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Revisiting and Extending the Role of Religious Coping in the Racism-Mental Health Relation  
Among Christian Asian American Students

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**Abstract**

Despite the prevalent belief to the contrary, Asian Americans are susceptible to experiencing contemporary forms of racism and their deleterious influence on mental health. The present study is an empirical investigation of Asian Americans' experience of racism, its association with mental health, the different religious coping strategies that might be utilized, and the mediating roles of religious coping in a sample of Christian Asian American college students. The current study revisits and extends a prior study (P. Y. Kim, Kendall, & Webb, 2015) by utilizing a more nuanced conceptualization and assessment of religious coping, examining religious coping as a mediator instead of a moderator, and examining mental health outcomes multidimensionally (anxiety, depression, and well-being). Results indicated that Asian American participants tended to rely on certain types of religious coping over others, and that some highly endorsed religious coping strategies had a deleterious effect on mental health (e.g., positively associated with racism, and positively associated with distress symptoms), whereas other endorsed strategies had a facilitative role on mental health (e.g., positively associated with racism, but inversely associated with psychological distress). The findings point to the complex roles religious coping might play in the association between racism and mental health of Asian American college students.

*Keywords:* Asian American college students, racism, religious coping

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### Revisiting the Role of Religious Coping in the Racism-Mental Health Relation Among Christian Asian American Students

Michael Luo, an Asian American reporter for The New York Times, wrote about a recent incident in which a woman yelled in public at his family to “Go back to China!” and later, after he confronted her, for him to “Go back to your f---ing country” (Luo, 2016). This incident illustrates the reality of everyday racism that Asian Americans experience, one that stands in stark contrast to the popular perception that Asian Americans do not experience racism and are not adversely impacted by it (read: the model minority stereotype; see Yoo, Burrola, & Steger, 2010). The present study is an empirical investigation of (a) the association between contemporary racism and psychological health of Asian Americans, (b) utilization of various religious coping strategies to deal with racism, and (c) how religious coping may help explain the racism-mental health empirical association.

#### **Racism and Mental Health**

Experience of contemporary racism by Asian Americans has been linked to increased distress (Cheng, Cha, & Lin, 2015; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Hwang & Goto, 2009; Liu & Suyemoto, 2016) and decreased wellness (P. Y. Kim, 2016; P. Y. Kim, Kendall, & Cheon, 2016; Yoo & Lee, 2005). Given these consistent empirical findings, it is reasonable to conclude that the experiences of racial discrimination among Asian Americans can lead to adverse psychological consequences. Thus, based on accumulated empirical evidence for the deleterious effects of racism on mental health, one prediction in the present study is that the perception of racism will be associated with lowered well-being and heightened psychological distress among Asian Americans.

#### **Extending a Study: Kim, Kendall, & Webb (2015)**

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In recognition of the complexities yet to be fully identified in the racism-mental health association, it is important for researchers to examine various moderators and mediators. Such endeavors not only add a nuanced understanding of the mechanisms that might be involved in the racism-mental health association, but they also provide novel ways to deliver interventions (see Frazier, Tix, & Barron, 2004). Based on this rationale, P. Y. Kim, Kendall, and Webb (2015) recently examined the moderating roles of *positive religious coping* (religious coping based on a “secure relationship with whatever the individual may hold sacred”; Pargament, Feuille, & Burdzy, 2011, p. 54) and *negative religious coping* (religious coping that involves “tension, conflict, and struggle with the sacred”; Pargament et al., 2011, p. 54) in the empirical association between the perception of subtle racism and well-being in a sample of Christian Asian American college students. Specifically, negative religious coping moderated the association between racism and well-being, but in a counter-intuitive way so that it actually weakened the adverse consequences of racism. In addition, positive religious coping was not a significant moderator in the racism-mental health association. Overall, P. Y. Kim et al. (2015) provided evidence for the important protective role of religious coping when Asian Americans face the stressor of racism.

Several lingering questions from the P. Y. Kim et al. (2015) study energized the present study. First, the positive-negative religious coping bifurcation, although useful and popular in the recent religiosity literature (e.g., Brewster, Velez, Foster, Esposito, & Robinson, 2016; Carpenter, Laney, & Mezulis, 2012; Noh, Chang, Jang, Lee, & Lee, 2016), is still broad and in need of further gradation. Fortunately, Pargament, Koenig, and Perez (2000) theoretically and empirically outlined a 17-factor model (and developed a corresponding measure) of religious coping, and the utilization of such a fine-tuned measure is promising in addressing inquiries that

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reach beyond the dichotomy of the positive-negative religious coping framework. For example, empirical questions that arise might be: Which *specific* negative religious coping strategies tend to be endorsed more by Asian American participants to cope with racism? And which one(s) are most associated with mental health outcomes, whether in a favorable or adverse manner? Prior studies with both Asian American (e.g., Alvarez & Juang, 2010) and non-Asian American (e.g., Black adolescents; Seaton, Upton, Gilbert, and Volpe, 2014) samples have highlighted the differential roles of various general coping strategies in the context of racism and mental health, but no prior studies have examined the differentiated roles of specific religious coping strategies—beyond the positive-negative framework—in relation to racism and mental health outcomes. The present study builds upon this need.

