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Religious Coping Moderates the Relation between Racism and Psychological Well-Being

Among Christian Asian American College Students

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Abstract

We examined the moderating role of positive and negative religious coping in the relation between racism and psychological well-being in a sample of Catholic and Protestant Asian American college students ($N = 107$). Based on prior theorizing on the two types of religious coping, combined with some limited empirical evidence, we predicted that positive religious coping would have a buffering effect (Hypothesis 1) on the racism-mental health relation and that negative religious coping would have an exacerbating one (Hypothesis 2). Participants completed an online survey containing measures corresponding to the study variables. Results indicated that the interaction between positive religious coping and racism was nonsignificant ($\beta = .135$; $p = .280$), so Hypothesis 1 was not supported. For Hypothesis 2, the negative religious coping and racism interaction term was statistically significant ($\beta = .240$; $p = .014$), but the moderating effect was in an unexpected direction, so that negative religious coping actually protected against the deleterious impact of racism on mental health. Our findings suggest that the theorized deleterious influence of negative religious coping may need to be reconsidered in an Asian American setting. The findings have the potential to inform practitioners who work with Asian American college students to better cope with the detrimental consequences of racism.

Keywords: racism, Asian Americans, religious coping

Religious Coping Moderates the Relation between Racism and Psychological Well-Being among
Christian Asian American College Students

Research indicates that racism adversely impacts Asian Americans' mental health (e.g., Alvarez & Juang, 2010; S. Kim, Wang, Deng, Alvarez, & Li, 2011). Given the racism-mental health association, it is incumbent upon researchers to identify explanatory processes that underlie the empirical link, such as moderating effects. The examination of moderating effects allows the identification of settings in which an empirical relation is intensified or weakened, which in turn can lead to more effective interventions (Frazier, Tix, & Barron, 2004). Examples of moderating variables in the literature include ethnic identity (Yoo & Lee, 2005), and social cohesion and ethnic density (Syed & Juan, 2012). However, a conspicuous missing piece exists in the research—namely, religion's role in the racism-mental health relation. We sought to address this gap.

Religion and Asian Americans

Religion is an integral part of many Asian American lives. Recent data indicates that 73% of Asian Americans identify with a religion, 79% report believing in God or a universal spirit, and 32% attend services at least once a week (Pew Research Center, 2012). Beyond the numbers, religion can be beneficial for Asian Americans as members of an ethnic minority group in the U.S., for example, by providing resources that can mitigate immigration stress (Ano, Mathew, & Fukuyama, 2009). It is not surprising, then, that scholars have urged researchers to further build the empirical literature on the role of religion within the Asian American context (Ai, Bjorck, Appel, & Huang, 2013).

Given the salience of religion among many Asian Americans, we were interested in how *religious coping* interacts with racism to impact the psychological well-being of Asian

Americans. Religious coping may be defined as “a search for significance in times of stress,” where significance refers to one’s perceived relation to “the sacred” or spiritual elements of life (Pargament, 1997, pp. 90, 32). Thus, the focus on religious coping in Asian American settings is a promising endeavor because of its compatibility with Asian cultural norms. Inherent in the notion of religious coping is the assumption of a connection with another entity (e.g., God). Given that a predominant view of the self in Asian cultures is the self in relationship to others (Markus & Kitayama, 1991), religious coping may be a culturally congruent coping method for Asian Americans. Consistent with this argument, Heppner et al. (2006) in a validation study of the Collectivist Coping Style Inventory based on a Taiwanese sample found that one of the five factors loading onto the measure was the Religion-Spirituality factor.

Although several large scale studies have examined religiosity and its benefits for mental health among Asian Americans (e.g., Ai, Huang, Bjorck, & Appel, 2013; Appel, Ai, Huang, & Nicado, 2014), there is a deficit of empirical studies examining the interaction of religious coping with perceived racism (i.e., moderating effects). We found one such study: Wei, Heppner, Ku, and Liao (2010) reported that religious/spiritual coping was a non-significant moderator in the relation between discrimination stress and symptoms of depression in an Asian American sample. We chose to revisit this null finding, however, because (a) Wei et al. (2010) examined discrimination *stress* as the predictor variable in the moderation model, but an equally pressing question is whether the stressor of racism itself is associated with poorer mental health outcomes; (b) religiosity was not a main focus of the study, as religious coping was included as one of several moderators; and (c) despite the inclusion of eight different moderators, Wei et al. (2010) reported that the moderators combined improved the overall regression model by about 3%, suggesting that there may be other unidentified moderators (including alternatively

conceptualized and assessed religious coping) in the racism-mental health link among Asian Americans. In sum, to address the need for an empirical investigation focusing on the role of religious coping in the racism-mental health association among Asian Americans, we applied the positive-negative religious coping framework (Pargament, Feuille, & Burdzy, 2011).

