

Hope and Life Satisfaction in Black College Students Coping With Race-Related Stress

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This exploratory study examined the effects of hope and coping with race-related stress on life satisfaction in Black college students. Findings indicated that students with high hope had greater coping efficacy and used more problem-focused coping than students with low hope. Neither coping nor hope had a direct effect on life satisfaction. However, six of the nine Coping \times Hope interactions were significant. Contrary to expectations, the pattern of interactions suggested that for students with high hope, life satisfaction was associated with less frequent use of active coping strategies, and for students with low hope, life satisfaction was associated with greater use of active coping strategies. We suggest future directions for research on the role of hope and coping in Black individuals dealing with race-related stress.

Keywords: *hope; coping; race-related stress; life satisfaction; Black college students*

Hope is itself a species of happiness, and, perhaps, the chief happiness which this world affords.

Samuel Johnson
(personal communication,
June 8, 1762)

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Hope, defined by Snyder and colleagues (1991), is a cognitive set that involves a sense of agency and pathways for goals. Individuals who are high in hope possess a sense of goal-directed determination, coupled with the ability to generate plans to achieve their goals (Snyder et al., 1991). When measured using the scale developed by Snyder et al., hope has been linked with positive psychological and health-related outcomes among adults and children coping with a variety of adverse events, including burn injuries (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), sickle cell disease (Lewis & Kliever, 1996), posttraumatic stress disorder (Irving, Telfer, & Blake, 1997), breast cancer (Stanton, Danoff-Burg, & Huggins, 2002), and exposure to violence (Hinton-Nelson, Roberts, & Snyder, 1996). Thus, evidence that hope plays a role in enabling individuals to thrive even when faced with severe stressors is growing. One important area that has not yet been examined empirically, however, is the potential effect of hope on coping with discrimination (Lopez, Gariglietti, et al., 2000). A few published studies have focused on hope in samples of Black individuals (Adams & Jackson, 2000; Hinton-Nelson et al., 1996; Phillips & Sowell, 2000), but none of these studies focused on coping with perceived discrimination. Nor did any of these studies use Snyder and colleagues' Hope Scale for adults, which has the advantage of being theoretically grounded, with well-documented psychometric properties (Snyder et al., 1991).

Perceived racial discrimination is a nearly universal stressor among Black people and has been linked with poor mental and physical health outcomes (Landrine & Klonoff, 1996). Landrine and Klonoff found that in a sample of African Americans aged 15 to 70 years, 98.1% reported that they had experienced racial discrimination during the past year, and 100% reported that they had experienced racial discrimination at some point during their lifetime. Furthermore, 99.4% of the sample reported that the experience of racial discrimination was stressful. The investigators also found that participants' experience of discrimination was related to health-compromising behavior (i.e., cigarette smoking). Similar results have been found in other studies of Black adults; for example, Broman, Mavaddat, and Hsu (2000) found associations between racial discrimination and psychological distress, and Krieger and colleagues (Krieger, 1990; Krieger & Sidney, 1996) found associations between racial discrimination and hypertension.

Several researchers (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000; Outlaw, 1993; Plummer & Slane, 1996; Slavin, Rainer, McCreary, & Gowda, 1991; Utsey & Ponterotto, 1996) have used Lazarus and Folkman's (1984) transactional model of stress and coping as a theoretical framework to understand better the experience of individuals who encounter racial discrimination. Within this model, race-related stress is defined by Harrell

(2000) 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” (p. 44). It is the individual’s appraisal of the perceived racism, rather than the objective severity of the experience, that will determine his or her coping response. Coping strategies are the cognitive and behavioral efforts used to manage demands appraised by the individual as stressful (Lazarus & Folkman, 1984).

Although the stress associated with racial discrimination is inextricably linked with the coping process (Clark et al., 1999), few studies have examined empirically the coping behaviors of Black adults with regard to race-related stress, and even fewer have examined the relation of specific coping strategies to adjustment outcomes among Black adults. Consonant with the broader literature on coping with stressful life events, which indicates that avoidant coping strategies generally are associated with greater distress relative to strategies directed toward active engagement with stressors (e.g., Maes, Leventhal, & De Ridder, 1996; Moos & Schaefer, 1993), Utsey, Ponterotto, Reynolds, and Cancelli (2000) found that avoidance coping predicted low levels of life satisfaction among Black college students coping with racial discrimination. In the same study, coping through problem solving and seeking social support were unrelated to satisfaction with life. It is interesting that Krieger (1990) found that Black women who reported that they coped with discrimination by taking action were less likely to have hypertension than those who coped by accepting the event and not discussing it with others.