Second, P.Y. Kim et al. (2015) focused on *subtle* forms of racism (e.g., feeling like there are societal hindrances due to Asian identity; Yoo et al., 2010), which is one type—and certainly an important one—of racism experienced by Asian Americans. But another type of racism that Asian Americans might experience is blatant forms of racism (e.g., being mocked for Asian identity; Yoo et al., 2010). Arguably, blatant racism, which tends to be specific behaviors that are more clearly identifiable, might trigger responses on the part of the recipient that might look different from responses to subtle racism, which might not be as specific or behavioral. Given these differences, it might be a fruitful research endeavor to examine different types of racism and their associations with religious coping and mental health outcomes. In partial support of this need for more differentiation between types of racism, Yoo et al. (2010) found that blatant racism but not subtle racism significantly predicted anxiety symptoms, while including several general racial discrimination subscales as control variables. The present study addresses this

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need to examine different types of racism in relation to religiosity and mental health, by including blatant racism as a predictor.

Third, and related to the second point above, P. Y. Kim et al. (2015) assessed Asian American participants' religious coping as a general religious coping strategy, rather than a coping strategy in response to a specific stressor. A different and important consideration is the role of religious coping in reaction to a particular stressor such as blatant racism. The experience of blatant racism might trigger a particular type of religious coping strategy that is different from the strategy associated with coping with subtle racism. It is feasible, for example, that the former scenario involving blatant racism might be conceptualized as a mediating relationship (i.e., experience of blatant racism leads to various types of religious coping, which in turn influences mental health), whereas the latter (as revealed in P.Y. Kim et al. 2015) makes more sense as a moderating model (i.e., the protective role of utilizing generalized religious coping strategies). Given this backdrop, the present study asked participants to report their level of religious coping in response to the specific stressor of racism.

Fourth, P. Y. Kim et al. (2015) examined well-being as a mental health outcome but did not include others, such as psychological distress. The examination of distress symptoms in association with racism and religiosity is clearly important, especially given the empirical evidence for the salience of psychological distress in Asian American college samples, including studies that show more elevated scores for Asian Americans on depressive (Aldwin & Greenberger, 1987; Okazaki, 1997) and social anxiety symptoms (Okazaki, 1997) compared to their White counterparts. Although there are studies that have demonstrated the empirical association between racism and distress symptoms among Asian American samples (e.g., Gee et al., 2007), to my knowledge, no studies have examined distress symptoms as outcome variables

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in relation to both racial discrimination (predictor) and religious coping (mediator) in Asian American samples. The present study fills this gap, by examining psychological well-being, anxiety symptoms, and depressive symptoms as mental health outcomes in association with racism and religious coping.

In sum, the present study is an attempt to extend the P. Y. Kim et al. (2015) study by (a) conceptualizing and assessing religious coping in a more fine-tuned manner beyond the positive-negative dichotomy, (b) examining experiences of blatant racism, (c) investigating religious coping specifically in response to the experience of blatant racism, and (d) examining three different types of mental health outcomes. Below, further rationale for examining various types of religious coping is provided, and also their role as mediators in the racism-mental health associations.

### **Religious Coping in the Asian Context**

Although Pargament et al. (2000) provided evidence for 17 different types of religious coping, a reasonable question that arises might be regarding which ones might be more highly endorsed in an Asian American context to cope with the particular stressor of racism. Although no prior studies have investigated this, based on the juxtaposition of Pargament et al.'s (2000) theorizing and also the Asian American literature, I predict that the most saliently endorsed religious coping themes will be those that are particularly compatible with the Asian cultural context.

Pargament et al. (2000) conceptually discuss five functions underlying their several different religious coping methods, and these functions are useful to consider in the present study: (a) making meaning of life struggles ("Meaning"), (b) obtaining a sense of control over one's life situations ("Control"), (c) receiving comfort to reduce fear in an uncertain world



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(“Comfort/Spirituality”), (d) developing connection with others (“Intimacy/Spirituality”) and God, and (e) facilitating significant changes in one’s life (“Transformation”). Among these five functions, it seems reasonable that the religious coping themes most likely to characterize Asian American religious coping reflect functions closely mirroring central Asian cultural values. In particular, collectivism is a major Asian value that has been identified in the Asian context (B. S. K. Kim, Li, & Ng, 2007; Markus & Kitayama, 1991). There are several aspects of Asian coping stemming from collectivism, such as fatalism, or acceptance of one’s circumstances (Ibrahim, Ohnishi, & Sandhu, 1997; Yeh, Inman, Kim, & Okubo, 2006), emphasis placed on emotional restraint (B. S. K. Kim et al., 2007), forbearance (e.g., not wanting to burden others with individual concerns and thus refraining from discussing it; Yeh et al., 2006), and dependence on relationships for support (Yeh et al., 2006). Given these major areas of cultural emphasis, combined with Pargament et al.’s (2000) articulation of different functions underlying the several religious coping strategies, it is reasonable that the religious coping strategies most endorsed for coping with racism will reflect themes such as deference to others, connecting with others, restraining of negative thoughts and emotions, and also relinquishing control over one’s life.

