COPING OPTIONS: MISSING LINKS BETWEEN MINORITY GROUP IDENTIFICATION AND PSYCHOLOGICAL WELL-BEING

by

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B.A. (Hons.), York University, 2005

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Experimental Psychology Program

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ABSTRACT

Using an integrated social identity and stress and coping approach, I tested the ability of group identification to foster beliefs in one’s ability to cope successfully that would in turn predict psychological well-being. Black American participants appraised the availability of coping options that varied as a function of level of identity (individual, intragroup and intergroup) and coping strategy (problem-focused and emotion-focused). Racial group identification positively predicted well-being. Individual emotion-focused and intergroup problem-focused options mediated group identification’s relationship with self-esteem. Individual emotion-focused, intergroup problem-focused and intergroup emotion-focused options mediated the relationship between group identification and life satisfaction. Findings suggest that minority group identification’s relationship with well-being may partly be due to its influence over a person’s sense that they and their group can respond effectively to disadvantage.

**Keywords:** coping options; group identification; psychological well-being; stress; disadvantage; social identity

**Subject Terms:** Group Identity; Well-Being; Coping; Blacks; Social Identity; Racism
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INTRODUCTION

Disadvantaged social groups (e.g., ethnic minorities, women) face a number of threats to their psychological well-being. Members of disadvantaged groups report experiencing negative treatment frequently and across a wide variety of life domains (Feagin, 1992; Feagin, 1991; Noh & Kaspar, 2003; Landrine & Klonoff, 1996; Swim, Cohen, Hyers, 1998; Swim, Hyers, Cohen, Fitzgerald & Bylsma, 2003; Utsey, 1998), including housing, education, employment, and treatment within the criminal justice system (Sigelman & Welch, 1991). In addition to the threats to well-being posed by negative treatment, an additional threat is recognizing that one is pervasively devalued and rejected on the basis of group membership (Schmitt & Branscombe, 2002). Experiences of mistreatment as well as perceptions of disadvantage can be conceptualized as stressors--life events that produce tension and can affect an individual’s mental health adversely (for related ideas see, Clark, Anderson, Clark, & Williams, 1999; Major & O’Brien, 2005; Miller & Kaiser, 2001; Outlaw, 1993). Indeed, perceptions of being devalued among disadvantaged groups have been linked to low self-esteem (Branscombe, Schmitt, & Harvey, 1999), depressive symptoms (Noh & Kaspar, 2003; Schulz, Gravlee, Williams, Israel, Mentz, & Rowe, 2006), and anxiety (Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996). Similar effects on self-esteem have been observed in studies employing experimental manipulations of disadvantage (e.g., Branscombe, 1998; Schmitt, Branscombe, & Postmes, 2003).
Despite evidence of the negative consequences that discrimination and feelings of devaluation can have on members of disadvantaged groups, there are ways in which members of these groups manage to cope with such stressors (Crocker & Major, 1989). The consequences of stressful circumstances are not a direct result of those circumstances but are in part determined by individuals’ appraisals of their circumstances and options for coping with stressors (Lazarus & Folkman, 1984; Park & Folkman, 1997; Major, McCoy, Kaiser, & Quintan, 2003). One factor that has been shown to protect members of disadvantaged groups from the threats posed by feelings of marginalization and devaluation is identification with one’s disadvantaged ingroup (Schmitt & Branscombe, 2002). Identifying with one’s group in response to feelings of mistreatment is inversely related to depressive symptoms (Gaudet, Clement, & Dousman, 2005), psychological distress (Sellers, Caldwell, Scheele-Cone, & Zimmerman, 2003), and low self-esteem (Phinney, 1990).

I seek to expand on previous studies that have shown that group identification can buffer the psychological harm caused by feelings of unjust treatment among disadvantaged groups. Using social identity theory (Tajfel & Turner, 1979) and stress and coping theory (Lazarus & Folkman, 1984), I examined whether beliefs about what can be done to cope with a stressor, also known as coping options, mediate the relationship between group identification and well-being. Within the stress and coping literature, coping options are generally conceptualized as beliefs about what an individual can do as an individual to cope with their particular circumstances. In contrast, social identity based perspectives on stress and coping suggest that appraisals of one’s stressful circumstances might also include more collective, or group-based options for coping (see Haslam, 2004;
Haslam & Reicher, 2006). Because group-based disadvantage is a stressor that is shared with other ingroup members, coping options might include beliefs about both intragroup and intergroup relationships. Therefore, I not only assessed whether beliefs about what an individual can do to cope with group-based disadvantage mediates the relationship between group identification and well-being, but also sought to evaluate whether beliefs about what one’s group can do would mediate the relationship.