How might hope allow some individuals to cope with the experience of race-related stress in a way that shelters them from its negative effects? Snyder, Cheavens, and Michael (1999) suggest that hope may have a moderating effect, such that persons who are high in hope are able to implement adaptive coping strategies more successfully than persons who are low in hope. High hope individuals are thought to be able to conceptualize their goals clearly, feel confident in their ability to manage stressors effectively, and be motivated to mobilize active coping efforts to pursue their goals. In addition to possessing greater coping efficacy, high hope individuals should have a broader repertoire of coping strategies (Snyder et al., 1999). Because hope involves seeing pathways to goals, those with high hope are more likely to have access to different ways of coping, increasing the likelihood that they will be able to match any given stressor with an appropriate coping strategy.

Empirical support for the moderating process suggested by Snyder et al. (1999) has been provided by two studies investigating relations among hope, coping, and psychological adjustment to illness. In a longitudinal study of women with early stage breast cancer, Stanton et al. (2002) found that turning to religion was an effective coping strategy for women low in hope, whereas positive reinterpretation and seeking social support predicted better psychological adjustment for women high in hope. In a study of children with sickle cell disease (Lewis & Kliever, 1996), the combination of high hope and coping through active coping, seeking social support, and distraction was associated with less anxiety. Both Stanton et al. (2002) and Lewis and Kliever tested for mediation as well as moderation, but neither found support for a mediating role of coping strategies in the relation between hope and adjustment. In contrast, a study of hope, coping, and functional ability in visually impaired veterans found evidence for mediation rather than moderation (Jackson, Taylor, Palmatier, Elliott, & Elliot, 1998), but this investigation measured coping styles (e.g., inhibited/avoidant vs. social/histrionic) rather than coping strategies as conceptualized by Lazarus and Folkman (1984).

This study explores hope in a sample of Black college students. Given previous theoretical (Snyder et al., 1999) and empirical (Lewis & Kliever, 1996; Stanton et al., 2002) support for a model in which hope and coping strategies affect psychological adjustment through a moderating process, we hypothesize that hope and coping will interact to predict students' life satisfaction. We examine the outcome measure of life satisfaction because previous research (Utsey et al., 2000) has found this aspect of psychological adjustment to be related to Black college students' ways of coping with race-related stress. Moreover, Adams and Jackson (2000) found that hope (measured using two "feel life would work or not" items) accounted for a significant amount of unique variance in the life satisfaction of Black community-residing adults. Adams and Jackson suggested that hope acts as a means of cultural strength that allows African Americans to cope with difficult life conditions. These authors called for the assessment of hope in future investigations of life satisfaction among African Americans. In this study, we expect that students who are most satisfied with their lives will be those who are high in hope and use active (i.e., approach-oriented rather than avoidance-oriented) coping strategies when confronting race-related stress. We also expect that high hope students will evidence greater coping efficacy and a wider coping repertoire (i.e., utilization of a greater number of coping strategies).

METHOD

PARTICIPANTS

Participants included 104 Black undergraduate students of African descent. The students attended a northeastern university that has 17,000 students and is located within a city of 95,000 people. Nine percent of undergraduate students at the university are Black, and 12% of residents within the larger county are Black. Due to evidence of a random response pattern, four participants' data were excluded from the analyses. Therefore, 100 students (40 males, 60 females) between the ages of 17 and 32 ($M = 19.14$, $SD = 2.22$) were included in the analyses. Within this sample, 49% of the participants were 1st-year students, 32% were sophomores, 12% were juniors, and 7% were seniors. Thirty-eight percent of the participants identified most with an African American ethnic group, 34% with West Indian/Caribbean, 10% with Hispanic, Cuban, Puerto Rican, Central American, or South American, 13% with Haitian, and 5% with another ethnic group. Eleven participants reported being financially independent students, 80 participants reported being financially dependent on their parents, and 9 participants did not provide a response. More than 80% of the students were living on campus. Average yearly income levels for the past year ranged from less than \$10,000 to more than \$100,000 and were reported in \$5,000 increments. The average yearly income levels for both independent and dependent students were between \$10,001 and \$20,000.

PROCEDURE

Participants were recruited primarily through the psychology department's subject pool. In addition to this recruitment procedure, the second author, who is African American, made announcements about the study to Black student organizations at the university. To increase the participation rate, a lottery was held as an incentive for participation. Students who participated in the study had a chance of winning one of three cash prizes: a \$50.00 prize or one of two \$25.00 prizes.

Participants provided informed consent and then completed the self-report survey anonymously in small groups of 4-10 people. On all occasions except one, African American research assistants administered the survey.

MEASURES

Hope was measured with the dispositional version of the Hope Scale (Snyder et al., 1991). The scale contains four items tapping agency (e.g., "I meet the goals that I set for myself"), four items tapping pathways (e.g., "There are lots of ways around any problem"), and four filler items rated on an 8-point scale. Response options range from 1 (*definitely false*) to 8 (*definitely true*). Snyder et al. (1991) documented the scale's high reliability as well as its convergent, discriminant, and predictive validities. In this study, the internal consistency estimate of reliability (Cronbach's α) was .84 for the full scale, .80 for the Agency subscale, and .73 for the Pathways subscale.

