikson's theory of identity development by conducting extensive empirical work, which provided a foundation for the Identity Status Theory of identity development. Specifically, Marcia assessed exploration and commitment to identities among adolescents in three realms—ideology, or values and beliefs; interpersonal relationships; and occupational identity—among college students in the United States.

From this work, Marcia conceptualized four states of identity formation based on two dimensions, exploration and commitment. Exploration is a period of considering and trying out various beliefs, roles, and life plans. Commitment refers to the degree of personal investment an individual expresses in a course of action or belief (Kroger & Marcia, 2011).



**Figure 1. Marcia's Identity Statuses.** The 4 statuses of identity development describe different levels of exploration and commitment to a stable identity.

The four states, or identity statuses—identity diffusion, foreclosure, moratorium, and identity achievement—describe differing levels of exploration and commitment to a stable identity. As seen in Figure 1, identity diffusion is a state of low exploration and low commitment. Individuals in this status had not actively, meaningfully considered nor committed to possible identities. Foreclosure is a state of low exploration with high commitment, while moratorium an active stage of exploration without commitment. Finally, identity achievement is reached through exploring and eventually committing to particular identities (Hammack, Phillip L., 2015; Kroger & Marcia, 2011). Marcia’s identity status paradigm has been extremely influential on research and theory on many different types of identity.

Erikson’s work also sparked interest in the construct of identity in the field of anthropology. Prior to the 1950s, the field of anthropology’s interest in the individual person was reflected in the concept of personality, which was thought to both influence and be influenced by culture (Meijl, 2008). As their focus shifted to identity, anthropologists studied the relationship between this construct and culture, arguing that identity is culturally rooted. According to the anthropological theory that emerged, people are thought to have “enduring selves,” their innermost psychological orientation and culturally patterned ways of relating to the world. Their identity is this enduring self in context, or their “situated self” (Hemmings, 2000; Hoffman, 1998). In other words, identity is the interface between a person’s inner self and external sociocultural categories. Scholars posit that the process of situating self may be smooth and straightforward or bumpy and painful, depending on the congruence between the inner self and external social categories (Hemmings, 2000). The anthropological perspective provides a middle ground between the psychological and sociological threads.

#### ***George H. Mead and the sociological thread***

Mead, one of the founding fathers of the American sociological tradition as well as social psychology, emphasized influence of the public, exterior world. He argued that identity—and the sense of sameness and difference that underlie it—arises through symbolic gestures between the mind, self, and society. In other words, identity is largely socially-constructed through role playing and interpersonal exchange of symbols. This influential theory later became known as symbolic interactionism.

Fellow sociologist Erving Goffman carried forward Mead’s work with his theory of identity and stigma, arguing that identities are performances managed in social interaction. He distinguished ego identity, a person’s subjective and continuous sense of self, from personal and social identity, which are concerned with perceptions of others. Specifically, personal identity is aspects of an individual’s biography that are shared or available through social interaction; this is the product of intentional self-presentation. Social identity is composed of an individual’s social roles and statuses, which informs interactions depending

on whether the other person is part of the same or different group. Both personal and social identity are expressed through impression management, or determining which and what aspects of identity to reveal in a given interaction. According to Goffman, this proves especially important for individuals with stigmatized identities, who constantly engage in impression management in social interactions (Hammack, Phillip L., 2015).

Mead's focus on social interaction also provided the foundation for McCall and Simmon's Role Identity Theory. Based on the assumption that all human behavior is characterized by intentional action to achieve some end, they suggest that role identities are developed through internalization of the broader matrix of social positions and meanings in a particular context. Individuals then devise a character and role for themselves, as occupants of a particular social position (Hammack, Phillip L., 2015). Compared to previous theories, they emphasized roles and the significance of social categories, social positions, and their relative value in the context of interactions.

Stryker took a similar yet distinct approach to the causal pathways between the social world, roles, and identity. He defined identity as self-cognitions tied to roles determined by society and argued that identities reflect roles or positions in a larger social structure. In other words, social hierarchy and relative meanings shape how people think about their identities and consequently which identities become prominent in social interaction (Hammack, Phillip L., 2015). This theory eventually became known as structural symbolic interactionism.

Finally, Tajfel and Turner proposed social identity theory in order to understand intergroup phenomena, particularly how social categorization influenced behavior during and after WWII (Spears, 2011). Social identity, according to these social psychologists, is the aspects of a person's self-image derived from the social categories to which they perceive themselves as belonging. It includes both a cognitive aspect—knowledge of group membership—as well as affective aspects, the value and emotional significance of membership. They suggested that social identities are associated with positive or negative value connotations, and in order to develop a positive self-concept, individuals act to maintain or enhance positive identities. Inherent in social identity theory is the concept of comparison: social identity requires social comparison between groups to define meaning and value of a group relative to others. Moreover, they suggested that social identity is not only a source of meaning for a person's own group, but also, other groups with whom the person interacts (Hammack, Phillip L., 2015; Spears, 2011). Social identity theory made a marked departure from previous, more individualistic theories by analyzing identity at a group level. Further, research that followed in this strand showed that hostile social relations are not solely linked to competition over finite material resources, but also, to group belonging and identity.

Theoretical approaches today

### **Division and debate in the field of identity research**

Today, the study of identity continues to reside at the intersection of many overlapping yet distinct disciplines, especially sociology and psychology. Due in part to the cognitive revolution, the psychological tradition has become intensely individual, with an emphasis on cognitive processes and experiments that isolate phenomena in laboratory settings. In contrast, the sociological tradition focuses on social interactions and collective phenomena, and empirical research utilizes a greater breadth of methods (Deaux & Burke, 2010). Considering these differences as well as unique philosophical perspectives and threads of inquiry, there are many divisions within the literature in regards to both the content of identity itself and the process through which it is developed.

### ***Content: definition and structure of identity***

How is identity defined today? As seen in the foundational theories above as well as scholarly work on identity today, there is little consensus. Researchers place varying emphases on personal, relational or collective identity, which is partly due to different outcomes of interest. For example, neo-Eriksonian theories tend to focus on personal identity and individual-level processes, the agency of a person in creating or discovering their identity, and outcomes that correspond to identity statuses. In contrast, relational identity emphasizes the impact of social interaction on individuals. Collective identity focuses on the groups to which people belong, and social psychology and sociological theories in this vein tend to focus on how social categorization affects behaviors as well as the larger societal hierarchy (Vignoles, Schwartz, & Luyckx, 2011).

Scholars also disagree about how these different levels of identity are structured: are these aspects distinct identities, such that a person has multiple identities, or are they components of identity within a multifaceted individual?

### ***Process: the formation and enactment of identity***

In terms of process, there is also little consensus across fields in terms of how identity develops and how it in turn influences individual and group behavior. Is identity discovered, personally constructed, or constructed by society? Are there distinct processes for different types of identity, and how might they interact? Is identity stable, or is it fluid depending on the context?

### **Toward a comprehensive conceptualization of identity and identity formation**

Bridging these divides requires that theorists and researchers think integratively across multiple levels of analysis. Many debates over the definition of identity are indeed unnecessary because different theories are complementary rather than diametrically opposed. For instance, personal, relational, and collective identity are all well evidenced aspects of identity, and together they provide a holistic yet nuanced view of identity.

Another debated question is how identity is structured within an individual person. Do they have multiple identities or multiple aspects of one identity? For a shy, intelligent, and tall African American man, are his personal attributes, race, and gender each separate *identities*, or are they all parts of his singular *identity*? Empirical evidence is lacking. Nonetheless, this question is largely one of semantics. In this review, I argue that the conceptualization of *aspects of identity*—personal characteristics, racial identity, etc.—together forming an individual’s singular identity, because it offers a more holistic connotation: although people are complex and have complex identities, they are ultimately one person. It is also important to consider that these different aspects of identity likely interact and sometimes even contradict each other, challenging the individual to, as Erikson hypothesized, synthesize a coherent sense of self (Blustein & Palladino, 1991; Steinberg, 2013c).

Because the process of identity formation is so complex and multifaceted, it may be best conceptualized as a series of interrelated developmental processes (Steinberg, 2013c). Personal, relational, and collective identities develop along different trajectories and are of various salience and centrality to different individuals (Oyserman et al., 2012). Additionally, the development of each of these aspects of identity is a dynamic, ongoing process that influences social interactions and the larger social world. At the same time, both individual and contextual, social processes underlie identity construction, stability, and change over both short-term contextual changes and long-term developmental changes.

With all of this considered, I conceptualize identity as a dynamic mosaic of personal traits and characteristics, social relations and roles, and group memberships that define who one is (Oyserman et al., 2012). In the next three sections, I will provide a more in-depth view of each of these three levels of identity as well as the current understanding of health, as it relates to each aspect of identity.

## **Section II.**

### Personal identity

#### **What is personal identity?**

Individual or personal identity refers to the aspects of self-definition at the level of the individual person including morals, values, and beliefs; religious and spiritual beliefs; goals and desired, feared, and expected future selves; and overall life narratives (Vignoles et al., 2011). Thus, personal identity may include past biographical details; present personal characteristics and beliefs; and future hopes, goals, and characteristics. Notably, this definition is similar to Erikson’s ego identity, but not what he considered personal identity. Erikson used the term ego identity to mean the integration of basic and important beliefs about the self to create a sense of personal sameness over time; however, his definition of

personal identity described what later scholars would consider relational identity, which will be discussed in Section III. Personal identity is common to all individuals

### **Theoretical antecedents**

Identity status theory is the predominant paradigm for personal identity and its development, and it is used largely in the realm of psychology. It emphasizes individual-level processes and the agency of individuals in creating or discovering their identities (Vignoles et al., 2011). As described above, Erikson and Marcia proposed that identity development occurs in a stepwise fashion through four distinct stages as adolescents engage in different levels of exploration and commitment to aspects of identity, particularly individual identity: identity diffusion, foreclosure, moratorium, and identity achievement. Identity diffusion is a state of low exploration and commitment, while foreclosure represents a state of premature adoption of various aspects of identity such as an adolescent aspiring to a particular a career path due to his parents' urgings. Moratorium represents an active state of searching, and according to Erikson and Marcia, increased autonomy and social responsibility during adolescence allows young people opportunities to explore. Personal identity formation culminates in identity achievement, when individuals commit to an aspect of identity after a period of exploration and then synthesize this aspect with other facets of their identity.

### **Health and personal identity**

Research on outcomes related to personal identity typically assesses outcomes based on individuals' identity statuses. Recent studies using Marcia's paradigm have shown that identity achievers, people who have explored and committed to aspects of their identity, are healthier psychologically and have higher rates of achievement, motivation, moral reasoning, intimacy with peers, reflectiveness, and career maturity (Steinberg, 2013c). Furthermore, young people who had explored, committed to, and synthesized aspects of their identity are less likely to engage in behaviors including risky alcohol use (Hardy et al., 2013); marijuana, cocaine, inhalants, tobacco products, and prescription drug misuse (Dumas et al., 2012; R. M. Jones & Hartmann, 1988; Schwartz et al., 2010); deviant behaviors like physical violence, theft, and vandalism (Dumas et al., 2012), unprotected, and intoxicated sex; and drunk driving (Schwartz et al., 2010). These differences in risky behaviors are especially important considering the single largest cause of mortality amongst adolescents is unintentional injuries and accidents, which lead to more than two in five adolescent deaths (U.S. Department of Health & Human Services, 2012). There is a clear link between having explored and committed to individual aspects of identity and positive health outcomes among adolescents.

### **Critiques of identity status theory**

Identity status theory has not gone unchallenged, especially its foundational tenets. Some scholars argue that identity statuses are not universal due to the population upon



which they were developed college students at a time when people who were able to attend college were predominantly male, middle to high class, and white. Further, the “processes,” or statuses, in this theory were conceptualized and studied as outcomes rather than true processes (Hammack, Phillip L., 2015). Finally, identity status theory pays limited attention to social context, historical factors, and cultural factors that both shape aspects of identities and cause them to shift, suggesting that identity development is not a linear process, but a dynamic and continual process.

### **Section III.**

Relational/role identity

#### **What is relational identity?**

Relational identity refers to who a person is in relation to their significant others, or people with whom a person frequently interacts (Vignoles et al., 2011). It consists of stored knowledge about the self in the context of relationships with other people and knowledge about others, and it has both attribute- and role-based components. (Chen, Boucher, & Kraus, 2011). There are various levels of specificity for relational identity including relationship-specific identity, the self in relation to another individual; generalized relational identity, or a summary representation of the self in the context of multiple relationships; and global relational identity, or conceptions and aspects of self in relation to significant others in general. Consideration of levels of specificity is critical because the particular content of a person’s relational selves differs across these three levels.

#### **Theoretical antecedents**

Used most often in personality studies and social psychology, relational identity grew from Mead’s symbolic interactionism and McCall and Simmon’s role identity theory that followed. It is also heavily influenced by cognitive science.