Framework for Our Study: Positive and Negative Religious Coping

Positive religious coping refers to one's tendency to securely relate to what the individual considers to be central to his or her faith (Pargament et al., 2011). For instance, positive religious coping can include "collaborating" with God in the problem-solving process, seeking social support from one's faith community, or engaging in forgiveness as an act of religious faith (Pargament, Smith, Koenig, Perez, 1998). The term "positive" is meant to describe specific coping activities, based in one's secure relationship with God, not to describe any hypothesized outcomes. However, scholars theorized that positive religious coping would in fact be related to adaptive outcomes (Pargament, 1997; Pargament, Ano, & Wachholtz, 2005), and this has been supported by a wealth of empirical evidence linking this coping style to positive outcomes such as happiness (Lewis, Maltby, & Day, 2005) and life satisfaction (Bjorck & Thurman, 2007). Ano and Vasconcelles (2005) reported in a meta-analysis that the effect size (i.e., Z_r 's combined) of the relation between positive religious coping and good mental health outcomes is .33.

On the other hand, negative religious coping is the tendency to struggle with one's faith (Pargament et al., 2011). The term "negative" is meant as a descriptor of the activities in this coping style, which was theorized to emerge from a less secure relationship with God (Pargament et al., 1998). Examples of negative religious coping include anger toward God (Exline & Martin, 2005), discontent with one's religious community, or appraising a situation as resulting from God's punishment (Pargament et al., 1998). Scholars asserted that this type of

religious coping is generally connected to maladaptive outcomes, and the empirical literature from mainstream psychology has supported this assertion (Ano & Vasconcelles, 2005; Exline, 2013; Pargament et al., 2005). Ano and Vasconcelles (2005) demonstrated in a meta-analysis a direct relation between negative religious coping and deleterious psychological adjustment (Z_r 's combined = .22).

Positive Religious Coping as a Moderator

Although there is a lack of studies examining the specific variable of positive religious coping in Asian American samples, the limited empirical evidence for the favorable role of religious coping in general (which arguably is often conceptualized and assessed similarly to positive religious coping) with Asians and Asian Americans suggest that positive religious coping may have a comparable role. For instance, Chai, Krägeloh, Shepherd, and Billington (2012) reported that religious coping was predictive of improved social and psychological quality of life in Asian students residing in New Zealand. Also, in a qualitative study of older Chinese Americans, Lee and Chan (2009) reported that religious coping was a crucial component of effective coping for this population. Combined, these studies imply that positive religious coping may have a facilitative role in the mental health of Asian Americans.

More specifically, we reasoned that positive religious coping's role in the racism-mental health link might be one of moderation, such that it protects against the damaging effect of racism on the psychological well-being of Asian Americans. Ai, Huang, et al. (2013) reported that there was a significant and direct correlation between frequency of discrimination and religious coping in a national sample of Asian Americans. One interpretation of this might be that Asian Americans are likely to turn to religious coping when experiencing racial discrimination. Furthermore, such utilization of religious coping may have helpful consequences

for the psychological well-being of Asian Americans. For example, C. Kim, Hall, Anderson, and Willingham (2011) in a qualitative study of Asian and Asian American women faculty found that spiritual coping was helpful for coping with racial and gender discrimination. Finally, research with the general population has found that positive religious coping is a significant moderator between stressors and mental health outcomes. For example, Bjorck and Thurman (2007) found that positive religious coping weakened the influence of negative life events on depressive symptoms in a sample of Protestants. Taken together, these studies suggest that positive religious coping may protect against adverse consequences on mental health inflicted by racism.