**Group Identification and Psychological Well-Being**

When a disadvantaged group member feels devalued by a higher status group, psychologically investing more in one’s disadvantaged group can have positive consequences for psychological well-being (Schmitt & Branscombe, 2002). According to social identity theory, (SIT; Tajfel, 1978) individuals are motivated to achieve a positive ingroup identity. This process is based on favorable comparisons that can be made between the ingroup and relevant outgroups. For example, if a Black American considers the relative position of Black Americans as a group, the relevant comparison group is likely White Americans. According to Tajfel and Turner (1979), “The lower is a group’s status in relation to relevant comparison groups; the less is the contribution it can make to positive social identity” (p. 19). This suggests that disadvantaged groups face identity threat, a threat proportional to the degree to which they feel marginalized or devalued. When one lacks the social mobility to leave a lower status group and join the relevant higher status group, then a more viable option is to identify with one’s lower status ingroup and work to protect its identity and interests. Therefore, identification with one’s ingroup is an adaptive strategy for members of disadvantaged groups when faced with pervasive rejection and mistreatment from a higher status group.
Indeed, a number of studies have confirmed that a sense of shared social identity helps to buffer members of disadvantaged groups from the negative consequences associated with stressors related to their status. Among a group of first generation Irish immigrants to England, feeling that Irishness was a core part of their self-concept was positively related to the adoption of healthy behavior (Walsh & McGrath, 2000). For Black and Latino Americans in the United States, racial group identification can alleviate the negative consequences associated with perceiving oneself as a victim of racial prejudice (Branscombe et al., 1999; Postmes & Branscombe, 2002; Romero & Roberts, 2003).

Although data suggest that minority group identity can contribute positively to psychological well-being, little research has directly investigated the processes involved in this relationship. Taking a stress and coping approach, I suggest that minority group identification’s contribution to well-being is at least partly mediated by beliefs about what one can do both individually and in conjunction with other ingroup members to effectively respond to group-based disadvantage.

The Coping Process: Coping Options

According to Lazarus and Folkman’s (1984) theory of psychological stress and coping, coping is a cognitive and behavioral effort to manage demands that are appraised as taxing or exceeding individuals’ resources. Coping can function in two major ways—by regulating stressful emotions caused by a stressor (i.e., emotion-focused coping) or by trying to alter one’s relationship with the stressor (i.e., problem-focused coping). Before an individual can attempt to manage stressful life events through the use of cognitive or behavioral strategies, they must engage in a process of cognitive appraisal. After a
stressor is evaluated as potentially threatening (primary appraisal), various coping options are evaluated in an effort to buffer harm to well-being (secondary appraisal). Various coping options may be considered, such as altering the situation or even accepting one’s circumstances. The secondary appraisal process is what leads to the implementation of cognitive or behavioral strategies referred to as coping (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986).

Importance of Group Membership

Existing literature on the secondary appraisal process tends to focus on the individual and his or her appraisals of their individual circumstances and coping options. In contrast to prior theorizing on coping, social identity and self-categorization theories (Tajfel & Turner, 1979; Turner, Oakes, Haslam, & McGarty, 1994) suggest that the cognitive appraisal process can be affected by people’s group memberships (Haslam, 2004; Verkuyten & Nekuee, 2001; see also, Slavin, Rainer, McCreary, & Gowda, 1991). Consistent with this view, Haslam and Reicher (2006) argued that social identity affects whether a given stressor is seen as self-threatening. For example, in a study by Haslam, Jetten, O’Brien, and Jacobs (2004) participants preparing for a mental arithmetic task were exposed to a message in which the task was described as stressful or challenging. When informed by a person said to be an ingroup member that the task was stressful, participants experienced the testing situation as more stressful than they did when the same person told them it would be challenging. However, when the message was said to be given by an outgroup member the effect for message type was not observed. Additionally, Haslam, Ryan, Postmes, Spears, Jetten and Webley (2006) manipulated whether participants self-categorized in terms of their personal or group identity and
measured financial commitment to a group project that encountered financial problems over time. In two studies, participants who self-categorized at the personal level reported a greater loss of faith and reduced commitment to the project over time whereas those participants whose group identity was salient did not.

I argue that the relevant interpretation or appraisal of a pervasive social stressor such as racism may occur at the group level of identity because racism is an intergroup phenomenon (also see, Smith, 1985). Therefore, racism threatens not only a disadvantaged individual’s sense of well-being, but the ingroup as a whole. In that sense, racism can be considered a group-level stressor (Ashmore, Deaux, & McLaughlin-Volpe, 2004). Despite the existence of theoretical models of stress and coping that acknowledge the importance of group identity for the secondary appraisal process among disadvantaged social groups, there is a lack of research that tests the viability of such models. Much of the research examining coping among racial minority groups has focused on differences in coping strategy endorsement between different ethnic groups, rather than how degree of ethnic group identification may serve as a coping resource that can foster adaptive secondary appraisals among members of disadvantaged groups (e.g., Plummer & Slane, 1996; Thompson, 2006). Furthermore, existing research on coping among minority groups has yet to examine group-level coping options—beliefs about what one’s group can do to respond to the stress of minority group membership.

**Moving Beyond the Individual when Appraising Stressors**

People do not always define themselves as individuals (i.e., ‘I’); often they define themselves as members of a collective (i.e., ‘we’) (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). According to self-categorization theory (Turner et al., 1994), both
individual (in relation to other people) and group levels (in relation to other groups) of self-categorization are valid definitions of the self. I argue that because the devaluation of one’s racial group is a threat to oneself and one’s group that the cognitive appraisal of such a stressor at the group level of identity might have consequences for well-being (for similar ideas see Haslam, 2004; Haslam, O’Brien, Jetten, Vormedal, & Penna, 2005).

Thus, this study moves beyond focusing on the individual self when studying the stress and coping process by assuming that coping options may function at different levels of identity. I argue that for members of disadvantaged groups, identification with one’s social group can foster coping options that may not only operate on an individual level, but may also operate on a group level.

