

# Coping Responses and the Experience of Discrimination<sup>1</sup>

VETTA L. SANDERS THOMPSON<sup>2</sup>

*Saint Louis University*

This study examines the coping responses of individuals reporting experiences of racial/ethnic discrimination ( $N = 156$ ). Racial/ethnic differences in contextual appraisals and coping strategies were reported in response to discrimination. African and Asian American participants reporting experiences of discrimination were more likely to perceive the situation as a challenge. African Americans reporting experiences of discrimination were more likely to report seeking support and guidance when compared to Asian and European Americans. Contextual appraisals did not predict the use of coping strategies in response to experiences of discrimination. Emotional discharge and past experiences of discrimination were positively associated with re-experiencing symptoms. Cognitive avoidance coping strategies were associated with avoidance symptoms. Clinical implications of the findings are explored.

*Discrimination* is defined as behavior in which an individual or group treats members of a particular group unfairly (Dovidio & Gaertner, 1986). The discrimination experienced by racial/ethnic group members occurs in a variety of venues (e.g., housing, employment), is likely chronic, and affects quality of life (Hacker, 1992; Utsey, 1998). Discrimination, which involves unfair treatment, ridicule, scorn, contempt, and degrading treatment by others potentially elicits anger, rage, and damage to self-esteem (Fernando, 1988; Griffin, 1991; Landrine & Klonoff, 1996). Feelings of frustration, helplessness, anxiety, depression, and alienation (Bullock & Houston, 1987; Fernando, 1988) also have been reported.

*Stressful life events* are characterized as those situations that are tension producing and that could affect an individual's mental health adversely (Rabkin & Struening, 1976). It has been suggested that the experience of

<sup>1</sup>This study was supported by a grant from the American Philosophical Society. The assistance of Karen Terry and Sebrina Bellamy in data collection and management is gratefully acknowledged.

<sup>2</sup>Correspondence concerning this article should be addressed to Vetta L. Sanders Thompson, School of Public Health, Salus Center, Saint Louis University, 3545 Lafayette Avenue, St. Louis, MO 63104. E-mail: Sanders@slu.edu

discrimination is a stressful life event that might affect mental health (Clark, Anderson, Clark, & Williams, 1999; Kessler & Neighbors, 1986; Klonoff, Landrine, & Ullman, 1999; Miller, 1992).

Plummer and Slane (1996) viewed the experience of discrimination by racial/ethnic group members as potentially producing racial/ethnic stress. *Racial/ethnic stress* is defined as a specific form of general stress, which manifests as psychological discomfort when an individual appraises a racial/ethnic situation or event as troubling. This study examines ethnic differences in the appraisal and coping responses of individuals exposed to racial/ethnic stress.

### Discrimination, Stress, and Coping

Outlaw (1993) proposed that the often-cited model of stress and coping of Lazarus and Folkman (1984) should be applied to experiences of discrimination. The model suggests that stress is a product of the transaction between aspects of the situation and the person. The process consists of cognitive appraisal and coping. During cognitive appraisal, individuals evaluate whether the situation is a threat to their well-being, as well as their ability and resources to cope with it (Lazarus & Folkman, 1984; Moos, 1993).

Abbott (1995) noted that the range of individual reactions to stress is many. The responses can be categorized as cognitive, emotional, and physiological. The research on the impact of racial/ethnic discrimination often has focused on the physiological response to a discriminatory event and its health implications. Researchers have noted reactions such as increased heart rate (Anderson, 1989; Sutherland & Harrell, 1986), blood pressure increases (Armstead, Lawler, Gorden, Cross, & Gibbons, 1989), psychological reactivity (anger; Anderson, 1989), somatization (Bullock & Houston, 1987), and increases in self-reported hypertension (Krieger, 1990).

The distress associated with discrimination is now well documented (Fischer & Shaw, 1999; Klonoff et al., 1999; Landrine & Klonoff, 1996; Sellers & Shelton, 2003; Thompson Sanders, 1996, 2002). Thompson Sanders (2002) found that African Americans' subjective ratings of the impact of discrimination were significantly different from European Americans' ratings of experiences of discrimination, while there were no differences in reports of the impact of daily stressors.