Therefore, we hypothesized that positive religious coping will moderate the relation between racism and psychological well-being (Hypothesis 1). Specifically, we predicted that positive religious coping will have a buffering effect, so that the inverse relation between racism and psychological well-being would be weakened at a higher level of positive religious coping.

Negative Religious Coping as a Moderator

To our knowledge, no prior studies have investigated negative religious coping as a variable in an empirical study on Asian Americans. Yet strands of conceptual and empirical evidence suggest that negative religious coping may adversely influence the racism-mental health relation. First, theory on the deleterious outcomes associated with negative religious coping from mainstream psychological literature (e.g., Pargament et al., 2011) suggests that it may have similarly detrimental effects on the psychological functioning of Asian Americans. In partial support of this, Nurasikin et al. (2013) in a sample of psychiatric patients in Malaysia found that negative religious coping was related to more psychological distress, implying that the harmful influence of negative religious coping may generalize to Asians. Second, the damaging effects associated with negative religious coping has been found in studies involving other racial

and ethnic minority groups (Hickman, Glass, Arnkoff, & Fallot, 2013; Khan & Watson, 2006). For instance, Hickman et al. (2013) in a sample of African American females with HIV reported that increased negative religious coping was related to worse mental health. There is also evidence for the explanatory role of negative religious coping in the discrimination-health link among other samples; Szymanski and Obiri (2011) found that negative religious coping was a significant mediator between experienced racism and psychological distress in a sample of African Americans. Based on this evidence, we deemed it reasonable that negative religious coping might influence the relation between racism and psychological well-being. We further predicted that negative religious coping will exacerbate the relation between racism and psychological well-being, so that the adverse effect of racism on mental health will be even more amplified at higher levels of negative religious coping (Hypothesis 2).

Study Hypotheses

Hypothesis 1: Positive religious coping will moderate the relation between racism and psychological well-being. Specifically, we predicted that at higher levels of positive religious coping, the inverse relation between racism and psychological well-being would be weakened.

Hypothesis 2: Negative religious coping will moderate the relation between racism and psychological well-being. Specifically, we predicted that at higher levels of negative religious coping, the inverse relation between racism and psychological well-being would be amplified.

Method

Participant Characteristics

Participants were 107 (70 females; mean age = 20.01, $SD = 1.87$) Protestant ($n = 90$) or Catholic ($n = 17$)¹ Asian American undergraduate students recruited from a small 4-year

¹ From this point on, we use the term “Christian” to describe our participants.

religious liberal arts institution in the Pacific Northwest region of the U.S. Most were born in the U.S. ($n = 78$; mean number of years lived in the U.S. = 17.85, $SD = 4.47$). Ethnicities represented were Korean ($n = 35$), Chinese ($n = 24$), Filipino ($n = 21$), Japanese ($n = 11$), Vietnamese ($n = 3$), Taiwanese ($n = 1$), Indian ($n = 1$), and Indonesian ($n = 1$). The remaining self-identified as multiethnic (i.e., two or more Asian heritage; $n = 5$), biracial ($n = 4$), and biracial and multiethnic ($n = 1$). There were 32 freshmen, 28 sophomores, 25 juniors, 19 seniors, 2 fifth year students, and 1 sixth year student.

To recruit participants, email addresses of all self-identified Asian American students were obtained through the Registrar's Office, and an invitation containing the online survey hyperlink was distributed to this email list. Five hundred and fifty three individuals received the email invitation, and 144 self-identified Asian American undergraduate students clicked on the online survey link and at least agreed to the consent form (26% response rate). Because the majority of the 144 respondents identified as Christian ($n = 113$) and only a few as another religion ($n = 31$), we eliminated the non-Christian participants, resulting in 116 cases². Six of those participants had an unacceptable amount of item-level missing-ness ($\geq 20\%$ of total responses (Olinsky, Chen, & Harlow, 2003), so they were deleted. Three individuals had less than 18% missing-ness, and Little's (1998) test was non-significant ($\chi^2 [85] = 97.39$; $p = .170$), indicating that their values were missing completely at random. Therefore, we imputed values for those participants using the Markov Chain Monte Carlo method available in SPSS, Version 22. This resulted in a final $N = 107$. Participants received course credit (General Psychology

² Another reason for the exclusion of non-Christian participants was due to the fact that the Brief RCOPE (Pargament et al., 2011) has been used primarily with Christian samples (see Pargament et al., 2011).

students) or (other students) eligibility for online drawing for gift cards valued at \$100 (2), \$50 (3), and \$25 (4).