#### **Current theory**

Based on the assumption that not all self-knowledge is accessible to an individual in a given moment or context, Chen et. al provide a process model through which relational identity develops and functions. First, cues in the immediate environment evoke the imagined, actual, or symbolic presence of a significant other. This shifts the individual’s working identity toward the relevant relational self. Repeated or frequent activation of any stored knowledge increases its baseline accessibility, or how likely it is to be activated, which then decreases the contextual cues necessary to activate the construct again. In practical terms, repeated interactions between a mother and son, for example, lead to the establishment of roles based on their particular and expected dyad. This also has implications for other relationships, because through the psychological process of transference, new people may activate mental representations of past or current significant others. Empirical

research has shown that there are individual differences in the extent to which individuals define their identity in relational terms (Chen et al., 2011).

Baldwin's theory of relational schemas takes a slightly different approach, asserting that there is an interpersonal script between an individual and their significant other in the form of if-then contingencies. Through social interactions, individuals derive rules of self-inference and evaluation, which are incorporated into their identity and also affect future social interactions.

### **Health & relational identity**

While this framework of relational identity provides a useful lens to view relationships and social interaction in context, there is little evidence linking relational aspects of identity, broadly, to health. Specific relational identities, such as a man in the context of relationships with significant others have been studied extensively, particularly the exhibition of masculinity, but this will be discussed in the next section since it has greater relevance to collective identity.

## **Section IV.**

Introduction to collective identity

### **What is collective identity?**

Collective identity refers to people's identification with groups and social categories to which they belong; the meanings they ascribe to these groups and categories; and the feelings, beliefs, and attitudes that result from identifying with them (Vignoles et al., 2011). Because it has to do with groups and social categorization, it is also referred to as group identity and social identity. Examples of collective aspects of identity include race, ethnicity, gender, sexuality, religion, nationality, and even smaller-scale groups like families. Place identity may also be considered a collective identity because it is defined in part as membership in a spatially-determined group of people (Rollero & De Piccoli, 2010).

Collective identity has been studied extensively in sociology and social psychology. As described in Section I, many theories stem from Mead's work and emphasize the centrality of social identity in a person's identity as a whole as well as the social processes that shape identities. Each of these theories uses a slightly different definition of collective identity, proposes a different hypothesis of how collective identity is shaped, and describes different consequences.

Symbolic interactionism, Mead's seminal theory, suggests that identity is socially constructed through role playing and interpersonal exchanges of symbols. Goffman added that identities are performances managed in social interaction in order to avoid or combat stigma. Similarly, Stryker argues that social hierarchies shape how people think of their

identities, thus which identities become prominent in social interaction. Tajfel and Turner proposed social identity theory, which analyzes identity at both individual and group levels: individuals perceive themselves as belonging to certain groups, which gain meaning through comparison with other social groups (Hammack, Phillip L., 2015). Indeed, different social groups such as racial and gender categories are not inherently different, but imbued with social meaning creating differences in power, resources, and interactions.

While it is useful to consider the formation and management of collective identities as a category, it is perhaps more critical to note the developmental arcs and influential factors of specific collective identities. Scholars have examined particular collective identities including race, ethnicity, gender, sexuality, class, place, nationality, and more. In the remainder of this section, I will discuss four major collective identities relevant to young men of color in urban areas: race and ethnicity, gender, class, and place. These were chosen because of their relevance and implications on the lived experiences and health of this population.

Racial and ethnic identity

#### **Defining race and ethnicity**

While race and ethnicity are similar and sometimes overlapping concepts, they are not the same. Ethnicity refers to the cultural practices and beliefs of a community that have emerged historically and tend to set people apart. Different characteristics may serve to distinguish ethnic groups from one another, including language, history, religious faith, ancestry, and styles of dress or adornment (Giddens, A., Duneier, M., & Appelbaum, R., 2007; Renn, K., 2012).

In contrast, race is a classification system that assigns individuals and groups to categories that are ranked or hierarchical based on physical appearance and ancestry, and less commonly, culture (Giddens, A. et al., 2007; Renn, K., 2012). Despite decades of European colonialism and scientific racism that sought to substantiate claims that groups like African Americans are naturally inferior, race does not have a biological basis. There are no clear genotypic or phenotypic distinctions between different racial groups; rather, there is a range of physical variation among human beings and more diversity within groups than between groups (Agyemang, Bhopal, & Bruijnzeels, 2005; American Anthropological Association, 1997; Office of Management and Budget, 1977). Race is socially constructed, such that physical, ancestral, and cultural differences become the basis for stigma and social hierarchy.

Although race does not have a biological basis, the consequences of racial categorization are certainly real. Public health researcher Camara Jones suggests that there are three types of racism: institutional, personally-mediated, and internalized. Institutional racism creates structures that lead to differential outcomes and opportunities for different

racial groups. Thus, within a racialized society, a person's housing, education, employment, incarceration, health care, and legal representation—essentially, their life chances—are shaped and constrained by the racial hierarchies within the society (Giddens, A. et al., 2007). In terms of personally-mediated racism, individuals in the same as well as other racial groups may harbor prejudices and discriminate. Finally, a person may discriminate against themselves, accepting negative messages of their own abilities and intrinsic worth (Jones, C., 2000). The effects of race are mediated through both racial identification, external assignment and categorization, processes external to the individual; and racial identity, individual attribution of meaning to membership in racial categories (Renn, K., 2012).

### **Racial and ethnic identity formation**

Because race and ethnicity can have such a profound effect on perceptions of others as well as personality and psychological development among Black and Latino youth, the successful negotiation of racial and ethnic identity is critical to the development of a functional self concept and positive self evaluation (Phinney 2001, Brookins 1996, Liebkind 1992).

In the literature, the lines between racial and ethnic identity and their respective development are not as clearly nor consistently delineated. Both are dynamic, multidimensional constructs with cognitive and affective components. They refer to an individual's sense of self as a member of an ethnic or racial group, though there is overlap between their definitions. The concept of ethnic identity stems from research with Latin American, Asian, and to a lesser extent, African and Caribbean immigrants and involves identification with people who share common ancestry as well as culture, race, religion, language, kinship, or place of origin (Yip, Douglass, & Sellers, 2014). It consists of both a developmental component, involving the extent to which a person has explored and resolved ethnic identity issues, and an affective component, comprising of a sense of belonging and positive feelings about one's group (Phinney 2001). In contrast, racial identity has traditionally been studied amongst African Americans and involves ascribing to membership in one or more racial category—categories determined by social meanings related to physical appearance, ancestry, and culture (Renn, K., 2012; Yip et al., 2014). Making matters more complicated, Latino/as in the United States have traditionally been considered an ethnic group, but the term has increasingly been used in the context of race, not ethnicity, in popular discourse.

Since race and ethnicity are such closely related and oft-conflated constructs, it is not surprising that they are often conflated in the literature as well as popular use. Thus, I will be using the term *ethnoracial* throughout the paper except when citing authors who clearly specified and defined race or ethnicity. Furthermore, I will be using the term *Black* rather than *African American* because the former is more inclusive, with African American typically

excluding African and Caribbean immigrants. Although African Americans and immigrants from Africa and the Caribbean often have different experiences, the two are often conflated as Black in the literature (Evans, J., 2011).

### **Theories of ethnoracial identity formation**

Generally, ethnoracial identity is developed and modified as individuals become aware of other groups and of the ethnic differences between themselves and others, and attempt to understand the meaning of their own ethnicity within a larger setting. A number of major theories exist regarding the process of ethnoracial identity formation.

Echoing Marcia's identity status theory of identity development, the mainstream approach focuses on the universal properties associated with ethnic and racial identities. Phinney suggests that all ethnic groups proceed through three similar stages: unexamined ethnicity, ethnic identity search and exploration, and achieved ethnic identity (French 2006). An achieved ethnic identity may be related to the ability to assume the perspective of other groups, to adopt a multicultural perspective, and to see the place of one's own group in a larger perspective (Phinney 2001).

In contrast, other theorists focus on the unique cultural and historical influences that shape the process and quality of identity formation amongst different ethnic and racial groups.

### **Theories of Black identity formation**

Much of this research has centered around Black racial identity. One of the earliest theorists on Black identity was scholar and civil rights activist W. E. B. Du Bois, who first conceptualized the idea of double consciousness. Double consciousness is the idea that Blacks in the United States are aware not only of their own existence and experiences, but also, of the ways that others see them. Similar to his contemporary Mead, Du Bois argued that identity is greatly influenced by social circumstances and history. In particular, for Blacks, this includes a history of slavery, segregation, prejudice, and more (Giddens, A. et al., 2007).

The majority of psychological models of racial identity development follow an Eriksonian shape, using a sequence of stages that include processes of exploration and commitment (Renn, K., 2012). William Cross' model of Nigrescence proposes a five-stage model for Black identity development, with individuals moving from self-hatred to self-love:

1. Pre-encounter—In this stage, race does not matter and membership is not given much thought.
2. Encounter—An individual has a critical encounter with discrimination, which presents a challenge to their developing identity.

3. Immersion-emersion—They then make the decision to be Black and exploration of what it means begins.
4. Internalization—This stage involves stabilization and finalization of a new sense of their racial self. They emerge confident and proud of their identity as a Black person and have positive group esteem.
5. Internalization-commitment—The final stage involves working to elevate the status of Blacks and eliminate racism (French, Seidman, Allen, & Lawrence, 2006; Owens, 2010; Worrell, Cross, & Vandiver, 2001).

Bailey Jackson III proposed the Black Identity Development (BID) model. Though it was developed independently of Cross', it has many similar tenets. The five stages of the BID model are naïve, acceptance, resistance, redefinition, and internalization:

1. Naïve—From birth until around three years of age, people have little or no conscious, social awareness of race. While they may notice physical and cultural differences between themselves and others, they generally do not attach various values to this differences nor feel inferior or superior.
2. Acceptance—In the transition from naïve to acceptance, children learn and adopt ideology about their own racial group and other groups. They also learn that formal and informal rules, institutions, and authorities do not function the same for everyone. For Blacks in the United States, these two changes involve internalization of messages of racial inferiority and unequal treatment should they break institutional or societal norms. This also leads to question of how they will engage with elements of Black cultural influence. Black youth in this stage are typically in their teenage years or early twenties
3. Resistance—The transition from acceptance to resistance occurs over time, prompted by events that evoke an understanding of racism as complex: it is both overt and covert, individually and institutionally-mediated, intentional and unintentional. In other words, people in this stage gain a more critical consciousness of racism. Jackson adds that people in this stage often experience “anger, pain, hurt, and rage.”
4. Redefinition—Eventually, the individual begins to redefine themselves independently of the perceived strengths and weaknesses of dominant white culture, instead focusing on associating with other Blacks and claiming or reclaiming elements of Black culture.
5. Internalization—At this stage, Black people no longer feel a need to defend, explain, or protect their Black identity from others. They also continue to nurture their self of sense in a context that continues to disparage blackness. Finally, they integrate other cultural perspectives and collective identities.

One of the main differences of Cross' and Jackson's models is the comparatively greater focus on black culture as a major influence throughout the stages in the BID. In other words, racial identity is not formed solely in response to racism and discrimination, but also, from a rich heritage of black culture—a trove of customs, traditions, language, and collective history. Another major difference is the inclusion of stages early in the life course, beginning in early childhood (B. W. Jackson, 2012). While these are major advantages, little empirical work has been done to validate the BID.

Sellers suggests that both mainstream and more focused approaches to ethnoracial identity formation—specifically, Black identity formation—are complementary and can be integrated. In his own work, he takes a different angle, focusing on the content of Black identity rather than the process through which it is formed. He proposes the Multidimensional Model of Black Identity (MMBI), which divides ethnoracial identity into four components: salience, centrality, regard, and ideology. Racial salience is the extent to which someone's race is a relevant part of his or her self-concept in a particular situation. Racial centrality refers to the extent to which a person defines themselves with regard to race across contexts and situations. Racial regard adds an affective component and may be further divided into private and public racial regard. Private regard is the extent to which someone feels positively or negatively about his or her racial group, whereas public regard is the extent to which someone thinks broader society views their racial group positively or negatively. Finally, ideology refers to a person's beliefs, opinions, and attitudes about how members of their racial group should act (Sellers, Smith, Shelton, Rowley, & Chavous, 1998).

### *Theories of Latino identity formation*

As described earlier, most models of racial identity development were proposed specifically for Black. The parallel body of research on Latinos is significantly smaller and has focused on ethnic identity and acculturation of Latin American immigrants.

Few specific models of development have been developed for Latinos. Instead, for the most part, broader models like Phinney's model of ethnic identity formation and extrapolations from models of Black identity development have been applied to Latinos. For example, Atkinson, Morten, & Sue developed the Minority Identity Development Model in direct response to Cross' model, and it has very similar stages. It is intended to apply to Latinos as well as Asian Americans, Blacks, and native peoples in the United States. However, a phenomenological study conducted with young adults of Latin American descent in the southwestern United States found that participants' experiences attaching meaning to their ethnicity did not follow Cross' nor Atkinson's theories (Martin & Chiodo, 2004). While the study had a small, non-representative sample, it begs the question: can a

single model accurately predict experiences for ethnoracial groups with various histories, cultures, and contemporary experiences?