Less is known about the process that produces distress in response to discrimination. Sellers and Shelton (2003) noted that *racial ideology*, the constructed understanding of group membership, is associated with both the

perception of discrimination and the level of distress reported. Fischer and Shaw (1999) noted the moderating effect of racial socialization experiences and self-esteem on racial discrimination and African American mental health. The effect of self-esteem was counterintuitive, with high self-esteem associated with poorer mental health in the presence of experiences of discrimination.

Clark et al. (1999) noted that there are wide differences among individuals in psychological and physiological responses to stressful events, regardless of whether they involve racial/ethnic discrimination. The nature of the stress response is hypothesized to vary depending on the use of coping strategies. Several studies have examined the relationship between coping responses to racial/ethnic discrimination and physiological outcomes (Amsted et al., 1989; Clark & Harrell, 1982; Krieger, 1990; Krieger & Sydney, 1996; Myers, Stokes, & Speight, 1989), while fewer studies have addressed racism-specific coping in response to psychological distress.

Plummer and Slane (1996) examined the coping strategies of 156 African American and 376 White respondents to racially stressful situations. The African Americans reported more racially stressful situations and coped with racial stress differently than they did general stress. When compared to European Americans, African Americans reported greater use of all coping strategies examined in response to discrimination.

Utsey, Ponterotto, Reynolds, and Cancelli (2000) examined African American attempts to manage the stressful effects of racism. Participants (N = 213) reported on their experiences of racism, coping, life satisfaction, and self-esteem. The findings suggested that African American women preferred avoidance coping for personally experienced racism. Seeking support was the best predictor of racism-related stress, and avoidance coping was the best predictor of life satisfaction and self-esteem.

To date, studies of coping with racial/ethnic stress have failed to consider the transactional nature of the stress and coping process. Clark et al.'s (1999) biopsychosocial model of coping with racial/ethnic stress suggests that responses are influenced not only by the nature of the stressor, but the appraisal of its stressfulness, frequency of its occurrence, and sociodemographic factors. These data, collected as part of a larger study of discrimination, address this limitation of the literature on coping with racial/ethnic stress.

The study's hypotheses are as follows:

*Hypothesis 1.* There will be ethnic differences in reports of contextual factors related to the experience of racial/ethnic discrimination.

*Hypothesis 2.* There will be ethnic differences in reports of coping behavior related to the experience of racial/ethnic discrimination.

*Hypothesis 3.* Contextual differences in the appraisal of the situation will be related to the reported use of coping strategies.

*Hypothesis 4.* Coping strategies will explain significant variance in the symptoms of distress associated with the experience of discrimination, beyond that explained by reports of the stressfulness of the event and lifetime experiences of discrimination.

## Method

### *Sample*

Individuals (46 male, 110 female), who resided in an urban, midwestern city participated in the study. The city itself is predominantly African American, while the metropolitan area is approximately 12% African American.

Participants were recruited through campus and local African newspapers, social organizations, and political organizations. The sample was

Table 1

### *Demographic Data by Race/Ethnicity*

Race/ethnicity	<i>Mdn</i> age	<i>Mdn</i> income	Educational status (%)			
			High school	Some college	College graduate	Graduate school
African American	24.5	\$12,800	9.3	73.3	13.3	4.0
Asian American	24.0	\$15,000	—	87.5	10.7	1.8
European American	22.5	\$20,000	5.3	84.2	10.5	—
Hispanic American	35.0	\$22,500	100.0	—	—	—

comprised of 70 African Americans, 58 European Americans, 18 Asian Americans, and 6 Hispanic Americans (4 participants failed to provide information on race/ethnicity). The median age of the sample was 23 years ( $SD = 10.32$ ), and participants' incomes ranged from \$0 to \$150,000. The majority of the sample (80%) reported having some college, with 12% having completed college, and some reporting graduate education (2.90%). Demographic data by race/ethnicity are reported in Table 1. Hispanic American participants were excluded from analyses because of the limited sample size.

