

A Multidimensional Conceptualization of Racism-Related Stress: Implications for the Well-Being of People of Color

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A conceptualization of racism-related stress and its impact on well-being is offered that integrates existing theory and research on racism, multicultural mental health, and the stress process. The conceptualization is relevant to diverse racial/ethnic groups, considers the larger social and historical context, and incorporates attention to culture-based variables that may mediate the relationship between racism and well-being. Implications for intervention are discussed.

The toxin of racism that runs through the veins of society has yet to find an antidote. Racism can traumatize, hurt, humiliate, enrage, confuse, and ultimately prevent optimal growth and functioning of individuals and communities (Adams, 1990; Pierce, 1995). While, within the context of racism, there have always been abundant examples of resilience, strength of character, capacity for love and giving, joy, fulfillment, and success, there remain far too many examples of despair, dysfunction, isolation, hopelessness, destructiveness, and spiritual depletion. Despite progress on various indices of equality, racism-related occurrences continue. These include: racially motivated hate crimes (Carter, 1994; Chan & Haro, 1996); racial incidents on college campuses (Farrell & Jones, 1988); political activities suggestive of anti-immigrant sentiments; backlash related to racial equity efforts; and the free expression of racial intolerance, hostility, and violence on the Internet, where some 600–800 seek to inspire racial hatred (Simon Wiesenthal Center, 1998). All of this suggests that racism is “alive and sick” in America’s neighborhoods, institutions, and consciousness.

Racism affects all people, both dominant and nondominant group members (Simpson & Yinger,

1985). For decades, social scientists have attempted to understand the nature and effects of racism, prejudice, and discrimination in society generally (Allport, 1954; Dovidio & Gaertner, 1988; Feagin & Eckberg, 1980; Jones, 1972, 1997; Rothenberg, 1988; Zanna & Olson, 1994), and in mental health specifically (De la Cancela & Sotomayor, 1993; Grier & Cobbs, 1968; Kardiner & Ovesey, 1951; Ridley, 1995; Turner & Kramer, 1995; Wade, 1993). However, there has been a disproportionate interest in the underlying attitudes and forms of racism, and comparatively less attention paid to the experience of racism among those who are its targets (Essed, 1991; Lalonde, Majumder, & Parris, 1995; Ruggiero & Taylor, 1995; Swim & Stangor, 1998).

Racism is frequently mentioned in the literature on the psychological functioning of culturally diverse groups (Comas-Diaz & Griffith, 1988; Sue & Sue, 1999), and several general models of mental and physical health incorporating racism have been offered (Akbar, 1992; Fernando, 1984; Jackson & Inglehart, 1995; Jones, 1985; Williams, 1996). However, mental health practitioners have had little systematic guidance in exploring the multiple ways that racism may influence their clients’ well-being. Researchers have lacked a conceptual foun-

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dation specific to racism and well-being that can guide empirical study and serve as a basis for further theoretical developments (Jackson *et al.*, 1996). In sum, the breadth and complexity of racism, as it is experienced by those on the receiving end, has not been adequately addressed in the psychological literature. The primary goal of this paper, therefore, is to present a multidimensional conceptualization of the ways that racism is experienced, and to suggest potential pathways through which it affects the well-being of its targets.

DEFINITION AND CONCEPTUALIZATION

There are many definitions of racism in the literature (Bulhan, 1985; Essed, 1991; Jones, 1972; Ridley, 1995; Rothenberg, 1988); most have in common the centrality of power. Racism is defined here as:

A system of dominance, power, and privilege based on racial-group designations; rooted in the historical oppression of a group defined or perceived by dominant-group members as inferior, deviant, or undesirable; and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving nondominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources.

Racism can be overt or covert, intentional or unintentional (Jones, 1972; Ridley, 1995). The definition offered here, by focusing on racism in dominant/nondominant racial-group interactions (Rothenberg, 1988), renders "reverse racism" a nonsensical construct. In contrast, the constructs of stereotypes (distorted and overgeneralized cognitive labels), prejudice (negative judgments and attitudes), and discrimination (unfair treatment) can be based on a wide range of human characteristics. These phenomena occur between and within various nondominant and dominant racial/ethnic groups. However, racism can be distinguished from racial stereotypes, racial prejudice, and racial discrimination. Racism is rooted in a historical continuity of injustice and disparity that is linked to contemporary circumstances and systematically influences the conditions and experiences of large groups of people. Racism provides a context for the development and maintenance of—and endures, in part, due to—stereotypes, prejudice, and discrimination (Lott & Maluso, 1995).

An analysis of the forms and manifestations of racism is necessary to help clarify the complexity of the construct. Jones (1972) delineated three primary forms of racism: individual (belief in the in-

feriority of a racial/ethnic group), institutional (systemic oppression and exploitation), and cultural (ethnocentrism and status-quo maintenance). It is suggested here that Jones's categories interact with each other in complex ways and are manifested in four general contexts, in which specific experiences of racism occur, namely the interpersonal, collective, cultural-symbolic, and sociopolitical contexts.

Interpersonal context. At the interpersonal level, racism is manifested through both direct and vicarious experiences of prejudice and discrimination. This involves interactions with other people, as well as observation of their actions, nonverbal behavior, and verbal statements. These interpersonal interactions and observations can reflect individual, cultural, and institutional racism. Cultural and institutional racism provide environmental support for the expression of individual racism through the behavior of people in interpersonal situations.

Collective context. Racism is manifested through the status and functioning of large groups of people. Data on racial disparities in educational achievement, unemployment rates, incidence and prevalence of disease, and treatment in the criminal justice system are examples of the collective manifestations of racism. Such disparities reflect the combined and interactive effects of individual, cultural, and institutional racism.

Cultural-symbolic context. Racism is expressed in images and impressions of nondominant racial/ethnic groups that are portrayed in the news and entertainment media, through art and literature, as well as through research and scientific inquiry. The generation of knowledge, and communication of that knowledge, reflects the values and practices of scholars and academicians. Individual attitudes, institutional practices, and accepted paradigms and common values within dominant culture are represented in art, entertainment, and science.

Sociopolitical context. Racism is manifested in the nature of political debate and public discussion about race, race ideology, policies and practices within institutions (both stated and unstated), and legislative processes. Again, all three of Jones's forms of racism can occur at this level. For example, personal biases have an impact on individual voting behavior; the need to maintain the status quo of the dominant culture affects political processes; and institutional dynamics influence policies and practices within organizations. Consideration of the sociopolitical context suggests that a

comprehensive understanding of racism's role in mental health necessitates attention to conditions and events in the larger social context.

The total experience of racism for any individual involves the simultaneous exposure to racism in interpersonal, collective, cultural-symbolic, and sociopolitical contexts. This exposure is hypothesized to affect the unique life experiences, external circumstances, internal characteristics, and behavior of both dominant and nondominant group members. However, the focus here is on the experience of racism among members of historically oppressed racial/ethnic groups.

THE STRESS PROCESS

Within the multicultural mental health literature, the stress process has been identified as a particularly relevant framework for conceptualizing and investigating mental health issues among people of color (Moritsugu & Sue, 1983; Slavin, Rainer, McCreary, & Gowda, 1991). In general, ecological paradigms of mental health emphasize social and environmental contexts as central determinants of human behavior (Trickett, Watts, & Birman, 1994). Stress research has been at the forefront of integrating these considerations into models of adaptive functioning. Stress and coping theories generally suggest that adaptational outcomes of individuals can be linked to stress exposure and a variety of mediating factors (Goldberger & Breznitz, 1993; Lazarus & Folkman, 1984; Pearlin, Menaghan, Lieberman, & Mullan, 1981). Surprisingly, there are only a few examples of any substantive integration of racial or cultural factors in mainstream stress theory and research (Aldwin, 1994; Dohrenwend & Dohrenwend, 1970). However, stress theories have been utilized in many approaches to the psychological functioning of historically oppressed racial/ethnic groups (Kawanishi, 1995; Neighbors, Jackson, Bowman, & Gurin, 1983; Peters & Massey, 1983). Although multicultural and race-related models of stress have been offered (Cervantes & Castro, 1985; Myers, 1982; Outlaw, 1993; Slavin et al., 1991; Smith, 1985), these models do not specify the nature of racism-related stress. A recent notable exception is Allison's (1998) integrated model of stress linked with categorical status.

