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Christian Ethnic Minority Students

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Abstract

The author examined the mediating role of perceived support from religious sources (i.e., religious support; Fiala, Bjorck, & Gorsuch, 2002) in the inverse relation between racial microaggressions and well-being in a sample of Christian ethnic minority students. A modified version of the support deterioration model (Barrera, 1986) was used as the conceptual framework. It was hypothesized that the nature of the indirect effect would be (a) an inverse relation between racial microaggressions and religious support, and (b) a positive relation between religious support and well-being. Religious commitment was entered as a covariate. African American, Asian American, and Hispanic college students ($N = 144$) completed an online survey. The study design was cross-sectional. A significant indirect effect of racial microaggressions on psychological well-being through congregational support was found, with findings pointing to the empirical utility of religious support in explaining the racial microaggressions-mental health link among ethnic minority samples.

Keywords: Racial microaggressions, racism, religious support

Religious Support Mediates the Racial Microaggressions-Mental Health Relation Among
Christian Ethnic Minority Students

For racial and ethnic minority persons residing in the United States today, *racial microaggressions* may be a commonly experienced form of racism (Sue, Bucceri, Lin, Nadal, & Torino, 2007; Torres, Driscoll, & Burrow, 2010). Racial microaggressions refer to “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group” (Sue, Capodilupo, et al., 2007, p. 273). Compared to blatant racism, racial microaggressions are more subtle and likely to be viewed as being harmless (e.g., an Asian American being praised for English abilities; see Sue, Bucceri, et al., 2007, for more examples of racial microaggressions). Despite their seemingly innocuous nature, there is now a wealth of evidence empirically linking racial microaggressions to deleterious mental health outcomes among persons of color (e.g., Donovan, Galban, Grace, Bennett, & Felicié, 2013; Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2014; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013; Torres et al., 2010). Building on this well-established empirical relation, the present study investigated a mediating process through which racial microaggressions predict mental health in a sample of African American, Asian American, and Hispanic college students.

The present study was motivated by two key deficits in the current literature. First, the literature identifying the underlying processes in the relation between racial microaggressions and mental health is sparse. In particular, the identification of mediation models involving the racial microaggressions-mental health link holds much promise; such an effort, for example, may reveal additional avenues for intervention efforts (see Frazier, Tix, & Barron, 2004). Also, a recent review by G. Wong, Derthick, David, Saw, and Okazaki (2014) called for more empirical attention to mechanisms that underlie the relation between racial microaggressions and

psychological outcomes. Despite the potential for interventions and the empirical need, however, a search of the literature reveals a lack of studies that have examined mediating relations involving the variable of racial microaggressions (for an exception, see Torres et al., 2010, who found that perceived stress mediated the association between the racial microaggression of having one's ability underestimated and depressive symptoms in a sample of high-achieving African Americans).

Second, there is a lack of empirical consideration given to religious or spiritual variables in the context of racial microaggressions and mental health. The involvement of religious variables may be worthwhile, for example, given that the majority of African Americans (87%; Pew Research Center, 2009), Asian Americans (73%; Pew Research Center, 2012), and Hispanics (81%; Pew Research Center, 2014) report religious affiliations. In addition to the numbers, religion plays a critical role in the lives of ethnic minorities: Scholars have noted that one of the salient roles of religion is its association with social and cultural processes relevant to the ethnic minority experience. For instance, in the Asian American literature, religion is often discussed in relation to the need for social affiliation (Inman & Yeh, 2007) or as a facilitator of acculturation (Ano, Mathew, & Fukuyama, 2009). Similarly, scholars have surmised that social identities such as racial identity among African Americans (Mattis & Grayman-Simpson, 2013) and ethnic identity formation among Latino/as (Koss-Chioino, 2013) are intertwined with religiosity. Given the widespread presence of religion and the cultural salience of it for the African American, Asian American, and Hispanic communities, more investigation of religiosity in the context of racial microaggression is called for to advance the literature.

Religious Support

Based on the potential associated with mediation models, combined with the shortage of attention afforded to religiosity, a mediation model involving the mediator of *religious support* was examined. Religious support refers to support ascertained from a religious context (Fiala, Bjorck, & Gorsuch, 2002; Hill & Pargament, 2003). Specifically, Fiala et al. (2002) posited a tri-dimensional conceptualization and assessment of religious support: *God support* (i.e., perception of support from God), *congregational support* (i.e., perception of support from fellow churchgoers), and *religious leader support* (i.e., perception of support from authority figures within the church). In this study, congregational and religious support were examined, but not God support, to focus the study on the interpersonal aspects of religious support.