**Intragroup-level coping options** involve beliefs about the availability of direct social support from members of one’s disadvantaged ingroup in an effort to cope with the stress associated with disadvantage. The social support sought out by members of disadvantaged groups can be problem-focused (i.e., being provided with information or concrete aid) or emotion-focused (i.e., being provided a sense of acceptance/self-worth or contact with others) (Carver, Scheier, & Weintraub, 1989). Among Black American adolescents the importance of one’s racial group membership is associated with the endorsement of intragroup coping strategies (e.g., the use of family and community-based resources) to cope with stressful situations (Constantine, Donnelly, & Myers, 2002).

Additionally, Haslam et al. (2005) found that among bomb disposal experts the relationship between work group identification and work-related stress was mediated by perceptions of social support provided by ingroup members. This suggests that group
identification may lead individuals to consider seeking out help from fellow group members, which in turn ameliorates the stressors encountered by one’s group.

*Intergroup-level coping options* could be considered beliefs that one’s group can better its position in the social hierarchy relative to relevant outgroups (problem-focused) or endorsing that the ingroup can reframe the negative beliefs that can often be associated with their group by society (emotion-focused). These two types of coping options are consistent with the two group protection strategies proposed by social identity theory: social competition and social creativity, respectively (Tajfel & Turner, 1979). Individuals who identify with their disadvantaged group are more likely to think and act in ways that promote their group’s interests or maintain positive distinctiveness in comparison to relevant outgroups (Tajfel, 1978). Social psychological research has shown that for lower status groups higher identification with the ingroup increases the likelihood that individuals will engage in collective action (social competition) and adopt beliefs that enhance the positive identity of the ingroup (social creativity) (Reicher, 1996; Jackson, Sullivan, Harnish, & Hodge, 1996; Simon, et al., 1998). Moreover, a sense of shared social identity among members of disadvantaged groups has been shown to foster collective efficacy and encourage individuals to work on behalf of their group, which in turn is associated with better psychological adjustment (Haslam & Reicher, 2006). I argue that the feelings associated with being able to envision one’s group working collectively to change their lower status as well as collectively reframing the negative beliefs that can be associated with their group by society could have beneficial effects for psychological well-being.
Of course, how members of a disadvantaged group appraise their options for coping with disadvantage as an individual might still have important consequences for well-being. In addition, racial group identification could be a resource that gives individuals the sense of self-efficacy they need to cope with stressors even when acting on their own. This may lead to endorsement of individual-level coping options that rely on emotion-focused or problem-focused strategies designed to cope with the stressor. For example, strong feelings of affiliation with one's culture and religion are predictive of individuals' beliefs that they can cope with stressors (for reviews see, Park & Folkman, 1997; Provencher, 2007). As outlined above, I argue that appraisals of individual, intragroup, and intergroup options are likely to be related to group identification and psychological well-being for members of disadvantaged groups. More specifically, I suggest that appraisals of these option types may mediate the relationship between group identification and well-being.

The Potential Effects of Identity Level on the Fit of Coping Options

Stress and coping theory (Lazarus & Folkman, 1984) posits that maladaptive coping (i.e., use of a coping strategy that fails to alleviate the stressor) can occur when people respond to uncontrollable stressors primarily with problem-focused coping strategies or when people respond to controllable stressors primarily with emotion-focused strategies. Adaptive coping refers to situations in which there is a fit between the controllability of the stressor and the choice of coping strategy (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006). When people obtain a fit between the controllability of their stressor and their coping strategies, they experience fewer negative psychological symptoms (Park, Folkman, & Bostrom, 2001). In the context of coping
with a pervasive stressor such as disadvantaged ingroup status, the adaptiveness of options may be a function of the level of identity at which they operate. For example, on an individual level it might be expected that endorsing problem-focused options could be less adaptive than endorsing emotion-focused options, because negative treatment and devaluation from society would be a difficult social reality to combat by oneself, regardless of how highly identified one is with their social group. However, reframing the negative experiences resulting from racism might lead to positive psychological outcomes (i.e., individual emotion-focused options). Because racism is a pervasive phenomena faced by oneself and members of one's racial group endorsing combating it alone (i.e., individual problem-focused options) might be perceived as a more problematic approach to combating racism in comparison to intragroup problem-focused options or intergroup problem-focused options. Specifically, believing that one can rely on members of their racial group to combat the disadvantage they face (intragroup problem-focused) or that the group can collectively confront the disadvantage they face (intergroup problem-focused) might be a better fit with a stressor like racism than individual problem-focused options.

Overview of the Study

The current study expands on previous research that suggests that a sense of shared social identity helps protect disadvantaged groups from the aversive psychological consequences associated with low status (e.g., Schmitt, Spears & Branscombe, 2003). I tested the ability of group identification to foster coping options, which in turn predict psychological well-being. I examined participants’ appraisals of coping options operating at different levels of identity (individual, intragroup, and intergroup) and different coping
strategies (problem-focused and emotion-focused). My hypotheses were tested using a sample of Black Americans--a group that continues to face discrimination in a variety of contexts, making them an appropriate social group for this investigation. Additionally, group identification among Black Americans has been linked with psychological well-being in past research (e.g., Branscombe et al., 1999; Postmes & Branscombe, 2002).

