AFRICAN AMERICAN WOMEN’S WAYS OF COPING WITH RACIST EVENTS, INCLUDING THE USE OF BINGE EATING

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Debora Esty

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AFRICAN AMERICAN WOMEN’S WAYS OF COPING WITH RACIST EVENTS, INCLUDING THE USE OF BINGE EATING

Debora M. Esty
Dissertation

Approved:

Linda Mezydlo Subich, Ph.D.
Advisor

Julia Phillips, Ph.D.
Committee Member

John Queener, Ph.D.
Committee Member

James R. Rogers, Ph.D.
Committee Member

Accepted:

James R. Rogers, Ph.D.
Department Chair

Patricia Nelson, Ph.D.
Dean of the College

George R. Newkombe, Ph.D.
Dean of the Graduate School

Date

David Tokar, Ph.D.
Committee Member
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ABSTRACT

Currently, there is a paucity of research on African American women’s ways of appraising and coping with racist events. Although some literature does exist on the topic, these studies have not utilized a model that encompasses the frequency of exposure as well as the appraisal of the event and how that might be related to differing coping responses. The present study was a response to the relative lack of literature examining African Americans’ coping responses to racism. More specifically, the purpose of this study was to examine empirically African American women’s coping styles in relation to their experiences of racist events using a comprehensive theoretical model that would expand current understanding. The current study also responds to a need in the eating disorder literature to increase counseling psychologists’ understanding of binge eating among African American women. More specifically, this study has conceptualized binge eating as a specific type of avoidance coping mechanism. No published studies have empirically examined the relation between African American women’s appraisal of racist events as distressing and their use of binge eating as a way of coping with this distress. Thus, another purpose of this study was to examine binge eating as a possible avoidance coping behavior for African American women. A total of 158 African American women were participants in this study. Limited support was found for the application of the Lazarus and Folkman model. Distress was an important primary appraisal process for both problem-solving and avoidance coping, and changeability was supported as a
moderator of problem-solving coping. Inconsistent with the model was the relation between changeability and avoidance coping. This finding, though, is important in that a different pattern between appraisal and subsequent coping may need to be examined for African American women. Finally, binge eating was moderately related to lifetime racist experiences and avoidance coping. However, feelings of being able to do something about a racist event were positively related to the use of binge eating. More research is certainly needed to examine the complexity of binge eating and its use in relation to racism for African American women.
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Racism is a widespread phenomenon for African Americans, in that most African Americans have experienced some form of racism in their lifetimes (Bowen-Reid & Harrell, 2002; Broman, Mavaddat, & Hsu, 2000; Klonoff & Landrine, 1999; Landrine & Klonoff, 1996; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). There are many ways to define racism (Clark, Anderson, Clark & Williams, 1999; Jones, 1997). Jones discussed racism as an ideology in which a power differential exists between two ethnic groups that supports a climate in which oppressor-oppressed dyads can exist. This definition is similar to that of Harrell (2000) who discussed racism as a social system of power based on racial group designation in which the dominant group creates their privilege by having values, institutions, behaviors, and ideology that have the intent and effect of excluding the non-dominant group members from status and power as well as equal access to resources. Within this system, discrimination and prejudice are allowed to exist.

To Harrell (2000) and Jones (1997), racism is an ideology of power that cannot be used synonymously with discrimination or prejudice. Clark et al.(1999), however, defined perceived racism as “beliefs, attitudes, institutional arrangements, and acts that
tend to denigrate individuals or groups because of phenotypic characteristics or ethnic
group affiliation” (p. 805). Thus, for these authors, racism is synonymous with
discrimination as these acts are included in the definition of racism. For the purpose of
this study, the definition by Clark et al. will be utilized as it includes behaviors
committed against members of particular groups. Although perceived racism can occur
for all groups (Williams, Yu, Jackson, & Anderson, 1997), many authors report that
racism, for African Americans, is unmatched (Cooper, 1993; Jones, 1997).

When examining the occurrence of racism for African Americans, many different
acts can be included. These acts can include: racial name-calling, being discriminated
against interpersonally by professionals or strangers and being discriminated against by
institutions such as banks and schools. When these acts occur, they can be seen as
specific racist events (Landrine & Klonoff, 1996). Racist events have been reported at
astounding levels. Prevalence rates for African Americans have been reported as high as
100% for experiencing racist events in one’s lifetime and as high as 98% for experiencing
racist events in the last year (Landrine & Klonoff, 1996). In these reports, the specific
events experienced included: being called racist names, discrimination by strangers,
friends, and employers, being accused and suspected of a crime, and being discriminated
against by teachers. More recent studies continue to support that African Americans
commonly experience specific racist events (Bowen-Reid & Harrell, 2002; Broman et al.,
2000; Fischer & Shaw, 1999; Klonoff & Landrine, 1999).

Racism as a Stressor

Recent empirical studies have demonstrated not only the pervasiveness of racism,
but they also have established that racist events are related to the physical and mental
health of African Americans (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Klonoff & Landrine, 1999; Kreiger & Sidney, 1996; Landrine & Klonoff, 1996; Swim et al., 2003). Physically, in survey studies of the relation of cardiovascular activity and discrimination, higher blood pressure has been reported for those who have experienced racism (Krieger & Sidney, 1996; Bowen-Reid & Harrell, 2002). Krieger and Sidney found 80% of their participants reported experiencing racial discrimination and that these experiences were related to participant blood pressure.

There has been an increase recently in the examination of the relation between racial discrimination and mental health. In fact, in a recent review of studies pertaining to discrimination and health between the years 1998 and 2003, mental health status was the most examined outcome (Williams, Neighbors & Jackson, 2003). Mental health was measured in varying ways including psychological distress, self-esteem, psychological well-being, and perceptions of mastery or control. In all but one of the 32 studies reviewed, there was a significant association reported between discrimination and mental health with greater discrimination associated with poorer mental health. In addition, this review examined the association of perceived discrimination and mental health diagnoses, such as depression and generalized anxiety or substance use. In all but one of the studies, perceived discrimination was significantly related to the mental health diagnoses examined. Since the authors only reviewed studies in which associations occurred, no effect size information was reported.

This relation between racial discrimination and various aspects of mental health also has been examined specifically in African American populations (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Kessler, Mickelson, & Williams, 1999; Klonoff &
Emotional responses of African Americans to racist events vary, but they have been reported to include anger or hostility (Bowen-Reid & Harrell, 2002; Swim et al., 2003), anxiety (Bowen-Reid & Harrell; Kessler et al., 1999; Landrine & Klonoff, 1996), and depression (Kessler et al., Landrine & Klonoff). For example, Kessler et al. conducted a national telephone-mail survey of 3,032 adults and looked at acute and chronic experiences of discrimination. In this study, there was a positive association for both types of discrimination with psychological distress and major depression. However, only chronic everyday discrimination was associated positively with generalized anxiety. In another cross-sectional study of 312 Blacks, those who perceived themselves the victims of discrimination had lower mastery and higher psychological distress (Broman et al., 2000). Although the above data are cross-sectional, a recent longitudinal study conducted by The National Study of Black Americans also found an inverse association between perceived discrimination and life satisfaction (Williams & Chung, in press; as cited in Williams et al., 2003). Hence, there is compelling evidence for the relation between perceived racial discrimination and mental health among African Americans.

A Model of Stress and Coping

Even though there is a plethora of research on racist events and health, the relation between the two is not necessarily straightforward or inevitable. How individuals appraise an event as well as how they cope with it may affect the relation. Lazarus and Folkman (1984) offered a theoretical model of stress and coping that can help guide the examination of differences among African-Americans in responding to, appraising and coping with racist and discriminatory events (Clark et al., 1999). This model posits that
there are two major types of coping. Problem-focused coping involves strategies used to deal with the stressor itself and may include such strategies as making a plan of action and following it. Emotion-focused coping involves regulation of the emotions connected with the stressor and may include reappraising the event to create positive meaning or escape-avoidance in which one tries not to think of the event or uses a behavior to try to make herself or himself feel better.

According to this model, whether a person goes on to have a stress response in reaction to an event and which type of coping is chosen is influenced by her or his appraisal of the event. During primary appraisal, the individual assesses if the event is harmful. During secondary appraisal, the person assesses what can be done about the event. The individual reviews coping options, resources available, and one’s own efficacy in dealing with the situation (Lazarus & Folkman, 1984). Stress results when the characteristics of the person and the nature of the event interact in such a way that the demands of the event are perceived as exceeding the person’s psychological resources. According to research on the relation between perceived control and types of coping strategies, problem-solving techniques are employed more often in situations individuals find changeable, whereas emotion focused techniques such as distancing and escape-avoidance coping are used more if the situation is perceived as not changeable (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). Hence, how African Americans appraise racist events as well as the availability and use of coping mechanisms may affect their health outcomes.

Since Lazarus and Folkman’s model is a classic in the field of stress and coping (Somerfield & McCrae, 2000), it has been multiculturally adapted and used as a
theoretical base in much of the empirical literature on racism, coping, and health outcomes (Bowen-Reid & Harrell, 2002; Clark et al., 1999; Danoff-Burg, Prelow, & Swenson, 2004; Fischer & Shaw, 1999; Outlaw, 1993; Plummer & Slane, 1996; Scott, 2003; Slavin, Rainer, McCreary & Gowda, 1991). Slavin et al. provided a broad overview of how the model can be adapted for ethnic minorities. In their adaptation, discrimination is viewed as a stressful event that goes through a primary appraisal process where the individual may ask not only if she or he is in trouble, but also if the event is happening to them because of belonging to a cultural group. Thus, the link between discrimination and health outcomes may be affected by whether the person perceives the event as racist. In addition, it is important to look at whether or not the individual perceives the stressful event as posing a challenge or a threat that may result in harm or loss, or as a benign event. The manner in which the stressor is perceived affects the coping options in secondary appraisal. During secondary appraisal, according to Slavin et al., perceptions of availability of resources, expectations for coping and coping options available are also affected by group membership due to cultural definitions of proper ways to handle threatening or challenging events. For example, an individual’s feeling of efficacy in dealing with racism may affect the choices she or he makes. This multicultural adaptation of Lazarus and Folkman’s model may be relevant when conducting research on ethnic/minorities and discrimination.

African Americans’ Coping Techniques

Racist events may call for African-Americans to utilize a full repertoire of coping techniques (Plummer & Slane, 1996). Yet, as stated above, the type of technique chosen may be limited depending on primary appraisal. For example, Feagin (1991), in a
qualitative study of African-Americans’ experiences with racial discrimination, suggested that coping choice is relevant to the context in which the event occurs. For example, in places where danger/harm was higher, the individuals studied most likely withdrew, resigned themselves to acceptance, or gave a small verbal response. However, in public situations, where safety was not a primary concern, the individuals utilized more verbal counterattacks and resigned acceptance. In Feagin’s study, the individuals reported using more withdrawal or acceptance because confrontation was viewed as being too costly in time and energy.

Yet, choice of coping may moderate health outcomes. In a study examining the relation between types of coping used in racial discrimination and health outcomes, the authors found that avoidance coping was a predictor of life satisfaction and self-esteem with greater avoidance coping associated with lower life satisfaction and self-esteem (Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Krieger (1990) also found that African-American women who responded to racism with passive coping were more likely to report hypertension. Thus, it seems if one perceives racism as threatening and is limited in one’s coping to avoidance techniques, negative health consequences may be greater.

Binge Eating as a Coping Method

In their Ways of Coping questionnaire, Folkman and Lazarus (1980) mentioned eating as a way to “escape” stress. Certainly, the literature on European American women indicates that eating is a way to reduce negative affect (Crowther, Sanftner, Bonifazi, & Shepherd, 2001; Ganley, 1989; Henderson & Huon, 2002; McManus & Waller, 1995). This negative affect can occur in relation to triggers such as stress or daily hassles. Studies examining prevalence rates of binge eating in African Americans have
been conducted primarily on women. These studies indicated that African American women binge eat at rates equal to or above Caucasian women (Bruce & Agras, 1992; O’Neill, 2003; Pike, Dohm, Striegel-Moore, Wilfley, & Fairburn, 2001; Striegel-Moore, Wilfley, Pike, Dohm, & Fairburn, 2000). Yet, the empirical literature on African American women eating in relation to affective distress is minimal (Fitzgibbon et al., 1998; French et al., 1997; Johnson et al., 2002; Pike et al, 2001; Striegel-Moore et al., 2000; Striegel-Moore, Dohm, Pike, Wilfley & Fairburn, 2002), and many of these studies have found that what holds true for White women and binge eating may not hold true for African American women. One conceptualization of binge eating specific to women of color, including African American women, has been that it is used as a response to racism (Gilbert, 2003; Johnson, Rohan & Kirk, 2002; Jones & Shorter-Goeden, 2003). However, much more research is needed to support this conceptualization and to examine if binge eating occurs in relation to racism as a unique stressor for women of color beyond general stressors the women might experience.

Only one study has empirically examined a possible link between experiences with discrimination and eating, specifically binge eating. Striegel-Moore et al. (2002) examined whether sexual and physical abuse, bullying by peers and ethnicity-based discrimination were risk factors for developing binge eating disorder in both Black and White women. Sixty Black women who met the criteria for Binge Eating Disorder were compared with both healthy comparison group members and psychiatric comparison group members matched on ethnicity, age and education. Although the binge eating group reported more discrimination experiences than the healthy and psychiatric
comparison groups, there were no statistically significant differences between the two
groups.

There were several limitations of this study. First, the psychiatric comparison
group was very small due to matching criteria. In addition, discrimination experiences
were measured with a dichotomous answer to the question of whether or not they had
encountered discrimination based on their ethnicity or race. Some people who have
experienced discrimination may not categorize it as such due to differing factors such as
finding it hard to discuss or minimizing the situation as a mechanism of coping (Smyth &
Yarandi, 1996). For example, individuals undergoing racism may have difficulty
acknowledging the event. In one study involving in-depth interviews of Black women
and men in the United Kingdom, participants who originally reported not experiencing
racial discrimination, upon being asked more probing questions acknowledged having
experienced discrimination but found it hard to talk about (Parker, Botha & Haslam,
1994). Therefore, had Striegel-Moore et al. (2002) asked more probing questions, the
correlation between discrimination and binge eating may have been more substantial.

Further, appraisal of the events is critical, but was not measured in this research.
Lazarus and Folkman (1984) stated that it is the appraisal process that mediates the stress
response. If some of Striegel-Moore et al.’s participants had experienced racism yet had
not categorized it as such, their results may be an underestimate of the relation of racist
events to binge eating. Therefore, future research needs to utilize a measure of racism
that asks more probing questions and measures appraisal of the event.

To add to these limitations, a conceptual model that explored racist events, their
appraisal and consequent coping, including binge eating, was not used. This lack of a
conceptual core may be due to the fact that in the larger area of research on racism, there is often a lack of conceptual and methodological cohesion (Clark et al., 1999). Lazarus and Folkman’s (1984) model of stress and coping is one conceptualization that may provide more cohesion to the research in this area.

Summary

Lazarus and Folkman’s (1984) model of stress and coping may help as a frame from which to understand how African American women cope with racist events. By allowing researchers to examine distress levels and appraisal of events, a more complete picture may be presented regarding African American women’s coping responses to race-related stressors. In addition, a fuller understanding of a possible link between avoidance coping and binge eating could be gained. This examination of binge eating in relation to racism would also further the research in the area of food issues and multicultural concerns as has been called for in the field of counseling psychology (Hotelling, 2001; Kashubeck-West, Mintz & Saunders, 2001; Root, 2001; Streigel-Moore & Cachelin, 2000).
CHAPTER II
LITERATURE REVIEW

Given that racism is a pervasive event for African-Americans, it has begun to be explored as a specific stressor. Indeed, examinations of racism and health related outcomes have begun to utilize stress and coping models. One model that has been utilized is Lazarus and Folkman’s (1984) stress and coping model. This model affords the researcher the ability to examine links between perceived racist events, their appraisal by the individual, coping techniques and health outcomes.

Binge eating has been identified among White women as a way of coping with negative affect (Henderson & Huon, 2002; McManus & Waller, 1995; Stickney, Miltenberger, & Wolff, 1999), and, recently, researchers have begun looking at binge eating in minority populations (Fitzgibbon et al., 1998; French et al., 1997), specifically, African American women (Johnson et al., 2002; Lester & Petrie, 1998; Pike et al., 2001; Streigel-Moore et al., 2000). It is possible that binge eating is one of many coping mechanisms African American women use to deal with the stress of racism. This chapter reviews the research on the topics of racism experiences, appraisal of these experiences, coping and binge eating among African American women to make the case for the need for further investigation of this premise. For the purposes of this review, binge eating is conceptualized as an avoidance coping technique, as will be discussed later in this section.
Racism as a Stressor

There are many ways to define racism (Clark et al., 1999; Jones, 1997). Jones discussed racism as an ideology in which a power differential exists between two ethnic groups that supports a climate in which oppressor-oppressed dyads can exist. This definition is similar to that of Harrell (2000) who discussed racism as a social system of power based on racial group designation in which the dominant group creates their privilege by having values, institutions, behaviors, and ideology that have the intent and effect of excluding the non-dominant group members from status and power as well as equal access to resources. Within this system, discrimination and prejudice are allowed to exist.

To Harrell (2000) and Jones (1997), racism is an ideology of power that cannot be used synonymously with discrimination or prejudice. Clark et al. (1999), however, defined perceived racism as “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (p. 805). Thus, for these authors, racism is synonymous with discrimination as these acts are included in the definition of racism. For the purpose of this study, which examines racist events, the definition by Clark et al. will be utilized as it includes behaviors committed against members of particular groups, in this case African American women.

Several accounts, both anecdotal and empirical, demonstrate that racism against African Americans is alive and well (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Landrine & Klonoff, 1996; Klonoff & Landrine, 1999; Swim et al., 2003). Forms of racism can vary and include being called specific names, being accused of wrongdoing,
being discriminated against by institutions and being treated unfairly (Landrine & Klonoff, 1996). All of these acts occur due to the person being African American. When they occur, they become specific racist events that can be stressful for the individual to endure.

Racist events are reported at alarming levels. In order to assess the perceived frequency of racist events, Landrine and Klonoff (1996) developed The Schedule of Racist Events (SRE). To examine the measure, the authors gave the SRE items to 153 African Americans recruited through Black student, faculty and staff organizations. Included were questions about experiences with specific racist events over the last year as well as over one’s lifetime. Ninety-eight per cent of the individuals in the study had undergone racist events in the past year. The most common events reported were being discriminated against by strangers (82.6%) as well as being discriminated against by people in service jobs (82.6%). Nearly one half (49.7%) of the sample reported being called a racist name, and 33% reported being picked on, hit, shoved or threatened with harm. When reporting racist events over a lifetime, 100% of the sample stated they had experienced a racist event. Ninety-four percent of the participants reported being discriminated against by strangers and 90% reported being discriminated against by people in service jobs. More than 79% reported being called a racist name sometime during their lives, and 58.7% reported being pushed, hit, shoved or threatened with physical harm. However, these findings may be specific to the participants of this study as all were drawn from a university setting.

In further development of the SRE, a larger and more representative sample was obtained (Klonoff & Landrine, 1999). Five-hundred twenty participants were recruited
door to door from middle and working-class neighborhoods in California. They were asked to take the SRE in their home and given one hour after which time the research assistants collected the measure. In this sample, 96 per cent of the individuals reported racist discrimination in the last year. Sixty-seven per cent reported discrimination by strangers as well as by people in service positions. Forty per cent reported being made fun of or physically harmed because of being African-American. Regarding lifetime report rates, 100% reported they had experienced some type of racist event. The most commonly reported lifetime racist event was discrimination by a stranger (100%). Over three fourths (79.3%) reported being called a racist name, whereas over half (58.7 %) reported being physically threatened or harmed. Certainly, these studies support racist events are prevalent experiences for African American individuals.