Measures

Demographic questions. We assessed ethnicity, gender, age, place of birth, number of years lived in the United States, religion, and school year.

Perceived racism. The Subtle and Blatant Racism Scale for Asian American College Students (SABR-A²; Yoo, Steger, & Lee, 2010) is a measure of perceived racism and contains 10 items on a 5-point Likert scale (1 = *almost never*, 5 = *almost always*). The measure contains two subscales: Blatant Racism (4 items) and Subtle Racism (4 items). The SABR-A² is an instrument validated to be used with Asian American samples, and the authors reported evidence for internal consistency, test-retest reliability, and several different types of validity (Yoo et al., 2010). In our study, the Subtle Racism subscale demonstrated adequate internal consistency, $\alpha = .85$. Given the relatively low alpha of the Blatant Racism subscale ($\alpha = .65$) in our study, combined with the reasoning that instances of subtle racism may be more common today than blatant ones, we used only the Subtle Racism subscale. We used mean composites as scale scores for our analyses, with higher scores indicating greater perception of experienced subtle racism.

Psychological well-being. The Psychological Well-Being subscale (PWB) of the Mental Health Inventory (MHI; Veit & Ware, 1983) is a mental health measure and contains 14 items on a 6-point Likert scale (descriptions differ slightly across items, but in general, they range from *none of the time* to *all of the time*). Veit and Ware (1983) reported good internal consistency for the PWB, $\alpha = .92$. In our study, the reliability was comparable, $\alpha = .94$. The MHI has demonstrated validity evidence through its association with related psychological variables (see

Davies, Sherburne, Peterson, & Ware, 1988). The mean score was used in all analyses; a higher score indicated a higher level of psychological well-being.

Positive and negative religious coping. The Brief RCOPE (Pargament et al., 2011) is a measure of positive and negative religious coping that contained a total of 14 items (7 items each for positive and negative coping), and participants responded on a 4-point Likert scale (1 = *not at all*, 4 = *a great deal*). Participants were instructed to rate the items based on how they generally cope with life stressors (Pargament et al., 2011). Based on a review of empirical studies using the Brief RCOPE, Pargament et al. (2011) reported that the median internal consistency was .92 and .81, for the Positive and Negative Religious Coping subscales, respectively. Pargament et al. (2011) also reported empirical evidence for several types of validity for the Brief RCOPE based on a literature review (e.g., Positive Religious Coping generally associated with positive outcomes; Negative Religious Coping generally associated with negative ones). The measure was reliable in our study: Positive Religious Coping $\alpha = .91$, Negative Religious Coping $\alpha = .83$. We conducted a CFA to explore the validity of the factor structure of this scale in our Asian-American sample. We observed that all the items loaded significantly on their respective factors, and our overall model fit [$\chi^2(76) = 162.612$; $p = .00$; CFI = .890; RMSEA = .100; SRMR = .088] was slightly poorer than the fits that Pargament et al. (1999) obtained in samples of college students and individuals with a major illness. We used the mean for scale composites, with higher scores indicating more reliance on the particular type of religious coping.

Results

Table 1 displays the means, standard deviations, and the bivariate correlations. There was a negative and significant correlation between subtle racism and psychological well-being, positive and significant correlation between subtle racism and negative religious coping, and

positive and significant correlation between positive religious coping and psychological well-being (see Table 1).

In Hypothesis 1, we predicted that the relationship between subtle racism and psychological well-being would be moderated by positive religious coping. Specifically, we believed that positive coping would serve to buffer the detrimental effects of racism on psychological well-being. We centered the predictors; and using the hierarchical regression method, we entered the main effects in the first step and the interaction term in the second step. Results are displayed in Table 2. The interaction term did not predict incremental variance in psychological well-being; therefore, Hypothesis 1 was not supported.