### *Measures*

*Coping Response Inventory.* Coping was measured using the Coping Responses Inventory—Adult Form (CRI; Moos, 1993). The measure asks participants to select and describe a recent stressor. Participants were instructed to use the event reported during the interview portion of the session. They then responded to 10 appraisal items that address the context of the stressor, such as whether it had occurred before and whether it was seen as a threat or challenge. Responses were scored on a 4-point scale ranging from 0 (*definitely no*) to 3 (*definitely yes*).

Participants then responded to 48 coping items, using a 4-point scale ranging from 0 (*not at all*) to 3 (*fairly often*) to rate reliance on each coping behavior. The measure yields scores on eight scales. The first four scales reflect approach coping (logical analysis, positive reappraisal, seeking guidance and support, and problem solving), while the last four scales reflect avoidance coping (cognitive avoidance, acceptance or resignation, seeking alternative rewards, and emotional discharge). Internal consistency coefficients for the eight coping scales were as follows: logical analysis = .70; positive reappraisal = .79; seeking guidance and support = .64; problem solving = .70; cognitive avoidance = .72; acceptance or resignation = .66; seeking alternative rewards = .70; and emotional discharge = .59.

*Impact of Events Scale.* The Impact of Events Scale (Horowitz, Wilner, & Alvarez, 1979) was used to measure the experience of subjective distress. The measure is composed of two scales: re-experiencing and avoidance. The re-experiencing scale is composed of seven items that assess unwanted thoughts and images, dreams, waves of feelings, and repetitive behavior that are related to the stressor. The coefficient alpha for the scale was .78, and test–retest reliability was .89. The internal consistency reliability coefficient for the current sample was .86.

Avoidance scores on the Impact of Events Scale represent blunted sensation, behavioral inhibition, and awareness of emotional numbness. The eight items composing the scale had an alpha coefficient of .82 and a

test-retest reliability of .79. The internal consistency reliability coefficient for this sample was .80.

*Interview.* Discrimination and stress were assessed via interview. Participants described the duration, nature, and frequency of an index event of either discrimination or stress. Respondents were asked to describe in detail the legal remedies pursued; social/political actions or activities engaged in; and medical, psychological, or psychiatric treatment sought in response to the index event of discrimination or stress. These data permitted categorization of perceived discrimination as job/employment, housing, police/judicial, public accommodation, and personal insult/slur.

*Experience of Discrimination Questionnaire.* The chronic experience of discrimination was a variable of interest. It is likely that most African Americans have had some encounter with discrimination at some time or another in their lives. The Experience of Discrimination Questionnaire (Thompson Sanders, 1995) was used to assess past experience with discrimination.

Racist experiences were assessed in five areas: employment, housing, education, personal (insults, slurs), and police harassment. A total of 15 items were included. Two subscale scores were derived.

The experience of discrimination was determined by summing five items that assess the frequency of experiences in the five categories. A score of 1 indicates that the event did not occur, while a score of 3 indicates that it was a high-frequency event. The alpha coefficient for the subscale in this sample was .67.

The impact subscale was derived by summing 10 items that ask participants to rate the subjective impact that the experience of discrimination had on their lives. A score of 1 indicates that the event had a minimal impact, which a score of 3 indicates a strong negative impact. The alpha coefficient for the sample was .83.

### *Demographic Variables*

Gender, age, income, and education were reported via a demographic questionnaire. Gender was reported as male or female, with age and income reported as continuous variables. Education was reported as a categorical variable: *less than high school, high school graduate, some college, college graduate, or graduate education.*

### *Procedure*

Participants contacted the primary investigator by telephone. They were screened by a trained research assistant and scheduled for the initial

interview. Participants were interviewed within 30 days of the index incident of discrimination or stress. The interview and questionnaires were completed in the participants' homes or at the research office of the primary investigator in a single session. Location was determined by participant preference.