One of the few models specific to Latinos suggests that people of this ethnoracial group develop “identity orientations” that vary by how they identify, see Latinos as a group, see whites as a group, and frame race. Developed through diverse situations including what Cross might call encounters, identity orientations are thus adaptive and have both utility and limitations in particular environmental contexts. For example, a person with a “Latino-identified” orientation has a broad lens, identifies as Latino, sees other Latinos very positively while seeing whites as distinct barriers or allies, and frames race as Latino or not Latino. These attributes are useful in settings where the person may be called upon to develop strategies to support Latinos, but potential over-identification at the detriment of other groups might cause them to overlook complexity within and between Latinos and others (Gallegos, P. & Ferdman, B., 2012).

#### **Influences on ethnoracial identity formation**

Empirical evidence provides further insight into factors that affect ethnic and racial identity development. Ethnoracial identity has both affective and developmental components. The affective component may be divided into a person’s attitudes toward self, others of the same minority, others of a different minority, and also toward the dominant group. Positive feelings about self and others in the same minority promote a stronger sense of identity (Sellers 2006). This is important, because the affective component of ethnoracial identity has been shown to have a greater relationship with psychological wellbeing (Phinney 2001).

Following Bronfenbrenner’s Ecologic Systems Model, the next most-proximal influences are derived from immediate environments sharing daily contact with the young person such as friends, family, or the local neighborhood. At this level, factors that affect ethnoracial identity formation include explicit ethnoracial socialization, especially by families, and the demographic makeup of the neighborhood and school.

Parental/familial ethnoracial socialization is a process through which caregivers convey implicit and explicit messages about the significance and meaning of race and ethnicity, teach children what it means to be a member of a racial and/or ethnic group, and help youth learn to cope with discrimination (Hughes 2006). For instance, parents might talk about important historical or cultural figures of similar race or ethnicity; expose children to culturally relevant books, artifacts, music, and stories; and teach youth how to interact with people from other racial groups, such as a white police officer. While the context of parents’ messages varies, explicit ethnoracial socialization has been shown to strengthen identity and protect against internalization of discrimination (Neblett 2012).



The demographic makeup of neighborhoods and schools has also been shown to influence ethnoracial identity formation, perhaps mediated by a decrease in awareness and salience when people are more alike and vice versa. French found that settings where minority youth were surrounded by others at school who were similar to them, which was particularly the case when transitioning from elementary school to middle school, was associated with improved psychological functioning but decreased salience of ethnoracial identity (2006). She attributed this to an increased sense of social belonging in addition to a lack of encounters where race or ethnicity was made salient, thus less exploration. In contrast, minority students transitioning from homogenous middle schools to larger, more diverse high schools had higher exploration. These older students actually had lower self esteem once they transitioned, but with continued exploration, their self esteem had risen dramatically by the last wave of data collection (French, Seidman, Allen, & Aber, 2000). Notably, the different developmental changes at the time of transition from elementary school to middle school, middle childhood, and middle school to high school, adolescence, confound these results, though. These results are also complicated by the fact that greater diversity can lead to increased salience of ethnoracial identity and exploration, but also, more encounters with discrimination that may affect personal attitudes discussed prior.

Finally, periods of transitions both in terms of time and place, which fit under Bronfenbrenner's "chronosystem," are risk factors for identity crises, yet they also present opportunities for exploration and identity achievement (French et al., 2000).

Jackson adds that it is important to consider socializing agents like faith-based institutions, social clubs, and other common sources of socialization for Blacks (B. W. Jackson, 2012). This may also apply to other ethnoracial groups for which religion is a larger part of their culture.

#### **Outcomes related to ethnoracial identity formation**

Positive ethnoracial identity formation is associated with improved mental health, with less symptoms of anxiety and depression (Mandara et al., 2009), lower long-term odds of psychiatric conditions (Burnett-Zeigler et al., 2013), and increased self esteem and resiliency (Greig, 2003; Hardy et al., 2013; Miller & MacIntosh, 1999). Because ethnoracial identity is associated with externalizing behaviors in adolescence, scholars suggest that ethnoracial identity may mitigate negative consequences associated with exposure to stressors like discrimination, family instability, and exposure to violence (J. L. Williams, Aiyer, Durkee, & Tolan, 2013; J. L. Williams, Anderson, Francois, Hussain, & Tolan, 2014). In other words, a strong and positive sense of ethnoracial identity may serve to protect young people from the harmful effects of environmental stressors, thereby bolstering resiliency and improving mental health outcomes.

## Gender identity

### **Defining gender, gender identity, and related constructs**

First, it is important to define a number of terms. *Biological sex*, often called just *sex*, is typically established by a distinctive chromosomal pattern, prenatal hormone exposure, and genital development (Basow, 2011). On the other hand, *gender* refers to socially constructed distinctions related to sex and sex differences, and like race, there is a hierarchical structure (Evans, J., 2011). While gender is commonly thought of as a dichotomous variable—boy or girl, male or female, man or woman—the reality is more complex. Gender is a spectrum from masculinity to femininity, and people may identify as male, female, neither, or both (Basow, 2011; Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). Given the population of interest, this paper will focus on people who identify their gender as male.

Gender involves three distinct constructs: gender identity, gender roles, and gender coding. *Gender identity* involves an individual's relationship to gender as a social category (Frale, 1997). It is a multidimensional construct that results from many factors including knowledge of membership in a gender category, gender centrality, gender contentedness, felt-gender conformity, and felt-gender typicality (Levesque, 2011a; Steensma et al., 2013). Some scholars consider gender identity the internal representation of gender.

In contrast, *gender roles* are socially-defined behaviors, attitudes, and personality traits that, in a given time and place, are typically attributed to, expected from, or preferred by people of a given gender category (Steensma et al., 2013). *Gender coding* in accordance with gender roles communicates to the wider world, via external appearances and actions, a person's masculinity, femininity, and sexuality. For example, wearing a shirt and tie is generally thought of as acceptable behavior for men (gender roles), and a man who wears a shirt and tie to express masculinity is gender coding.

### **Perspectives on gender identity and its development**

Different disciplines view gender identity and its formation through different lenses. From a positivist perspective, sex is tied to anatomy, and physical, behavioral, and social differences between genders are attributed to biology. For instance, among males, aggression and competitiveness are purportedly due to testosterone, just as intellect and emotional reticence are "natural" (Creighton & Oliffe, 2010; Moynihan, 1998). Sex and gender are both seen as binary. In medicine and psychiatry, which stemmed from this tradition, the term gender identity was first used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980 in the context of gender identity disorders, or when a person's biological sex assigned at birth is incongruent with their self-perceived gender (Frale, 1997).

Social identity theorists define gender as men and women's awareness of and feelings for their gender categories. This discipline emphasizes how context makes gender categories salient, increases gender intensification, and may lead to traditional cultures and behaviors. From a symbolic interactionist perspective, people's gender identities are based on the gender roles they play, such that gender is not a noun, but a verb (Evans, J., 2011; Moynihan, 1998; Robertson, S., 2007). From a social constructivist framework, gender identity is created from structured, social constraints (Frable, 1997). While these two viewpoints are distinct, they are not contrary, as it is possible that gendered actions are learned and structured by social constraints.

Most of the research on the process of gender identity development takes place in the realm of cognitive developmental psychology and focuses on childhood, not adolescence (Frable, 1997; Steensma et al., 2013). In this field, gender identity is viewed as the typical way in which children become "psychological males and females."

For people whose identity is in concordance with their assigned gender, identity seems fairly fixed from early childhood onward. Gendered learning begins early, is a gradual process, and passes through stages (Steensma et al., 2013). Lawrence Kohlberg developed one of the earliest and well-known theories of gender development. First, by about 18-24 months old, children learn to label themselves and others accurately. Next, within a year, they learn gender stability, the concept that boys become men and girls become women. They then learn gender performance, or that gender does not change by contextual cues, context, or wishes (Frable, 1997). Exceptions include some gendered personal qualities and interests change in adolescence and possible gender intensification. However, there is little research on gender identity among adolescents (Steensma et al., 2013).

In sum, gender identity development is the result of a complex interplay between biological, environmental, and psychological factors. It occurs largely during childhood, and more research is needed to understand how it continues to form during adolescence.

### **Masculinity**

Masculinity involves the gender identity and gender coding a person enacts to fulfill a given gender role. It is a social construct dependent on a specific historical time, culture, and locale, and there is no unitary, stable masculine essence that defines men and differentiates them from a feminine essence that defines women (Evans, J., 2011). Indeed, there is great diversity among people who identify as men, such that there has been a movement to recognize multiple masculinities. These masculinities exist in a hierarchy established by cultural ideals and institutional structures, with idealized, hegemonic masculinity at the top, followed by complicit, subordinate, and marginalized masculinities. (Evans, J., 2011; Robertson, S., 2007). In Western culture, the ideal masculine male is independent, healthy and strong, wealthy, intelligent, heterosexual, and white (Creighton &

Oliffe, 2010; Evans, J., 2011). This suggests that even within a patriarchal society that supposedly privileges males, many men experience subordination and marginalization if they—whether innately or by choice—deviate from idealized expectations of men.

### **Health, gender, & masculinity**

There are stark health disparities between men and women in terms of both mortality and morbidity. In the United States, men have a seven-year shorter life expectancy than women and higher death rates for all fifteen leading causes of death (Courtenay, 2000). Among people ages 14–29, young men are 2.6 times more likely to die and 3.9 times more likely to experience accidental death than young women. Furthermore, men experience a greater burden of chronic disease, with earlier onset of disease (Creighton & Oliffe, 2010).

Health-related beliefs and behaviors, which are influenced by the “doing” of gender, are important contributors to these disparities. Hegemonic masculinity and traditional beliefs about what it means to be a man are the strongest predictors of individual risk behaviors over the life course. On the other hand, being a woman is a strong predictor of preventative and health promotion behaviors (Evans, J., 2011). While physical risk is naturalized, promoted, and even celebrated for males from a young age, health-promoting behaviors are associated with femininity. Further, illness is associated with traditionally feminine traits of weakness and vulnerability, which may impact men’s perception of illness and reluctance to seek treatment in order to avoid feminine or emasculating behaviors. Some scholars posit that people who identify as male but fall outside the bounds of hegemonic masculinity may also attempt to contest their subordinate status and reaffirm masculinity by amplifying risk taking and other ideal masculine behaviors (Creighton & Oliffe, 2010; Visser & Smith, 2007).

In sum, the gender identity and the external enactment of gender—which are biologically, socially, and culturally based—contribute to the vast disparities in mortality and morbidity between men and women.

### **Class identity**

#### **Defining social class, socioeconomic status, and socioeconomic position**

Class, socioeconomic status (SES), and socioeconomic position (SEP) are concepts used to define and describe economic positions of individuals within a society. While SES and SEP are synonymous, they are distinct from social class in both origins and contemporary meanings. To make matters more confusing, the term *class identity* is used to refer to both SES- and class-related identity, and *classism* refers to oppression based purely on class as well as oppression based on SES (Bolam, Murphy, & Gleeson, 2004; Pope & Arthur, 2009)

Karl Marx tied social class to means of production and defined it predominantly by economic resources. Marx believed that social class was responsible for economic disparities in capitalist societies, and ultimately, he hypothesized, for the downfall of capitalism (Hughes, J., Martin, P., & Sharrock, W., 2003; Lynch, J. & Kaplan, G., 2000; Marx, K., 1978).

In contrast, Max Weber argued that society is stratified by factors beyond economics including social honor and political power (Hughes, J. et al., 2003; Weber, M., 1946). Pierre Bourdieu viewed social class not only as economically-rooted, but also, tied to cultural capital. Cultural capital, as conceptualized by Bourdieu, consists of non-economic resources that enable social mobility. It exists in three forms: embodied, objectified, and institutionalized. Embodied cultural capital is “the long-lasting dispositions of the body and mind,” whereas objectified cultural capital includes material objects that hold symbolic, cultural meaning. Cultural capital in an institutionalized state includes academic qualifications and credentials (Bourdieu, P., 1986). Altogether, this stratification leads to groups of people who share similar life chances and to unequal distribution of economic resources and skills among these groups (Hughes, J. et al., 2003; Weber, M., 1946). Weber’s description of social stratification based on both social and economic forces shaped the concepts of SES and SEP<sup>1</sup>, which are typically operationalized by wealth, educational attainment, and occupation (Lynch, J. & Kaplan, G., 2000).

### **Class identity**

Class identity is the subjective meaning that individuals attach to their SES, including their economic means as defined by class. A meaningful collective identity, it is nearly absent from the psychological and health disparity literature (Bolam et al., 2004). Among the exceptions, researchers have shown that class identity often becomes salient when people move from one economic context to another. This work focuses on handling stigma, reconciling contradiction, and resisting or accommodating SES-based norms (Frable, 1997). More theory and research is needed to explicate the definition and implications of class identity.