Prior literature provides some indirect support for the prediction that some religious coping strategies will be endorsed more strongly than others by Asian Americans. Bjorck, Lee, and Cohen (1997) found that Korean Americans reported higher levels of perception that powerful others and God were in control, compared to their European American counterparts. This finding provided evidence for the salience of external locus of control in the Asian American context (Bjorck et al., 1997). Along the same lines, Bjorck, Cuthbertson, Thurman, and Lee (2001) revealed that Korean and Filipino American participants compared to European

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Americans scored higher on coping strategies reflecting some of the collectivistic themes discussed above, such as acceptance of responsibility, religious coping, escaping or avoiding the problem, and distancing oneself from the stressor. Combined, these studies suggest that in the Asian American context, religious coping themes reflecting collectivistic coping such as acceptance of one's situation (e.g., fatalism), effacing of the self, relinquishing control, respect for hierarchy including for those in power, and restraint of emotions might be especially pronounced.

There is also reason to think that the salient religious coping strategies will be associated with mental health outcomes. Bjorck et al. (1997) found that Korean Americans experienced an exacerbation of the association between negative life events and depression when the belief of God being in control was endorsed; this was opposite to the findings for Whites that God control weakened the negative events-depression link, and it suggests that contrary to the view that belief of God being in control may be facilitative of mental health in the Western setting (e.g., Pargament, Sullivan, Tyler, & Steele, 1982), it might have a detrimental association with mental health in an Asian American setting. Also, Yi and Bjorck (2014) reported significant correlations between God support and religious community support and the outcome variables of depression and life satisfaction in a sample of Christian Korean Americans, speaking to the importance of these variables reflecting religious aspects reflecting interpersonal relationships and connection to God. More broadly, these pieces of evidence speak to the importance of various religious coping strategies for the mental health of Asian Americans. However, no prior studies have tackled the question of religious coping strategies and their association with mental health, in the face of racism as a stressor. The present study addresses this area of need, by exploring the

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mediating effects associated with the highly endorsed religious coping strategies, in the empirical association between racism and mental health.

Conceptual and theoretical rationale exist for examining a mediating model involving racism and psychological health. Harell (2000), drawing from the stress-coping literature (e.g., Lazarus & Folkman, 1984), outlined a comprehensive model of racism-related stress and mental health. A key argument of this model is that there are intervening or mediating factors when considering the association between the stress of racism and mental health outcomes; Harrell writes, “Racism can affect the well-being of individuals and groups not only through the experience of stress, but also through its influence on the various mediators of stress (e.g., support resources, coping options)” (Harell, 2000, p. 44). Put differently, this model implies that the stressor of racism may be related to mental health through intervening or mediating variables. Although religious coping was not explicitly included when Harrell (2000) described the model, it is reasonable to examine it as a mediating factor, given the inclusion of similar factors such as psychological coping and social support in the model.

Consistent with the basic premise of this model (i.e., racism-related stress can trigger various responses, which in turn can dictate the mental health outcome), prior empirical research has successfully examined mediating effects involving the racism-mental health association among Asian American samples. Alvarez and Juang (2010), in a sample of Filipino Americans, reported that various coping strategies (e.g., avoidance coping) mediated the association between racism and the mental health outcomes of psychological distress and self-esteem. More centrally to the present study, P. Y. Kim (2016) found a significant mediating model of racial microaggressions predicting well-being through religious support in a sample of Asian American college students, demonstrating that religion-related variables can provide an explanation for the

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association between experiences of racism and mental health. In a qualitative study of Asian American experiences, Lowe, Okubo, and Reilley (2012) described participants reporting various responses to experiences of racism (e.g., telling a loved one, denying the problem of racism, fantasizing about how there could have been a different outcome), which in turn have implications for emotional well-being. Taken together, these studies suggest that it is a fruitful endeavor to empirically examine various mediators of the racism-mental health association in Asian American samples. To my knowledge, however, no studies have examined religious coping as a mediator in the association between racism and mental health in Asian American samples. Elsewhere, Szymanski and Obiri (2011) in a sample of African Americans found that the experience of racist events and its association to psychological distress was mediated by negative religious coping. Given the lack of mediating models involving racism, religious coping, and mental health among Asian American samples, the present study addressed this gap.

### **Hypotheses and Exploratory Question**

**Hypothesis 1.** Racism will be inversely related to well-being, and positively related to anxiety and depression symptoms.

**Hypothesis 2.** Among the 17 religious coping strategies examined, certain religious coping strategies will be more strongly endorsed by participants to cope with racism, and these strategies will contain overlapping themes with core Asian cultural values.

**Exploratory research question.** The highly endorsed religious coping strategies will mediate the association between racism and mental health outcomes. That is, the experience of blatant racism will be positively associated with a religious coping strategy (i.e., racism will trigger religious coping), which in turn will be associated with mental health outcomes. Given the lack of empirical precedent, the direction of the association between the mediator and mental

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health outcomes was not specified. That is, some were expected to be facilitators of mental health, but others were expected to be exacerbators.