Participants completed a brief demographic questionnaire and were asked to describe the index event and their response (interview). Participants then completed the Experience of Racism Questionnaire (Thompson Sanders, 1995), the Impact of Events Scale (Horowitz et al., 1979), the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erlbaugh, 1961), the Daily Stress Inventory (Brantley & Jones, 1989), the Coping Responses Inventory (Moos, 1993), and the World Assumptions Scale (Janof-Bulman, 1989).

Participants were interviewed by telephone at 30 days and 90 days after the original interview. At that time, participants were asked to respond to items on the Impact of Events Scale (Horowitz et al., 1979) and the Daily Stress Inventory (Brantley & Jones, 1989).

Only data from the Coping Response Inventory (Moos, 1993), the Impact of Events Scale (Horowitz et al., 1979), and the Experience of Discrimination Questionnaire (Thompson Sanders, 1995) are reported in this paper. Data from the Daily Stress Inventory (Brantley & Jones, 1989), the Experience of Discrimination Questionnaire (Thompson Sanders, 1995), and the 30- and 90-day follow-up data are reported on in Thompson Sanders (2002).

## Results

### *Ethnic Differences*

*Contextual features of the event.* In order to determine whether there were contextual differences in participants' appraisals of discriminatory events, a MANOVA was computed. Race/ethnicity, category of discrimination, and gender were the independent variables. The dependent variables were the contextual items: appraisal of problem likelihood, problem resolution, internal coping capacity, situation as threat or challenge, personal causation, external causation, and personal benefit derived.

There were no main effects of race/ethnicity ( $p > .64$ ), gender ( $p > .98$ ), or category ( $p > .16$ ). The multivariate test was significant for an race/ethnicity by category interaction,  $F(9, 138) = 3.63$ ,  $p < .001$ ,  $\eta^2 = .30$ . African Americans ( $M = 2.2$ ) and Asian Americans ( $M = 2.0$ ) reported perceiving discrimination in public accommodations as challenges more frequently than did European Americans ( $M = 1.5$ ).

Table 2

*Mean Scores for Coping by Race/Ethnicity*

	African Americans		European Americans		Asian Americans	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Logical analysis	10.68	0.75	12.1	0.93	9.48	1.04
Positive reappraisal	11.22	0.86	12.4	1.07	10.42	1.20
Seeking guidance support	12.11*	0.78	9.9	0.97	9.39	1.08
Problem solving	12.66	0.80	10.8	1.00	11.63	1.11
Cognitive avoidance	7.34	0.97	8.5	1.20	9.46	1.34
Acceptance or resignation	7.01	0.93	8.2	1.16	8.57	1.29
Seeking alternative rewards	7.52	0.84	8.1	1.04	10.01	1.17
Emotional discharge	5.83	0.79	5.1	0.99	6.17	1.01

\* $p < .05$ .

*Coping strategies.* In order to assess whether coping behavior varied by race/ethnicity, category of discrimination experienced, and gender, a second MANOVA was computed. Category of discrimination experienced, race/ethnicity, and gender were the independent variables. The dependent variables were coping strategies: logical analysis, positive reappraisal, seeking guidance and support, problem solving, cognitive avoidance, acceptance or resignation, seeking alternative rewards, and emotional discharge.

The multivariate test was significant for race/ethnicity,  $F(16, 132) = 2.76$ ,  $p < .001$ ,  $\eta^2 = .25$ . The multivariate test was nonsignificant for gender,  $F(8, 65) = 1.42$ ,  $p < .21$ ,  $\eta^2 = .15$ ; and category,  $F(8, 272) = 1.22$ ,  $p < .20$ ,  $\eta^2 = .13$ . Univariate tests indicate that seeking guidance and support differed by race/ethnicity,  $F(2, 72) = 3.77$ ,  $p < .03$ ,  $\eta^2 = .10$ . African Americans were more likely to report seeking support and guidance to cope with discrimination ( $p < .03$ ). Means and standard deviations are provided in Table 2.