Life satisfaction was assessed using the Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffen, 1985). This measure of global life satisfaction contains 5 items rated on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items are "I am satisfied with my life" and "In most ways my life is close to my ideal." Diener et al. (1985) documented the scale's high reliability as well as moderate correlation of the SWLS with other measures of subjective well-being and no significant correlation with social desirability. Internal consistency in this study was .80.

Coping strategies were assessed with the COPE (Carver, Scheier, & Weintraub, 1989). The COPE is a theoretically based coping inventory developed to assess conceptually distinct dimensions of coping; the 60-item inventory is made up of 4-item subscales measuring 15 different coping strategies. Subscales are used separately or in composites rather than summed into an overall score. The COPE has been shown to have good psychometric properties (Carver et al., 1989), including strong evidence of discriminant and convergent validity with constructs such as optimism, control, and self-esteem, as well as predictive validity (Carver et al., 1993).

In this study, the situational version of the COPE was used, in which participants are instructed to recall a specific event and then indicate the frequency with which they used particular coping strategies in response to that event, from 1 (*I didn't do this at all*) to 4 (*I did this a lot*). Participants completed the COPE with regard to a race-related stressor experienced within the past 6 months. Stressors were elicited using the following instructions:

Now take a few minutes to think about the most stressful race-related event that happened to you in the PAST SIX MONTHS. By "race-related" we mean an event that you feel happened to you because of your race and by "stressful" we mean a situation that was difficult or troubling to you.

To assess the extent to which these experiences were appraised as stressful, a single item ("Please rate the stressfulness of this event for you") was adminis-

tered. The item was rated on a scale from 1 (*I was not bothered by the event*) to 4 (*I was extremely upset by the event*), based on Utsey and Ponterotto (1996).

Based on previous research on the relation of hope and coping to psychological adjustment (Stanton et al., 2002), we combined COPE subscales to yield composite variables for problem-focused coping ($\alpha = .91$; composite of Active Coping and Planning subscales), seeking social support ($\alpha = .90$; composite of Seeking Social Support for Instrumental Reasons and Seeking Social Support for Emotional Reasons subscales), and avoidance ($\alpha = .76$; composite of Mental Disengagement, Behavioral Disengagement, and Denial subscales). We also used a positive cognitive restructuring composite ($\alpha = .77$; composite of Positive Restructuring and Growth and Acceptance subscales) suggested by Zautra, Sheets, and Sandler (1996). Because the Focus on and Venting of Emotions subscale of the COPE has been shown to contain items contaminated with distress (Stanton, Danoff-Burg, Cameron, & Ellis, 1994), we substituted the Emotional Approach Coping scales (Stanton, Kirk, Cameron, & Danoff-Burg, 2000). The psychometric properties of these two four-item scales, Emotional Expression ($\alpha = .78$) and Emotional Processing ($\alpha = .66$), have been reported by Stanton and colleagues (2000). The remaining COPE subscales used in analyses were Religion ($\alpha = .88$), Restraint ($\alpha = .75$), and Suppression of Competing Activities ($\alpha = .79$).¹

Coping efficacy was assessed with a seven-item measure constructed by Sandler, Tein, Mehta, Wolchik, and Ayers (2000), who documented its reliability and validity. Participants rated each item (e.g., "Overall, compared to other people, how good do you think that you have been in handling this type of problem?") on a scale of 1 (*not at all good*) to 4 (*very good*). Internal consistency in this study was .84.

RESULTS

DESCRIPTIVE STATISTICS

Intercorrelations among the study variables are presented in Table 1. Means for the full Hope Scale, the agency subscale, and the pathways subscale were 48.51 ($SD = 8.22$), 24.27 ($SD = 4.62$), and 24.12 ($SD = 4.61$), respectively. The average hope score for our sample was similar to the average score (48) for college and noncollege student samples (Lopez, Ciartelli, Coffman, Stone, & Wyatt, 2000). Hope was not significantly related to age, gender, or perceived stressfulness of the race-related stressor. Average life satisfaction ($M = 21.48$, $SD = 5.92$) was similar to the average for a sample of

TABLE 1
Intercorrelations Among Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Hope											
2. Coping—emotional expression	.20*										
3. Coping—emotional processing	.30**	.63**									
4. Coping—seeking social support	.16	.44**	.46**								
5. Coping—problem-focused	.26*	.32**	.62**	.53**							
6. Coping—avoidance	-.16	-.05	.16	.28**	.27**						
7. Coping—positive cognitive restructuring	.19	.18	.41**	.39**	.41**	.38**					
8. Coping—suppression of activities	.18	.15	.40**	.42**	.62**	.39**	.30**				
9. Coping—religion	-.02	.24*	.35**	.45**	.43**	.31**	.34**	.28**			
10. Coping—restraint	.15	.18	.46**	.43**	.67**	.44**	.45**	.49**	.36**		
11. Coping efficacy	.27**	.07	.33**	.31**	.46**	.17	.31**	.44**	.38**	.38**	
12. Life satisfaction	.15	.11	-.01	.15	-.07	-.02	.04	-.12	.05	.02	-.05

