
Do Religious Coping Styles Moderate or Mediate the External and Internalized Racism-Distress Links?

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Abstract

The purpose of this study was to examine the potential moderating and mediating roles of positive and negative religious coping styles in the relationship between external and internalized racism and African American persons' psychological distress. Participants included 269 African Americans who completed a web-based Internet survey. Results revealed that negative religious coping styles partially mediated the relationships between racist events and internalized racism and psychological distress. No support was found for the mediating role of positive religious coping or for the moderating roles of positive and negative religious coping in the links between racist events and internalized racism and psychological distress. Research and practice implications are discussed.

Keywords

African Americans, racist events, internalized racism, religious coping

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Racism is a common occurrence and significant stressor in the lives of many African American persons (Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996). Racism at the personal level can take on both external (e.g., prejudice, discrimination, harassment, violence) as well as internalized forms (e.g., an individual's negative attitudes, beliefs, and feelings about being Black; Cross, 1991; Landrine & Klonoff, 1996). Over the past decade, research examining race-based external and internalized oppression has fairly consistently indicated that experiences of racist events (cf. Carter, 2007; Jackson et al., 1996; Jones, Cross, & DeFour, 2007; Klonoff et al., 1999) and internalized racism (cf. Carter, 1991; Jones et al., 2007; Parham & Helms, 1985a, 1985b; Szymanski & Gupta, 2009; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002) are related to more psychosocial distress among African American persons. Given these links between external and internalized racism and psychosocial distress, it is important to identify variables that could potentially moderate and/or mediate the negative effects of these forms of oppression on mental health.

Moderators address the question of under what circumstances a variable most strongly predicts an outcome variable (Frazier, Tix, & Barron, 2004). Thus, moderators are variables that could potentially buffer or intensify the relationship between racist events and internalized racism and psychosocial health. Mediators, on the other hand, address the question of "why" or "how" one variable predicts an outcome variable (Frazier et al., 2004; Holmbeck, 1997). Thus, mediators explain the precise mechanisms by which racist events and internalized racism may lead to psychological distress symptoms. The purpose of this study was to draw from research on religion/spirituality (Pargament, 1997; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998); stress buffering theories (Lazarus & Folkman, 1984; Meyer, 2003); and Clark, Anderson, Clark, and Williams's (1999) bio-psycho-social model of racism to examine religious coping styles (i.e., positive and negative religious coping) as potential moderators and/or mediators of the external and internalized racism-distress links among African American persons.

Religious Coping

Research indicates that the use of religion/spirituality is an important resource for coping with life's stressors, especially among minority groups (Pargament et al., 1998). Historically, the Black church has played a critical role in the civil rights movement, and religion and spirituality continue to be a very important part of the African American community as a whole (Evans &

George, 2008). African Americans report more use of religious coping than White Americans (Charters, Taylor, Jackson, & Lincoln, 2008; Koenig et al., 1992), and responses to racism among African Americans often include the use of religion and spirituality (Shorter-Gooden, 2004; Utsey, Adams, & Bolden, 2000). Thus, it is important to examine how religious coping styles may be related to external and internalized racism as well as indices of mental health among African Americans.

Pargament's (1997) review of the psychology of religion research revealed that religious coping styles are conceptually distinct from nonreligious coping styles, and they add unique variance to the prediction of psychosocial health above and beyond the effects of nonreligious coping. In addition, religious coping styles have been shown to be better predictors of psychosocial health outcomes of stressful situations than measures of religiosity (e.g., frequency of church attendance, involvement in church-related activities, frequency of prayer, salience of religion/spirituality). Two important types of religious coping styles that an individual may use in responding to life's stressors are positive and negative religious coping. Positive religious coping consists of seeking spiritual support and connection; looking to religion for help in letting go of hurt, anger, and fear associated with a wrongdoing; seeking control through a collaborative partnership with God; looking for spiritual forgiveness; and redefining stressors through religion as potentially beneficial (i.e., as way to strengthen oneself; Pargament et al., 1998, 2000). Negative religious coping consists of expressions of dissatisfaction or confusion with God and/or with church leaders and members, questioning God's power, and redefining stressors through religion as the act of the Devil and/or as a punishment from God (Pargament et al., 1998, 2000).

Research examining religious coping styles has assessed the use of religious coping in response to a single stressful event, such as college students' experience of a serious negative event and church members' experience of the Oklahoma City bombing (cf. Koenig, Pargament, & Nielson, 1998; Pargament et al., 1998), as well as in response to general stress via frequency of various negative life events (cf. Bjorck & Thurman, 2007; Park, Cohen, & Herb, 1990). Studies examining the psychosocial and physical health correlates of religious coping styles have found that positive religious coping is related to more stress-related growth and more cooperativeness, whereas negative religious coping is related to more emotional distress, greater post-traumatic stress symptoms, more depression, lower quality of life, less life satisfaction, greater callousness, and poorer physical health outcomes (Bjorck & Thurman, 2007; Koenig et al., 1998; Pargament et al., 1998).

Religious Coping Styles as Potential Moderators of the Racism-Distress Links

Stress-buffering theories, such as Lazarus and Folkman's (1984) model of stress and coping and Meyer's (2003) minority stress theory, posit that coping styles will moderate the relationship between stressors, such as racism, and distress. In a moderated model, individuals' religious coping strategies exist independently from the experience of a stressor (i.e., racist events and internalized racism) to influence the relationship between a stressful event and an outcome (i.e., psychological distress). Engaging in positive religious coping may buffer the effect of racism on mental health by enabling an individual to gain feelings of inner peace, power, and support and to reduce negative feelings about the self (Pargament et al., 1998, 2000). For example, a religiously inspired willingness to forgive perpetrators of racism may weaken the racism-distress links because it facilitates the ability let go of anger toward perpetrators, thereby reducing the power they have over the individual (Bierman, 2006). Engaging in negative religious coping may exacerbate the effects of racism on mental health by increasing inner spiritual turmoil and promoting self-blame through viewing racist events as punishments from God, thereby increasing the chance that racism will exert an enduring impact on mental health.

Among a racially diverse group (28% were African American) of Protestant church members, Bjorck and Thurman (2007) found that positive religious coping buffered the relationships between negative life events and depression. However, they found no support for the moderating role of negative religious coping in negative life events–depression link. Looking specifically at discrimination, Bierman (2006) found that attendance at religious services buffered the discrimination–negative affect link for African American persons but not for White persons. In addition, he found that the tendency to seek comfort in religion during times of stress did not moderate the discrimination–negative affect link for either African American or White persons. We found no studies that examined the moderating role of religiosity or religious coping in the internalized racism-distress link.