### **Social class, class identity, and health**

SES is the most powerful predictor of health outcomes. Across geopolitical space and centuries of time, higher social position is associated with lower morbidity and greater life expectancy, while those in lower SES groups have poorer health outcomes (Anderson &

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<sup>1</sup> Since SEP and SES are synonymous, I will use SES exclusively throughout the remainder of this paper

Armstead, 1995). The fundamental social causes theory of health disparities suggests that social gradients in health persist over time despite changing mechanisms because at higher social economic positions, people have greater resources including money, knowledge, prestige, power, and social capital that protect against relevant risk factors (Capriano, R., Link, B., & Phelan, J., 2008; B. G. Link & Phelan, 1995). In short, SES impacts health. There is also evidence that health impacts social class. Capriano et al. suggest that the causal connection between SES and health is bidirectional, with health impacting social position and social position affecting health (Capriano, R. et al., 2008).

Despite the multitude of research conducted on the connection between SES and health, and mechanisms that mediate the relationships between the two, little attention has been paid to the way that class identity, the subjective and reflexive significance of class as an element of collective identity, is related to health (Bolam et al., 2004).

Place identity

#### **Defining place**

Environmental psychologists define place by three features: geographic location, material form and physicality, and investment with meaning, symbolism, and value (Gieryn, 2000). While the scale and gradient vary, from a bus stop to a metropolitan region, all places have a unique geographic location in the universe. Material things—natural, artificial, and built structures—are compiled at these locations. This combination of things at particular locations are then constructed again, this time socially rather than physically, filled with subjective and flexible meanings, and then “perceived, felt, understood, and imagined” (Gieryn, 2000). In a similar way, public health literature describes place as the compilation of context, the physical environment, as well as composition, or the people and social environment (Smyth, F., 2007).

Understood as such, place is not just a setting or backdrop for other phenomena to occur, nor a proxy for demographic or structural variables, but an active and independent factor that influences social life.

#### **Origins of the place identity**

Place identity is derived from self theory, which environmental psychologists found limited because it puts a heavy influence on individual, interpersonal, and group processes as a basis for identity development while ignoring the influence of physical settings as a basis for identity development (Proshansky, Fabian, & Kaminoff, 1983). Some scholars argue, though, that place is a social category and place identity should be seen as membership of a group who are defined by their location (Rollero & De Piccoli, 2010). Despite the difference in perspectives as to how place identity relates to more established types of identities, place identity enhances our understanding of identity since all social experiences take place within the environment. Further, conceptualizing individuals as embedded in a total social and

physical system provides a more comprehensive framework to understand behavior and action.

Since its inception in the 1970s, place identity and similar constructs such as *place attachment* and *sense of place* have been adopted by human geographers, environmental psychologists, urban planners, and more. However, this literature remains relatively disjointed from the more commonly known literature on identity in sociology and psychology.

#### **What is place identity?**

Place identity consists of the thoughts, memories, attitudes, and feelings about the physical setting in which individuals inhabit (Proshansky et al., 1983). Thus, it has both cognitive and affective components. It may be related to past, present, and physical settings that define and shape day-to-day existences. Place identity may be modified over the course of an individual's life cycle, as they selectively engage with the environment.

Lalli suggests that place identity—specifically urban identity—fulfills a number of purposes. For the individual, the place becomes a symbol of their personal experiences there. This provides a subjective sense of temporal continuity. Place also becomes a way to differentiate between others who live in the same town or do not; this is reminiscent of social identity theory. Finally, belonging to a certain group produces a sense of “we” and provides the comfort and security of the social group.

#### **Place identity formation**

Place identity is a personal construction that grows out of direct experiences with the physical and social environment, which becomes modified and transformed by cognitive processes. These affect future direct experiences with the physical environment (Proshansky et al., 1983). Theorists add that when place is compatible with an individual, it offers satisfying and meaningful experiences that reinforce the young person's sense of identity. The opposite is also thought to be true: when the place is in conflict with a person's place identity, it may limit their access to meaningful and satisfying experiences (Lim & Barton, 2010; Proshansky et al., 1983).

#### **The complex relationship between place and health**

Place is relevant to health because it both constitutes and contains social relations and physical resources (Cummins, Curtis, Diez-Roux, & Macintyre, 2007). Similar to social class, there is a large and growing body on the relationship between place and health, and place is increasingly recognized as a social determinant of health (Corburn, 2005). Its effects may be direct, such as access to clean water, as well as indirect, such as social capital, sense of community, and sense of safety (Smyth, F., 2007). Place, particularly place of residence, has been linked with health behaviors and health outcomes including tobacco use, smoking, and other cardiovascular disease risk factors; adolescent risk behaviors; mental health; general

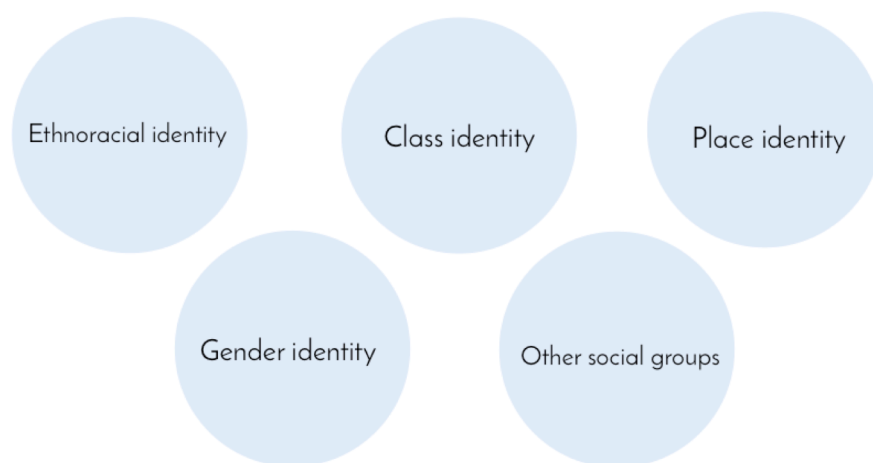
mortality, and perceived health (Bernard et al., 2007; Corburn, 2005; L. Jackson et al., 2009). It has been shown that there is a spatial patterning of such health, such that some neighborhoods are healthier than others (Bernard et al., 2007).

However, very little empirical literature shows the direct influence of social relationships on place identification, nor health and place identity. One small qualitative study in England used the concept of place identity to explore psychological dimensions of spatial health inequalities, directly asking participants (N=30) about experiences of place, definitions of health, and health behaviors. It found that participants described pollution, physical space, and a sense of community as having direct effects on their health (Bolam, Murphy, & Gleeson, 2006). Despite its aims, the study neglected to provide clear theory conceptualizing place identity and ascertaining its relationship to health. Much more research is needed in order to understand how place identity, both independently and as related to place more broadly, is related to health behaviors, health outcomes, and health disparities. Additionally, because place holds subjective and symbolic meanings relevant to the history and cultures where it is located, it is critical to study in context.

## Section V.

Intersectionality theory

As described in Sections II-IV, research on identity tends to focus on one social category at a time. This practice fragments the literature and promotes the idea of people as monolithic, with singular identities, or at best, the sum of many parts, as depicted below in Figure 2. In reality, identities are constructed of many interacting and intersecting parts, situated in complex systems of social categories and hierarchies, as seen in Figures 3 and 4 on subsequent pages. It is upon this idea that intersectionality theory was borne.



**Figure 2. Collective identity.** Traditionally, collective aspects of identity are studied and understood individually



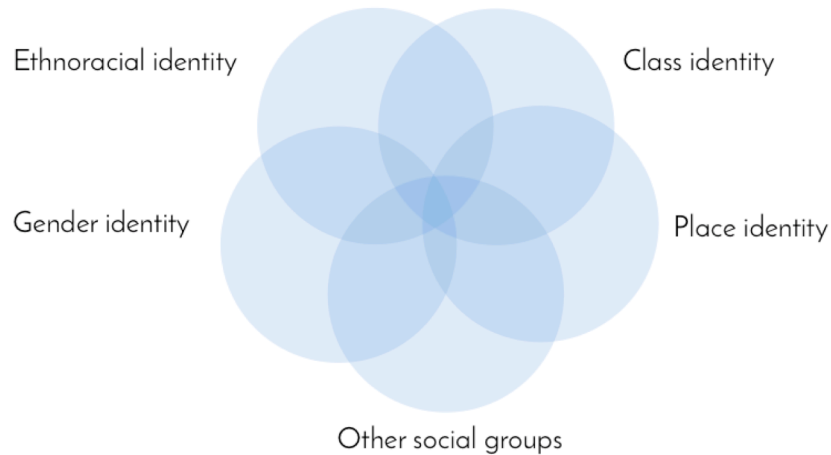
### **Origins of the concept of intersectionality**

The term *intersectionality* was coined by Kimberle Crenshaw, a Black feminist scholar, in 1989 (Crenshaw, 1991). However, its roots can be traced to Black scholars and activists who long-purported the idea that social hierarchies and the oppression they maintain overlap and intertwine, such that they must be considered together. W. E. B. DuBois challenged the United States Communist Party to incorporate an analysis of race into its class-based organizing. Civil rights leader Dr. Martin Luther King Jr. advocated not only for racial equality, but also, for equitable socioeconomic opportunity. In 1977, the Combahee River Collective, a group of Black lesbian feminists, declared, “We find it difficult to separate race from class from sex oppression because in our lives, they are most often experienced simultaneously” (Cole, 2009). Nonetheless, Crenshaw’s terminology lent momentum to the growing chorus of scholars advocating the importance of analyzing multiple identities and systems of oppression.

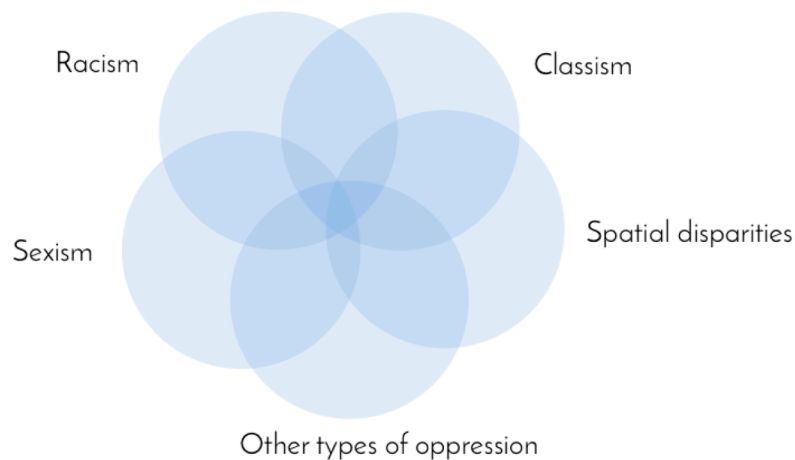
Notably, many of the early thinkers on intersectionality experienced multiple forms of oppression. Oppression may be thought of as institutional, or systematic relationships of domination and subordination structured through social institutions; symbolic, or widespread, socially-sanctioned ideologies used to justify hierarchies; and individual, or the unique experiences each individual has of domination and oppression, as seen in Figure 4. The women of the Combahee River Collective are an exemplar of this: as women who faced sexism and were minorities based on their race and sexual orientation, they experienced institutional and symbolic discrimination, though the lived experiences varied by person.

### **Intersectionality theory**

Intersectionality refers to the intersections of different aspects of identity within a person as well as intersections of interlocking social hierarchies within society. It brings together parts and the whole of the self as well as the context in which one lives (Renn, K., 2012). Patricia Hill Collins, another early scholar on intersectionality theory, argues that social categories such as race, class, and gender are interlocking. She cautions that intersectionality does not equate to additive analyses of multiple social variables, but careful consideration of the ways that these variables interact. Moreover, she argues that different identities are not necessarily opposites or dichotomized; such would be extremely problematic when applied to theories of oppression because every individual must be classified as oppressed or not oppressed. In actuality, we all have multiple aspects of identity, tempered by both hierarchical systems and our own biographies, that lead to varying experiences of oppression (Collins, 1993).



**Figure 3. Intersectional collective identities.** Intersectionality theory suggests that collective identities are integrated and overlapping



**Figure 4. Intersecting systems of oppression.** Intersectionality theory suggests that, like collective identities, social hierarchies are also overlapping, thus must be integrated

**The case for a broader intersectional approach to identity**

As intersectionality theorists like Crenshaw and Hill Collins purport, identity is complex and multifaceted, with collective identities intricately intertwined. Thus, it is critical to investigate how each collective identity interacts with every other social identity, as well as how each manifestation of social oppression interacts with every other manifestation of social oppression and sustains itself through these intersectional relationships (B. W. Jackson, 2012; Renn, K., 2012).

Given this review of three dimensions of identity, I propose that an intersectional approach be used to understand identity not only at the collective level, but also, in terms of personal and relational identity. Rarely are personal, relational, and collective aspects of

identity considered altogether. One of the most integrative models of identity formation is McEwen and Jones' Model of Multiple Dimensions of Identity (MMDI), a conceptual model that evokes intersectionality theory and situates a person's personal identity, or "core sense of self," in the center of intersecting collective identities (S. R. Jones & McEwen, 2000; S. R. Jones, McEwen, & Abes, 2007). However, this model is only two-dimensional, as it omits the dimension of relational identity, or a person's identity in the context of social relationships.

Even less commonly is an intersectional approach to all three dimensions of identity, as seen in Figures 5 & 6, below. This provides a holistic yet nuanced framework to investigate the process of identity formation and associated outcomes.