### Method

Participants ( $N = 169$ ;  $M_{\text{age}} = 20.09$ ,  $SD = 1.78$ ; 115 women, 54 men) were recruited from three 4-year institutions located in the Pacific Northwest region of the United States. At Institution A (a small liberal arts institution), participants were recruited through an email sent out to all Asian American students, student organizations, and also various psychology courses. At Institution B (a large public institution), participants were recruited through a student organization's Facebook page. At Institution C (a small liberal arts institution), participants were recruited through an email announcement sent through a multicultural office.

School years represented were 1<sup>st</sup> year ( $n = 46$ ), 2<sup>nd</sup> year ( $n = 46$ ), 3<sup>rd</sup> year ( $n = 45$ ), and 4<sup>th</sup> year ( $n = 32$ ). Asian ethnicities represented were Chinese ( $n = 35$ ), Korean ( $n = 35$ ), Japanese ( $n = 31$ ), Filipino ( $n = 28$ ), Vietnamese ( $n = 13$ ), Taiwanese ( $n = 5$ ), Indian ( $n = 4$ ), Hmong ( $n = 2$ ), Cambodian ( $n = 1$ ), Hong Kongese ( $n = 1$ ), Indonesian ( $n = 1$ ), Laos ( $n = 1$ ), Nepali ( $n = 1$ ), and Thai ( $n = 1$ ). Participants also identified as multiethnic (i.e., combination of two or more different Asian ethnicities;  $n = 6$ ), multiracial (i.e., combination of two or more races;  $n = 3$ ), and "Asian-Pacific islander" ( $n = 1$ ). Most participants were born in the United States ( $n = 131$ ) and had lived, on average, 18.25 years ( $SD = 4.12$ ) in the U.S.

All potential participants received an email invitation to participate in the study, which contained an email link to an online survey containing demographic questions and also the study measures. Participants provided consent electronically. Two hundred sixty-three participants began the survey, but the following data cleaning procedure resulted in the final  $N$  of 169: (a) those who failed to identify as Asian American ( $n = 2$ ); (b) those who did not identify as

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Christian ( $n = 53$ ); (c) those who did not identify as undergraduates ( $n = 2$ ), and; (d) those with over 20% of data missing ( $n = 37$ ).

Those who participated for course requirement or extra credit were given appropriate credit. Otherwise, participants were entered into a gift card drawing for \$100 (2 drawings), \$50 (3 drawings) and for \$25 (4 drawings). All participants were treated according to the requirements of the American Psychological Association.

### Measures

**Demographics.** The following demographic variables were assessed: ethnicity, gender, age, year in school, religion, birthplace, and length of residence in the United States.

**Racism.** The Subtle and Blatant Racism Scale for Asian Americans (SABR-A<sup>2</sup>; Yoo, Steger, & Lee, 2010) is a measure of racism specific to the Asian American context. The measure contains two subscales: Blatant Racism (4 items) and Subtle Racism (4 items). Although both are important measures of contemporary racism impacting Asian Americans, the Blatant Racism scale was used, given that (a) the religious coping scale used (see below) asked about religious responses to specific experiences of racism, and (b) arguably, the Blatant Racism subscale served as a better assessment of specific forms of racism (e.g., “In America, I am called names such as, ‘Chink, gook, etc.’ because I’m Asian”; Yoo et al., 2010) compared to the subtle racism subscale, which asks more about situational or environmental factors (e.g., “In America, I am overlooked because I’m Asian”). SABR-A<sup>2</sup> items are rated on a 5-point Likert Scale (1 = almost never, 5 = almost always), with a higher score indicating a higher frequency of the experience of racism. In the present study, the internal reliability was  $\alpha = .64$ . The mean score was used for analysis.

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**Religious coping.** Religious coping was assessed using the RCOPE (Pargament et al., 2000), which is a 105-item measure of religious coping and contains 17 subscales. Participants respond to statements on a 4-point Likert scale (0 = not at all, 3 = a great deal), with a higher score indicating a greater instance of religious coping utilized to deal with a particular stressor—the experience of racism, in the present study. The reliabilities and means of the 17 RCOPE subscales are reported in Table 1.

Although all 17 subscales of the RCOPE were administered, the number of RCOPE subscales included in the main analyses were narrowed down, based on a combination of conceptual and empirical rationales. First, the positive and negative religious coping subscales were separated according to Pargament et al. (2000) and 4 subscales were selected within the two domains. The four subscales were chosen by first examining the internal consistency of the measures for any that appeared to be an obvious outlier (collaborative/low self-direction religious coping subscale was eliminated in this process), and then selecting the four most endorsed subscales (i.e., highest means) within the positive and negative religious coping domains. For positive coping, the resulting subscales were benevolent religious reappraisal/spiritual support (e.g., “Saw my situation as part of God’s plan”; Pargament et al., 2000), religious helping (“Tried to give spiritual strength to others”), religious purification/forgiveness (“Sought God’s help on trying to forgive others”), and active surrender (“Did my best and then turned the situation over to God”). For negative religious coping, the resulting subscales included in the main analyses were passive religious deferral (“Knew I couldn’t handle the situation, so I just expected God to handle it for me”; Pargament et al., 2000), pleading for direct intercession (“Bargained with God to make things better”), interpersonal religious discontent (“Felt my church seemed to be rejecting or ignoring me”), and

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spiritual discontent (“Questioned God’s love for me”). Mean scores were used for all analyses, with higher scores indicating a stronger endorsement of the particular type of religious coping in dealing with racism.