Religious Coping Styles as Potential Mediators of the Racism-Distress Links

In contrast to stress-buffering theories, Clark et al.'s (1999) bio-psychosocial model of racism posits that coping strategies are likely to mediate rather than moderate the relationship between racism and African American

persons' psychological distress. That is, increased experiences of racism demand that an individual implement coping strategies to deal with the environmental stressor(s). Which coping responses an individual uses (adaptive and/or maladaptive), in turn, influences mental health outcomes. Thus, the external and internalized racism-distress links may be explained by religious coping styles whereby positive religious coping leads to less psychological distress and negative religious coping leads to more psychological distress. Similarly, Diaz (1998) theorized how racial discrimination may lead to more maladaptive coping, which in turn may lead to poorer psychosocial and physical health. Specifically, he posited that experiences of racial discrimination limit an individual's ability to behave as an active agent in shaping her or his own life, which often leads to feelings of powerlessness, impotence, disillusionment, and confusion and results in increased use of passive or maladaptive coping. Relatedly, a lack of opportunity and repeated failures to enact one's own intentions due to racism and related sociocultural barriers, along with a belief in meritocracy, may make racial/ethnic minorities more vulnerable to internalize negative racial messages into the self schema that fuels the use of maladaptive coping styles.

Although some studies have found that individual coping styles mediate the relationship between life stressors and psychological health (cf. Pruchno & Resch, 1989), very few studies have examined if coping mediates the external and internalized racism-distress links, and no studies have examined religious coping as a potential mediator of these links. However, some support for Clark et al.'s (1999) bio-psycho-social model of racism exists. For example, Utsey, Ponterotto, Reynolds, and Cancelli (2000) found that individual race-related stress was related to more use of individual problem solving, avoidant, and support-seeking coping styles. In addition, Thomas, Speight, and Witherspoon (2008) found that culturally specific avoidant or negative coping partially mediated the relationship between gendered racism and psychological distress among African American women. Although we found no studies examining the link between internalized racism and coping, research on other forms of internalized oppression has supported these links. For example, among sexual minority persons, more internalized heterosexism is related to more avoidant coping and less problem-solving coping (Szymanski & Carr, 2008; Szymanski & Owens, 2008).

Specific to issues of religion and spirituality, Utsey, Giesbrecht, Hook, and Stanard (2008) found that individual race-related stress was related to more religiosity (i.e., practices, behaviors, and attitudes related to spirituality, prayer, rituals, church attendance, and concepts of God as a causal agent), and more religiosity was related to less depression but unrelated to anxiety

and somatic symptoms among African American undergraduate college students. In contrast, Thomas et al. (2008) found that Africultural spiritual-centered coping (i.e., attending religious activities, relationship with God) was not related to external gendered racism or psychological distress among African American women. However, these studies are limited by their use of global measures of religiosity and their lack of attention to the functional roles of religion in coping (i.e., *how* a person makes use of religion/spirituality to comprehend and deal with life's stressors; Pargament et al., 2000). In addition, we found no studies that examined how religiosity or religious coping styles may be related to internalized racism.

In sum, the purpose of our study was to test competing hypotheses from stress-buffering theories and Clark et al.'s (1999) bio-psycho-social model of racism by examining the potential moderating and mediating roles of religious coping styles (i.e., positive and negative religious coping) in the relationship between external and internalized racism and African American persons' psychological distress. Based on stress-buffering theories, we examined whether the interactions of external and internalized racism and positive and negative religious coping styles accounted for significant variance beyond their individual links in psychological distress. Based on Clark et al.'s bio-psycho-social model of racism, we also examined whether positive and negative religious coping styles mediate (either partially or fully) the relationship between external and internalized racism and psychological distress.

Hypothesis 1: Positive and negative religious coping will moderate the relationship between racist events and psychological distress and between internalized racism and psychological distress.

Hypothesis 2: Positive religious coping and negative religious coping will mediate (either partially or fully) the relationships between racist events and internalized racism and psychological distress.

Method

Participants

The initial sample was made up of 288 African American persons who completed an online survey. Nineteen participants with substantial missing data (more than 10% on one or more measures) were eliminated from the data set, which resulted in a final sample of 269 participants. Of the participants in the final sample, 72% were women and 28% were men. Participants ranged in age from 18 years to 79 years, with a median age of 22 years and a mean age

of 31.16 years ($SD = 15.91$). Ninety-three percent of participants identified as heterosexual, and 7% identified as sexual minorities. Sixty-four percent ($n = 173$) of participants were currently enrolled in a college or university, with 45% being 1st-year undergraduates, 14% sophomores, 13% juniors, 15% seniors, 12% graduate students, and 1% other. Of the 36% who were not currently students ($n = 96$), 7% attained a high school diploma, 10% attained a 2-year college degree, 20% attained a 4-year college degree, and 63% attained a graduate/professional degree. Participants reported being a member of the following social classes: 2% wealthy, 11% upper class, 44% middle class, 37% working class, and 6% poor. In terms of geographical location, 42% lived in the South, 23% Midwest, 20% Northeast, and 15% West. Religious affiliation of participants was 81% Christianity, 2% secular, 1% Buddhist, 3% agnostic, 2% atheist, 1% Unitarian, and 9% other. No participants reported affiliations with Judaism, Islam, Hinduism, or Wiccan.

Measures

Racist events. Racist events were assessed using Landrine and Klonoff's (1996) Schedule of Racist Events—Recent (SRE-R) measure and Utsey and Ponterotto's (1996) Individual Racism subscale of the Index of Race-Related Stress (IRRS-IR). The SRE-R consists of 18 items assessing racial discrimination in the lives of African Americans. Participants were asked to indicate how often during the past year they experienced a variety of racist events. Example items include, "How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because you are Black?" and "How many times have you been treated unfairly by neighbors because you are Black?" Each item is rated on a 6-point Likert scale from 1 = *the event has never happened to you* to 6 = *the event happened almost all the time (more than 70% of the time)*. Mean scores were used, with higher scores indicating the experience of more racist events. Reported internal consistency for scores on the SRE-R full scale was .95 (Klonoff & Landrine, 1999; Landrine & Klonoff, 1996). Validity was supported by exploratory and confirmatory factor analyses; significant positive correlations with global psychological distress scores and psychological distress subscale scores of depression, anxiety, interpersonal sensitivity, somatization, and obsessions/compulsions; and by demonstrating that traditional African Americans (those immersed in African American culture) reported experiencing more racist events than acculturated African Americans (DeBlaere & Moradi, 2008; Klonoff & Landrine, 1999; Landrine & Klonoff, 1996). Cronbach's alpha for current the sample was .95.