*Assessment of stress.* In order to assess whether specific stress symptoms varied by race/ethnicity and gender, a MANOVA was computed. Race/ethnicity and gender were the independent variables. The dependent variables were re-experiencing and avoidance symptoms.

The multivariate test was significant for race/ethnicity,  $F(3, 142) = 5.92$ ,  $p < .003$ ,  $\eta^2 = .08$ . The multivariate test was nonsignificant for gender,  $F(2, 141) = 1.42$ ,  $p = .65$ ,  $\eta^2 = .01$ . Univariate tests indicate that avoidance symptoms varied by race/ethnicity,  $F(2, 142) = 2.80$ ,  $p < .05$ ,  $\eta^2 = .04$ . Asian



Table 3

*Mean Scores for Re-Experiencing and Avoidance Symptoms by Race/Ethnicity*

	Re-experiencing		Avoidance	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
African Americans	9.8	0.68	9.0	0.71
European Americans	8.2	0.66	8.42	0.69
Asian Americans	7.67	1.11	11.59*	1.10

\* $p < .05$ .

Americans were more likely to report avoidance symptoms in response to experiences of discrimination (see Table 3).

#### *Context and Coping as Predictors of Stress Symptoms*

In order to assess the relative influence of coping strategies on the experience of racial/ethnic stress, stepwise multiple regression analyses were computed for symptoms of distress (re-experiencing and avoidance) for the total sample, and for African Americans and European Americans.<sup>3</sup> For the overall sample, the independent variables entered were gender, age, income, and education; significant contextual appraisal item (perception of the event as a challenge); stressfulness of the incident; the experience of past discrimination (events and impact); and coping behaviors. Table 4 presents the relationships among the demographic, contextual, discrimination, and coping variables examined in the regression analyses.

Table 5 presents data on the regression analysis for re-experiencing symptoms in situations of racial/ethnic stress. Reported stress of past experiences of discrimination was the first variable selected,  $F(1, 119) = 12.42$ ,  $p < .001$  ( $R^2 = .14$ ). Emotional discharge was also a significant predictor of re-experiencing symptoms ( $R^2\Delta = .07$ ),  $F(1, 118) = 10.33$ ,  $p < .001$  ( $R^2 = .21$ ). The African American sample yielded a different regression model. The use of logical analysis and cognitive avoidance as coping strategies and the reported stress of past experiences of discrimination were predictive variables,  $F(3, 39) = 7.26$ ,  $p < .001$  ( $R^2 = .36$ ). No variables were associated

<sup>3</sup>The Asian American and Hispanic American samples were too small for separate analyses.

Table 4

*Correlation Matrix for Variables Used in Regression*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Gender	—																
2. Age	-.07	—															
3. Income	.07	.15	—														
4. Education	-.01	.01	.01	—													
5. Challenge	.10	-.01	-.01	-.00	—												
6. Impact discrimination	.15*	.06	.06	.20*	.04	—											
7. Experience discrimination	.09	.07	.07	.25**	-.02	.88**	—										
8. Current discrimination	.02	.03	.03	-.08	.12	.13	.04	—									
9. Logical analysis	-.10	.08	.08	.18	.25**	.09	.15	.12	—								
10. Positive reappraisal	-.04	.02	.02	.03	.27**	-.01	.03	.11	.68**	—							
11. Guidance/ support	.05	-.07	-.07	.13	.20*	.14	.11	.05	.50**	.52**	—						
12. Problem solving	-.03	.01	.01	.19*	.37**	.08	.06	.11	.65**	.60**	.62**	—					
13. Cognitive avoidance	.18*	.05	.05	-.11	.09	-.04	-.00	.19*	.41**	.34**	.13	.14	—				
14. Resignation	.08	.01	.01	-.01	.07	.05	.08	.24**	.32**	.28**	.15	.03	.56**	—			