**Anxiety, depression, and well-being.** The Mental Health Inventory (Veit & Ware, 1983) was used to assess the mental health outcomes of anxiety (9 items), depression (4 items), and well-being (14 items). These three subscales are rated on a 6-point Likert scale with descriptors that differ somewhat to accommodate the wording of the items, but in general, 1 = never, and 6 = always (1 item on the depression scale is on a 5-point scale). Mean scores were used for analyses, with a higher score indicating a higher level of well-being, anxiety, and depression. The internal reliabilities were  $\alpha = .95$  for well-being,  $\alpha = .92$  for anxiety, and  $\alpha = .92$  for depression.

## Results

### Preliminary Analyses

The bivariate correlations between the study variables are included in Table 2. As expected, racism was significantly correlated with well-being ( $r = -.26, p < .01$ ), anxiety ( $r = .24, p < .01$ ), and depression ( $r = .20, p < .05$ ). Also, because years lived in the U.S. was significantly correlated with well-being ( $r = .18, p < .05$ ), anxiety ( $r = -.22, p < .01$ ), and depression ( $r = -.20, p < .01$ ), it was entered as a covariate in all subsequent analyses examining the mental health variables as the outcome variables.

### Hypotheses Analyses

**Hypothesis 1.** I ran three hierarchical regression analyses predicting the mental health outcomes (anxiety, depression, and well-being) with blatant racism, controlling for years lived in the U.S. The results are displayed in Table 3. Examining the final step of each regression



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analysis, blatant racism was significantly associated with anxiety ( $B = .313, t = 2.46, p = .015$ ) and well-being ( $B = -.344, t = -2.92, p = .004$ ) but not with depressive symptoms ( $B = .265, t = 1.950, p = .053$ ). Thus, Hypothesis 1 was partially supported.

**Hypothesis 2.** Table 1 displays the means, *SDs*, and alphas for all 17 RCOPE subscales (Pargament et al., 2000). To reiterate, Hypothesis 2 predicted that significant differences would emerge in terms of the reliance on the religious coping strategies to cope with racism. Multiples steps were involved in testing this research question. First, the Friedman test was conducted to test for overall differences among the positive and negative religious coping scales. Among the positive religious coping scales (sans collaborative/low self-direction religious coping subscale), there was a statistically significance difference between the 9 positive religious coping subscales,  $\chi^2(8) = 212.20, p < .001$ . Among the 7 negative religious coping scales, there was a statistically significant difference between the subscales,  $\chi^2(6) = 111.39, p < .001$ . Based on these results, it was concluded that there was a significant overall difference within the positive and negative religious coping subscales in regards to their endorsement by the study participants.

Given the evidence for overall difference, I proceeded to examine if there were specific differences. As indicated above under the description of the RCOPE measure (Pargament et al., 2000), the highest endorsed RCOPE subscales (with the elimination of collaborative/low self-direction religious coping due to lower alpha) were, for positive religious coping: benevolent religious reappraisal/spiritual support ( $M = 1.28, SD = .84$ ), religious helping ( $M = 1.14, SD = .82$ ), religious purification/forgiveness ( $M = 1.13, SD = .83$ ), and active surrender ( $M = 1.08, SD = .77$ ); and for negative religious coping: passive religious deferral ( $M = .73, SD = .68$ ), pleading for direct intercession ( $M = .57, SD = .65$ ), interpersonal religious discontent ( $M = .46, SD = .62$ ), and spiritual discontent ( $M = .43, SD = .59$ ). To test the statistical significance of

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these relatively highly endorsed subscales compared to the less endorsed ones, comparisons using the Wilcoxon signed-ranked test were conducted. To minimize the possibility of Type 1 error, (a) only the top four subscales from the positive religious coping (benevolent reappraisal/spiritual support, religious helping, religious purification/forgiveness, and active surrender) and negative religious coping (passive religious deferral, pleading for direct intercession, interpersonal religious discontent, and spiritual discontent) groupings were compared with their respective, less endorsed subscales (i.e., for positive religious coping: spiritual connection, marking religious boundaries, religious direction/conversion, religious focus, and seeking support from clergy/members; for negative religious coping: demonic reappraisal, reappraisal of God's power, and punishing God reappraisal), and (b) given the number of comparisons (20 for positive coping, 12 for negative coping), Bonferroni corrections were applied, resulting in adjusted  $p$ -values of  $.05/20 = .003$  and  $0.5/12 = .004$  for positive and negative religious coping comparisons, respectively. Table 1 includes the information regarding the comparisons.