The IRRS-IR (Utsey & Ponterotto, 1996) consists of 11 items reflecting racist experiences that occur on the individual level. Example items include, "You have been followed by security (or employees) while shopping in some stores" and "You have been in a restaurant or other White/non-Black establishment where everyone was waited on before you." Each item is rated on a 5-point Likert scale from 0 (*This event has never happened to me*) to 4 (*This event has happened to me and I was extremely upset*). Mean scores are used, with higher scores indicating greater experiences of individual racism. Utsey and Ponterotto reported a Cronbach's alpha of .84 for scores on the Individual Racism subscale. In addition, test-retest reliabilities for two independent samples were .54 and .61. Validity was supported by focus groups and expert review, both exploratory and confirmatory factor analysis, discriminations between African Americans and non-Blacks in a group differences study, and correlations with other measures of racism and stress. Cronbach's alpha for the current sample was .92.

Internalized racism. Internalized racism was assessed using the Pre-Encounter Self-Hatred subscale of the Cross Racial Identity Scale (CRIS; Vandiver et al., 2002), which consists of five items assessing an individual's negative views about being Black. As suggested by Vandiver et al. (2002), we also included five filler items from the CRIS in this section to help provide distance between items on Self-Hatred subscale. Example items include, "Privately, I sometimes have negative feelings about being Black" and "When I look in the mirror at my Black image, sometimes I do not feel good about what I see." Each item is rated on a 7-point Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher mean scores indicate greater internalized racism. Reported Cronbach's alpha for scores on the CRIS Self-Hatred subscale was .89. Structural validity of the CRIS was supported via exploratory and confirmatory factor analyses. Convergent validity was supported via expected correlations with another measure of racial identity attitudes. Divergent validity was supported by no meaningful relationships of the CRIS with measures assessing social desirability and global personality traits. Finally Nigrescence theory (Cross, 1991) postulates that African Americans who internalize negative stereotypes about race into their personal identity will have poorer self-esteem and psychological functioning, but there would be no relationship between those holding negative stereotypical beliefs about African Americans or pro-American attitudes and self-esteem and psychological functioning. Consistent with these theoretical assertions, Vandiver et al. found that only CRIS Self-Hatred subscales scores were related to self-esteem, thereby providing more evidence of construct validity. Cronbach's alpha for the current sample was .89.

Religious coping styles. Religious coping styles were assessed using the Brief Measure of Religious Coping (Brief RCOPE; Pargament et al., 1998), which consists of two subscales of seven items each assessing the positive and negative patterns of religious coping. Participants indicated the extent to which they used positive or negative religious coping when experiencing stressful events. Example items include “Sought God’s love and care” (positive religious coping) and “Wondered what I did for God to punish me” (negative religious coping). Each item is rated on a 4-point Likert-type scale from 1 (*not at all*) to 4 (*a great deal*). Mean scores for each subscale were used, with higher scores indicating more frequent use of positive or negative religious coping. Reported internal consistencies for scores on the positive religious coping subscale were .87 for a community sample and .90 for a college sample. For the negative religious coping subscale, alphas were .78 for a community sample and .81 for a college sample. Validity was supported via exploratory factor analysis, demonstrating the distinctiveness of the positive and negative religious coping subscales and correlations with several psychosocial, health, and religious outcomes including emotional distress, post-traumatic stress symptoms, callousness, physical symptoms, psychosomatic symptoms, stress-related growth, and experiencing positive religious changes. Cronbach’s alpha for the current sample was .95 (positive religious coping) and .87 (negative religious coping).

Psychological distress. Psychological distress was assessed using the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickets, Uhlenhuth, & Covi, 1974), which consists of 58 items reflecting psychological distress across five symptom dimensions: interpersonal sensitivity, anxiety, depression, obsessive compulsive, and somatization. Example items include “Feeling blue” and “Worrying or stewing about things.” Participants indicate how often they have felt each symptom during the past several days using a 4-point Likert-type scale from 1 (*not at all*) to 4 (*extremely*). Higher mean scores indicate greater psychological distress. Reported Cronbach’s alphas for total scores on the HSCL ranged from .84 to .87. Test-retest reliability ranged from .75 to .84. Validity of the HSCL was supported by studies reflecting the factorial invariance of HSCL symptom dimensions, between-group differences, and the HSCL’s sensitivity to the use of psychotherapeutic drugs (Derogatis et al., 1974). Cronbach’s alpha for HSCL full-scale scores for the current sample was .97.

Procedure

Participants were recruited via an e-mail announcement of the study sent to a variety of African American-related listservs (found primarily through

searches of YahooGroups and Facebook); African American community groups and organizations; and university/college multicultural centers, Black student/faculty/staff groups, and African American studies programs. The e-mail announcement was sent to individuals on the website listed as either “contact person” or “listserv owner.” This person was then asked to forward the research announcement to their listserv and to eligible colleagues and friends. Participants were also recruited largely via undergraduate psychology courses at a large southern university. Potential participants used a hypertext link to access the survey website. Those that were recruited via the undergraduate psychology pool received course credit points for their participation. In addition, all participants were eligible to enter into a raffle drawing of \$100.00 awarded to one randomly selected participant.

Participants completed an online web-based survey that included a demographic questionnaire and the aforementioned randomly ordered measures. The informed consent stated that the researchers were conducting an empirical study examining attitudes, feelings, and experiences associated with being an African American person. Participants were also informed that the survey would ask questions about feelings, thoughts, and experiences they may have had as an African American, ways they typically deal with life’s challenges, psychosocial well-being, and demographics. Procedures for this website survey were based on published suggestions (Buchanan & Smith, 1999; Michalak & Szabo, 1998; Schmidt, 1997). Methods for protecting confidentiality included having participants access the survey via a hypertext link rather than e-mail and the use of a separate raffle database so there was no way to connect a person’s online raffle submission with her or his submitted survey. Methods used for ensuring data integrity included the use of a secure server protected with a firewall to prevent tampering with data and programs by “hackers” and inadvertent access to confidential information by research participants.