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

Black students ($M = 20.67$) reported by Utsey et al. (2000). With regard to coping, the order of the strategies from most frequently used (rated as 4) to least frequently used (rated as 1) was as follows: Emotional Processing ($M = 2.73$, $SD = .73$), Religion ($M = 2.63$, $SD = 1.03$), Positive Cognitive Restructuring ($M = 2.59$, $SD = .65$), Emotional Expression ($M = 2.55$, $SD = .80$), Seeking Social Support ($M = 2.45$, $SD = .84$), Problem-Focused Coping ($M = 2.37$, $SD = .85$), Restraint ($M = 2.25$, $SD = .79$), Suppression of Competing Activities ($M = 1.98$, $SD = .77$), and Avoidance ($M = 1.81$, $SD = .55$). With regard to level of perceived stressfulness of the race-related event, the mean was 3.31 ($SD = .94$) on a 4-point scale where a rating of 3 indicated that the participant had been "upset by the event" and a rating of 4 indicated that the participant had been "extremely upset by the event."

HOPE AS A MODERATOR OF COPING ON LIFE SATISFACTION

Using the method recommended by Aiken and West (1991), we conducted moderated regression analyses to test the hypothesis that hope would interact with coping to predict life satisfaction. In separate analyses with life satisfaction as the criterion variable, the centered predictor variables of each coping strategy and hope were entered into the equation before the interaction term (Centered Coping \times Centered Hope). As shown in Table 2, significant Coping \times Hope interactions emerged for six of the nine coping strategies: emotional expression, emotional processing, seeking social support, suppression of competing activities, problem-focused coping, and religion. As shown in Figures 1 through 6, these interactions indicated that for students with low hope (1 SD below the mean), greater life satisfaction was associated with higher levels of coping, but for students with high hope (1 SD above the mean), greater life satisfaction was associated with lower levels of coping.

To interpret the significant interactions, simple slope analyses were conducted using criteria suggested by Aiken and West (1991). This involved calculating the slope of life satisfaction (i.e., the criterion) on each of the coping variables (i.e., the predictors) at high and low levels of hope (i.e., the moderator), where "high" and "low" refer to one standard deviation above and below the mean, respectively. The simple slope for life satisfaction regressed on emotional expression was statistically significant at low levels of hope ($B = .66$, $p < .01$) but not at high levels of hope ($B = -.29$, $p > .05$). The simple slope for life satisfaction regressed on emotional processing was statistically significant both at low levels of hope ($B = .49$, $p < .05$) and at high levels of hope ($B = -.60$, $p < .01$). The simple slope for life satisfaction regressed on social

TABLE 2
Hierarchical Regression of Life Satisfaction on
Coping, Hope, and Coping × Hope Interactions

<i>Variable</i>	B	SEB	β	R ²	ΔR^2	ΔF
Step 1				.03	.03	1.33
Emotional expression	.13	.15	.09			
Hope	.13	.11	.12			
Step 2				.14	.11	12.22***
Emotional Expression × Hope	-.44	.13	-.34***			
Step 1				.02	.02	1.11
Emotional processing	-.10	.17	-.06			
Hope	.17	.12	.16			
Step 2				.15	.12	13.70***
Emotional Processing × Hope	-.51	.14	-.36***			
Step 1				.04	.04	1.80
Seeking social support	.18	.14	.13			
Hope	.13	.11	.12			
Step 2				.13	.10	10.65**
Seeking Social Support × Hope	-.41	.12	-.32**			
Step 1				.04	.04	2.09
Suppression of activities	-.24	.16	-.15			
Hope	.18	.11	.17			
Step 2				.11	.07	7.35**
Suppression of Activities × Hope	-.36	.13	-.27**			
Step 1				.03	.03	1.60
Problem-focused coping	-.16	.14	-.12			
Hope	.19	.11	.17			
Step 2				.15	.12	12.75***
Problem-Focused Coping × Hope	-.40	.11	-.34***			
Step 1				.01	.01	0.64
Religion	.07	.12	.06			
Hope	.12	.12	.10			
Step 2				.05	.04	3.99*
Religion × Hope	-.24	.12	-.21*			

* $p < .05$. ** $p < .01$. *** $p < .001$.

support was statistically significant at low levels of hope ($B = .72, p < .001$) but not at high levels of hope ($B = -.16, p > .05$). The simple slope for life satisfaction regressed on suppression of competing activities was statistically significant at high levels of hope ($B = -.60, p < .01$) but not at low levels of hope ($B = .18, p > .05$). The simple slope for life satisfaction regressed on problem-focused coping was statistically significant at high levels of hope ($B = -.57, p < .01$) but not at low levels of hope ($B = .28, p > .05$). The simple