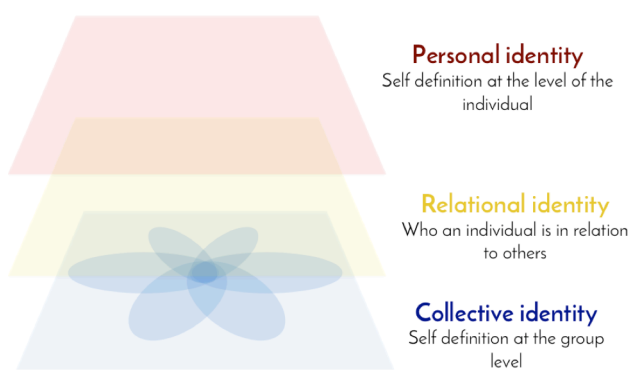


Figure 5. The three dimensions of identity

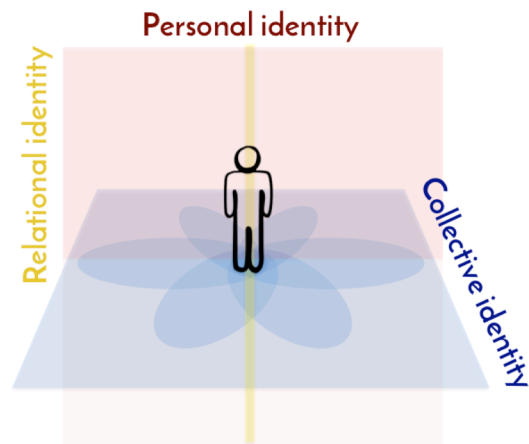


Figure 6. Intersectional approach to considering all dimensions of identity

### Intersectionality and health

While intersectionality theory has permeated gender and sociological disciplines, it has yet to be incorporated extensively into psychology or public health research (Cole, 2009; McCall, 2005). Most research in these fields focuses on one or two social variables, in part because it is more feasible methodologically. Additionally, there are no guidelines for empirically addressing research questions informed by an intersectional approach. Nonetheless, in order to understand the effects of social hierarchies and other stressors on identity and associated health outcomes, an intersectional approach must be taken.

In this paper, I have reviewed multiple ways that identity is related to health. There is strong evidence that positive personal and ethnoracial identity formation is associated with positive health outcomes. Personal identity development, as measured according to the

identity status paradigm, is related to decreased risky behaviors and increased engagement in school, prosocial activity, and relationships among adolescents (Dumas et al., 2012; Oyserman et al., 2012; Schwartz et al., 2010; Steinberg, 2013c). Many different aspects of collective identity have also been tied to health. Ethnoracial identity formation has been linked to improved mental health—increased self-esteem and resiliency and decreased depression and anxiety—both during adolescence and over the life course, and it is also protective against discrimination (Burnett-Zeigler et al., 2013; Greig, 2003; Hardy et al., 2013; Mandara et al., 2009; Miller & MacIntosh, 1999).

Other aspects of identity are associated with negative health outcomes. Gender identity, particularly hegemonic masculinity, is a predictor of increased engagement in risky behaviors over the life course and decreased health-promoting behaviors. Further, people who identify as male but fall outside the bounds of hegemonic masculinity may attempt to contest their subordinate status by amplifying physical risk taking (Evans, J., 2011; Robertson, S., 2007). While there are gaps in our current understanding of health as it relates to class identity and place identity, there are indisputable relationships between low SES; stigmatized place of community and structural violence; and poor health outcomes. People with multiple stigmatized identities may also suffer from accumulated social identity threat (Steele, C., 2010). The cumulative relationship between identity and health is unclear.

## **Conclusion**

### Gaps in the literature

The lack of intersectional approach to identity and its relationship to health is a critical gap in the literature. How else do we understand the identity of a young man of color who lives in an inner city, as well as his health behaviors and health outcomes? Place, class, and ethnoracial identities intricately intertwined since socioeconomic resources as well as a history of residential segregation affect the physical places where people live and interact, and attributes of personal identity, from physical stature to personality and beliefs and beyond, affect how individuals filter and understand these collective identities and construct a sense of self. A better understanding of the intersections of different aspects of identity will lead to a more nuanced, holistic view of people's identities and also clarify the interacting mechanisms behind the constellation of health outcomes that have been related to different aspects of identity.

### Looking ahead

When attempting to understand identity among a population with a history of multiple forms of oppression, it is important to listen to their voices rather than impose theory top-down. Further, considering the relevance of place and place identity, it is critical to study identity and identity formation among young men of color in a specific environmental context. I thus propose the following research questions:

1. How do young men of color in East Oakland between the ages of 18-24 years describe their identity?
2. How do they describe the process of identity development?
  - a. What factors influence their identity?
  - b. How do they perceive that others see them, and how do they respond to discrepancies between others' perceptions and their own identity?
3. What impact does their identity have on mental health, decision-making, and resiliency?

In addition to contributing to theory on the intersectional content and processes of identity formation, answers may lead to more effective interventions and settings that promote positive identity formation, resiliency, and improved health outcomes, both within East Oakland as well as other communities facing similar challenges.

## Part II: Original Research

### Introduction

The confluence of pubertal changes, cognitive development, and social transitions make adolescence a particularly ripe time for individuals to intentionally reorganize, restructure, and attach meaning to their identities. Identity development is the key psychological task of adolescence and has important implications for health and behavior during adolescence and throughout the life course.

Identity—the dynamic mosaic of personal traits and characteristics, social relations and roles, and group memberships that define who one is—lies at the core of a person and influences the choices they make, ways in which they navigate society, and mental and physical health outcomes (Deaux & Burke, 2010; Oyserman et al., 2012). Psychologist and seminal identity theorist James Marcia argued that personal identity, a sense of personal sameness, develops through a process of exploration and commitment to a set of values and beliefs that define one's identity (Levesque, 2011b). Measured according to the identity status paradigm Marcia developed, a more stable, committed personal identity is related to decreased risky behaviors and increased engagement in school, prosocial activity, and relationships among adolescents (Dumas et al., 2012; Oyserman et al., 2012; Schwartz et al., 2010; Steinberg, 2013c).

Group identities—race, ethnicity, and gender are among the most studied—have also been tied to health. Ethnoracial identity formation has been linked to improved mental health: strong, positive ethnoracial identity is associated with increased self-esteem and resiliency and decreased depression and anxiety, both during adolescence and over the life course. It is also protective against the adverse health effects of discrimination (Burnett-Zeigler et al., 2013; Chae et al., 2014; Greig, 2003; Hardy et al., 2013; Mandara et al., 2009; Miller & MacIntosh, 1999). Gender identity, particularly hegemonic masculinity, is a predictor of increased engagement in risky behaviors over the life course and decreased health-promoting behaviors. Further, people who identify as male but fall outside the bounds of hegemonic masculinity may attempt to contest their subordinate status by amplifying physical risk taking and other forms of hyper-masculinity (Courtenay, 2000; Evans, J., 2011; Robertson, S., 2007). While there are gaps in our current understanding of health as it relates to other forms of group identity such as class and place identity, there are indisputable relationships between low socioeconomic status, stigmatized places with high burdens of community and structural violence, and poor health outcomes. People with multiple stigmatized identities may also suffer from accumulated social identity threat, or decreased effort and performance due to anxiety about fulfilling negative stereotypes (Steele, C., 2010). While health outcomes have been associated with specific group identities, the intersectional, cumulative relationship between multiple group identities and health is unclear.

Young men of color in urban areas represent one group contending with multiple stigmatized identities. Furthermore, the critical process of identity formation is made more complex and challenging by high rates of poverty, low-resource environments, and exposure to community violence, racial discrimination, and structural violence (Brooks-Gunn & Duncan, 1997; Dashiff et al., 2011; Ginwright, 2010). It is possible that positive identity may either mediate or moderate the effects of these stressors on the health of young men of color, potentially ameliorating health disparities seen amongst this population while also serving as a path to resiliency.

Current literature on the content of identity for male, urban youth of color is fragmented. Most studies investigate components of identity such as race, gender, and personal characteristics independently rather than seeking to understand intersectional realities for this demographic (Cole, 2009; Collins, 1993). Further, identity research in public health, psychology, and sociology is highly quantitative and theoretical, using scales to measure the strength of components of identity and their relation to life and health outcomes, thereby falling short of a more comprehensive, intersectional understanding of the ways young urban men of color define their identities and the factors that influence identity development.

To address these gaps, we utilize a qualitative approach to gain a multidimensional perspective of identity and identity development through the eyes of young urban men of color in East Oakland, CA.

Research questions:

4. How do young men of color in East Oakland between the ages of 18-24 years describe their identity?
5. How do they describe the process of identity development?
  - a. What factors influence their identity?
  - b. How do they perceive that others see them, and how do they respond to discrepancies between others' perceptions and their own identity?
6. What impact does their identity have on mental health, decision-making, and resiliency?

An in-depth understanding of the content of young men of colors' identities and the processes through which their identities developed may lead to more effective interventions and settings that promote positive identity formation, resiliency, and improved health outcomes, both within East Oakland as well as other communities facing similar social, economic, and health disparities.

## **Methods**

The data presented here are from a community-engaged qualitative study designed to explore the lived experiences of young men of color in East Oakland, California. Data collection took place in multiple phases using elements of self-portraiture, participant-driven photo elicitation, Photovoice, and individual and group interviews as means to understand identity while encouraging participation and community empowerment.

### Sample & recruitment

#### **Study setting**

Oakland is a large city with a complex history of social movements, economic shifts, and inequality (Rhomberg, 2004). A broad geographic, and often economic and racial, distinction is made between the hills and flats of Oakland: working class communities of color typically live in the flatlands adjacent to the San Francisco Bay, while many of the upper class neighborhoods are located in the hills. Between census tracts in these two regions, life expectancy varies by as much as 24 years (Joint Center for Political and Economic Studies, 2012). These inequities have resulted, in part, from a series of events in the 1970s-1990s—the exodus of blue-collar jobs, the demise of the Black Panther Party, and the spread of crack cocaine—that changed the political and institutional infrastructure of Oakland. These events compounded preexisting social ills and also shaped the reputation of the flats as a dangerous and pathologic place with high rates of violent crime and unemployment (Ginwright, 2010; Rhomberg, 2004).

This present study was conducted in the Elmhurst District of East Oakland, CA, a particularly disadvantaged area in the flats of Oakland, in partnership with the East Oakland Youth Development Center (EOYDC). EOYDC's mission is to develop the social and leadership capacities of youth so that they achieve excellence in education, career, and service to their communities. It offers free, year-round programming in art, athletics, education, and job training to young people ages 6-24.

#### **Recruitment**

Participants were recruited from the EOYDC in June and July of 2014. EOYDC staff approached potential participants, who were screened according to the following self-reported eligibility criteria:

1. Age 18-24. This age group was selected because youth in late adolescence and early adulthood tend to have more stable, formed identities than younger adolescents and are also better able to reflect upon and articulate their experiences (Steinberg, 2013c)
2. Self-identification as male
3. Self-identification as an Oakland resident for at least five years
4. Availability for the four-week data collection period
5. Fluency in spoken English



While low socioeconomic position and self-identification as an ethnoracial minority were not explicit inclusion criteria, approximately 80% of youth who attend EOYDC programming qualify for free lunch, indicating that their household incomes are less than 135% of the federal poverty level, and the majority are African American (70%) or Latino (20%). These demographics are reflective of the neighborhood where the center is located.

Potential participants were given a recruitment flyer and invited to attend an informational session. A total of 13 participants attended the informational session, provided informed consent, and participated in the study.

### Procedures

Procedures consisted of an introductory informational session, an individual “selfie session” involving self-portraiture and an in-depth interview, and a focus group session with the same participants. These methods were adapted from Photovoice, which utilizes group discussions and participatory photography—usually of the external environment rather than self-portraits—to enable marginalized communities to portray their perspectives and advocate for social change (Strack, Magill, & McDonagh, 2004; C. Wang & Burris, 1997; C. C. Wang, 2006). All sessions took place at EOYDC. The study procedures were approved by the University of California, Berkeley Committee for Protection of Human Subjects (CPHS).

Data was collected using a combination of phenomenology and modified grounded theory in order to facilitate a rich understanding of the lived experiences and meanings participants attribute to their identities and also the generation of new theoretical terms, categories, and constructs, and potential interrelationships between them.

### Introductory session

At the introductory session, the lead researcher discussed the project details with participants and obtained informed consent. The group then discussed the production of portrait photography and the roles it plays in everyday life—from art to mug shots to selfies—in order to build a common understanding of the study methods and social cohesion amongst participants. At the conclusion of the session, participants were given sample interview questions and notebooks to allow them additional time to consider and journal about their identities and what factors have been influential in shaping them, in preparation for their selfie session.

