

Interethnic Group and Intraethnic Group Racism: Perceptions and Coping in Black University Students

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This study explored perceived racism and the usual ways of coping with these perceptions in a sample of 269 Black university students (53% female). Perceptions of inter- and intragroup racism were assessed with the Life Experiences and Stress scale, and coping was measured with the Coping Orientations to Problems Experienced scale. A principal component analysis suggested that inter- and intragroup racism were separable constructs. Correlation analyses revealed that inter- and intragroup racism were negatively associated with self-deception. Relative to females, t-test analyses indicated that males perceived more inter- and intragroup racism. The t-test analyses also revealed that females were more likely than males to use emotion-focused and religious coping responses, when negotiating perceptions of inter- and intragroup racism; and, when negotiating perceptions of intragroup racism, males were more likely than females to use alcohol as a coping response. The limitations of the study and directions for future research are discussed.

Keywords: racism; Blacks; gender; coping; self-deception

Relative to other major ethnic groups in the United States, research indicates that Blacks have less favorable health profiles (e.g., elevated blood pressure and higher mortality rates from all causes, diabetes, and cerebrovascular disease; National Center for Health Statistics, 1998). These inter-

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ethnic group (intergroup) health differentials, as well as intraethnic group (intragroup) variations in psychological and physiological functioning among Blacks, may be partly attributable to the proximal and distal effects of environmental and sociopolitical conditions such as intergroup and intragroup racism (Brondolo, Rieppi, Kelly, & Gerin, 2003; Harrell, Hall, & Taliaferro, 2003; Krieger, 1999; Utsey, 1998; Williams & Neighbors, 2001). Compared to the well-established literature examining the etiology of intergroup racism among perpetrators, relatively fewer studies have explored perceptions of and coping responses to intergroup racism from the perspective of targets (Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). Moreover, in spite of its potential relationship to mental and physical well-being, published research examining perceptions of and coping responses to intragroup racism have been even more exiguous (Clark, Anderson, Clark, & Williams, 1999).

PERCEIVED RACISM

In the present study, perceived racism refers to subjective experiences of “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics [e.g., skin color, hair texture, width of nose, size of lips] or ethnic group affiliation” (Clark et al., 1999, p. 805). There are at least two notable differences between this conceptualization and other operational definitions of racism proposed by some ethnicity scholars. First, Clark et al. (1999) use the term *racism* synonymously with discrimination and prejudice, given that it is used in their conceptualization as an umbrella term that describes attitudes, beliefs, and behaviors. Conversely, per Jones (1997), racism is not used interchangeably with discrimination or prejudice. Rather, racism is operationalized as a distinct phenomenon that includes an oppressor-oppressed dyad, which is supported by a power differential between two ethnic groups and is fueled by an ideologically based set of beliefs held by perpetrators. Second, consistent with the definition proposed by Clark et al., a member of a given ethnic group may hold prejudiced attitudes and exhibit discriminatory behaviors toward members of a different ethnic group (intergroup racism) or toward members of the same ethnic group (intragroup racism). As such, Blacks as well as members of other ethnic groups can be racist. According to Jones, however, Black racism is described as an oxymoron, given that Blacks do not have the power to block access to valued societal resources (i.e., create an oppressor-oppressed dyad).

These important conceptual differences notwithstanding, Clark et al. (1999) and Jones (1997) agree that the behavioral manifestations of intergroup racism continue to be an unfortunate reality for many Blacks. Although perceptions of racism are reported by numerous ethnic groups including Whites (Williams, Yu, Jackson, & Anderson, 1997b), the historical institutionalization of intergroup racism (e.g., devaluation of Black men in the U.S. Constitution) as well as more contemporary manifestations of intergroup racism (e.g., symbolic and modern racism) perpetuated against Blacks are unparalleled (Cooper, 1993; James, 1993; Jones, 1997). For example, in one community sample of Black and White adults, Williams, Yu, and Jackson (1997a) found that Blacks were 4 times more likely (approximately 68%) to perceive racism in their lifetime. In another study of Black male and female college students, Landrine and Klonoff (1996) found that 100% of participants reported perceiving racism at some point in their lifetime. These perceptions of intergroup racism have been reported to occur in different public and private domains (e.g., school, work, legal, medical, and social settings; Darity, 2003; Krieger & Sidney, 1996; Krieger, Sidney, & Coakley, 1998; Swim et al., 2003) and have been shown to vary as a function of gender. Regarding the latter, although some research suggests that the frequency of perceived intergroup racism is similar among Black males and females (Landrine & Klonoff, 1996; Sanders-Thompson, 2002), other studies indicate that perceptions of intergroup racism and the subjective stress associated with these perceptions are greater for Black males than for Black females (Sigelman & Welch, 1991; Utsey, Payne, Jackson, & Jones, 2002).

Even though the history of Blacks in the United States has included numerous objective indicators of intragroup racism (e.g., Brown Bag Test; Gatewood, 1988; Hughes & Hertel, 1990; Udry, Bauman, & Chase, 1971), published research exploring the frequency and effects of intragroup racism has virtually been ignored. There is some evidence, however, suggesting Blacks used skin tone to restrict matriculation at select predominately Black colleges and universities as well as memberships in some predominately Black fraternities and sororities, churches, and social and business organizations, with lighter skinned Blacks being preferred over darker skinned Blacks (Hall, 1992; Neal & Wilson, 1989; Okazawa-Rey, Robinson, & Ward, 1986). Reports also indicate that lighter skinned superiority is an idea endorsed by some Blacks in the United States (Gatewood, 1988; Okazawa-Rey et al., 1986).