Scholars have argued that religious support has distinct elements from general social support (e.g., Hill & Pargament, 2003; Krause, Ellison, Shaw, Marcum, & Boardman, 2001). For instance, Krause et al. (2001) wrote that a unique aspect of religious support might be the reliance on it by churchgoers to encourage each other to engage in shared religious behaviors. Furthermore, there is empirical evidence indicating that religious support makes a contribution to mental health, above and beyond general social support (Fiala et al., 2002; Yi & Bjorck, 2014). For instance, Yi and Bjorck (2014) found that after taking into account social support, religious support made additional contributions to life satisfaction in a sample of Christian Korean Americans. Given the conceptual and empirical argument for distinct aspects of religious support from general support, religious support variables of congregational and religious leader support were examined as mediators in the present study.

To ensure that religious support was examined as a mediator in the racial microaggressions-mental health link in a conceptually rigorous manner, the present study relied on a slightly modified version of the *support deterioration model* (Barrera, 1986) as the

framework for operationalizing the variables in the mediation model and articulating the directionality of the relations among them. Below, the support deterioration model (Barrera, 1986) and how it is operationalized in the present study are described. Next, relying on this framework, the argument for examining religious support as a mediator is detailed, by first providing the rationale for path A of the mediation model (racial microaggressions predicting religious support) and then the rationale for path B (religious support predicting mental health). Finally, because it has already been articulated, in the opening paragraph, that the racial microaggressions-mental health link (path C) is well-established, the empirical rationale for the relation is not repeated in this section.

Support Deterioration Model as a Framework

The support deterioration model (Barrera, 1986) postulates that the experience of *stressors* is inversely related to perception of *support* (i.e., there is a corrosion of perceived support when one experiences a major stressor), and in turn, social support is negatively related to *psychological distress*. Barrera (1986) articulated this model based on several empirical studies from the mainstream social support literature (e.g., Dean & Ensel, 1982; Mitchell & Moos, 1984), and noted that the support deterioration model makes most sense when it involves *perceived* social support, in contrast to other types of support (e.g., enacted support).

Applied to the present study's mediation model, stressors were operationalized as racial microaggressions. Next, support was operationalized as perceived religious support; this was done based on the reasoning that these two constructs can arguably have similar pattern of relations to stressors and mental health, given their shared elements. Finally, instead of *psychological distress*, *psychological well-being* was included as an outcome variable, with the reasonable assumption that including psychological well-being as a mental health outcome was

still within the fundamental premise of the support deterioration model (i.e., support has a facilitative role on mental health). To recap, the mediation model examined in this study was racial microaggression predicting psychological well-being through the mediator of religious support.

Racial microaggressions → Religious support. Consistent with the tenets of the support deterioration model (Barrera, 1986), it was predicted that racial microaggressions will be inversely related to perceived religious support. Although I am not aware of prior studies that have examined the racial microaggressions-religious support relation in ethnic minority samples, there is limited conceptual and empirical evidence that, when taken together, provide some support for the inverse relation. In particular, the literature highlighting the unfavorable influence on interpersonal variables by various forms of contemporary racism suggests that there may be an inverse racial microaggressions-religious support association. For example, in a sample of Asian American students, Tran and Lee (2014) found that the racial microaggression of being praised for English skills by a research confederate led to various unfavorable interpersonal outcomes (e.g., lower enjoyment of the encounter with the confederate) for the participants, suggesting that there are harmful social correlates when one experiences racial microaggressions. Furthermore, the injurious association with interpersonal outcomes may also manifest as reduced perception or utilization of interpersonal resources. For example, DeGarmo and Martinez (2006) reported that racial discrimination and social support were inversely and significantly correlated in a sample of Latino youths. Similarly, Díaz, Ayala, Bein, Henne, and Marin (2001) reported that three indices of social discrimination (one of which was racism) and low resiliency combined significantly predicted social isolation in a sample of bisexual and gay Latino men, suggesting that racism can have a substantial role in disconnecting individuals from

interpersonal networks. Finally, G. Wong, Derthick, et al. (2014) presented a conceptual model in which social isolation was one of the immediate outcomes of racial microaggressions; extending this idea, it is reasonable that one's support resources such as religious support may be compromised as a result of racial microaggressions.