My predictions are based on a theoretical integration of ideas rooted in the social identity approach and stress and coping models of the appraisal process in response to stress. First, in line with social identity theory (Tajfel, 1978) and the rejection-identification model (Branscombe et al., 1999) I expected participants who are more identified with their racial group to report greater psychological well-being. Second, because group identification has been found to be a source of efficacy and has also been shown to predict the endorsement of individual and group-based responses to stress (Haslam & Reicher, 2006; Jackson et al., 1996), I tested the extent to which group identification predicted each of the six coping option types. Third, I examined each coping option type as a predictor of well-being, and as a potential mediator of the expected relationship between group identification and psychological well-being. I also expected that individual problem-focused options would be the weakest predictor of psychological well-being. A person acting alone is likely to find it difficult to effectively change the stressful circumstances associated with a pervasive phenomenon like racism.
METHOD

The data set for this project given to me by Dr. Michael Schmitt, Dr. Donna Garcia and Dr. Nyla Branscombe. They were responsible for putting together the measures outlined below as well as overseeing the data collection process. My senior supervisor, Dr. Michael Schmitt, thought that it would be beneficial for me, based on my prior research credentials, to use the data for my Master’s thesis. Therefore my involvement included conducting all analyses as well as producing this thesis.

Participants

Data were collected in the mid-western United States. The initial sample consisted of 123 self-identified Black Americans. Three participants were removed before any of the analyses were conducted. One participant was an extreme outlier on the racial identification variable (4 standard deviations below the next lowest score). Two participants did not complete the coping option measures. The final sample consisted of 120 self-identified Black Americans (66 women, 54 men). Participants in this study ranged in age from 18 to 73 ($M = 24.22, SD = 8.49$).¹ As for the educational level of the participants, 3.3% did not complete high school, 13.3% indicated that their highest level of education was high school, 62.5% were either attending college at the time of the study or had previously attended college, but had not finished their degree, 14.2% had completed an undergraduate university degree, and 6.7% had completed a graduate degree.

¹ Five of the 120 participants failed to indicate their age. However these participants completed all other measures contained within the questionnaires. In order to make use of the information these participants provided for all of the analyses we entered the age of each of these participants as the mean for age for the remainder of the sample ($M = 24.22, SD = 8.49$). The statistics reported for age in Table 1 include the 5 participants that had their age substituted for the mean value for remainder of the sample.
Procedure and Measures

Overview

Participants provided informed consent and completed a questionnaire containing the measures outlined below. Data was collected by Black American research assistants at the University of Kansas and Purdue University. These research assistants approached individuals on campus, through clubs and organizations, and through informal social networks, and asked them to volunteer their time to complete the questionnaire.

For all the scales in the questionnaire, composite scores for the construct being measured have been calculated by averaging scores across the individual items. The group identification and coping option measures used response scales ranging from 1 (strongly disagree) to 7 (strongly agree). Psychological well-being measures used response scales from 1 (not at all true of me) to 7 (very true of me).

Racial group identification

Black American racial identification was measured using nine-items (e.g., “My race is an important part of who I am” and “I feel a strong attachment to my racial group”) adapted from Phinney (1992) and Branscombe et al. (1999) (α = .84).

Coping options

Participants responded to four items (see Appendix) for each of the six coping option types based on level of identity and coping strategy: (1) individual problem-focused options (α = .66), (2) individual emotion-focused options (α = .72), (3) intragroup problem-focused options (α = .75), (4) intragroup emotion-focused options (α = .73), (5) intergroup problem-focused options (α = .88) and (6) intergroup emotion-focused options (α = .85).
I submitted all the coping option items to an exploratory factor analysis using Varimax rotation, one of the individual problem-focused items ("I alter my behavior around Whites to reduce the chance that I might be discriminated against") loaded on a factor by itself (.87, other item loadings < .43). As a result, this item was not used in constructing the individual problem-focused measure.

The three remaining individual problem-focused items loaded on one factor (.56 to .77, other item loadings < .30). All of the individual emotion-focused items loaded on one factor (.46 to .80, other item loadings < .30). The eight intragroup items loaded on one factor (.51 to .82, other item loadings < .25). The intergroup emotion-focused items (.78 to .85, other item loadings < .26) loaded on one factor. All of the intergroup problem-focused items loaded on the final factor (.66 to .90, other item loadings < .34). Although the intragroup emotion-focused items and the intragroup problem-focused items loaded on one factor, the analysis does suggest I was successful at creating distinct measures of coping at different levels of identity.

Psychological well-being

Psychological well-being was assessed using two measures: 1) a single item global self-esteem measure, "I have high self-esteem", (Robins, Hendin, & Trzesniewisi, 2001) that has been found to correlate more than .90 with the Rosenberg Self-Esteem Inventory (1979), and 2) 4 items taken from Diener, Emmons, Larson and Griffin’s (1985) Satisfaction with Life Scale (α = .86) (e.g., “In general, I am quite satisfied with my life as a whole”).
RESULTS

Overview

Means and intercorrelations between racial group identification, coping options, measures of psychological well-being, participant age, gender and education are presented in Table 1. Because participant age, gender, and education correlated with some of our dependent measures I controlled for these variables in all of my analyses. Analyses without these variables, however, produced the same pattern of results. In addition to the correlations, I ran a series of regressions to assess relationships between racial group identification, the types of coping options, and the two indicators of psychological well-being. First, I tested whether racial identification predicted self-esteem and life satisfaction. Then using multiple regression analyses I examined whether racial group identification predicted each of the types of coping options. Next, I examined whether the appraisals predicted self-esteem and life satisfaction after controlling for racial group identification. Finally, I conducted Sobel tests (1982) for mediation to determine the coping options that mediate the relationship between racial group identification and both indicators of psychological well-being.