In one recent empirical investigation of Black and White college students, Maddox and Gray (2002) found the cognitive representations of Blacks to vary as a function of skin tone. Using a free-response format, Black partici-

pants used more negative traits to describe darker skinned Blacks relative to positive traits. Conversely, more positive traits were used to characterize lighter skinned Blacks compared to negative traits. For instance, relative to darker skinned Black males, lighter skinned Black males were described as being less criminal, more intelligent, less poor, less aggressive, and wealthier. Compared to darker skinned females, lighter skinned females were characterized as being more intelligent, less lazy, more motivated, less poor, more self-assured, and less unattractive. Overall, because of the limited data in this area, it has yet to be determined (a) if intragroup racism is a perceptual reality for Blacks, (b) if Black females compared to Black males differentially attribute life experiences to intragroup racism, and (c) if Blacks differentiate between perceptions of intergroup and intragroup racism.

Because of a potential concern that self-reported experiences of racism are influenced by cognitive processes that serve to minimize or exacerbate self-reports (Utsey, Adams, & Bolden, 2000a), research exploring relationships between perceived racism and cognitive processes are needed. Self-deception and impression management are among the cognitive processes that might influence self-reports. Studies exploring the relationship of perceived racism to self-deception and impression management should be considered given postulated associations among these cognitive processes, perceived racism, and health profiles (Krieger, 1990).

COPING WITH PERCEIVED RACISM

Even among Blacks who perceive comparable amounts of intergroup and intragroup racism, psychological and physiological responses to these perceptions are posited to vary as a function of coping resources and behaviors (coping responses; Clark et al., 1999; Harrell, 2000; Harrell et al., 2003; Mattis, Bell, Jagers, & Jenkins, 1999). According to Lazarus and Launier (1978), these responses consist of “efforts, both action oriented and intra psychic, to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts” (p. 311). Although it remains to be determined if coping responses are relatively stable (general) or if they vary as a function of situational demands (situation specific), these responses have usually been categorized as being problem focused, emotion focused, avoidant, or cognitive. Compared to the plethora of published data describing these general and situation-specific coping responses in predominately non-Black samples (Zeidner & Endler, 1996), relatively fewer data exist that explicate the range of these responses in Blacks.

Among the limited number of studies conducted with Blacks, two approaches have been used. With the first approach, researchers have identified general (Utsey, et al., 2000a) and situation-specific (Harrell, 1979) coping responses that may be especially relevant for Blacks. The second approach, which is used in the present study, is similar to the previous one except researchers have used general (Carver, Scheier, & Weintraub, 1989; James, Harnett, & Kalsbeek, 1983) and situation-specific (Lazarus & Folkman, 1984) coping responses that are purported to be more universal (i.e., nonethnicity specific). Studies elucidating the range of general and situation-specific coping responses in Blacks are warranted, given research indicating that (a) these responses are associated with vascular reactivity (Clark & Anderson, 2001), resting blood pressure (Clark & Harrell, 1982; Krieger & Sidney, 1996), psychological well-being or self-rated health (Williams et al., 1997), and racism-related stress (Utsey, Ponterotto, Reynolds, & Cancelli, 2000b); and (b) these responses interact with family history of hypertension (Clark, 2003a), subjective stress (Clark, 2003c), and perceived intergroup racism (Clark, 2003b; Clark & Adams, in press) to predict blood pressure reactivity and psychological well-being (Bowen-Reid & Harrell, 2002). Findings from this line of research have the longer term potential of better informing prevention and intervention strategies aimed at reducing the untoward psychological and physiological effects of perceived racism.

Although it has been contended that intergroup and intragroup racism have their basis in European contact with Africans (Jones, 1997) and in the preference for lighter skinned Blacks by Whites (Russell, Wilson, & Hall, 1992), respectively, delineating the history of intergroup and intragroup racism is beyond the scope of this investigation (see Davis, 1991, and Jones, 1997, for a more detailed exploration of these topics). This descriptive study will contribute, instead, to the existing literature in at least two ways. First, it is perhaps the first to present data on intragroup racism in a sample of Black males and females. Second, it is also perhaps the first to explore the range of coping responses used by Blacks to negotiate perceptions of intragroup racism. The research questions for this investigation include the following:

1. Do perceptions of intragroup and intergroup racism represent separable constructs?
2. Are perceptions of intragroup and intergroup racism related to self-deception or impression management?
3. What is the frequency with which life experiences are perceived as involving intragroup or intergroup racism?
4. Do perceptions of intragroup and intergroup racism vary as a function of gender?

5. What coping responses are used to negotiate perceptions of intragroup and intergroup racism?
6. Do racism-specific coping responses vary as a function of gender?

METHOD

PARTICIPANTS

Two-hundred sixty-nine participants (52.79% female) from a predominantly White university in an urban Midwestern city completed the necessary measures for inclusion in this study; all participants self-identified as being Black or African American. The mean age of the sample was 25.71 years ($SD = 8.61$; observed range 17 to 56 years), and most of the participants were single (84.23%). The mean family income was in the range \$25,000 to \$29,999. The use of established student contacts and university-wide advertisements were the primary methods of participant recruitment. A monetary incentive of \$15.00 or research credit was offered for participation.

QUESTIONNAIRES

Demographic. For the purpose of this study, a demographic questionnaire was assembled to gather information on such characteristics as age (years), gender (male = 1, female = 2), marital status (single = 1, married = 2, divorced or widow = 3), and socioeconomic status (interval).