### Selfie session

Each selfie session consisted of self-portraiture and an in-depth interview in a private classroom at EOYDC. First, participants were asked to capture 5–10 self-portraits using a wireless remote. Photos were taken with natural lighting in front of a solid, neutral backdrop in order to remove contextual cues from the self-portraits, instead allowing

participants to contextualize their images with thick descriptions during the interviews. Photos were taken in response to three successive prompts:

1. Take pictures of yourself as other people who know you see you
2. Take pictures of yourself as you think other people who don't know you see you
3. Take pictures that express the true you

Next, each participant participated in a semi-structured, in-depth interview using the digital photos to elicit discussion. Domains of interest included personal, relational, and collective aspects of the participant's identity; the process of identity development; perceptions of stereotypes and discrimination; and outcomes related to identity. Consistent with a phenomenological orientation, we phrased questions broadly to elicit a range of different aspects of identity without imposing theoretical expectations about specific identities. Examples of interview questions include:

- What are a few of the most important words that describe your identity and why?
- If someone you know saw this picture, how would they describe the person in it? Why?
- If someone who has never met you saw this picture, how would they describe the person in it? Why?
- What do you think this photograph says about you? What does it leave unsaid about you?

The audio recordings from each of the 13 selfie sessions were transcribed for analysis.

#### **Focus group session**

Once all interviews were complete, a focus group (N=11) was held in order to clarify and validate emerging themes. Two participants were not available due to transportation issues. The focus group was audio-recorded and transcribed for analysis.

#### **Data analysis**

A team of three researchers completed an iterative, multistep coding process of the interviews (N=13) and focus group (N=1) consisting of manual open coding, consensus-building, and codebook development. Next, using the finalized codebook, all data was recoded in Dedoose, a cloud-based qualitative data analysis application. The research team was trained together in qualitative data analysis and shared self-reflection memos throughout the analysis process to reduce bias and maximize validity.

#### **Open coding and consensus building**

Each researcher analyzed transcripts independently as follows:

1. Raw read of the transcript, memoing initial reactions and observations in the left margin manually
2. Open-coding distinct concepts and categories on the right margin manually
3. Long hand memo describing patterns and themes noticed in the transcript, reflections upon how personal experiences and lenses may have influenced observations, and similarities and differences between transcripts
4. Reread transcript, noting any new insights

After all researchers completed the four steps above for a single transcript, the research team met to share their observations and reflections and build consensus about themes and codes. This iterative coding process was conducted for each transcript, and an axial coding scheme categorizing both master codes and subcodes emerged. The final codebook consisted of agreed upon definitions and inclusion/exclusion criteria for each master code and subcode.

#### **Closed coding**

After completion of the codebook, two researchers recoded each transcript in parallel using qualitative data analysis software Dedoose. In order to improve intra-rater reliability, each analyst coded approximately one third of the codebook at a time. The third researcher spot-checked multiple excerpts of coded text in each transcript to assess inter-rater reliability. Differences between coders were discussed, and the parameters of codes were refined until inter-coder agreement was achieved.

Data was then analyzed by master codes and other themes identified by the research team. Member checks were utilized to ensure validity of the final results.

## **Results**

### **Demographics**

The thirteen participants ranged from 19-24 years old. Twelve identified as African American or Black, with most using both terms interchangeably, and one as Salvadorean. Of the Black participants, one also identified as Puerto Rican and two as Native American. The group was highly educated relative to the general population of young men of color in Oakland, with twelve of the thirteen having earned high school diplomas and the thirteenth holding a GED. Eight participants were currently pursuing Bachelor's degrees and three were pursuing Associate's degrees. In their own words, participants' descriptions of their socioeconomic position ranged from "poor" to "working class" to "middle class," with one participant identifying as "privileged." All participants have spent time growing up in Oakland, though their current residences also include Atlanta, Washington D.C., Southern California, Humboldt, and the greater Bay Area.

## Introduction to the results

The results are divided into three categories of themes characterizing (1) the self-described content and structure of identity, (2) external factors and internal processes that influence identity development; and (3) the role of discrimination in lived experiences and identity development.

### I. Content and structure of identity

#### **Positive, multifaceted, and intersectional identities**

Identities were complex and multifaceted. Participants described many different aspects of their identities including individual-level characteristics, relational attributes, and group memberships as important to their self-definitions.

Notably, the boundaries between these three types of identity were blurred, if not missing altogether. For example, participants suggested that group identity—specifically the intersection of their ethnoracial and gender identity—informed individual characteristics like being passionate, proud, and hardworking:

*“Strong, passionate, proud but humble, umm hardworking man. African American males are those things.” – P13*

Similarly, identifying as a representative and role model provided resiliency because participants believed people were looking to them as examples, and resiliency may be considered an individual-level aspect of identity.

#### **Individual-level identity**

Individual-level characteristics ranged from personality traits, values, beliefs, and goals to physical attributes like height, stature, and personal style. Central to identity, personality traits were commonly the first phrases participants used when describing the most important aspects of their identity.



Figure 1. Self-portrait by Participant 13



Figure 2. Self-portrait by Participant 2

*“You might have a lot of similarities with somebody but y’all aren’t the same person.... So, I feel like personal traits, like I’m laid back and stuff like that. That makes me who I am.”*

– P2

Personality traits lent participants a sense of uniqueness and serve to differentiate one’s self from others. Nearly all participants described their personalities with positively-valenced words such as “chill,” “funny,” “kind,” and “driven”; only one participant shared an aspect of his identity in which he was self-critical, noting that at times, he can be “too proud”. Similarly, participants’ values and beliefs such as becoming a better person each day, treating others respectfully were also overwhelmingly positive.

In terms of physical attributes, participants initially volunteered descriptions about their height and stature as well as clothes and sense of style, often adding how their posture and facial expressions in the photo conveyed their identity. Skin color was rarely brought up unless participants were probed about what others may see in the same photo.

***Relational identity: scholars, representatives, and role models***

Relational attributes are roles that participants identify as playing. The most common roles were “young scholars,” “representatives”, and “role models”. Seeing themselves in a positive light as described above, participants identified strongly as representatives and role models. Ambassadors of their communities, families, ethnoracial groups, and Oakland, they served as representatives to others who are not part of those spheres. Many participants also considered themselves positive role models for younger family members and youth in the community:

*“It’s crazy to see that you work with kids, you work with people, and you see how much they actually aspire to be like you. It’s like that (snaps). They soak up so fast—you see ‘em doin’ stuff, and it’s like, ‘Woah! Dude, you’re acting just like*

*me!’ ...If you have that power, what you can do is you can inspire people to do more with their life.” – P5*

The role of being young scholars may be related to the fact that nearly all of the participants are college students and spend a large amount of time in school. However, it is unclear whether identifying as young scholars helped them access post-secondary education, educational success affirmed their identification as young scholars, or both.

While less prevalent, participants also described roles based on specific activities such as being artists, rappers, and athletes.

**Group identity: intersectional membership in multiple stigmatized groups**

In terms of group identities, all participants identified with multiple groups. The most common included ethnoracial identity, gender identity, and place identity, which were often described in an intersectional manner. Despite stigma they experienced, participants noted pride in their group membership. For instance, one participant stated,

*“Being black like [is] one of the most beautiful things you can be. Um, it shows that like you could come, overcome, any and everything if you push for it.” – P9*

The same holds true for place identity: participants viewed their Oakland-based place identity as a source of pride, cultural distinction, and strength:

*“I’m from here. I obviously act like I’m set from Oakland. I say hella a lot, and I will not change to say a lot of... So, it’s like, I have that culture already in me. It’s just like, I accept and I love it, because it’s made me who I am. It’s a part of me.” – P5*



Figure 3. Self-portrait by Participant 5

## II. The process of identity development

The process of identity development involved both internal and external factors. Factors external to the individual afforded participants opportunities to explore different roles and also exposed them to others' identities, which they sought to emulate in some cases, or in other instances, to actively resist. Internal factors like cognitive processes helped participants to attribute meaning to their experiences and identity.

Internal and external factors were related: external factors like people, places, and activities shaped access to participants' experiences upon which internal processes are based. Conversely, past experiences and self-reflection influenced the external factors with which participants engaged.

### **External factors**

Participants explicitly named people, place, and activities as significant influences in the process of identity development.

### **People**

Broadly speaking, people were important sources of social and emotional support, information, access to opportunities, and inspiration. The scope of their influence depended on their relationship to the participant as well as their identity and interests. While the weight participants placed on different people (i.e. parents versus peers) varied by participant, people who were held in high esteem, looked up to, or provided support were generally more influential on one's identity development than peripheral members of participants' social networks.

Participants' family structures varied, with the majority raised by single parents and extended family members. Families influenced participants' identities in a multitude of ways. Some participants shared that their elder family members—grandparents, parents, aunts and uncles—shaped their values and choices:

*“I wasn't allowed to stay out past streetlights. And I guess the rules kind of guided me... I'm pretty sure that that was [my parents'] goal... They was just instilling all these good things in me and you know, showing me the right things to do so when I did start getting older and I did start going off, I wasn't persuaded to go into [dealing drugs]. I just go to the park, and I would play basketball, and I would go home. And that was just it.” – P6*

Other participants shared how elder family members passed down stories about familial and community history, which lent a sense of rootedness and belonging and also provided substantial ethnoracial socialization.

*“I was just trying to ask why do we get black skin because when I was younger, I just thought it was because we were out in the sun longer than everyone else. But [my dad] just*

*explained [it] to me, and that's when the whole discussion of Africa and our ancestors came up... Malcolm X, Martin Luther King... the Black Panther Party... It made me feel, knowledgeable, because even at 8,9, even though I still had no idea what he was talking about. I was like actually that's kinda cool... [and] as you get older you understand more and you appreciate it more." – P8*

Additionally, the presence of younger family members—siblings, nieces, and nephews—provided motivation to be positive role models.

*"I'd say my younger brothers [influenced my identity] because I always wanted them to look at me and... see nothing but good things so there'd be no excuse for them, you know, to look at me and say, 'Oh, well he didn't...' or 'He didn't do this.' Basically, they can just follow in my footsteps. I did it! It was hard, but I did it. You can do it too." – P6*

Beyond sharing familial history, family members also taught participants through their actions, which participants either sought to emulate or avoid. For instance, participants spoke of wanting to escape intergenerational trauma such as poverty after seeing parents and grandparents “work for pennies,” and educational attainment was a way out. They also discussed learning from siblings’ mistakes, especially as related to involvement in “the street life.”

Participants who were in the foster care system or had parents who were actually or functionally absent often sought support from adults in other settings, such as school or EOYDC. Even participants with strong familial support often described other caring adults whom they looked to as role models and mentors. Altogether, family members and other supportive adults provided points of reference for participants to compare, contrast, and



Figure 4. Self-portrait by Participant 8



redefine their identities, whether by emulating or distinguishing themselves from relatives.

Peer influence depended on the people with whom participants surrounded themselves. Participants who associated primarily with other academically-oriented peers were able to access opportunities like enrichment programs and employment, which reinforced participants' identities as young scholars and contributing community members. On the other hand, some participants described the negative influence of peers. One participant did not foresee himself "going somewhere" in life until he switched peer networks:



Figure 5. Self-portrait by Participant 1

*"I used to hang out with the wrong crowd. They weren't specifically gang members, but they were pretty bad. We would go do bad stuff like smoke weed... I would go get high and stuff and do bad choices... hang out late at night. All that impacted my dad, so he got really pissed off at me one time... I was like yeah I saw how that affected him so I like totally changed... I saw a cool path and I was like and totally love this more." – P1*

This quote illustrates that peer influence is contingent upon the identities and behaviors of particular peers. We also see the importance of family in guiding participants to make healthy choices and shaping identities.

#### **Place**

Place—the combination of geographic location, physicality, and subjective meaning—influenced identity in two distinct ways. First, place affected participants' exposure to risk and protective factors including community and institutional violence, housing instability, educational and extracurricular opportunities, and community assets. These exposures shaped the subjective meanings participants attributed to being from Oakland, or place identity, as well as personal traits like grit and resiliency. In other words, being from Oakland impacts place identity as well as other aspects of identity.

*“Oakland is a beautiful place, but you know its not Disneyland... umm, you know, it’s a real world so I mean those lessons that I’ve learned are positive because they helped me make better choices for my future... I feel like I’m ready for any situation I can deal with it just cause I probably had some type of experience with it.” – P2*

Second, participants indicated that “making it out of Oakland,” rising above the hurdles they face and having the agency to leave Oakland for any substantial length of time, was something to be aspired to. While they professed pride in being from Oakland and argued that others often overlook the city’s tough and gritty character and physical beauty, they acknowledged the constraints of living in an impoverished and often violent locale. Benefits of getting outside of Oakland included learning opportunities, broadened horizons, and increased access to resources. In other words, getting out of Oakland offered participants opportunities to solidify their personal identities in terms of personal and career goals and their role identities as students and contributing members of society. As this quote implies, participants believed that Oakland alone could not sustain their identity development, personal growth, and ambitions:

*“I feel like there’s a rare population that can stay in Oakland and actually help Oakland. I feel like its possible but not everybody can stay here and help it. Some people have to go get an education, some people have to go get money, some people have to go get international resources, like you can’t just stay here and use the telephone to try to help Oakland. So I look at it as basically a challenge, like something that I want to come back, like it’s my child and I want to help it grow and then see it thrive.” – P13*

Leaving Oakland did not change participants’ place identities. Notably, making it out of Oakland did not equate to actually leaving the city or moving away indefinitely, but having the option to leave if so desired. In fact, many participants sought to make it out of Oakland not only for personal reasons, but also, so that they could accumulate the human and economic capital to return and serve the community that raised them and was so integral to their identities.