Racial Group Identification and Psychological Well-Being

As shown in Table 1, racial group identification was significantly related to both self-esteem and life satisfaction. Controlling for demographics, the two indicators of psychological well-being—self-esteem and life satisfaction—were regressed on racial
Table 1

Intercorrelations means and standard deviations for measures

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<td>1. Racial ID</td>
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<td>2. Individual PFCO</td>
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<td>5. Intragroup EFCO</td>
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<td>.32**</td>
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<td>.39**</td>
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<td>.20*</td>
<td>.38**</td>
<td>.02</td>
<td>.09</td>
<td>.40**</td>
<td>.24**</td>
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<td>.40**</td>
<td>.14</td>
<td>.14</td>
<td>.39**</td>
<td>.33**</td>
<td>.73**</td>
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<td>.24**</td>
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<td>.06</td>
<td>.07</td>
<td>-.07</td>
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<td>.29**</td>
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<td>-.04</td>
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<td>-.14</td>
<td>-.03</td>
<td>.00</td>
<td>.32**</td>
<td>-.10</td>
<td>.02</td>
<td>.05</td>
<td>.08</td>
<td>.04</td>
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<td>5.52</td>
<td>5.74</td>
<td>5.97</td>
<td>5.26</td>
<td>5.66</td>
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<td>.55</td>
<td>24.21</td>
<td>3.08</td>
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<td>1.20</td>
<td>1.14</td>
<td>1.00</td>
<td>1.52</td>
<td>1.32</td>
<td>1.02</td>
<td>.99</td>
<td>.50</td>
<td>8.13</td>
<td>.82</td>
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</tbody>
</table>

Note: PFCO = Problem-Focused Coping Options and EFCO = Emotion-Focused Coping Options. *p < .05. **p < .01. Gender coded 0 = Male and 1 = Female. Education coded 1 = Attended High School, 2 = Completed High School, 3 = Attend or Attended College, 4 = Completed University Degree and 5 = Completed Graduate Degree.
identification. Consistent with previous investigations with Black Americans (Branscombe et al., 1999; Postmes & Branscombe, 2002) racial group identification was positively related to self-esteem, \( t(115) = 2.13, p < .05 \), and life satisfaction, \( t(115) = 3.56, p < .01 \).

**Racial Group Identification and Coping Options**

Next I assessed the relationship between racial group identification and the six coping options. The zero-order correlations presented in Table 1 show that racial group identification was positively related to each of the options. I ran six separate regressions to see if racial group identification would positively predict each of the coping options while controlling for the demographic covariates. The results of these regressions replicate what was found for the zero-order correlations. Participants who were more identified with their racial group appraised each of the coping option types as a viable response to racism (see Table 2).

**Table 2**

*Multiple regressions of demographic variables and racial group identification predicting coping options*

<table>
<thead>
<tr>
<th>Variables</th>
<th>(1) Individual PFCO β</th>
<th>(2) Individual EFCO β</th>
<th>(3) Intragroup PFCO β</th>
<th>(4) Intragroup EFCO β</th>
<th>(5) Intergroup PFCO β</th>
<th>(6) Intergroup EFCO β</th>
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</thead>
<tbody>
<tr>
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<td>-.01</td>
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<td>-.28***</td>
<td>-.21**</td>
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<td>.09</td>
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<tr>
<td>Education</td>
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<td>-.06</td>
<td>-.03</td>
<td>-.34***</td>
<td>-.13</td>
</tr>
<tr>
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<td>.37***</td>
<td>.55***</td>
<td>.52***</td>
<td>.27**</td>
<td>.40***</td>
</tr>
<tr>
<td>( R^2 )</td>
<td>.16**</td>
<td>.23***</td>
<td>.38***</td>
<td>.32***</td>
<td>.18***</td>
<td>.18***</td>
</tr>
</tbody>
</table>

Note: PFCO = Problem-Focused Coping Options and EFCO = Emotion-Focused Coping Options. *\( p < .05 \). **\( p < .01 \). ***\( p < .001 \).
These findings support my hypothesis (also Slavin et al., 1991) that group identification may affect the secondary appraisal process for members of disadvantaged groups.

**Coping Options and Psychological Well-Being**

I examined whether endorsement of the six coping option types predicted self-esteem and life satisfaction using two separate hierarchical regression analyses (see Table 3). For both of the hierarchical regressions, the demographic covariates and racial group identification were entered in the first block, and the six option types were entered in the second block. For self-esteem, the endorsement of coping options explained a significant increase in the variance, $R^2$ change $= .21$, $p < .001$. When all coping option types were entered in the second block, racial group identification no longer predicted self-esteem, $t(109) = 0.67$, $p = .50$. Individual emotion-focused options, $t(109) = 2.53$, $p < .05$, and the intergroup problem-focused options, $t(109) = 3.01$, $p = .01$, were significant positive predictors of self-esteem. None of the other option types were significant predictors of self-esteem.