Self-deception and impression management. The 20-item Self-Deceptive Enhancement and 20-item Impression Management subscales of the Balanced Inventory of Desirable Responding (Paulhus, 1991) were used to assess self-deception (i.e., a pervasive lack of insight) and impression management (i.e., a crude form of dissimulation), respectively. The response scale for each subscale was anchored with 1 = *not true* and 7 = *very true*. Per the scale author, when computing totals for the subscales, only extreme responses (six or seven) were given a score of 1, whereas the other responses were given a score of 0. As such, the possible range of scores for both subscales was 0 to 20, with higher scores reflecting an increased tendency toward self-deception and impression management. Consistent with Paulhus, in the current sample, the two subscales were not statistically related ($r = .06$, $p > .34$), and the standardized alpha coefficients were in the acceptable

range ($\alpha = .69$ for self-deceptive enhancement and $\alpha = .78$ for impression management).

Perceived intergroup and intragroup racism. Based on a conceptual model of racism (Harrell, 2000), perceptions of racism were measured using a modified version of the 128-item Life Experiences And Stress Scale (Harrell, 1997a, 1997b; Harrell, Merchant, & Young, 1997). Across nine domains (employment, law enforcement and the legal system, money and finances, education, community, family and social relationships, emotional well-being, physical health and medical care, and public assistance), participants were instructed to indicate (yes or no) whether they have ever experienced the problematic life event (e.g., being assigned undesirable tasks or projects at a job). For each of the 128 scale items, the modification included adding scale directions that read:

For any experience that has been a problem for you at any point in your lifetime, decide how often you believe interethnic group racism (i.e., racism perpetuated by someone from a different racial or ethnic group) has been involved in the difficulties you have had.

The scale items included references to perceptions that could be categorized as being major events (e.g., being fired or laid off of a job) and daily or frequent hassles (e.g., experiences with teachers). Responses ranged from zero (none) to four (between 75% and 100% of the time). Summing the responses within each domain derived, the nine domain-specific subscale scores and an overall intergroup scale score (INTERRAC) was determined by adding the subscale scores across the nine domains. In the current sample, the standardized alpha coefficients for the overall INTERRAC ($\alpha = .94$) scale score and domain-specific scores (α 's ranged from .93 to .97) were very high. This degree of internal consistency was observed for males and females.

Using the identical scale items, modified directions, and response scale delineated above, a parallel measure was also administered to assess problems attributed to intragroup racism. The scale instructions for the overall intragroup scale score (INTRARAC) read,

For any experience that has been a problem for you at any point in your lifetime, decide how often you believe intraethnic group racism (i.e., racism perpetuated by people from your racial OR ethnic group) has been involved in the difficulties you have had.

The standardized alpha coefficient for the INTRARAC ($\alpha = .93$) and domain-specific scores (α 's ranged from .93 to .97) were very high, with comparably high values for males and females.

Coping. The Coping Orientations to Problems Experienced (COPE) Scale (Carver et al., 1989) was used to measure usual ways of coping with intergroup (COPE-INTER) and intragroup (COPE-INTRA) racism. Using a Likert-type scale, responses ranged from 1 (*I usually do this 0% to 25% of the time*) to 4 (*I usually do this 76% to 100% of the time*). Per the scale authors, the following 12-item coping composites were derived: (a) problem-focused coping (Active Coping, Planning, and Suppressing Competing Activities subscales; $\alpha_{\text{COPE-INTER}} = .84$, $\alpha_{\text{COPE-INTRA}} = .84$), (b) emotion-focused coping (Seeking Social Support for Emotional Reasons, Seeking Social Support for Instrumental Reasons, and Focusing on Venting Emotions subscales; $\alpha_{\text{COPE-INTER}} = .82$, $\alpha_{\text{COPE-INTRA}} = .85$), (c) avoidant coping (Denial, Mental Disengagement, and Behavioral Disengagement subscales; $\alpha_{\text{COPE-INTER}} = .77$, $\alpha_{\text{COPE-INTRA}} = .78$), and (d) cognitive coping (Accepting it, Rest, and Positive Reinterpretation subscales; $\alpha_{\text{COPE-INTER}} = .80$, $\alpha_{\text{COPE-INTRA}} = .82$). The range of possible scores for each composite was 12 to 48. In addition to the four composites, two 4-item subscales (religion and alcohol) not conceptualized by the scale author as belonging to the aforementioned composites were also administered. The alpha coefficients for the Religion ($\alpha_{\text{COPE-INTER}} = .82$, $\alpha_{\text{COPE-INTRA}} = .80$) and Alcohol ($\alpha_{\text{COPE-INTER}} = .81$, $\alpha_{\text{COPE-INTRA}} = .83$) subscales were moderate. For the four composites and two subscales, the alpha coefficient values were comparable for males and females.

PROCEDURE

As part of a larger study exploring the biobehavioral correlates of perceived racism, participants were given a take home questionnaire packet. Questionnaire packets were returned by all participants who requested to take part in the study. Directions in the questionnaire packet instructed all participants to review and sign the informed consent form prior to completing the questionnaires. These directions also instructed all participants to return questionnaire packets to personnel at the laboratory. As each packet was returned, laboratory personnel reviewed the packets to insure a signed informed consent form was included. Laboratory personnel also gave each participant the opportunity to ask questions about the study. After questions about the study were answered, participants were thanked and compensated.