Results

Means, standard deviations, and intercorrelations between all continuous variables are shown in Table 1. To test Hypothesis 1, we used hierarchical multiple regression analysis. In this analysis, we combined the SRE-R and IRRS-IR into one indicator to represent external racism via racist events. Main effects were entered at Step 1 and interaction effects at Step 2. Evidence for a moderator effect is noted at Step 2 by a statistically significant increment in R^2 and beta weight. Aiken and West (1991, p. 164, Table 8.5) reported sample power analyses suggesting that when predictor and moderator

Table 1. Means, Standard Deviations, and Intercorrelations for All Study Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Racist Events	2.57	0.89	—													
2. SRE-R	2.37	0.90	.88*	—												
3. IRRS-IR	2.77	1.07	.92*	.62*	—											
4. Internalized Racism	2.25	1.46	.11	.14*	.06	—										
5. IRI	2.33	1.54	.12*	.15*	.08	.97*	—									
6. IR2	2.13	1.54	.08	.12*	.04	.92*	.79*	—								
7. Positive Religious Coping	2.86	1.02	.20*	.17*	.19*	-.02	-.05	.01	—							
8. Negative Religious Coping	1.54	0.67	.31*	.28*	.27*	.41*	.40*	.37*	.27*	—						
9. RCneg1	1.64	0.77	.32*	.31*	.28*	.36*	.33*	.34*	.34*	.93*	—					
10. RCneg2	1.52	0.76	.26*	.25	.23*	.29*	.29*	.25*	.28*	.88*	.74*	—				
11. RCneg3	1.39	0.75	.20*	.17*	.19*	.43*	.41*	.39*	.03	.82*	.63*	.59*	—			
12. Psychological Distress	1.58	0.52	.26*	.24*	.24*	.35*	.34*	.31*	.02	.43*	.39*	.33*	.40*	—		
13. HSCL1	1.56	0.52	.25*	.23*	.22*	.33*	.32*	.31*	.05	.42*	.39*	.34*	.38*	.98*	—	
14. HSCL2	1.61	0.54	.28*	.25*	.26*	.32*	.31*	.30*	-.01	.40*	.36*	.30*	.39*	.98*	.94*	—
15. HSCL3	1.56	0.52	.24*	.22*	.22*	.36*	.35*	.32*	.02	.44*	.40*	.34*	.41*	.98*	.93*	.93*

Racist Events = combined indicator of SRE-R (Schedule of Racist Events-Recent) and IRRS-IR (Index of Race-Related Stress-Individual Racism);

IR1 and IR2 = parcels of items assessing internalized racism; RCneg1, RCneg2, and RCneg3 = parcels of items assessing negative religious coping;

HSCL1, HSCL2, and HSCL3 = parcels of items assessing psychological distress.

* $p < .05$.

variables are measured with reliability of .80, variance accounted for by the main effects is .20, and interpredictor correlations are .50, sample sizes of 52, 108, and 752 are needed to achieve statistical power of .80 in detecting an interaction for large, moderate, and small effect sizes, respectively. Thus, our sample size of 269 was large enough to detect an interaction of large and moderate effect sizes but well under what is needed to detect a small effect size. Prior to the analyses, scores for measures of racist events (combined indicator), internalized racism, and religious coping styles (i.e., positive and negative) were centered (i.e., put into deviation units by subtracting their sample means to produce revised sample means of zero) to reduce multicollinearity between the interaction terms and other predictor variables.

Absolute values of correlations between predictor variables (range = .02 to .41), variance inflation factors (range = 1.02 to 1.36), and condition index values (range = 1.00 to 2.61) were examined, and multicollinearity was deemed not problematic (Myers, 1990; Tabachnick & Fidell, 2001). The results of this analysis indicated that the interactions of racist events and positive and negative religious coping and the interactions of internalized racism and positive and negative religious coping were not significant (R^2 change = .018; F change = 1.626; significant F change = .17).¹ See Table 2.

Although more experiences of racist events were related to increased use of positive religious coping, we did not include it as a mediator to test Hypothesis 2, because the conditions needed for testing mediation as specified by Baron and Kenny (1986) were not met. More specifically, the correlation analyses (see Table 1) revealed that the relationship between internalized racism (predictor) and positive religious coping (mediator) was nonsignificant. In addition, a regression analysis controlling for racist events and internalized racism (predictors) revealed that the relationship of positive religious coping (mediator) and psychological distress (outcome) was nonsignificant. Thus, only negative religious coping was examined as a mediator in the external and internalized racism-distress links.

Following Tabachnick and Fidell's (2001) recommendation for a two-step approach to structural equation modeling (SEM) analysis, we used the Amos 5.0.1 program to estimate parameters for the measurement model via confirmatory factor analysis (CFA) and for the later simultaneous estimation of the measurement and structural equation models. Our sample size of 269 was in the recommended range of 10 to 20 observations per estimated parameter (Weston & Gore, 2006). Lei and Lomax (2005) found that parameter estimates and most model fit indices are robust to nonnormality given maximum-likelihood estimation and a sample size of 100 or more participants. Thus,

Table 2. Summary of Hierarchical Regression Predicting Psychological Distress

Criterion							
Step	Variables	β	t	R^2	R^2 change	Sig. F change	df
Psychological distress							
1	Racist Events	.16	2.77*	.25	.25	.00	4, 264
	Internalized Racism	.19	3.07*				
	Positive Religious Coping	-.10	-1.81				
	Negative Religious Coping	.36	5.00*				
2	SRE-R \times Positive Religious Coping	-.05	-.87	.26	.02	.17	8, 260
	SRE-R \times Negative Religious Coping	-.08	-1.23				
	Internalized Racism \times Positive Religious Coping	-.09	-1.65				
	Internalized Racism \times Negative Religious Coping	.03	.41				

β and t reflect values from the final regression equation. SRE-R = Schedule of Racist Events–Recent.

* $p < .05$.

nonnormality was not an issue, and we proceeded with our analyses using maximum-likelihood estimation.

