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**Minority Group Status, Perceived Discrimination, and Emotion-
Focused Coping**

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**Minority Group Status, Perceived Discrimination, and Emotion-
Focused Coping**

by

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Dedication

This thesis is dedicated to my father, Peter Werner Vassilière, whose vivacity, curiosity, courage, and Liebe I will never forget.

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Abstract

Minority Group Status, Perceived Discrimination, and Emotion-Focused Coping

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In two studies, this thesis depicts the relationship between minority group status in the United States, perceived discrimination, and coping with stress. Past literature on coping and its types – problem-focused versus emotion-focused – is inconsistent in terms of differences between minority status groups and majority groups. It remains unknown whether or why Black Americans and lesbian or gay Americans may demonstrate coping patterns that differ from White Americans and heterosexual Americans, respectively. What is altogether absent from the literature is the possible mediating factor of perceived discrimination experienced by these minority groups. That is, differences in internal, stable coping processes that manage stress may have been molded by one’s experience with discrimination. Study 1 examines the relationship between race (Black versus White) and coping, mediated by perceived discrimination. Study 2 examines the relationship between sexual orientation (lesbian or gay versus heterosexual) and coping, mediated by perceived discrimination. Both studies confirm the thesis that minority group members exhibit maladaptive, emotion-focused coping more than majority group

members – but that this difference is explained by the minority group members' perceived discrimination. Historical and political relevance, social implications, and possible limitations in design and interpretation are discussed.

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Discrimination and Coping: A Review

What toll have years of interpersonal discrimination taken on the well-being of now middle-aged Americans who identify as Black? What about middle-aged lesbian and gay Americans, who may have been born around the time of the Gay Liberation movement but have waited for decades to see major changes in gay and lesbian rights and the general climate of heteronormativity? While these two groups differ in identification, they share with one another the experience of discrimination. Racial minorities and sexual-orientation minorities in the United States have suffered discrimination since the birth of their nation.

What distinguishes racial discrimination experienced by middle-aged Americans is the change from the overt forms of discrimination of Jim Crow to more subtle forms of discrimination in interpersonal relations and institutionalized forms of racism. Legally sanctioned forms of discrimination in housing, employment, and educational spheres are outdated. However, marginalization of Black Americans still occurs in terms of their unequal access to education, disproportionate incarceration rates (Ewert, Sykes, & Pettit, 2014) perceived barriers to necessary health care facilities and insurance (Lee, Consedine, Gonzalez, & Spencer, 2012), political representation (Griffin & Keane, 2011), and an overall disparity in generational accumulations of wealth in comparison to White Americans (Oliver & Shapiro, 2006). And while racial slurs and other forms of overt racism are typically considered socially unacceptable in the United States, Black Americans still face debilitating forms of oppression in the form of cultural-deficit models constructed by teachers and communities (e.g., “poor and minority groups do not value education in the same way as middle-and upper-class people and/or Whites”) (James, 2014); in the form of the persistence of “colorblindness” and its manifestation in

both policy and the prison industrial complex (Alexander, 2012); and in the form of stop-and-frisk procedures, which reflect societal assumptions about Black males - namely that they are dangerous, defective, irresponsible – and which also reflect an overall assault on the Black male (Brown, 2013).

While there is historical evidence that non-heterosexual behavior has existed for at least thousands of years, modern lesbian and gay identities did not emerge in the United States until the late nineteenth century. For this reason, the legally-sanctioned oppression of lesbian and gay Americans did not emerge until as recently as almost two centuries ago (Wolf, 2009). In the past couple centuries, lesbian and gay Americans have experienced numerous forms of discrimination: they have been verbally and physically harassed in public spheres, denied jobs and houses without legal protection, and treated like second-class citizens when it comes to marriage and health care (Wolf, 2009).

Superficially, the experience of lesbian and gay Americans might seem different from that of Black Americans. Sexual-orientation minorities do not have the same history of oppression and slavery as Black Americans in the United States. However, “There is no hierarchy of oppression”¹. It is not differences in race, gender, sexual orientation, age, and class *per se* that separate us, but the false construal of power and norms, which have created false hierarchies resulting in oppression (Lorde, Byrd, Cole, & Guy-Sheftall, 2009).

Thus the two studies in this thesis focus on the over-arching caustic role of discrimination on two manifestations of power differentials: race and sexual orientation. Through discrimination this thesis aims to expose a common thread that weaves through the experience of being a minority and its relationship with coping processes.

¹ Warrior, Poet, and Activist Audre Lorde’s famous words in *Sister Outsider* (1984)

COPING

Coping can be defined as the process by which individuals handle demands created by stressful events (Taylor & Stanton, 2007). Individuals may use behavioral or cognitive techniques designed to deal with the potential problems causing or resulting from the stressful situation, or instead choose to focus on the emotional baggage of that situation. One individual may cope with a stressful situation by disengaging in activities related to this situation, akin to the “flight” as opposed to “fight” response (Amirkhan, 1990), such as putting less effort into studying for a future exam after having failed an exam. Alternatively, a person could deny that such a stressful situation even happened, because it alleviates (albeit temporarily) the negative emotions resulting from such a situation (Moring, Fuhrman, & Zauszniewski, 2011). Instead, another person might search for an active way to eliminate or at least alter the source of the stressful situation itself (Heppner, Cook, Wright, & Johnson, 1995; Nezu & Nezu, 1991). For instance, an alcoholic might go to Alcoholics Anonymous, as opposed to focusing on negative emotions accompanied by alcoholism. Such strategies, have been categorized and studied by psychologists in order to determine different strategies’ effectiveness at reducing stress (Carver & Connor-Smith, 2010).

Enduring Patterns of Coping

A method that is often used in research on coping is to look at a individual’s enduring patterns of coping, which are assumed to arise out of consistent life circumstances (Carver & Scheier, 1994). Coping responses become generalized; a regularly-used, emotion-focused behavior or thought then becomes a persistent emotion-focused strategy. In other words, when a person encounters persistent stressful events, that person’s cumulative responsiveness to those events begins to evolve into a typical coping pattern. This consistency of behavior across situations has been demonstrated

through aggregated data of self-reports on coping behaviors (Ptacek, Smith, Raffety, & Lindgren, 2008). Enduring patterns of coping have sometimes been referred to as dispositional coping, which is in contrast with situational coping (Carver & Scheier, 1994).

Coping Taxonomies

Behaviors, thoughts, and emotional responses fall into two distinct categories of coping: emotion-focused coping and problem-focused coping (Lazarus & Folkman, 1984). Research on these two contrasting coping strategies often is broken down into subcategories: emotion-focused coping can be manifested by a person via “focusing” on or “venting” of emotions, “denial,” and “behavioral disengagement,” while problem-focused coping can be manifested via “positive reframing,” “active coping,” and “planning” (Carver, 1997). Emotion-focused coping involves dealing with the emotions that accompany one’s appraisal of being in a stressful situation (Brannon & Feist, 2009). In contrast, problem-focused coping targets the cause of the stress and attempts to remove it from the environment (Lazarus & Folkman, 1984).

Which Strategy is More Adaptive?

Coping strategies are considered adaptive if they accomplish what they are intended for - reducing stress levels. If a coping strategy does not reduce stress levels, it is considered maladaptive. Problem-focused coping has been shown to be highly effective at stress reduction (Savicki, 2002; Gal & Lazarus, 1975), while emotion-focused coping has been shown to be comparatively maladaptive (Chan & Hui, 1995; Holmes & Stevenson, 1990; Billings & Moos, 1981; Holahan & Moos, 1987) unless the stressful situation is unchangeable, such as having cancer (Zeidner & Endler, 1996). The problem-focused/emotion-focused dichotomy is often conceptualized as an approach/avoidance dichotomy (Holahan & Moos, 1987; Billings & Moos, 1981). While referring to the

emotion-focused coping strategy as an avoidance strategy allows one to immediately gauge its maladaptivity, the present study refers to the dichotomy as emotion-focused/problem-focused in order to be consistent with the terms used in the MIDUS II database.

Determinants of Coping

Research has examined psychological, sociological, economic, and other personal and contextual correlates of coping. The determinants of emotion-focused coping include lack of social support (Nolen-Hoeksema, Parker, & Larson, 1994), lack of family support (Cronkite & Moos, 1984), trait anxiety and neuroticism (Gunthert, Cohen, & Armeli, 1999), depression (Keller, Lipkus, & Rimer 2003; Billings & Moos 1984), stress in the work environment (McCrae, 1984), and low socioeconomic status (Billings & Moos, 1984). In contrast, problem-focused coping has been associated with hardiness (Kobasa, Maddi, & Kahn, 1982), perceived competence (Schermelleh-Engel, Eifert, Moosbrugger, & Frank, 1997), an easy-going disposition (Holahan & Moos, 1985), higher age and self-efficacy (Trouillet, Doan-Van-Hay, Launay, & Martin, 2011), more social resources (Chao, 2011; Holahan & Moos, 1987), and self-confidence (Holahan & Moos, 1987).

Differences in Coping Strategy Use Between Groups: Race

There are four distinctive (but something overlapping) ways that researchers have looked at the relationship between coping and race: (1) observing differences in enduring patterns of coping between Black Americans and White Americans; (2) examining whether coping strategies that have been established as being maladaptive are instead adaptive for Black Americans; (3) uncovering unique coping processes that Black Americans use; and (4) studying coping responses of Black Americans to situations in which they experience racism.

There is little research that addresses differences in enduring patterns of coping between Black Americans and White Americans. Brown, Phillips, Abdullah, Vinson, and Robertson (2011) indicated that Black Americans, when compared to White Americans, use more emotion-focused coping. In contrast, James (1994) has shown that Black Americans might instead use a type of problem-focused coping labeled “John Henryism,” which involves purposeful striving against obstacles and stressors (Buser, 2009). Specifically, John Henryism involves a “strong, explicit emphasis on hard work and self-reliance, and [an] equally strong but more implicit emphasis on resistance to environmental forces that arbitrarily constrain personal freedom” (James, 1994). According to James (1994), this pattern of coping is used in White Americans, particularly those with low socioeconomic status, but it is used far more by Black Americans.