Given the amount of racist discrimination to which African Americans are exposed, it is no wonder that the literature on racism began to examine its relation to health outcomes. Since high blood pressure is a prominent health risk factor for African Americans, a primary focus has been on exploring a possible link between blood pressure and racist events. Laboratory studies indicate a relation between these two variables (Armstead et al., 1989; Jones, Harrell, Morris-Prather, Thomas & Omowale, 1996). For example, in a study examining the relation between racial stressors, blood pressure and anger responses in Black college students, 27 participants were shown three different film clips demonstrating racist stimuli, an anger provoking situation, and a neutral situation (Armstead et al.). After being shown each clip, participants underwent a blood pressure reading and were given an anger expression questionnaire, an anger scale, and a mood
questionnaire. Statistically significant increases in blood pressure were found after the clip of racist stimuli; no significant changes were found for the other two conditions.

In another study, sixty African-American women were exposed to blatant and subtle racist events via videos or imagery (Jones et al., 1996). Cardiovascular activity and electromyographic activity were measured upon exposure to the racist stimuli. Significant changes in heart rate, blood flow and electromyography were found upon exposure to blatant racist material through racism presented in imagery and video modes. These laboratory studies indicate that physiological arousal increases after exposure to racist events via video or imagery. Yet, it is possible that everyday exposure to racism does not elicit the same responses as exposure to racism in the laboratory.

Therefore, several survey and field studies have been conducted; these studies have supported the link between blood pressure and racist events in African Americans. One study examined survey information regarding racist events and its link to health measures (Bowen-Reid & Harrell, 2002). Here, 155 Black undergraduates were recruited from a historically black college and given the SRE (Landrine & Klonoff, 1996) as well as an index of psychological and physical health. In addition to the self-report material, they had their cardiovascular functioning measured through blood pressure monitoring, a mirror tracer task, and an isometric handgrip exercise. Pearson correlations were computed between the SRE data of racist encounters and self-reported health symptoms. There were significant correlations noted between lifetime frequency of racist events, appraisal of racist encounters and somatization ($r=.18$ and $.25$ respectively); those who reported more encounters and greater stress reported more negative health symptoms. The predictive utility of perceived racist encounters for cardiovascular activity also was
analyzed using independent multiple regressions. Heart rate reactivity was predicted by lifetime racist events scores ($R^2=.06$) as well as by the perceived stress of these events. In addition, past year experiences of racism were predictive of blood pressure ($R^2=.03$), with those who stated they had not experienced racial discrimination having higher blood pressure. The authors discussed that these findings may indicate that those who deny racist experiences may have higher blood pressure. In order to support this theory, the authors made reference to similar results from Krieger and Sidney (1996).

The Coronary Artery Risk Development in Young Adults (CARDIA) study is a longitudinal field study that allowed for a glimpse of a possible association between blood pressure and self-reported experiences of discrimination in Black men and women (Krieger & Sidney, 1996). This study was designed to examine the evolution of cardiovascular risk in a group of cohorts over seven years. In year seven, information was ascertained regarding discrimination. Participants were 831 Black men and 1143 Black women. Information regarding socioeconomic status (SES) as well as possible confounds such as age, education, marital/partner status, body mass index, alcohol consumption and physical fitness were included in the evaluation. Again, discrimination was widespread with 77% of Black women and 84% of Black men reporting at least one of the specific incidents of racism had occurred to them. Nearly 50% of Black women and 60% of Black men reported discrimination in three or more situations. The results of the study were complex; blood pressure analyses were stratified by class. The authors reported that among working-class Black women and men, blood pressure was highest among those reporting no racial discrimination and lower among those reporting one or two specified situations. The authors explained these finding by discussing perceptions
of racist events. They noted that it was unlikely that individuals in the study were free from racist events and suggested that those who denied their occurrence had higher blood pressure.

Although the authors of both of the above studies talked about their results in terms of denial, they did not utilize measures of this concept. Therefore, this interpretation of the results needs to be viewed with caution. Nevertheless, the results do indicate that the connection between racism and physical health is not always a simple one. How one perceives the event or how one deals with the event may be important in moderating the link between racist events and health outcomes. Denial may be a way to protect oneself from the pain of racism; downplaying or denying racist events may help African Americans transcend suffering (Jones & Shorter-Gooden, 2003).

Racism not only has had its effects on physical health outcomes, but it also has been implicated in the psychological health of African Americans (Broman, Mavaddat, & Hsu, 2000; Jackson, 1991; Klonoff & Landrine, 1999; Klonoff, Landrine & Ullman, 1999; Landrine & Klonoff, 1996; Nyborg & Curry, 2003). In fact, everyday racism is high on the list of complaints with which African Americans present in counseling (Priest, 1991). One of the first studies finding empirical support for the association between racial discrimination and psychological distress was done by Jackson as a part of the National Survey of Black Americans (NSBA). This longitudinal study was conducted from 1979 to 1992; face to face interviews were conducted in which participants were asked if they or anyone in their family had been treated badly because of their race. In addition, they were asked how often they felt lonely, depressed, jumpy, jittery, and a lack of motivation. The results of the regression analysis indicated that
racial discrimination contributed 7.5% of the variance accounted for in distress. One potential confound in this study is the definition of stress. It is unclear if racism added to distress above and beyond general stress levels.

Klonoff et al. (1999) did take general stress level into account in their examination of racial discrimination and psychiatric symptoms among Blacks by giving participants a measure of general stress in addition to racial stress and examining which was the best predictor of psychiatric symptoms. Here, 520 African Americans with varying incomes and educational levels were given a survey which they were able to take in their home during a one hour period. Within the survey were questions regarding demographic information, the SRE (Landrine & Klonoff, 1996), a measure of general stress, and a symptom checklist to measure psychiatric symptoms. In order to examine which of the variables was the best predictor of symptoms, stepwise multiple regressions were run including variables such as education, income, age, gender, generic stressful events and racist events. Generic stress was the best predictor of three symptoms: obsessive compulsive symptoms ($R^2 = .14$), interpersonal sensitivity ($R^2 = .11$) and depression ($R^2 = .09$). However, racial discrimination significantly contributed to all of the regressions and was the best predictor of total symptom scores ($R^2 = .15$), anxiety ($R^2 = .09$) and somatization ($R^2 = .14$). The authors then ran hierarchical regressions to determine if racism contributed to symptoms among African Americans above and beyond status and ordinary stressors. Racist discrimination was a unique contributor to all of the symptoms above and beyond the contributions of general stress and status, and when all of the other factors were taken into account first, racism still accounted for additional unique variance, adding six to ten per cent of the variance to psychiatric symptoms.
In addition to regressions, the authors used structural equation modeling to see if racist events still predicted psychiatric symptoms after controlling for demographic variables. They used three nested models. The first model predicted psychiatric symptoms from the demographic information on sex, age, income and education only; it accounted for five per cent of the variance in psychiatric symptoms. The second model predicted psychiatric symptoms from the demographic variables as well as general stress. The addition of general stress did improve the model significantly, yet there was only marginal evidence of fit. This model accounted for 17% of the variance in psychiatric symptoms. The final model, which predicted psychiatric symptoms from racist discrimination, general stress and demographic variables, showed evidence of adequate fit and racism was the strongest predictor ($r = .33$). Thus, racism seems to be a unique contributor to the distress of African Americans.

In support of the contribution of racial discrimination to the psychological distress of African Americans, Thompson (2002) also examined racism as a unique source of stress for African Americans. A total of 156 participants, including 70 African-Americans, were interviewed within 30 days of an index incident. During the interview they were asked to describe the event. In addition, they completed a demographic questionnaire, a measure regarding discrimination experiences, a measure of the impact of stressful events, a depression inventory, a measure of daily stress, a measure of coping, and a measure of world view. This article only presented the data from the daily stress and discrimination experience measure. In addition to the measures given, participants were interviewed by phone 30 and 90 days after the original interview. Multivariate analyses of variance were conducted with gender and ethnicity crossed as between-
subjects factors. Dependent variables were the three impact scores from the initial, 30-day and 90-day everyday life stress measure as well as the one time measure of experience and impact of discrimination. In regards to daily stress, there were no gender, ethnicity or interaction effects for impact scores. However, for impact of discrimination, ethnicity did have an effect with African-Americans reporting higher mean impact of discrimination scores than the other groups. The impact of discrimination, but not the impact of general stress, seems differentially relevant to African and Caucasian Americans.

Thus, the literature supports that racist experiences are stressful for African Americans in that they are related to and can have an impact on physical and mental health. Yet, as is evident from the above studies, the degree and type of impact is unclear. Depending on how one perceives the event as well as how one copes with the event, the impact of the event may differ. What is lacking in the above studies is a cohesive theoretical framework to suggest how appraisal of racist events as well as coping mechanisms used may influence the outcome.

Conceptualizing Racism as a Stressor

Due to the observed relation between discrimination and health outcomes, discrimination has become conceptualized as a unique and chronic stressor in the life of African Americans (Clark et al., 1999; Outlaw, 1993; Slavin et al., 1991; Utsey, 1998; Utsey et al., 2000). Conceptualizing racism as a source of stress has allowed researchers to utilize models from the general stress and coping literature. One of the models utilized has been that of Lazarus and Folkman (1984). Figure 1 represents this model.
Figure 1. Conceptualization of the Lazarus and Folkman (1984) Process-Oriented Model of Stress, Appraisal and Coping

The Lazarus and Folkman (1984) model is a dynamic, process oriented model of stress that hinges on cognitive appraisal processes. Thus, stress is defined a derivative of the relation between the person and the environment. The characteristics of the individual and the nature of the environment constantly interact such that if the person appraises the event as both threatening to oneself or one’s loved ones and exceeding one’s resources the event is deemed as stressful. Therefore, how one construes the event has an effect on whether or not the event is stressful. As indicated in Figure 1, these construal processes are named primary and secondary appraisal. Even though these are the terms assigned by the authors, Lazarus and Folkman note that they are interactive processes and neither precedes the other.

According to the model, one is constantly appraising events, and how one judges the event affects further coping responses. Although the Lazarus and Folkman (1984) model places primary and secondary appraisal processes as mediators of subsequent
coping, research using the model examined the secondary appraisal mechanism of changeability as more of a moderator (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter et al., 1986). For example, in Folkman and Lazarus’ study of coping for middle-aged couples, they found that changeability strengthened the use of problem-solving coping and decreased the use of avoidance coping. Thus, although the model uses the term mediator for secondary appraisal, for the purposes of this study, changeability as a secondary appraisal process was conceptualized as a moderator to be more consistent with prior research. In addition to the difficulty with this inconsistency in the model and its research, the model is also difficult to examine due to its transactional, process-oriented nature. Hence, Figure 1 is meant to be a break down or snapshot in time of Lazarus and Folkman’s model and does not capture the intricacy with which the authors conceptualized stress, appraisal and coping.

Lazarus and Folkman’s (1984) model has been used as a basis for conceptualizing race related stress (Clark et al., 1999; Outlaw, 1993; Slavin et al., 1991; Harrell, 2000). Drawing on this model, racism-related stress has been defined as “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.” (Harrell, 2000, p. 44). Harrell draws on Lazarus and Folkman specifically by using the terms perception and resources. Again, the appraisal processes are seen as important to whether or not a stress response, or in this case, race-related stress, occurs. Thus, in order to examine the relation between African American women’s ways of coping with racist events, one must have an understanding of the appraisal processes and their relation to subsequent coping styles. Therefore, the following section reviews the
theoretical and research literature pertaining to appraisal and coping for African Americans.

Appraisal

The appraisal process is an important one in the relation between an event and whether or not a stress response will occur after the event (Lazarus & Folkman, 1984). Lazarus and Folkman stated that appraisal is a way of categorizing an event in relation to its significance towards one’s well-being. Thus, the first type of appraisal that occurs is primary appraisal during which the individual examines if she or he is in trouble. When the model has been conceptualized for African Americans, primary appraisal included not only asking if one’s well-being was at stake but also asking if the event was occurring due to the color of one’s skin (Slavin et al., 1991). Primary appraisal can have three results:

irrelevant, where there is no implication of threat, benign/positive, where the event is construed as having a positive outcome, or stressful, where there is a perception of threat. Hence, according to the model, there must be an evaluation of the event as threatening in order for a stress response and subsequent coping to occur.

Once the event is appraised as stressful, further evaluation transpires. Myers (1982) suggested that constant exposure to conditions of racism might create for African Americans a state of hypervigilance and possible overreactivity to events. As such, all encounters for African Americans hold the potential to be racist and may undergo further evaluations (Myers, 1982; Outlaw, 1993). Hence, racist events may then be judged, according to the Lazarus and Folkman (1984) model, as harmful, threatening or
challenging. Harm occurs when damage to the individual has already occurred. For African Americans evaluating a racist event as harmful, damage has already been sustained and control feels lost; therefore, these individuals may respond to racist events with withdrawal, shame or depression (Outlaw, 1983). When a racist event is appraised as a challenge, on the other hand, it may result in African Americans trying to change the situation for others or use their spirituality to provide meaning to the racist event. Finally, African Americans may appraise racist events as threatening and develop anticipatory coping such as staying out of certain neighborhoods or not drawing attention to themselves. Hence, although all events hold the potential to be perceived as racist, the way in which they are appraised as affecting the individual may differ.

Once an individual has appraised an event as stressful in primary appraisal, he or she then engages in secondary appraisal. Secondary appraisal involves asking oneself what one can do regarding an event. Here, one conducts a review of coping options during which factors such as availability of resources and coping options are examined. In addition, one examines expectations for dealing with the event. Perceptions about these factors can be affected by group membership (Slavin et al., 1991). For example, African American women who are exposed on a chronic basis to societal oppression may differ in their appraisal of efficacy expectations from the White population on whom the Lazarus and Folkman (1984) model was based.

Research directly measuring African Americans’ appraisal of racist events is minimal; however, one way to ascertain if racist events are perceived as stressful is to ask persons to describe their experiences. Swim et al. (2003) asked African American college students to use a daily diary format to report their experiences with everyday
forms of racism. Fifty-one African Americans attending a predominately European-American university were contacted and given pre-diary measures, a notebook with daily diary forms, and post-diary measures. The two pre-diary measures included an identity measure to assess the importance of group membership to one’s self-concept and a rating of emotions measure to ascertain baseline emotions in typical interactions with European Americans. The diary forms were completed over a two-week period; participants were asked to describe race-related events and the recipient of these events. In addition, they were asked to describe the location, the instigator and their relation to this individual, and their certainty that these events reflected prejudice. They also were to record emotional and behavioral responses to race-related events as well as their emotions afterwards. The post-diary measures were completed two weeks after the diary and contained information about to whom they talked after the events and how helpful these people were to them.

Emotional responses indicated in the diary were different than those indicated at baseline. The authors conducted an ANOVA comparing emotions before, during and after the race-related events and looked as well at gender; they found a significant main effect for feelings of comfort where participants felt less comfortable during and after the incidents than they did at baseline. In addition, paired comparisons revealed a trend for participants to feel more threatened during the incidents than at baseline. Therefore, events perceived as racist were threatening and stressful. The authors also examined setting and intent and how those factors related to feelings of comfort; they found that perception of the location’s safety and intent of the perpetrator(s) were important in the assessment of racist events; the more private the location and the more intentional the
perpetrator was perceived, the more the participants felt threatened. Thus, it seems when appraising a racist event, perception of threat is an important factor.

One limitation of the study is that it did not ask participants to write about how they evaluated the event or about how they chose their coping response; the study also did not examine how different evaluations may have correlated with the coping option chosen. As is the case with much of the research on stress and coping, this research also did not utilize any theoretical model in a comprehensive manner. Hence, it gives insight into feelings following an event and factors that may influence those feelings, but it does not follow the appraisal process through to the coping choice utilized. For instance, it would have been helpful if the authors had had the participants record thoughts and emotions and how they influenced their evaluation of available coping options.

Qualitative studies may be especially useful in this regard since they allow the participant to verbally reflect on the situation; this reflection may allow for greater insight into the appraisal process and consequent coping responses. Feagin (1991) conducted 37 in-depth interviews to examine characteristics of racist events as well as participants’ responses to those events. Even though the goal of the study was not to examine appraisal, the qualitative nature of the interviews allows the reader to see what Feagin described as the “tendency for blacks to assess discriminatory incidents before they act” (p. 108). For example, in one interview, the respondent reflected on the lack of service in a restaurant by stating “this is not an isolated incident, this is a pattern, because I had spoken with some other people who had not been warmly received in the restaurant” (p. 106). This statement shows the primary appraisal process by demonstrating reflection on why the incident occurred; the respondent is trying to get a clear picture of if it were
happening due to race. In another interview, a response reflects the complementary nature of primary and secondary appraisal: “You first try to get a clear assessment of what’s really going on and sift through that information and then…go from there” (p. 108). This statement may indicate primary appraisal in the examination process of whether or not the individual or a loved one is affected by the event and whether or not it is occurring due to race; it may indicate secondary appraisal when the respondent stated that she is sifting through the event and then deciding how to act. Another response, by a college dean, described the complexity of primary and secondary appraisal, “when I face discrimination, first I take a long look at myself and try to determine whether or not I am seeing what I think I’m seeing in 1989, and if it’s something that I have an option [about]” (p 109). Here, it sounds as if the individual is examining if the event is one that is racist, and if so, what coping options are available. Feagin’s study, although not designed to assess appraisal, allows a rich look into the thoughts of these African American participants as they described their experiences with racist events.

The results of the above study also suggest, as did Swim et al.’s (2003) study, that the context in which racism occurs may affect the response due to coping options that are reviewed as viable. In Feagin’s (1991) study, when participants encountered racial hostility on the street, they most often responded with withdrawal, resigned acceptance, or a brief verbal retort. When participants encountered racial hostility in public, they most often responded through verbal counterattack or resigned acceptance. It seems as though when threat was high, as in the case of racial hostility in more private locations, escape-or avoidance coping was used. Overall, however, African American participants in Feagin’s
study preferred withdrawal or acquiescence because confrontation was viewed as too costly in terms of time and energy.

Both the Swim et al. (2003) and Feagin (1991) results can be placed in the context of Lazarus and Folkman’s (1984) model. Folkman et al. (1986) conducted a study examining the interrelations among primary appraisal, secondary appraisal, and eight forms of coping in a sample of 75, Caucasian, middle-aged couples. All participants were interviewed once a month for six months at their homes, and the data used for this study were from the second and sixth interview. During the interview, the participants were asked about the most stressful encounter they had experienced over the prior week. Primary appraisal, defined in this study as what was at stake in the encounter, was assessed using thirteen items that were selected on the basis of a review of responses in a prior study and a review of the literature. Through factor analysis of these items, two factors emerged as important for primary appraisal: threat to self-esteem where the stakes included “losing your self-respect,” losing the approval of someone important to you,” and “appearing incompetent,” and threat to a loved one’s well-being where the stakes included “harm to a loved one’s health, safety and physical well-being,” “a loved one having difficulty getting along in the world,” and harm to a loved one’s emotional well-being”. Four additional items did not load on either factor including the stake of “harm to own health, safety or physical well-being”. Coping was assessed with The Ways of Coping-Revised (Lazarus & Folkman, 1984), a 67-item measure that describes a range of cognitive and behavioral coping strategies people use to manage demands in specific stressful encounters. Factor analysis in this study revealed eight coping scales:
confrontive coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving and positive reappraisal.