Table 4. Continued

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
15. Alternative rewards	-.01	-.06	-.06	-.04	-.04	.01	.05	.21*	.39**	.48**	.30**	.40**	.38**	.33**	—	—	—
16. Emotional discharge	.25**	-.06	-.06	.06	.15	.04	.09	.25**	.49**	.33**	.35**	.37**	.46**	.38**	.34**	—	—
17. Re-experiencing	.02	.06	.04	-.01	.06	.11	.08	.09	.22**	.04	.13	.10	.23**	.15	.03	.28**	—
18. Avoidance	-.05	-.15	-.04	-.14	.08	-.02	-.02	.18*	.09	.09	-.11	.03	.49**	.25**	.27**	.17*	.45**

Note.  $N = 121$ .

\* $p < .05$ . \*\* $p < .01$ .

Table 5

*Stepwise Regression for Predicting Re-Experiencing Symptoms*

Variable**	$R^2$	Adj. $R^2$	$R^2\Delta$	$F_{\text{change}}$	$B$	$SE B$
Total sample						
Impact of discrimination	.14	.13		12.42	.35	.07
Emotional discharge	.21	.19	.07	10.33	.27	.12
African American sample						
Logical analysis	.15	.13		7.29	.29	.17
Cognitive avoidance	.24	.20	.09	4.66	-.19	.18
Impact of discrimination	.36	.26	.07	4.18	.28	.09

Note.  $N = 121$ .

\*\* $p < .01$ .

significantly with re-experiencing symptoms for the European American sample. It should be noted, however, that these and subsequent racial/ethnic differences in prediction patterns may be the result of reducing the sample size, rather than the endorsed attitudes of African Americans.

Table 6 presents data on the regression analyses for avoidance symptoms in situations of racial/ethnic stress. The first and only variable entered into the overall regression equation was cognitive avoidance,  $F(1, 121) = 46.54$ ,  $p < .0001$  ( $R^2 = .27$ ). This model persisted for the African American sample ( $R^2 = .26$ ). The model for European Americans included the number of discrimination experiences reported ( $R^2\Delta = .09$ ),  $F(1, 39) = 5.11$ ,  $p < .03$ .

### Discussion

This study examined the coping responses of individuals reporting perceived experiences of racial/ethnic discrimination and provides support for Outlaw's (1993) contention that encounters with racism are managed in a manner consistent with the psychological stress paradigm. Minimal support was generated for Hypothesis 1, that there would be ethnic differences in the contextual appraisal of experiences of discrimination. Notably, the only contextual difference was in the perception of discrimination in public accommodations as a challenge, with African Americans and Asian Americans more likely to report this perception. This is consistent with the findings of Thompson Sanders (2002), in which African Americans and Asian Americans found perceived experiences of discrimination to be stressful, with

Table 6

*Stepwise for Predicting Avoidance Symptoms*

Variable***	$R^2$	Adj. $R^2$	$R^2\Delta$	$F_{\text{change}}$	$B$	$SE B$
Total sample						
Cognitive avoidance	.28	.27		46.54	.53	.09
African American sample						
Cognitive avoidance	.26	.25		20.68	.51	.13
European American sample						
Cognitive avoidance	.26	.25		20.73	.51	.13
Discrimination experiences	.35	.32	.09	5.11	.30	.26

Note.  $N = 121$ .

\*\*\* $p < .001$ .

African Americans reporting more stress than European Americans. There were few ethnic differences in coping strategies used to address perceived discrimination. African Americans reported greater use of seeking guidance and support than did Asian and European Americans.

Contrary to Hypothesis 3, contextual variables had no impact on the coping behaviors reported in instances of discrimination. It is possible that the sample size resulted in insufficient power to detect differences based on contextual factors. Consistent with the theoretical and empirical literature, coping strategies appear to have affected the reporting of symptoms when there were perceived experiences of discrimination (Plummer & Slane, 1996; Utsey et al., 2000). Overall, regression equations suggest that reports of re-experiencing symptoms were explained by the use of emotional discharge as a coping strategy and the stress of past discrimination. Avoidance symptoms were explained by cognitive avoidance.