John Henryism has been shown to differentially affect Black Americans in terms of its adaptive values (Buser, 2009; James, 1994). The adaptiveness of John Henryism is positively associated with higher socioeconomic status (Bonham, Sellers, & Neighbors, 2004) and available resources such as education (Merritt, Bennett, Williams, Sollers, & Thayer, 2004) among Black Americans. Interestingly, John Henryism does *not* differentially affect White Americans according to socioeconomic status; the degree of John Henryism used is also differentiated by gender for White Americans, but *not* for Black Americans. James (1994) explicated this discrepancy in adaptivity (according to race) and lack of discrepancy in gender (for only Black Americans) in the following way: “African Americans clearly face more economic hardships than do Whites; and, unlike Whites, most Blacks in the U.S. are routinely exposed to a more pernicious psychosocial stress – racial discrimination – which further erodes their economic security and psychological well being. Because Black men and Black women are more or less equally

exposed to economic hardship linked to racial discrimination, the necessity that both groups might feel to cope in an effortful active manner with these conditions undoubtedly contributes to the similarity in their John Henryism scores.” To summarize, the literature on differences in enduring patterns of coping between Black Americans and White Americans is inconsistent, in that Brown et al. (2011) found that Black Americans use more emotion-focused coping, while James (1994) found that Black Americans used more problem-focused coping (John Henryism).

It is a well-established phenomenon that White Americans are overwhelmingly represented in psychological studies (Engel & Russell, 2012). Specifically, it may be that the higher rate of emotion-focused coping for Black Americans compared to White Americans is due to socialization processes that are distinct in Black culture. One particular dimension of Black culture that permeates child-rearing practices involves an “emphasis toward the affective feeling domain” in socializing children (García Coll et al., 1996). That is, emotion-focused coping may be more culturally congruent for Black Americans than White Americans.

Brady, Gorman-Smith, Henry, and Tolan (2008), for example, noted the particularly important factor of controllability of the stressor, in that active coping may not be adaptive for Black Americans that are frequently exposed to community violence, and uncontrollable stressor. Utsey, Ponterotto, Reynolds, & Cancelli (2000) found that life satisfaction and self-esteem for were predicted by *avoidance* coping for Black Americans, specifically when avoidance is used in response to racist incidents.

Although the present investigators did not include religious strategies of coping, we would like to add that the supposed maladaptivity of religion and spirituality has also been challenged (Greer, 2007); historically, for Black Americans, religion and spirituality as forms of coping may have served as tools of survival (Wyatt, 2004). The

adaptivity/maladaptivity of problem-focused/emotion-focused coping *specific to* Black Americans needs to be investigated further.

Some investigators have examined enduring patterns of coping *unique* to Black Americans (Thomas et al., 2008). This subfield of the literature looks at similarities *among* members of the Black American community, as opposed to comparing White Americans to Black. These strategies are unique in that they fall outside the emotion-focused/problem-focused categorization. They are also unique in that they have been formulated around the notion that enduring patterns of coping for Black Americans are influenced by Africultural values (Lewis-Coles & Constantine, 2006). These studies of unique processes of coping among Black Americans have been mostly consistent.

Examples of these unique coping processes include cooperation, reliance on family and community support, and prayer (Daly, Jennings, Beckett, & Leashore, 1995; Utsey, 2000). While Neighbors, Jackson, Bowman, and Gurin (1983) also found that prayer was most often used by their sample of Black Americans compared to “facing the problem squarely” and “doing something about the problem” (Chatters, Taylor, Jackson, & Lincoln, 2008).

Coping strategies have also been studied according to the *situational* determinant of a racist event or racially stressful situation, such as engaging in less active coping due to the restriction on coping resources in such a situation (Plummer & Slane, 1996). Coping responses to racism have been found to differ by gender, with Black women seeking more social support than Black men (Utsey, 2000), confirming work by Lazarus and Folkman (1984). Overall, however, this subfield is inconsistent, with coping responses to racism ranging from avoidance (Krieger & Sidney, 1996), resigned acceptance (Feagin, 1991), and social support (Lalonde, Majumder, & Parris, 1995), to verbal counterattacks (Feagin, 1991).

The aforementioned alternative approaches to studying coping in Black Americans have provided useful information regarding coping processes unique to Black Americans and racism-specific coping responses. However, the overall question as to whether Black Americans, when compared to White Americans, disproportionately use emotion-focused coping across situations remains unclear (Brown et al., 2011); by and large, there is inconsistency and obscurity in this literature. Possible mediating factors explaining these proposed differences are even more unclear.

Differences in Coping Strategy Use Between Groups: Sexual Orientation

Few studies have looked at differences in coping in heterosexual individuals compared to lesbian, gay, or bisexual individuals. In a study that examined nonsuicidal self-injury, bisexual individuals and individuals questioning their sexuality were found to have reported greater use of maladaptive coping strategies than heterosexual individuals; little difference was found between the groups on adaptive coping (Sornberger, Smith, Toste, & Heath, 2013). Instead, Sandfort, Bakker, Schellevis, and Vanwesenbeeck (2009) found that coping differed by sexual orientation for men, but not for women; gay men were found to use more emotion-focused coping than heterosexual men. Despite the suggestion from these two studies that lesbian, gay, and bisexual individuals may use more emotion-focused coping than heterosexual individuals, there is an overall lack of evidence as to whether there are differences in coping associated with sexual orientation. The present thesis focuses specifically on Americans who identify as lesbian and gay versus Americans who identify as heterosexual.

What is not always noted in studies on determinants of coping is that sexual orientation minorities and people of color have been historically marginalized in the United States. What may be driving coping is not inherent in the groups themselves, but is instead a reflection of societal forces that stratify these groups.

DISCRIMINATION

Sparse in the literature on coping is the mention of overarching sociocultural influences on coping, including, but not limited to, discrimination. In multiple samples across the discrimination literature, between 40% and 98% of Black Americans have reported being exposed to racial discrimination (Forsyth & Carter, 2012). A national survey has recently found that among lesbian and gay Americans, 58% have been the target of slurs, 33% have been rejected by a friend or family member, and 30% have been threatened or physically attacked (Pew Research Center, 2013). There has been some improvement in the societal acceptance of sexual-orientation minority groups, as evidenced by 92% of the lesbian and gay Americans in the latter study stating that they feel that there is more tolerance of sexual-orientation minority groups by American society (Pew Research Center, 2013). However, that does not deny that the lives of members of these groups could have been enduringly affected due to a climate of discrimination.

Outcomes of Racial Discrimination

Racial discrimination is related to a variety of physical negative outcomes in Black Americans. Life-threatening, physical outcomes of discrimination include hypertension (Ryan, Gee, & Laflamme, 2006; St. Jean & Feagin, 1998; Kessler, Mickelson, & Williams, 1999; Krieger & Sidney, 1996), and breast cancer (Taylor et al., 2007). More painful, but not life-threatening physical outcomes include back pain (Edwards, 2008) and reductions in slow-wave sleep (Thomas, Bardwell, Ancoli-Israel, & Dimsdale, 2006). Racial discrimination has also been linked to severe psychological outcomes in Black Americans, including anxiety (St. Jean & Feagin 1998; Branscombe, Schmitt, & Harvey, 1999;), and depression (Branscombe et al., 1999; Jones, Cross, & Defour, 2007).

Although not as severe, other debilitating psychological outcomes of racial discrimination in Black Americans include decreased self-esteem (Simpson & Yinger, 1985; Smith, 1985; Branscombe et al., 1999), lower life satisfaction and well-being (Deitch et al., 2003; Harrell, 2000; Broman, 1997), psychological distress (Thomas, Witherspoon, & Speight, 2008; Lightsey & Barnes, 2007; Mays, Cochran, & Barnes, 2007; Sellers & Shelton, 2003; Harrell et al., 2003; Broman, Mavaddat, & Hsu, 2000; McNeilly et al., 1996; Jackson et al., 1996), and other psychological symptoms (Forsyth & Carter, 2012; Kessler et al., 1999; Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996; Thompson, 1996).

Outcomes of Sexual Orientation Discrimination

Perceived discrimination on the basis of sexual orientation is associated with increased depressive symptomology (Feinstein, Goldfried, & Davila, 2012; Morrison, 2011; Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Zakalik & Wei 2006), substance use disorders (McCabe, Bostwick, Hughes, West, & Boyd, 2010), psychiatric morbidity (Mays & Cochran, 2001), mental health (Bostwick, Boyd, Hughes, West, & McCabe, 2014), rejection sensitivity (Feinstein, Goldfried, & Davila, 2012), social anxiety symptoms (Feinstein et al., 2012), decreased quality of life (Mays & Cochran, 2001), and psychological distress (Morrison, 2011; Meyer, 1995).

Outcomes of sexual orientation discrimination that are not psychological *per se* include refraining from seeking medical treatment when required (Wamala, Merlo, Boström, & Hogstedt, 2007), employee burnout and subsequent withdrawal (Volpone & Avery, 2013), negative work attitudes and fewer promotions (Ragins & Cornwell, 2001), and vocational indecision (Schmidt, Miles, & Welsh, 2011). Specific to males, sexual orientation discrimination predicts increased risk of self-harm and suicidal ideation (Almeida et al., 2009) and unprotected anal intercourse (Fields et al., 2013). Specific to

Black Americans of both genders, sexual orientation discrimination also predicts suicidal ideation (Thoma & Huebner, 2013).

Although an indirect measure of perceived discrimination, Hatzenbuehler, McLaughlin, Keyes, and Hasin (2010) found that rates of psychiatric disorders among lesbian, gay, and bisexual populations increased in states that banned same-sex marriage during the 2004 and 2005 elections, but did not increase in states without these constitutional amendments. To note, a study by Jabson, Donatelle, and Bowen (2010) showed that discrimination on the basis of sexual orientation predicted a nonintuitive result: an *increase* in quality of life for breast cancer survivors.

Discrimination and Coping

With a plethora of physical and psychological problems associated with discrimination, some researchers have tried to look at the relationship between discrimination and coping; results, however, are inconsistent (Brown, 2011). Some research shows that racial discrimination results in support-seeking (Brown, 2011; Thompson, 2006; Feagin & Sikes, 1994), overachieving, and using positive thinking (Feagin & Sikes, 1994). Most studies, however, show avoidance or emotion-focused coping as a result of discrimination (Thomas et al., 2008; Utsey, 2000; Krieger & Sydney, 1996; Plummer & Slane, 1996). Some work suggests that women may be more likely than men to use emotion-focused coping (Clark, 2004) and to seek social support (Utsey, 2000) in the context of discrimination. However, it is important to note that a majority of these studies examine how people cope specifically with discrimination, not (as the present study examines), how people cope with stress beyond situations explicitly involving discrimination.