To examine the relation between primary appraisal and coping, Folkman, Lazarus, and Dunkel-Schetter et al. (1986) conducted six intraindividual multivariate analyses for repeated measures, one for each of the six stakes regarding well-being that were assessed (i.e. self–esteem, harm to physical health, concern for loved one’s well-being, loss or respect, goal at work, strain on finances). In each multivariate analysis, the independent variable was the primary appraisal of one stake which was derived by combining the encounters a subject reported from over the six months into two groups according to whether they were above or below his or her own mean for that particular stake. The dependent variable was the participant’s mean score for each coping scale on those encounters that were above the mean or below the mean on that particular primary appraisal stake. The MANOVA was then used to compare the two coping scores, those above the mean on a particular stake and those below the mean on a particular stake. When threat to self-esteem was high, participants used more confrontive coping, using aggressive efforts to change the situation, as well as more escape-avoidance coping, using wishful thinking or behavioral efforts such as eating, drinking or smoking to escape or avoid. When threat to a loved one’s well being was at stake, participants used more confrontive and escape-avoidance coping also. Therefore, in high threat situations, these participants used a variety of coping techniques; escape-avoidance was a type of coping significantly used in both types of high threat, to one’s own physical health or the well-being of a loved one. These results may be used to put the results of Swim et al. (2003) and Feagin (1991) into a broader context; if racist events are appraised as having high
threat to self-esteem or to a loved one’s well-being, African Americans may utilize escape avoidance to help them cope.

Folkman et al. (1986) also examined the relation between secondary appraisal and coping. Secondary appraisal was assessed with four items that described the extent to which the situation was one: “that you could change or do something about,” “that you had to accept,” “in which you needed to know more before you could act,” and in which you had to hold yourself back from doing what you wanted to do”. Four intraindividual multivariate analyses for repeated measures were again conducted, one for each secondary appraisal option (i.e. could change, had to accept, need more information, had to hold back). The same procedure was used in this analysis as the one described above for primary appraisal, but here the independent variable was the changeability questions instead of stakes in the encounter. When participants saw the situation as changeable, they used more confrontive coping, planful problem-solving coping, and positive reappraisal. However, when they saw the situation as having to be accepted, they utilized more distancing and escape-avoidance coping.

Controllability was also examined as a moderator of coping style by Carver, Scheier and Weintraub (1989). A sample of 989 undergraduates was given a measure of coping as well as a single question assessing perceived control over the situation. For the control question, participants chose one of four responses to describe the degree to which, when under stress, they felt they could change the stressful situation; the four choices ranged from definitely could change to definitely couldn’t change. It was expected that those who felt they could change stressful situations would use more problem-focused coping and those who felt they could not change stressful situations would use more
denial and disengagement. Correlations between controllability and type of coping were in the expected direction. Active coping positively related to feeling as though one could do something about the stressor \( r = .21 \), and denial and behavioral disengagement were negatively related to controllability \( r = -.19 \) and \(-.20\), respectively. These results suggest that perhaps the African Americans in Feagin’s (1991) study who stated they preferred withdrawal or acquiescence felt that they did not have the energy to spend on fighting something they did not see as changeable. Therefore, they chose escape-avoidance or distancing as a way of coping.

Thus, perception of threat as well as perception about controllability may be relevant factors in the primary and secondary appraisal of African Americans towards racist events. In high threat situations, African Americans may utilize both confrontive and avoidance coping. However, depending on efficacy beliefs, differing coping options may be used. These efficacy beliefs may be focused on controllability. Controllability, however, needs to be clarified. There is the perceived controllability about the occurrence of the event versus the perceived controllability of one’s response. It is possible that both types of controllability are relevant to how African Americans cope with racism. If the perception of the event is that it is changeable and one feels efficacious with her or his response, active coping may be utilized. However, if the perception of the event is that it is not changeable and one also feels little efficacy about his or her response, avoidance coping may be utilized.

In sum, the appraisal processes of distress and changeability are clearly important in the use of coping as well as type of coping option chosen. Even though they are both posited as mediators in the conceptual model, subsequent research has examined the
moderating effects of changeability on types of coping (Carver et al., 1989; Folkman & Lazarus, 1980). For African Americans, however, there has been minimal explicit examination of the link between primary and secondary appraisal and coping. Yet, the related literature reviewed above suggests several possible conclusions. The amount of threat perceived during a racist event may lend itself to use of multiple forms of subsequent coping; specifically, the higher the appraisal of threat, the more coping used. In addition, the changeability of the situation may be important to overall efficacy expectations during secondary appraisal and thus moderate coping style. If African Americans perceive a racist event as being something that is changeable, they may use problem-solving coping. If, on the other hand, they see a racist event as too costly to spend their energy trying to change or something that cannot be changed, they may use avoidance coping.

Coping

According to the Lazarus and Folkman (1984) model, coping is the second process between a stressor and health outcomes. Coping has been defined as the cognitive and behavioral efforts used to manage internal and external demands that an individual has appraised as stressful. The process-orientation of the model is evident in the definition of coping in that the mechanisms are viewed as constantly changing on the basis of the specific internal and external demands at play. Thus, in one instance problem-solving coping might be the primary style used, whereas in another situation, avoidance coping may be the primary style used. Both types of coping may be used simultaneously in a manner that either facilitates or impedes the other. For example, if one minimizes an event because one cannot deal with the emotions raised, it becomes
difficult to then problem-solve. Both types of coping may also be used concurrently; for example, one may minimize the experienced anger in a situation for safety but then later may decide on ways to confront the problem.

Coping styles are only used when events have been appraised as threatening and exceeding resources (Lazarus & Folkman, 1984). There are two major functions of coping, according to the original model – emotion focused coping and problem-solving coping. Emotion-focused coping is used to regulate the emotion tied to the event, especially at times when there has been an appraisal that nothing can be done to change the environmental condition (Folkman & Lazarus, 1980); problem-solving coping is directed at altering the problem causing the distress, especially when the problem is appraised as amenable to change. Problem-solving coping would include behaviors such as verbal retorts, whereas, emotion-focused coping would include behaviors such as distancing, seeking social support and avoidance techniques.

Which type of coping strategy is used often depends on the type of problem and how the problem is appraised. Broman (1996) examined the types of coping strategies used by African Americans as well as how type of coping strategy was related to problem type. The data used for his study involved participants from the National Survey of Black Americans who were experiencing a personal problem that was causing them considerable distress. A total of 1,322 African American participants were asked about the specific nature of the problem, their level of distress, and how they handled the problem. The types of problems experienced were collapsed into five types including: a) physical problems, b) interpersonal problems, c) emotional adjustment problems, d) death of a significant other and e) economic problems. In order to assess coping, participants
were asked to respond dichotomously to seven options provided including: relaxing, forgetting, drinking, praying, taking pills or medicine, keeping busy or facing the problem and doing something about it. Participants utilized all types of coping; however, the type of coping used varied by problem type. For instance, the most frequently used coping for people with economic problems was escapist strategies such as getting high or drinking. For those with physical health problem, the most frequently used coping strategy was praying or doing something about the problem. For those with interpersonal problems, the most frequently used coping was seeking informal help and then doing something about the problem.

There are several limitations to this study. One limitation was that participants were given response categories and then were told to answer dichotomously. It would have been interesting to see what they derived as their coping strategies. Also, since coping strategies used were related to problem type and this study did not have racism as a type of problem, it would have been interesting to see how the respondents coped with racist events; one cannot assume that African Americans’ coping strategies for general stressors are the same as their coping strategies for racist stress.

The research that focuses on how African Americans cope with racism is limited (Clark et al., 1999). Plummer and Slane (1996) examined patterns of coping with racially stressful situations for 380 Whites and 164 African Americans. One of the research questions they examined was whether or not patterns of coping with racially stressful situations differed from patterns of coping with generally stressful situations. Participants were given the Ways of Coping Questionnaire (Folkman & Lazarus, 1988). This questionnaire is designed to be situationally sensitive, and it is comprised of eight
empirically derived scales including: Confrontive Coping, Distancing, Escape Avoidance, Planful Problem Solving, Seeking Social Support, Self-Controlling, Accepting Responsibility, and Positive Reappraisal. For the purpose of their study, Plummer and Slane asked the participants to fill out the Ways of Coping Questionnaire twice; first describing a generally stressful incident and then a racially stressful incident. Two separate MANOVAs were conducted – one for the problem-focused subscales (i.e., Confrontive Coping, Planful Problem solving, Seeking Social Support and Accepting Responsibility) and one for the emotion-focused coping subscales (i.e., Distancing, Escape Avoidance, Positive Reappraisal, and Self-Controlling). Race of participant was treated as a between-subjects factor and type of stress was a within-subjects factor.

Overall, African Americans used significantly more of both types of coping than did Whites. Under racially stressful situations, however, fewer types of coping were used overall. One plausible explanation for this finding posed by the authors is that racially stressful situations may be more restrictive in the types of coping options that are available for use than are other stressful situations. One limitation of the Ways of Coping Questionnaire is it does not indicate why a person may not use a response. In other words, a 0 response does not indicate if the person did not use the response because they did not consider it or because it was not appropriate for the situation. Also, the Ways of Coping Questionnaire was designed as a measure of coping and was established on an all White, middle-aged sample.

To speak to that limitation, Utsey et al. (2000) used a version of the Coping Strategy Indicator (CSI; Amirkhan, 1990) in their exploratory study of how African Americans cope with racism related stress. Specifically, the goals of the study were to a)
explore if African Americans used different types of coping to deal with race related stress, b) determine if there was a relationship between the type of coping strategies used by African Americans to deal with racist encounters and their overall levels of race related stress, and c) examine the relationship between African Americans’ coping strategies for racist discrimination and their life satisfaction and self-esteem. In order to examine these research questions, 213 African American college students were given the CSI, the Index of Race Related Stress (IRS; Utsey & Ponterotto, 1996), and measures of life satisfaction and self-esteem.

The CSI was used because it was found to be free from influences of demographic background so gender, SES and age would not be problematic covariates. In addition, the CSI has subscales that are relatively independent of each other, and it is based in Lazarus and Folkman’s (1984) model of stress and coping. The CSI subscales are Problem-Solving, Seeking Social Support, and Avoidance. Participants were asked to think of an encounter with racism from the past year when completing the CSI. The IRS is a measure of the stress experienced in daily encounters with racism. It was used because it measures racism across four dimensions: a) cultural racism, societal messages that devalue Blacks, b) institutional racism, laws and policies that discriminate against Blacks, c) individual racism, personal experiences of discrimination, and d) collective racism; it also has a global measure of racism.

A MANOVA was conducted to examine types of coping used by men and women during racist encounters; women had significantly higher scores on the Seeking Social Support subscale of the CSI. Next, MANOVAs were conducted for men and women separately to examine coping across the racism conditions measured by the IRS, and
separate ANOVAS were used to explore a significant main effect found across racism conditions for women. Results from the ANOVAS indicated that African American women used more avoidance coping when dealing with individual racism than with cultural racism or institutional racism, where they used more social support. No significant differences were found for men regarding type of racism and coping strategy. Finally, two separate simultaneous multiple regressions were conducted to examine how much of the variance in the self-esteem measure and life satisfaction measure could be accounted for by CSI subscales, gender and racism condition. Only the CSI Avoidance subscale accounted for a significant amount of the variance in self-esteem and life satisfaction. The relation between the Avoidance subscale and these two health outcomes was negative; the higher the use of avoidance coping, the lower the self-esteem and life-satisfaction. Hence, it seems that African American women used more social support to deal with racist events, unless they had individual experiences with racism. In this case, they utilized more avoidance coping, which may have had negative effects on their self-esteem and satisfaction with life.

Krieger (1990) also conducted a study that found links between avoidant coping and health outcomes for African American women. In phone interviews with a random community sample, 101 women were asked two forced-choice questions about how they dealt with unfair treatment. First, they were asked if they accepted it as a fact of life or if they tried to do something about it. Second, they were asked if they talked with others about it or kept it to themselves. Although 70% of the African American women responded that they typically took action or talked with others, African American women were also more likely than were White women to keep quiet about unfair treatment.
Also, those who were quiet about it were 4.4 times more likely to suffer from hypertension. Respondents were limited, however, by the forced choice style of responding offered by the interviewers.

Since Lazarus and Folkman’s (1984) model of stress and coping indicates that type of coping utilized is related to health outcome, examination of how African American women cope with racism is important. Yet, one limitation in studying coping in African American women is the measures that are utilized were not designed to address how African American women cope specifically with racism and they are limiting in their responses. Qualitative data specifically on coping with racism can, therefore, be useful. The African American Women’s Voices Project was a qualitative study of African American women’s experiences and perceptions of racism and sexism; in addition, the study asked how the participants coped (Jones & Shorter-Goode, 2003). Open-ended questionnaires were distributed to 333 women; the questionnaires asked about awareness of stereotypes of Black women, if they had been affected by the stereotypes, the difficulties they faced as Black women, if they had dealt with prejudice or discrimination, and if they had changed their behavior to cope. The surveys were reviewed by one of the authors and two research assistants; they developed a coding manual based on the responses and then coded a sample of 30 surveys in order to determine if they were coded reliably. All three coders agreed 95% of the time. Seventy-one women also were interviewed. The interviews and surveys were not random; research assistants collected surveys throughout the United States. Still, results from this study include women ages 18 to 88, from 24 states, from rural and urban areas and from different educational backgrounds, sexual orientations, incomes and marital statuses.
The authors found that racism and sexism took a toll on African American women (Jones & Shorter-Gooden, 2003). Ninety per cent had experienced racism, and 69% had experienced sexism. Fifty-eight per cent had changed the way they acted to fit in or be accepted by Whites. This concept of hiding one’s true self to placate others and changing behavior from one moment to the next (i.e., changing outward behavior, attitude, or tone) is called “shifting” by the authors. The authors found that the participants in this survey often shifted “white” then shifted “black” again depending on what neighborhood or setting they were in, and shifted “corporate” and shifted “cool” depending on if they were at work or with friends. At times, shifting included not addressing racism or sexism or learning how to address it in such a way as to not appear threatening or aggressive. They did what they needed to survive in a racist and sexist society.

In an extension of this study, seven items from the project that addressed coping were examined in another investigation (Shorter-Gooden, 2004). Here, 196 of the participants who reported experiencing both racism and sexism were asked about shifting behaviors on the basis of race and sex. They were also surveyed with three questions about overall coping with bias and oppression. The author and a research assistant coded the data independently. From a randomly chosen 50 of the 196 surveys, they developed lists of coping strategies and noted the frequency of their use. After sharing the original lists, they developed new, separate lists of those strategies that were clearly defined and those that were less definitive. Then, they reviewed the remaining questionnaires with a focus towards finding new strategies or providing more definition to the previously vague strategies.
Based on this analysis, Shorter-Gooden (2004) delineated differing strategies that African American women use to cope with racism and sexism. The types of coping strategies were split into internal and external resources used to deal with ongoing racism versus specific coping strategies that were used to deal with immediate, particular racist events. The ongoing tools were classified as internal and external resources and included: a) resting on faith, or using spirituality, b) standing on shoulders, or connecting to their heritage and their ancestors who had fought for freedom and justice, c) valuing oneself, and d) leaning on shoulders, an external resource of relying on social support. The three specific coping strategies identified were: a) role flexing, which is related to shifting, b) avoiding, and c) fighting back. Shorter-Gooden’s work provides insight into coping strategies for African American women that have been rarely discussed.

In sum, coping has been defined as behavioral and cognitive strategies to deal with both the internal and external demands an individual has appraised as stressful (Lazarus & Folkman, 1984). Coping options utilized by African Americans have been related to type of stressor (Broman, 1996), and the stressor of racism may restrict the type of coping options able to be utilized (Plummer & Slane, 1996). In Broman’s study, economic problems were most often dealt with through escapist strategies, whereas physical health or interpersonal problems were dealt with through prayer or doing something about the problem. Folkman et al.’s (1986) study on appraisal and coping may be used to put this research into a broader context. For those stressors that participants see as changeable, more problem-solving coping may be used. However, for those situations participants feel they must accept, more avoidance coping strategies may be used. Therefore, it is possible that in Broman’s study, participants dealt with economic
problems through escapist strategies more often because they did not think they could do anything to change the situation. The same could be said of the results of Utsey et al (2000). Here, African American women dealt with personal racism through avoidance; the participants of this study may have felt they could not do anything about personal slights. Avoidance coping seems to be one type of coping used by African American women, and may be used more to deal with racism of a personal nature (Smyth & Yarandi, 1996; Utsey et al., 2000). Given the difficulties in measurements used to assess coping with racism for African Americans, the research from qualitative data is especially helpful. In the largest research project to date on how African American women cope with racism and sexism, avoidance coping was a prominent theme uncovered for how African American women deal with specific racist events in their lives (Shorter-Gooden, 2004). Since avoidance coping may contribute to detrimental health outcomes for African American women (Krieger, 1990; Utsey et al., 2000), it seems important to understand further the relation between appraisal of racist events and use of avoidance coping.

Binge Eating as a Way of Coping for African American Women

In the African American Women’s Voices Project, the authors discussed that the shifting utilized to deal with constant racism and sexism has consequences (Jones & Shorter-Gooden, 2003). One consequence mentioned is the chipping away at the sense of self, which may lead to depression for African American women. To cope with this depression, the participants of the project frequently mentioned the use of eating to manage their troubles or meet their own emotional needs. The authors stated that
overeating might be a way for African American women to cope with the stress of racism.

Binge eating as a way of coping with stressors and related negative emotions has long been researched in European American women (Crowther, Sanftner, Bonifazi & Shepherd, 2001; Ganley, 1989; Henderson & Huon, 2002; McManus & Waller, 1995; Stickney, Miltenberger & Wolff, 1999). Crowther et al. examined the relation between the stress of daily hassles and binge eating. For two weeks, participants self-monitored their food intake and completed the Hassles Scale before they went to bed. Then, t-tests were conducted on frequency and intensity of hassles for two groups – those who reported binging and those who did not report binging. Although there were no significant differences between groups on frequency of daily hassles, there was a significant difference in intensity. Those participants in the binge eating group perceived daily hassles significantly more stressful than did those in the non-binging group.

Stickney et al. (1999) examined distress as an antecedent to binge eating in 16 undergraduates who reported binge eating at least two times per week. Participants completed a questionnaire about binge eating, as well as a questionnaire about the conditions associated with binge eating during a 30 minute interview. They were also given an antecedent checklist at this time to fill out over the next four weeks as well as binge monitoring forms and a description of binge eating form to fill out before, during and after each binge. The results indicated that binging was triggered by emotions such as depression, anger, emptiness, worry and hopelessness. With regards to the function of binge eating in these participants, relief from negative feelings was the most frequently reported function with relief from negative thoughts the second most common function.
One of the criticisms of the research on binging and negative affect is that it does not take into account the stress and coping model; therefore, the relation between negative affect and binge eating has been conceptualized as a simple one. However, as is known from the research reported on stress and coping, the relationship is seldom simple. Hence, to examine more complexly the relation between the two factors, Henderson and Huon (2002) looked at coping styles as a moderator between affect and binge eating in overweight European American women. They chose overweight women due to the variability in binge eating in this population, in that there is some evidence that overweight women binge eat in response to negative affect, yet certainly all do not do so. One-hundred and five women were given measures of binge eating severity, negative affect, and coping styles. In order to test the hypothesis that negative affect would be related to binge eating severity, a regression was conducted; the results indicated that negative affect accounted for 31% of the variance in binge eating severity. The second hypothesis was that differences in coping style would moderate this link. It was thought that more disengaged coping styles would be related to higher binge eating severity. The regression equation that entered negative affect, disengagement as measured by the coping questionnaire, and their interaction was significant and accounted for 39% of the variance. The relation between negative affect and binge eating severity indeed was moderated by the difference in coping style with those who used more disengagement reporting higher binge eating severity.