As suggested by Martens (2005), the adequacy of the measurement and structural model fit was based on the following goodness-of-fit indexes that minimize the effect of extrinsic factors: comparative fit index (CFI), Tucker Lewis index (TLI), incremental fit index (IFI), and root mean square error of approximation (RMSEA). Models with CFI, TLI, and IFI goodness of fit indexes of .95 or greater and RMSEA values below .06 indicate an excellent fitting model (Hu & Bentler, 1999). Models with CFI, TLI, and IFI values between .90 and .94 and RMSEA values between .06 and .10 indicate an adequate fit to the data when models are not complex and samples sizes are smaller than 500 (Hu & Bentler, 1999; Weston & Gore, 2006).

In the confirmatory model, the two racist events measures were constrained to load onto the racist events factor. As recommended by Russell, Kahn, Spoth, and Altmaier (1998) three measured indicators (parcels) for the negative religious coping and psychological distress factors were created. Because the internalized racism scale had only five items, only two parcels were created. First, for each scale, an exploratory factor analysis was conducted using the maximum likelihood (ML) method of extraction, and a single factor was specified to be extracted. Second, items were rank-ordered according to the magnitude of the factor loadings. Third, items were successively assigned (from the highest to the lowest factor loading) to each of three parcels (or two parcels in the case of internalized racism) to equalize the average loadings of each parcel on its respective latent factor. Finally, for each parcel, items were averaged to arrive at a mean total score. Parcels were then used to estimate their respective latent variable (i.e., internalized racism, negative religious coping, and psychological distress) within the SEM analyses. The four factors were permitted to correlate with one another. Fit statistics for the measurement model indicated an excellent fit of the data: CFI = .99, TLI = .99, IFI = .99, and RMSEA = .048. In addition, each indicator significantly loaded on its intended latent factor. Absolute factor loadings ranged from .78 to .79 for racist events, .84 to .95 for internalized racism, .70 to .91 for negative religious coping, and .96 to .97 for psychological distress. Therefore, we moved to the next stage of the analysis: examination of the structural model and its fit to the data.

Next, an SEM analysis was conducted to examine a partial mediation model for both racist events and internalized racism via negative religious coping (Model A; see Figure 1). Fit statistics for this model indicated an excellent fit (see Table 3). Next, we compared Model A with three alternative models and used the chi-square difference test to compare nested structural models (Weston & Gore, 2006). First, we tested an alternative Model B representing partial mediation for racist events and full mediation for internalized racism, by constraining to zero the direct path from internalized racism to psychological distress. A chi-square difference test between Model A and Model B was significant, $\Delta\chi^2(1) = 10.024, p < .05$, indicating that Model A was a better fit to the data (see Table 3). Next, we tested another alternative Model C representing full mediation for racist events and partial mediation for internalized racism, by constraining to zero the direct path from racist events to psychological distress. Results of the chi-square difference test were significant, $\Delta\chi^2(1) = 5.109, p < .05$, indicating that Model A was a better fit to the data. As the final alternative, we tested Model D, which represented full mediation for both racist events and internalized racism, by constraining to zero the direct paths from

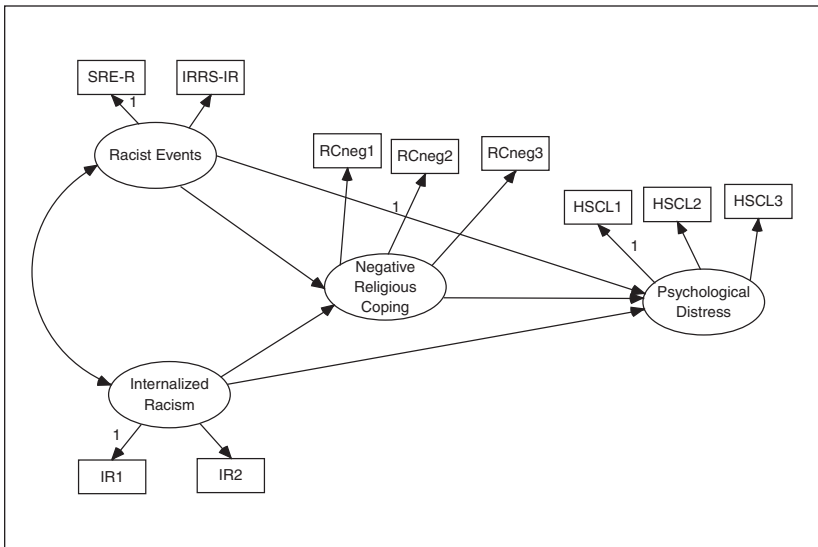


Figure 1. Hypothesized partial mediation model (Model A) for both racist events and internalized racism

Rectangles indicate measured variables, and ovals indicate latent constructs. SRE-R = Schedule of Racist Events–Recent; IRRS-IR = Index of Race-Related Stress–Individual Racism; IR1 and IR2 = parcels of items assessing internalized racism; RCneg1, RCneg2, and RCneg3 = parcels of items assessing negative religious coping; HSCL1, HSCL2, and HSCL3 = parcels of items assessing psychological distress.

Table 3. Chi-Square and Fit Indices Among Different Mediation Models Predicting Psychological Distress

Model	χ^2	df	CFI	TLI	IFI	RMSEA	$\Delta\chi^2(df)$
Model A	47.136*	29	.991	.986	.991	.048	
Model B	57.160*	30	.987	.980	.987	.058	A vs. B: $\chi^2(1) = 10.024^*$
Model C	52.245*	30	.989	.984	.989	.053	A vs. C: $\chi^2(1) = 5.109^*$
Model D	61.152*	31	.985	.979	.986	.060	A vs. D: $\chi^2(2) = 14.016^*$

N = 269. CFI = comparative fit index; TLI = Tucker-Lewis index; IFI = incremental fit index; RMSEA = root mean square error of approximation. Model A = partial mediation for both racist events and internalized racism via negative religious coping; Model B = partial mediation for racist events and full mediation for internalized racism; Model C = full mediation for racist events and partial mediation for internalized racism; and Model D = full mediation for both.

*p < .05.