Given the negative interpersonal outcomes associated with racism, it is not surprising to see some limited evidence of the same trend generalizing to the variable of religious support. Ahmed, Kia-Keating, and Tsai (2011) reported that religious support was inversely and significantly correlated with perceived racism in a sample of Arab American adolescents. Also, although statistically nonsignificant, it is worth noting that Mattis et al. (2004) reported an inverse association between racism stress and involvement in the church among African American men. Collectively, these studies provide some support for the notion that racism's detrimental association with interpersonal networks can also generalize to a religious context. These studies as a whole, combined with the basic tenets of the support deterioration model (Barrera, 1986) asserting that major stressors can reduce interpersonal resources, suggest that an inverse relation between racial microaggressions and perceived religious support is a possibility. To my knowledge, however, no studies have tested this relation, and thus this study fills this empirical gap. It was predicted that experience of racial microaggression will inversely predict perceived religious support.

Religious support → Psychological well-being. Religiosity among racial minority individuals has mental health benefits (e.g., Ai, Huang, Bjorck, & Appel, 2013; C. L. Holt & McClure, 2006; Jang & Johnson, 2004). More pointedly to the present study, studies have shown that religious support can have a facilitative role on mental health by demonstrating its inverse association with distress symptoms (Ahmed et al., 2011; Ellison, Musick, & Henderson, 2008; C.

L. Holt, Wang, Clark, Williams, & Schulz, 2013; Lee, 2007) and positive association with well-being (C. L. Holt et al., 2013; Lee, 2007; Yi & Bjorck, 2014). For example, C. L. Holt et al. (2013) reported that emotional religious support was positively correlated with emotional and physical functioning, and inversely correlated with depressive symptoms among African American participants. Similarly, in a sample of Korean-speaking Protestants, Yi and Bjorck (2014) found that support from religious community was predictive of increased life satisfaction. Sternthal, Williams, Musick, & Buck (2012) found that perception of criticism from other congregational members—arguably, a variable that is an assessment of *lack* of religious support—significantly predicted symptoms of depression among African American and Hispanic participants. Finally, Fiala et al. (2002) found that religious support variables were inversely associated with depression and positively associated with life satisfaction in two samples of churchgoers that included only a small percent of ethnic minority participants. Based on these pieces of empirical evidence, it was predicted that religious support will be positively related to psychological well-being.

Religious Commitment as a Covariate

Tsang and McCullough (2003) argued that religiosity is best measured at two levels: dimensions of religion that are trait-like and can serve as a global, broad measurement of a person's religious inclinations (i.e., dispositional religiosity), and operational level religiosity that pertains to the functional aspects of religion in one's life, such as problem-solving grounded in one's faith (i.e., operational religiosity). Based on this distinction, Tsang and McCullough (2003) recommend controlling for dispositional religiosity (e.g., religious commitment) when testing the role of operational religiosity such as the one in this study (i.e., religious support). Furthermore, it was a reasonable assumption that such a strategy might increase the likelihood of

capturing any subtle differences in an already religious sample like this study's. Given these factors, *religious commitment* was included as a covariate in the mediation analyses.

Worthington et al. (2003) defined religious commitment as “the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living” (p. 85).

To reiterate, the inclusion of this control variable allowed the identification of the mediating relations associated with religious support while holding constant the overall level of dispositional religiosity among the participants.

Study Hypothesis

Religious support will mediate the inverse relation between racial microaggressions and psychological well-being, controlling for religious commitment. Specifically, racial microaggressions will inversely predict religious support, which in turn will positively predict psychological well-being.

Method

Sample Characteristics and Data Cleaning Procedure

The participants for this study (104 females, 39 males, 1 did not provide gender information) were 17 African Americans, 73 Asian Americans, and 24 Hispanics. There were also biracial ($n = 28$) and multiracial ($n = 2$) participants. The average age of the participants was 20.12 ($SD = 2.95$), and they had lived a majority of their lives in the United States ($M = 18.38$ years, $SD = 4.80$), with 118 participants reporting U.S. as their place of birth. There were 43 freshmen, 36 sophomores, 33 juniors, 29 seniors, and 3 fifth year or more students. Participants were Catholic ($n = 26$), Protestant ($n = 106$), and 12 noting “other” as the religion affiliation but specifying as “Christian” or a denomination of Christianity (e.g., “Baptist”). For brevity sake, the term “Christian” will be used in the rest of the article to describe the participants.