From the above studies, it certainly seems that for White women there is a relation between level of distress, negative affect and binge eating, with coping style being a relevant factor. However, binge eating in African American women is a newly
researched area with much of the research focusing on prevalence rates (Bruce & Agras, 1992; Smith, Marcus, Lewis, Fitzgibbon & Schreiner, 1998) or comparing binge eating in White and Black women (Pike et al., 2001; Streigel-Moore et al., 2000). In their community-based sample, Bruce and Agras (1992) found that 5% of the Black respondents met the criteria for binge eating, whereas 2% of White women met the criteria. Recently, this finding was supported in another community-based sample (Streigel-Moore et al., 2000). In this study, 1628 Black and 5741 White women were asked through a telephone survey about their use of binge eating and weight control behaviors in a three-month period. Specifically, they were asked if they had engaged in overeating and had felt a loss of control while eating and were also asked about purging behaviors. They were called twice within a four-week period to check the reliability of the reports. Both groups of women had comparable prevalence rates of binge eating over the three-month period. The authors also looked at recurrent binge eating, a minimum of two binges per week over the last three months. Black women reported significantly more recurrent binge eating over the last three months than did the white women. This study seems to point to comparable binge eating rates for White and Black women with recurrent binge eating being more prevalent in the Black women. Although this study adds to the literature on occurrence of binge eating in Black women, it does not examine triggers of binge eating. One area that goes unexamined is that of how SES may play a role in binge eating for these community women. It was found that those women who binge ate had a significantly lower educational status than did those who did not binge eat, across racial groups.
Clearly, African American women engage in binge eating, but little is known about the correlates of their binge eating (Fitzgibbon et al., 1998). In order to gain a better understanding of binge eating in a diverse group of women, Fitzgibbon et al. researched possible correlates of binge eating in Hispanic, White, and Black women. Specifically, the authors examined how obesity, depression, and body image ideals may affect binge eating severity for the three groups of women; they also examined the impact of these variables for the three groups. One-hundred and seventy-nine Black women were included in the group of 351 women who completed a measure of weight, binge eating frequency and duration as well as use of purging and distress felt in relation to binging, depression, and body image. Concurrent hierarchical regressions were conducted to examine the effect of weight, depression, and body image on binge eating symptoms. Demographic factors such as age and education were entered first, then the three predictors, and then ethnicity followed by the interaction of each of the three theorized predictors with ethnicity. For the three groups, Black women had the second highest prevalence rate for meeting the criteria for Binge Eating Disorder, with 3.9% of the sample meeting the criteria versus 9.6% of the Hispanic women and 1.9% of the White women. For the Blacks in this study, binge eating severity was not predicted significantly by any single theorized factor. In fact, the final model for Black women only predicted 7% of the variance in binge eating. One limitation of this study is that participants were those who responded to an ad regarding research on eating patterns or who expressed an interest in community based nutrition programs. Hence, the sample is not very representative of the Black community, yet it is a start in understanding binge eating in African American women.
In a more recent study, Mitchell and Mazzeo (2004) looked at binge eating and psychological distress in an ethnically diverse group of 259 undergraduate women and men; 73 of these participants were African American women. The study was exploratory with the goal being an examination of differing variables that may be related to disordered eating in European American and African American men and women. Participants were asked about psychological distress level, assessed with measures of state anxiety, depression, and alexithymia, and were also asked about eating behaviors, including a measure of binge eating and a measure of overall eating disorder symptomatology. Simultaneous regressions were utilized to examine the relationships among the psychological distress variables and the eating symptomatology variables for each group by gender and race. For the African American female participants, the three distress variables together accounted for significant variance on both the general eating disorder measure \(R^2 = .30\) and the binge eating measure \(R^2 = .19\). Yet, none of the three distress variables independently accounted for significant variance on the binge eating measure.

One limitation of this study may have been the examination of state anxiety. As Neal-Barnett (2003) explained in her book on Black women and anxiety, it is difficult for Black women to either admit to or be aware of their anxiety and stress levels. In order to survive, many Black women have had to be Strong Black women and not show or admit weakness. Other researchers have also echoed this sentiment (Jones & Shorter-Gooden, 2003; Shorter-Gooden, 2004); avoidance of thinking about stressors may be a coping mechanism. Thus, to ask Black women about their anxiety levels may not yield valid results. Neal-Barnett instead recommended asking about things that may bother Black
women or cause them worry. This way, the women are allowed to discuss what is occurring without admitting anything that is seen as a weakness. Even with this possible limitation, anxiety was still the only unique predictor of disordered eating for the African American women sampled and warrants further investigation. Finally, the authors recommended future research on racial stress and negative health outcomes, stating that their results may support this link. They discussed how one source of anxiety for African American women is racism. It is possible then that racial stress is a source of anxiety that contributes to disordered eating for African American women.

Indeed, that racism is a contributor to binge eating has been suggested by multiple researchers and authors (Gilbert, 2003; Mitchell & Mazzeo, 2004, O’Neill, 2003) yet only one published study to date has examined the relation of racism to binge eating in African American women (Streigel-Moore et al., 2002). Streigel-Moore et al. examined how four types of abusive experiences – bullying, childhood sexual abuse, physical abuse, and discrimination – may contribute to binge eating disorder. The participants were a community sample of White and Black women from the New England Women’s Health Project. This project included women ages 18 to 40 who were split into three groups. The binge eating disorder group was composed of 60 Black and 120 White women who met the criteria for Binge Eating Disorder as determined through structured interviews. The other two groups were comparison groups. One was the healthy comparison group composed of 85 Black and 164 White women with no history of eating disorders or other psychiatric disorders. The psychiatric comparison group was composed of 21 Black and 86 white women with DSM-IV Axis I diagnoses yet no history of an eating disorder diagnosis. All participants were screened via phone, and
those who were eligible were asked to complete an interview. The interview included a
determination of diagnosis and determination of a history of the four types of abuse listed
earlier. Specifically, history of discrimination was determined by asking participants of
all three groups to answer dichotomously as to whether or not they had encountered
discrimination based on ethnicity or race. Data were analyzed using Chi squares. When
comparing the participants with the healthy comparison group, Black women with binge
eating disorder reported more discrimination (46.7%) than did those in the healthy
comparison group (31.8%), but these differences were not statistically significant.

Even though this study is important as it explores the relation between
discrimination and binge eating, there are several limitations. First of all, the relation is
viewed as direct and simplistic; as has been discussed previously, the relation between
stressors and coping used is typically complex. Therefore, this study would have been
improved if it had followed a comprehensive model of stress and coping, such as Lazarus
and Folkman’s (1984) model. In addition, the measure of discrimination was a question
asking participants to answer dichotomously. Yet, experiences of discrimination, too, are
complex phenomena and may need more involved exploration. For example, Blacks who
have undergone racial discrimination may not acknowledge it as such until asked more
probing or in depth questions; in addition, the experience of living with everyday racism
may be experienced as painful and hard to discuss (Parker et al., as cited in Krieger &
Sidney, 1996). In order to understand the complex relation between racist events and
coping mechanisms as well as health outcomes, more sophistical measures and
theoretical frameworks need to be utilized.
In summary, binge eating may be a way of coping for African American women. This suggestion is based primarily on research done with White women that shows binge eating has been related to subjective levels of stress (Crowther et al. 2001) and has been triggered by emotions such as depression, anger, worry and hopelessness (Stickney et al., 1999). In addition, binge eating in White women has been reported to reduce negative feelings and thoughts (Stickney et al., 1999).

The relation between stress and coping, including binging, however, may not be simple (Henderson & Huon, 2002). Greater distress and use of disengagement to cope relates to greater rates of binge eating. Also, exploring the relations between anxiety and disordered eating may clarify the role of binging for African American women (Mitchell & Mazzeo, 2003). In order to gain an increased understanding of binge eating in African American women, more research is needed that explores these possible complex relationships using a comprehensive model of stress and coping, such as Lazarus and Folkman’s (1984) model. Relevant to the present research, it may be that those African American women who experience racist events as more distressing and are limited in their ways of coping, may engage in binge eating to help them disengage.

Summary

Lazarus and Folkman’s (1984) conceptual model is a process-oriented model designed to increase understanding between an event and possible health outcomes. As such, the model has several links, including relations between the events and appraisal processes, the appraisal processes themselves, appraisal and coping and coping and health outcomes. Specifically, the more distress one feels in relation to the event and the more one uses certain types of coping, such as avoidance coping, the higher the
likelihood of a negative health consequence (Folkman et al., 1986; Krieger, 1990; Utsey et al., 2000). Despite research that supports the relevance of the model to the literature on racism (Clark et al., 1999), research on racism, coping, and health outcomes seldom uses this model. In particular, the lack of research regarding the mediating effects of distress and possible moderating effects of changeability seems unfortunate, as examining the roles of appraisal and coping could help increase the understanding of the relation between racist events and health outcomes. This understanding could then help derive prevention strategies as well as therapeutic interventions for those at risk for racist events.

This study, then, is an attempt to utilize Lazarus and Folkman’s model as a framework to examine possible links between racist events and binge eating in African American women. Binge eating is conceptualized in this study as a form of coping utilized to reduce distress that may be generated as a result of racist encounters. This research seems warranted as the literature examining the frequency of racist events for African American women indicates its occurrence at alarming levels (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Fischer & Shaw, 1999; Klonoff & Landrine, 1999; Landrine & Klonoff, 1996). The frequency with which racist events occur has also been connected with health outcomes (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Klonoff & Landrine, 1999; Kreiger & Sidney, 1996; Landrine & Klonoff, 1996; Swim et al., 2003).

Yet, it is not just the frequency of the racist events that deems them stressful. As Lazarus and Folkman (1984) emphasized, it is one’s subjective experience of the event that can lead to differing ways of coping and possible stress responses. That is, African
American women may have differing perceptions of the same event; in order for African
American women to feel racial stress in relation to an event, they need to perceive the
event as one that is threatening and is occurring on the basis of their race. If the event is
perceived as stressful, African America women further evaluate the situation (Lazarus
and Folkman, 1984). During this secondary appraisal, African American women,
according to the model, may review whether the event is changeable, whether they have
the resources to cope with the event, and whether they feel efficacious in coping with the
event.

These evaluations then will influence the coping response utilized. Changeability
is one of the greatest factors determining type of coping utilized (Folkman et al., 1986).
If the event is perceived as changeable, a primary coping utilized may be problem-
solving coping. If, however, the event is not perceived as changeable, other forms of
coping, such as emotion-focused or avoidance coping, may be the primary coping
chosen. Emotion focused coping may include use of prayer, family support or
community support to help her cope with the racist event (Outlaw, 1993). If problem-
solving coping or emotion-focused coping are the primary coping styles used, avoidance
coping, and binge eating in particular, are not likely to occur. On the other hand, if the
threat is high and the event is not perceived as changeable, avoidance coping may be the
primary coping used, and binge eating may occur.

Binge eating is theorized as one form of avoidance coping for African American
women as there is evidence from European American women that binge eating is utilized
to lessen negative affect associated with stressors (Crowther et al., 2001; Ganley, 1989;
Henderson & Huon, 2002; McManus & Waller, 1995; Stickney et al., 1999). Also, in a
A qualitative study on how African American women cope with racism and sexism, several participants mentioned eating to deal with depression related to racist and sexist stress (Jones & Shorter-Gooden, 2003). Although African Americans have been found to utilize a variety of techniques in coping with racism (Plummer & Slane, 1996), an examination of binge eating as a form of avoidance coping in African American women related to racial stress is important as African American women have been found to use avoidance coping to deal with individual racism (Utsey et al., 2000). In addition, avoidance coping was the only type of coping that accounted for significant variance in self-esteem and life satisfaction in this research. Thus, consistent with Lazarus and Folkman’s (1984) model regarding type of coping and health outcomes, if African American women are using avoidance coping in the form of binge eating, it could have significant health consequences in terms of self-concept and life satisfaction in addition to the physical and emotional health consequences brought about by binge eating itself. It is important, then, to examine what factors may both mediate and moderate the coping mechanisms chosen by African American women in relation to racial stress and to test the relations suggested by Lazarus and Folkman (1984). Yet, for the purposes of the current study, the complexity of the transactional status of the model makes studying its varying links difficult. As the processes involved may change in their statuses (Lazarus & Folkman, 1984), it was necessary, for the purposes of this study, to examine the model as a snapshot in time. Therefore, changeability was designated as a moderating variable based on prior research models of the Lazarus and Folkman conceptualization where changeability was related to increased use of problem-solving and decreased use of
avoidance coping (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, 1986)

Hypotheses

Hypothesis 1: Frequency of Racist Events and Coping

Given that the literature establishes racist events as stressors that must be reacted to in various ways (Clark et al., 1999; Outlaw, 1993; Slavin et al., 1991; Utsey, 1998; Utsey et al., 2000) it is expected that a higher frequency of reported racist events in the past year will be related to a higher frequency of reported coping.

H1a: There is a positive relationship between frequency of reported racist events in the past year and use of Problem-Solving Coping.

H1b: There is a positive relationship between frequency of reported racist events in the past year and use of Seeking Social Support.

H1c: There is a positive relationship between frequency of reported racist events in the past year and use of Avoidance Coping.

Hypothesis 2: Primary Appraisal and Coping

Given that the literature supports that appraisal of an event is related to further coping (Feagin, 1991; Lazarus & Folkman, 1984), it is expected that primary appraisal is related to higher frequency of coping.

H2a: There is a positive relationship between appraisal of reported racist events as distressing and use of Problem-Solving Coping.

H2b: There is a positive relationship between appraisal of reported racist events as distressing and use of Seeking Social Support.
H2c: There is a positive relationship between appraisal of reported racist events as distressing and use of Avoidance Coping.

After testing of these hypotheses, the possibility of a curvilinear relationship of variables in H2a and H2b will be examined. The rationale for this exploration is that problem-solving and seeking social support may only be utilized to the point that the threat is not too high. If threat is too high, it is possible avoidance coping may be utilized more extensively.

Hypothesis 3: Secondary Appraisal and Coping

Given that the literature establishes changeability of a stressor is one of the greatest factors in determining type of coping utilized (Carver et al., 1989; Folkman et al., 1986), it is expected that the greater the appraisal of changeability, the more Problem-Solving Coping and the less Avoidance Coping used.

H3a: There is a positive relationship between changeability of a stressor and use of Problem-focused coping.

H3b: There is a negative relationship between changeability of a stressor and use of Avoidance Coping.

Hypothesis 4: Binge Eating and Type of Coping

Given that the literature establishes binge eating is used to lessen negative affect (Crowther et al., 2001; Ganley, 1989; Henderson & Huon, 2002; Jones & Shorter-Gooden, 2004; McManus & Waller, 1995; Stickney et al., 1999), it is expected greater use of Avoidance Coping is related to higher binge eating frequency.

H4a: There is a positive relationship between binge eating and Avoidance coping.
H4b: There is no relationship expected between binge eating and other forms of coping.

_Hypothesis 5: Secondary Appraisal and Binge Eating_

Given that the literature establishes changeability is related to type of coping used and binge eating is conceptualized as a form of avoidance coping, it is expected greater changeability of a stressor is related to lower binge eating frequency.

H5a: There is a negative relationship between changeability and Binge Eating frequency.

_Hypothesis 6: Moderating Effects of Appraisal on Coping_

According to the Lazarus and Folkman (1984) model, changeability is expected to moderate the relationship between Distress and Coping style used.

H6a: Changeability moderates the relationship between Distress and Problem-Solving Coping such that when distress is high and changeability is high, Problem-Solving Coping is used more frequently.

H6b: Changeability moderates the relationship between Distress and Avoidance Coping such that when distress is high and changeability is low, Avoidance Coping is used more frequently.

H6c: Conceptualizing binge eating as one form of Avoidance Coping, changeability moderates the relationship between distress and binge eating such that when distress is high and changeability is low, binge eating occurs more frequently.
CHAPTER III

RESEARCH METHODS

Participants and Procedures

Due to methodological difficulties in conducting community research with African Americans (Milburn, Gary, Booth, & Brown, 1991; Thompson, Neighbors, Munday & Jackson, 1996), two African American female acquaintances of the author were asked to collect the data. The purpose for having the research assistants was to establish rapport and enhance response rates to involve members of the community in the research process, and to reduce any discomfort about answering questions on racism to a White researcher, thereby also influencing responses. The research assistants gathered data from their neighbors, coworkers, family, friends and churches. In addition, they recruited participants from classes and the student union at a large Midwestern university in which the assistants and the author are students. The author and the assistants met three times throughout the data collection to discuss the process.

Data was collected from 158 African American women. Participants ranged in age from 18 to 77 ($M = 35$ years $SD = 14.47$ $Mdn = 32.5$). Six percent of the sample were lesbian or bisexual; seventy-two percent were single. Christianity was the religious orientation best represented (73%), yet some participants were Muslim (n=8), Buddhist (n=3), and Hindu (n=1). When asked to check how they would describe themselves in terms of social standing, 16.3% identified as lower class, 33.8% identified as lower-
middle class, 38.8% as middle class, 6.9% as upper middle class and 1.3% as upper class. The remaining 3.1% did not report their class status.

Sample sizes for the tests of the hypotheses ranged from 151 to 157 women. This number of participants was derived from a power analysis for the regression to test Hypothesis 6, as this is the analysis that is the most demanding of power. In accordance with Heppner et al. (1999), this power analysis had the following assumptions: a) an alpha level of .05 and b) a desired power level of at least .80. Given the relationship between racism and coping and changeability and coping found in previous literature (Carver et al., 1989; Utsey et al., 2000), it was assumed that in a hierarchical regression, stress and changeability would each contribute incrementally 5% of the variance to coping style at Step 1 and their interaction would contribute an additional 5% at Step 2. With 140 participants, the power for detecting a significant increment from Step 1 to Step 2 is .81 given the above assumptions.

Each respondent was given a packet of materials including an informed consent (See Appendix A), a demographic sheet (See Appendix B) and the following survey measures. The measures were given in the order in which they are discussed to stay consistent with the Lazarus and Folkman (1984) model. Lazarus and Folkman saw the stressful event as occurring first, then appraisal, and then coping. Thus, the measures given started with a questionnaire about frequency and distress related to racist events (See Appendix C), then questions regarding changeability (See Appendix D), then a questionnaire about coping (See Appendix E), and a questionnaire about binge eating in relation to stress (See Appendix F). One limitation to this order is that participants may censor their responses on subsequent measures due to sensitization from the questions
regarding racism. Upon return of the survey, a five-dollar incentive was given to each participant.

Measures

**Schedule of Racist Events (SRE; Landrine & Klonoff, 1996)**

The Schedule of Racist Events (SRE; Landrine & Klonoff, 1996) was used to assess frequency of racist events over the last year and over the lifetime as well as appraised distress related to the experienced racist event. The SRE is an 18-item self-report inventory designed to measure the frequency with which African Americans have experienced racist events within the past year as well as within their lifetime. It also assesses the degree to which the respondent appraised the event as distressing. Landrine and Klonoff discussed the benefits of examining both the frequency and appraisal of the event in that they provide different information. In addition, the authors suspected that African Americans differ in their appraisal of racist events with greater coping being required of those who appraise the events as extremely distressing. Examples of items from the SRE include “How many times have you been treated unfairly by your coworkers, fellow students and colleagues because you are Black?” and “How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because you are Black?”.