COPING AS MEDIATED BY DISCRIMINATION

So far in the literature on coping and discrimination, mediational models have been used for the purpose of examining coping as a mediator between discrimination due to one's status in a social group (e.g., one's gender, race, ethnicity, and sexual orientation) and outcomes of psychological and/or physiological distress (for examples, see Forsyth & Carter, 2012; Alvarez & Juang, 2010; Singleton, Robertson, Robinson, Austin, & Edochie, 2008). Less abundant are studies that use discrimination as a mediator.

For those few studies that do use discrimination as a mediator between one's status in a social group and an outcome, the only outcomes the present researchers have found in the literature are emotional distress (Almeida et al., 2009), mental health (Sevillano, Basabe, Bobowik, & Aierdi, 2013; Cokley, Hall-Clark, & Hicks, 2011; Dambrun, 2007), sleep architecture (Tomfohr, Pung, Edwards, & Dimsdale, 2012), salary earnings (Schmitt, 2008), and attitudes about affirmative action (Konrad & Spitz, 2003). Physical health outcomes were hypothesized but were not found to be significant (Simons, Groffen, & Bosma, 2013; Luo, Xu, Granberg, & Wentworth, 2012).

PRESENT THESIS

This thesis examines the detrimental nature of discrimination: a topic that is widespread in sociological work but too often ignored in psychological work and almost absent in the coping literature. Studying coping through the lens of discrimination illustrates the powerful force sociocultural factors have on psychological phenomena. This thesis is divided into two parts: racial discrimination (Study 1) and sexual orientation discrimination (Study 2).

This thesis makes several contributions. First, the thesis makes a contribution to the fairly small literature on determinants of coping. Second, it tests a novel conceptual model with discrimination as a mediating factor between minority group status and

coping. Conceptualizing discrimination as a mediator could provide future researchers a model for explaining why certain psychological factors that have been shown to differ by race, such as academic achievement (Nesbitt, Baker-Ward, & Willoughby, 2013), stress (Cohen & Janicki-Deverts, 2012), and depressive symptoms (George & Lynch, 2003); and by sexual orientation, such as verbal IQ (Rahman, Abrahams, & Wilson, 2003), income (Ahmed, Andersson, & Hammarstedt, 2011), and a range of psychological problems, including substance use disorders, anxiety disorders, schizophrenia and/or psychotic illness, and suicide attempts (Bolton & Sareen, 2011).

Psychological research, whether it is the researchers' intention or not, often emphasizes more surface differences between groups of people without considering the uncontrollable societal influences underlying those differences. These findings are especially problematic when the public (or researchers themselves) construe these differences as inherent deficiencies. Viewing discrimination as a mediating factor could reduce this tendency to "blame the victim."

Showing how discrimination affects coping may help us understand the ways in which discrimination has led to the disproportionate rates of incarceration (The Pew Charitable Trusts, 2010), gaps in academic achievement (Vanneman, Hamilton, Anderson, & Rahman 2009), disproportionate rates of hypertension (Dorr, Brosschot, Sollers, & Thayer, 2007), and lower socioeconomic status (Oliver & Shapiro, 2006) between Black Americans and White Americans, as well as the sexual orientation income gap (Antecol, Jong, & Steinberger, 2008) in the United States.

Our first hypothesis was that emotion-focused coping would differ by race and by sexual orientation. Secondly, we hypothesized that discrimination would differ by race and by sexual orientation. Thirdly, we hypothesized that discrimination would predict coping. Finally, we predicted that our first hypothesis (coping differs by race/sexual

orientation) would no longer be significant after taking discrimination into account (i.e., discrimination would mediate the relationship between race/sexual orientation and coping).

Studies 1 and 2 use data from MIDUS II. Funded by the National Institute on Aging, MIDUS II was designed to study behavioral, psychological, and social factors in physical and mental health. The MIDUS II dataset contains de-identified, public data and is accessible online via the Inter-university Consortium for Political and Social Research from the University of Michigan. Between 2004 and 2006, phone interviews and follow-up, self-administered questionnaires were used to collect these data from participants who had originally responded to MIDUS I. MIDUS I was conducted between 1995 and 1996: Using working telephone banks, households were contacted via random-digit-dialing and a list of people between 25 and 74 years old was generated; from this list a random respondent was selected.

MIDUS II was conducted ten years later; 4,963 respondents out of the original 7,108 MIDUS sample were successfully contacted. Adjusted for mortality, this response rate was 75%; 81% of these 4,963 respondents went on to complete the two self-administered, 55-page-length questionnaires. Oral consent for this second wave of data collection was obtained upon initial contact of the respondents, and therefore occurred on the telephone. Under the current investigators' university IRB regulations, secondary analyses performed on de-identified, publically-available data are not considered human subjects research and can therefore be performed without review by the IRB board.

Study 1: Race

METHOD

An integrative model depicting the relationship between race, perceived discrimination, and emotion-focused coping is shown in Figure 1.

Participants

The participants in Study 1 were 3693 people in midlife between the ages of 30 and 84 years who responded to the second wave of the National Survey of Midlife Development in the United States (MIDUS II) and who completed all measures of interest.

Measures

Race

Race was measured using a combination of three MIDUS II variables: Racial Origins #1, Racial Origins #2, and Spanish/Hispanic/Latino Descent. Racial Origins #1 and Racial Origins #2 both assessed race via the same question, which can be found in Appendix A. Only “Black and/or African American” and “White” responses were used in the present thesis.

In order to create a non-Hispanic White group, we used the Spanish/Hispanic/Latino Descent variable to test for Hispanic ethnicity. All possible responses (e.g., “Spanish,” “Chicano,” etc. – see Appendix A) were combined into a dummy variable, coded 0 for non-Hispanic and 1 for Hispanic.

If a respondent had one racial origin, he or she only answered Racial Origins #1. If a respondent had multiple racial origins, he or she was told to give a “first response” to Racial Origins #1 and a “second response” to Racial Origins #2. In other words, if a respondent considered himself or herself both White and Black, he or she had to choose

“Black and/or African American” for Racial Origins #1 and “White” for Racial Origins #2, or vice-versa.

Racial Origins #1 and Racial Origins #2 were combined to create a race variable. Race was coded using a 0 for Black and a 1 for White. Respondents who reported Black for either Racial Origins #1 or Racial Origins #2 were coded as 0, while respondents who reported White for Racial Origins #1 were coded as 1. The logic for this last coding system was as follows: historically, Americans of mixed race ancestry have been considered Black by society, particularly if the Black ancestral tie(s) are within a couple of generations. Thus, a respondent who reported Black to Racial Origins #2 was coded as Black.

The final race variable combined from Racial Origins #1, Racial Origins #2, and Spanish/Hispanic/Latino Descent contained two groups: 1) Black (either Hispanic or non-Hispanic) and 2) White (non-Hispanic).

Emotion-Focused Coping

Emotion-focused coping was measured in MIDUS II by three subscales: Focus on and Venting of Emotion, Denial, and Behavioral Disengagement. These subscales were drawn from the COPE Inventory created by Carver, Scheier, and Weintraub (1989). All items within these subscales measured how the respondent “generally” copes with stress (see Appendix B for details).

Focus on and Venting of Emotion consisted of four items, such as “I get upset, and am really aware of it,” and “I let my feelings out.” Denial consisted of four items, such as “I say to myself ‘this isn’t real’,” and “I act as though it hasn’t even happened.” Behavioral Disengagement consisted of four items, such as “I admit to myself that I can’t deal with it, and quit trying,” and “I reduce the amount of effort I’m putting into solving the problem.” (See Appendix B for other items.)

The emotion-focused coping scale was constructed by calculating the sum of the twelve items (four from each of the three subscales of Focus on and Venting of Emotion, Denial, and Behavioral Disengagement). In the core sample in MIDUS II, the Cronbach's alpha reliability coefficient for emotion-focused coping was .84.

Perceived Discrimination

Perceived discrimination was measured in the present study using the MIDUS II scale called Daily Discrimination. Daily Discrimination, a nine-item scale, was first developed and used by Williams et al. (1997) in a study of racial discrimination in Detroit. Williams et al. (1997) derived the scale's questions from the results of qualitative studies of discrimination by Essed (1991) and Feagin (1991) (Kessler et al., 1999).

All items within this scale measured the frequency of discrimination experienced by the respondent on a daily basis (see Appendix B for details). Some items measured subtle discrimination or microaggressions, such as "People act as if they think you are not smart." Other items measured more overt discrimination, such as "You are threatened or harassed." In the core sample in MIDUS II, the Cronbach's alpha reliability coefficient for Daily Discrimination was .92.

Sociodemographic Variables

The sociodemographic variables of age, socioeconomic status (SES), and gender were used as covariates. Age was on an integer scale, and respondents ranged from age 30 to 84. Gender was a coded dichotomously (0 for male; 1 for female). We used a MIDUS II variable, "highest level of education completed," and combined it with "household total income (wage, pension, social security income, government assistance)" (hereon written as "household income") in order to index SES.

In the MIDUS II dataset, "highest level of education completed" was coded as "no school/some grade school (1-6)" (score = 1), "eighth grade/junior high school (7-8)"

(score = 2), and so on up to a possible score value of 21. (For full range of education levels see Appendix A). This ordinal scale was then converted into linear form. Specifically, we coded each category of “highest level of education completed” as the average number of years for that category.

“Household income” was created in the MIDUS II as the sum in dollars of yearly salary, social security, pension, and/or any other government assistance. All earnings of all members of the household were combined.

To combine the educational attainment variable with “household income,” we first standardized each of the two variables. Then, we averaged these two z-score-variables in order to make the SES variable. We included respondents if they answered either education or income variable.

RESULTS

A summary of the sociodemographic characteristics of the sample (age, SES, and gender) can be found in Table 1. Correlations among Study 1 variables can be found in Table 2.