The relevance of stress theory in the study of racism is in the centrality of the transaction between person and environment, whereby the environment affects individual functioning and the behavior of individuals contributes to environmental

demands (Lazarus & Launier, 1978). Pearlin (1983) maintained that stress can be understood as a "product of identifiable social conditions shared by large numbers of people and not simply as a result of randomly occurring circumstances" (p. 5). Kessler (1979) noted that "one's position in the social structure also defines one's access to various resources that can be useful in dealing with stress" (p. 260). It is on these points that the stress-and-coping literature converges with the literature on the social and psychological functioning of historically oppressed racial/ethnic groups. Racism can affect the well-being of individuals and groups not only through the experience of stress, but also through its influence on the various mediators of stress (e.g., support resources, coping options). Currently, however, research and theory on stress and coping among people of color has fallen short of comprehensively capturing experiences and characteristics that emerge from person-environment transactions involving race and culture.

Racism-Related Stress

The experience of life stress includes situations that can occur across all sociodemographic groups (e.g., death of a loved one, loss of a job). For people of color, however, life stress must also include consideration of experiences that are related to the unique person-environment transactions involving race. Experiences of racism are embedded within interpersonal, collective, cultural-symbolic, and sociopolitical contexts, and can be sources of stress. Drawing on the definition of psychological stress offered by Lazarus and Folkman (1984), the multidimensional construct of racism-related stress is defined here as:

The race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing individual and collective resources or threaten well-being.

Essed (1991) and Lalonde and Cameron (1994) have suggested that a phenomenological approach be adopted to advance insight into the experience of racism. The subjective judgment of the individual is the critical point of analysis in understanding the impact of racism on well-being. However, it is not uncommon for experiences of racism to be questioned or challenged by others. Such requests for "proof" can create a my-perception-against-yours dilemma that may include accusations of paranoia, hostility, oversensitivity, manipulation, self-serving motives, or having a chip on one's

shoulder (Essed, 1991). Thus, the stress—and potential damage—of racism lies not only in the specific incident, but also in the resistance of others to believing and validating the reality or significance of one's personal experience.

Recent research suggests that people's perceptions of personal and group discrimination are generally quite accurate (Taylor, Wright, & Porter, 1994), and that people are more likely to make attributions of discrimination when the stimulus is unambiguous (Ruggiero & Taylor, 1995) or intense (Wilson & Bennett, 1994). However, people of color may spend a great deal of emotional and cognitive energy on racism (Essed, 1991; Feagin, 1991). This process of questioning one's observations and perceptions, replaying a situation in one's mind over and over again, attempting to explain it to others, and entertaining alternative explanations can be stressful above and beyond the original experience (Pierce, 1995).

Of course, racism may sometimes be attributed to occurrences that could be better explained by other factors, or that are in the service of protecting self-esteem in the face of failure (Crocker & Major, 1989). As Crocker and Major noted, members of stigmatized groups are often socialized to be vigilant in ambiguous situations. On the other hand, although failure to perceive racism does not necessarily obviate its influence, some degree of denial may help to maintain a belief in a "just world" and the fairness of others, avoid feelings of powerlessness and vulnerability (Crosby, 1984), and conserve psychic and emotional energy. It can be argued, however, that this short-term protection may undermine the development of long-term coping, leaving one unprepared for and, ultimately, more vulnerable to expressions of racism.

Six Types of Racism-Related Stress

If the relationship of racism and mental health is to be illuminated, the multiple ways that racism is experienced must be identified. It is suggested here that there are at least six types of racism-related stress: racism-related life events, vicarious racism experiences, daily racism microstressors, chronic-contextual stress, collective experiences of racism, and the transgenerational transmission of group traumas. These have parallels in the three primary sources of stress identified in the generic stress literature (Wheaton, 1993): episodic stress (direct and vicarious racism experiences), daily hassles (racism microstressors), and chronic strain (chronic-

ic-contextual, collective, and transgenerational transmission).

Racism-related life events. These stressors include significant life experiences that are relatively time-limited. They may lead to other events, or their effects may be lasting. However, the experience itself has a beginning and an end. The events can occur across various domains of life experience (Feagin, 1991), including neighborhood, work, finances, education, law enforcement/legal, health care, and social; examples include being rejected for a loan, being harassed by the police, or being discriminated against in housing. Personal and environmental characteristics influence the frequency of such experiences. They are unlikely to occur on a daily or weekly basis for most people, and may occur quite infrequently (i.e., less than once a year) or not at all.

Vicarious racism experiences. Racism exerts its influence not only through direct personal experience, but also vicariously, through observation and report. The inclusion of vicarious experiences is critical in understanding the nature of racism's effect on individuals (Essed, 1991; Root, 1993). Experiences of prejudice and discrimination that happen to members of one's family and close friends (Steele et al., 1982; Tatum, 1987), as well as those involving strangers (e.g., the 1998 dragging death of James Byrd in Texas), can be quite distressing. They can create anxiety, a heightened sense of danger/vulnerability, anger, and sadness, among other emotional and psychological reactions. These vicarious experiences can also teach valuable lessons about the places where racism hides and resides.

Daily racism microstressors. These experiences are a central part of understanding the dynamics of racism in contemporary America (Adams, 1990; Cose, 1993; Essed, 1991; Feagin, 1991; Franklin, 1993; Griffin, 1991; Guthrie, 1995; Maluso, 1995; Pierce, 1995). Pierce (1995) described them as "microaggressions" that include "subtle, innocuous, preconscious or unconscious degradations and putdowns" (p. 281). They serve as daily reminders that one's race/ethnicity is an ongoing stimulus in the world. This type of racism includes the slights and exclusions involved in what Lott and Maluso (1995) referred to as "interpersonal discrimination," and are examples of "the humiliation dynamic" discussed by Griffin (1991). Guthrie (1995) described them as unintentional offenses that create an atmosphere of expectation

that something racist will happen. In his account of the invisibility syndrome among African-American males, Franklin (1993) stated that "these daily experiences are as much a part of our lives as the air we breathe" (p. 34).

Examples of microstressors include: being ignored or overlooked while waiting in line, being mistaken for someone who serves others (e.g., maid, bellboy), and being followed or observed while in public (Harrell, 1997). These experiences can feel demoralizing, dehumanizing, disrespectful, or objectifying (i.e., being treated as a stereotype). While racism-related life events may happen infrequently to any one person, racism microstressors occur more commonly. Pierce (1995) suggested that a person may have thousands of such encounters during a lifetime. They may be perceived as not "serious" enough for most people to confront, and may not even be recalled unless asked about. According to Pierce, "most microaggressions have to be allowed to pass, to protect one's time, energy, sanity or bodily integrity" (p. 282). However, the accumulation of these experiences contributes to the overall stress load of the individual. In addition, many of them are more intuitively than objectively race-related. As Carter (1994) pointed out, they can easily be labeled "nonracial" and minimized by others.

Chronic-contextual stress. This source of stress reflects the impact of the social structure, political dynamics, and institutional racism on social-role demands and the larger environment within which one must adapt and cope. Unequal distribution of resources and limitations on opportunities for people of color influence the living conditions and quality of life for individuals and families. Some chronic-contextual stressors (e.g., liquor stores on every corner, out-of-date textbooks in urban public schools) likely reflect an interaction of race and class. However, the dynamics of racism suggest that race influences the distribution of economic resources. Chronic-contextual stress may or may not be perceived as related to racism by those who most intensely experience it. To assess the impact of racism fully, one must have the time, energy, and resources to question the multiple influences on one's life circumstances. Severe and chronic life stress can keep people so immersed in the process of day-to-day survival that such analyses may be unlikely to occur. It should also be noted that conditions of chronic stress can occur in employment or neighborhood contexts for people of color

who are in a significant statistical minority (e.g., in predominantly white settings).

Collective experiences. This source of stress reflects the idea that cultural-symbolic and sociopolitical manifestations of racism can be observed and felt by individuals. Experiences of racism at the collective or group level involve perceptions of its effects on members of one's same racial/ethnic group, regardless of direct personal experience (Feagin, 1991). These can be distinguished from vicarious experiences in that they do not involve witnessing or hearing about a specific incident of racism associated with an identifiable individual. The economic conditions of members of one's racial/ethnic group, the lack of political representation, or stereotypic portrayals in the media are examples of potential stimuli for collective racism-related stress. The well-being of those with limited personal experiences of racism can nonetheless be affected by observation of how racism affects the lives of others with whom they feel a sense of connection and identification.

Perceptions of racism toward one's group constitute an important and largely neglected part of the racism experience. Taylor, Wright, Moghadam, and Lalonde (1990) distinguished between personal and group perceptions of discrimination, and there is strong evidence to suggest that people perceive discrimination toward their group significantly more often than they do personal experiences of discrimination (Crosby, 1984; Taylor et al., 1990). This has been conceptualized as a protective strategy to minimize the distress of acknowledging and coping with discrimination (Crosby, 1984; Lalonde, Majumder, & Parris, 1995).