Responses to items are made on a 6-point Likert scale, ranging from 1 (not at all) to 6 (extremely). Items are scored by adding the total rating of events on all 18 items and scores may range from 18-108 for the Recent Racist Events and Lifetime Racist Events subscale and from 17-102 for the Appraised Racist Events scale. The ranges differ between subscales due to Item 18 not including a separate appraisal question. In
the development of the scale, scores were not found to be related to participants’ gender, age, or income (Landrine & Klonoff, 1996).

The SRE demonstrates evidence of reliability and validity. The internal consistency reliability coefficients for the three subscales were .95 for Recent Racist Events, .95 for Lifetime Racist Events, and .94 for Appraisal of Racist Events for a sample of 153 African Americans. Split-half reliability coefficients for the same sample for all subscales also were sound: .93 for Recent Racist Events, .91 for Lifetime Racist Events, and .92 for Appraisal of Racist Events.

To establish concurrent validity of the SRE, Landrine and Klonoff (1996) used the same sample to examine correlations between scores on the SRE and scores on subscales of the Hopkins Symptom Checklist (HCSL-58). The subscales, anxiety, depression, obsessive-compulsive behaviors, somatization and interpersonal sensitivity were posed by the authors as being stress-related symptoms; thus, significant correlations would lend support for the SRE measuring a stressful event. The correlations between the scales on the two measures were all significant with effect sizes ranging from .19 for recent racist events and obsessive-compulsive behaviors to .42 for recent racist events and somatization. The authors then split the scores on the HSCL-58 into two groups - high total symptoms and low total symptoms - and conducted a MANOVA to see if high versus low psychiatric symptoms were related to experiences with racism. Results were significant with those African Americans with high total stress-related psychiatric symptoms reporting more experiences with racism over the last year and over their lifetime than those with low total stress-related psychiatric symptoms.
In addition to using a self-report measure for concurrent validity, the authors also examined with this sample the relation between scores on the SRE and cigarette smoking, an observable stress-related behavior, by conducting a MANOVA comparing nonsmokers and smokers based on their scores on the SRE (Landrine & Klonoff, 1996). Results indicated that smokers reported significantly more frequency of racist events and experienced these events as more stressful than did nonsmokers.

Klonoff and Landrine (1999) also conducted a cross validation study for the SRE, where the results were similar to those previously reported. With a larger, more representative sample (N = 520), internal consistency reliability coefficients were .95 for Recent Racist Events, .94 for Lifetime Racist Events and .94 for Appraisal of Racist Events (Klonoff & Landrine, 1999). Similar results for concurrent validity with the HSCL were found with this sample as had been found in the development study; those with higher symptom scores also had higher frequency and appraisal of racist events.

**Changeability of Racist Events**

In order to assess secondary appraisal and changeability, participants were given four questions chosen in conformity with Lazarus and Folkman’s (1984) model of stress and coping and that have been used in prior studies on stress and coping (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman et al., 1986a; Folkman et al., 1986b). According to Lazarus and Folkman (1984) one of the most fundamental features of secondary appraisal, and the easiest to assess, is if something can be done to change the interaction between the person and the environment. Therefore, participants were asked to think about the events on the SRE and then to respond on a 6-point Likert scale.
regarding the extent to which they felt they could “change or do something about the situations”, the extent to which they felt they “had to accept the situations”, the extent to which they “needed to know more before they could act on the situations”, and the extent to which they had to “hold themselves back from doing what they wanted to do”. All four questions were asked of participants, as consistent with the theory, because differing aspects of the events could be seen as varying in their changeability.

Although no reliability information has been reported for the use of these questions to measure change, there has been research that supports the validity of their use. According to Lazarus and Folkman’s model (1984), when individuals see a situation as changeable, they will engage in more problem-solving coping, and when they see a situation as needing to be accepted, they will engage in more emotion-focused coping. Folkman and Lazarus tested the relation between changeability and type of coping utilized, using these four questions, and found support for their use in that the results were in the anticipated direction. When participants reported more changeability, as assessed by the four questions above, they reported higher use of problem-solving coping; whereas, when they reported less changeability as indicated by needing to accept the situation, they reported higher use of emotion-focused coping.

Carver et al. also found support for use of asking direct questions about controllability when assessing coping strategies. Controllability was measured by asking participants one question with four choices ranging from feeling they could definitely do something about the situation to feeling they definitely could do nothing about the situation. Results were found in the expected direction with greater controllability related to more active coping and less controllability related to more disengagement.
**Coping Strategy Indicator (CSI: Amirkhan, 1990)**

The Coping Strategy Indicator was used to assess women’s coping strategies. The CSI is a 33-item self-report measure of coping strategies used by individuals in coping with stressful situations. Three factor-analytically derived subscales were found to account for 46% of the variance in coping in the development study; they are Problem Solving Coping, Seeking Social Support, and Avoidance. According to the author, the three scales are orthogonal.

In responding to the CSI, participants are asked to think about a situation that occurred within the last six months that caused them to worry. For the purposes of this study, the participants were asked to think about a racist event occurring within the last year in order to coincide with the SRE. The precedent for this change in instructions is the work of Utsey et al. (2000) who stated it allowed more time for participants to recall a stressful event related to racial discrimination. After recalling the event, women will be asked to respond on a three point scale (1 = a lot, 2 = a little, and 3 = not at all) as to the extent to which they used the coping strategies presented. In order to score the CSI, items belonging to each subscale are summed, with the highest subscale indicating the coping strategy utilized the most. One possible limitation of directing participants to answer per the SRE responses is that it may prime them to respond in a certain manner. Nevertheless, participants are being directed to respond in such a manner in order to stay consistent with the conceptualization of the Lazarus and Folkman (1984) model.

Psychometrics of the CSI are strong (Amirkhan, 1990). Cronbach’s alpha reliability coefficients were .92 for Seeking Support, .89 for Problem Solving and .84 for Avoidance for a community sample. Test-retest reliability coefficients for a community
and student sample who were asked to respond in reference to the same event over a four
and eight week period were .83 and .77 respectively for Problem Solving Coping, .80 and
.86 for Seeking Social Support, and .82 and .79 for Avoidance.

Convergent validity of the CSI was tested using 92 community participants and
188 upperlevel psychology students. The CSI was given with two measures of
personality, two measures of coping, and a measure of stress-related symptomatology.
All scales on the CSI were correlated in the anticipated direction with the scales on the
other measures. For example, Problem Solving coping on the CSI was correlated
significantly with Problem Focused coping but not Avoidance coping on the Ways of
Coping Checklist (WCC; Lazarus & Folkman, 1984), and Avoidance on the CSI was
correlated significantly with Avoidance coping but not Problem Solving coping on the
WCC. Support for convergent validity was also demonstrated through the relationship of
reduced symptomatology with Problem Solving coping whereas increased
symptomatology was related to avoidant coping.

In order to test the criterion validity of the CSI, Amirkhan (1994) conducted a
series of three studies. In the first study, it was hypothesized that students would choose
to cope in an experimental condition according to how they had responded on the CSI.
The hypothesis was supported, and the CSI was an indicator of actual coping style
chosen. In the second and third study, the CSI was able to show changes in coping style
patterns in the expected directions as participants in each study went through a critical
thinking course and substance abuse treatment respectively.

The CSI was chosen for this study as it is grounded in the theory of Lazarus and
Folkman (1984) and was derived by compiling a thorough list of coping options from
existing measures, including the Ways of Coping Questionnaire (Lazarus & Folkman, 1980), which was then limited to 161 responses designed to represent differing coping dimensions. However, unlike the Ways of Coping Questionnaire that was developed on 75, middle to upper class married couples, the CSI was developed over three stages with a community sample of 968 participants. Amirkhan did not report the race of the participants but did state the demographics were “quite variegated although skewed toward females, the young, and those with higher incomes” (p.1067), as community samples can be. Further, Utsey et al. (2000) used the CSI in their study of racial discrimination, coping and life satisfaction and self-esteem among African Americans. In their study, Utsey et al. stated they used the CSI over the Ways of Coping because using the Ways of Coping with African American students would be “psychometrically suspect and ethically questionable” (p. 74, Utsey et al., 2000). They also used the CSI because it was less influenced by demographics such as gender and SES.

Questions about Eating Patterns

The Questions about Eating Patterns measure was derived by the author of this study after a review of current questionnaires designed to assess binge eating. Measures that were reviewed included the Eating Disorder Diagnostic Scale (EDDS: Stice, Telch, & Rizvi, 2000), the Binge Eating Scale (BES; Gormally, Black, Daston, & Rardin, 1982), the Eating Disorder Inventory -3 (EDI-3; Garner, 2004), and the Eating Disorder Examination – Questionnaire (EDE-Q; Spritzer et al., 1992). A disadvantage of the EDDS is that it does not provide a measure of binge eating specifically; instead, its purpose was to yield a composite score of overall eating disorder symptomatology or to
help with diagnostic criteria. In personal communication with the author (Stice, personal communication, 2005), it was recommended that the EDE-Q be utilized. However, the EDE-Q has been criticized as being more accurate in assessing binge eating in patients than in community samples (Wilson, 1993). In addition, many of the measures did not distinguish between subjective and objective experiences of binge eating such that respondents state they have binged and felt out of control, yet the quantity of the binge is not questioned or asked about in such a manner that would allow others to see it as an inordinate amount of food (Timmerman, 1992).

For the purposes of this study, it was necessary to have a measure that looked at binge eating as a continuous behavior, not a diagnostic category. In addition, it was necessary to have a measure that was able to look at binge eating in a community sample while being worded in such a manner that it controls for the subjectivity of binge eating (i.e., an amount of food that others would find unusually large). Therefore, this author drew items from the above eating disorder measures and phrased them in such a manner that respondents could answer on a continuum. In addition, the author asked three therapists who specialized in the area of eating disorders to examine the list and validate the subject matter. Before proceeding with statistical analyses regarding the hypotheses of this study, internal consistency as well as inter-item correlations will be examined.

**Statistical Analyses**

**Hypothesis 1: Frequency of Racist Events and Coping.** H1a, H1b, and H1c suggest a positive relationship between frequency of racist events in the past year and frequency of reported coping. Pearson Product Moment Correlations will be used to test these hypotheses. If these correlations are significant at the .05 level (1-tailed test), the
hypotheses will be supported. (This alpha will be corrected to .016 (.05/3) which is consistent with the .05 significance level but due to multiple tests of significance is corrected).

*Hypothesis 2: Primary Appraisal and Coping.* H2a, H2b, and H2c suggest a positive relationship between primary appraisal of racist events as distressing and frequency of reported coping. Pearson Product Moment Correlations will be used to test these hypotheses. If these correlations are significant at the .05 level (1-tailed test), the hypotheses will be supported. (This alpha will be corrected to .016 (.05/3), which is consistent with the .05 significance level but due to multiple tests of significance is corrected).

*Hypothesis 3: Secondary Appraisal and Coping.* H3a suggests a positive relationship between changeability and problem-solving coping. A Pearson Product Moment Correlation will be used to test this relationship. If this correlation is significant at the .05 level (1-tailed test), this hypothesis will be supported. H3b suggests a negative relationship between changeability and avoidance coping. A Pearson Product Moment Correlation will be used to test this relationship. If this correlation is significant at the .05 level (1-tailed test), this hypothesis will be supported.

*Hypothesis 4: Binge Eating and Type of Coping.* H4a suggests a positive relationship between binge eating and avoidance coping. A Pearson Product Moment Correlation will be used to test this relationship. If this correlation is significant at the .05 level (1-tailed test), this hypothesis will be supported.

*Hypothesis 5: Secondary Appraisal and Binge Eating.* H5a suggests a positive relationship between changeability and binge eating. A Pearson Product Moment
Correlation will be used to test this relationship. If this correlation is significant at the .05 level (1-tailed test), this hypothesis will be supported.

**Hypothesis 6: Moderating Effects of Appraisal on Coping.** H6a suggests that changeability moderates the relationship between distress and problem-solving coping such that when distress is high and changeability is high, problem-solving coping is used more frequently. Hierarchical regression will be used to test for moderation. The independent variables will be distress and changeability and the dependent variable will be problem-solving coping. At step 1, distress and changeability will be entered into the equation. At step 2, the interaction of distress and coping will be entered into the equation. If the change in R-squared at step 2 is significant at the .05 level and the direction of scores matches the prediction, the hypothesis will be supported. H6b suggests that changeability moderates the relationship between distress and avoidance coping such that when distress is high and changeability is low, avoidance coping is used more frequently. A hierarchical regression will be used to test this moderation. The independent variables will be distress and changeability, and the dependent variable will be avoidance coping. At Step 1, distress and then changeability will be entered. At step 2, the interaction of distress and changeability will be entered. If the change in R-squared at step 2 is significant at the .05 level, and the direction of scores matches the prediction, the hypothesis will be supported. H6c suggests that changeability moderates the relationship between distress and binge eating such that when distress is high and changeability is low, binge eating occurs more frequently. A hierarchical regression will be used to test this hypothesis. The independent variables will be distress and changeability, and the dependent variable will be binge eating. At Step 1, distress
and then changeability will be entered. At Step 2, their interaction will be entered. If the change in R-squared at step 2 is significant at the .05 level, and the direction of scores matches the prediction, the hypothesis will be supported.
CHAPTER IV
RESULTS

In the following chapter, results of the current study are summarized. First, psychometric properties of the measures are presented. Next, descriptive statistics for the variables of interest in this study are reviewed and relations among the variables of interest are described. Then, the results of the tests of the hypotheses are summarized. Last, findings of exploratory analyses are presented.

Psychometric Properties of the Measures

In the current study, the Cronbach’s alphas for the SRE Recent, Lifetime and Appraisal scales were .94, .95 and .96, respectively. As is indicated by these values, the internal consistency reliability for the three subscales was high. These reliability coefficients were comparable to those reported by the authors of the measure (Landrine & Klonoff, 1996) for a sample of 153 African American participants of whom 53% were women--.95 for SRE Recent, .95 for SRE Lifetime, and .94 for SRE Appraisal.

Although the SRE had good reliability in the current study, there were difficulties with the changeability measure. When the four changeability questions were reviewed for scoring, it became clear that there was not a way to combine all four items that represented the construct of changeability since one of the questions was about further evaluation (i.e. “how much did you feel as though you needed more information before you could act?”), and one was about accepting the situation (i.e., “how much did you feel
you had to accept the situation or get used to it?”). Thus, former research using these items was again examined (Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, et al., 1986). It was then clear that in prior analyses these items were used separately. For instance, Folkman and Lazarus conducted four intraindividual multivariate analyses for repeated measures, one for each secondary appraisal item with the mean score for each item over a six-month period used as the independent variable on coping. Since the items had been used separately in prior research using the Lazarus and Folkman (1984) model, a precedent had been set for the decision to use only a single item in the present research. Thus, only the item asking if participants felt they could change or do something about the event was retained for the present analyses (i.e. when you were going through the event, how much did you feel as though you could change or do something about the event?).

As the CSI had not been used previously with a solely African American population, it was important to obtain reliability data for its use with the present sample. In the current study, internal consistency reliability coefficients for the CSI Seeking Support, Problem-Solving and Avoidance scales were .915, .896, and .845, respectively. These internal reliability coefficients are comparable to those reported by Amirkhan (1990) for a sample of 954 community residents from Southern California who were contacted in a variety of settings, including supermarkets, health clinics, motor vehicle and unemployment agencies as well as residential and convalescent settings--.93 for Seeking Support, .89 for Problem Solving and .84 for Avoidance.
Since the binge eating measure was developed for the current study based on previously established measures of binge behavior, its reliability was also examined. The internal consistency reliability coefficient for the 10 item binging measure was .965.

Overview of Descriptive Statistics and Intercorrelations for the Sample

Only seven of the 151 participants who fully completed the SRE (4.6%) reported experiencing no racist events during the last year; the remaining 148 (95.4%) reported some type of racist event occurring within the last year. Out of those reporting recent racist events, the most common event was “being treated unfairly by strangers;” this was reported by 71.2% of the participants. Moreover, only 4 of the 151 participants (2.6%) reported no racist events during their lifetime. Out of those reporting lifetime racist events, the most common event was feeling “really angry about something racist that was done to you;” this was reported by 86.5% of participants.

The means for the current sample for the SRE-Recent (M=39.75, SD= 18.13), SRE-Lifetime (M=52.04, SD=21.41) and SRE-Appraisal (M=51.39, SD= 23.44) subscales are similar to those reported by the measure’s authors for their normative sample of 153 African Americans and their cross-validation sample of 520 African Americans (Klonoff & Landrine, 1999; Landrine & Klonoff, 1996). For these two samples, the authors reported SRE-Recent means of 42.18 and 38.77, SRE-Lifetime means of 53.24 and 45.86, and SRE-Appraisal means of 51.65 and 44.13, respectively. The authors did not report standard deviations for their samples, but a later study (Klonoff et al., 1999) reported the standard deviations for the SRE-Recent, Lifetime and Appraisal subscales as 17.18, 18.44, and 20.37, respectively; these standard deviations are similar to those in the current study.
For the present sample, the means and standard deviations for the three coping scales of the CSI are as follows: Problem-Solving (M=23.20, SD=5.45), Seeking Support (M=23.45, SD=5.72), and Avoidance (M=18.97, SD=4.93). These scores are almost identical to those of the normative sample for the Seeking Support (M=23.42, SD=5.63) and Avoidance (M=19.03, SD=4.37) scales (Amirkhan, 1990). The Problem Solving mean obtained in the current study is slightly lower than that obtained in the normative sample (M=23.20, SD=5.45 and M=26.55, SD=4.82, respectively).

The correlations among variables of interest were explored to get a sense of the descriptive relationships between these variables. These intercorrelations are presented in Table 1. As indicated, reports of Recent racist events were strongly positively correlated with reports of both Lifetime racist events (r=.74, p<.0001) and Appraisal of these events (r=.69, p<.0001); Lifetime racist events were also strongly positively correlated with Appraisal of racist events (r=.86, p<.0001). These correlations are consistent with those found in other studies whose authors have questioned the distinctiveness of the SRE subscales (Moradi & Subich, 2004).

Table 1

<table>
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Table 1

*Descriptive Statistics and Intercorrelations among Variables of Interest continued*

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<th>CSI-SS</th>
<th>CSI-A</th>
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</table>

Note. SRE = Schedule of Racist Events: R = Recent, L = Lifetime, A = Appraisal. CSI = Coping Strategy Indicator: PS = Problem Solving, SS = Seeking Social Support, A = Avoidance. CH = Changeability. BE = Binge Eating. The Cronbach’s alpha for each measure is reported in parentheses on the diagonal. *p<.05, **p<.01

Tests of Hypotheses

The links between frequency of racist events (conceptualized as a stressor), appraisal of these events, and type of coping used (including binge eating) were examined by using the Lazarus and Folkman (1984) model of stress and coping. Consistent with this model, changeability was explored as a possible moderator between racial distress and type of coping utilized. Pearson Product Moment correlations were computed to test Hypotheses 1, 2, 3, 4, and 5. Hierarchical multiple regression analyses were used to test Hypothesis 6.
Hypothesis 1

According to Lazarus and Folkman (1984), coping occurs in relation to a specific stressful event. Depending on the situation, coping will shift, with persons relying at times on one form of coping more than the other. Thus, African American women experiencing more frequent racist events were expected to use all coping mechanisms available more frequently. Accordingly, Hypothesis 1 stated that frequency of racist events over the last year and frequency of reported problem-solving, seeking support, and avoidance coping would be positively related. To test this hypothesis, correlations between these four variables were computed. This hypothesis was partially supported. As shown in Table 1, SRE-Recent scores correlated significantly with problem solving coping ($r=.30$, $p<.001$) and avoidance coping ($r=.18$, $p<.016$), but scores on seeking social support were not correlated significantly with scores on Recent racist events.