TABLE 1
Rotated Component Pattern of
Domains Assessing Intergroup Racism (INTERRAC)
and Intragroup Racism (INTRARAC)

<i>Domain</i>	<i>Component 1</i>	<i>Component 2</i>
INTERRAC		
Employment	.69	.35
Law enforcement and legal system	.71	.32
Money and finances	.83	.29
Education	.83	.30
Community	.67	.56
Family and social relationships	.80	.34
Emotional well-being	.68	.48
Physical health and medical care	.75	.43
Public assistance	.68	.42
INTRARAC		
Employment	.47	.66
Law enforcement and legal system	.33	.73
Money and finances	.37	.67
Education	.48	.63
Community	.38	.71
Family and social relationships	.40	.72
Emotional well-being	.24	.81
Physical health and medical care	.29	.78
Public assistance	.37	.75

RESULTS

PERCEIVED RACISM

The nine items comprising the INTERRAC and the nine items of the INTRARAC scales were examined in a principal component analysis (varimax rotation) to determine if the combination of intragroup and intergroup racism items could be reduced.¹ As shown in Table 1, the INTRARAC and INTERRAC items loaded on separate components (eigenvalues > 1.0), with the INTERRAC items having larger loadings on Component 1 and the INTRARAC items having larger loadings on Component 2. Together, Component 1 and Component 2 accounted for 68.49% of the standardized variance. A visual examination of the scree plot reinforced the conclusion of two components indicated by the eigenvalue-greater-than-one rule.

Correlation analyses were conducted to explore the relationship of perceived intragroup and intergroup racism to self-deception and impression management. These analyses revealed that self-deception was negatively related to INTRARAC ($r = -.21, p < .02$) and INTERRAC ($r = -.21, p < .02$). Conversely, impression management was not significantly associated with INTRARAC or INTERRAC ($ps > .30$).

Analyses of the *t*-test variety were conducted to determine if perceptions of intragroup and intergroup racism varied as a function of gender. These analyses revealed that males were more likely than females to attribute problems associated with life experiences to intragroup racism ($t[121] = 2.76, p < .007$) and intergroup racism ($t[136] = 2.28, p < .03$; see Table 2). Domain-specific analyses indicated that males had significantly higher INTRARAC mean scores in the domains of law enforcement and legal system ($t[120] = 3.08, p < .003$), money and finances ($t[129] = 3.28, p < .002$), and physical health and medical care ($t[241] = 2.89, p < .005$). Similarly, males had significantly higher INTERRAC mean scores in the domains of law enforcement and legal system ($t[149] = 2.82, p < .006$) and physical health and medical care ($t[238] = 2.20, p < .03$).

RACISM-SPECIFIC COPING

The frequency with which participants used different combinations of coping responses (composites only) is illustrated in Figure 1 (COPE-INTER) and Figure 2 (COPE-INTRA). Group 1 was comprised of participants who reported using all four composites 0% to 25% of the time. Group 2 included participants who reported using any coping composite more than 25% of the time and the other three composites 0% to 25% of the time. Group 3 was comprised of participants who reported using any two composites more than 25% of the time and the other two composites 0% to 25% of the time. Group 4 included participants who reported using any three composites more than 25% of the time and the remaining composite 0% to 25% of the time. Group 5 was comprised of participants who reported using all four composites more than 25% of the time. As depicted in both figures, the overwhelming majority of participants reported using all of the coping response composites (problem focused, emotion focused, cognitive, and avoidant) to negotiate perceptions of racism.

The *t*-test analyses were conducted to determine if coping responses used to negotiate perceptions of intragroup and intergroup racism varied as a function of gender (see Table 3). When negotiating perceptions of intergroup racism, these analyses revealed that males and females used comparable amounts

TABLE 2
Means and Standard Deviations of Perceived
Intragroup Racism (INTRARAC) and Intergroup Racism (INTERRAC)

Domain ^a	INTRARAC						INTERRAC					
	Male		Female		Total		Male		Female		Total	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Employment	1.27	.91	1.15	.73	1.40	.98	1.28	.84	1.21	.82	1.34	.91
Law enforcement and legal system	.75	1.01	.35	.59*	.97	1.13	.52	.90*	.54	.84	.74	1.04
Money and finances	1.44	.80	1.10	.51*	1.26	.93	1.08	.81	1.26	.68	1.16	.88
Education	1.20	.88	1.23	.82	1.26	.90	1.30	.87	1.21	.85	1.28	.88
Community	1.37	.95	1.23	.79	1.31	.95	1.18	.81	1.30	.87	1.25	.88
Family and social relationships	1.17	.88	1.11	.69	1.16	.91	1.08	.74	1.14	.79	1.12	.83
Emotional well-being	1.03	.87	.90	.63	1.10	.93	.92	.68	.96	.76	1.00	.81
Physical health and medical care	1.19	.87	.91	.70*	1.18	.93	.95	.72	1.04	.79	1.06	.83
Public assistance	.75	1.06	.51	.85	.74	1.05	.65	.96	.62	.96	.69	1.0
Overall scale score	1.44	.71	1.17	.45*	1.54	.72	1.30	.55*	1.30	.60	1.42	.65

a. Possible range of domain and overall scale scores = 0 (*none*) to 4 (*75% to 100%*).
 **p* < .05 for gender group comparison of means (*t* tests).