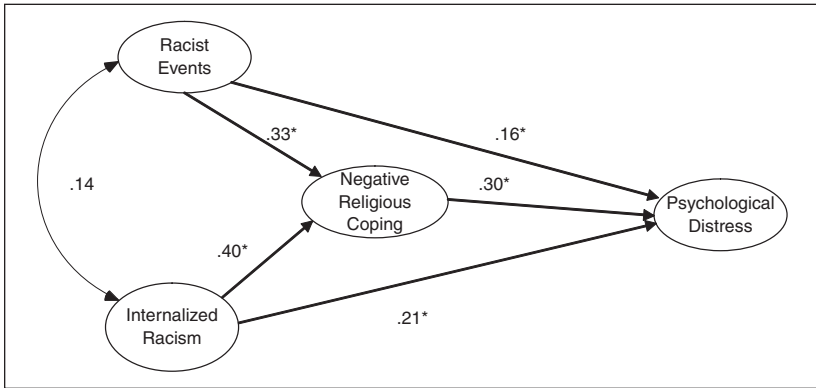


Figure 2. Relations between latent variables for the partially mediated model of external and internalized racism to psychological distress

All coefficients are standardized values.

* $p < .05$.

racist events to psychological distress and from internalized racism to psychological distress. Once again, a chi-square difference test was significant for the comparison between Model A and Model D, $\Delta\chi^2(2) = 14.01$, $p < .05$, indicating that Model A was a better fit to the data. Therefore, we employed Model A as our final structural model and used it for subsequent procedures to test the significance of indirect effects. Partial mediation in this model (see Figure 2) indicated that racist events and internalized racism were both directly ($\beta = .16$ and $\beta = .21$, respectively) and indirectly (through negative religious coping) related to psychological distress.

To test whether these indirect effects were significant, we used a bootstrap analysis to create 10,000 bootstrap samples from our data set as recommended by Mallinckrodt, Abraham, Wei, and Russell (2006). Results of our analysis, using a bias-corrected 95% confidence interval for indirect relations, indicated that the indirect links were statistically significant at $p < .05$. The mean indirect (unstandardized) effect of racist events on psychological distress was .07, the standard error of the mean indirect effect was .03, and the 95% confidence interval for the mean indirect effect was .02 (lower limit) and .14 (upper limit). The standardized indirect effect of racist events on psychological distress via negative religious coping was $\beta = .10$ (i.e., $.33 \times .30$). The mean indirect (unstandardized) effect of internalized racism on psychological distress was .04, the standard error of the mean indirect effect was .02, and the 95% confidence interval for the mean indirect effect was .01 (lower limit)

and .08 (upper limit). The standardized indirect effect of internalized racism on psychological distress via negative religious coping was $\beta = .12$ (i.e., $.40 \times .30$). Finally, 31% of the variance in negative religious coping was explained by racist events and internalized racism; and 26% of the variance in psychological distress was explained by racist events, internalized racism, and negative religious coping.

Discussion

Consistent with previous research, the findings of the present study revealed that greater exposure to racist events and more internalized racism were related to higher levels of psychological distress among African American persons. In addition, our study revealed that when examined together, *both* racist events and internalized racism emerged as significant, unique, and additive predictors of psychological distress, suggesting the need to attend to both forms of racism in African American persons' lives. Consistent with Clark et al.'s (1999) bio-psycho-social model of racism and the fact that individuals are likely to use multiple methods of coping to deal with life stress, our findings also revealed that more experiences of racist events were related to more use of both positive and negative religious coping. That is, more experiences of racist events were related to more use of coping to deal with the increased environmental stressors. In contrast, more internalized racism was related to more negative religious coping but not positive religious coping. African American persons who have internalized racism may feel downtrodden and inferior and believe that they deserve what they get, which may fuel the use of coping styles that are consistent with their self-schema. However, it is notable that at least in this sample, African American persons with low internalized racism were not more likely to utilize positive religious coping, as we might expect them to.

Contrary to stress-buffering theories, the findings revealed that neither racist events nor internalized racism interacted with religious coping styles to account for variance in psychological distress above and beyond their main effects. These findings suggest that among African American persons, external and internalized racism are negatively related to mental health regardless of an individual's use of positive or negative religious coping strategies. Thus, the moderation effects predicted by stress-buffering theories were not supported with this sample of African American persons. These results are consistent with Barnes and Lightsey's (2005) study that found no support for the moderating roles of three types of individual coping (i.e., problem solving, avoidant coping, and social support) in the links between racist events

and perceived stress and between perceived stress and life satisfaction among African American college students. In addition, they are consistent with research on other forms of internalized oppression that has found no support for the moderating roles of either individual problem solving or avoidant coping in the internalized heterosexism-distress link among lesbian and bisexual women (Szymanski & Owens, 2008).

Consistent with Clark et al.'s (1999) bio-psycho-social model of racism, our study found that negative religious coping partially mediated the relationship between both racist events and internalized racism and psychological distress. Thus, external and internalized racism influence psychological distress both directly and indirectly through the use of negative religious coping.

The finding that only negative religious coping (but not positive religious coping) was related to psychological distress is consistent with other research that has demonstrated that (a) negative religious coping was related to emotional distress and depression, but positive religious coping was not (Bjorck & Thurman, 2007; Pargament et al., 1998, 2000); (b) avoidant coping was related to lower self-esteem and less life satisfaction among African American persons, but problem-solving coping and coping via seeking social support were not (Utsey et al., 2000); (c) culturally specific avoidant or negative coping (but not culturally specific active or positive coping) partially mediated the relationship between gendered racism and psychological distress among African American women (Thomas et al., 2008); and (d) avoidant coping partially mediated the link between self-esteem and distress among African American women at risk for HIV infection (Nyamathi, Wayment, & Dunkel-Schetter, 1993). Contrary to common perceptions that religious beliefs and practices give individuals strength to effectively handle adversity, our findings also indicated that positive religious coping was not significantly correlated with psychological distress, nor did it buffer or help explain the relationships between external and internalized racism and distress.

Practice Implications

As racist events are experienced in relation to others and institutions, interventions to decrease African American persons' psychological distress should encompass societal change. Counseling psychologists advocating for social justice and engaging in activities aimed at ending discriminative practices may decrease the occurrence of racist events. Societal change strategies may also have implications for internalized racism. As social justice efforts change African American persons' scripts and improve social equity, negative

messages about African Americans should be less accessible for internalization. The findings also have implications at the individual level. First, counseling psychologists are encouraged to pay attention to the racialized context of African American persons' lives by asking about experiences of racism in their clinical interviews, including aspects of racism in their case conceptualizations, and assisting African Americans in seeing how their external and internalized racism may be related to their current struggles. Second, counseling psychologists need to be able to identify, explore, and challenge the variety of ways that internalized racism manifests in African American clients. Third, counseling psychologists are encouraged to attend to religion and spirituality issues in assessment and counseling. This can be done formally through the use of religious assessment instruments such as the Brief RCOPE (Pargament et al., 1998) and informally by asking clients about their religious beliefs, how they use religion/spirituality to cope with life's challenges, how their faith helps and/or hinders them in dealing with racism, and to describe their relationships with God and/or higher power and how it has changed over time (Eriksen, Jackson, & Weld, 2008). In addition, counseling psychologists might help African American clients understand how their external and internalized racism may influence their use of negative religious coping strategies and thereby influence their symptoms of distress. Finally, counseling psychologists might lessen the impact that external and internalized racism have on African Americans' mental health by decreasing their use of negative religious coping.