Hypothesis 2

According to Lazarus and Folkman (1984), if an individual appraises an event as stressful, and more specifically if they anticipate or have had damage to themselves or a loved one, a stress response will result. If no harm, challenge or threat is perceived, then the individual will see the event as irrelevant and no distress will be reported. It is only when events are appraised as stressful that coping occurs. Thus, African American women who reported racist events as more distressing were expected to use more coping. Accordingly, Hypothesis 2 stated that Appraisal of racist events as distressing and frequency of all three coping styles are positively related. To test this hypothesis, correlations between the SRE-Appraisal score and the three coping style scores were computed. Hypothesis 2 was supported. As shown in Table 1, SRE-Appraisal scores
correlated significantly with Avoidance Coping (r = .23, p<.01), Problem-Solving Coping (r = .28, p<.001), and Seeking Social Support (r = .18, p<.016).

**Hypothesis 3**

According to the Lazarus and Folkman (1984) model, appraisal is a powerful predictor of the type of coping style utilized in response to an event. If the event is appraised as changeable, there is a greater focus on problem-focused coping; if the event is appraised as needing to be accepted, there is a greater focus on emotion focused coping. Past research (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter et al., 1986) has supported this relation. Thus, African American women who reported they appraised a racist event as changeable were expected to use more problem-solving coping and less avoidance coping. Hence, Hypothesis 3 stated that the greater the appraisal of changeability, the more Problem-Solving coping and the less Avoidance coping would be used. To test this hypothesis, correlations between the changeability score and CSI Problem-Solving coping and Avoidance coping scores were computed. Hypothesis 3 was partially supported. As shown in Table 1, scores on changeability were related positively to scores on Problem-Solving Coping (r = .29, p<.0001), but instead of an inverse relation between scores on changeability and Avoidance Coping, a significant positive relation was found (r = .14, p<.05).

**Hypothesis 4**

According to the Lazarus and Folkman (1984) model, one function of coping is to help lessen distress in relation to a specific event. One strategy to lessen distress is to use avoidance coping which can include specific behaviors such as drinking, sleeping and eating. Theory and research with White women support that binge eating is related to a
reduction in negative affect associated with certain stressors (Crowther et al., 2001; Henderson & Huon, 2002; McManus & Waller, 1995; Stickney et al., 1991). The research examining correlates of binge eating for African American women has been limited (Fitzgibbon et al., 1998; Mitchell & Mazzeo, 2004; Streigel-Moore et al., 2002). Thus, this study set out to explore if binge eating is related to avoidance coping for African American women. Accordingly, Hypothesis 4 stated that frequency of binge eating and frequency of avoidance coping are positively related. The correlation between these two variables was computed, and this hypothesis was supported. As shown in Table 1, scores reported on the CSI-Avoidance scale were correlated significantly with scores on the binge eating measure ($r = .28, p < .001$), but the other CSI scores were not correlated with the binge eating measure.

**Hypothesis 5**

As discussed above, Lazarus and Folkman (1984) posited that changeability is a predictor of what coping style is utilized in response to an event. As changeability was expected to relate to avoidance coping, and avoidance coping was expected to relate to binge eating, it was also expected that changeability relates to binge eating in an inverse manner. Thus, African American women who saw racist events as more changeable were expected to utilize less binge eating. Accordingly, Hypothesis 5 stated that scores on changeability are negatively related to scores on binge eating. To test this hypothesis, the correlation between the changeability and binge eating scores was computed. Hypothesis 5 was not supported. As shown in Table 1, there was a significant positive correlation between changeability and binge eating ($r = .20, p<.05$).
Hypothesis 6

Lazarus and Folkman (1984) discussed the importance of appraisal as a predictor of whether an event warrants a coping response and also as a predictor of what type of coping is utilized. Specifically, they found that when participants felt a situation was stressful, yet they could act on it, they used greater problem-focused strategies; when they felt they had to accept the stressful situation, they used more emotion-focused strategies (Folkman & Lazarus, 1980). Therefore, it was expected in this study that if African American women felt distress from racist situations and felt as though they could change the racist event, they would utilize more problem-focused strategies and fewer avoidance strategies. In addition, since binge eating was conceptualized as an avoidance strategy, it was expected that if the African American women felt they could change the reported racist event, they would use less binge eating.

Accordingly, Hypothesis 6 stated that changeability moderates the relationship between distress from racist events and problem solving coping, avoidance coping and binge eating such that when distress is high and changeability is high, more problem-solving coping is utilized, but when distress is high and changeability is low, more avoidance coping and more binge eating are utilized. In order to test the hypothesis, separate hierarchical regressions were conducted with the independent variables of distress (i.e., SRE-Appraisal) and changeability regressed on the dependent variables of problem-solving coping, avoidance coping, or binge eating.

In the regressions, SRE-Appraisal scores and Changeability scores were entered at step one to predict problem-solving coping, and the interaction of the two scores was entered at step two. As shown in Table 2, distress and changeability together accounted
for 13% \((R^2_{\text{CHA}} = .13, F_{\text{CHA}}[2,147] = 11.25, p<.001)\) of the variance in problem-solving coping, and both SRE-Appraisal \((\beta=.54, t = 3.45, p=.001)\) and Changeability \((\beta=.66, t=3.37, p=.001)\) accounted for unique variance in the equation. Furthermore, the interaction of distress and changeability accounted for an additional 3% of the variance in problem-solving coping \((R^2_{\text{CHA}}=.03, F_{\text{CHA}}[3,146]=5.26, p<.05)\).

Table 2
Hierarchical Regression Analyses for Tests of Changeability as a Moderator of Coping Style

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<th>Step</th>
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<th>(F_{\text{inc}})</th>
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<td>.13</td>
<td>.13</td>
<td>11.25***</td>
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<td>.16</td>
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<td>.06</td>
<td>4.59*</td>
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<tr>
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<td>.06</td>
<td>.00</td>
<td>.02</td>
<td>3,145</td>
</tr>
</tbody>
</table>
Table 2

*Hierarchical Regression Analyses for Tests of Changeability as a Moderator of Coping Style continued*

<table>
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<tr>
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<th>Binge Eating</th>
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<td>2</td>
<td>SRE-A X</td>
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<tr>
<td></td>
<td>Changeability</td>
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</tbody>
</table>

Note: Betas presented are from the final model.

*** p < .001, ** p<.01, * p < .05

In order to interpret this interaction effect, a Scheffe´ post hoc analysis was conducted. To do this, median splits on the changeability and distress measures were used to create four groups: Group 1 = high changeability and high distress (n = 25), Group 2 = high changeability and low distress (n= 16), Group 3 = low changeability and high distress (n=48) and Group 4 = low changeability and low distress (n=61). As is illustrated in Figure 2, the mean score for problem-solving coping differed significantly between Group 4 (M=20.64, SD=5.44) and Group 1 (M=25.88, SD=4.39), Group 2 (M=26.38, SD=4.80), and Group 3 (M=24.19, SD=4.88). None of the other groups differed from one another. Therefore, Hypothesis 6a is supported.
Hypotheses 6b and 6c, however, are not supported. As shown in Table 2, changeability and distress as a block did account for variance in avoidance coping and binge eating, which was conceptualized as one form of avoidance coping, but no significant interaction effects were found for either of these regressions.

Exploratory Analyses

Research embedded in theory examining race-related stress and subsequent coping responses for African Americans has been minimal (Clark et al., 1999). Therefore, to further understanding of the current data, exploratory analyses were run. Lazarus and Folkman (1984) discussed primary appraisal processes as a mediator of a coping response. In other words, when one is faced with an event, there is an evaluative process in which the individual asks if it pertains to them or their loved ones. If the appraisal process leads to no threat being detected, then no further coping occurs. If there is a threat detected, the individual goes on to examine options and resources for dealing with the event as well as consequences for each option reviewed.
Thus, in exploratory analyses, distress was examined as a mediator of the relation between frequency of racist events and subsequent coping styles (i.e., problem-solving, avoidance, seeking social support, binge eating). According to Baron and Kenny (1986), three steps must be established to indicate that mediation has occurred. First, the predictor and criterion variables need to be significantly correlated. For this study, there was a significant correlation between frequency of lifetime and recent racist events and problem-solving coping and avoidance coping. Seeking social support did not correlate significantly with reports of recent or lifetime racist events, so no analyses of mediation were able to be run for it as a coping style. In addition, binge eating did not correlate significantly with recent racist events, so tests of mediation were conducted between frequency of lifetime racist events and binge eating only.

Second, the mediating variables need to be correlated significantly with the predictor and criterion variables. Distress was correlated significantly with recent and lifetime racist events and the two remaining coping styles (i.e., problem-solving and avoidance coping). It was also correlated significantly with binge eating. Finally, for complete mediation to be supported, a nonsignificant relationship must occur between the predictor and criterion variables when the mediating variables are considered first. Thus, tests of mediation by distress for the relationship between racist events and coping were run using recent and lifetime SRE scores and problem-solving coping, avoidance coping and binge eating scores.

As indicated in Table 3, the primary appraisal process did partially mediate the relationship between frequency of recent racist events and problem-solving coping. When distress was regressed alone on problem-solving coping, there was a significant relation.
When frequency of recent racist events was entered in the second block of the regression equation, it added significantly to the prediction of problem-solving coping, but less than its contribution when entered alone (.02 vs .08). Thus, distress alone partially mediated the relation between frequency of recent racist events and problem-solving coping.

Table 3

Hierarchical Regression Analyses for Tests of Mediation between Frequency of Recent Racist Events and Coping Styles

<table>
<thead>
<tr>
<th>Step</th>
<th>Variables</th>
<th>β</th>
<th>Total R²</th>
<th>R² inc.</th>
<th>F inc.</th>
<th>df</th>
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</thead>
<tbody>
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<tr>
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<td>Distress</td>
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<td>.08</td>
<td>.08</td>
<td>12.63**</td>
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<td>2</td>
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<td>.10</td>
<td>.02</td>
<td>3.92*</td>
<td>1,149</td>
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<tr>
<td></td>
<td>Avoidance Coping</td>
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</tr>
<tr>
<td>1</td>
<td>Distress</td>
<td>.20</td>
<td>.05</td>
<td>.05</td>
<td>7.99**</td>
<td>1,149</td>
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<td>SRE-R</td>
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<td>.05</td>
<td>.00</td>
<td>.12</td>
<td>1,148</td>
</tr>
</tbody>
</table>

Note: SRE-R = Schedule of Racist Events-Recent

*** p < .001, ** p<.01, * p < .05

Also in Table 3, the results of the mediation analyses for avoidance coping are shown. When distress was entered initially into the regression equation, there was a significant relationship between it and avoidance coping. When frequency of recent racist events was entered in the second step of the regression equation, it did not add significantly to the prediction of avoidance coping. Therefore, distress fully mediated the relation between frequency of recent racist events and avoidance coping.
For the relations between the frequency of lifetime racist events and problem-solving coping and avoidance coping, mediation also occurred. When distress was regressed alone on problem-solving coping, there was a significant relation. When frequency of lifetime racist events was entered in the second block of the equation, it did not add significantly to the prediction of problem-solving coping. Therefore, the relation of lifetime racist events to problem-solving coping is fully mediated by primary appraisal, as indicated in Table 4.

Evidence is also presented in Table 4 to support that the appraisal process of distress mediates the relationship between frequency of lifetime racist events and avoidance coping. When distress was examined alone as a mediator of the relation between lifetime racist events and avoidance coping, frequency of lifetime racist events did not add significantly to the prediction of avoidance coping beyond distress. Therefore, the relation of lifetime racist events to avoidance coping is fully mediated by the primary appraisal process of distress.

For the relation between frequency of lifetime racist events and binge eating, mediation by distress was examined. As indicated in Table 4, distress did not mediate this relation. In fact, when the frequency of lifetime racist events was added in Step 2 of the regression, it increased the variance accounted for in the prediction of binge eating.
Table 4

Hierarchical Regression Analyses for Tests of Mediation between Frequency of Lifetime Racist Events and Coping Styles

<table>
<thead>
<tr>
<th>Step</th>
<th>Variables</th>
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<th>R²inc</th>
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<tr>
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<td>Problem Solving Coping</td>
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<td>.08</td>
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Note: SRE-L = Schedule of Racist Events- Lifetime

*** = p<.001, ** = p<.01, * = p<.05

Summary

This chapter presented descriptive statistics, hypothesis tests and the exploratory analyses conducted. Overall, the hypotheses were supported. When the individual links of the Lazarus and Folkman (1984) model were tested for the African American women in this study, significant correlations were found between frequency of recent racist events and problem solving and avoidance coping. In addition, the primary appraisal measure of distress was significantly correlated with all three coping styles (i.e. problem-
solving coping, seeking social support and avoidance coping). Furthermore, the secondary appraisal measure of changeability was positively related with both problem-solving and avoidance coping. Also, when examining the relation between avoidance coping and binge eating, a positive correlation was found. Contrary to expectations, however, avoidance coping was found to be positively, not negatively, related to binge eating. Finally, when an examination of moderation between frequency of recent racist events and coping styles were examined, interaction effects were found such that when the African American women in this study reported low changeability and low distress, they used less problem-solving coping than the women who experienced any other combination of the two appraisal variables. Finally, the primary appraisal process of distress mediated the relation between frequency of recent and lifetime racist events and problem-solving coping and avoidance coping. However, it did not mediate the relation between frequency of lifetime racist events and binge eating; the frequency of lifetime racist events added to the variance accounted for in the prediction of binge eating for the women in this study.
CHAPTER V
SUMMARY AND DISCUSSION

The present study was a response to the relative lack of literature examining African Americans’ coping responses to racism (Clark et al., 1999). More specifically, the purpose of this study was to examine empirically African American women’s coping styles in relation to their experiences of racist events using a comprehensive theoretical model that would expand current understanding. Although some literature does exist on the topic of African American women and their ways of coping with racist events (Broman, 1996; Plummer & Slane, 1996; Smyth & Yarandi, 1996; Utsey et al., 2000), these studies have not utilized a model that encompasses the frequency of exposure as well as the appraisal of the event and how that might be related to differing coping responses.

Theoretically, the use of the Lazarus and Folkman (1984) model as a way to examine the experiences of African Americans’ response to racism has been discussed (Clark et al., 1999; Slavin et al., 1991; Outlaw, 1993). No research, however, has examined empirically multiple components of the model in one study. Instead, the research that does exist regarding African Americans’ experiences with racism focuses primarily the relation between experiences of racist events and subsequent distress (Feagin, 1991; Swim et al., 2003) or experiences of racist events and subsequent coping
(Broman, 1996; Plummer & Slane, 1996; Utsey et al., 2000), or experiences of racist
events and health outcomes (Bowen-Reid & Harrell, 2000; Krieger & Sidney, 1996).

Some literature has examined several components of the model. For instance,
Utsey et al. examined not only the experiences of race related stress and coping but also
consequent psychological health outcomes. Yet, most of these studies did not explore the
connection between primary and secondary appraisal of racist events and how these
appraisal processes affected subsequent coping. This connection is an important one to
examine as research with primarily White participants has supported a connection
between appraisal of the event as changeable and use of more active coping styles, such
as problem-solving coping (Carver et al., 1989; Folkman et al., 1986). Since the health
risks reported in response to racism often are linked to avoidance coping (Krieger, 1990,
Utsey et al., 2000), the appraisal process and subsequent choice of coping style are
important to explore. This study, then, extends the previous literature by examining
racism and coping using a comprehensive model of stress and coping. The current
study’s exploration of the possible links between racist events, appraisal of these events,
and subsequent coping responses was grounded in the Lazarus and Folkman (1984)
model.

In addition to exploring how African American women appraise and cope with
racist events, this study also responds to a need in the eating disorder literature to increase
counseling psychologists’ understanding of binge eating among African American
women (Hotelling, 2001; Kashubeck-West et al., 2001, Root, 2001; Streigel-Moore &
Cahcelin, 2001). More specifically, this study conceptualized binge eating as a specific
type of avoidance coping mechanism. Much research has been done that explores the use
of binge eating as a coping mechanism for negative affect in White women (Crowther et al., 2001; Henderson & Huon, 2002; McManus & Waller, 1995, Stickney et al., 1999), and authors have conceptualized binge eating as a way of coping with racist events for African Americans (Gilbert, 2003; Johnson et al., 2002; Jones & Shorter Gooden, 2003), but only one published study empirically examined a possible link between racism and binge eating. That study (Striegel-Moore et al., 2002) found no significant relation between the two variables, but a limitation of the study was that experiences of discrimination were assessed with a dichotomous response, yes or no. In addition, no comprehensive model of stress and coping was utilized as a context within which to examine the hypothesized relation. Further, no published studies were found to have examined the relation between African American women’s appraisal of racist events as distressing and their use of binge eating as a way of coping with this distress. Thus, another purpose of this study was to examine binge eating as a possible avoidance coping behavior for African American women.

A total of 158 African American women were actively recruited to take part in this study by two African American research assistants. The women were recruited from community churches, neighborhoods, social networks of the assistants and also from the campus of a large Midwestern urban university. Participants completed a survey that included demographic information as well as measures of frequency and appraisal of racist events occurring over the last year and one’s lifetime, perceptions of the changeability of a racist event occurring in the last year, coping styles used in response to the recalled event and a measure of thoughts, feelings and behaviors related to binge eating. Correlations and multiple regression procedures were used to analyze the data.
Interpretation of the Results

Lazarus and Folkman’s (1984) model is one of stress, appraisal and coping. Stress is defined as an interaction between the person and the environment during which the individual perceives the event as endangering one’s well-being and exceeding her or his resources. Coping is defined as both cognitive and behavioral attempts to deal with the resulting struggle of the stress appraisal. Thus, appraisal is a crucial mediator of both stress responses and subsequent coping. An event has to be appraised as affecting one’s well being or the well being of a loved one in order for there to be an emotional reaction. If the event is determined as affecting one’s well being, the individual also must think about what can be done to deal with the situation. During this process, called secondary appraisal, the individual reviews what coping options are available and what might be effective in managing the given situation; Lazarus and Folkman discuss controllability, over oneself as well as over one’s environment, as one element of secondary appraisal. However, as stated earlier, in the empirical literature, changeability has been studied as a mechanism that strengthens the use of problem solving coping over avoidance coping (Carver et al., 1986; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter et al., 1986). Hence, for the purposes of this study, it was conceptualized as a moderator. Once these appraisal processes occur, coping options are chosen. Coping has two major functions: to deal with the event or to deal with the emotions related to the stress response, known as problem-solving coping and emotion-focused coping, respectively. Thus, appraisal processes together are not only crucial to the occurrence of coping, they are also crucial to the type of coping chosen.
The findings of the current study lend limited support for the application of the Lazarus and Folkman model to African American women’s coping with racist events. The reported tendencies of the African American women in this study to use problem solving and avoidance coping in response to a racist event were related significantly to the extent of their experiences with racist events ($r = .30$ and .18 respectively). The women in this study did not just use one type of coping to deal with racism; instead, they used both active coping and emotion-focused coping in the form of avoidance to deal with racism. This finding is consistent with the model’s proposal that coping is a fluid process in which differing coping mechanisms are used to deal with different internal and external demands of the event. Thus, the African American women in this study may be experiencing differing demands depending on both the type of event and the way the event is appraised, thus leading to both forms of coping being utilized. For instance, depending on the type of racist event (i.e., being treated unfairly by a service person vs being threatened with harm) problem-solving coping or avoidance may have been chosen. This finding regarding the use of multiple forms of coping to deal with racism also is consistent with other studies examining how African American women deal with racist events (Plummer & Slane, 1996; Utsey et al., 2000). In this study, the use of problem-solving coping was the most strongly related to experiences with racist events ($r = .30$). This finding is consistent with Swim et al. (2003) who found in their examination of African American students’ experiences with racism at a predominately White institution that the students were active in their responses to racist events, either by making an indirect or direct response to the racist act.
Yet, prior authors have not considered the appraisal processes. According to Lazarus and Folkman (1984), appraisal of the event as stressful is necessary for any coping to ensue. Consistent with the model, the reported tendencies of the African American women in this study to use problem solving and avoidance coping in response to a racist event also were related significantly to the extent of their distress experienced with racist events ($r = .28$ and $.23$ respectively). This finding is similar to that of Swim et al. (2003) who found that reports of threat and discomfort were higher after incidents of perceived racism than before the incidents. In addition, it is consistent with prior research by Folkman, Lazarus, and Dunkel-Schetter et al., (1986) who found that if threat was high, a variety of coping mechanisms were used by the couples in their study. To the women in the current study, the amount of distress experienced was a necessary component of whether or not they used avoidance coping in response to racist events in the last year and avoidance and problem-solving coping in response to racist events experienced over their lifetime.