Next, in Hypothesis 2, we predicted that the relationship between subtle racism and psychological well-being would be moderated by negative religious coping. Specifically, we proposed that negative religious coping would exacerbate the harmful effects of racism on psychological well-being. Following the same analytic procedure outlined above, we obtained the results presented in Table 2. In addition, we employed the PROCESS Macro developed by Hayes (2013), which allowed us to obtain bootstrapped estimates of the conditional effect of racism on psychological well-being at various levels of negative coping. The interaction term explained over 5% of incremental variance in psychological well-being. Thus, for Hypothesis 2, a moderation was observed; but the pattern of results was unexpected (See the simple slopes in Figure 1). Specifically, at high levels of negative religious coping, the relation between racism and psychological well-being was positive. Conversely, at low levels of negative religious coping, this relationship weakened significantly.

Discussion

Our study revealed that negative religious coping moderated the relation between racism and mental health in a sample of Christian Asian American college students. Contrary to our hypothesis and findings from prior literature on the deleterious effects associated with negative religious coping (e.g., Nurasikin et al., 2013; Pargament et al., 2011), negative religious coping appeared to protect against the detrimental influence of racism on psychological well-being.

Negative Religious Coping as a Moderator

Explanations based on cultural perspectives. It may be that the extent to which negative religious coping influences mental health in the face of a major stressor depends on culture, and we propose two different cultural explanations. One, we are curious if negative religious coping of Asian Americans is also related to the utilization of other religious resources that are helpful in coping with racism. For example, scholars have noted that a critical component of religion among Asian Americans is its ability to foster interpersonal relationships (Inman & Yeh, 2007). Given this intertwining of religion and social networks, negative religious coping may serve as triggers for actively seeking support from one's religious community, which in turn can lead to positive mental health outcomes. Given that we did not explicitly assess religious social support, however, we posit this explanation cautiously.

Second, we speculate that negative religious coping may create less cognitive dissonance (Festinger, 1957) among Asian Americans compared to Western individuals. Hoshino-Browne et al. (2005) found that when behaviors impact the self, Asian Canadians experienced less cognitive dissonance compared to European Canadians, supporting the notion that discomfort due to inconsistencies between internal and external realities may be less pronounced among those from an Asian background compared to those from a Western one (see Markus & Kitayama, 1991). Extending this to our finding, given that most of the Brief RCOPE items ask about *individual*

behaviors and feelings directed toward God (e.g., “Questioned God’s love for me”; Pargament et al., 2011), negative religious coping may create less internal conflict in Asian Americans compared to Westerners, ultimately resulting in better mental health. To put it differently, religious doubts in an Asian American setting might not pose the same level of threat to one’s overall belief in God compared to a Western setting, resulting in a better mental health outcome.

Explanation based on mainstream literature. Another possibility is that religious individuals may at times vacillate between both positive and negative religious coping, such that a “snapshot” of their negative religious coping does not necessarily indicate an enduring or exclusive pattern of such coping tendencies. That is, the counterintuitive beneficial effects associated with negative religious coping may actually be a reflection of overall religious coping, rather than negative coping only. Due to the cross-sectional nature of our investigation, we did not capture within-person variability in coping strategies over time, but it makes sense that negative religious coping might be capturing only part of the complex nature of religious coping in our sample. For instance, researchers have described religious faith in terms of an attachment relationship with God (Granqvist & Kirkpatrick, 2008). Analogous to interpersonal relationships, one’s relationship with God may undergo periods of conflict and ambivalence, despite an underlying, enduring commitment to God (Exline, Kaplan, & Grubbs, 2012). Individuals with high religious commitment may be more likely to bring faith into every aspect of their lives. Exline (2013) has commented, “positive, resilient relationships with God often entail some tolerance for negative emotions, questioning, and complaint, just so long as exiting the relationship is not seen as a viable option (p. 465).” In future studies, researchers should address the possibility that psychological well-being is due to an interplay of both positive and religious coping strategies over time.

Implications for Research and Practice

Our findings suggest that the bidimensional (i.e., positive-negative religious coping; Pargament et al., 2011) examination of religious coping in the Asian American literature on major stressors (e.g., racism) and mental health is a promising endeavor. To our knowledge, our study is the first to apply this framework to investigate religious coping's role in the racism-mental health link among Asian Americans. In addition to continued efforts to highlight the psychological (e.g., psychological coping; Alvarez & Juang, 2010), cultural (e.g., ethnic identity; Yoo & Lee, 2005), and social (e.g., social cohesion; Syed & Juan, 2012) variables in the context of racism and mental health of Asian Americans, researchers may find it helpful to continue to build up the evidence for the differential role of religious coping.