Limitations

Although our correlational study provides a useful preliminary step in identifying negative religious coping as a mediator in the racism-distress link, the cross-sectional nature of our study limits the ability to make any causal inferences. Longitudinal and experimental studies designed to evaluate the directional relations implied by this study are needed to draw conclusions about causation. In addition, it is important to acknowledge that the mediational relationships found in this study might not have been evident if other variables that cause racist events, internalized racism, religious coping styles, and psychological distress had been included in the model. Our study is also limited by the use of self-report measures, which are prone to problems with accuracy of reporting and increased measurement error due to retrospective recall bias. We also used a dispositional measure of religious coping styles rather than asking participants about religious coping styles specific to experiences of racist events and internalized racism. When using dispositional

rather than situational measurements (i.e., specific response to a racism situation), a third variable (e.g., personality) may be equally likely to cause both the predictor and outcome variables. In addition, our study is limited by the use of an assessment measure that defines internalized racism narrowly, which may not capture the full range of ways that racism is internalized and may not be sufficiently sensitive to detect moderate or low levels of internalized racism. Finally, our study is limited by a convenience sample that was highly educated. Respondents recruited from enrollment in undergraduate psychology courses and through connection to African American groups and organizations may be biased in some way (e.g., having lower levels of external and internalized racism, being more homogeneous, and having more cultural resources and support than the larger target population).

Future Research Directions

Whereas a fairly large body of research has focused on external racism, a much smaller body has focused on its internalized expression. Clearly, more research on internalized racism is needed. For example, little is known about the mechanisms by which an African American may be more likely to internalize negative messages about being Black. For example, factors such as the type, frequency, and degree of racism in the environment; the importance of perpetrators of racism or racist messages to the self; a lack of exposure to countermessages (e.g., positive African American role models, African American affirmative messages, White allies); and the salience of racial identity to the self may all affect one's experiences with internalized racism. Because factors associated with external and internalized racism and mental health are likely to be affected by educational levels, future research using samples of non-college-educated African American persons is warranted.

Our moderator and mediator models accounted for approximately one fourth of the variance in psychological distress scores. Future research is needed on other important variables that might improve the prediction of psychological distress. For example, including additional predictor variables, such as family dysfunction, attachment styles, and external and internalized classism, might account for a larger portion of the variance in distress scores. In addition, future research is needed to examine other potential moderators and mediators, such as self-esteem, individual coping styles, African American group-level coping, involvement in antiracism activism, and other types of religious or spiritual behaviors, in the external and internalized racism-distress links. Studies using prospective longitudinal designs would contribute to a better understanding of the causal relations among measures of external and internalized racism, negative religious coping, and distress. Finally,

future investigations might identify the types of therapeutic experiences that reduce the strength of the relationship between external and internalized racism and poor mental health.

In sum, the findings of this study make three important contributions to our current understanding of the relationship between racism and mental health. First, it underscores the importance of attending to *both* external and internalized racism in the lives of African Americans. Second, it provides evidence for attending to religious coping as an important method of dealing with racism. Third, it provides support for Clark et al.'s (1999) assertions that differential exposure to racist events and varying levels of internalized racism, along with coping responses used to deal with the increased stress associated with these forms of oppression, may help account for the wide within-group variability in mental health outcomes that exists among African American persons.

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Note

1. Because statistically significant interactions are notoriously difficult to detect in nonexperimental research (McClelland & Judd, 1993), we also examined the main and interaction effects separately; however, the results generated similar findings to the analysis of multiple main and interaction effects in the same regression equation (i.e., the same variables were significant/nonsignificant and of similar strength). Because there was essentially no difference between the two analytic approaches, we report the results of the test of multiple main and interaction effects in the same regression equation.

References

- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: Sage.
- Barnes, P. W., & Lightsey, O. R. (2005). Perceived racist discrimination, coping, stress, and life satisfaction. *Journal of Multicultural Counseling and Development, 33*, 48-61.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182.

- Bierman, A. (2006). Does religion buffer the effects of discrimination on mental health? Differing effects by race. *Journal for the Scientific Study of Religion, 45*, 551-565.
- Bjorck, J. P., & Thurman, J. W. (2007). Negative life events, patterns of positive and negative religious coping, and psychological functioning. *Journal for the Scientific Study of Religion, 46*, 159-167.
- Buchanan, T., & Smith, J. L. (1999). Using the Internet for psychological research: Personality testing on the World Wide Web. *British Journal of Psychology, 90*, 125-144.
- Carter, R. T. (1991). Racial identity attitudes and psychological functioning. *Journal of Multicultural Counseling & Development, 19*, 105-114.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*, 13-105.
- Charters, L. M., Taylor, R. J., Jackson, J. S., & Lincoln, D. (2008). Religious coping among African Americans, Caribbean Blacks, and non-Hispanic Whites. *Journal of Community Psychology, 36*, 371-386.
- 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.
- Cross, W. E., Jr. (1991). *Shades of African American: Diversity in African-American identity*. Philadelphia, PA: Temple University Press.
- DeBlaere, C., & Moradi, B. (2008). Structures of the schedules of racist and sexist events: Confirmatory factor analyses of African American women's responses. *Psychology of Women Quarterly, 32*, 83-94.
- Derogatis, L. R., Lipman, R. S., Rickets, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science, 19*, 1-14.
- Diaz, R. M. (1998). *Latino gay men and HIV: Culture, sexuality, and risk behavior*. New York, NY: Routledge.
- Eriksen, K., Jackson, S., & Weld, C. (2008). Religion and spirituality. In G. Mcauliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (pp. 506-568). Thousand Oaks, CA: Sage.
- Evans, K. M., & George, R. (2008). African Americans. In G. Mcauliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (pp. 146-187). Thousand Oaks, CA: Sage.
- Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*, 115-134.
- Holmbeck, G. N. (1997). Toward terminological, conceptual, and statistical clarity in the study of mediators and moderators: Examples from the child-clinical and pediatric psychology literatures. *Journal of Consulting and Clinical Psychology, 65*, 599-610.
- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*, 1-55.