Race and Emotion-Focused Coping

Because we wanted to test whether perceived discrimination mediates the relationship between race and emotion-focused coping, we first needed to test the relationship between race and emotion-focused coping. Thus, our first analysis tested our first hypothesis - emotion-focused coping differs by race. Controlling for age, SES, and gender, an analysis of covariance showed that the effect of race was significant, $F(1,3688) = 5.88, p = .015$. Black respondents reported higher levels of emotion-focused coping than White respondents (see Table 3 and Figure 2). An analysis of covariance showed that the interaction between race and gender was not significant, $F(1,3687) = .543, p = .461$. Therefore, the effect of race was not moderated by gender.

Race and Perceived Discrimination

Next, in accordance with the appropriate steps of a mediational analysis, we needed to test the relationship between race and perceived discrimination. Thus, our analysis tested our second hypothesis - perceived discrimination differs by race. Controlling for age, SES, and gender, an analysis of covariance showed that the effect of race was significant, $F(1,3688) = 182.16, p < .001$. Black respondents reported more perceived discrimination than White respondents, (see Table 3 and Figure 2).

An analysis of covariance showed that the interaction between race and gender was significant, $F(1,3687) = 12.98, p < .001$. Based on this significant interaction, we examined the race effect on discrimination at different levels of gender. Controlling for age and SES, an analysis of covariance showed that the effect of race was significant for men, $F(1,1667) = 115.84, p < .001$. Black men ($EMM = 18.33, SEM = 0.55$) reported higher levels of perceived discrimination than White men ($EMM = 12.35, SEM = 0.11$). Controlling for age and SES, an analysis of covariance showed that the effect of race was also significant for women, $F(1,2055) = 82.78, p < .001$, though slightly less strong than for men. Black women ($EMM = 16.40, SEM = 0.40$) reported higher levels of perceived discrimination than White women ($EMM = 12.65, SEM = 0.09$).

Perceived Discrimination and Emotion-Focused Coping

Next, in accordance with the appropriate steps of a mediational analysis, we needed to test the relationship between perceived discrimination and emotion-focused coping. Thus, our analysis tested our third hypothesis – perceived predicts emotion-focused coping. With age, SES, gender, and perceived discrimination as predictors, a linear regression showed that perceived discrimination was significantly related to emotion-focused coping, $\beta = .192, t(3688) = 12.17, p < .001$. In other words, every one-

point change on perceived discrimination leads to a .192-point change on emotion-focused coping.

Perceived Discrimination as a Mediator

Finally, we needed to test whether emotion-focused coping would still differ by race if we added perceived discrimination into the model as a covariate. Thus, we tested our hypothesis that perceived discrimination mediates the relationship between race and emotion-focused coping. Controlling for age, SES, gender, and perceived discrimination, an analysis of covariance showed that the effect of race was no longer significant, $F(1,3687) = .030, p = .863$.

We used the Sobel test in a multiple regression framework to test the significance of mediation from race to emotion-focused coping operating through perceived discrimination. Mediation was confirmed by the Sobel test, ($z = 9.14, p < .001$), (see Figure 3 for illustration).

DISCUSSION

Study 1 examined the relationship between race, coping, and discrimination in a sample of 3693 Black and White respondents to a national survey on midlife in the United States. As hypothesized, perceived discrimination mediated the relationship between race and emotion-focused coping. That is, the reason why levels of maladaptive, emotion-focused coping were higher for Black respondents than for White respondents is because Black respondents experience more discrimination than White respondents. Once perceived discrimination was included as a covariate in our model of race (controlling for age, SES, and gender) predicting emotion-focused coping, differences in coping between Black respondents and White respondents were no longer significant.

Contributions

Emotion-focused coping - consisting of maladaptive strategies of focusing on and venting emotions, denial, and behavioral disengagement – is a contributing factor to negative psychological and physiological health outcomes (Holahan & Moos, 1987). When we look at evidence for increased rates of mental illness (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Kessler et al., 1994; Robins & Regier, 1991) and hypertension (Dorr et al., 2007) for Black Americans as opposed to White Americans, we are left with the question as to why these differences are occurring.

Because problem-focused coping plays such a central role in stress reduction (Gal & Lazarus, 1975), perhaps it is in part through coping that we begin to understand why Black Americans who experience more discrimination also experience more negative health outcomes. Our study provides clues as to this connection between discrimination and health, by showing that the higher use of maladaptive, emotion-focused coping in Black Americans (as opposed to White Americans) is explained by higher rates of perceived discrimination experienced by Black Americans.

Secondly, our study - showing that differences in internal processes like coping are explained by external phenomena like discrimination - provides a buffer against prevailing scientific racism (Spracklen, 2008). Particularly popular are cultural deficit models (Salkind & Rasmussen, 2008) of race (inferior, internal abilities due to one's race), which have evolved from 1980's *The Bell Curve* (Salkind & Rasmussen, 2008). *The Bell Curve* school of thought is not dead, despite the forces against it, including the American Psychological Association itself (Nisbett et al. 2012).

Thirdly, in line with the above contribution, our study provides quantitative evidence for not just the existence of discrimination within contemporary American society, but, more importantly, the caustic force it still exerts on those who are its

victims. That is, discrimination, as perceived by the victim, is so corrosive that it shapes such an internal and seemingly innate and/or stable phenomenon as coping.

Consistencies and Contradictions with the Literature

In terms of differences in coping strategy use between groups, our study is consistent with Brown et al. (2011) in that Black Americans in our sample exhibited more emotion-focused coping than White Americans. Therefore, our study is inconsistent with Buser (2009), in that Black Americans in our sample did not use more problem-focused coping or “John Henryism.” Our study is also consistent with Thomas et al. (2008), Utsey (2000), Krieger and Sydney (1996), and Plummer and Slane (1996), in that perceived discrimination was related to emotion-focused coping. Our study is inconsistent with Feagin and Sikes (1994), in that discrimination was not related to “overachieving” or “using positive thinking,” but instead a combination behavioral disengagement, denial, and both focusing on and venting one’s emotions.

Limitations

Issues with MIDUS II’s Sampling of Black Americans

A limitation in the MIDUS II sample is that it might not be entirely representative of Black Americans. MIDUS II contained a total of 249 Black Americans compared to a total of 4,378 White Americans. This proportion is not reflected in the 2004 Census Bureau data, which states that 12.8 % of the population of the United States was “Black alone or in combination,” compared with 67.3 % that was “White alone, not Hispanic” (U. S. Census Bureau, 2007). These Census percentages would predict approximately 592 Black Americans and 3,113 White Americans in this sample. Thus, it appears that Black Americans are underrepresented in the MIDUS II sample.

Alternative Explanations for our Results

One issue we addressed earlier in this thesis was the inconclusivity of the literature on coping among Black Americans. To reiterate, this issue is fourfold. Overall, there is very little data on Black Americans' enduring patterns of coping, with some data pointing toward the use of John Henryism, but other data pointing toward emotion-focused coping. Because there is very little data, we do not have a complete picture on the relationship between emotion-focused coping and psychological/physical/life outcomes for Black Americans. Some evidence shows that Black Americans have unique coping patterns *outside* the categories that are typically used in research on coping (e.g., emotion-focused v. problem-focused). Some evidence also shows that Black Americans use certain coping strategies for racism-related situations that differ from their enduring patterns of coping.

Based on our findings, emotion-focused coping, is exhibited by Black Americans more than White Americans. Because discrimination generally leads to negative psychological outcomes, our results that Black Americans who experienced more discrimination are more likely to use emotion-focused coping imply that emotion-focused coping is maladaptive. We do, however, provide evidence that Black Americans exhibit coping patterns within the emotion-focused/problem-focused dichotomy. Further, our findings suggest that avoidance is not a specific strategy used as a response to discrimination, but is instead a pervasive strategy across situations used by those who frequently encounter discrimination.

We would argue that regardless of the extent to which Black Americans might be using John Henryism, it is still valid and important to note the discrepancy between Black and White Americans in maladaptive, emotion-focused coping. To be specific, a result of higher use of John Henryism would point toward the power of the human spirit to cope with adversity, which is inspiring in and of itself; but a result of disproportionate use of

maladaptive, emotion-focused coping – being *explained by* disproportionate experience with discrimination – realigns our focus toward the justice that still remains to be completed for minority group members.

It is possible that disproportionate rates of emotion-focused coping in Black Americans who experience discrimination do not necessarily indicate maladaptivity of emotion-focused coping. Instead, it may be that emotion-focused coping is the only possible option when experiencing discrimination, and problem-focused coping (e.g., confronting the racist and attempting to change his views) could prove to be futile, leading to more stress. In other words, the question of maladaptivity remains to be answered, because these results could be confounded by the uniquely uncontrollable situation of encountering racism.

More research needs to be conducted on the reasons why everyday discrimination leads to negative psychological and physical outcomes. Regardless of whether one labels emotion-focused coping as maladaptive, it is notable that what separates Black Americans from White Americans on this variable is not their differences in socioeconomic status and race, but instead their experience with discrimination.

This study has provided information regarding not just how race, discrimination, and coping are related, but how discrimination has the power to mold *enduring* patterns of coping that have become typified for an individual. Regardless of the question of adaptivity, this study speaks to the larger question of the degree of impact sociological forces have on internal processes.

If Black respondents *do* have coping strategies outside of those typically used in the coping research, then these unique strategies (e.g., group-centered, collective activities as forms of Africultural coping, (Lewis-Coles & Constantine, 2006) might not be reflected in the variables we have chosen for this study. However, we would argue that

using unique strategies does not exclude the use of emotion-focused, problem-focused strategies.

It could be that avoidance (emotion-focused coping) starts off as situation-specific, in that a person begins to experience discrimination and begins to use avoidance in situations that involve being discriminated against. Gradually, perhaps, this use of avoidance becomes ingrained. Eventually, an avoidance strategy that was at first used only for situations that involve discrimination becomes an enduring pattern. Thus, it is not that we do not agree with Utsey et al. (2000), Daly et al. (1995), and Neighbors et al. (1983) in that Black Americans might have coping strategies that are specific to situations involving discrimination; however, we argue, these situationally-specific strategies might not be immune to becoming an enduring pattern of coping.

Study 2: Sexual Orientation

METHOD

An integrative model depicting the relationship between sexual orientation, perceived discrimination, and emotion-focused coping is shown in Figure 4.

Participants

The participants in Study 2 were 3541 people in midlife between the ages of 30 and 84 years who responded to the second wave of the National Survey of Midlife Development in the United States (MIDUS II) and who completed all measures of interest.