For the hierarchical regression with life satisfaction as the dependent variable, the coping options explained a significant increase in the variance, $R^2$ change $= .21$, $p < .001$. With the coping options entered in the regression model, racial group identification no longer predicted life satisfaction, $t(109) = 1.64$, $p = .11$. Individual emotion-focused options, $t(109) = 2.54$, $p = .01$, intergroup problem-focused options, $t(109) = 2.60$, $p = .01$, and intergroup emotion-focused options, $t(109) = 2.14$, $p < .05$, were positive
significant predictors of life satisfaction. Individual problem-focused options and both intragroup option types were not significant predictors of life satisfaction.

Table 3
Hierarchical regressions of demographic covariates, racial group identification, and coping options predicting self-esteem and life satisfaction

<table>
<thead>
<tr>
<th>Variables</th>
<th>Self-Esteem</th>
<th>Life Satisfaction</th>
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</thead>
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<td></td>
<td>Block 1</td>
<td>Block 2</td>
</tr>
<tr>
<td>Gender</td>
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<td>-.22*</td>
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</tr>
<tr>
<td>Education</td>
<td>.03</td>
<td>.18*</td>
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<tr>
<td>Racial ID</td>
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<td>.07</td>
</tr>
<tr>
<td>Individual PFCO</td>
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<td>.03</td>
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<tr>
<td>Individual EFCO</td>
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<td>.25*</td>
</tr>
<tr>
<td>Intragroup PFCO</td>
<td>-</td>
<td>-.20</td>
</tr>
<tr>
<td>Intragroup EFCO</td>
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<td>-.01</td>
</tr>
<tr>
<td>Intergroup PFCO</td>
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<td>.30**</td>
</tr>
<tr>
<td>Intergroup EFCO</td>
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<td>.13</td>
</tr>
<tr>
<td>Total $R^2$</td>
<td>.11*</td>
<td>.32***</td>
</tr>
</tbody>
</table>

Note: PFCO = Problem-Focused Coping Options and EFCO = Emotion-Focused Coping Options. *$p < .05$. **$p < .01$. ***$p < .001$. Dashes indicate that the variable was not entered into the model.

Mediational Analyses

Sobel tests (1982) were conducted to test whether the coping options that significantly predicted self-esteem and life satisfaction mediated the relationship between racial group identification and each measure of psychological well-being. Individual emotion-focused options, $z = 2.21, p = .03$, and intergroup problem-focused options, $z = 2.18, p = .03$, were significant mediators of the relationship between racial group identification and self-esteem. For the relationship between racial group identification and life satisfaction, individual emotion-focused options, $z = 2.22, p = .03$, intergroup
problem-focused options $z = 2.00, p = .05$, and intergroup emotion-focused options, $z = 1.94, p = .05$, were significant mediators. These findings are consistent with the idea that group identification's relationship with psychological well-being is partly due to its influence over a person's sense that they and their group can effectively cope with disadvantage.

**Coping Options as Suppressors**

As can be seen in Table 3, age and education were not significant predictors of well-being when they were entered in block 1 of the hierarchical regressions predicting both self-esteem and life satisfaction. However, when the coping options were entered in block 2, age and education became significant predictors, such that being younger and being more educated predicted psychological well-being. These patterns suggest that one or more types of coping options are acting as suppressor variables—suppressing the direct effects of age and education. The zero-order correlations indicated that out of the coping options that predicted well-being, individual emotion-focused options had the strongest relationship with age whereas intergroup problem-focused options had the strongest relationship with education (see Table 1). Thus, I tested whether endorsement of these coping options suppressed the effects of age and education on well-being.

I first tested whether individual emotion-focused coping options mediated a positive indirect effect of age on both indicators of psychological well-being. Individual

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2 Sobel tests were conducted for all six types of coping options serving as mediators between racial identity and both indicators of psychological well-being (self-esteem and life satisfaction). When entered as mediators between group identification and self-esteem intragroup problem-focused coping, $z = -1.51, p = .13$ and intergroup emotion-focused coping $z = 1.31, p = .19$ were close to significance. All other coping options when entered as mediators between group identification and the two indicators of psychological well-being were clearly non-significant, $p's > .32$. 
emotion-focused options were found to significantly mediate a positive relationship between age and self-esteem and life satisfaction, $z = 1.94, p = .05, z = 1.94, p = .05$. These results suggest that being older has a negative influence on well-being, but this is counteracted by increased endorsement of individual emotion-focused options among older participants. Individual emotion-focused options suppressed the direct effect of age, such that older individuals endorsed individual emotion-focused options more, which in turn strengthened subjective well-being.