Participants were recruited from a 4-year private religious university located in the Pacific Northwest. The Registrar's Office granted the author with a list of all U.S. ethnic minority undergraduate students enrolled at the university, and an email invitation to participate in the present study was distributed to this email list. Nine-hundred and seventy three students received the email invitation, and 248 at least began the online survey containing the study measures and demographic questions. Among these respondents, 1 did not agree to the consent form and 14 did not self-identify as ethnic minority, so these cases were removed. Next, only African American, Asian American, and Hispanic respondents were retained, resulting in 17 deletions. Also, given that the majority of the participants identified as Christian, the 48 cases that did not identify as Christian were removed. Finally, 24 participants with more than 20% of missingness were removed from the dataset (see Olinsky, Chen, & Harlow, 2003). After these deletions, Little's MCAR test (1998) indicated that the data was missing completely at random, $\chi^2(2085) = 2076.82, p = .546$. The final N used for all analyses was 144. For the final N of 144, 0.58% of the data pertaining to the study variables was missing.

Participants were entered into a gift card drawing valued at \$100 (2 drawings), \$50 (3 drawings), and \$25 (4 drawings). For participants who were enrolled in the introductory psychology course at the time of the participation, they were given 1 research credit instead of the gift card drawing eligibility.

Measures

Demographic questions. The following background variables were assessed: Age, race, school year, religion, gender, place of birth, and years lived in the U.S.

Covariate: Religious commitment. The Religious Commitment Inventory (RCI; Worthington et al., 2003) is a measure of religious salience and contains 10 items on a 5-point

Likert scale (1 = *not at all true of me*, 5 = *totally true of me*). Although the measure has two subscales, because Worthington et al. (2003) do not endorse their usage, the total RCI scale was used. An example of an item is “My religious beliefs lie behind my whole approach to life” (Worthington et al., 2003). Worthington et al. (2003) reported good internal consistency (total scale alphas ranging from .88 to .98), test-retest reliability, and several different types of validity information (e.g., discriminant validity was demonstrated through lack of relation with a spirituality item assessing good human attributes). In the present study, the measure was also reliable, $\alpha = .94$. The mean score for the RCI total scale was used for analyses, with a higher score indicating a stronger religious commitment.

Predictor variable: Racial microaggressions. The Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) is a measure of racial microaggressions commonly experienced by U.S. ethnic minority persons and contains 45 items on a 2-point scale (0 = *I did not experience this event*, 1 = *I experienced this event in the last 6 months*). Although the measure contains 6 subscales, I decided to use the total score for the REMS (Nadal, 2011), given that there was insufficient empirical justification for using the specific subscales as predictors in the present study’s mediation model. An example of an item is “Someone told me that all people in my racial group look alike” (Nadal, 2011). The REMS was developed and validated for use with ethnic minority samples (Nadal, 2011). Nadal (2011) reported good internal consistency for the REMS (total scale alphas of .93 and .88). In the present study, the internal consistency was comparable, $\alpha = .90$. The mean score for the REMS total scale was used for analyses, with a higher score indicating more experience of racial microaggressions.

Mediating variables: Religious support. The Religious Support Scale (RSS; Fiala et al., 2002) is a measure of perceived support from a religious context and contains 21 items on a 5-

point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). The RSS has three subscales: God Support, Congregational Support, and Church Leader Support. To focus on the interpersonal aspect of religious support, only the Congregational Support (7 items) and Church Leader Support (7 items) subscales were examined in this study. Examples of items include “Others in my congregation care about my life and situation” (Congregational Support) and “My church leaders give me the sense that I belong” (Church Leader Support; Fiala et al., 2002). Fiala et al. (2002) reported adequate internal consistencies for the subscales (Congregational Support $\alpha = .91$; Church Leader Support $\alpha = .90$). In the present study, the subscales demonstrated the following internal consistencies: Congregational Support $\alpha = .94$; Church Leader Support $\alpha = .93$. Although the majority of the participants in the development and validation study (Fiala et al. 2002) were White, in both the first and second phases of the study, a substantial number of African American, Asian American, and Latino/a participants were included nonetheless (20.5% and 21% of the participants, respectively). Fiala et al. (2002) provided various pieces of evidence for validity of the two RSS subscales (e.g., significant and inverse association with depressive symptoms). Mean scores were used in all analyses, with higher scores indicating a higher levels of perceived congregational and church leader support.