Transgenerational transmission. Any conceptualization of racism-related stress must include consideration of the unique historical contexts of diverse groups. The history of a racial/ethnic group affects the relationship between the group and wider American society. History also shapes the content of the race-related family and community stories that are passed down through generations, and has both intragroup and intergroup dimensions. Recognition and understanding of this history is necessary in order to appreciate the layers of racism-related dynamics (Feagin, 1991; Landrine, Klonoff, Alcaraz, Scott, & Wilkins, 1995; Turner & Kramer, 1995).

In her reconceptualization of trauma, Root (1993) described the transgenerational transmission of the effects of group traumas such as the

slavery of African people, the internment of Japanese Americans during World War II, the removal of American Indians from their tribal lands, and refugee experiences. Aspects of oppression-related historical events can be transmitted across generations through discussion, storytelling, and lessons taught to children, as well as observation of long-term effects (*Greene, 1990*). Socialization of trauma-related behavior and beliefs about the world can relay the effects of the historical trauma across generations (*Hass, 1996; Nagata, 1990*).

Other Sources of Stress

Although racism-related stress is the focus here, it is important to consider the reciprocal relationships and interactions between racism and other stressors. Understanding the totality of life stress for people of color must include experiences specific to their racial/ethnic group, relevant to their minority status, and common to the mainstream of society. Stress also emerges from status-related social roles associated with gender, social class, sexual orientation, religion, and disability. Study of the important intersections of multiple oppressions has largely been neglected (*Landrine et al., 1995; Loiacano, 1989; Reynolds & Pope, 1991*). People vary in the significance of these status-related identities and the nature of stressful experiences related to them. The relationship between racism experiences and other forms of oppression must be considered in a comprehensive understanding of racism and well-being. For example, Loiacano (1989) described the racism that African-American gays and lesbians encounter in the white gay community, and their simultaneous fears of rejection due to homophobia and heterosexism within their own racial/ethnic community. Comas-Diaz and Greene (1994) discussed the "double discriminatory bind of racism and sexism" (p. 381) for women of color in the workplace.

Clearly, it is important to consider the role of generic stressors, including major life events, daily hassles, multiple role demands, and role conflict. The frequency, intensity, meaning, and consequences of common life stressors can vary based on race/ethnicity. For example, encountering an accident on the way to work is likely to make one late and cause some stress for most people. However, employees from historically oppressed racial/ethnic groups may experience additional stress related to concerns about confirming negative racial stereotypes made about their lateness by a

supervisor or by co-workers, or about trait-related assumptions of being unprofessional, lazy, or having a poor work ethic. The experience of this common hassle may be qualitatively different, and perhaps more intense, for members of historically oppressed groups.

The above delineation of six modes of racism-related experience suggests that it would be simplistic to attribute the stress of racism to any particular incident encountered by an individual at some discrete point in time. During the course of one's lifetime, one may never personally experience housing discrimination, racially motivated violence, or the false allegation of a crime. However, living in a society where the occurrence of any one of these things is at all times a distinct possibility can create stress above and beyond the generic stresses of life. Feagin (1991), emphasizing the cumulative impact of personal, family, and group experiences over time, suggested that the impact of racism is much greater than the sum of individual incidents.

The conceptualization of racism-related stress offered here can apply to any historically oppressed racial/ethnic group. However, the specific nature of the experience of racism (i.e., exposure, assessment, and reaction) varies among groups (*Comas-Diaz & Greene, 1994*) and reflects each group's unique history, cultural norms, and relationship to dominant culture. Although the racism literature has focused largely on African Americans, experiences and effects of racism have been described for several American racial/ethnic groups, including Latinos (*Gutierrez, Saenz, & Green, 1994; Ramirez, 1988; Salgado de Snyder, 1987*), Asians (*Dion, Dion, & Pak, 1992; Pak, Dion, & Dion, 1991*), and American Indians (*Trimble, 1988*). This model also has some potential applications to understanding the psychological impact of any status-based oppression (i.e., heterosexism, sexism), as well as discrimination and prejudice between nondominant racial groups.

Racism-Related Stress and Well-Being

Racism has the potential to affect well-being through a number of adaptational outcomes in five general domains: physical, psychological, social, functional, and spiritual. Racism-related stress has been associated with health-related and physiological outcomes such as hypertension (*Anderson, 1989; Jackson et al., 1996; Krieger, 1990*), cardiovascular reactivity (*Anderson, 1989*), cigarette smoking (*Landrine & Klonoff, 1996*), and physio-

logical arousal (Jones, Harrell, Morris-Prather, Thomas, & Omowale, 1996). Racism has also been connected to psychological well-being as manifested in trauma-related symptoms (Adams, 1990; Harrell, Merchant, & Young, 1997; Root, 1993), depression (Comas-Diaz & Greene, 1994; Fernando, 1984; Salgado de Snyder, 1987), general psychological distress (Amaro, Russo, & Johnson, 1987; Jackson et al., 1996; Pak et al., 1991), substance abuse (Neuspiel, 1996), eating problems (Thompson, 1992), psychosomatization (Comas-Diaz & Greene, 1994), and violence (Kirk, 1986). The evidence is compelling, and growing, that racism is pathogenic with respect to a variety of physical and mental health outcomes.

Social, functional, and spiritual dimensions of well-being are also important areas for exploration. Social well-being includes consideration of one's ability and willingness to trust, have close relationships, and be a part of a social group. The betrayal and interpersonal aspects of racism experiences can have implications for social relationships both within and outside of one's racial/ethnic group. Racism also likely plays a role in functional well-being, which includes role-related behavior such as school achievement, job performance, and parental functioning. For example, a recent series of studies suggested that the racism-related phenomenon of stereotype threat can negatively affect the test performance of African-American students (Steele & Aronson, 1995). Although spiritual well-being is a frequently neglected dimension, racism experiences can be dehumanizing and threaten the vitality of one's spirit and faith (Akbar, 1992).

As Pierce (1995) has pointed out, we know too little about why some people are psychologically (and otherwise) devastated by racism, while others fare a great deal better. Exposure to racism-related stress does not result in a single inescapable outcome, nor does it inevitably place a "mark of oppression" (Kardiner & Ovesey, 1951) on the psyche of people of color. Alternatively, the effects of racism are not always assuaged by economic advantage, or by adopting a personal perspective that the problem of racism has basically been ameliorated in America. Unfortunately, early work on the mental health effects of racism (Grier & Cobbs, 1968; Kardiner & Ovesey, 1951) overemphasized pathology and self-hatred, to the relative exclusion of healthy functioning. Clearly, some people are significantly impaired by the web of racism's influence. However, illuminating the pathways to

health, as well as disorder, is a critical step toward a comprehensive understanding of the impact of racism on well-being.

TABLE 1 outlines the major domains in a general model of racism-related stress and well-being. The model includes antecedent conditions that have a direct influence on the type, intensity, and frequency of racism-related stressors (Simpson & Yinger, 1985), and identifies internal and external characteristics that can function to mediate the effects of racism on a variety of psychological, physical, and behavioral outcomes.* TABLE 1 also lists selected variables, many of which (e.g., racial identity, racial socialization) have received some attention in the general literature on the psychology of historically oppressed racial/ethnic groups. However, while race is a sociopolitically defined construct based loosely on physical characteristics that serve as markers for group membership, culture forms the core of human experience and influences the development of beliefs, behavior, personality, and the nature of relationships for members of a given cultural group. Attention to variables such as worldview, cultural values, and acculturation status are important to consider, as they are the lens through which race-related experiences may be interpreted.

Although the scope of this paper prohibits a detailed examination of the numerous variables that are potentially involved in the relationship of racism and well-being, the model challenges researchers and practitioners to explore their interactions and disentangle their effects. It provides a framework for use in the further exploration of racism-related stress and well-being, and represents movement toward identifying the role of the antecedent and mediating variables in a racism-related stress process. Clearly, individual well-being is also influenced by stressors that are not related to race. However, there is some evidence to suggest that experiences of racism influence well-being even after generic stressors are taken into account (Dion et al., 1992).

Antecedent Variables

Person and socioenvironmental factors are two primary categories of antecedent variables that set the background and context for life experiences and personal development. Person factors include

*A figure giving an overview of the model and indicating the interactions of its components is available from the author.