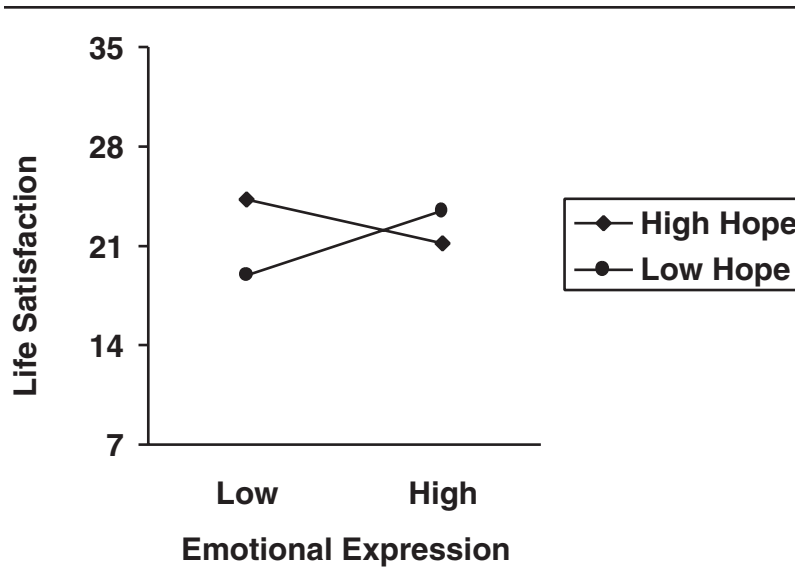


Figure 1: Relation Between Emotional Expression and Life Satisfaction Among Students With High Versus Low Levels of Hope

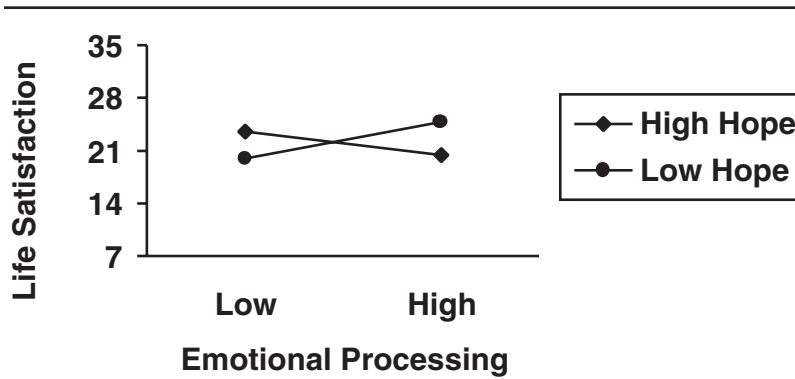


Figure 2: Relation Between Emotional Processing and Life Satisfaction Among Students With High Versus Low Levels of Hope

slope for life satisfaction regressed on religion was not statistically significant at either low levels of hope ($B = .35, p > .05$) or high levels of hope ($B = -.16, p > .05$). Simple slopes at average levels of hope (i.e., at the mean) can be found in Table 2.

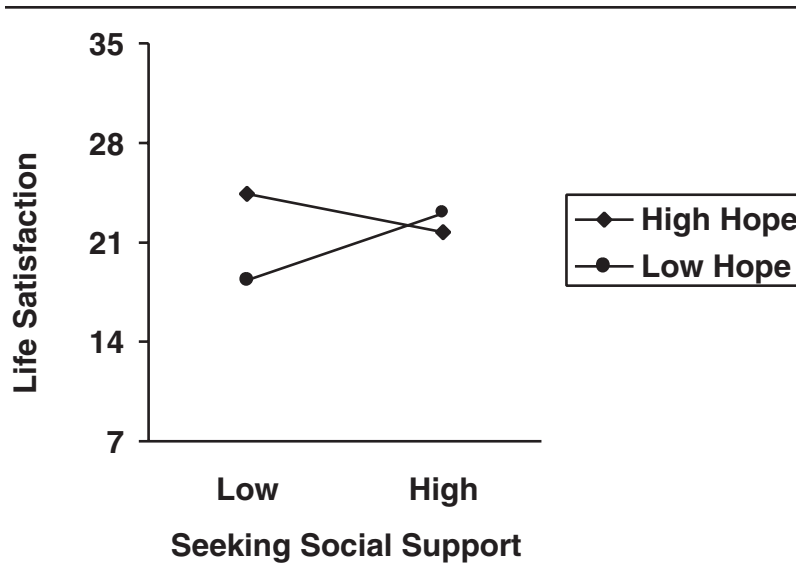


Figure 3: Relation Between Seeking Social Support and Life Satisfaction Among Students With High Versus Low Levels of Hope