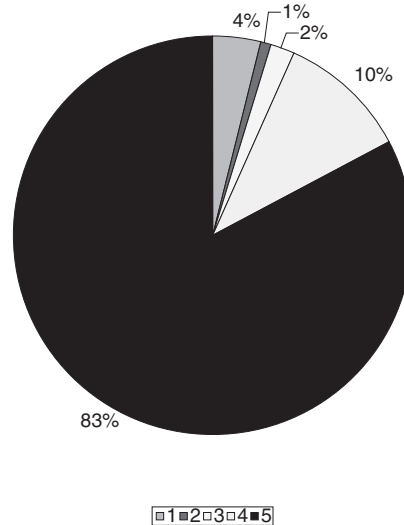


Figure 2: Frequency Distribution of Intragroup Coping Composite Combinations (problem-focused, emotion-focused, avoidant, and cognitive)

NOTE: Group 1: all minimal coping (0% to 25% of the time); Group 2: one minimal coping and three more than minimal coping (more than 25% of the time); Group 3: two minimal coping and two more than minimal coping; Group 4: three minimal coping and one more than minimal coping; Group 5: all more than minimal coping.

of problem-focused, avoidant, cognitive, and alcohol coping responses ($ps > .15$). Alternatively, females were significantly more likely than males to use emotion-focused coping responses ($t[209] = -2.25, p < .03$) and religious coping responses ($t[211] = -2.92, p < .004$). When negotiating perceptions of intragroup racism, these analyses also revealed that the problem-focused, avoidant, and cognitive coping responses were not significantly different for males and females ($ps > .39$). Conversely, males were significantly more likely than females to use alcohol as a means of coping ($t[183] = 2.21, p < .03$), and females were more likely than males to use emotion-focused coping responses ($t[213] = -2.04, p < .04$) and religious coping responses ($t[215] = -3.35, p < .001$).

DISCUSSION

This study examined the frequency of perceived intragroup and intergroup racism as well as the range of responses used to cope with these

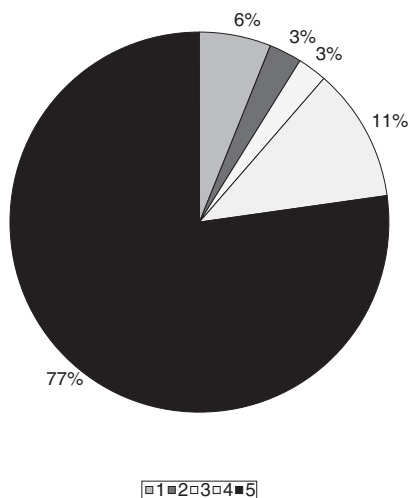


Figure 1: Frequency Distribution of Intergroup Coping Composite Combinations (problem-focused, emotion-focused, avoidant, and cognitive)

NOTE: Group 1: all minimal coping (0% to 25% of the time); Group 2: one minimal coping and three more than minimal coping (more than 25% of the time); Group 3: two minimal coping and two more than minimal coping; Group 4: three minimal coping and one more than minimal coping; Group 5: all more than minimal coping.

perceptions. The results of the principal component analysis indicated that the domains comprising the intragroup and intergroup racism measures were separable. That is, these two types of racism likely represent different constructs. Additional research exploring this interpretation is needed given the observation in the current study that some of the component loadings could be interpreted as being ambiguous (i.e., moderate loadings on the other component). It is probable that the apparent ambiguity of select items is attributable, in part, to the complexity of differentiating between intergroup and intragroup racism for some Blacks. Skin-tone biases in the wider U.S. society, for example, have served as the basis for intergroup racism perpetuated by non-Blacks toward Blacks and for intragroup racism perpetuated by Blacks toward Blacks (Davis, 1991; Davis, Daniels, & See, 1998; Keith & Herring, 1991; Maddox & Gray, 2002). As such, Blacks might not always readily distinguish between the source (i.e., from non-Blacks or Blacks) of the perceived racism.

Statistically significant relationships were not observed between perceived racism and impression management in this study, suggesting that faking or lying is not reliably associated with self-reports of intergroup or

TABLE 3
**Means and Standard Deviations of Perceived Intergroup (COPE-INTER)
 and Intragroup (COPE-INTRA) Racism-Specific Coping Responses**

Coping Composite ^a or Scale ^b	COPE-INTER						COPE-INTRA						Total					
	Male			Female			Male			Female			COPE-INTER			COPE-INTRA		
	M	SD		M	SD		M	SD		M	SD		M	SD		M	SD	
Problem focused	27.80	8.58		27.83	6.93		27.00	8.75		26.55	7.19		27.82	7.73		26.76	7.92	
Emotion focused	25.87	7.90		28.26	7.51*		24.72	8.59		26.99	7.71*		27.13	7.77		25.97	8.18	
Avoidant	19.41	5.47		19.92	6.33		19.88	6.36		19.17	5.67		19.68	5.93		19.49	5.99	
Cognitive	29.75	8.61		28.26	6.37		29.39	9.15		28.81	6.56		28.96	7.51		29.08	7.84	
Religious	10.53	4.19		12.12	3.73*		10.31	3.93		12.05	3.71*		11.37	4.02		11.25	4.90	
Alcohol	5.29	2.46		4.88	1.97		5.39	2.42		4.72	1.91*		5.08	2.22		5.02	2.18	

a. Possible range of composite (problem-focused, emotion-focused, avoidant, and cognitive) scores = 12 to 48.

b. Possible range of subscale (Religious and Alcohol) scores = 4 to 16.

* $p < .05$ for gender group comparison of means (t tests).

intragroup racism. This observation is noteworthy given research indicating the importance of exploring the co-occurrence of perceived racism and dissimulation in studies investigating perceptions of stress (Meyer, 2003). Small but statistically significant negative relationships were observed between perceived racism and the other cognitive process of self-deception.