Table 1

MODEL OF RACISM-RELATED STRESS AND WELL-BEING: DOMAINS AND SELECTED VARIABLES

I. ANTECEDENT VARIABLES	IV. INTERNAL AND EXTERNAL MEDIATORS
Person Factors	Internal Characteristics
Race/ethnicity, gender, age, language, physical characteristics	Self-esteem, self-efficacy, cognitive appraisal and attributions
Socioenvironmental Factors	Sociocultural Variables
Current sociopolitical context, regional/geographic location, socioeconomic status (SES), racial composition of contexts	Worldview, cultural values, spirituality, racial/ethnic identity, racism-related coping styles, psychological acculturation, racial attitudes
II. FAMILIAL AND SOCIALIZATION INFLUENCES	Affective and Behavioral Responses to Stress
Family Characteristics/Dynamics	Affective reactions (sadness, anger, humiliation, etc), specific coping behavior (problem-focused/emotion-focused, active/passive, inner-directed/outer-directed, individual/collective)
Family structure and roles	External Resources
Racial Socialization	Social support (intragroup, community, intergroup, societal)
Family, community, institutional	V. OUTCOMES
III. SOURCES OF STRESS	Physical
Racism-Related Stress	Hypertension, cardiovascular reactivity, risk behavior (e.g., cigarette smoking)
Racism-related life events, daily racism microstressors, chronic conditions of living, collective/group perceptions, transgenerational transmission of trauma	Psychological
Other Status-Related Stress	Depression, anxiety, trauma-related symptoms, hostility
Sexism, heterosexism, religious discrimination, disability discrimination, ageism, classism	Social
Generic Stressors	Social connectedness; intragroup, intergroup relations
Episodic life events, daily hassles, role strain, multiple roles, role conflict	Functional
	Job performance, academic achievement, parental functioning
	Spiritual
	Loss of faith, meaninglessness, existential angst

characteristics that people are born with, and that are quickly observable by others. They can serve as stimuli that cue the use of stereotypes regarding expected behavior, skills, and personality characteristics (Jones, 1992). For example, racial stereotypes and experiences of racism can be gender-specific (Essed, 1991) and can lead to quite different person-environment transactions for men and women within a single racial/ethnic group. Men and women within the same group may experience different varieties of racism, as well as cope with racism differently.

Physical characteristics such as skin color, hair texture, size of facial features, and body shape vary between and within racial/ethnic groups and may influence the type and intensity of racism-related experiences. It has been suggested that whites interact more comfortably with, and judge more favorably, people whose physical characteristics are closer to their own (Edwards & Polite, 1992). These characteristics may also influence experiences within one's own racial/ethnic group. The phenomenon of "colorism" (i.e., greater privilege and status granted to lighter-skinned members) has been observed within Asian, Latino, and African-American subgroups (Harris, 1995). Language is also an important influence on the nature of one's interactions in larger society (Ramirez, 1988). Monolinguality, retention of an "accent" reflective of one's primary language, or having a linguistic style characteristic of one's racial/cul-

tural community (e.g., ebonics) can also serve as stimuli for stereotypes and experiences of racism.

Socioenvironmental factors include societal and community variables that are part of an individual's ecological context. For example, the current sociopolitical context (Landrine et al., 1995; Myers, 1982) and regional/geographic location can influence the nature of racism experiences. Racism-related tensions and occurrences may increase (or decrease) in relation to identifiable societal events. Recent well-publicized examples include the first trial verdict of the police officers in the Rodney King beating incident, the passing of legislation to dismantle affirmative action, and the verdict in the O.J. Simpson criminal trial. Geographic location also influences the nature and types of racism-related experiences. For example, prejudice and discrimination are central aspects of acculturative stress for immigrants (Sanchez & Fernandez, 1993), and it is reasonable to suggest that anti-immigrant (specifically, anti-Mexican) sentiments are stronger in border states such as California, Arizona, and Texas.

Socioeconomic status can certainly affect the type and the nature of racism-related experiences. People of color who live in poverty may more intensely experience the chronic effects of institutional racism reflected in disparities in educational resources, health care, and housing quality. At the same time, middle- and upper-middle-income people of color may be more likely to encounter prob-

lems related to economic or career advancement, as well as more subtle interracial tensions and microstressors, due to the greater frequency with which they function in mainstream environments.

The racial composition of various life contexts (e.g., neighborhood, work, school) can influence the nature of race-related experiences. The frequency of "token" contexts (i.e., being statistically in a significant minority) vs. settings that are comprised exclusively of one's own group is an important consideration. Comas-Diaz and Greene (1994), for example, noted the stress related to tokenism affecting women of color who hold professional status. Similarly, a person of color who is born and raised in a predominantly white community may have quite different racism-related life experiences than someone who was raised in a community comprised primarily of his or her own group.

Family and socialization processes affect the development of personal characteristics, cultural values, attitudes, and styles of coping with racism that unfold over the life cycle. Moreover, these processes influence exposure to various sources of racism-related stress, particularly those that are vicarious, collective, and transgenerational. Family structure and dynamics shape the nature and quality of social relationships, communication style, and strategies for dealing with conflict, all of which affect the ways in which the individual copes with racism.

Racial socialization research has emphasized the role of the family as the primary transmitter of messages regarding the meaning of race/ethnicity for personal identity (Stevenson, 1994). The importance of the parent/family role in this process lies in the need to foster the development of healthy racial identity and cultural pride, and to prepare children for the realities of racism (Tatum, 1987). However, throughout the life span, multiple sources convey to people meanings associated with race and racism. Settings for community socialization messages (Barbarin, 1981) are largely informal and include social gatherings, neighborhood activities, and other community interactions. Messages about race are also transmitted through the institutions of society (e.g., religious, educational, legal); television, books, newspapers, music, and film; and interactions with socialization agents (e.g., teachers, police officers, ministers). For any individual, the meaning of race and racism is a unique integration of these influences and their interaction with personal experience. Racial socialization ex-

periences can result in the internalization of negative racial stereotypes and create a vulnerability to racism-related stress. Alternatively, a predominance of positive racial socialization experiences can foster strength, pride, and the ability to cope effectively with racism.

Internal and External Mediators

Internal Mediators

Internal mediators are those that are person-centered. Individual characteristics include cognitive processes (e.g., attributional style) and relatively stable personal characteristics (e.g., self-esteem). Sociocultural variables include those personal characteristics that are linked to cultural and sociopolitical context (e.g., racial identity, racism-related coping styles, and acculturation). Affective and behavioral responses to racism refer to the emotions and actions that occur subsequent to stressful experiences. Some of these potential mediators are discussed below.

Appraisal processes (Lazarus & Folkman, 1984) and causal attributions (Amirkan, 1990) have been suggested as central to understanding the impact of stress on outcomes. Racial and cultural influences on the appraisal process have been identified (Allison, 1998; Outlaw, 1993; Slavin et al., 1991). Racism-related experiences can be attributed internally to one's own behavior or characteristics (e.g., assertiveness, incompetence), or externally to systemic and institutional dynamics, the prejudices and stereotypes of others, chance, bad luck, or spiritual forces. Individuals vary in the degree to which they attribute cause and solution to these factors, and situations vary in the extent to which any of these factors may actually be operating. Attributions related to the cause of stress should be distinguished from those relevant to coping (Brickman et al., 1982), and may be quite different. For example, an incident of interpersonal racism could be attributed to the prejudicial attitudes of others, while the solution may be attributed to institutional intervention or personal action.

Racism may influence self-orientation through constructs such as self-esteem and self-efficacy. For example, Crocker and Major (1989) suggested three mechanisms through which stigma can affect self-esteem: 1) reflected appraisals of negative and ethnocentric perceptions of others; 2) self-fulfilling prophecies in which the individual begins to take on the characteristics projected by others; and 3) limitations on environmental control that make

feeling efficacious difficult. Self-esteem and self-efficacy may buffer the impact of racism-related stress on well-being. However, in some cultures, characteristics of the "self," as a distinct entity, may be less important to mental health than the relationship with one's racial/cultural/familial group (Akbar, 1992).

Worldview, cultural values, spirituality, and racial identity reflect deeply rooted internal aspects of the individual, which can provide 1) a connection with a larger racial, cultural, spiritual community; 2) a sense of meaning and understanding of one's life and world; and 3) a core foundation offering guidance and a framework for decision-making. Moreover, it has been suggested that a worldview consistent with one's racial/cultural group (Jones, 1985), strong racial identity (Helms, 1993), racism awareness (Tatum, 1987), and a bicultural adaptation (Jones, 1988) can furnish the racism-resistant armor needed to build positive well-being. Recent research has suggested that a strong attachment to one's identity group can buffer the negative effects of discrimination and increase self-esteem (Branscombe & Ellemers, 1998). By contrast, the internalization of racist beliefs and behavior, unacknowledged racial hatred, separation from one's racial/ethnic group, and belief in one's immunity to racism could exacerbate exposure to racism and increase the risk of maladaptive outcomes.