Members of ethnic groups appear to use different strategies to cope with discrimination. This may be related to a combination of differential group experience with racial/ethnic discrimination, cultural attitudes, and socio-economic factors. The African American use of logical analysis and cognitive avoidance coping appears to have affected reports of re-experiencing symptoms. While the use of logical analysis increased the report of re-experiencing symptoms, cognitive avoidance decreased these symptoms. This finding is consistent with findings in the general stress literature (Abbott, 1995). The use of logical analysis may result in heightened feelings of anger and injustice, as has been reported in other studies (Bullock & Houston, 1987; Fernando, 1988; Griffin, 1991; Landrine & Klonoff, 1996). These

feelings likely stimulate the need to recount and examine the event, thus leading to an increase in re-experiencing symptoms. However, the use of logical analysis also would be associated with less self-blame, which theoretically suggests a more positive resolution of reactions to the event (Abbott, 1995). Cognitive avoidance interrupts this process and may reduce re-experiencing symptoms, but it is not clear that this is a healthy response.

The variables examined do not appear to have predicted the report of re-experiencing symptoms by European Americans. European Americans who reported a greater number of past experiences of discrimination also reported more avoidance symptoms. Individuals reporting more cognitive avoidance coping also reported more avoidance symptoms. This finding is consistent with findings reported by Utsey et al. (2000), who suggested that less avoidance coping is predictive of well being and self-esteem. Regression analyses confirm the association between the use of cognitive avoidance as a coping strategy and avoidance symptoms. As previously noted, these racial/ethnic differences in prediction patterns may be the result of reducing the sample size, rather than the endorsed attitudes of African Americans.

There are several important limitations of this study, and the reported data should be interpreted with caution. The sample sizes were small for Asian Americans and Hispanic Americans. The data for Hispanic Americans were not analyzed for this reason. There may be insufficient power to detect differences in the appraisal of contextual factors and the use of coping strategies for the remaining groups as well. The sample is biased in terms of income, the disproportionate ratio of women to men, and because it consists of self-selected volunteers who may differ from the general population of individuals experiencing discrimination. Therefore, the findings are difficult to generalize to other populations.

The data are retrospective, although all participants were interviewed within 30 days of the index event. In addition, the nature of experiences of discrimination makes it difficult to confirm that participants' reports of the situations are free of bias and social desirability responding. A larger, more diverse sample of individuals experiencing discrimination, derived from a random stratified sample, would yield more reliable results.

The results of this study provide useful preliminary data on the relationship between contextual factors, coping, and response to the experience of discrimination. Replication of these findings with a larger, more representative sample would assist in our understanding of client responses to discrimination.

The current data suggest differences in individual perceptions of discrimination as challenging events. In addition, coping seems to vary by race/ethnicity and appears to influence report of symptoms. Thus, therapists may find it useful to use strategies from cognitive-behavioral and

problem-solving therapies to address client event appraisal and coping (Abbott, 1995). The client may benefit from exploration of what happened; setting realistic personal or interpersonal goals (based on discrimination encountered); identifying tasks to reach goals; and working through obstacles to the goals. This would replace negative emotions with action and a sense of control. The ability to gain a sense of control and to address immediate emotional experiences may decrease the use of emotional discharge and cognitive avoidance as coping strategies. Researchers also may want to examine how coping strategies relate to respondents' legal, political, or social responses to experiences of discrimination, as well as overall mental health and well-being.