The finding of a negative association between perceived racism and self-deception may have intrapersonal and interpersonal implications. Intrapersonally, it is probable that Blacks who tend not to attribute unfair institutional policies and practices to racism, for instance, may come to attribute professional shortcomings, such as unsuccessful employment promotion bids, to personal deficiencies. If done chronically, the tendency to deny experiences of racism (or falsely attribute) could increase vulnerability to psychological distress (e.g., via transient threats to self-worth, contributing to a sense of hopelessness and helplessness, or increasing the saliency of the group's failure to receive normative returns; Fernando, 1984) and to poorer physiological profiles (Krieger, 1990). Interpersonally, relative to Blacks who perceive racism, Blacks who do not report perceiving racism, secondary to self-deception, may be less likely to hold anti-White attitudes, which, in turn, contributes to the within-group variability in the behavioral reactions of Blacks to Whites in ambiguous racist interactions (Johnson & Lecci, 2003). Because it is very likely that attribution styles influence how Blacks respond to situations that may be perceived as involving racism, research examining the relationship of attribution ambiguity and perceived racism to psychological and physiological functioning should be explored. Moreover, given attributions of racism as well as emotional and behavioral responses to these attributions may be influenced by such factors as racial identity (Sellars & Shelton, 2003) and racial socialization (Stevenson, 1994); future research exploring the mitigating effects of these factors on the association between perceived racism and self-deception is encouraged.

Participants in the current study attributed approximately 20% of problematic life experiences to intergroup racism and approximately 15% of problematic life experiences to intragroup racism. To the extent that perceptions of intergroup and intragroup racism are associated with psychological and physiological functioning (Clark, 2001; Clark et al., 1999; Harrell, 2000; Harrell et al., 2003; Harrell, Merritt, & Kalu, 1998; Krieger, 1999; Mattis et al., 1999; Williams, Neighbors, & Jackson, 2003), future research exploring the contribution of these perceptions to health-related outcomes is important for several reasons. First, a more informed understanding of unique stressors experienced by Blacks might be evinced. Second, if the additive or multiplicative effects of general and ethnic-group specific stressors are associated with health-related outcomes (Troxel, Matthews, Bromberger, &

Sutton-Tyrrell, 2003), the delineation of ethnic-group specific stressors might help to account for disparities in these outcomes between groups differentially exposed to group-specific stressors (e.g., intergroup racism). Third, a more complete chronicle of such subgroup-specific stressors as intragroup racism as well as coping responses to these perceptions has the potential of leading to a more complete understanding of health differentials among Blacks. Finally, in addition to the establishment and maintenance of social policies aimed at eliminating racism, elucidating the psychological and physiological correlates of perceived racism may lead to the development of prevention and intervention strategies aimed at decreasing the untoward effects of intergroup and intragroup racism in Blacks.

Consonant with Landrine and Klonoff (1996), but inconsistent with Forman, Williams, and Jackson (1997) and Sigelman and Welch (1991), these perceptions were shown to vary as a function of gender in this study. Relative to females, males attributed a greater percentage of problematic life experiences to intergroup and intragroup racism. The mixed results as they relate to gender differences might be attributable to the moderating effects of the legitimizing ideology. For example, in one study of Blacks and Whites, Major et al. (2002) found that support for individual mobility was inversely associated with perceived intergroup racism among Blacks and females. The observed gender differences might also be secondary to the different ways perceived racism has been assessed. Similar to the assessment method used by Landrine and Klonoff (1996), perceived racism was assessed across several domains in the current study. Conversely, Forman et al. (1997) and Sigelman and Welch (1991) used relatively brief racism measures that may not have been as sensitive to the chronicity of the perception (e.g., major event and daily or frequent hassle) or to the domains that contribute to gender differences (e.g., legal system). Future research explicating the extent to which the observed gender differences in perceptions contribute to documented health differentials among Black females and males is suggested.

The findings, with respect to coping, revealed that females in the current investigation were more likely to use emotion-focused and religious coping relative to males—an observation that is similar to other research that has found coping responses to vary by gender (Swim et al., 2003; Williams, 2003). Consistent with other reports (Clark, 2000; Folkman & Lazarus, 1985; Utsey et al., 2000a), these findings also indicated that participants used several coping responses to negotiate perceptions of racism. Because Blacks perceive racism across different domains, it is probable that coping responses vary as a function of the domain in which racism is perceived. For example, in an employment setting where the situations that give rise to perceived racism may be viewed as being relatively uncontrollable or chronic, problem-

focused coping responses may be used less often because they tend to be less effective in situations where the demands exceed or tap coping responses. On the other hand, problem-focused coping responses may be used more often in response to discrete perceptions of racism in the community, given the relative efficacy of these responses to shorter term (or controllable) person-situation interactions. It is also possible that coping responses vary within domains. In an educational setting, for instance, the potential consequences associated with a Black student confronting a professor or administrator about perceptions of racism may not be as negative as confronting another student. Given that the coping measure in this study asked about usual ways of coping across domains, these post hoc explanations could not be addressed but are suggested for future research.

The findings herein should be interpreted in light of certain methodological limitations. First, as not to obscure potentially important findings in this exploratory investigation, *t*-test analyses were not corrected for multiple corrections. Although the domain-specific racism analyses would have been virtually unchanged with a Bonferroni correction, significant gender differences with respect to coping responses would only have been observed for religious coping. Second, although the assessment of coping response composites has the potential disadvantage of making it more difficult to detect adaptive and maladaptive coping responses within a given composite, the use of these composites has the potential advantage of avoiding the generation of large laundry lists of coping responses that do not appear to be conceptually linked (Fields & Prinz, 1997). Third, because the sample was limited to university students, the findings may not generalize to other age and socioeconomic cohorts. Additional research is needed that explores the prevalence of intergroup and intragroup racism as well as associated coping responses in community samples of youth and adults. Fourth, even though the internal consistency of the coping measure was very high, the cultural relevance (interpretability) of this measure may be limited in Black samples given that it was not normed in this group (Utsey et al., 2000a). Finally, although the intragroup racism measure had acceptable psychometric properties in the current study, the procedure used to create the intragroup racism measure may have diminished the nuances associated with perceptions of intragroup prejudice and discrimination. Additional research is needed that explores the assessment of intragroup racism among Blacks. The aforementioned limitations notwithstanding, this study provided preliminary evidence supporting the observation that intergroup and intragroup racism are perceptual realities for Blacks.