There is no collective, homogeneous response to racism. The diverse styles of coping reflect the historical dialogue between dominant and nondominant groups (J. Harrell, 1979). Racism-related coping styles are the relatively stable adaptations that involve in the service of coping with racism (e.g., intragroup affiliation, anti-racism consciousness and activism, race-related compartmentalization, irrelevance of race, integration, outgroup orientation [Harrell, 1997]). They are to be distinguished from coping behavior, which refers to specific actions that individuals take in response to a particular stressor. Coping styles emerge from racial socialization, the cumulative effects of racism-related experiences on personality development; they reflect characteristics such as worldview and racial identity. Many people develop stable repertoires of coordinated mechanisms, to manage themselves and their environments, which can be drawn upon in different situations and in response to different types of racism-related experiences. The success of any given coping style varies with

the nature of the circumstance, and successful coping with racism involves creativity and flexibility (Edwards & Polite, 1992; Lykes, 1983).

Coping behavior typologies specific to racism or discrimination have been offered by several authors (Allport, 1954; Feagin, 1991; Lalonde & Cameron, 1994; Simpson & Yinger, 1985). These generally include behavior on three continuums: active/passive, individual/collective, and inner-directed/outer-directed. Of special interest is the individual/collective dimension, which has typically not been included in the general coping literature. This may be particularly relevant to racism-related stressors, and involve acts such as mobilizing or joining boycotts, demonstrations, and petition drives; membership and activity in racial/ethnic group organizations; and developing or participating in parallel institutions (i.e., schools, banks).

The decision-making process with respect to coping behavior can be very complex and is influenced by multiple factors. Greene (1995), for example, suggested that overt and covert discrimination require different forms of coping behavior. The immediate emotional responses to racism-related experiences (e.g., rage, humiliation, fear, confusion) (Harrell, 1997) contribute to the specific coping efforts used, the availability of support, and the unfolding of the stress experience itself. For example, a fear response may result in avoidance efforts, while an anger response may result in more active coping efforts. The type of coping behavior utilized influences the outcome of the stressful situation and can modify the stressor. The effectiveness of the coping effort can also affect future attributions and appraisals. In addition, racism always involves some power disparity and, as such, the consequences of choosing particular coping strategies may be unwise or dangerous (Lalonde et al., 1995). For example, in a racially hostile work environment, taking direct action could result in being labeled a troublemaker, endangering one's career path, or even risking one's physical safety. On the other hand, choosing to suppress active coping, or going on as if nothing happened, could have negative implications for well-being.

External Mediators

External mediators include the array of interpersonal, structural, and community support resources available and utilized by the individual. There is a large and conflicting body of research on the role of social support in mediating stress (Hobfoll &

Vaux, 1992). However, it has generally been assumed that satisfactory social support networks can buffer the impact of stress on health and mental health outcomes. The types of support available are determined, in part, by antecedent variables (e.g., race/ethnicity, socioeconomic status, geographic location) and by the nature of the racism encounter itself (Fernando, 1984). Some resources may not be available in a particular situation, regardless of inclination or desire to utilize them.

Intragroup support. Individuals and organizations from within one's racial/ethnic group can assist one in dealing with racism-related experiences by providing understanding, modeling, and mentoring. At another level, community support involves the more global sense of a psychological community; it does not require an identifiable individual, but reflects an awareness that support is available from the larger community, a feeling of connectedness and not being alone, as well as the knowledge that others in one's group have had—and survived—common experiences.

Intergroup support. The validation of racism experiences by outgroup members can provide a sense of safety, security, and hope, as well as decrease isolation and alienation. This includes having "allies" from the dominant group, as well as other historically oppressed racial/ethnic groups.

Environmental and institutional support. Policies, systems, and tangible resources (e.g., a fair and open process for complaints within an organization) may be available to help deal with racism-related experiences.

IMPLICATIONS FOR INTERVENTION

The conceptual model presented here can inform the development of intervention strategies. Within a stress framework, well-being is generally facilitated by eliminating the stressor, changing its nature or one's perception of it, or strengthening the internal or external resources needed to deal with it effectively. With respect to antecedent variables, therapists can encourage clients to explore how personal characteristics and environmental contexts affect their exposure to racism. Examination of familial and socialization influences can increase clients' awareness and understanding of their race-related perceptions, attitudes, and coping styles. Through identification, validation, and discussion of racism-related experiences, therapists can enable clients to talk about events that may be humiliating, painful, and difficult to dis-

close. They also can assist clients in processing their understanding of such experiences, with special attention to addressing attributions of self-blame.

Assessment and understanding of internal mediators is especially important given the potential for culture-based characteristics to be protective and empowering, and to enhance well-being. Interventions that identify and strengthen relevant socio-cultural variables (e.g., racial/ethnic identity) can be quite effective for many clients struggling with racism. Therapists are encouraged to explore the utility of specific types of coping behavior, and to help the client generate alternative coping strategies. Collective coping efforts (e.g., participation in social-change activities) directed toward eliminating or altering the nature of the stressor should be considered, and may be particularly empowering psychologically. Social support availability and utilization should be assessed in multiple areas (intragroup, intergroup, community, institutional). Active engagement of support networks and identification of role models for coping with racism (Comas-Diaz & Greene, 1994) are also important strategies to explore.

It is necessary to assess, but not assume, the salience and impact of racism-related experiences for clients of color. The consequences of ignoring the potential role of racism in the client's life and perceptions can be detrimental to the therapeutic alliance (Brantley, 1983; Hankins-McNary, 1979), as well as to the effectiveness of treatment. Therapists must focus on the ways in which their clients experience and understand their world (Ridley, 1995). Minimizing or overemphasizing racism-related stress may reflect the primacy of the therapist's needs and comfort, rather than the needs of the client. Indeed, when racial and cultural issues are mutually understood and appreciated early in therapy, the door may be opened wider for the exploration of other problems and concerns.

Priest (1991) underscored the importance of therapists validating that racism does, indeed, exist, and acknowledging the social and political realities of their clients. Clinicians should avoid any tendency to turn the therapy session into a courtroom by requiring proof that a client's experience of racism really is racism. Franklin (1993) noted that therapists need to be able to help clients talk about the accumulation of indignities in their daily lives, without minimizing or rationalizing them. Ivey (1995) urged therapists to help clients be-

come aware of how their problems relate to the sociocultural context (e.g., oppression) and suggested that interventions consider consciousness-raising as central to the healing process.

Establishing trust (Franklin, 1992) and managing racial anger (Abernethy, 1995) have been identified as particularly important issues for those working with clients from historically oppressed racial/ethnic groups. Stevenson and Renard (1993) suggested that clinicians who are sensitive to oppression issues, and who are willing to help clients mobilize oppression-survival strategies, have a greater likelihood of building credibility and trust. This foundation of trust is necessary if the therapist is to help clients openly explore how their own psychological issues play a role in racism-related encounters. Discussions of racism in the therapeutic context present opportunities to explore the interplay between the client's inner and outer world, and to form a strong alliance in the healing and growth process.

Therapists also must be aware of their own racial stereotypes and prejudices (Brown, 1993; Brantley, 1983; Ridley, 1995; Pinderhughes, 1989). Biases can affect a therapist's ability to listen, understand, show empathy and respect, develop a strong therapeutic alliance, and engage in creative and relevant problem-solving with clients from historically oppressed racial/ethnic groups. This is important for both same-race and cross-race therapeutic dyads. The therapist who is unable, unwilling, or unprepared to discuss racism may lose credibility with clients, as well as be limited in the ability to help clients recognize and cope with racism-related threat. Comas-Diaz and Jacobsen (1991) identified important ethnocultural transference and countertransference dynamics that can emerge in therapy. In addition, it is important for therapists to be able to identify what they are *not* exploring with clients. Clients of color may be vigilant to subtle cues regarding the therapist's discomfort or avoidance of racism as an acceptable topic for discussion.

It is likely that most psychotherapists are relatively unfamiliar with the racism literature (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Bernal & Castro, 1994), that they have little training in the area, and that their perspectives on race and racism reflect their own experiential and socialization influences, rather than being informed by the existing body of knowledge. It is important, therefore, that the mental health cur-

riculum be infused not only with information about specific cultural groups, but also about sociopolitical dynamics (Watts, 1994), racism awareness (Turner & Kramer, 1995) and training in antidomination (Brown, 1993).