***Positive religious coping subscales.*** The Wilcoxon signed-ranked test revealed that benevolent reappraisal/spiritual support scores were significantly greater than all the lower positive religious coping subscales: spiritual connection ( $z = -5.38, p < .001$ ), marking religious boundaries ( $z = -5.34, p < .001$ ), religious direction/conversion ( $z = -6.54, p < .001$ ), religious focus ( $z = -9.29, p < .001$ ), and seeking support from clergy/members ( $z = -8.57, p < .001$ ). For religious helping, the statistically significant differences were with marking religious boundaries ( $z = -3.47, p = .001$ ), religious direction/conversion ( $z = -4.62, p < .001$ ), religious focus ( $z = -6.61, p < .001$ ), and seeking support from clergy/members ( $z = -8.04, p < .001$ ), but not with spiritual connection ( $z = -2.46, p = .014$ ). For religious purification/forgiveness, the statistically

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significant differences were with marking religious boundaries ( $z = -3.83, p < .001$ ), religious direction/conversion ( $z = -5.11, p < .001$ ), religious focus ( $z = -7.16, p < .001$ ), and seeking support from clergy/members ( $z = -8.65, p < .001$ ), but not with spiritual connection ( $z = -2.61, p = .009$ ). For active surrender, the statistically significant differences were with religious focus ( $z = -5.93, p < .001$ ) and seeking support from clergy/members ( $z = -6.23, p < .001$ ), but not with spiritual connection ( $z = -1.09, p = .275$ ), marking religious boundaries ( $z = -2.08, p = .038$ ), and religious direction/conversion ( $z = -2.96, p = .003$ ). In sum, the general trend was that most of the higher ranked subscales were, with the exception of a few, significantly greater than the lower ranked subscale scores.

***Negative religious coping scales.*** The differences between passive religious deferral and the less endorsed subscales of demonic reappraisal ( $z = -6.30, p < .001$ ), reappraisal of God's power ( $z = -6.52, p < .001$ ), and punishing God reappraisal ( $z = -6.85, p < .001$ ) were statistically significant; the differences between pleading for direct intervention and demonic reappraisal ( $z = -3.42, p = .001$ ), reappraisal of God's power ( $z = -4.69, p < .001$ ), and punishing God reappraisal ( $z = -6.27, p < .001$ ) were statistically significant; none of the comparisons between interpersonal religious discontent and demonic reappraisal ( $z = -.27, p = .789$ ), reappraisal of God's power ( $z = -1.52, p = .129$ ), and punishing God reappraisal ( $z = -2.71, p = .007$ ) were statistically significant; and none of the comparisons between spiritual discontent and demonic reappraisal ( $z = -.24, p = .809$ ), reappraisal of God's power ( $z = -1.46, p = .144$ ), and punishing God reappraisal ( $z = -2.89, p = .004$ ) were statistically significant. In sum, what appeared to be especially salient among the top four negative religious coping strategies were passive religious deferral and pleading for a direct intervention.

### **Exploration of Mediating Effects**

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To explore the mediation models, the PROCESS macro (Hayes, 2013) for SPSS (v. 24) was utilized. Bootstrapping method with 5,000 resamples was used to obtain the indirect effects associated with the various religious coping variables. The biased corrected confidence intervals were examined to determine the statistical significance of the indirect effects. The specific associations between the variables (i.e., path *a*, or the association between the predictor and mediator; and path *b*, or the association between the mediator and dependent variable) were examined using the regression coefficients, and these are displayed in Figures 1 and 2.

**Positive religious coping subscales as mediators.** First, the positive religious coping subscales (benevolent religious reappraisal/spiritual support, religious helping, religious purification/forgiveness, and active surrender) were included as mediators in the relation between racism and well-being, controlling for years lived in the U.S. (see Figure 1). Bootstrapped results indicated that none of the four religious coping subscales were significant mediators.

Second, I tested an identical model as above, but with anxiety as the outcome variable. There were two significant indirect effects: benevolent spiritual reappraisal/spiritual support [indirect effect =  $-.17$ ; Bias-corrected confidence intervals (CI):  $-.383, -.025$ ] and religious purification/forgiveness [indirect effect =  $.22$ ; CI:  $.050, .471$ ]. For benevolent spiritual reappraisal/spiritual support as a mediator, the nature of the indirect effect was such that racism positively predicted benevolent spiritual reappraisal/spiritual support ( $B = .43, t = 4.00, p < .001$ ), which in turn inversely predicted anxiety symptoms ( $B = -.40, t = -2.35, p = .020$ ). For religious purification/forgiveness as a mediator, the nature of the indirect effect was such that racism positively predicted religious purification/forgiveness ( $B = .49, t = 4.67, p < .001$ ), which in turn positively predicted anxiety symptoms ( $B = .45, t = 2.28, p = .024$ ).