### References

- Abbott, A. A. (1995). Repetitive life patterns and coping with the crisis of unemployment. In A. R. Robbers (Ed.), *Crisis intervention and time-limited cognitive treatment* (pp. 188-214). New York: Sage.
- Anderson, N. B. (1989). Racial differences in stress-induced cardiovascular reactivity and hypertension: Current status and substantive issues. *Psychological Bulletin*, *105*, 89-105.
- Armstead, C., Lawler, K., Gorden, G., Cross, J., & Gibbons, J. (1989). Relationship of racial stressors to blood pressure responses and anger expression in Black college students. *Health Psychology*, *8*, 541-556.
- Beck, A., Ward, C., Mendelson, M., Mock, J., & Erlbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, *4*, 561-571.
- Brantley, P. J., & Jones, G. N. (1989). *Daily Stress Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Bullock, S. C., & Houston, E. (1987). Perceptions of racism by Black medical students attending White medical schools. *Journal of the National Medical Association*, *79*, 601-608.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*, 805-816.
- Clark, V. R., & Harrell, J. P. (1982). The relationship among Type A behavior, styles used in coping with racism, and blood pressure. *Journal of Black Psychology*, *8*, 89-99.
- Dovidio, J., & Gaertner, S. (1986). *Prejudice, discrimination, and racism*. New York: Academic Press.
- Fernando, S. (1988). *Race and culture in psychiatry*. London: Croom Helm.

- Fischer, A. R., & Shaw, C. M. (1999). African Americans' mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology, 46*, 395-407.
- Griffin, J. T. (1991). Racism and humiliation in the African American community. *Journal of Primary Prevention, 12*, 149-167.
- Hacker, A. (1992). *Two nations: Black and White, separate, hostile, unequal*. New York: Scribner.
- Horowitz, M. J., Wilner, N., & Alvarez, W. (1979). Impact of Events Scale: A measure of subjective stress. *Psychosomatic Medicine, 41*, 209-218.
- Janof-Bulman, J. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition, 7*, 113-136.
- Kessler, R. C., & Neighbors, H. W. (1986). A new perspective on the relationships among race, social class, and psychological distress. *Journal of Health and Social Behavior, 27*, 107-115.
- Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity and Ethnic Minority Psychology, 5*, 329-339.
- Krieger, N. (1990). Racial and gender discrimination: Risk factors for high blood pressure? *Social Science Medicine, 30*, 1273-1281.
- Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA Study of young Black and White adults. *American Journal of Public Health, 86*, 1370-1378.
- Landrine, H., & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22*, 144-168.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Miller, F. S. (1992). Network structure support: Its relationship to the psychosocial development of Black females. In G. Powell (Ed.), *The psychosocial development of minority group children* (pp. 275-306). New York: Brunner/Mazel.
- Moos, R. H. (1993). *Coping Responses Inventory—Adult Form: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Myers, L. J., Stokes, D. R., & Speight, S. L. (1989). Physiological responses to anxiety and stress: Reactions to oppression, galvanic skin potential, and heart rate. *Journal of Black Studies, 20*, 80-96.
- Outlaw, F. H. (1993). Stress and coping: The influence of racism on the cognitive appraisal processing of African Americans. *Issues in Mental Health Nursing, 14*, 399-409.



- Plummer, D. L., & Slane, S. (1996). Patterns of coping racially stressful situations. *Journal of Black Psychology, 22*, 302-315.
- Rabkin, J. G., & Struening, E. L. (1976). Life events, stress, and illness. *Science, 194*, 1013-1020.
- Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology, 84*, 1079-1092.
- Sutherland, M. E., & Harrell, J. P. (1986). Individual differences in physiological responses to fearful, racially noxious, and neutral imagery. *Imagination, Cognition, and Personality, 6*, 133-149.
- Thompson Sanders, V. L. (1995). The empirical characteristics of the Multidimensional Racial Identification Scale. Revised. *Journal of Research in Personality, 29*, 208-222.
- Thompson Sanders, V. L. (1996). Perceived experiences of racism as stressful life events. *Community Mental Health Journal, 32*, 223-233.
- Thompson Sanders, V. L. (2002). Racism: Perceptions of distress among African Americans. *Community Mental Health Journal, 38*, 111-118.
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling and Development, 78*, 72-80.
- Utsey, S. O. (1998). Assessing the stressful effects of racism: A review of instrumentation. *Journal of Black Psychology, 24*, 269-288.