CONCLUSION

Mental health professionals must embrace the challenge of understanding the nature of racism-related stress and disentangling the complex relationships between racism and well-being. The recent development of several scales to measure racism-related stress (Harrell, 1997; Landrine & Klonoff, 1996; McNeilly et al., 1996; Utsey & Ponterotto, 1996) should help to encourage and facilitate empirical research that more substantively integrates racism into the study of historically oppressed racial/ethnic groups. However, as both the theoretical and empirical work continue to move forward, there are a few cautions to heed.

It is important to be aware of any tendency to view the functioning of people of color as solely a response to racism, or to view racism-related experiences as necessarily the focus of psychotherapy. Racism is but one factor in an individual's development. Jones's (1985) model of dimensions of African-American psychological functioning has application across racial/ethnic groups. It identifies four influences on psychological functioning: mainstream American culture, culture of origin, reaction to racism, and individual and family experiences and endowments. According to Jones, the relative importance of each influence varies from individual to individual; the various influences also overlap and have reciprocal effects.

Stevenson (1994) has cautioned against dichotomous logic; multiple perspectives should be considered concurrently, not in competition. Thus, the primary question is not whether racism affects people of color, nor does it involve comparing the importance of racism to the importance of other variables. Rather, the central question involves the complexity of the ways in which racism influences the well-being of oppressed racial/ethnic groups and their members.

Consideration of racism as a source of stress should not be used inappropriately to pathologize the functioning of historically nondominant racial/ethnic groups. It is essential both to avoid a "blame the victim" posture, which holds individuals solely responsible for their condition (Priest, 1991), and to resist promoting the idea that racism

can simply be ignored, without psychological consequence. The identification of successful people of color has been used to minimize the role of racism in American society, as well as to attribute deviance to those who are unsuccessful in economic or employment domains. However, recent data have revealed the social and psychological costs of success for people of color, and the ever-present reality of racism in the lives of the successful (Amaro, Russo, & Johnson, 1987; Comas-Diaz & Greene, 1994; Cose, 1993; Edwards & Polite, 1992; Feagin & Sikes, 1994; Guthrie, 1995; Gutierrez, Saenz, & Greene, 1994; Tatum, 1987).

Discussions of racism in the public domain often include assertions that historically oppressed peoples lack personal responsibility, frequently and inappropriately play the "race card," or readily adopt a "victim role." These beliefs limit the creative exploration of solutions; impose the perceptions of outsiders on the experience of the affected individuals; label, judge, disrespect, and devalue the life experience of other human beings; and, ultimately, fail to allow for the healing and growth of individuals, families, and communities. Further, the pain and potentially enduring effects of racism are compounded when one's voice is silenced by a rejecting, dismissive, or pathologizing response.

Finally, it is vital to understand that racism cannot, and must not, be reduced simply to an experience of stress (Wyatt, 1997). The conceptualization presented here is intended to be useful to researchers and clinicians in mental health. However, efforts to eliminate racism and its effects must proceed at multiple levels (Feagin & Sikes, 1994). Political and social activism, policy and legislative reform, social change, anti-racism training, within-group affirmation and empowerment efforts, and the healing of one individual at a time are all important strategies. Greene (1995), noting that mental health professionals are reluctant to acknowledge the detrimental effects of racism, identified factors in mental health theory, research, and practice that socialize members of the profession to be relatively silent about racism. However, mental health practitioners and researchers have an important role to play in understanding and intervening in racism (Shorter-Gooden, 1996). As Albee (1986) urged, professionals "must join with persons who reject racism, sexism, colonialism, and exploitation, and must find ways to redistribute power and create social justice" (p. 897). Activism and leadership from the mental health

professions is critical if we are to contribute to pulling the threads of racism from the fabric of our collective and individual lives.

References

- Abernethy, A.C. (1995). Managing racial anger: A critical skill in cultural competence. *Journal of Multicultural Counseling and Development, 23*, 96-102.
- Adams, P.L. (1990). Prejudice and exclusion as social traumata. In J.D. Noshpitz & R.D. Coddington (Eds.), *Stressors and the adjustment disorders* (pp. 362-391). New York: John Wiley.
- Akbar, N. (1991). Mental disorder among African Americans. In R.L. Jones (Ed.), *Black psychology* (3rd ed., pp. 339-352). Berkeley, CA: Cobb & Henry.
- Albee, G.W. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *American Psychologist, 41*, 891-898.
- Aldwin, C.M. (1994). *Stress, coping, and development: An integrative perspective*. New York: Guilford Press.
- Allport, G.W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.
- Allison, K.W. (1998). Stress and oppressed social category membership. In J.K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 149-170). San Diego: Academic Press.
- Allison, K.W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence: Training in clinical and counseling psychology revisited. *American Psychologist, 49*, 792-796.
- Amaro, H., Russo, N.F., & Johnson, J. (1987). Family and work predictors of psychological well-being among Hispanic women professionals. *Psychology of Women Quarterly, 11*, 505-521.
- Amirkhan, J.H. (1990). Applying attribution theory to the study of stress and coping. In S. Graham & V.S. Folkes (Eds.), *Attribution theory: Applications to achievement, mental health, and interpersonal conflict* (pp. 79-102). Hillsdale, NJ: Lawrence Erlbaum.
- Anderson, N.B., (1989). Racial differences in stress-induced cardiovascular reactivity and hypertension: Current status and substantive issues. *Psychological Bulletin, 105*, 89-105.
- Barbarin, O.A. (1981). Community competence: An individual systems model of institutional racism. In O.A. Barbarin, P.R. Good, O.M. Pharr, & J.A. Siskind (Eds.), *Institutional racism and community competence* (pp. 6-19). [DHHS Publication No. ADM 81-907]. Washington, DC: U.S. Government Printing Office.
- Bernal, M.E., & Castro, F.G. (1994). Are clinical psychologists prepared to service and research with ethnic minorities? *American Psychologist, 49*, 797-805.
- Branscombe, N.R., & Ellemers, N. (1998). Coping with group-based discrimination: Individualistic versus group-level strategies. In J.K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 244-266). San Diego: Academic Press.
- Brantley, T. (1983). Racism and its impact on psychotherapy. *American Journal of Psychiatry, 140*, 1605-1608.
- Brickman, P., Rabinowitz, V.C., Karuza, J., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. *American Psychologist, 37*, 368-384.
- Brown, L.S. (1993). Antidomination training as a central component of diversity in clinical psychology education. *Clinical Psychologist, 46*, 83-87.
- Bulhan, H. (1985). *Franz Fanon and the psychology of oppression*. New York: Plenum Press.