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Third, an identical model as above was tested, but with depressive symptoms as the dependent variable. Again, benevolent spiritual reappraisal/spiritual support [indirect effect: -.15; CI: -.355, -.005] and religious purification/forgiveness [indirect effect = .23; CI: .050, .480] were the statistically significant mediators. For benevolent spiritual reappraisal/spiritual support, the pattern of the indirect effect was such that racism positively predicted it ( $B = .43, t = 4.00, p < .001$ ), which in turn inversely predicted depressive symptoms ( $B = -.35, t = -1.87, p = .063$ ). The pattern of the indirect effect was such that racism positively predicted religious purification/forgiveness coping ( $B = .49, t = 4.67, p < .001$ ), which in turn positively predicted depressive symptoms ( $B = .47, t = 2.20, p = .029$ ).

**Negative religious coping subscales as mediators.** Negative religious coping subscales (passive religious deferral, pleading for direct intercession, interpersonal religious discontent, and spiritual discontent) were examined as mediators, controlling for years lived in the U.S. (see Figure 2). For anxiety as the outcome, no significant indirect effect emerged.

For well-being as the outcome, interpersonal religious discontent [indirect effect = .06; CI: .0111, .1144] emerged as a significant mediator. The indirect effect was a positive one, where racism significantly predicted interpersonal religious discontent ( $B = .24, t = 2.99, p = .003$ ), and interpersonal religious discontent positively predicted well-being ( $B = .26, t = 1.80, p = .074$ ).

For depression, indirect effect associated with interpersonal religious discontent [indirect effect = -.06; CI: -.150, -.008] was statistically significant. For interpersonal religious discontent, racism significantly predicted it ( $B = .23, t = 2.83, p = .005$ ), and interpersonal religious discontent inversely predicted depressive symptoms ( $B = -.27, t = -1.76, p = .080$ ).

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**Test of alternative models.** To strengthen the argument for the directionality of the proposed mediation models (i.e., racism → religious coping → mental health), I examined alternative models for all the significant mediation models and compared their fit to the fit of the proposed mediation models. That is, the alternative mediation models tested whether it was a better fit to examine a model in which the proposed mediator and DV were switched, so that the mediating variable was mental health, and the outcome variable was religious coping (i.e., racism → mental health → religious coping). Major fit indices (Chi-Square, NFI, and RMSEA/*pclose*) were compared between the proposed and alternative models, and all comparisons indicated that the proposed mediation models were superior to their alternative counterparts. Although the fit indices are not included here due to space restrictions, the full comparison data is available from the author upon request.

### Discussion

The present study was an empirical investigation of the relationship between experiences of blatant racism and mental health, the preference for several different types of religious coping among Asian American college students to deal with experiences of blatant racism, and how these coping approaches were related to mental health outcomes. As expected based on the wealth of prior literature (e.g., Chen et al., 2015; Gee et al., 2007; Hwang & Goto, 2009), Asian Americans who reported experiences of blatant racism were more likely to report lowered well-being and increased distress (i.e., anxiety symptoms). Experiencing modern day racism has clear adverse mental health consequences – a message certainly worth repeating but one that is clearly evidenced in the empirical literature.

More centrally to this study, there were several religious coping approaches that were particularly endorsed as religious coping strategies among the Asian American participants.

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Some of the more strongly endorsed positive religious coping methods from Pargament et al.'s (2000) conceptualization included benevolent religious reappraisal/spiritual support, religious helping, religious purification/forgiveness, and active surrender. For negative religious coping (Pargament et al., 2000), the most strongly endorsed strategies were passive religious deferral, pleading for direct intercession, interpersonal religious discontent, and spiritual discontent. These findings lend support to the idea that Asian American individuals do not necessarily utilize religious coping strategies in an undifferentiated manner to cope with stressors like racism. Put differently, certain religious coping strategies may be preferred over others, perhaps due to the notion that some of these religious coping strategies are more compatible with salient Asian cultural values. Key elements of Asian values that are reflected in some of the relatively highly endorsed religious coping strategies include themes related to giving up control (e.g., passive religious deferral; active surrender) and coping methods centrally impacting interpersonal elements (e.g., interpersonal religious discontent). Given that the present study did not directly assess for Asian cultural values, however, this interpretation is cautiously posited.

What is especially interesting to consider are the suppressing versus facilitating effects involving the significant mediation models. Some of the religious coping variables protected against the detrimental associations of racialized experiences (i.e., inversely related to distress and positively related to well-being), while others exacerbated the experiences (i.e., positively related to distress and inversely related to well-being). Among the negative religious coping strategies for which the mediating effect was statistically significant (i.e., depression and well-being as DVs), interpersonal religious discontent was a facilitator of mental health. It is also interesting to note that a struggle with interpersonal aspects of spirituality (i.e., interpersonal religious discontent) might be associated with reduced distress and increased well-being.

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Scholars have asserted that negative religious coping, although it can have detrimental consequences, can also have aspects of benefit: Pargament et al. (2011) wrote that “the notion of [religious] struggle embodies the possibility of growth and transformation through the process of coping” (p. 55), and this assertion is congruent with the somewhat counterintuitive finding of the present study that interpersonal religious discontent was facilitative of mental health. One explanation for it might be that because racialized experiences are interpersonal in nature, those that experience racism might find it adaptive for mental health to distance themselves, at least temporarily, from certain types of interpersonal relationships.