Outcome variable: Psychological well-being. The psychological well-being (PWB) subscale of the Mental Health Inventory (MHI; Veit & Ware, 1983) is a measure of well-being and contains 14 items on a 6-point Likert scale (for 11 items, the labels range from *all of the time* to *none of the time*; for the remaining items, the descriptors differ slightly to accurately reflect the questions being asked). An example of an item is “How much of the time, during the past month, have you felt calm and peaceful?” (Veit & Ware, 1983). Both internal consistency of the MHI subscales (e.g., PWB $\alpha = .92$; Veit & Ware, 1983) and validity (e.g., association with

related psychological outcomes; see Davies, Sherburne, Peterson, & Ware, 1988) have been demonstrated. In the present study, the PWB subscale demonstrated good internal consistency, $\alpha = .93$. Forsyth and Carter (2014) successfully used the PWB subscale (Veit & Ware, 1983) with an African American sample in a validation study of the Racism-Related Coping Scale. Others (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Nadal, Wong, et al., 2014) have used a shorter version of the MHI (i.e., MHI-18; McHorney, Ware, Rogers, Raczek, & Lu, 1992) to examine its association with racial microaggressions. In the present study, the mean score was used for analyses, with a higher score indicating a higher sense of well-being within the past month.

Results

Preliminary Analyses

Table 1 displays the correlations, means, standard deviations, and Cronbach's alphas for the study variables. Variables significantly and positively correlated with the outcome variable of psychological well-being were religious commitment, congregational support and church leader support; racial microaggressions was significantly and negatively correlated with psychological well-being.

Prior to testing the indirect effects associated with congregational support and church leader support, it was necessary to first establish a predictive relation between racial microaggressions and well-being. A regression analysis in which racial microaggressions predicted psychological well-being was conducted, and the predictive relation was statistically significant and in the expected direction, $B = -1.07$, $t(142) = -2.88$, $p = .005$. Racial microaggressions explained a statistically significant proportion of the variance in well-being, $R^2 = .06$, $F(1, 142) = 8.29$, $p = .005$. Based on these findings, I proceeded to the test of indirect effects.

Main Analyses

The bootstrapping method was used to test the indirect effects associated with congregational support and church leader support. Bootstrapping is a recommended procedure for mediation analyses (e.g., Mallinckrodt, Abraham, Wei, M., & Russell, 2006; Preacher & Hayes, 2008). Hayes' (2013) Process macro in SPSS v. 23 was used to run the multiple mediation analyses, which provided the indirect effect estimates and the bias-corrected confidence intervals associated with the two indirect effects, along with normal theory test results. Religious commitment was included as a covariate in the mediation model.

Results indicated that the indirect effect of racial microaggressions on well-being through congregational support was significant, as the bias-corrected CI associated with it did not contain a zero (-.84 to -.05; see Table 2). The normal theory results were consistent with the bootstrapped finding: racial microaggressions was a significant and inverse predictor of congregational support ($B = -.75, p = .024$), and congregational support was a significant and positive predictor of psychological well-being ($B = .46, p = .012$; see Figure 1).

Results indicated that the indirect effect of racial microaggressions on well-being through church leader support as nonsignificant, as the bias-corrected CI associated with it contained a zero (-.05 to .54; see Table 2). The study hypothesis was partially supported, in that congregational support but not church leader support was a significant mediator in the racial microaggressions-mental health link.

Discussion

The present study was an investigation of the indirect effect of racial microaggression on mental health through two types of religious support (congregational support and church leader support) in a sample of Christian African American, Asian American, and Hispanic college

students, applying the support deterioration model (Barrera, 1986). It was hypothesized that racial microaggressions would be inversely related to religious support, which in turn would be positively related to psychological well-being; this prediction was partially supported, as congregational support but not church leader support was a significant mediator.

The present findings add to the rapidly burgeoning literature that highlights the injurious association of racial microaggressions with mental health outcomes in ethnic minority samples (e.g., Huynh, 2012; Nadal, Wong, et al., 2014; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013). Experiencing racial microaggressions is painful, despite their often subtle and ambiguous nature (Sue, Capodilupo, et al., 2007).

Beyond the significant direct relation between racial microaggressions and well-being, a key contribution of the present study was the indirect effect associated with congregational support. This discovery is partially consistent with previous studies demonstrating the effectiveness of religiosity for ethnic minority mental health (e.g., Ellison, Finch, Ryan, & Salinas, 2009; Ellison & Flannelly, 2009; Tabak & Mikelson, 2009) and the protective role of religion in the context of racism (e.g., Appel, Ai, Huang, & Nicado, 2014; Ellison, Musik, & Henderson, 2008; Graham & Roemer, 2012; P. Y. Kim, Kendall, & Webb, 2015). However, to my knowledge, this is the first study to examine the mediating role of religious support in the racial microaggressions-mental health relation, applying an established conceptual framework of support—namely, the support deterioration model (Barrera, 1986). In particular, the present study's mediation finding contextualized to the support deterioration model (Barrera, 1986) implies that once religious support is adversely influenced by racial microaggressions, there is a restriction or a “lowered bar” for religious support to trigger good mental health outcomes. To put it differently, the significant mediation model suggests that racial microaggressions may

prevent one from fully experiencing the positive benefits of religious social resources for well-being (this interpretation is presented with some reservation, however, given the cross-sectional design of the study – see “Limitations” for more). Below, based on the logic of mediation, explanations for the racial microaggressions-religious support relation (path A) are first posited, and then explanations for the religious support-mental health link (path B) follow.