Measures

All of the aforementioned measures in Study 1 were used for Study 2; however, the independent variable (race) was replaced by sexual orientation. Race was then included as a covariate, along with the Study 1 covariates of age, gender, and SES.

Sexual Orientation

Sexual orientation was measured in Study 2 by using the related MIDUS II variable “Describe Sexual Orientation” (see Appendix B for details). Respondents chose either “heterosexual” or “homosexual.”² A dummy variable was created, representing two groups: heterosexual individuals (coded with a 0) and lesbian or gay individuals (coded with a 1).

RESULTS

² “Bisexual” and “refused” were also options in the MIDUS II, but these options were not used in the present thesis.

A summary of the sociodemographic characteristics of the sample (race, age, SES, and gender) can be found in Table 4. Correlations among Study 2 variables can be found in Table 5.

Sexual Orientation and Emotion-Focused Coping

Because we wanted to test whether perceived discrimination mediates the relationship between sexual orientation and emotion-focused coping, we first needed to test the relationship between sexual orientation and emotion-focused coping. Thus, our first analysis tested our first hypothesis - emotion-focused coping differs by sexual orientation. Controlling for race, age, SES, and gender, an analysis of covariance showed that the effect of sexual orientation was significant, $F(1,3564) = 6.83, p = .009$. Lesbian and gay respondents reported higher levels of emotion-focused coping than heterosexual respondents (see Table 6 and Figure 5.) An analysis of covariance showed that the interaction between sexual orientation and gender was not significant, $F(1,3534) = 1.98, p = .16$. Therefore, the effect of sexual orientation was not moderated by gender.

Sexual Orientation and Perceived Discrimination

Next, in accordance with the appropriate steps of a mediational analysis, we needed to test the relationship between sexual orientation and perceived discrimination. Thus, our analysis tested our second hypothesis - perceived discrimination differs by sexual orientation. Controlling for race, age, SES, and gender, an analysis of covariance showed that the effect of race was significant, $F(1,3564) = 19.62, p < .001$. Lesbian and gay respondents reported more perceived discrimination than heterosexual respondents, (see Table 6 and Figure 5).

An analysis of covariance showed that the interaction between sexual orientation and gender was not significant, $F(1,3534) = 1.43, p = .232$. Therefore, the effect of sexual orientation was not moderated by gender.

Perceived Discrimination and Emotion-Focused Coping

Next, in accordance with the appropriate steps of a mediational analysis, we needed to test the relationship between perceived discrimination and emotion-focused coping. Thus, our analysis tested our third hypothesis – perceived discrimination predicts emotion-focused coping. With race, age, SES, gender, and perceived discrimination as predictors, a linear regression showed that perceived discrimination was significantly related to emotion-focused coping, $\beta = .193, t(3535) = 11.63, p < .001$. In other words, every one-point change on perceived discrimination leads to a .193-point change on emotion-focused coping.

Perceived Discrimination as a Mediator

Finally, we needed to test whether emotion-focused coping would still differ by sexual orientation if we added perceived discrimination into the model as a covariate. Thus, our analysis tested our final hypothesis – perceived discrimination mediates the relationship between sexual orientation and emotion-focused coping. Controlling for race, age, SES, gender, and perceived discrimination, an analysis of covariance showed that the effect of sexual orientation was no longer significant, $F(1,3534) = 3.22, p = .073$.

We used the Sobel test in a multiple regression framework to test the significance of mediation from sexual orientation to emotion-focused coping operating through perceived discrimination. Mediation was confirmed by the Sobel test, ($z = 9.96, p < .001$), (see Figure 6 for illustration).

DISCUSSION

Study 2 examined the relationship between sexual orientation, coping, and discrimination in a sample of 3541 lesbian/gay and heterosexual respondents to a national survey on midlife in the United States. As hypothesized, perceived discrimination mediated the relationship between sexual orientation and emotion-focused coping. That is, the reason why levels of maladaptive, emotion-focused coping were higher for lesbian/gay respondents than for heterosexual respondents is because lesbian/gay Americans experience more discrimination than heterosexual Americans. Once perceived discrimination was included as a covariate in our model of sexual orientation (controlling for race, age, SES, and gender) predicting emotion-focused coping, differences in coping between lesbian/gay respondents and heterosexual respondents were no longer significant.

Contributions

Despite the historical changes occurring in the United States surrounding gay marriage legislation, lesbian/gay issues are understudied in the field of psychology; particularly, there is a lack of information regarding how lesbian/gay individuals cope with stress. As we have discussed, enduring patterns of coping used by lesbian and gay Americans have been examined by Sornberger et al. (2013) and Sandfort et al. (2009), neither of whom tested the possible mediating role of discrimination between sexual orientation and coping.

Similar to Study 1, Study 2 provides evidence of groups differences in coping being explained by discrimination. This mediational model argues against persons who choose to “blame the victim,” i.e. it argues against the idea that increased maladaptive coping would be due to something inherent in sexual-orientation minorities.

A major implication of our findings is that discrimination could have the potential to explain other differences between sexual-orientation minority and majority members in

internal processes, such as verbal IQ (Rahman, Abrahams, & Wilson, 2003), income (Ahmed, Andersson, & Hammarstedt, 2011), and a range of psychological problems, including substance use disorders, anxiety disorders, schizophrenia and/or psychotic illness, and suicide attempts (Bolton & Sareen, 2011).

Showing that social forces have the potential to change the coping processes of minority groups that are different on the surface (sexual orientation versus race) reminds us, ironically, of our similarities. We all have the potential to be corroded by negative societal forces, so long as one (or more) of our identities exist within minority status. To reiterate the poet Audre Lorde's point, "there is no hierarchy in oppression" (Lorde, 1984).

Consistencies and Contradictions with the Literature

Our results contrast with those of Sandfort et al., (2009), in that the relationship between sexual orientation and emotion-focused coping was not moderated by gender; both lesbian and gay individuals exhibited more emotion-focused coping than heterosexual individuals.

General Discussion

The results of Study 1 and Study 2 indicate that perceived discrimination is a mediator in the relationship between majority and minority group differences in emotion-focused coping. Specifically, minority groups within the categories of race and sexual orientation exhibit more emotion-focused coping than their respective majority groups, but this difference in coping is explained by the degree of perceived discrimination experience by these minority groups. Few articles have weaved an empirical story between perceived discrimination and coping, and completely neglected is the discussion of how discrimination mediates the relationship between minority status and coping.

The exact processes by which discrimination results in maladaptive coping remains unclear. Perhaps those who are discriminated against experience a loss of control. This perceived loss of control might drain any energy that would be needed to cope adaptively. Perhaps our results reflect only the tip of the iceberg. It could be that even more Black Americans and lesbian and gay Americans have experienced discrimination, it is just that they have not perceived it as discrimination because they have internalized such stereotypes after repeated experience of discrimination.

It is possible that discrimination can be more fully understood at the intersection of race and gender, as some studies have suggested (Anderson & Collins, 2004). To clarify, “at any moment, race, class, or gender may feel more salient or meaningful in a given person’s life, but they are overlapping and cumulative in their effect on people’s experience” (Thomas, 2008). These intersections go beyond race and gender, as suggested by one finding that younger Black Americans perceived more discrimination than older Black Americans (Browman et al., 2000).

FUTURE DIRECTIONS

There are several directions in which to extend the present findings. First, we would like to empirically address the notion that internalization of stereotypes can lead to a smaller rate of perceived discrimination reported by members of minority groups. Perhaps an experimental method, such as the Implicit Association Test (IAT), could be used to tap into this internalization process. The IAT is an experimental paradigm that measures implicit associations between categories, such as race, and contrasted concepts, such as positive/negative valence. Categories are operationalized as pictures, such as a face of a Black or White person. By measuring the subject's reaction time to concept-valence pairs, the IAT determines whether a subject associates, for example, Black faces with negative valence (Greenwald, Poehlman, Uhlmann, & Banaji, 2009).

Secondly, we would like to examine *how* differences in emotion-focused coping are explained by perceived discrimination. One possible approach is studying minority-group individuals who are immigrating to the U.S. By following these individuals earlier and later in the acculturation process, we could examine longitudinal changes in emotion-focused coping.

Thirdly, it would be helpful to have a measure that is differentiated by the various forms of discrimination, such as interpersonal discrimination, institutionalized discrimination, or cultural discrimination. The present thesis's perceived discrimination measure would be an example of a measure examining interpersonal discrimination. Institutionalized discrimination is "experienced as a result of [discrimination] being embedded in the policies of a given institution" (Utsey & Ponterotto, 1996). Cultural discrimination "results from the cultural practices of one group being lauded as superior to those of another" (Utsey & Ponterotto, 1996).

One possible methodology we could use to study institutionalized and cultural discrimination is a measure developed by Utsey and Ponterotto (1996), called the

Development and Validation of the Index of Race-Related Stress (IRRS). The institutionalized racism component of the IRRS contains items such as, “You were refused an apartment or other housing; you suspect it was because you are Black.” The cultural component of the IRRS contains items such as, “You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.”

While the above measure pertains to racism, we could develop a measure that pertains to heterosexism. Using the IRRS or another measure of institutionalized or cultural discrimination would give us a more complex understanding of the nature of discrimination in relation to coping. Specifically, it could reveal whether differences in emotion-focused coping are explained more by interpersonal, institutionalized, or cultural discrimination.

Finally, we would like to take a look at indices of perceived discrimination other than self-reports, such as reports by family members and close friends.

Discrimination pervades the lives of Americans with minority status; its victim, as we have shown, is an individual’s enduring pattern of coping. Overall, we hope to approach further research on coping from the perspective we have taken in this thesis: social phenomena have as much of a role on determining one’s enduring patterns of coping as psychological processes. In these two studies, differences between stratified groups on measures of internal processes were determined by sociological processes. This finding provides further evidence that we are embedded within our social environment, and that social forces have the potential to change who we are psychologically – for better or worse.