In their research examining the Lazarus and Folkman (1984) model, Folkman, Lazarus, and Dunkel-Schetter et al. (1986) found that distress was not the only determinant of type of coping. Although participants in their study used a variety of coping related to how much stress they experienced, it was tempered by whether or not they felt they could change something about the situation. Consistent with the Lazarus and Folkman model and the prior research by Folkman Lazarus, and Dunkel-Schetter et al., for the women in this study both appraisal variables were influential in the choice of problem-solving coping. The appraisal variables of distress and changeability predicted 13% of problem-solving coping, and the interaction of appraisal and changeability added
an additional 3% to this prediction. Of the participants who experienced racist events in the last year, those who experienced more distress related to the event and saw the event as more changeable, used more problem-solving coping. The women who experienced racist events as less distressing and saw the event as less changeable used less problem-focused coping than their counterparts who saw the events as less distressing but highly changeable or highly distressing and highly changeable. Even though this finding is consistent with prior research in the area (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, et al., 1986), the prior research was conducted primarily on White participants. The present study may be one of the first to examine the role of primary and secondary appraisal processes in the relation between experiences of racist events and subsequent coping for African American women, and from the results of this study, it seems that the interaction between distress and changeability holds for the use of problem-solving coping by African American women. Inconsistent with prior research, however, is the finding regarding avoidance coping and changeability. For the women in this study, the interaction between high distress and low changeability did not lead to more avoidance coping. This result may be due, in part, to the finding regarding changeability and avoidance.

As stated, avoidance coping was related as well to experiences of racist events for the participants in this study. This finding is supported by other research that has found African American women use avoidance techniques in response to racist events (Krieger, 1990; Utsey et al., 2000). In the Lazarus and Folkman model (1984), the function of avoidance coping is to reduce the emotional distress related to the event; hence, avoidance coping is seen as an emotion-focused type of coping. Thus, according to the
model, it is necessary that the situation is appraised as distressing for avoidance coping to be utilized. Consistent with the model, the women in this study reported using avoidance coping more if they felt greater distress in relation to a racist event \( (r = .27) \). Lazarus and Folkman also suggested that emotion-focused coping may be used more when an event is not perceived as changeable; due to the possible chronicity of the event, focusing on managing the feelings may be more relevant.

Prior research has supported the model’s premise that appraisal of an event as not amenable to change leads to more avoidance coping (Carver et al., 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter et al., 1986). Inconsistent with these previous findings, this study found that changeability and avoidance coping are related positively \( (r = .14) \); thus, it may be that African American women see avoidance coping as doing something about the racist events. This finding, although inconsistent with the manner in which Lazarus and Folkman (1980) discuss their model, is relevant in that a different pattern between appraisal and subsequent avoidance coping may need to be examined for African American women. These women often are in the power down position and thus may have developed ways of coping with events that are different from those noted amongst the White middle class participants of previous research. Indeed, Shorter-Gooden (2004) discussed that African American women often do not have the power to change the racism that they experience. As such, African Americans have learned to address racist and sexist oppression without appearing threatening (Jones & Shorter-Gooden, 2003). One of the ways discussed by other authors is the use of shifting, where African American women learn to act in ways consistent with environmental demands so as not to make their gender or race salient to others. This type of coping
could be seen as avoidance, as it does not deal with the event directly; however, for the African American women interviewed as a part of the African American Voices Project (Jones & Shorter-Gooden, 2003), it was a way to change the impact of oppression without dealing with the oppressive circumstances, possibly due to their lack of power. Broman et al. (2000), too, stated that not having control is “part and parcel” of the Black experience in America. Thus, finding other ways to cope may help alleviate possible damage that could occur. Feagin (1991) stated that withdrawal, as one form of avoidance coping, may be a viable option for African Americans in dealing with racism in that confronting may be too costly in terms of time and energy. Due to societal oppression, the African American women in this study may not have used appraisal processes related to avoidance coping in ways that are consistent with the Lazarus and Folkman model that is based on White, middle-class participants. Certainly, more research is necessary to further the understanding of avoidance coping in relation to racist events for African American women.

A surprising finding in this study was that women’s use of social support as a coping style was not related significantly to their prior experience with racist events. This finding is inconsistent with the Lazarus and Folkman model as well as with previous research on African American women and coping with racism (Krieger, 1990; Utsey et al., 2000; Shorter-Gooden, 2004). Lazarus and Folkman discussed social support as a resource in the environment that individuals must develop and use. Although it is discussed as a resource, they also discussed it as a style of coping behaviors with different functions: seeking information and seeking emotional-support. In Krieger’s study, 70% of Black women responded they either confronted the problem or talked with
others about racist and sexist events they experienced. Utsey et al. found that seeking social support coping behaviors were used more by African American women than African American men and that they were used primarily in response to individual acts of racism for African American women. In these studies, the methodology varied from the current study in several ways. First, Krieger did phone interviews in which participants were asked directly. Utsey et al. used the CSI for the styles of coping, but, the measure of racism used was the Index of Race Related Stress, which measures stress experienced in daily encounters with racism and has four subscales representing the different dimensions of racism (i.e., cultural, institutional, collective and individual). Shorter-Gooden also conducted qualitative interviews. Thus, it may be that this study found inconsistent results with previous studies due to methodological differences.

Interestingly, in Lazarus and Folkman’s (1984) discussion of social support they state that the function of social support still needed research. Yet, at that time, they classified it as a tool that people needed to learn to use. Shorter-Gooden (2004) in her recent qualitative interviews with African American women categorized multiple “resistance strategies” that the women used to deal with racism and sexism. From her interviews, she classified internal and external resources that the women used in addition to specific coping strategies. She delineates resources from strategies in that resources are “everyday buffers against oppression whereas specific coping strategies are more situation specific, like a set of tools that are available and drawn as needed” (p. 415). Shorter-Gooden classified “leaning on shoulders” as African American women having circles of caring people around them who had gone through similar experiences. Thus, the women learn they are not alone and feel a buffer against the hurt of oppression.
Hence, it is possible that for African American women, social support has a different meaning than it had for the White participants that Lazarus and Folkman originally intended. One possibility is that “leaning on shoulders” or, feeling supported by others who understand racism or who have been their before, may be an resource for African American women where they cognitively process those who have dealt with racist events before and use the knowledge of others as an appraisal process from which to decide upon coping options. Future research needs to be done to further understand specifically how social support may be utilized by African American women.

Finally, this study examined binge eating as a form of avoidance coping for African American women. Although prevalence rates for binge eating are similar to those for White women (Bruce & Agras, 1992; Pike et al., 2001; Striegel-Moore et al., 2000), little is known about what triggers their use of binge eating. Thus, this study hoped to shed more light on the use of binge eating in African American women and specifically examine if binge eating was a way of coping with racist events. Binge eating was conceptualized in this study as a form of avoidance coping. Indeed, the more the women in the study experienced racist events, the more likely they were to binge eat. This effect seemed to be cumulative as higher frequency of lifetime racist events was related to binge eating more than frequency of racist experiences over the last year ($r = .27$ and $.19$ respectively). In addition, the women in this study who used more binge eating reported more distress experienced in response to these racist experiences. Finally, the more the women in the current study used an avoidance coping style in response to racist events, the more they used binge eating ($r = .28$). Thus, this study lends some support that African American women use binge eating as a way to lessen the emotional
distress related to racist events. This finding was consistent with qualitative interviews where African American women used overeating as a way to soothe depression related to experiences of racism and sexism (Jones & Shorter-Gooden, 2003). It was also consistent with prior research examining the role of binge eating in White women (Crowther et al., 2001; Henderson & Huon, 2002; McManus & Waller, 1995; Stickney et al., 1999).

However, if binge eating were solely an avoidance coping style, according to the Lazarus and Folkman (1984) model, the African American women in this study would need to have appraised the racist event as distressing before they used binge eating. Yet, for the women in this study, a lifetime of racist experiences contributed an additional 3% of the variance to the use of binge eating behavior over the appraisal process of distress, which accounted for 3% of the variance to the prediction of binge eating. Thus, inconsistent with the model, the appraisal of distress was not always necessary for binge eating to occur. Also, according to Lazarus and Folkman, less changeability leads to more avoidance coping, yet for the women in this study, the more they felt they could change something in relation to racist events the more they used binge eating. Yet, the women in this study also felt that avoidance was related to change. It may be, therefore, that binge eating is a behavior related to dealing with emotions that in some instances has the function of avoidance. More research is certainly needed to examine the complexity of binge eating and its use in relation to racism for African American women.

One difficulty in examining the use of binge eating as a coping for African American women has been that the binge eating measures have been constructed using White women. Thus, binge eating has had a negative connotation in that it has been
related with an eating disorder diagnosis and negative health consequences. Certainly, depending on severity of the behavior, this could be a concern. However, for African American women, the use of food may hold a different meaning. Food may be seen as the center of a connecting time with family or with friends. African American women may use binge eating without the stigma implied in a Eurocentric model. For instance, in the movie *Soul Food*, there is a scene where several African American women are eating in a manner that could be construed as binging; however, they are eating in the company of each other and taking solace in the support. Thus, binge eating measures may want to ask questions such as “I often take comfort in eating large amounts of food with others.”

Binge eating, as it is currently studied, is seen as a solitary and shameful activity. Again, little is known at this point about the use of food in the African American community, and until research is conducted on binge eating from a culturally relevant model, little may be gained in the understanding of this phenomenon for African American women.

Limitations and Directions for Future Research

One of the limitations of the current study is that it focused solely on the experiences of racism as a stressor for African American women. Much has been written about the impact of the interaction between racism and sexism in the lives of African American women (Collins, 1998; Jones & Shorter-Goeden, 2003; Moradi & Subich, 2003; Shorter-Goeden, 2004). In a recent study, Moradi and Subich examined the unique and the interactive contribution of sexism and racism to psychological distress in African American women. They found that when entered separately, higher frequency of racism and higher frequency of sexism each related to greater psychological distress. However, when examined together, sexism was the only unique predictor of psychological distress.
The authors interpreted their findings as supporting a fusion model, in which the identity of being female and of being African American are important in interpreting an event. Thus, future research in the area of stress and coping for African American women needs to attend to the fact that the experience of race and sex cannot be separated and that the appraisal processes and coping option chosen may be related to both identities.

Another limitation of this study is that it combined all racist events instead of examining types of racism separately. Prior research has indicated that types of coping chosen may vary depending on the type of event (Broman, 1996; Feagin, 1991; Utsey et al., 2000). Various situational factors can influence type of coping; for instance, high threat situations, in which safety is a concern, may call for more withdrawal or avoidance. Also, certain types of racism may lead to differing types of coping; for instance, in Utsey et al., African American women chose to deal with personal acts of racism with avoidance. A surprise in this study was the lack of a significant relation between frequency of racist events and social support coping. This finding may reflect moderation between frequency of racist events and types of coping strategy chosen by type of racism encountered. In order to increase the field’s understanding of stress, appraisal and coping responses in African American women in response to racist events, future research needs to focus on how appraisal and coping may differ in response to differing types of racism (i.e., personal, institutional, cultural).

A methodological limitation of this research was the measurement, specifically, the differing levels of measurement that were used. The SRE and the measure of binge eating were general measures and did not ask the women to focus on one event of racism or think about one event while answering about binge behavior. Yet, the women
subsequently were asked to think of a racist event when filling out the changeability measure as well as the CSI. The literature regarding African American women and coping supported that Utsey et al., (2000) also had asked their participants to answer the CSI at a specific level, while the IRRS was answered at a general level. This decision to incorporate their use varying levels of questionnaires needs to be considered when interpreting the results of this study, as it interjects uncertainty into the findings. Future research examining ways of coping for African American women using the Lazarus and Folkman (1984) model may want to find ways to be more consistent with the levels of measurement. For example, Swim et al. (2003) suggested the use of diaries to record the occurrence of racist events and ways of coping. In addition, appraisal processes could be recorded.

Another methodological limitation of the current study was the use of one question to measure changeability. Originally, this study planned to use four questions to measure changeability based on prior research by Lazarus and Folkman (1984). Upon further examination of the questions, however, only one was relevant to changeability whereas the other questions asked about accepting the situation or needing more information before one could act or needing to hold oneself back from asking. As changeability was the construct that was the most important to the appraisal processes being examined, only the question about whether the participants felt they could do something about the event was used in the analysis of data. Future research assessing whether or not changeability is an important factor in coping with racist events needs to incorporate a better measure of changeability. One way in which changeability could be measured is to add a question to the SRE for each item; perhaps participants could be
asked how much they felt they could do something about each situation. Such a measure of changeability would be consistent with the Lazarus and Folkman model and would add to the understanding of how appraisal processes may vary according to different types of racist acts.

Also, although the CSI was chosen over the Ways of Coping Questionnaire developed by Lazarus and Folkman (1988) due to its development over three stages with a community sample, it was not developed on African American women. Even though the psychometrics for this sample indicated high reliability, its validity is not as clear. In order to truly understand the coping styles of African American women, the field needs measures that have been developed using their perspectives. For instance, Shorter-Gooden’s (2004) interviews with African American women on how they managed racism and sexism found that religion as well as drawing strength from African American ancestors who had braved racism as well as role flexing or shifting their outward behavior to fit dominant culture were all important ways of coping. Thus, a question that may be included on a coping questionnaire for African American women may be worded “I find comfort in knowing that others have gone before me in fighting racism and have been successful”. Another item may be worded “I find that I shift my behaviors depending on the context to minimize any emphasis on race or gender.” Also, if an African American woman is living or working in a predominately White context, asking questions regarding going to friends for support in dealing with racism may not be as relevant to social support, as they may not see friends in those situations as being able to give the needed support. Thus, including items that are specific to family support as a form of social support may be more relevant. Also, the use of prayer as a form of coping
is missing from the CSI and certainly is relevant for African American women (Shorter-
Gooden, 2004). A coping measure including the previous items may further the fields
understanding of African American women’s ways of coping with racism, as it takes the
specific coping mechanisms of African American women into account.

One final comment regarding the limitations of this study is related to the use of
the Lazarus and Folkman (1984) model to examine African American women’s ways of
coping with racism. Lazarus and Folkman’s view of appraisal and coping is that they are
dynamic processes, always in flux due to features of the individual and features of the
event. Once an individual has dealt with a racist event, she may change her coping
behavior and develop anticipatory coping. For example, if threatened physically in a
certain area or business, she may develop anticipatory coping and no longer enter that
particular place (Outlaw, 1993). Also, according to the model, an event can be
reappraised which would affect future appraisal and coping processes. Since the model is
a process-oriented model where dynamic processes between the individual and the
situation are the essence of the model, cross-sectional and quantitative methodology are
needed to serve the model well. A major limitation of this study was that the model was
used as a snapshot in time in a linear fashion. If the model were used in the future to
study African American women’s ways of coping with racism, longitudinal and a mixture
of qualitative and quantitative research would better serve the essence of the model.

In addition, this study seems to point to caution when using the Lazarus and
Folkman model to study African American women’s ways of coping with racism.
Although the problem-solving literature based in Lazarus and Folkman held up for the
current study, there were several differences found between the conceptualization of
appraisal and coping by Lazarus and Folkman and the present findings. First of all, appraisal processes may be different for African American women. The concept of changeability as a secondary appraisal process that lessens distress may not be as relevant for African American women, as they are often not in a powerful position to create change. Thus, the use of concepts such as “leaning on shoulders”, or remembering others who have dealt with the challenges of racism and have been successful may be more relevant as a cognitive process for African American women when deciding how to cope with a racist event. Second, Lazarus and Folkman discussed avoidance coping as an emotion focused coping that is used more often when changeability or control in a situation is lacking. Again, this concept does not seem to fit the experience of the African American women in this study. Instead, avoidance coping may be a viable problem-solving technique. For instance, withdrawal, according to Lazarus and Folkman, is a specific avoidance technique, and it could be, for African Americans, a way of dealing with the problem. For instance, leaving a business that is discriminatory towards African Americans may be seen as doing something or dealing with the problem head on. Much more research is needed to examine African Americans ways of coping with discrimination and racist events. Qualitative research would be a base from which a greater understanding of the stress, appraisal and coping processes of African American women could be understood. From this qualitative research, the Lazarus and Folkman model, which was based on White, middle class couples, could be adapted and become more culturally relevant.

A strength of the current study is that it did use a comprehensive model to examine African American women’s ways of coping with racist events. Yet, one aspect
of Lazarus and Folkman’s (1984) model that was not included in the current study is the health outcomes that are related to coping behaviors utilized by the individual. Thus, further research needs to address this final link in the model. Prior research has indicated a link between racist events and physical and psychological health outcomes for African Americans (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Klonoff & Landrine, 1999; Krieger & Sidney, 1996; Utsey et al., 2000), but it is unclear how the appraisal processes might be linked with health. For instance, the current study found a positive link between avoidance coping strategies and feelings of being able to do something about a racist event. Further research may want to examine how this link may translate to differences in health outcomes. For instance, it is possible that those individuals who utilize avoidance coping strategies, but see them as a proactive way of dealing with racism, may have fewer health consequences than those who see avoidance strategies as a passive resignation to racist events. Krieger (1990) found that African American women who chose to stay quiet about racist events had more hypertension. Yet, if prior research had examined the motivation underlying why one stays quiet, there may have been a difference in health outcomes between those individuals who appraised the coping option as viable and those who appraised it as a resignation to the events.

In addition to exploring further aspects of the model, future researchers may also want to include other variables that may affect appraisal processes. For instance, future researchers may want to incorporate racial identity models and racial socialization. Fischer and Shaw’s (1999) research in the area of racial socialization indicated that this type of socialization may serve a protective function when African Americans encounter racist acts. Within the Lazarus and Folkman (1984) model, racial socialization might
increase secondary appraisal processes such as self-efficacy which may in turn increase the use of problem-solving coping, thereby decreasing detrimental health outcomes of racism. Also, Helms (1995) discussed higher statuses of racial identity as being linked with positive health outcomes as the appraisal of events is more realistic. In having to use the “second-eye” to appraise events, it may be that those in lower statuses attribute events to racism more often than those in higher statuses. Certainly, future research may want to examine the complex interactions of racial identity and appraisal processes.