Explanation of the Findings

Racial microaggressions → Religious support. There was a significant and inverse relation between racial microaggressions and congregational support, so that the more participants reported experiences of microaggressions, the less likely they were to report meaningful religious support. One of the main tenets of the support deterioration model (Barrera, 1986), is that “stress deteriorates the perceived availability or effectiveness of social support” (Barrera, 1986, p. 426). Extending this aspect of the model to the present findings on religious support, stressful experiences like racial microaggressions may lead to a perception that one does not have enough religious support or that the support one does have is inadequate. It is also feasible that such a perception is associated with the underutilization of religious resources, which might feed back into even more unfavorable perception of one’s quantity and quality of religious support. Because this study assessed only perception of support and not actual support utilization, however, this latter explanation is presented cautiously.

Religious support → Psychological well-being. Congregational support was positively associated with psychological well-being in this study. This finding was consistent with the empirical literature noting the positive relation between religious support and mental health outcomes among ethnic minority samples (e.g., Ahmed et al., 2011; C. L. Holt et al., 2013). More broadly, the finding is also consistent with the scholarly literature on the relation between

religiosity and mental health outcomes in African Americans (Mattis & Grayman-Simpson, 2013), Asian Americans (Ai et al., 2013), and Hispanics (Koss-Chioino, 2013). Interestingly, the present findings indicate that congregational support is the more compelling religious support variable in the association between racial microaggressions and mental health. The significant facilitative role of congregational support on mental health makes sense when considering the beneficial role of social networks in general (e.g., Fothergill et al., 2011; M. K. Holt & Espelage, 2005; C. F. Wong, Schrager, Holloway, Meyer, & Kipke, 2014) and religious networks in particular (e.g., Hodge, Marsiglia, & Nieri, 2011; Walls & Zarit, 1991). One reason for the effectiveness of congregational support on mental health may be the shared sense of identity that such a community provides. Scholars have theorized that support from similar others who share in the stressful experiences may be a particularly effective form of social support (see Cohen & McKay, 1984; Cohen & Wills, 1985), and the shared identity between this study's religious participants and other church members may be the driving ingredient behind the significant relation between congregational support and well-being.

Implications for Research and Practice

For research. This study has implications for research on racial microaggressions in ethnic minority samples. Consistent with G. Wong, Derthick, et al.'s (2014) recommendations, the findings underscore the importance of assessing associations that go beyond the direct effect (i.e., racial microaggressions-mental health). In particular, the present study points to the utility of the support deterioration model (Barrera, 1986) in understanding the nature of the relations between racial microaggressions as a stressor, religious support as a mediator, and psychological well-being as a mental health outcome.

In addition, the current study also points to the value of examining religious or spiritual variables in relation to contemporary forms of racism and psychological health. This line of inquiry is underdeveloped but holds much potential for an enhanced understanding of the processes underlying racism and mental health. In particular, it may be especially fruitful for multicultural researchers to think about the ways in which culture influences or even alters the role of religiosity; for example, a recent study (P. Y. Kim et al., 2015) demonstrated that negative religious coping—often conceptualized in mainstream literature as a maladaptive coping strategy (Pargament, Feuille, & Burdzy, 2011)—actually buffered the inverse relation between subtle racism and well-being in a sample of Asian American college students. Similarly, there may be culture-specific elements of religious support for multicultural researchers to conceptualize and assess in future studies (see “Limitations and Future Directions” for further discussion of this point), and the present study provides some good groundwork for such an endeavor.

Related, current study also points to the merits of a more refined conceptualization of support in the literature on perceived racism among ethnic minority students. The findings suggest that not all types of religious support equally contribute to the racial microaggressions-mental health link, as congregational but not church leader support was a significant mediator. This finding implies that there may be effective (and not so effective) facilitators of mental health derived from religious communities by ethnic minority individuals.