I then tested whether intergroup problem-focused options mediated a negative indirect effect of education on psychological well-being. The intergroup problem-focused options mediated a negative relationship between education and self-esteem, $z = -2.40, p = .02$, as well as a negative relationship between education and life satisfaction, $z = -2.17, p = .03$. Intergroup problem-focused options suppressed the direct positive effect of education, such that individuals with more education endorsed intergroup problem-focused options less, thus lowering subjective well-being.
DISCUSSION

Key Findings

The results of this study add to growing literature, which suggests that group identification plays a key role in the coping process. Specifically, it supports research which has demonstrated (1) that group identification is related to the appraisal process that occurs when confronted with a potential stressor and (2) that group identification can protect individuals from the negative effects of potential stressors (see Branscombe et al., 1999; Haslam et al., 2004; Haslam et al., 2005; Haslam & Reicher, 2006; Postmes & Branscombe, 2002). Furthermore, in line with Lazarus and Folkman’s (1984) transactional model of stress and coping, results suggest that the psychological consequences of stressful circumstances are highly dependent on individuals’ appraisals of their circumstances and how they feel they can respond to stressors. I found that racial group identification was related to higher self-esteem and greater life satisfaction, and was predictive of all six types of coping options. More importantly, the results of the study provide support for the idea that coping options (i.e., appraisals about what can be done to cope) explain the relationship between racial group identification and positive psychological well-being. I found that coping options that are made at the group level of identity were indeed related to self-esteem and life satisfaction. Additionally, the relationship between racial identification and the two indicators of subjective well-being (self-esteem and life satisfaction) were mediated by intergroup coping options.
**Intergroup Coping Options**

The pattern of results involving the intergroup options are consistent with social identity theory and self-categorization models of stress, which suggest that social identities that are psychologically relevant to a given stressor can be a lens through which the appraisal process occurs (Haslam, 2004; Haslam et al., 2005; Haslam & Reicher, 2006). Envisioning one’s racial group collectively coping with group-based disadvantaged was positively related to racial group identification, self-esteem and life satisfaction. Mediational analyses showed that intergroup problem-focused options were significant mediators between racial group identification and both indicators of well-being. Intergroup emotion-focused options mediated the relationship between racial group identification and life satisfaction. It is interesting that the two option types consistent with the two group-based protection strategies proposed by social identity theory (Tajfel, 1978) (i.e., social creativity and social competition) served as mediators between racial group identification and indicators of psychological well-being. This supports some of SIT’s key propositions: (1) individuals who identify with their group are more likely to think in ways that promote their group’s interests, (2) group-based protection strategies are ways for members of disadvantaged groups to cope with the disadvantage they face. These findings are also consistent with theoretical positions in clinical and health psychology, which emphasize the importance of collective efficacy and group memberships on the appraisal of stressors in an individual’s life (Bandura, 1998; Provencher, 2007; Slavin et al., 1991; Smith, 1989).
Individual Coping Options

As expected, individual problem-focused options did not mediate the relationship between racial group identification and the two indicators of psychological well-being, whereas the individual emotion-focused appraisal did. This supports my argument that due to the lack of fit with the stressor, individual-problem focused options may be the least adaptive of the six option types. Group-based disadvantage is a pervasive stressor that implicates oneself along with one’s group members and would be difficult for individuals to envision themselves effectively combating group-based disadvantage on their own, regardless of how highly identified they are with their social group. Conversely, envisioning oneself reframing or cognitively distancing themselves from those negative encounters might be adaptive. This is consistent with clinical research that has shown that endorsing emotion-focused coping might be more adaptive than problem-focused coping when dealing with chronic stressors like old age and being HIV positive (Fleishman, Shebourne, Cleary, Wu, Crystal, & Hays, 2003; Sherrard, 1998). Perhaps the relative futility of addressing group-based disadvantage as an individual also explains participants’ weak endorsement of these option types in the study.

Intragroup Coping Options

In line with previous studies, perceiving that one can rely on social support from ingroup members (intragroup options) was highly correlated with group identification (e.g., Constantine et al., 2002; Haslam et al., 2005, Study 2). This finding is consistent with a social identity based approach to stress and coping that suggests individuals are more likely to perceive and receive social support when they are highly identified with their social group (Haslam, 2004). What is surprising is that neither of the intragroup option types were related to self-esteem or life satisfaction. Clinical and social psychological research has shown social
support to be related to lower depressive symptoms, lower anxiety, high self-esteem and greater life satisfaction (e.g., Bradley, Schwartz, & Kaslow, 2005; Lu, 1995; Schmeelk-Cone & Zimmerman, 2003; Wong, Yoo, & Stewart, 2007; Zea, Reisen, & Poppen, 1999).

According to the social identity/self-categorization model of stress, group identification can protect individuals from the negative effects of stress by providing them with a psychological basis for receiving social support from ingroup members (Haslam, 2004; Haslam et al., 2004). This occurs because when individuals identify with a particular social group they are more likely to seek out members of that group for help and receive support in return.

Haslam and colleagues (2005, Study 2) have recently shown that perceived social support from colleagues at work can mediate the relationship between identification with one’s occupational group and both work-related stress and job satisfaction. Perhaps the reason why this mediational process was not replicated in this investigation was because the measures of subjective well-being used by Haslam et al. measured the well-being outcomes associated with specific jobs (bomb disposal experts and bar staff), whereas the measures used in the current study were more global measures of well-being. Additionally, Haslam et al. were not studying the coping process among a disadvantaged social category. Therefore, the social support items used were not framed around seeking out ingroup members in an effort to cope with the disadvantage they face, rather they were general questions concerning the degree to which individuals felt they could rely on their co-workers for social support when needed. In other words, the stressor I investigated, racism, is a more clearly intergroup stressor, but work-related stress is potentially more of an intragroup phenomena. Future research could examine whether this additional issue of fit between stressor and coping response might account for the differences between my results and prior research.
**Limitations and Future Directions**

This study provides evidence that appraisals of coping options—particularly intergroup ones—mediate the relationship between minority group identification and well-being. However, there are a number of ways in which future research can expand on this study and address its limitations. For instance, to more directly assess the causal effects of group identification and coping options on well-being, future studies might employ longitudinal or experimental (e.g., manipulating group identification or perceived opportunities for coping) designs. In addition, I examined appraisals of coping options and not actual coping behavior. Future research should examine whether envisioning what can be done actually translates into the enactment of coping strategies and if perceived options for coping have an effect on well-being independent of behavior. There is also the possibility that the findings from this study might be specific to Black Americans. The relationship between group identification and the appraisal process is likely to depend on the content of the group identity—its history, values, and norms (for a review of social identity content see Ashmore et al., 2004).