Figure 1: Conceptual Model of the Role of Perceived Discrimination in Mediating Between Race and Emotion-Focused Coping

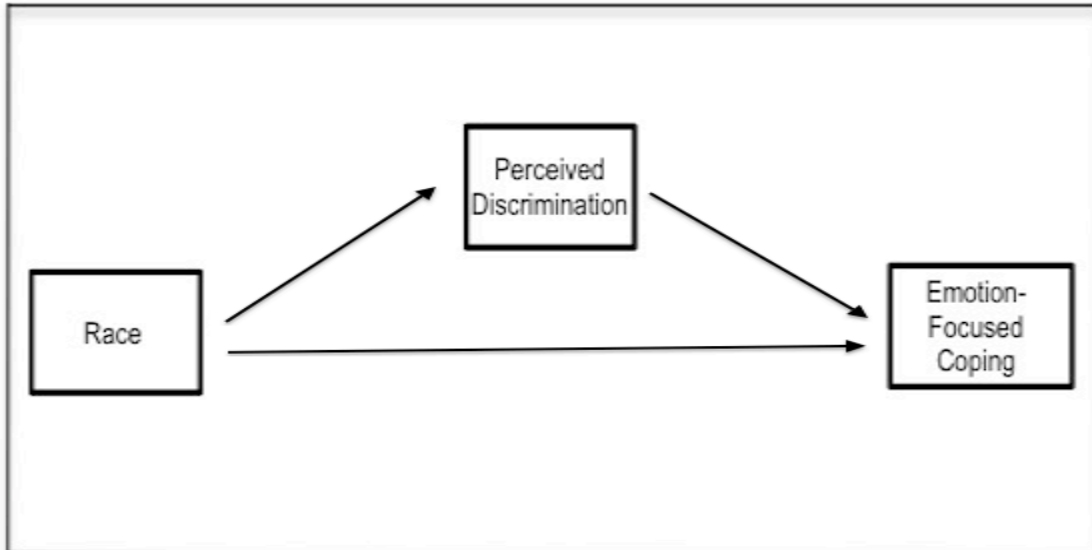


Figure 2: Estimated Marginal Means of Emotion-Focused Coping and Perceived Discrimination by Race

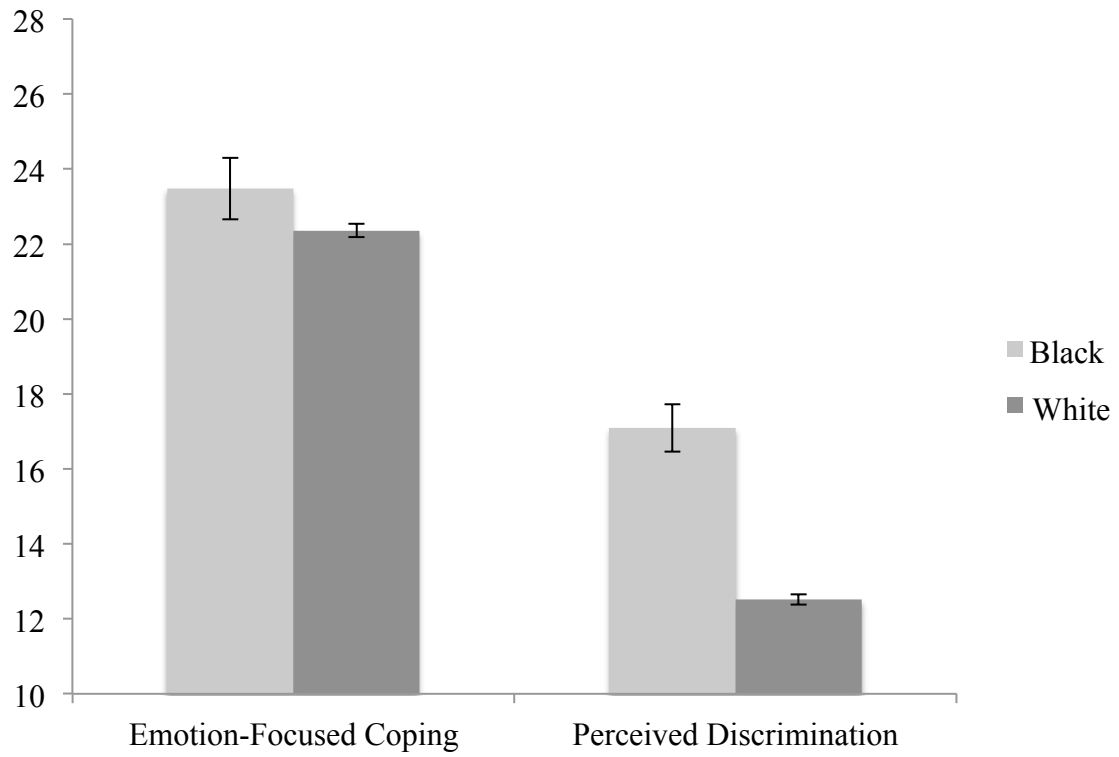
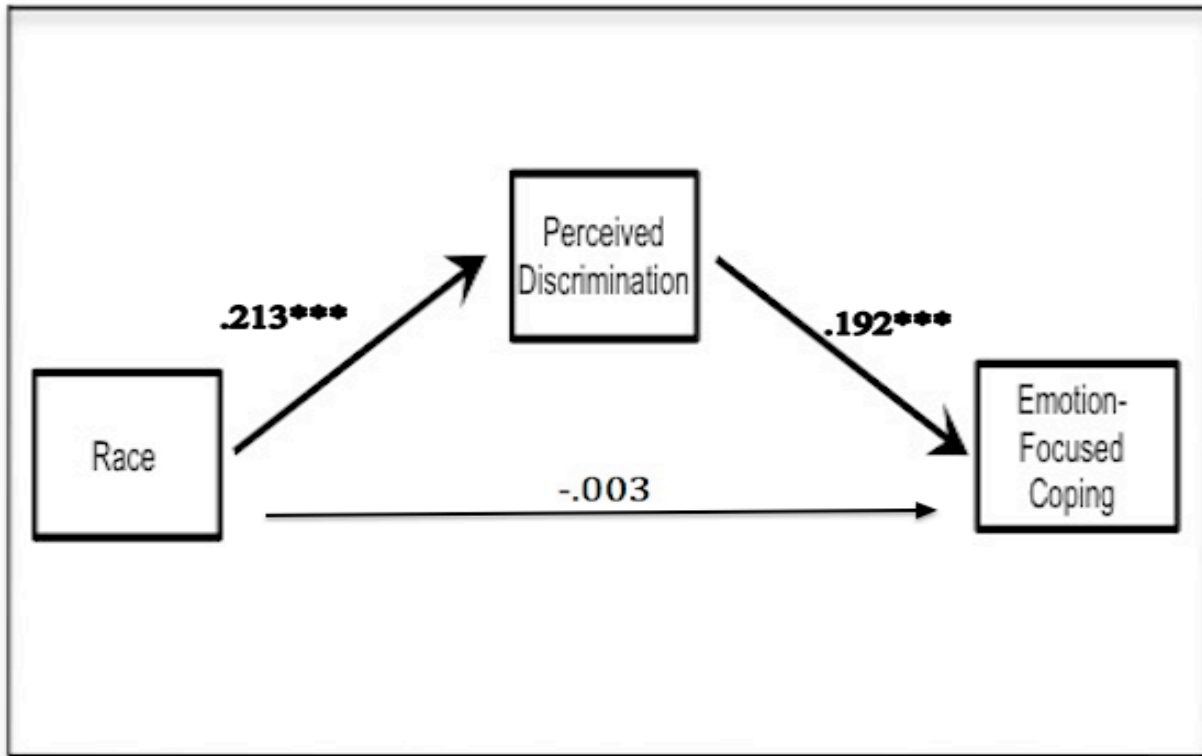


Figure 3: Integrative Model Testing the Role of Perceived Discrimination in Mediating Between Race and Emotion-Focused Coping



Note: To facilitate comparison across variables, paths show standardized beta weights.
p < .001 ***

Figure 4: Conceptual Model of the Role of Perceived Discrimination in Mediating Between Sexual Orientation and Emotion-Focused Coping

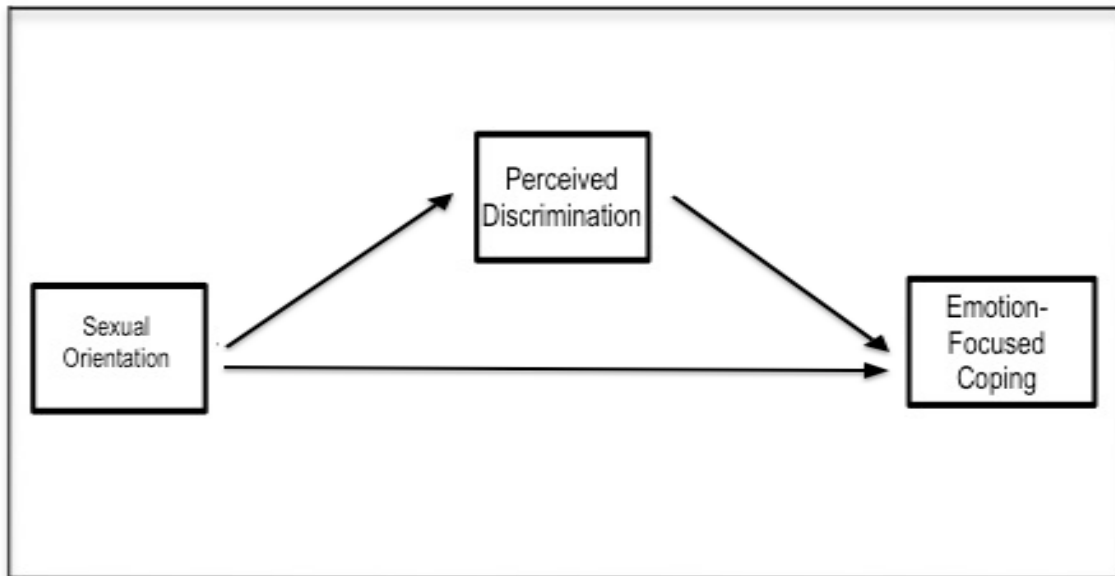


Figure 5: Estimated Marginal Means of Emotion-Focused Coping and Perceived Discrimination by Sexual Orientation