For practice. The study findings also have implications for clinical practice and training of counselors who work with students coping with experiences of racial microaggressions. As it is the case with other mediation models, the identified model in this study suggests additional entry points through which intervention and preventive efforts may be introduced and carried

out. In particular, if congregational support is deleteriously associated with racial microaggressions as the current findings indicate, then it might be sensible for clinicians to counter this relation by discovering ways to restore the perception of availability or quality of religious support among ethnic minority students; such an effort might ultimately prove fruitful in increasing (or at least, countering the decrease in) psychological well-being. For example, cognitive interventions to alter views about one's religious support network might be helpful in countering the injurious outcome associated with racial microaggressions.

Limitations and Future Directions

Despite its contributions to ethnic minority research, the present study should be considered in light of its deficiencies. First, as the first empirical inquiry into the role of religious support in the relation between racial microaggressions and mental health, the present study highlighted the shared racial, religious, and mental health realities of African American, Asian American, and Hispanic college students. Although there is research to indicate that these three ethnic groups all experience racial microaggressions (e.g., Donovan et al., 2013; Rivera, Forquer, & Rangel, 2010; Sue, Bucceri, et al., 2007), as well as precedence for studying the topic of racism with samples including two or more of the groups combined (e.g., Gee, Ryan, Laflamme, & Holt, 2006; Tran, Lee, & Burgess, 2010), there is heterogeneity between the groups (G. Wong, Derthick, et al., 2014), and for that matter, within the groups as well (e.g., Nadal, Griffin, et al., 2014; Nadal, Wong, et al., 2014). Future researchers should replicate and extend the present study's mediation model with an ethnically homogenous sample. Alternatively, it might be interesting to examine how ethnicity may moderate the mediation model.

Second, the present study consisted of Christian participants. Although Christianity is a religion that many U.S. ethnic minorities identify with (e.g., 55 percent of Latino/as identify as

Catholic; 22 percent as Protestant; Pew Research Center, 2014), I recognize that there are other religious communities to be found among U.S. ethnic minority groups that are not part of the U.S. mainstream religion and that their experiences also need to be highlighted. For example, for those students that identify as racial minority and have a religious identification that is also non-Christian (e.g., Buddhist), the role of religious support in the context of racial microaggressions and mental health may be distinct compared to a Christian context like the present study's sample.

Third, there are two limitations stemming from the cross-sectional design of the present study. One is that the instruments assessing the predictor variable of racial microaggressions (Racial and Ethnic Microaggressions Scale; Nadal, 2011) and the outcome variable of well-being (Psychological Well-Being subscale of the Mental Health Inventory; Veit & Ware, 1983) instruct participants to base their responses on their experiences in the past 6 months and 1 month, respectively. This discrepancy means that in the present study, the significant association between racial microaggressions and well-being should be viewed somewhat cautiously, as the timeframe associated with the two variables do not perfectly overlap. Two, the cross-sectional design also means that the mediation finding should be accepted with some restraint as mediation analysis with cross-sectional data can be biased, especially if the underlying process is longitudinal (Maxwell & Cole, 2007). Given these two concerns related to the cross-sectional design of the study, future researchers are encouraged to utilize experimental or longitudinal designs and be more intentional about the alignment in the timeframes underlying the study variables.

Fourth, the religious support measure used in this study (Religious Support Scale; Fiala et al., 2002) was not developed based on one particular racial or ethnic group, meaning that there

might be alternative ways to conceptualize religious support in ethnic minority communities beyond what this instrument offers. For example, there is intriguing evidence indicating that social support in an Asian American setting may have a strong implied component, such that the mere *awareness* of social support by itself is a facilitator of good psychological outcomes (i.e., implicit social support; H. S. Kim, Sherman, & Taylor, 2008). It might be interesting to examine the role of *implicit* religious support in the racial microaggressions and mental health link.

Conclusion

The present study identified congregational support as a mediating variable in the association between racial microaggressions and psychological well-being in a sample of African American, Asian American, and Hispanic college students. The findings of this study will contribute to the larger body of work that seeks to better understand the harmful association between modern day racism and psychological well-being of racial minorities in the United States.