#### **Activities**

Participants engaged in both formal activities like summer jobs, EOYDC enrichment programs, and athletics and informal activities like art and music. In addition to helping participants access social capital and supportive relationships, these activities provided safe spaces for participants to express and solidify personal identities and explore new roles and relational identities.

#### **Internal processes**

Internal processes that shaped participants’ identities involved self-reflection and other types of cognition. Participants shared past experiences influenced their identities,

ranging from making mistakes to facing and overcoming barriers. By cognitively and emotionally processing these experiences, participants learned lessons that informed their future behaviors and engagement with the external world. Likewise, by comparing themselves with others or reflecting on the consequences of others' actions, participants ascertained whether they wanted to identify and behave similarly or differently.

*“You just be around them, observe, conversate. Converse, I mean. I mean, you kinda find yourself through that because, you know, it tells you ‘I don’t wanna be like that. It’s not me.’ So, you find yourself right there, “Okay, this is who I am and this is who I’m going to be. These people don’t like it, but I’m not living for these people. So, but, that’s how you do it.”*  
– P13

### III. Discrimination and discrepancies between identity and others' perceptions

As described prior, participants acknowledged dissonance between their self-definitions and others' perceptions of them based on these group memberships, particularly the intersection of race, gender and place. While they denied that discriminatory experiences and dissonance impacted their identities, they implicitly suggested that discrimination and dissonance provide motivation to identify as positive representatives. For instance, one participant described the stark contrast between his self-perception and the meanings he expects others to attribute to his ethnoracial identity:

*“To be an African American or black male, it means the odds are against me. Umm, it means that I am judged, a lot times before people even know me. It means... that there are people rooting for me to lose. You know, just the whole prison-industrial complex and things like that.”* – P7

While this participant regards his ethnoracial identity in a positive manner, he perceived that other people attributed vastly different meanings to the intersection of his group identities (i.e. Black x male). Indeed, although gender was a salient identity for the young men, throughout this study, participants rarely considered gender in isolation, but rather, in the context of race.

Similarly, participants did not expect others to “accept and love” the fact that they are from Oakland. Regardless of participants self-identify, others were likely to assume that they were involved with gangs and criminal activity because they are from Oakland:

*“I can have a 5.0 and all A’s and a lot of scholarship awards, scholarship monies, Ivy league degrees, people will still think of me as a little black kid from the hood.”* – P9

This quote reveals that the stigma attached to being “from the hood” was perceived to be greater than the prestige of high intellect and scholastic achievements. Further, we again see

the intersectional nature of identity and oppression: stigma results not solely from being black or being from Oakland, but from the combination of the two.

**A common experience: interpersonal and structural violence based on group identities**

Expectations of such discrepancies were rooted in concrete experiences with discrimination that they attributed to their non-white skin color, male gender, and/or being from Oakland. Often, they recounted early encounters with discrimination in the form of interpersonal violence and criminalization perpetuated by store-keepers, law enforcement officials, and other adults in positions of influence. One participant shared,

*“I got stopped by this security officer and he searched me for no reason. He thought I had stole something when I had bought it, like clearly I had the receipt in my hand and everything. He was like, “We were looking for someone tall African American male with long hair, uh, tattoos, who stole something.” ... And he associated him, that person, with me when all I did was buy a jacket... I was shocked, surprised to see that because like if you know me, my grades are high... I don’t want to be this type of statistic or live up to the stereotype. I know I can beat it.” – P9*

Here, we see that positive aspects of identity such as being smart and identifying as a young scholar lacked the external visibility of skin color, tattoos, and dreadlocks; thus, they failed to protect the young man from being profiled by the officer.

These memorable experiences initially elicited surprise and anger at being prejudged based on negative stereotypes of urban, young men of color as violent, uneducated criminals, which were extremely different from the way they characterized their own identities. Such dissonance was harmful and both physiologically and



Figure 6. Self-portrait by Participant 9

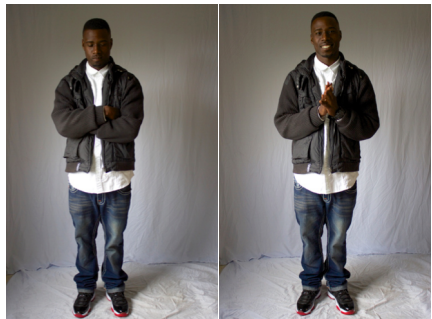


Figure 7. This series of self-portraits shows how participants believe that people who do not know them would perceive them (left) and the way that they see themselves (right). They provide a powerful illustration of dissonance between the way participants define their identities and how they expect others to characterize their identities

psychologically distressing, thus may be considered a form of violence.

Repeated experiences, often corroborated by experiences of friends and family, led to expectations of being prejudged. Some participants stated that they are desensitized to it now and do not respond emotionally anymore. In contrast, others still find themselves angry and attempt to suppress their emotions in order to avoid fulfilling stereotypes.

**The influence of discrimination and discrepancies on identity and behaviors**

Discrepancies between participants’ identities and others’ perceptions did not consciously affect identity, yet led to the development of adaptive behaviors.

In some cases, participants noted temporary discouragement and decreased self-efficacy to overcome the disadvantages discrimination creates. Participants believed that they had to overcome “the odds,” “statistics,” or “a system stacked against us.” These phrases show that even though most participants experienced discrimination in interpersonal contexts, they situated the violence as the consequence of broader institutions and systems like mass media, law enforcement, and the criminal justice system that perpetuate harm against certain groups of people. They overcame these barriers with the help of internal reservoirs of determination and optimism—individual identity characteristics—as well as reinforcement and encouragement from people close to them.

When directly asked how such experiences affected their identity, participants denied that prejudgments or discrimination by others affected their identity at all. They distinguished between their self-definitions and broader stereotypes that people who are “on the outside looking in” or “ignorant.” In other words, knowing themselves and whose opinions to value—for instance, news reporters versus trusted

adults—was critical to resisting internalization of negative stereotypes.

While discrimination did not consciously affect their identities, participants learned to employ adaptive behaviors to minimize mistaken identity and the violence and harm that often followed. Internally, self-reflection and cognitive reappraisal also helped participants to reframe their situations in a more positive light, bolstering resiliency. Externally, they changed their patterns of moving about the world, investing in other, safer activities such as athletics, arts, and leadership groups; avoiding behaviors that might elicit suspicion, like hanging out with a group of other young men of color maintaining hyper vigilance in new social environments; and “code switching,” or modifying behaviors to fit various contexts.

Analogous to being multilingual and conversing in the predominant language of a given place, code switching through participants’ eyes involved modifying speech, attire, and other ways of carrying oneself to fit into different settings. One of the most common adaptive behaviors that participants described, code switching can give visible signals that decrease discrimination:

*“There’s something just powerful about black men in particular with blazers and suits on. If you see me this well put-together, you know I’m not out here bullshitting . . . You won’t assume that I’m out here sellin, you know, drugs or killin people or whatever the stereotype of me wearing a black hoodie or large white tees that I used to wear back in the day. You wouldn’t think very negatively.” – P4*

In order to ensure that his internal self-definition is perceived accurately by others, this young man adjusts his external appearance to be look more “put-together” than the casual, baggy clothes he wore in the past, which others might associate with selling drugs, violence, and other stereotypes of young, black men.



Figure 8. Self-portrait by Participant 4

Finally, many participants consciously defy stereotypes in order to change public perceptions of the groups with which they identify including Latinos, Blacks, and people from Oakland:

*“You know, it really makes a difference. Sometimes you know, just holding yourself a certain way. You know, accountable for your own actions. Especially, you know, in public. You know, I try to do it on my own too, you know, just... being conscious you know, of what’s out there. What stereotypes are out there. Trying to battle them, challenge them.”*  
– P7

As described prior, participants strongly identified as representatives of more than themselves. Here, we see that discrimination indirectly and subconsciously provided motivation to adopt this role identity: to serve as a accountable, positive representative and counterpoint to pervasive and overwhelmingly negative stereotypes.

## **Discussion**

### **Interpretations & implications**

In summary, participants described their identities, which were shaped by both internal processes and external factors, as multifaceted, intersectional, and interrelated. They affiliated with multiple groups, particularly being from Oakland and identifying as Black or Latino, and these stigmatized group identities actually conferred strengths such as resiliency and grit from participants’ perspectives. Nonetheless, based on such group identities, participants shared a common experience of being prejudged in ways inconsistent with their identities. Such discrepancies led to expectations of being stereotyped in the future, adaptive behaviors, and indirect effects on identity development.

These results may be interpreted in light of literature on identity and identity development; a growing body of research on the relationship between health and place; current thought on stereotyping, stigma, and racial discrimination; and the health implications of behaviors participants adapted to minimize dissonance and discrimination.

### **Challenging contemporary conceptualizations of identity**

In the vast field of identity theory, there is little consensus on the precise definition of identity due to various disciplinary perspectives and theoretical strands; researchers place disparate emphases on personal, relational, and group identity (Deaux & Burke, 2010; Oyserman et al., 2012). The results of this study, though, suggest that identity is multifaceted and involves all three levels of identity. Moreover, aspects of identity are not neatly distinguishable as the literature suggests (Renn, K., 2012). Rather, they are interrelated and intersectional.

### **Health, identity, and place**

The significance of place in identity development is notable given growing momentum within public health and community development to understand the effects of neighborhood context and place on the health and wellbeing of young people. Research has shown that neighborhood-level factors such as social integration, social capital, financial strain, residential stability, safety and exposure to violence, and perceived control affect long-term health outcomes for children and young adults, with up to a quarter of differences in health in mid- to late-life attributable to neighborhood differences (Gustafsson et al., 2014; Jutte, Miller, & Erickson, 2015). Further, these neighborhood effects are independent from individual-level factors. The mechanisms underlying the effects of neighborhood adversity on health include altered health behaviors and generation of toxic stress, prolonged, intense stress that disrupts physiologic processes (Jutte et al., 2015).

This current study elucidates that these same neighborhood-level factors listed above—particularly social capital, operationalized as supportive family, peers, and mentors, and perceived control, as illustrated by concept of “making it out of Oakland”—shape access to resources, supportive adults, and opportunities as well as subjective meanings participants attributed to being from Oakland. Thus, as there is already an established link between identity and health outcomes, it is possible that neighborhood factors have effects on identity formation, and this is another mechanism through which neighborhood adversity influences long-term health outcomes.

In order to enhance community health and youth development in general and positive identity development in particular, it is important to build and support places that offer access to social capital; emotional, educational, and vocational support; and access to opportunities both within and outside of Oakland. Such places may range from schools, to centers like EOYDC and other enrichment programs that participants attended, to streets and parks with less threats of community or structural violence.

Additionally, such places and institutions should aim to increase optimism and agency. As evidenced by participants in this study, optimism and cognitive reappraisal helped participants muster the will to overcome barriers presented by discrimination and institutional violence. In a similar way, identifying as capable of making it out of Oakland helped participants to actually do so.

### **Bias, stereotype threat, and stigma are detrimental to health**

Participants' use of words like “stereotypes” and “prejudged,” evokes a vast body of literature on experiences and effects of stereotype threat, stigma, and bias. Participants differentiated between their own identities and others' negative perceptions, which helped them to externalize rather than internalize negative messages perpetuated by mass media, law enforcement and criminal justice systems, and other individuals.



While such resiliency is impressive, research shows that stereotype threat, the risk of confirming negative stereotypes about their social group in a given setting, detracts from cognitive functioning thus decreases the ability to perform at one's highest level (Steele, C., 2010). Therefore, while not completely inhibiting achievements of participants, dissonance between participants' self definitions and negative stereotypes may hinder participants from reaching their maximum potential.

Related but distinct from stereotype threat, stigma is the "co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised" (Bruce G. Link & Phelan, 2001). Stigma is a fundamental social cause, and stress, social isolation, and biological and psychological responses to stigma, including emotional regulation and maladaptive coping mechanisms, are thought to underpin health inequality (Hatzenbuehler, Phelan, & Link, 2013). Because this study did not seek to assess physiologic markers of health status nor long-term health outcomes, it is impossible to know how participants' identities correlate with health indicators. Nevertheless, it is likely that the stigma they face, while not impacting their identities, still has negative ramifications for their long-term health outcomes.

Finally, microaggressions compound the risk of being stereotyped, turning an idle threats into realities. Indeed, many of participants' experiences being discriminated against were microaggressions, which are often based on implicit biases (Sue, 2010). Such experiences perpetuated expectations of stigma.

### **Racism**

While participants attributed stigma and microaggressions to the intersection of their place, race, and gender identities, it is particularly critical to examine the role of racism in such experiences.