Future research might also be strengthened by refining the measurement of the appraisal of coping options. In hindsight, the coping option measures were not completely parallel at the three levels of identity. For example, the items which comprised the individual problem-focused options were more avoidant-oriented (i.e., escaping the stressor by downplaying its existence or trying to avoid it altogether) in comparison to the items measuring other types of coping. This raises the possibility that something more than the level of identity and type of strategy (emotion vs. problem) might account for the differing relationships with well-being. In particular, avoidant-oriented strategies tend to have less
positive outcomes associated with them in comparison to approach-oriented strategies (Carver & Scheier, 1994; Domanico & Crawford, 2000; Fleishman et al., 2003), perhaps explaining the weak relationship between individual problem-focused options and well-being.

Additionally, future research could create more distinct measures of coping options. In particular, I did not obtain distinct intragroup emotion-focused and intragroup problem-focused factors—both option types loaded on a single factor (but see Wong et al., 2007). Finally, including a broader range of well-being outcomes (e.g., anxiety, depression) and coping options types would be useful. Problem and emotion-focused strategies are just a few of the types identified in the stress and coping literature (for different coping strategies see Folkman et al., 1986).

**Conclusions**

This investigation makes a contribution to prior research examining the relationship between group identification and psychological well-being among disadvantaged social groups by explicating the processes by which group identification can promote well-being. Specifically, believing that one has viable options for coping with group-based disadvantage seems to at least in part account for the relationship between minority group identification and well-being. I offer evidence that intergroup coping options are an important part of this coping process for members of minority groups. It is clear that our understanding of how people cope with disadvantage will benefit from considering beliefs about what one’s group can do to respond to disadvantage and not just what members of minority groups can do individually.
REFERENCES


APPENDIX

Questionnaire Instructions and Items

Instructions: For each of the following statements below, please select the number, using the scale shown, to indicate your opinion:

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Racial Group Identification

I have a clear sense of my racial background and what it means for me.
I think a lot about how my life will be affected by my racial group membership.
I have a strong sense of belonging to my racial group.
I have a lot of pride in my racial group and its accomplishments.
I feel a strong attachment to my racial group.
I feel a connection with Black culture, traditions, and music.
I would not change my race, even if I could.
My race is an important part of who I am.
I often think of myself in terms of my racial group membership.

Coping Options

Individual Emotion-Focused Options

I handle my own emotional responses when I encounter discrimination.
When I encounter racism, I don’t let it get to me.
I control whether discrimination affects me emotionally or not.
I don’t let racists affect how I feel about myself.

Individual Problem-Focused Options

I generally avoid situations where I might be discriminated against.
Much of the time, I control whether I encounter racial discrimination.
I avoid interacting with Whites who I know would not accept me because of my race.
I alter my behavior around Whites to reduce the chance that I might be discriminated against.3

3 The individual problem-focused item that loaded on a separate factor.
Group Emotion-Focused Options

When encountering discrimination, Blacks generally don’t let it get them down. Blacks know they don’t need acceptance by White society to feel good about themselves as a group. Blacks know they don’t need to meet “White standards” to feel good about themselves as a group. Blacks control how much they let Whites’ stereotypes affect them.

Group Problem-Focused Options

By working together, Blacks change discriminatory practices. By working together, Blacks improve the economic standing of their group. By working together as a group, Blacks help to reduce racial inequality. By working together, Blacks help make White prejudice unacceptable.

Intragroup Emotion-Focused Options

Talking with other Blacks can help me to feel better about encounters with racial prejudice. I can get emotional support from other Blacks by discussing discriminatory experiences. When I feel discriminated against, other Blacks will listen to my concerns. Other Blacks would give me emotional support me if I ever challenged discrimination.

Intragroup Problem-Focused Options

Other Blacks help me by warning me about situations where I might face racial discrimination. I can turn to other Blacks for advice about handling discrimination. I can trust other Blacks to give me good advice about coping with discrimination. If I encountered racism, other Blacks would help me to challenge it.

***

Using the following scale, please choose a number for each item below to best reflect your opinion:

Not at all True of Me 1  2  3  4  5  6  7 Very True of Me

Psychological Well-Being

Personal Self-Esteem

I have high self-esteem.
Life-Satisfaction

In general, I am quite satisfied with my life as a whole. All in all, I am satisfied with how my life is going. I feel satisfied with my place in society. I feel my life is interesting and not boring.

***

Demographic Information

Educational Attainment

_____ What is the highest level of education that you completed?

1. Attended High School
2. Completed High School
3. Attend or Attended College
4. Completed University Degree
5. Completed Graduate Degree

Gender

My gender (check one) _____ Male _____ Female

Age

My age: _____ years.