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Table 1

Bivariate Correlations, Means, Standard Deviations, and Cronbach's Alphas for the Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	<i>M</i>	<i>SD</i>	α
1. Gender ^a	—										—	—	—
2. Age	.17	—									20.12	2.95	—
3. School year	-.06	.41***	—								—	—	—
4. Years lived in the U.S.	.07	.37***	.34***	—							18.38	4.80	
5. Place of birth ^b	-.04	-.18*	.16	.46***	—						—	—	—
6. Religious commitment	-.07	-.05	-.10	-.13	-.11	—					3.14	1.03	.94
7. Racial microaggressions	-.09	.11	.06	.09	.09	-.18*	—				.34	.18	.90
8. Psychological well-being	.02	.15	-.12	-.01	-.07	.34***	-.24**	—			3.72	.83	.93
9. Congregational support	-.03	-.10	-.20*	-.17	-.01	.64***	-.26**	.35***	—		3.61	.92	.94
10. Church leader support	-.03	-.08	-.21*	-.12	.04	.62***	-.19*	.27**	.92***	—	3.63	.88	.93

Note. ^a female = 0, males = 1; ^b overseas = 0, United States = 1.

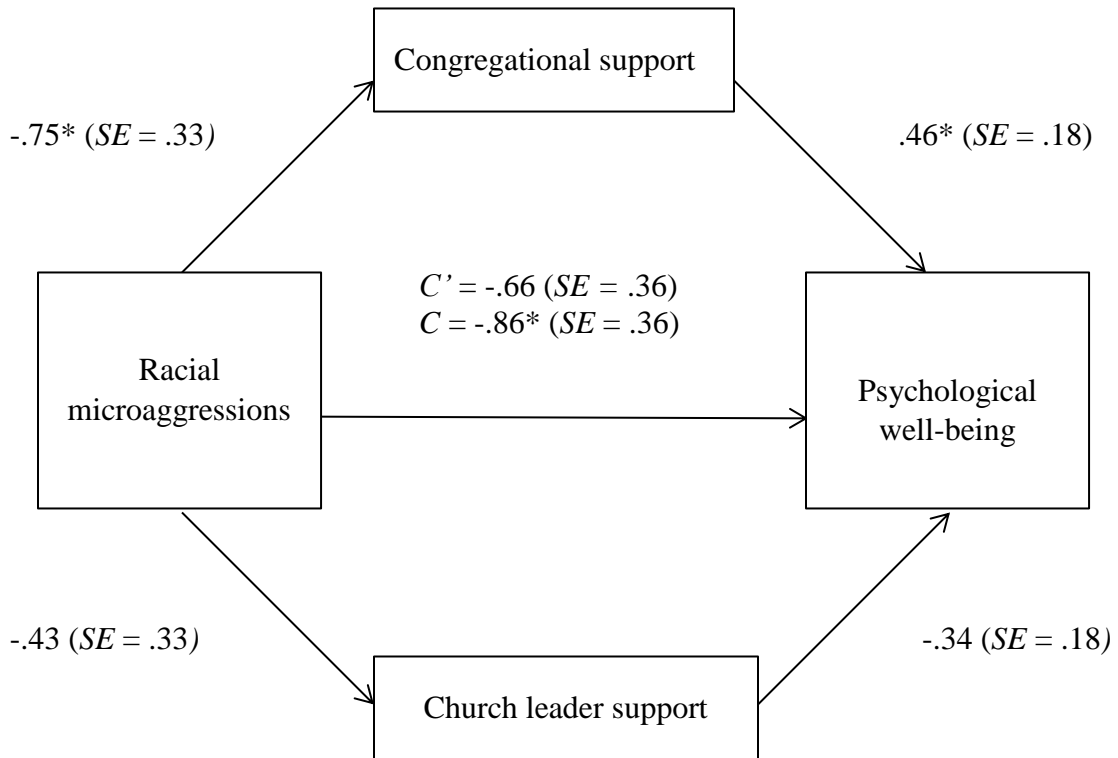
* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2

*Indirect Effects of Racial Microaggressions on Well-Being through Religious Support
Controlling for Religious Commitment*

Mediator	Bootstrap Estimate	SE	Bias Corrected 95% CI lower	Bias Corrected 95% CI upper
Congregational support	-.34	.20	-.84	-.05
Church leader support	.15	.14	-.05	.54
Total indirect effect	-.20	.11	-.46	-.02

Note: Based on 5,000 bootstrap samples. Significant indirect effects are in bold. Estimates are based on $N = 142$ due to missing data.



* $p < .05$.

$R^2 = .19$, $F(4, 137) = 8.22$, $p < .001$.

Figure 1. Unstandardized regression coefficients from the multiple mediation model testing the effect of racial microaggressions on psychological well-being through religious support, controlling for religious commitment. C = total effect of racial microaggressions on psychological well-being, controlling for religious commitment; C' = direct effect of racial microaggression on psychological well-being. Estimates are based on $N = 142$ due to missing data.