- Carter, J.H. (1994). Racism's impact on mental health. *Journal of the National Medical Association*, 86, 543-547.
- Cervantes, R.C., & Castro, F.G. (1985). Stress, coping, and Mexican American mental health: A systematic review. *Hispanic Journal of Behavioral Sciences*, 7, 1-73.
- Chan, C., & Haro, M. (1996). *Hate crime in Los Angeles County in 1995: A report to the Los Angeles County Board of Supervisors*. Los Angeles: County Commission on Human Relations.
- Comas-Diaz, L., & Greene, B. (1994). Women of color with professional status. In L. Comas-Diaz & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 347-388). New York: Guilford Press.
- Comas-Diaz, L., & Griffith, E.H. (Eds.). (1988). *Clinical guidelines in cross-cultural mental health*. New York: John Wiley.
- Comas-Diaz, L., & Jacobsen F.M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, 61, 392-402.
- Cose, E. (1993). *The rage of a privileged class*. New York: HarperCollins.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96, 608-630.
- Crosby, F. (1984). The denial of personal discrimination. *American Behavioral Scientist*, 27, 371-386.
- De la Canela, V., & Sotomayor, G.M. (1993). Rainbow warriors: Reducing institutional racism in mental health. *Journal of Mental Health Counseling*, 15, 55-71.
- Dion, K.L., Dion, K.K., & Pak, A.W. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Canadian Journal of Behavioural Science*, 24, 517-536.
- Dohrenwend, B.S., & Dohrenwend, B.P. (1970). Class and race as status-related sources of stress. In S. Levine & B. Scotch (Eds.), *Social stress* (pp. 111-140). Chicago: Aldine.
- Dovidio, J.F., & Gaertner, S.L. (Eds.). (1986). *Prejudice, discrimination, and racism*. San Diego: Academic Press.
- Edwards, A., & Polite, C.K. (1992). *Children of the dream: The psychology of black success*. New York: Doubleday.
- Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory*. Newbury Park, CA: Sage Publications.
- Farrell, W.C., & Jones, C.K. (1988). Recent racial incidents in higher education: A preliminary perspective. *Urban Review*, 20, 211-220.
- Feagin, J.R. (1991). The continuing significance of race: Antiblack discrimination in public places. *American Sociological Review*, 56, 101-116.
- Feagin, J.R., & Eckberg, D.L. (1980). Discrimination: motivation, action, effects, and context. *Annual Review of Sociology*, 6, 1-20.
- Feagin, J.R., & Sikes, M.P. (1994). *Living with racism: The black middle-class experience*. Boston: Beacon Press.
- Fernando, S. (1984). Racism as a cause of depression. *International Journal of Social Psychiatry*, 30, 41-49.
- Franklin, A.J. (1992). African American men in therapy. *Families in Society: Journal of Contemporary Human Services*, 73, 350-355.
- Franklin, A.J. (July/August, 1993). The invisibility syndrome. *Family Therapy Networker*, 33-39.
- Goldberger, L., & Breznitz, S. (1993). *Handbook of stress: Theoretical and clinical aspects* (2nd ed). New York: Free Press.
- Greene, B.A. (1990). What has gone before: The legacy of racism and sexism in the lives of black mothers and daughters. In L.S. Brown & M.P.P. Root (Eds.), *Diversity and complexity in feminist therapy* (pp. 207-230). New York: Haworth Press.
- Greene, B. (1995). Institutional racism in the mental health professions. In J.A. Adleman & G.M. Enguidanos (Eds.), *Racism in the lives of women: Testimony, theory, and guides to antiracist practice* (pp. 113-125). Binghamton, NY: Harrington Park.
- Grier, W.H., & Cobbs, P.M. (1968). *Black rage*. New York: Basic Books.
- Griffin, J.T. (1991). Racism and humiliation in the African American community. *Journal of Primary Prevention*, 12, 149-67.
- Guthrie, P. (1995). Racism in academia: A case study. In J.A. Adleman & G.M. Enguidanos (Eds.), *Racism in the lives of women: Testimony, theory, and guides to antiracist practice* (pp. 45-53). Binghamton, NY: Harrington Park.
- Gutierrez, S.E., Saenz, D.S., & Green, B.L. (1994). Job stress and health outcomes among white and Hispanic employees: A test of the person-environment fit model. In G.P. Keita & J.J. Hurrell (Eds.), *Job stress in a changing workforce: Investigating gender, diversity, and family issues* (pp. 107-125). Washington, DC: American Psychological Association.
- Hankins-McNary, L.D. (1979). The effect of institutional racism on the therapeutic relationship. *Psychiatric Care*, 17, 25-31.
- Harrell, J. (1979). Analyzing black coping styles: A supplemental diagnostic system. *Journal of Black Psychology*, 5, 99-108.
- Harrell, S.P. (1997). *The Racism and Life Experience Scales (RaLES)*. Unpublished manuscript.
- Harrell, S.P., Merchant, M., & Young, S. (1997, August). Psychometric properties of the Racism and Life Experience Scales (RaLES). Poster presented at the Annual Convention of the American Psychological Association, Chicago.
- Harris, V.R. (1995). Prison of color. In J.A. Adleman & G.M. Enguidanos (Eds.), *Racism in the lives of women: Testimony, theory, and guides to antiracist practice* (pp. 75-83). Binghamton, NY: Harrington Park.
- Hass, A. (1996). *In the shadow of the Holocaust: The second generation*. New York: Cambridge University Press.
- Helms, J.E. (Ed.) (1993). *Black and white racial identity: Theory, research, and practice*. Westport, CT: Praeger.
- Hobfoll, S.E., & Vaux, A. (1992). Social support: Resources and context. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (pp. 685-705). New York: Free Press.
- Ivey, A.E. (1995). Psychotherapy as liberation: Toward specific skills and strategies in multicultural counseling and therapy. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 53-72). Thousand Oaks, CA: Sage Publications.
- Jackson, J.S., Brown, T.N., Williams, D.R., Torres, M., Sellers, S.L., & Brown, K. (1996). Racism and the physical and mental health of African Americans: A thirteen year national panel study. *Ethnicity & Disease*, 6, 132-147.
- Jackson, J.S., & Inglehart, M.R. (1995). Reverberation theory: Stress and racism in hierarchically structured communities. In S.E. Hobfoll & M.W. de Vries (Eds.), *Extreme stress and communities: Impact and intervention* (pp. 353-373). Dordrecht, Netherlands: Kluwer Academic.
- Jones, A.C. (1985). Psychological functioning in African Americans: A conceptual guide for use in psychotherapy. *Psychotherapy*, 22, 363-369.
- Jones, D.R., Harrell, J.P., Morris-Prather, C.E., Thomas, J., & Omowale, N. (1996). Affective and physiological responses to racism: The roles of Afrocentrism and mode of presentation. *Ethnicity & Disease*, 6, 109-122.
- Jones, J.M. (1972). *Prejudice and racism*. Reading, MA: Addison-Wesley.
- Jones, J.M. (1988). Racism in black and white: A bicultural