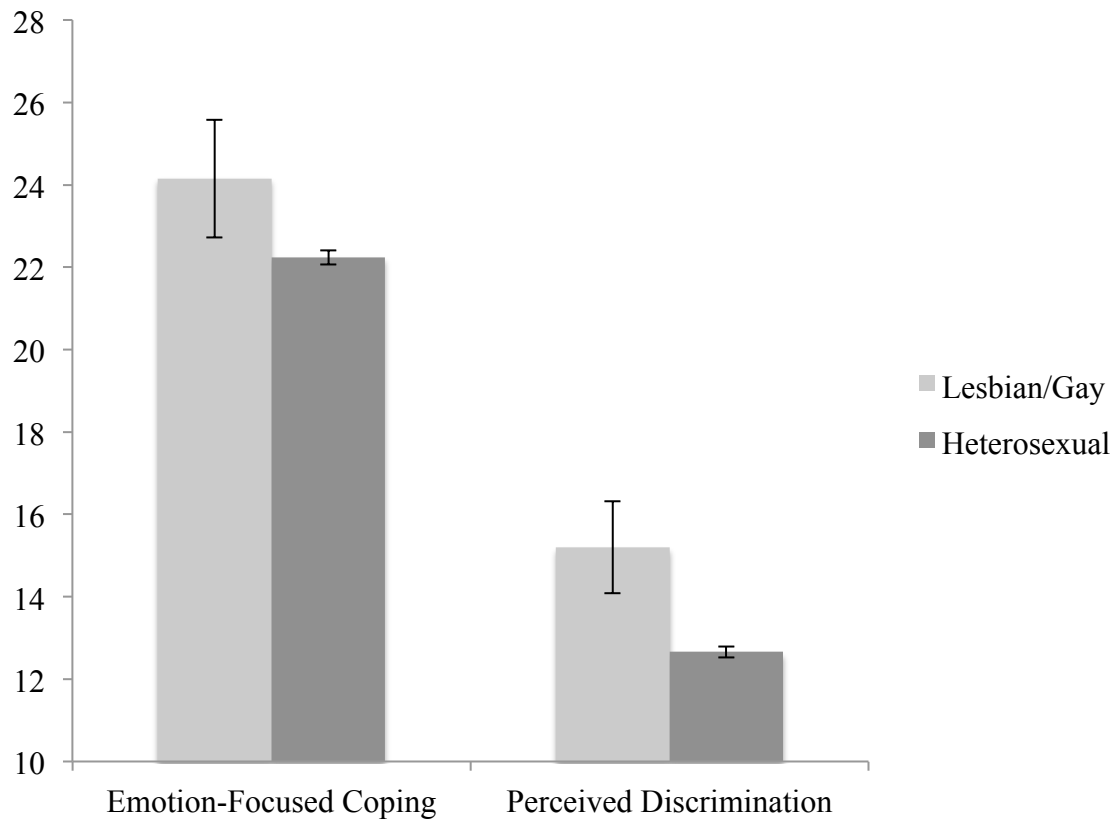
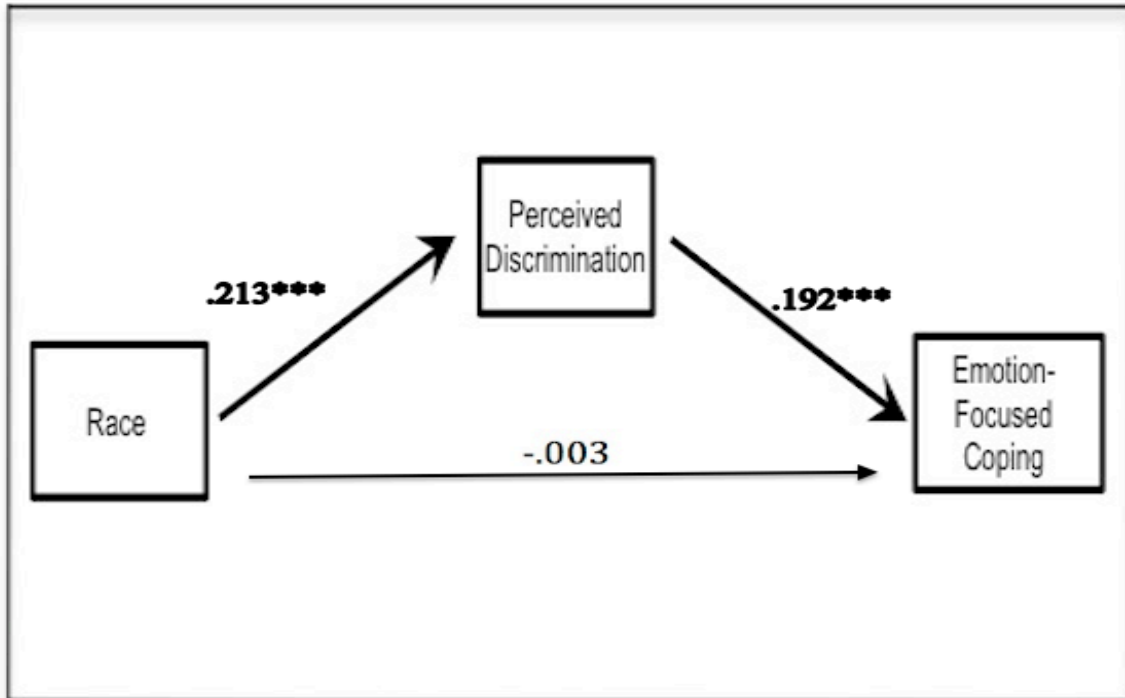


Figure 6: Integrative Model Testing the Role of Perceived Discrimination in Mediating Between Sexual Orientation and Emotion-Focused Coping



Note: To facilitate comparison across variables, paths show standardized beta weights.
p < .001 ***

Table 1: Crosstabulation of Covariates: Race

Averages on covariates	Race		<i>F</i>	<i>p</i>
	White	Black		
Age	56.16 years	55.01 years	1.35	.25
SES	.03	-.29	22.15	< .01
Gender	54.74% Female	63.75% Female	5.03	< .05

Table 2: Correlations Among Study 1 Variables

	Age	SES	Gender	Race	Emotion-Focused Coping	Perceived Discrimination
Age	—					
SES	-.230**	—				
Gender	.004	-.124**	—			
Race	-.031*	-.069**	.042**	—		
Emotion-Focused Coping	.038*	-.227**	.206**	.063**	—	
Perceived Discrimination	-.173**	-.079**	.030	.229**	.207**	—

** $p < 0.01$ level.

* $p < 0.05$ level.

Table 3: Averages of Perceived Discrimination and Emotion-Focused Coping Exhibited by White Americans versus Black Americans.

Averages on DVs	Perceived Discrimination				Emotion-Focused Coping			
	Est. Mean	Std. Error	Mean	SD	Est. Mean	Std. Error	Mean	SD
White	12.51	.070	12.50	4.13	22.35	.089	22.32	5.48
Black	17.07	.330	17.33	6.29	23.39	.422	23.97	6.83

Note: Est. Mean is the marginal mean after adjusting for all other variables in the model.

Table 4: Crosstabulation of Covariates: Sexual Orientation.

Averages on covariates	Sexual Orientation		<i>F</i>	<i>p</i>
	Heterosexual	Lesbian/Gay		
Age	55.97 years	50.85 years	9.23	< .01
SES	.03	.24	3.43	.06
Gender	54.67% Female	39.62% Female	4.77	< .05
Race	4.10% Black	1.89% Black	.66	.42

Table 5: Correlations Among Study 2 Variables

	Race	Age	SES	Gender	Sexual Orientation	Emotion-Focused Coping	Perceived Discrimination
Race	—						
Age	-.031 [†]	—					
SES	-.069 ^{**}	-.230 ^{**}	—				
Gender	.042 ^{**}	.004	-.124 ^{**}	—			
Sexual Orientation	-.014	-.054 ^{**}	.034 [*]	-.035 [*]	—		
Emotion-Focused Coping	.063 ^{**}	.038 [*]	-.227 ^{**}	.206 ^{**}	.039 [*]	—	
Perceived Discrimination	.229 ^{**}	-.173 ^{**}	-.079 ^{**}	.030	.078 ^{**}	.207 ^{**}	—

** $p < 0.01$ level.

* $p < 0.05$ level.

Table 6: Averages of Perceived Discrimination and Emotion-Focused Coping Exhibited by Heterosexual Americans versus Lesbian or Gay Americans.

Averages on DVs	Perceived Discrimination				Emotion-Focused Coping			
	Est. Mean	Std. Error	Mean	SD	Est. Mean	Std. Error	Mean	SD
Heterosexual	12.66	.07	12.66	4.33	22.23	.09	22.24	5.47
Lesbian or Gay	15.20	.57	15.29	5.09	24.15	.73	23.58	6.92

Note: Est. Mean is the marginal mean after adjusting for all other variables in the model.

Appendix A Measures Collected via Phone Interview

The measures used in this thesis (found in the Method section) that were collected via a phone interview include race and educational attainment (component of socioeconomic status). Original MIDUS II variable names are in parentheses.

1. Race (“Racial Origins 1”/“Racial Origins 2”)

What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors? INTERVIEWER: ENTER ALL THAT APPLY.

- A. WHITE
- B. BLACK AND/OR AFRICAN AMERICAN
- C. NATIVE AMERICAN OR ALASKA, NATIVE ALEUTIAN ISLANDER/ESKIMO
- D. ASIAN
- E. NATIVE HAWAIIAN OR PACIFIC ISLANDER
- F. OTHER
- G. DON'T KNOW/NOT SURE
- H. REFUSED

2. Hispanic/non-Hispanic (“Spanish/Hispanic/Latino descent”)

Pre-question: The next questions are about your ethnic background or origin. Most people in the United States have ancestors that come from other parts of the world.

Question: Are you of Spanish, Hispanic, or Latino descent -- that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban or some other Spanish origin?

- A. NOT SPANISH/HISPANIC
- B. MEXICAN
- C. MEXICAN AMERICAN
- D. CHICANO

- E. PUERTO RICAN
- F. CUBAN
- G. OTHER SPANISH
- H. DON'T KNOW
- I. REFUSED

3. Educational Attainment (“Highest Level of Education Completed”)

What is the highest grade of school or year of college you completed?
INTERVIEWER: DO NOT READ LIST. IF R ANSWERS "(JR) HIGH SCHOOL," PROBE: "Did you receive a degree?"