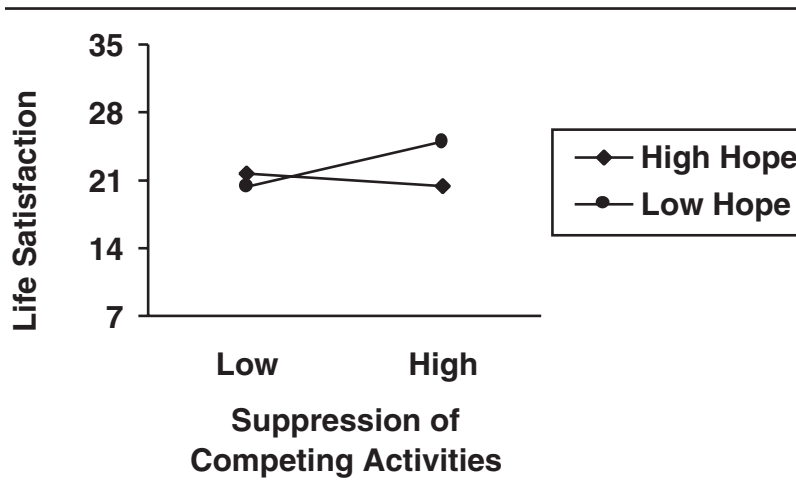


Figure 4: Relation Between Suppression of Competing Activities and Life Satisfaction Among Students With High Versus Low Levels of Hope

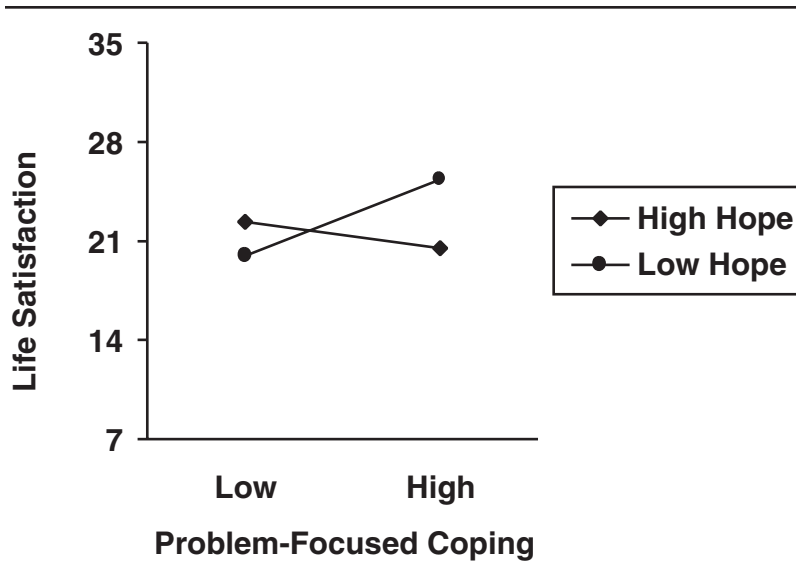


Figure 5: Relation Between Problem-Focused Coping and Life Satisfaction Among Students With High Versus Low Levels of Hope

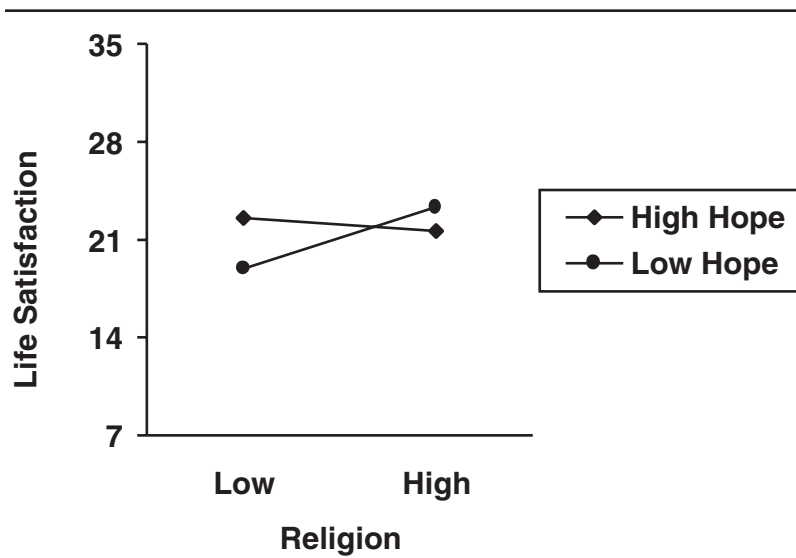


Figure 6: Relation Between Religion and Life Satisfaction Among Students With High Versus Low Levels of Hope

RELATION OF HOPE TO COPING EFFICACY

We hypothesized that students higher in hope would evidence greater coping efficacy. The correlation between hope and coping efficacy was significant and positive ($r = .27, p < .01$).