Specifically, our findings imply that in an Asian American setting, the theorized injurious role of negative religious coping on mental health may need to be revisited. That is, negative religious coping may intersect with culture in ways that results in a dissimilar mental health outcome in Asian Americans compared to Westerners, so that it can actually have a facilitative role in the face of racism. This discovery also suggests that the very idea of negative religious coping itself may need to be modified when applied to Asian Americans.

Our study points to innovative ways in which counselors can work with Asian Americans coping with experienced racism, by highlighting religious coping as a potentially useful coping strategy. Moreover, our findings indicate that counselors should not automatically assume that clients' negative religious coping (e.g., doubting God) is indicative of unhealthy coping, and that it can, in the face of racism, have a protective role in Asian Americans' mental health. Rather than solely attempting to reduce negative religious coping, an alternative intervention could be to help clients make sense of both positive and negative religious coping into a meaningful whole.

Limitations

Despite its contributions, our study has limitations which should inform future research. First, our sample identified as Christian, more female than male, and had lived most of their lives in the U.S., so our findings should be generalized sensibly. Although Christians make up the largest religious group among Asian Americans (Pew Research Center, 2012), other Asian American religious groups may have unique experiences related to racism and mental health. Second, we did not examine contextual variables such as acculturation. Scholars have noted that religion such as Christianity can help Asian Americans acculturate to the mainstream U.S. culture (Ano et al., 2009). Future studies should examine the interplay of religion and acculturation in influencing the racism-mental health link among Asian Americans. Third, although our study is the first to examine negative and positive religious coping in an Asian sample, our CFA results indicate a relatively poor fit according to the criteria outlined in Hu and Bentler (1999). Therefore, our results should be interpreted with caution; and future researchers should examine the Brief RCOPE's (Pargament et al., 2011) validity for Asian American samples. Fourth, we did not further nuance positive and negative religious coping. There is emerging support for conceptualizing each type of religious coping as consisting of several different types. For instance, forgiveness may be a positive religious coping strategy that may play a substantially different role than others (McCullough, Bono, & Root, 2005). Likewise, anger with God may be a different form of negative religious coping (Exline, 2013). We encourage researchers to provide further gradation to the role of religious coping in the relation between racism and psychological health.

Conclusion

Our study illuminated an important mechanism by which Asian Americans may be protected from the damaging consequence of racism—namely, through the moderating effects of negative religious coping. We believe that our findings will contribute to the body of literature examining racism and mental health among Asian Americans and provide practitioners with additional tools to counter the negative impact of modern day racism in the U.S.

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Table 1. Means, Standard Deviations, and Inter-correlations Among Study Variables.

	1	2	3	4	5	6	7	8	9	<i>M</i>	<i>SD</i>	α
1. Gender ^a	-											
2. Age	.08	-								20.01	1.87	
3. Place of birth ^b	-.17	.13	-									
4. Years lived in the U.S.	.09	.19	-.36***	-						17.85	4.47	
5. School year	.14	.74***	-.10	.32**	-							
6. Subtle racism	-.12	.05	.07	-.21*	.02	-				2.04	.87	.85
7. Psychological well-being	.01	.03	.07	-.08	-.02	-.20*	-			3.57	.88	.94
8. Positive religious coping	-.17	-.10	.16	-.16	-.18	-.04	.23*	-		2.97	.73	.91
9. Negative religious coping	.06	-.13	-.04	-.10	-.17	.24*	-.14	.10	-	1.66	.61	.83

Note. ^a 0 = females, 1 = males; ^b 0 = United States, 1 = overseas. * $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2. Results of the Moderating Effects of Positive and Negative Religious Coping on the Relationship between Subtle Racism and Psychological Well-Being.