- model of reaction and evolution. In P.A. Katz & D.A. Taylor (Eds.), *Eliminating racism: Profiles in controversy* (pp. 117-135). New York: Plenum Press.
- Jones, J.M. (1991). Piercing the veil: Bicultural strategies for coping with prejudice and racism. In H.J. Knopke, R.J. Norrell, & R.W. Rogers (Eds.), *Opening doors: Perspectives on race relations in contemporary America* (pp. 179-197). Tuscaloosa: University of Alabama Press.
- Jones, J.M. (1992). Understanding the mental health consequences of race: Contributions of basic social psychological processes. In D.N. Ruble, P.R. Costanzo, & M.E. Oliveri (Eds.), *The social psychology of mental health: Basic mechanisms and applications* (pp. 199-240). New York: Guilford Press.
- Jones, J.M. (1997). *Prejudice and racism* (2nd ed.). New York: McGraw-Hill.
- Kardiner, A., & Ovesey, L. (1951). *The mark of oppression: A psychosocial study of the American Negro*. New York: Norton.
- Kawanishi, Y. (1995). The effects of culture on beliefs about stress and coping: Causal attribution of Anglo-American and Japanese persons. *Journal of Contemporary Psychotherapy*, 25, 49-60.
- Kessler, R.C. (1979). Stress, social status, and psychological distress. *Journal of Health and Social Behavior*, 20, 259-272.
- Kirk, A.R. (1986). Destructive behaviors among members of the black community with a special focus on males: Causes and methods of intervention. *Journal of Multicultural Counseling and Development*, 14, 3-9.
- Krieger, N. (1990). Racial and gender discrimination: Risk factors for high blood pressure? *Social Science and Medicine*, 30, 1273-1281.
- Lalonde, R.N., & Cameron, J.E. (1994). Behavioral responses to discrimination: A focus on action. In M.P. Zanna & J.M. Olson (Eds.), *The psychology of prejudice: The Ontario symposium* (Vol. 7, pp. 257-288). Hillsdale, NJ: Lawrence Erlbaum.
- Lalonde, R.N., Majumder, S., & Parris, R.D. (1995). Preferred responses to situations of housing and employment discrimination. *Journal of Applied Social Psychology*, 25, 1105-1119.
- Landrine, H., & Klonoff, E.A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*, 22, 144-168.
- Landrine, H., Klonoff, E.A., Alcaraz, R., Scott, J., & Wilkins, P. (1995). Multiple variables in discrimination. In B. Lott & D. Maluso (Eds.), *The social psychology of intergroup discrimination* (pp. 183-224). New York: Guilford Press.
- Lazarus, R.S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing.
- Lazarus, R.S., & Launier, R. (1978). Stress-related transactions between person and environment. In L.A. Pervin & M. Lewis (Eds.), *Perspectives in interactional psychology* (pp. 287-327). New York: Plenum Press.
- Loiacano, D.K. (1989). Gay identity issues among black Americans: Racism, homophobia, and the need for validation. *Journal of Counseling and Development*, 68, 21-25.
- Lott, B., & Maluso, D. (1995). Introduction: Framing the questions. In B. Lott & D. Maluso (Eds.), *The social psychology of interpersonal discrimination* (pp. 1-11). New York: Guilford Press.
- Lykes, M.B. (1983). Discrimination and coping in the lives of black women: Analyses of oral history data. *Journal of Social Issues*, 39, 79-100.
- Maluso, D. (1995). Shaking hands with a clenched fist: Interpersonal racism. In B. Lott & D. Maluso (Eds.), *The social psychology of interpersonal discrimination* (pp. 50-79). New York: Guilford Press.
- McNeilly, M.D., Anderson, N.B., Armstead, C.A., Clark, R., Corbett, M., Robinson, E.L., Pieper, C.F., & Lepisto, E.M. (1996). The perceived racism scale: A multidimensional assessment of the experience of white racism among African Americans. *Ethnicity & Disease*, 6, 154-166.
- Moritsugu, J., & Sue, S. (1983). Minority status as a stressor. In R.D. Felner, L.A. Jason, J. Moritsugu, & S.S. Farber (Eds.), *Preventive psychology: Theory, research, and practice* (pp. 162-174). New York: Praeger.
- Myers, H.F. (1982). Stress, ethnicity, and social class: A model for research with black populations. In E. Jones and S. Korchin (Eds.), *Minority mental health* (pp. 118-148). New York: Holt, Rinehart, & Winston.
- Nagata, D. (1990). The Japanese American internment: Exploring the transgenerational consequences of traumatic stress. *Journal of Traumatic Stress*, 3, 47-69.
- Neighbors, H.W., Jackson, J.S., Bowman, P., and Gurin, G. (1983). Stress, coping, and black mental health: Preliminary findings from a national study. *Prevention in Human Services*, 2, 5-28.
- Neuspiel, D.R. (1996). Racism and perinatal addiction. *Ethnicity & Disease*, 6, 47-55.
- Outlaw, F.H. (1993). Stress and coping: The influence of racism on the cognitive appraisal processing of African Americans. *Issues in Mental Health Nursing*, 14, 399-409.
- Pak, A.W-P., Dion, K.L., & Dion, K.K. (1991). Social psychological correlates of experienced discrimination: Test of the double jeopardy hypothesis. *International Journal of Inter-cultural Relations*, 15, 243-254.
- Pearlin, L.I. (1981). Role strains and personal stress. In H.G. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 3-32). New York: Academic Press.
- Pearlin, L.I., Menaghan, E.G., Lieberman, M.A., & Mullan, J.T. (1983). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.
- Peters, M.F., & Massey, G. (1983). Mundane extreme environmental stress in family stress theories: The case of black families in white America. *Marriage and Family Review*, 6, 193-218.
- Pierce, C.M. (1995). Stress analogs of racism and sexism: Terrorism, torture, and disaster. In C.V. Willie, P.P. Reiker, B.M. Kramer, & B.S. Brown (Eds.), *Mental health, racism and sexism* (pp. 277-293). Pittsburgh: University of Pittsburgh Press.
- Pinderhughes, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York: Free Press.
- Priest, R. (1991). Racism and prejudice as negative impacts on African American clients in therapy. *Journal of Counseling and Development*, 70, 213-215.
- Ramirez, A. (1988). Racism toward Hispanics: The culturally monolithic society. In P.A. Katz & D.A. Taylor (Eds.), *Eliminating racism: Profiles in controversy* (pp. 137-157). New York: Plenum Press.
- Reynolds, A.L., & Pope, R.L. (1991). The complexities of diversity: Exploring multiple oppressions. *Journal of Counseling and Development*, 70, 174-180.
- Ridley, C.R. (1995). *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention*. Thousand Oaks, CA: Sage Publications.
- Root, M.P.P. (1993). Reconstructing the impact of trauma on personality. In M. Ballou & L. Brown (Eds.), *Theories of personality and psychopathology: Feminist reappraisal* (pp. 229-265). New York: Guilford Press.
- Rothenberg, P.S. (Ed.). (1988). *Racism and sexism: An integrated study*. New York: St. Martin's Press.
- Ruggiero, K.M., & Taylor, D.M. (1995). Coping with discrim-

- ination: How disadvantaged group members perceive the discrimination that confronts them. *Journal of Personality and Social Psychology*, 68, 826–838.
- Salgado de Snyder, V.N. (1987). Factors associated with acculturative stress and depressive symptomatology among married Mexican immigrant women. *Psychology of Women's Quarterly*, 11, 475–488.
- Sanchez, J.J., & Fernandez, D.M. (1993). Acculturative stress among Hispanics: A bidimensional model of ethnic identification. *Journal of Applied Social Psychology*, 23, 654–668.
- Shorter-Gooden, K. (1996). The Simpson trial: Lessons for mental health practitioners. *Cultural Diversity and Mental Health*, 2, 65–68.
- Simon Wiesenthal Center. (1998). *The new lexicon of hate: The changing tactics, language and symbols of America's extremists* (3rd ed.). Los Angeles: Author.
- Simpson, G.E., & Yinger, J.M. (1985). *Racial and cultural minorities: An analysis of prejudice and discrimination* (5th ed.). New York: Plenum Press.
- Slavin, L.A., Rainer, K.L., McCreary, M.L., & Gowda, K.K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling and Development*, 70, 156–163.
- Smith, E.M.J. (1985). Ethnic minorities: Life stress, social support and mental health issues. *Counseling Psychologist*, 13, 537–579.
- Steele, C.M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, 69, 797–811.
- Steele, E., Mitchell, J., Greywolf, E., Belle, D., Chang, W., & Schuller, R.B. (1982). The human cost of discrimination. In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 109–119). Beverly Hills, CA: Sage Publications.
- Stevenson, H.C. (1994). Validation of the scale of racial socialization for African American adolescents: Steps toward multidimensionality. *Journal of Black Psychology*, 20, 445–468.
- Stevenson, H.C., & Renard, G. (1993). Trusting ole' wise owls: Therapeutic use of cultural strengths in African-American families. *Professional Psychology: Research and Practice*, 24, 433–442.
- Sue, D.W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). New York: John Wiley.
- Swim, J.K., & Stangor, C. (Eds.) (1998). *Prejudice: The target's perspective*. San Diego: Academic Press.
- Tatum, B.D. (1987). *Assimilation blues: Black families in a white community*. New York: Greenwood Press.
- Taylor, D.M., Wright, S.C., Moghaddam, F.M., & Lalonde, R.N. (1990). The personal/group discrimination discrepancy: Perceiving my group, but not myself to be a target for discrimination. *Personality and Social Psychology Bulletin*, 16, 254–262.
- Taylor, D.M., Wright, S.C., & Porter, L.E. (1994). Dimensions of perceived discrimination: The personal/group discrimination discrepancy. In M.P. Zanna & J.M. Olson (Eds.), *The psychology of prejudice: The Ontario symposium* (Vol. 7, pp. 233–255). Hillsdale, NJ: Lawrence Erlbaum.
- Thompson, B.W. (1992). A way outa no way: Eating problems among African American, Latina, and white women. *Gender and Society*, 6, 546–561.
- Trickett, E., Watts, R., & Birman, D. (Eds.) (1994). *Human diversity: Perspectives of people in context*. San Francisco: Jossey-Bass.
- Trimble, J.E. (1988). Stereotypical images, American Indians, and prejudice. In P.A. Katz & D.A. Taylor (Eds.), *Eliminating racism: Profiles in controversy* (pp. 181–202). New York: Plenum Press.
- Turner, C.B., & Kramer, B.M. (1995). Connections between racism and mental health. In C.V. Willie, P.P. Reiker, B.M. Kramer, & B.S. Brown (Eds.), *Mental health, racism, and sexism* (pp. 3–25). Pittsburgh: University of Pittsburgh Press.
- Usey, S.O., & Ponterotto, J.G. (1996). Development and validation of the index of race-related stress (IRRS). *Journal of Counseling Psychology*, 43, 490–501.
- Wade, J.C. (1993). Institutional racism: An analysis of the mental health system. *American Journal of Orthopsychiatry*, 63, 536–544.
- Watts, R.J. (1994). Graduate training for a diverse world. *American Journal of Community Psychology*, 22, 807–809.
- Wheaton, B. (1993). Sampling the stress universe. In W.R. Avison & I.H. Gotlib (Eds.), *Stress and mental health: Contemporary issues and prospects for the future* (pp. 77–114). New York: Plenum Press.
- Williams, D.R. (1996). Racism and health: A research agenda. *Ethnicity & Disease*, 6, 1–6.
- Wilson, D.W., & Bennett, V.Y. (1994). Determinants of the attribution of racism. *Journal of Social Behavior and Personality*, 9, 489–498.
- Wyatt, G. (1997, August). Racism and psychology: Research, resilience, and a call for action. Discussant remarks presented at the annual meeting of the American Psychological Association, Chicago.
- Zanna, M.P., & Olson, J.M. (Eds.). *The psychology of prejudice: The Ontario symposium* (Vol. 7). Hillsdale, NJ: Lawrence Erlbaum.