- Jackson, J. S., Brown, T. N., Williams, D. R., Torres, M., Sellers, S. L., & Brown, K. (1996). Racism and the physical and mental health status of African Americans: A thirteen year national panel study. *Ethnicity & Disease, 6*, 132-147.
- Jones, H. L., Cross, W. E., Jr., & DeFour, D. C. (2007). Race-related stress, racial identity attitudes, and mental health among black women. *Journal of Black Psychology, 33*, 208-231.
- Klonoff, E. A., & Landrine, H. (1999). Cross- validation of the Schedule of Racist Events. *Journal of Black Psychology, 25*, 231-254.
- 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.
- Koenig, H. G., Cohen, H. J., Blazer, D. G., Piper, C., Meador, K. G., Shelp, F., . . . DiPasquale, B. (1992). Religious coping and depression among elderly, hospitalized medically ill men. *American Journal of Psychiatry, 149*, 1693-1700.
- Koenig, H. G., Pargament, K. I., & Nielson, J. (1998). Religious coping and health status in medically ill hospitalized older adults. *Journal of Nervous and Mental Disease, 186*, 513-521.
- 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*(2), 144-168.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, coping, and appraisal*. New York, NY: Springer.
- Lei, M., & Lomax, R. G. (2005). The effect of varying degrees of nonnormality in structural equation modeling. *Structural Equation Modeling, 12*, 1-27.
- Mallinckrodt, B., Abraham, W. T., Wei, M., & Russell, W. (2006). Advances in testing the statistical significance of mediation effects. *Journal of Counseling Psychology, 53*, 372-378.
- Martens, M. P. (2005). The use of structural equation modeling in counseling psychology research. *The Counseling Psychologist, 33*, 269-298.
- McClelland, G. H., & Judd, C. M. (1993). Statistical difficulties of detecting interactions and moderator effects. *Psychological Bulletin, 114*, 376-390.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697.
- Michalak, E. E., & Szabo, A. (1998). Guidelines for Internet research: An update. *European Psychologist, 3*(1), 70-75. doi:10.1027//1016-9040.3.1.70
- Myers, R. (1990). *Classical and modern regression with application* (2nd ed.). Boston, MA: Duxbury.
- Nyamathi, A., Wayment, H. A., & Dunkel-Schetter, C. (1993). Psychosocial correlates of emotional distress and risk behavior in African-American women at risk for HIV infection. *Anxiety, Stress, and Coping: An International Journal, 6*, 133-148.

- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. New York, NY: Guilford.
- Pargament, K. I., Koenig, H. G., & Perez, L. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56*, 519-543.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 18*, 710-724.
- Parham, T. A., & Helms, J. E. (1985a). Attitudes of racial identity and self-esteem of Black students: An exploratory study. *Journal of College Student Personnel, 26*, 143-147.
- Parham, T. A., & Helms, J. E. (1985b). Relation of racial identity attitudes to self-actualization and affective states of Black students. *Journal of Counseling Psychology, 32*, 431-440.
- Park, C. L., Cohen, L. H., & Herb, L. (1990). Intrinsic religiousness and religious coping as life stress moderators for Catholics vs. Protestants. *Journal of Personality and Social Psychology, 59*, 562-574.
- Pruchno, R. A., & Resch, N. J. (1989). Mental health of caregiving spouses: Coping as mediator, moderator, or main effect? *Psychology & Aging, 4*, 454-463.
- Russell, D. W., Kahn, J. H., Spoth, R., & Altmaier, E. M. (1998). Analyzing data from experimental studies: A latent variable structural equation modeling approach. *Journal of Counseling Psychology, 45*, 18-29.
- Schmidt, W. C. (1997). World-Wide Web survey research: Benefits, potential problems, and solutions. *Behavior Research Methods, Instruments & Computers, 2*, 274-279.
- Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology, 30*, 406-425.
- Szymanski, D. M., & Carr, E. R. (2008). The roles of gender role conflict and internalized heterosexism in gay and bisexual men's psychological distress: Testing two mediation models. *Psychology of Men and Masculinity, 9*, 40-54.
- Szymanski, D. M., & Gupta, A. (2009). Examining the relationship between multiple internalized oppressions and African American lesbian, gay, and bisexual persons' self-esteem and psychological distress. *Journal of Counseling Psychology, 56*, 110-118.
- Szymanski, D. M., & Owens, G. P. (2008). Do coping styles moderate or mediate the relationship between internalized heterosexism and sexual minority women's psychological distress? *Psychology of Women Quarterly, 32*, 95-104.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). Needham Heights, MA: Allyn & Bacon.

- Thomas, A. J., Speight, S. L., & Witherspoon, K. M. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*, 307-314.
- Utsey, S. O., Adams, E. P., & Bolden, M. (2000). Development and initial validation of the Africultural Coping Systems Inventory. *Journal of Black Psychology, 6*, 194-215.
- Utsey, S. O., Giesbrecht, N., Hook, J. N., & Stanard, P. M. (2008). Cultural, sociofamilial, and psychological resources that inhibit psychological distress in African Americans exposed to stressful life events and race-related stress. *Journal of Counseling Psychology, 55*, 49-62.
- Utsey, S. O., & Ponterotto, J. G. (1996). Development and validation of the Index of Race-Related Stress. *Journal of Counseling Psychology, 43*, 490-501.
- 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 & Development, 78*, 72-81.
- Vandiver, B. J., Cross, W. E., Worrell, F. C., & Fhagen-Smith, P. E. (2002). Validating the Cross Racial Identity Scale. *Journal of Counseling Psychology, 49*, 71-85.
- West, S. G., Finch, J. F., & Curran, P. J. (1995). Structural equation models with non-normal variables. Problems and remedies. In R. H. Hoyle (Ed.), *Structural equation modeling: Concepts, issues, and applications* (pp. 56-75). Thousand Oaks, CA: Sage.
- Weston, R., & Gore, P. A. (2006). A brief guide to structural equation modeling. *The Counseling Psychologist, 34*, 719-751.

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