Predictor	B	β	SE	<i>p</i>	
Moderator: Positive religious coping					
Step 1					
Constant	3.394	--	--	--	
Subtle racism	-0.192	-0.189	0.094	.041	
Positive religious coping	0.265	0.221	0.112	.019	
$R^2 = .088$.008	
Step 2					
Constant	3.394	--	--	--	
Subtle racism	-0.282	-0.278	0.126	.025	
Positive religious coping	0.271	0.226	0.113	.016	
Subtle racism X positive religious coping	0.133	0.135	0.123	.280	
$\Delta R^2 = .010$.280	
Moderator: Negative religious coping					
Step 1					
Constant	3.565	--	--	--	
Subtle racism	-0.176	-0.173	0.099	.075	
Negative religious coping	-0.150	-0.100	0.143	.293	
$R^2 = .048$.080	
Step 2					
Constant	3.525	--	--	--	
Subtle racism	-0.235	-0.233	0.100	.018	
Negative religious coping	-0.205	-0.138	0.142	.147	
Subtle racism X negative religious coping	0.304	0.240	0.124	.014	
$\Delta R^2 = .052$.014	
95% CI's					
Conditional Effects	B	SE	<i>p</i>	Lower	Upper
- 1 S.D.	-0.434	0.144	.003	-0.718	-0.150
Mean	-0.249	0.102	.016	-0.451	-0.048
+1 S.D.	-0.064	0.108	.546	-0.275	0.146

Note. CI = confidence interval. Conditional effects indicate the effect of subtle racism on psychological well-being at high (+1 S.D.), mean, and low (-1 S.D.) levels of negative religious coping.

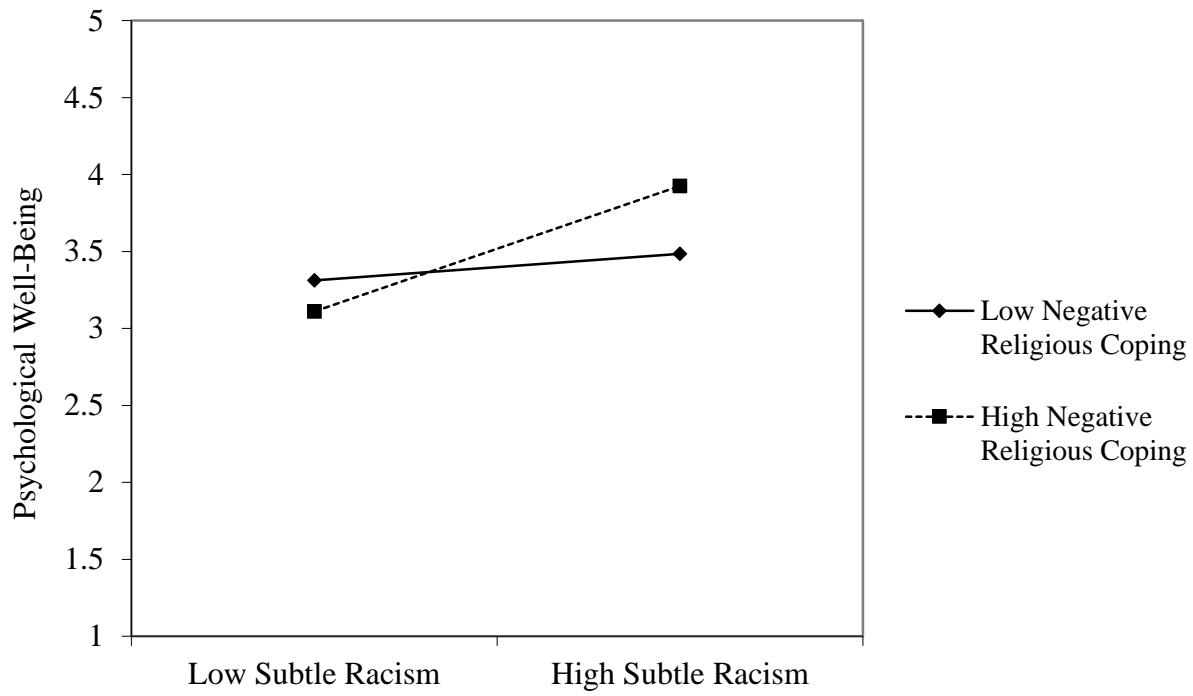


Figure 1. The relationship between subtle racism and psychological well-being at low and high levels of negative religious coping.