NOTE

1. An alternate analytical approach with different underlying conceptual assumptions would have involved conducting a principal factor analysis using an oblique rotation. This analysis revealed that Kaiser's measure of sampling adequacy (MSA) was good (overall MSA = .91) with individual MSAs that exceeded .85. The moderate to high prior communality estimates (squared multiple correlations ranged from .70 to .88) suggested that the factor loadings did not differ greatly from those in the principal component analysis. The eigenvalues clearly indicated that two components were present, which was consistent with the scree plot showing a sharp bend at the third eigenvalue.

REFERENCES

- Bowen-Reid, T. L., & Harrell, J. P. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology, 28*, 18-36.
- Brondolo, E., Rieppi, R., Kelly, K. P., & Gerin, W. (2003). Perceived racism and blood pressure: A review of the literature and conceptual and methodological critique. *Annals of Behavioral Medicine, 25*, 55-65.
- Carver, D. P., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*, 267-283.
- Clark, R. (2000). Perceptions of inter-ethnic group racism predict increased blood pressure responses to a laboratory challenge in college women. *Annals of Behavioral Medicine, 22*, 214-222.
- Clark, R. (2003a). Parental history of hypertension and coping responses predict blood pressure changes to a perceived racism speaking task in Black college volunteers. *Psychosomatic Medicine, 65*, 1012-1019.
- Clark, R. (2003b). Self-reported racism and social support predict blood pressure reactivity in Blacks. *Annals of Behavioral Medicine, 25*, 127-136.
- Clark, R. (2003c). Subjective stress and coping resources interact to predict blood pressure reactivity in Black college students. *Journal of Black Psychology, 29*, 445-462.
- Clark, R., & Adams, J. H. (in press). Moderating effects of perceived racism on John Henryism and blood pressure reactivity in Black college females. *Annals of Behavioral Medicine*.
- Clark, R., & Anderson, N. B. (2001). Efficacy of racism-specific coping styles as predictors of cardiovascular functioning. *Ethnicity & Disease, 11*, 286-295.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist, 54*, 805-816.
- Clark, V. R. (2001). The perilous effects of racism on blacks. *Ethnicity & Disease, 11*, 769-772.
- Clark, V. R., & Harrell, J. P. (1982). The relationship among Type A behavior, styles used in coping with racism, and blood pressure. *Journal of Black Psychology, 8*, 89-99.
- Cooper, R. S. (1993). Health and the social status of Blacks in the United States. *Annals of Epidemiology, 3*, 137-144.
- Darity, W. A. (2003). Employment discrimination, segregation, and health. *American Journal of Public Health, 93*, 226-231.

- Davis, J. F. (1991). *Who is Black?: One nation's definition*. University Park: Pennsylvania State University Press.
- Davis, K. B., Daniels, M., & See, L. A. (1998). The psychological effects of skin color on African-Americans' self-esteem [Special issue: *Human behavior in the social environment from an African American perspective*]. *Journal of Human Behavior in the Social Environment*, *1*, 63-90.
- Fernando, S. (1984). Racism as a cause of depression. *International Journal of Social Psychiatry*, *30*, 41-49.
- Fields, L., & Prinz, R. J. (1997). Coping and adjustment during childhood and adolescence. *Clinical Psychology Review*, *17*, 937-976.
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, *48*, 150-170.
- Forman, T. A., Williams, D. R., & Jackson, J. S. (1997). Race, place, and discrimination. *Social Problems*, *9*, 231-261.
- Gatewood, W. B., Jr. (1988). Aristocrats of color: South and North, the Black elite, 1880-1920. *Journal of Southern History*, *54*, 3-20.
- Hall, R. E. (1992). Bias among African-Americans regarding skin color: Implications for work practice. *Research on Social Work Practice*, *2*, 479-486.
- Harrell, J. P. (1979). Analyzing Black coping styles: A supplemental diagnostic system. *Journal of Black Psychology*, *5*, 99-108.
- Harrell, J. P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and discrimination: An assessment of the evidence. *American Journal of Public Health*, *93*, 243-248.
- Harrell, J. P., Merritt, M. M., & Kalu, J. K. (1998). Racism, stress, and disease. In R. L. Jones (Ed.), *African American mental health* (pp. 247-280). Hampton, VA: Cobb & Henry.
- Harrell, S. P. (1997a, May). Development and initial validation of scales to measure racism-related stress. Poster session presented at the 6th Biennial Conference on Community Research and Action, Society for Community Research and Action (Division 27, American Psychological Association), Columbia, SC.
- Harrell, S. P. (1997b). The Racism and Life Experiences Scales (RALES). Unpublished instrument.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, *70*, 42-57.
- Harrell, S. P., Merchant, M. A., & Young, S. A. (1997, August). Psychometric properties of the Racism and Life Experience Scales (RALES). Paper presented at the Annual Convention of the American Psychological Association, Chicago.
- Hughes, M., & Hertel, B. R. (1990). The significance of color remains: A study of life chances, mate selection, and ethnic consciousness among Black Americans. *Social Forces*, *68*, 1105-1120.
- James, S. A. (1993). Racial and ethnic differences in infant mortality and low birth weight: A psychosocial critique. *Annals of Epidemiology*, *3*, 130-136.
- James, S. A., Harnett, S. A., & Kalsbeek, W. D. (1983). John Henryism and blood pressure differences among Black men. *Journal of Behavioral Medicine*, *6*, 259-278.
- Johnson, J. D., & Lecci, L. (2003). Assessing anti-White attitudes and predicting perceived racism: The Johnson-Lecci scale. *Personality and Social Psychology Bulletin*, *29*, 299-312.
- Jones, J. M. (1997). *Prejudice and racism* (2nd ed.). New York: McGraw-Hill.
- Keith, V. M., & Herring, C. (1991). Skin tone and stratification in the Black community. *American Journal of Sociology*, *97*, 760-778.