Finally, the current study is strong in that it used African American women from the community and from a large, urban Midwestern college thereby increasing the diversity of the participants. Nevertheless, the results from this study cannot be generalized to all African American women. First, appraisal processes vary by individual and by situation; thus further research is needed to add to the understanding of how African American women may cope with racist events. Further, even though sample studied was more diverse than just college women, most of the women in this study categorized themselves as lower, lower-middle or middle class. In addition, 63% reported their annual income as below $30,000. Thus, exploring the links between differing demographic variables, appraisal processes and coping resources available would continue to further the understanding of how African American women may cope with racist events.

Implications for Practice

The findings of the current study have several implications for practice. As Priest (1991) pointed out, when African American clients present for counseling, it is a
monumental, personal activity. Therefore, it is important that the counselor have a cultural perspective from which to interact with the client.

In order to discuss ways of coping with the stress of racism, it is first important that counselors acknowledge the impact of racism in the lives of African American women. One finding in this study, which is concurrent with past research (Bowen-Reid & Harrell, 2002; Broman et al., 2000; Fisher & Shaw, 1999; Klonoff & Landrine, 1999; Shorter-Goode, 2004), is that African American women experience racism. Seventy-one percent of the participants in this study responded that they had experienced unfair treatment by a stranger within the last year; 69% reported that their lives would be different if they had not been treated in a racist and unfair way within the last year. In addition, the women in this study also reported substantial distress related to racism. Counselors are encouraged to ask African American clients about experiences with racism and facilitate discussions exploring how these events might be linked with presenting concerns.

When exploring the impact of racist events in clients’ lives, counselors are also encouraged to explore how their clients may interpret and cope with the events. In line with the Lazarus and Folkman (1984) model, this study supports that appraisal processes are important mediators and moderators of coping styles utilized in response to racism. Thus, understanding how a client views the event and possible links with coping are important to the counseling process. Counselors may want to examine the belief about changeability for clients reporting distress related to racism; if both distress and changeability are high, the client may be more willing to engage in problem-solving coping.
Further, based on the results of this research, it seems reasonable to suggest that African American female clients’ use of avoidance techniques should not be discounted or minimized; counselors need to be aware that African American women may be actively coping with a racist event through their use of avoidance coping strategies. The current study noted a small, but significant, relation between avoidance coping and changeability. Thus, although counselors may see avoidance coping as a way of not dealing with an event, it is possible that African American women, who chronically experience oppression may see avoidance strategies as viable and active coping options. Therefore, it is important for counselors to be flexible in their thinking understand the worldview of the clients.

The concept of worldview may add complexity to current thinking about binge eating among African American women. This research suggested that one specific way of dealing with racist events that may lead to poor health outcomes is binge eating. It also found a small, but significant, link between frequency of lifetime racist events and binge eating behavior. In addition, a small but significant link was found between binge eating and avoidance coping. Hence, it is possible that one form of avoidance coping in response to racism for the African American women in this study was binge eating. The observed relation between perceived changeability and binge eating, however, suggests that African American women may be using it as an active coping strategy. Thus, the women in this study may be using binge eating as a way of feeling as though they are doing something in relation to racist experiences, even if it is not dealing directly with the racist event. Therefore, when African American women present for counseling and present the use of avoidance strategies as a way of coping (i.e. drinking, fantasizing,
daydreaming, smoking) it is important for counselors to explore if binge eating is occurring. Also, if African American female clients report a high frequency of racism over their lifetime, a counselor may want to assess for the presence of binge behavior. Bias in counseling may lead counselors to ignore eating disorder concerns, as they are thought to be a White, middle-class disorder. However, prevalence rates of binge eating for African American women are equal to or greater than prevalence rates for White women (Bruce & Agras, 1992; Pike et al., 2001; Striegel-Moore et al., 2000) and the present research suggests salient connections between binge eating and coping for African American women.

Extending beyond the specific findings of this study and consistent with multicultural research and practice, it seems important for counselors to do more than just be aware of how experiences with racism may manifest in clients and help change these manifestations. As demonstrated in the current study, our interventions are often based in Eurocentric models that have not been researched enough on people of color. At this point, the field does not know enough about these worldviews. Thus, it is important that counselors work on changing the environments in which racism thrives (Thompson & Neville, 1999). Certainly, the health of people is related to the environment in which they live (Hoffman & Driscoll, 2000). Consistent with this statement, the current study found a strong relation between frequency of recent and lifetime racist events and distress for the participants. In addition, experiences with racist events over the lifetime were related to the use of binge eating. Thus, it is important that counselors not only work with African American clients on appraising and coping racist events in ways that are in line with their worldview, but that they also work on changing stressful environments. In
addition to advocacy at a systematic level, counselors are also encouraged to design prevention programs aimed at reducing racist behavior; designing and implementing prevention programs would be consistent with the call in the field to revitalize counseling psychology’s commitment to prevention (Romano & Hage, 2000; Vera, 2000). Both advocacy at a system level and prevention programs aimed at fighting racism would behoove African American women by decreasing a stressor that contributes to their emotional and physical health.
REFERENCES


APPENDIX A

INFORMED CONSENT

PROJECT TITLE: African American Women’s Ways of Coping with Racist Events, Including the Use of Binge Eating

INVESTIGATOR’S NAME: Deb Esty, MA

RESEARCH PURPOSE AND DESCRIPTION OF PROCEDURES:

The purpose of the research is to examine the relation between stress experienced from racist events and types of coping used to deal with those events.

TIME COMMITMENT INVOLVED: 35 minutes

RISKS AND DISCOMFORTS: It is possible, that when answering these surveys, disturbing feelings or thoughts may come up regarding stressful racist events you have lived through.

BENEFITS: By answering these surveys, you will be contributing to the knowledge of how African American women deal with racist events. Upon completion of the survey, you will be given $5.00.

ALTERNATIVES: If the feelings that arise become too uncomfortable, you have a right to stop answering at any time without any risk to you. You also may want to talk with a trusted friend, minister or counselor to help you through feelings that may arise. A list of community resources available in the Akron area is attached.
CONSENT:

The nature and purpose of the above-described procedure and the risks that are involved in its performance have been fully explained to this participant. All questions have been answered to the best of my ability.

______________________                                                     _____________________
Deb Esty, MA                                                                              Research Assistant

I have been fully informed of the above-described procedure with its possible benefits and risks. I understand that I may view my responses at a later date and be fully de-briefed on them if I so desire. I also understand that my responses will be maintained in a confidential manner by the researcher. I voluntarily give permission for my participation in this study. I know that the investigator will be available to answer any questions I may have. I can reach the researcher by leaving a message for her at the following number (Psychology Department, The University of Akron, 330-972-7280). If, at any time, I feel my questions have not been adequately answered, I may request to speak with the Chair of the Department of Psychology (Dr. Subich, 330-972-7280), or the Associate Director of Research Services of The University of Akron (Ms. Sharon McWhorter, 330-972-8311 or toll free 1-888-232-8790). I understand that I am free to withdraw this consent and discontinue participation in this project at any time without penalty. I am also aware that within one year of my participation a copy of this Informed Consent form will be provided to me upon request. By virtue of completing the following instruments, I understand that I am giving my consent.
APPENDIX B

DEMOGRAPHIC INFORMATION

Thank you for deciding to participate in this project. The following questions ask about your background. Please circle the appropriate letter under each of the items below or enter the correct information in the blank spaces that are provided.

1. Age: _______

3. What is your ethnicity? ________________________________

4. Relationship status:
   A) Single, not currently dating
   B) Single, dating many individuals
   C) Single, dating or partnered in a committed relationship
   D) Married/Partnered
   E) Divorced
   F) Separated
   G) Widowed

5. What is your current Occupation? _________________________
6. How would you describe yourself in terms of social standing?
   A) Low Class
   B) Lower Middle Class
   C) Middle Class
   D) Upper Middle Class
   E) Upper Class

7. How many people are living in your residence? _________

8. How much education have you completed?
   A) less than high school
   B) high school degree or equivalent
   C) post high school (e.g. trade, technical, secretarial)
   D) some college (e.g. one year, associate’s degree)
   E) completed college (e.g. bachelor’s degree)
   F) some graduate or post-bachelor’s training
   G) Master’s Degree or Doctorate
APPENDIX C

SCHEDULE OF RACIST EVENTS

We are interested in your experience with racism. As you answer the questions below, please think about your ENTIRE LIFE, from when you were a child to the present. For each question, please circle the number that best captures the things that have happened to you. Answer each question TWICE, one for what happened to you IN THE PAST YEAR, and one for what YOUR ENTIRE LIFE HAS BEEN LIKE. Use these numbers:

Circle 1 = If this has NEVER happened to you
Circle 2 = If this has happened ONCE IN A WHILE (less than 10% of the time)
Circle 3 = If this has happened SOMETIMES (10-25% of the time)
Circle 4 = If this has happened A LOT (26% - 49% of the time)
Circle 5 = If this has happened MOST OF THE TIME (50 – 70% of the time)
Circle 6 = If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers and professors because you are Black?

   How many times in the past year?  1  2  3  4  5  6
   How many times in your entire life?  1  2  3  4  5  6
2. How many times have you been treated unfairly by your *employers, bosses and supervisors* because you are Black?

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<th>Not at all</th>
<th>Extremely</th>
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<tr>
<td>How many times in your entire life?</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>How stressful was this for you?</td>
<td>1 2 3 4 5 6</td>
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3. How many times have you been treated unfairly by your *coworkers, fellow students and colleagues* because you are Black?

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<td>How many times in the past year?</td>
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<td>How many times in your entire life?</td>
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<td>How stressful was this for you?</td>
<td>1 2 3 4 5 6</td>
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4. How many times have you been treated unfairly by your *people in service jobs* (store clerks, waiters, bartenders, bank tellers and others) because you are Black?

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<td>How many times in your entire life?</td>
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<td>How stressful was this for you?</td>
<td>1 2 3 4 5 6</td>
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5. How many times have you been treated unfairly by *strangers* because you are Black?

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<tr>
<td>How many times in the past year?</td>
<td>1 2 3 4 5 6</td>
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</table>
6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers and others) because you are Black?

   How many times in the past year? 1 2 3 4 5 6

   How many times in your entire life? 1 2 3 4 5 6

   Not at all   Extremely

   How stressful was this for you? 1 2 3 4 5 6

7. How many times have you been treated unfairly by neighbors because you are Black?

   How many times in the past year? 1 2 3 4 5 6

   How many times in your entire life? 1 2 3 4 5 6

   Not at all   Extremely

   How stressful was this for you? 1 2 3 4 5 6

8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others) because you are Black?

   How many times in the past year? 1 2 3 4 5 6

   How many times in your entire life? 1 2 3 4 5 6

   Not at all   Extremely

   How stressful was this for you? 1 2 3 4 5 6
9. How many times have you been treated unfairly by *people that you thought were your friends* because you are Black?

   How many times in the past year? 1 2 3 4 5 6
   How many times in your entire life? 1 2 3 4 5 6
   Not at all  Extremely
   How stressful was this for you? 1 2 3 4 5 6

10. How many times have you been *accused or suspected of doing something wrong* (such as stealing, cheating, not doing your share of the work, or breaking the law) because you are Black?

    How many times in the past year? 1 2 3 4 5 6
    How many times in your entire life? 1 2 3 4 5 6
    Not at all  Extremely
    How stressful was this for you? 1 2 3 4 5 6

11. How many times have people *misunderstood your intentions and motives* because you are Black?

    How many times in the past year? 1 2 3 4 5 6
    How many times in your entire life? 1 2 3 4 5 6
    Not at all  Extremely
    How stressful was this for you? 1 2 3 4 5 6

12. How many times did you want to *tell someone off for being racist but didn’t say anything*?

    How many times in the past year? 1 2 3 4 5 6
    How many times in your entire life? 1 2 3 4 5 6
13. How many times have you been really angry about something racist that was done to you?

- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6

14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist thing that was done to you?

- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6

14. How many times have you been called a racist name like n______, coon, jungle bunny or other names?

- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6

15. How many times have you gotten into an argument or a fight about something racist that was done to you or done to somebody else?
16. How many times have you been *made fun of, picked on, pushed, shoved, hit or threatened with harm* because you are Black?

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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Not at all</td>
<td>Extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How stressful was this for you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

18. How *different* would your life be now if you *HAD NOT BEEN* treated in a racist and unfair way:

- In the past year?

<table>
<thead>
<tr>
<th>Same</th>
<th>A Little</th>
<th>Different in</th>
<th>Different in</th>
<th>Different in</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>As now</td>
<td>different</td>
<td>a few ways</td>
<td>a lot of ways</td>
<td>most ways</td>
<td>different</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</table>

- In your entire life?

<table>
<thead>
<tr>
<th>Same</th>
<th>A Little</th>
<th>Different in</th>
<th>Different in</th>
<th>Different in</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>As now</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>
APPENDIX D

CHANGEABILITY

We are interested in how much people perceive that they have control over stressful situations. Please think of a stressful experience related to an encounter with racial discrimination that occurred in the last year. This should be a problem that was important to you, and that caused you to distress.

Please describe that event in a few sentences (remember, your answers will be kept anonymous):

With this event in mind, please answer the following questions:

1. When you were going through the event, how much did you feel as though you could change or do something about the event?

   Little     Very much
   1  2  3  4  5  6

2. When you were going through the event, how much did you feel you had to accept the situation or get used to it?

   Little     Very much
   1  2  3  4  5  6
3. When you were going through the event, how much did you feel as though you needed more information before you could act?

Little  Very much
1   2   3   4   5   6

4. When you were going through the event, how much did you feel as though you had to hold yourself back from doing what you wanted to do?

Little  Very much
1   2   3   4   5   6
APPENDIX E

COPING STRATEGY INDICATOR

We are interested in how people cope with problems and troubles in their lives. Listed below are several possible ways of coping. We would like you to indicate to what extent you, yourself, used each of these coping methods. All of your responses will remain anonymous. Again, think of the previously described stressful experience related to the encounter with racial discrimination. With this problem in mind, indicate how you coped by checking the appropriate box for each coping behavior listed on the following pages. Answer each and every question even though some may sound similar.

Keeping that stressful event in mind, indicate to what extent you……

1. Let your feelings out to a friend?

   □ A Lot    □ A Little    □ Not at all

2. Rearranged things around you so that your problem had the best chance of being resolved?

   □ A Lot    □ A Little    □ Not at all

3. Brainstormed all possible solutions before deciding what to do?

   □ A Lot    □ A Little    □ Not at all
4. Tried to distract yourself from the problem?
   □ A Lot □ A Little □ Not At all

5. Accepted sympathy and understanding from someone?
   □ A Lot □ A Little □ Not at all

6. Did all you could to keep others from seeing how bad things really were?
   □ A Lot □ A Little □ Not at all

7. Talked to people about the situation because talking about it helped you feel better?
   □ A Lot □ A Little □ Not at all

8. Set some goals for yourself to deal with the situation?
   □ A Lot □ A Little □ Not at all

9. Weighed your options very carefully?
   □ A Lot □ A Little □ Not at all

10. Daydreamed about better times?
    □ A Lot □ A Little □ Not at all

11. Tried different ways to solve the problem until you found one that worked?
    □ A Lot □ A Little □ Not at all

12. Confided your fears and worries to a friend or relative?
    □ A Lot □ A Little □ Not at all

13. Spent more time than usual alone?
    □ A Lot □ A Little □ Not at all

14. Told people about the situation because just talking about it helped you to come up with solutions?
    □ A Lot □ A Little □ Not at all

15. Thought about what needed to be done to
<table>
<thead>
<tr>
<th>Question</th>
<th>A Lot</th>
<th>A Little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>straighten things out?</td>
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<tr>
<td>16. Turned your full attention to solving the problem?</td>
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<tr>
<td>17. Formed a plan of action in your mind?</td>
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<tr>
<td>18. Watched television more than usual?</td>
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<tr>
<td>19. Went to someone (friend or professional) In order to help you feel better?</td>
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<tr>
<td>20. Stood firm and fought for what you wanted in the situation?</td>
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<tr>
<td>21. Avoided being with people in general?</td>
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<tr>
<td>22. Buried yourself in a hobby or sports activity to avoid the problem?</td>
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<td></td>
</tr>
<tr>
<td>23. Went to friend to help you feel better about the problem?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>24. Went to a friend for advice on how to change the situation?</td>
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<tr>
<td>25. Accepted sympathy and understanding from friends who had the same problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Slept more than usual?</td>
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</tbody>
</table>
27. Fantasized about how things could have been different?  □ A Lot □ A Little □ Not at all

28. Identified with characters in novels or movies?  □ A Lot □ A Little □ Not at all

29. Tried to solve the problem?  □ A Lot □ A Little □ Not at all

30. Wished that people would just leave you alone?  □ A Lot □ A Little □ Not at all

31. Accepted help from a friend or relative?  □ A Lot □ A Little □ Not at all

32. Sought reassurance from those who know you best?  □ A Lot □ A Little □ Not at all

33. Tried to carefully plan a course of action rather than acting on impulse?  □ A Lot □ A Little □ Not at all
APPENDIX F

QUESTIONS ABOUT EATING PATTERNS

Please answer the following questions.

1. I eat what other people would regard as an unusually large amount of food when I am upset.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □

2. I have gone on eating sprees where I felt I could not stop.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □

3. I think about eating when I am upset.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □

4. When I am upset, I worry that I will start eating.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □

5. I have eaten until I have stuffed myself with food when I have been upset.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □

6. I have felt guilty after I have overeaten due to being upset.
   Never □ Rarely □ Sometimes □ Often □ Usually □ Always □
7. I have eaten what others would regard as large amounts of food when I have not been hungry.

   Never □  Rarely□  Sometimes □  Often□  Usually□  Always□

8. I have times where I have eaten what others would regard as large amounts of food to help me with feeling stressed or anxious.

   Never □  Rarely□  Sometimes □  Often□  Usually□  Always□

9. I have had eating sprees where I felt I could not control the amount I ate.

   Never □  Rarely□  Sometimes □  Often□  Usually□  Always□

Please use a few sentences to answer the following questions:

If you have had times where you have eaten large amounts of food when you felt you could not stop, please describe some events that might cause you to do so.

If there has even been a time when you have eaten a large amount of food in relation to stress, please describe how you remember feeling before, during and after the eating episode.

If there has ever been a time you have eaten in response to your emotions over a racist event, please describe the occurrence of racism as well as the events that led from the occurrence of racism to eating.
APPENDIX G

HUMAN SUBJECTS APPROVAL FORM

September 6, 2005

Dr. Esty
138 Cohen Road
Wooster, Ohio 44691

Ms. Esty:

The University of Akron's Institutional Review Board for the Protection of Human Subjects (IRB) conducted a review of the protocol entitled “African American Women's Ways of Coping, including the Use of Bingo Eating.” The IRB application number assigned to this project is 20050812.

The protocol was reviewed on September 1, 2005 and qualified for exemption from continuing IRB review. The protocol represents minimal risk to subjects and matches the following federal category for exemption:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), surveys procedures, interview procedures, or observation of public behaviors; (3) Information is recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to subjects; AND (4) any disclosure of responses outside the research could reasonably place the subjects at risk of civil or criminal liability or be damaging to subjects' financial standing, employability, or reputation.

Enclosed is a copy of the informed consent document, which the IRB has approved for your use in this research. In addition, your request for a waiver of documentation of informed consent, as permitted under 45 CFR 46.117(c), is also approved.

Annual continuation applications are not required for exempt projects. If you make any changes or modifications to the study's design or procedures that either increase the risk to subjects or include activities that do not fall within one of the categories exempted from the regulations, please contact the IRB first, to discuss whether or not a request for change must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to their implementation.

Please retain this letter for your files. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Sincerely,

Sharon Welsh
Associate Director

Cc: Department Chair
Linda Subich, Chair
Phil Allen, IRB Chair

The University of Akron is an Equal Employment and Education Institution.