RELATION OF HOPE TO COPING REPERTOIRE

Finally, we hypothesized that high hope students would have a wider coping repertoire (i.e., that they would endorse utilization of a greater number of coping strategies). First, a one-way multivariate analysis of variance (MANOVA) was conducted to determine the effect of low hope versus high hope on the coping variables. A significant difference was found between the two levels of hope, Wilks's $\Lambda = .81, F(9, 87) = 2.21, p < .05, \eta^2 = .19$. Univariate analyses revealed that high hope students used more problem-focused coping, $F(1, 95) = 4.83, p < .05$, more positive cognitive restructuring, $F(1, 95) = 12.13, p < .001$, and more emotional processing, $F(1, 95) = 7.25, p < .01$. Next, we considered the number of coping strategies used irrespective of the degree to which they were used. To do this, we created a variable summing the number of coping strategies that each participant used at least "a little bit," as indicated by a response of 2 or higher on at least half of the items within a coping subscale. We then subjected this variable to a t test, which revealed a trend in the direction of high hope students using a greater number of coping strategies than low hope students, $t(84) = -1.74, p = .09$.

DISCUSSION

This is the first published study to focus exclusively on hope in Black college students. It is also one of the first to examine Black students' coping with race-related stress. Although neither hope nor coping had direct effects on students' satisfaction with life, hope and coping did interact to predict life satisfaction. Thus, a moderator model was supported, but the pattern of relationships among hope, coping, and life satisfaction differed from our expectations.

Based on the extant literature, we expected that students who were most satisfied with their lives would be those who were high in hope and used active coping strategies when confronting race-related stress. In contrast, we found that high hope students benefited from less frequent use of several active coping strategies (e.g., problem-focused coping, suppression of competing activities, emotional processing), whereas low hope students

benefited from the use of seeking social support, emotional expression, and emotional processing. These results differ from two previous studies (Lewis & Kliewer, 1996; Stanton et al., 2002) that found at least partial support for the hypothesis that persons with high hope would benefit from active coping. Both of those studies, however, examined hope in the context of coping with physical illness.

The six coping strategies that interacted significantly with hope in this study typically are conceptualized as active or approach-oriented coping strategies (Carver et al., 1989; Stanton et al., 2000), with the possible exception of religious coping. Although religious coping is often thought of as a passive or palliative coping strategy, it may be better conceptualized as an active coping process among African Americans, for whom religion, spirituality, and faith have been used historically to preserve culture, family, and identity (Mattis & Jagers, 2001). Further research is needed to understand the ways in which religious coping may facilitate adjustment to different types of stressors among different groups of people (Pargament, 1997). Empirical evidence that these six ways of coping functioned in this sample as active rather than passive coping strategies is provided by the fact that all of them correlated significantly and positively with each other (with the exception of a nonsignificant but positive association between emotional processing and suppression of competing activities), and none of them correlated negatively with avoidance coping.

It is surprising that high hope students benefited from less frequent use of active, approach-oriented strategies, such as problem-focused coping. According to hope theory, hopeful individuals are characterized by goal-directed agency and access to a variety of adjustment-enhancing pathways. Therefore, we expected that high hope individuals would benefit from the use of active coping strategies, that they would use a broader range of coping strategies, and that they would possess greater coping efficacy than low hope individuals. Supporting these hypotheses, we found that high hope students reported higher coping efficacy and used more problem-focused coping than low hope students, as well as more emotional processing and positive cognitive restructuring. Yet, high hope students' increased use of these coping strategies and greater coping efficacy was not associated with life satisfaction; in our sample, it was the students with low hope for whom particular active coping strategies appeared to confer increased life satisfaction. Although people who are low in hope theoretically are less skilled at problem-focused coping than people who are high in hope, it appears that less hopeful Black students who do attempt to implement active coping strategies when encountering race-related stress may experience positive outcomes.

What is it about the experience of race-related stress that makes active coping particularly useful for students with low hope? Our findings suggest that within a race-relevant context, hope is related to a sense of personal efficacy, such that individuals with low hope may perceive that their individual efforts will not be useful in managing the situation. Instead, people with low hope may believe that collective action against racism will be more effective than individual action (Wright, Taylor, & Moghaddam, 1990). Indeed, in this study, the coping strategies that appeared to help low hope students (seeking social support, emotional expression, and emotional processing) involve reaching out to others to receive help or to understand and share one's reactions to stressful encounters. Thus, individuals with low hope may feel best able to resolve problems in an interpersonal context. An implication of this is that access to a supportive social network or relevant institutional resources may be particularly important for individuals with low hope.