- Krieger, N. (1990). Racial and gender discrimination: Risk factors for high blood pressure? *Social Science & Medicine*, *12*, 1273-1281.
- Krieger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, *29*, 295-352.
- Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *American Journal of Public Health*, *86*, 1370-1378.
- Krieger, N., Sidney, S., & Coakley, E. (1998). Racial discrimination and skin color in the CARDIA study: Implications for public health research. *American Journal of Public Health*, *88*, 1308-1313.
- 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.
- Lazarus, R., & Launier, R. (1978). Stress related transactions between person and environment. In A. Pervin & M. Lewis (Eds.), *Perspectives in international psychology* (pp. 284-327). New York: Plenum.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Maddox, K. B., & Gray, S. A. (2002). Cognitive representations of Black Americans: Reexploring the role of skin tone. *Personality and Social Psychology Bulletin*, *28*, 250-259.
- Major, B., Gramzow, R. H., McCoy, S. K., Levin, S., Schmader, T., & Sidanius, J. (2002). Perceiving personal discrimination: The role of group status and legitimizing ideology. *Journal of Personality & Social Psychology*, *82*, 269-282.
- Mattis, J. S., Bell, C. C., Jagers, R. J., & Jenkins, E. (1999). A critical approach to stress-related disorders in African Americans. *Journal of the National Medical Association*, *91*, 80-85.
- Meyer, I. H. (2003). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health*, *93*, 262-265.
- National Center for Health Statistics. (1998). *Health, United States, 1998 with socioeconomic status and health chartbook*. Hyattsville, MD: U.S. Government Printing Office.
- Neal, A. M., & Wilson, M. L. (1989). The role of skin color and features in the Black community: Implications for Black women and therapy. *Clinical Psychology Review*, *9*, 323-333.
- Okazawa-Rey, M., Robinson, T., & Ward, J. V. (1986). Black women and the politics of skin color and hair. *Women's Studies Quarterly*, *14*, 13-14.
- Paulhus, D. L. (1991). *BIDR reference manual for Version 6*. British Columbia, Canada: University of British Columbia.
- Russell, K. Y., Wilson, M., & Hall, R. E. (1992). *The color complex: The politics of skin color among African Americans*. San Diego, CA: Harcourt Brace Jovanovich.
- Sanders-Thompson, V. L. (2002). Racism: Perceptions of distress among African Americans. *Community Mental Health Journal*, *38*, 111-118.
- Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology*, *84*, 1079-1092.
- Sigelman, L., & Welch, S. (1991). *Black Americans' views of racial inequality: The dream deferred*. New York: Cambridge University Press.
- Stevenson, H. C., Jr. (1994). Validation of the Scale of Racial Socialization for African American adolescents: Steps toward multidimensionality. *Journal of Black Psychology*, *20*, 445-468.
- Swim, J. K., Hyers, L. L., Cohen, L. L., Fitzgerald, D. C., & Bylsma, W. H. (2003). African American college students' experiences with everyday racism: Characteristics of and responses to these incidents. *Journal of Black Psychology*, *29*, 38-67.

- Troxel, W. M., Matthews, K. A., Bromberger, J. T., & Sutton-Tyrrell, K. (2003). Chronic stress burden, discrimination, and subclinical carotid artery disease in African American and Caucasian women. *Health Psychology, 22*, 300-309.
- Udry, J. R., Bauman, K. E., & Chase, C. (1971). Skin color, status, and mate selection. *American Journal of Sociology, 76*, 722-733.
- Utsey, S. O. (1998). Assessing the stressful effects of racism: A review of instrumentation. *Journal of Black Psychology, 24*, 269-288.
- Utsey, S. O., Adams, E. P., & Bolden, M. (2000a). Development and initial validation of the Africultural coping systems inventory. *Journal of Black Psychology, 26*, 194-215.
- Utsey, S. O., Payne, Y. A., Jackson, E. S., & Jones, A. M. (2002). Race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. *Cultural Diversity & Ethnic Minority Psychology, 8*, 224-233.
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000b). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development, 78*, 72-80.
- Williams, D. R. (2003). The health of men: Structured inequalities and opportunities. *American Journal of Public Health, 93*, 724-731.
- Williams, D. R., & Neighbors, H. (2001). Racism, discrimination and hypertension: Evidence and needed research. *Ethnicity & Disease, 11*, 800-816.
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*, 200-208.
- Williams, D. R., Yu, Y., & Jackson, J. (1997a, July). The costs of racism: Discrimination, race, and health. Paper presented at the Joint meeting of the Public Health Conference on Records and Statistics and Data User's Conference, Washington, DC.
- Williams, D. R., Yu, Y., Jackson, J., & Anderson, N. (1997b). Racial differences in physical and mental health: Socioeconomic status, stress and discrimination. *Journal of Health Psychology, 2*, 335-351.
- Zeidner, M., & Endler, N. S. (Eds.). (1996). *Handbook of coping: Theory, research, applications*. New York: John Wiley.