The results detail participants' self-described, positive ethnoracial identities. Yet race, a socially-constructed classification system, involves not only self-definition, but others' perceptions (Giddens, A. et al., 2007; Renn, K., 2012). This latter component is instrumental to racism, a system of structuring opportunity and assigning value based on social interpretation of physical appearance (Jones, C., 2000). For instance, participants recounted being stopped by strangers including police officers because of their appearance, especially racially-coded attributes like dark skin color and dreads. At face value, this is suggestive of personally-mediated racism. However, it reveals institutional racism present in the law enforcement system as well: unfounded microaggressions and outright aggressions are commonplace and often without significant consequence to the perpetrator. Further, studies have shown that Black and Latino men are susceptible to racial discrimination in the justice system, healthcare contexts, employment, mortgage market, and more (Pager & Shepherd, 2008).

Both institutional and personally-mediated racism have implications for the health of young men of color, as well as the health of society at large. Racism is a fundamental cause of disease (Phelan & Link, 2015; D. R. Williams & Mohammed, 2013). While the causal pathways are complex, many studies have elucidated that psychosocial distress caused by racial discrimination directly impacts biological systems engaged in the stress response and ultimately accelerates biological aging, especially in the absence of positive evaluation of one's own racial group (Chae et al., 2014; Chae, Lincoln, Adler, & Syme, 2010). This underscores the importance of bolstering positive ethnoracial identity and diminishing racial discrimination in order to improve the health of young men of color now and into the future. Finally, since racism saps the strength of society by wasting human resources, it behooves all members of society to consider how they may eliminate racial discrimination in interpersonal and institutional contexts (Jones, C., 2000).

#### **Health implications of adaptive behaviors**

The results capture participants' ongoing work to maintain positive identities and manage the expression of their identities through adaptive behaviors. However, adaptive strategies utilized to minimize dissonance between others' perceptions and their own identities have important implications for health.

For instance, social isolation to avoid suspicion of criminal involvement restrains social networks and social capital, thus access to opportunities and social support (Cacioppo & Hawkley, 2003; Cohen, 2004; Szreter & Woolcock, 2004). Code switching inherently requires cognitive dissonance, which has been associated with psychological distress and physiologic disruption (Cooper, 2007). In addition, both code switching and hypervigilance require cognitive resources, decreasing reserve capacity and resiliency to additional stressors (Gallo, Bogart, Vranceanu, & Matthews, 2005; Staudinger, Marsiske, & Baltes, 1995). In summary, adaptive strategies are associated with decreased access to social capital, increased psychological distress, and decreased reserve capacity.

Cognitive reappraisal—reformulation of the meaning of a situation, which alters the emotional response—is one of the few adaptive strategies with health benefits. Research has shown that over time, frequent reappraisal leads to increased control of emotion, interpersonal functioning, and psychological and physical well-being (Gross, 2002; McRae et al., 2012). However, the burden of changing the realities of young men of color in urban areas should not be relegated to a cognitive strategy alone; the actual realities of dissonance and discrimination must change.

Improving health and decreasing disparities between young men of color in urban areas and the rest of the population will require change upstream at the level of fundamental causes like stigma and racism. Link and Phelan argue that in order to eliminate the perpetuation of social and health inequality, either the motivation to stigmatize or the power

to carry out that motivation must be addressed. Thus, one way to decrease motivation to stigmatize, and consequent health disparities, is to diminish negative implicit biases about young men of color in urban areas. Stereotyping is a normal, adaptive human strategy: people make inferences in order to process information efficiently, since we never have complete information about a person or situation (Steele, C., 2010). However, this tendency to prejudge leads to differential outcomes for different groups because the stereotypes used to fill the gaps for certain groups, such as groups with which participants in this study identified, are much more negative and consequential. Participants associated stereotyping with disproportionately-negative portrayals in the news, and suggested that the media diversify its coverage to include positive representations as well. Also, research indicates that increasing intergroup contact can decrease implicit bias (Devine, Forscher, Austin, & Cox, 2012; Dovidio, Kawakami, & Gaertner, 2000; Park & Glaser, 2011).

Actions may also be taken at policy levels to decrease stigmatization of young men of color in urban areas by powerful institutions such as criminal justice, law enforcement, health care institutions, and educational systems, as well as people who represent these institutions. Policy initiatives are necessary to address institutional racism perpetuated against these young men, too.

#### Strengths & limitations

Strengths of this paper include innovative and rigorous methods, theoretical saturation, and a strengths-based approach that elucidated factors that promote positive identity development. Further, this study successfully empowered community members, engaging them as experts in their own experiences.

#### Methods

Using self-portrait photography in the study of the self has only been done once before, in the 1980s: a photojournalist compared differences in self portraits between Chinese and American college students to assess differences in self-concept by nationality (Kenney, 1993). However, photography was very different three decades ago, and the study methods included little in-depth investigation into participants' lived experiences. The novel methods used in this present study capitalized on the recent trend of selfies, with which participants were quite familiar, and used them to evoke in-depth discussions during interviews. The photographs helped to balance the abstract nature of identity with tangible, visible images that elicited discussions about what was both seen and unseen.

In addition to the novelty of data collection methods, this study employed a rigorous set of procedures to increase validity and reliability. There were multiple member checks, first during the focus group with preliminary results and subsequently with a select group of participants with the final results, to maximize validity. Analysis followed an iterative process, with three research team members memoing, open-coding, and building consensus

to decrease bias and enhance interrater reliability while developing the codebook and interpreting themes. Additionally, interrater reliability was spot checked throughout the closed-coding process.

### **Selection of participants**

This study captures the experiences and perspectives of a select group of young men of color in East Oakland. Because participants were recruited at EOYDC, an extremely supportive youth development center, there was a higher likelihood that they would be invested in educational and personal growth. Indeed, while the demographics of the participants were similar to the surrounding neighborhoods in terms of ethnoracial identity and socioeconomic status, it was highly educated relative to the general population of young men of color in East Oakland. This is a strength of the study in that this group of participants were able to share not only about challenges that they face, but also, the factors that bolstered their identities and helped them gain agency and confidence to pursue big dreams and make it out of Oakland.

It is possible that the influences that shaped the identities of participants in this study could also have affected young men of color who disengaged from educational institutions, are involved on the streets, and/or have not “made it out of Oakland,” had they been exposed. In other words, it is possible that there are common processes discussed in this paper that influence identity formation amongst populations beyond the participants in this study.

### **Research directions**

Because these study results may not speak to the experiences and perspectives of all young men of color in urban locales, future research is needed to understand identity and identity formation through their eyes in order to gain a fuller understanding of the process of identity formation for this population. Indeed, more research on the process of identity formation at the intersections of other identities would allow for comparison of commonalities and differences, assessment of essential factors in positive identity formation, and a more comprehensive conceptualization of the process of identity development.

Future research on identity, identity development, and related health outcomes, should conceptualize identity broadly and consider the intersections of and associations between different aspects of identity.

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## Appendix A: Interview Guide

### Portrait Session

*Greet participant and thank him for attending the session. Explain the set up and way that the camera and wireless trigger work. The first four photos will be taken without a prompt in order to acquaint participants with the equipment and set up. For subsequent photos, the participant will be given specific instructions such as:*

1. Please capture a few images of yourself, as other people who know you see you.
2. Now, take a few pictures of yourself including your face and your body. Pose how you think other people who do not know you might see you.
3. Take a few “selfies” that express your true self

### Interview guide

*Begin recording. Ask participant to state first name and last initial. Remind participant that he may refuse to answer any of the questions and may end the interview at any time.*

1. Tell me about yourself. *If asked what I mean, respond vaguely that I am interested in learning a bit about him: where he is from, what he spends his time doing, and what he likes to do*
2. What are a few words that describe you and why?
3. Let's look at the photographs from the selfie session. If someone in your community saw this picture, how would they describe the person in it (you)? Why? *Probe about different sorts of people in his community such as people who know him like family members, friends, neighbors, teachers, mentors/role models, etc. as well as people who do not*
4. If someone who is not from around here saw this picture, how do you think they would see you? Why?
5. What do you think this photograph says about you? What does it leave unsaid about you?
6. If relevant, ask how he navigates the difference between how he sees himself and how others see him
7. What influences or has influenced the way you see yourself? *Probe about different models of the ecological model and spheres of influence, depending on what has already been said. Also clarify chronology of influences if necessary*
8. How do you express yourself? *Probe about private versus public self and what challenges he faces in expressing his true self*
9. Does your sense of self affect what you do on a daily basis? Why or why not? *Probe about risk behaviors, engagement with school and social groups, and resiliency*



10. Where do you see yourself in five or ten years? Who do you want to be? Does your identity affect this? If yes, why and how? If no, why not? What moves you toward who you want to be in the future? What moves you away?
11. If not already stated: Which program(s) are you involved with at EOYDC?
12. Is there anything else that you would like to share?
13. Do you have any questions for me?

*Thank participant for sharing their time and story. Ask for verbal consent to share anonymous/aggregate data from his interview at the upcoming focus group. End audio recording and give participant compensation for that session.*

## Appendix B: Codes

Below is a complete list of codes developed in this study. There were 9 master codes: identity, future, internal versus external self, perceptions, place, external factors influencing identity, internal factors influencing identity, violence, and perceived relationship between identity and health.

In the full codebook, each of the master codes and subcodes listed below was operationalized with descriptions, inclusion and exclusion criteria, and exemplars. Because the list of codes is so extensive, transcripts were coded with sections of code at a time in order to maintain intra-rater and inter-rater reliability.

Master Code		Subcodes			
<b>Identity</b> <i>Statements about components of one or more aspect of the participant's identity, as perceived and described by the participant</i>	Age				
	Individual identity	Physical appearance	Facial expression		
			Posture/body language		
			Body		
			Hair		
			Tattoos		
			Clothes		
			Shoes		
			Personal characteristics	Personality traits	
	Values and beliefs				
	Relational identity	Student			
		Representative			
		Role model			
		Athlete			
		Other			
	Collective identity	Ethnoracial identity	Black/African American		
			Latino/Salvadorean		
			West Indian/Puerto Rican		
Native American					
Mixed race					
Explicit racial socialization					

		Gender			
		Class identity			
		Place identity	Oakland		
			Berkeley		
			Hayward		
		Religion			
		Centrality			
Intersectionality					
<b>Future</b> <i>Descriptions of hopes, goals, and purpose for the future as well as attitude toward the future</i>	Desire to change				
	Agency & self-efficacy				
	Goals & aspirations	Come back to Oakland			
	Purpose				
	Future orientation				
<b>Internal vs. external self</b> <i>Statements about the participant's private, internal state, which may not be discernable to others by the eye, versus their public expression of identity</i>	Internal self & inner expression				
	Public self & external expression				
<b>Perceptions</b> <i>Perceptions encompasses both how participants see others as well as how they believe that others see them</i>	Participants' perceptions of others	Local community			
		Race & ethnicity	Ethnoracial group		
			Ethnoracial relations		
		Gender			
	Social class				
	Others' perceptions of the participant	Peers			
		Strangers			
		Mass media			
		Power figures			
Others					
<b>Place</b> <i>Any reference to</i>	Oakland				
	Berkeley				

<i>place, including geographic location, physicality, and subjective meaning</i>	Piedmont			
	San Francisco			
	Napa			
	Northern California (way north)			
	The south			
	The east			
	Southern California			
	Africa			
	Ghettos			
	Suburbs			
<b>External factors influencing identity</b> <i>Forces external to the individual, besides place, that influence participants' identity</i>	Family & upbringing	Description of background	Mother	
			Father	
			Siblings	
			Extended family	
	Peers	Intergenerational trauma	Friends	
			Romantic interests	
	Roles models and mentors			
	Housing/living situation			
	School	Primary (K-8)		
		Secondary (high school)		
		Alternative education (GED)		
		Post-secondary (college)		
	Activities	BSU		
		Enrichment programs		
		Sports		
		Student leadership		
		Creative expression (also see internal processes: experience: creative expression)		
Employment				
EOYDC				

<p><b>Internal processes of self-making</b> <i>Internal processes within a participant that have or do influence his identity</i></p>	<p><b>Experience</b></p>	Previous explorations		
		Learning from own mistakes		
		Learning from others' mistakes		
		Barriers/challenges		
		Overcoming/resiliency		
		Gaining "consciousness"		
		Creative expression (also see external factors: activities: creative expression)		
		Getting out of Oakland		
	Self-reflection			
	Comparison with others			
<p><b>Violence</b> <i>Participants' descriptions of witnessing or experiencing violence, in terms of both direct, interpersonal physical harm as well as any actions that harm individuals or groups of people. This includes institutional violence, emotional violence, trauma, and phenomena such as criminalization, racism, and internalized racism.</i></p>	<p><b>Level of violence</b></p>	<p>Interpersonal violence</p>	Microaggressions	
			Prejudgement	
			Physical harm	
		Secondhand exposure to discrimination and violence		
		<p>Collective/institutional violence</p>	Education	
			Law enforcement and criminal justice system	Police profiling
			Employment	
			Businesses	
	Public portrayal			
	Stereotype threat			
	Criminalization			
	Immediate response to violence			
	<p>Long-term response/coping methods</p>	Internalization		
		Code switching		
Self-reflection				
Cognitive reappraisal				

		Taking temperature		
		Avoidance behaviors		
		Safety in numbers		
		Escaping/investing in other activities		
		Defying stereotypes/ changing public regard		
Perceived relationship between health and identity				