Research examining cognitive appraisals of race-related stress also may elucidate answers to the question of why active coping may affect life satisfaction differently for those with low hope versus high hope. Unfortunately, theoretically grounded, empirical studies of Black individuals' appraisal of and coping with race-related stress are virtually nonexistent (but see Outlaw, 1993, for a theoretical model of the influence of racism on the cognitive appraisal and coping processes of African Americans). In this sample, the appraisal variable of perceived stressfulness of the situation did not differ for high versus low hope students. We did not, however, assess perceived controllability of the situation. Differences in perceived controllability would be relevant to the study of hope and coping in that they influence whether individuals view situations as amenable to problem-solving attempts.

Global conceptualizations of controllability, however, may not be applicable to the study of race-related stress (Gurin, Gurin, Lao, & Beattie, 1969). For example, it may be important for researchers in this area to distinguish between perceived controllability of the occurrence of the stressor versus perceived controllability of one's response to the stressor. Similarly, researchers could distinguish between dispositional hope versus hope specific to race-relations or racism. As reflected in Jesse Jackson's (1988) call to "Keep hope alive," the latter form of hope has been an important theme of the struggle for civil rights in America. Researchers should consider the possibility that an individual with diminished hope for positive social change might simultaneously maintain a hopeful perspective concerning his or her own life.

Future studies also must examine whether the endorsement of particular coping strategies carries different meanings across different types of stressors or has different functions for those low and high in hope (Stanton et al.,

2002). To accomplish this, researchers first must find creative ways to capture the multiple meanings and combinations of strategies that make up the coping process (Danoff-Burg, Ayala, & Revenson, 2000). Qualitative methods would be useful in helping us understand more fully the processes of hope, appraisal, and coping, as well as ways in which the type of stressor experienced might affect these processes. For instance, Harrell (2000) described six different types of race-related stressors: life events, vicarious experiences, daily microstressors, chronic-contextual stress, collective experiences, and transgenerational transmission of group trauma. Obtaining information with regard to the nature of the specific race-related stressors experienced by research participants would allow investigators to make stronger conclusions concerning generalizability across different samples of Black students.

The possibility exists that hope simply does not have the same function in the context of Black students dealing with race-related stress as it does in previously studied contexts. Focus groups could be useful in understanding whether these findings accurately reflect the experience of Black students with regard to hope and coping with race-related stressors (Knight & Hill, 1998). From a measurement equivalence viewpoint, additional research should explore whether the Hope Scale has functional equivalence (i.e., whether the instrument relates to theoretically relevant constructs in the same manner as in the group in which the measure was developed) (Hui & Triandis, 1985; Knight & Hill, 1998). Certainly, these findings emphasize the importance of conducting psychological research with diverse samples to determine whether findings from more commonly studied groups such as White college students generalize to other populations.

Limitations of this study include the cross-sectional, correlational design, which does not enable us to draw conclusions concerning causal relationships. With regard to the interpretation of results, the possibility of Type I error also must be taken into account. Studies of hope, coping, and psychological adjustment in Black individuals using larger samples and collection of data over time, including not only self-report data but also information from other sources (e.g., family members or physicians), would be very useful. A limitation of self-report measures is the potential for mismatch between researcher-derived definitions of constructs (e.g., coping) and participants' interpretations of questionnaire items (Danoff-Burg et al., 2000). Qualitative methods aimed at revealing details concerning the content of the race-related stressors experienced by Black college students and their responses to these situations would also be merited. Another important area for study is the relation of ethnic minority group identification to hope and

coping with perceived discrimination (Branscombe, Schmitt, & Harvey, 1999; Utsey, Chae, Brown, & Kelly, 2002).

In closing, we revisit Samuel Johnson's suggestion that hope may be the chief happiness this world affords. Perhaps this idea is particularly relevant to individuals for whom this world looks more like an "inclined field of prejudice" (Lopez, Gariglietti, et al., 2000, p. 240) than a level playing field. It is inspiring to see that the Black participants in this study maintained levels of hope comparable to other college student samples, despite the fact that they shouldered not only the burdens associated with college student life but also the additional burden of coping with race-related stress. Although the difference was not statistically significant, it may be clinically significant that the average life satisfaction score for high hope students in this sample was above a published mean for Black college students (Utsey et al., 2000), whereas low hope students were at the published mean. Overall, however, students reported moderately high levels of life satisfaction irrespective of their level of hope.

Many questions remain about how hope functions in Black individuals, as well as in other ethnic minority groups. For example, which desired goals become blocked when people experience race-related stress? Which individuals in which contexts might benefit from learning to build a greater sense of agency and pathways thinking? How, for whom, and in which situations can hope and coping work together to facilitate life satisfaction? As psychologists committed to enhancing the well-being of all people in our culturally diverse society, we must continue to search for answers to these questions.

NOTE

1. We excluded two subscales, Humor and Substance Use, to reduce participant fatigue and because less psychometric information is available with regard to these scales (Carver et al., 1989).

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