- A. *NO SCHOOL/SOME GRADE SCHOOL (1-6)*
- B. *EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)*
- C. *SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)*
- D. *GED*
- E. *GRADUATED FROM HIGH SCHOOL*
- F. *1 TO 2 YEARS OF COLLEGE, NO DEGREE YET*
- G. *3 OR MORE YEARS OF COLLEGE, NO DEGREE YET**
- H. *GRADUATED FROM A TWO-YEAR COLLEGE OR*
VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE*
- I. *GRADUATED FROM A FOUR- OR FIVE-YEAR
COLLEGE, OR BACHELOR'S DEGREE*
- J. *SOME GRADUATE SCHOOL*
- K. *MASTER'S DEGREE*
- L. *PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER
PROFESSIONAL DEGREE*
- M. *DON'T KNOW/NOT SURE*
- N. *REFUSED*

**Note: Answers G and H were coded in reverse in the present study, such that G was considered to be a higher level of educational attainment than H.*

Appendix B Measures Collected via Self-Administered Questionnaire

The measures used in this thesis (found in the Method section) that were collected via a phone interview include sexual orientation, emotion-focused coping, perceived discrimination, and household income (component of socioeconomic status). Original MIDUS II variable names are in parentheses.

1. Sexual Orientation (“Describe sexual orientation”)

How would you describe your sexual orientation? Would you say you are heterosexual (sexually attracted only to the opposite sex), homosexual (sexually attracted only to your own sex), or bisexual (sexually attracted to both men and women)?

Heterosexual

Homosexual

Bisexual

2. Emotion-Focused Coping (“Emotion Focused Coping”)

Note: In MIDUS II, coping generality was divided into three types: Using Food to Cope, Emotion-Focused Coping, and Problem Focused Coping. The following set of questions contains items that fall under one of those three types. Items that were considered by MIDUS II to be “Emotion-Focused” are items d, e, f, k, l, m, r, s, t, x, y, and z. See * for scaling procedure.

This set of questions is about how you respond when you are confronted with difficult or stressful events in your life. We are interested in what you generally do and feel when you experience stressful situations. Please circle the number that best describes how you usually experience a stressful event.

	A lot	A medium amount	Only a little	Not at all
a. I try to grow as a person as a result of the experience.	1	2	3	4
b. I concentrate my efforts on doing something about it.	1	2	3	4
c. I make a plan of action.	1	2	3	4
d. I get upset and let my emotions out.	1	2	3	4
e. I say to myself "this isn't real".	1	2	3	4
f. I admit to myself that I can't deal with it, and quit trying.	1	2	3	4
g. I eat more than I usually do.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I take additional action to try to get rid of the problem.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I get upset, and am really aware of it.	1	2	3	4
l. I refuse to believe that it has happened.	1	2	3	4
m. I give up trying to reach my goal.	1	2	3	4
n. I eat more of my favorite foods to make myself feel better.	1	2	3	4
o. I look for something good in what is happening.	1	2	3	4
p. I take direct action to get around the problem.	1	2	3	4
q. I think about how I might best handle the problem.	1	2	3	4
r. I let my feelings out.	1	2	3	4
s. I pretend that it hasn't really happened.	1	2	3	4
t. I give up the attempt to get what I want.	1	2	3	4
u. I learn something from the experience.	1	2	3	4
v. I do what has to be done, one step at a time.	1	2	3	4
w. I think hard about what steps to take.	1	2	3	4
x. I feel a lot of emotional distress and find myself expressing those feelings a lot.	1	2	3	4
y. I act as though it hasn't even happened.	1	2	3	4
z. I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4

*Scaling: Scale score is constructed by calculating the **sum** of the 12 items. Items were reverse-coded so that higher scores represent higher levels of emotion focused coping. For an item with a missing value, the mean value of completed items is imputed.

3. Perceived Discrimination (“Daily discrimination”)

Note: In MIDUS II, perceived discrimination was divided into two types: Lifetime Discrimination and Daily Discrimination. This thesis contains questions from Daily Discrimination only. See * after the questionnaire for more information regarding scaling and missing values.

How often on a day-to-day basis do you experience each of the following types of discrimination?

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people.	1	2	3	4
b. You are treated with less respect than other people.	1	2	3	4
c. You receive poorer service than other people at restaurants or stores.	1	2	3	4
d. People act as if they think you are not smart.	1	2	3	4
e. People act as if they are afraid of you.	1	2	3	4
f. People act as if they think you are dishonest.	1	2	3	4
g. People act as if they think you are not as good as they are.	1	2	3	4
h. You are called names or insulted.	1	2	3	4
i. You are threatened or harassed.	1	2	3	4

*Scaling: The scale is constructed by calculating the **sum** of the values of the items. Items were reverse-coded so that high scores reflect higher standing in the scale. For an item with a missing value, the mean value of completed items is imputed.

Missing Values: The scale is computed for cases that have valid values for **at least five** items on the scale. The scale score is not calculated for cases with fewer than five valid items on the scales, and coded as “98” for “NOT CALCULATED (Due to missing data).”

4. Household Income (“HH total income(wage,pension,ssi,gov asst):original value”)

Note: MIDUS II created multiple household income variables (to account for different sources of income), but the household income variable contained in this thesis was made up of four sources of income; these

sources included wages, pension, social security, and government assistance. In the following questionnaire, questions G8, G9, and G10 ask about wages, pension, and social security income. Question G12 asks about government assistance. See * below question G12 for an explanation of how these sources were combined to make Household Income.

The next several questions ask about the different sources of income you, your spouse and other family members in your household may have had over the last calendar year. You may need to consult your records to answer some of these questions. Please take the time to do that. Refer to the table below and fill in the letter that represents the correct range of income for each item listed.

G8. Please fill in the letter representing the amount of pre-tax income you earned in the last calendar year for each item listed below. If you have not earned any income in the following items, enter letter "B" in the space provided.

	Amount (Enter a letter from the table below)
a. Personal Earnings Income (Count only wages and other stipends from your own employment; Not pensions, investments, or any other financial assistance or income.)	
b. Pension Income	
c. Social Security Income	

A. Less than \$0 (Loss)	R. \$30,000 - \$32,499	HH. \$90,000 - \$94,999
B. \$0 (None)	S. \$32,500 - \$34,999	II. \$95,000 - \$99,999
C. \$1 - \$1,999	T. \$35,000 - \$37,499	JJ. \$100,000 - \$109,999
D. \$2,000 - \$3,999	U. \$37,500 - \$39,999	KK. \$110,000 - \$119,999
E. \$4,000 - \$5,999	V. \$40,000 - \$42,499	LL. \$120,000 - \$129,999
F. \$6,000 - \$7,999	W. \$42,500 - \$44,999	MM. \$130,000 - \$139,999
G. \$8,000 - \$9,999	X. \$45,000 - \$47,499	NN. \$140,000 - \$149,999
H. \$10,000 - \$11,999	Y. \$47,500 - \$49,999	PP. \$150,000 - \$174,999
I. \$12,000 - \$13,999	Z. \$50,000 - \$54,999	QQ. \$175,000 - \$199,999
J. \$14,000 - \$15,999	AA. \$55,000 - \$59,999	RR. \$200,000 - \$249,999
K. \$16,000 - \$17,999	BB. \$60,000 - \$64,999	SS. \$250,000 - \$299,999
L. \$18,000 - \$19,999	CC. \$65,000 - \$69,999	TT. \$300,000 - \$399,999
M. \$20,000 - \$22,499	DD. \$70,000 - \$74,999	UU. \$400,000 - \$499,999
N. \$22,500 - \$24,999	EE. \$75,000 - \$79,999	VV. \$500,000 - \$999,999
P. \$25,000 - \$27,499	FF. \$80,000 - \$84,999	WW. \$1,000,000 or more
Q. \$27,500 - \$29,999	GG. \$85,000 - \$89,999	

G9. Please fill in the letter representing the amount of income your spouse/partner earned in the last calendar year for each item listed below. If your spouse has not earned any income in the following items, or you do not have a spouse/partner, enter letter "B" in the space provided.

Please refer to the table on the previous page.

	Amount (Enter a letter from the table)
a. Spouse's Personal Earnings Income (Count only wages and other stipends from your spouse's employment; Not pensions, investments, or any other financial assistance or income.)	
b. Spouse's Pension Income	
c. Spouse's Social Security Income	

G10. Please fill in the letter representing the amount of income other family members in your house hold earned in the last calendar year for each item listed below. If other family members have not earned any income in the following items, or if you do not have other family members living with you, enter letter “B” in the space provided.

Please refer to the table on the previous page.

	Amount <i>(Enter a letter from the table)</i>
a. Other Member’s Personal Earnings Income (Count only wages and other stipends from their employment; Not pensions, investments, or any other financial assistance or income.)	
b. Other Member’s Pension Income	
c. Other Member’s Social Security Income	

G12. What was your combined family household income from government assistance programs? Do not include social security income. (If none, enter “0”.)

\$_____00 Household Government Assistance Income

*Total Household Income, [B1STINC1], across different types and different sources, based on original income variables.

(= sum of [B1SG8AX], [B1SG8BX], [B1SG8CX], [B1SG9AX], [B1SG9BX], [B1SG9CX], [B1SG10AX], [B1SG10BX], [B1SG10CX], AND [B1SG12])

B1SG8AX = “Personal Earning Income” of the respondent, using mid-point of response category range of Question G8a.

B1SG8BX = “Pension Income” of the respondent, using mid-point of response category range of Question G8b.

B1SG8CX = “Social Security Income” of the respondent, using mid-point of response category range of Question G8c.

B1SG9AX = “Personal Earning Income“ of the spouse, using mid-point of response category range of Question G9a.

B1SG9BX = “Pension Income“ of the spouse, using mid-point of response category range of Question G9b.

B1SG9CX = “Social Security Income“ of the spouse, using mid-point of response category range of Question G9c.

B1SG10AX = “Personal Earning Income“ of other family members, using mid-point of response category range of Question G10a.

B1SG10BX = “Pension Income“ of family members, using mid-point of response category range of Question G10b.

B1SG10CX = “Social Security Income“ of family members, using mid-point of response category range of Question G10c.

B1SG12 = “Total Household Income from Government Assistance,” using written response to G12.

Missing Values: [B1STINC1] is computed for cases that have **at least one** valid response to questions used in the income summary variable. For cases that do not have any valid response to questions in the summary variable, [B1STINC1] is not calculated and coded as “9999998” for “NOT CALCULATED (Due to missing data).”

NOTE: In the public release, [B1STINC1] is top-coded at \$300,000.

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