Similarly contrasting pictures emerged for positive religious coping methods. Benevolent spiritual reappraisal/spiritual support was a facilitator of mental health (i.e., significantly and inversely associated with anxiety symptoms), whereas religious purification/forgiveness was positively associated with depressive and anxiety symptoms in the context of racial experiences. That is, the Christian participants of this study were likely to turn to both benevolent spiritual reappraisal/spiritual support and also purification/forgiveness as strategies for coping with experiences of blatant racism; however, it appears that utilizing religious purification/forgiveness as a coping strategy can be related to adverse mental health consequences, whereas utilizing spiritual support and perceiving things through a benevolent spiritual lens provides reduced anxiety symptoms. The facilitative role of benevolent spiritual reappraisal/spiritual support speaks to the importance of an adaptive spiritual outlook in life, and how this type of outlook can be helpful in guarding against mental health consequences such as anxiety symptoms. It is consistent with prior findings that suggest empirical associations between benevolent spiritual reappraisal and mental health consequences (e.g., Pargament et al., 2000 reported that it is significantly and positively correlated with stress-related growth).



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In contrast, religious purification/forgiveness might speak to the complexities underlying this type of seemingly positive religious coping, in the face of stressors such as racism; for example, scholars have discussed the psychological risks of pre-mature forgiveness, or forgiveness that is not genuine and due to external pressures, such as religious ones (Glaeser, 2008). I wonder if premature forgiveness of those who transgress in the manner of blatant racism might lead to adverse mental health consequences, especially if there is an external religious pressure that is internalized. This is an intriguing area of research for further study.

### Implications

**For research.** The present findings have some relevant implications for research. First, the intriguing findings of the present study suggest that the more nuanced and complex understanding of religious coping that goes beyond the positive-negative bifurcation might be helpful for researchers. In particular, the present study findings suggest that even within the positive and negative religious coping umbrellas, the associations with mental health might be opposite – some facilitative of mental health, others exacerbating of it.

**For practice.** The present findings suggest some implications for practitioners working with Asian American college students. The study presents some innovative ideas about how to address and intervene when Asian American college students experience psychological distress as a result of experiencing racial stressors. Specifically, clinicians might be able to pay attention to how certain religious coping methods might be triggered as a result of experiencing racial microaggressions on the part of Christian Asian American students, and may engage the clients in dialogues related to these coping methods. For instance, a clinician might tentatively predict that when the presenting concern is racism, clients of Christian faith might utilize certain religious coping strategies more so than others (e.g., religious reappraisal/support, interpersonal

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religious discontent), and that depending on these strategies, certain mental health outcomes might result. As appropriate, a clinician might facilitate dialogues with the clients about the potential correlates of certain types of religious coping strategies. Furthermore, as needed, certain types of religious coping strategies might be encouraged, and others as a religious coping strategy may be normalized but perhaps the client could also examine the disadvantages that might be associated with the religious coping strategy.

### **Limitations**

Despite the contributions of the present study, there are several shortcomings that should be taken into consideration. First, the present study utilized a Pan-Asian American sample that included a diverse group of Asian Americans. Although the racialized experiences are shared among Asian groups, on the other hand, the level and nature of racial oppression for these groups may be very diverse. Future studies should look into the similarities and differences among the Asian groups in regards to experiences of blatant racism, various types of religious coping, and psychological health. Second, the present study did not examine differences among blatant racism types, given that the Blatant Racism Subscale of SABR-A<sup>2</sup> (Yoo et al., 2010) does not further nuance blatant racism. But it is possible, for example, that the type of religious coping utilized might depend, in part, on the type of blatant racism experienced. Future studies might find it worthwhile to investigate this or other similar research questions. Third, the reliability for the Blatant Racism subscale was lower ( $\alpha = .64$ ) than the ones published in the measure validation study (alphas ranging from .72 to .82; Yoo et al., 2010). Future studies might look into possible reasons as to the discrepancy in internal consistency across Asian American samples. Third the present study utilized a college sample as one representation of the Asian American experience, and therefore it does not fully capture the wide ranging Asian American experience.

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It is possible that college students are equipped to cope with racial oppression in a way that is different from non-college students, and this is a question worth exploring in a future study.

Fourth, the RCOPE is measure that has not been intentionally validated in an Asian American sample. Although it yielded good reliabilities in the present study (with the exception of 1 scale), it would be helpful to have more validation data on the religious coping experiences of Asian Americans, and how the RCOPE maps onto their experiences. Fifth, because the instructions for the study measures differ in their specification of a time period to base the responses on, the significant associations between the study variables should be accepted in light of this limitation. Specifically, the Mental Health Inventory (Veit & Ware, 1983) instructed the participants to base their responses on the last month, whereas the SABR-A<sup>2</sup> (Yoo et al., 2010) and the RCOPE (Pargament et al., 2000) did not specify a timeframe. Future studies should consider revising the timeframe in the instructions or using measures that are consistent in terms of the timeframe specified. Sixth, the cross-sectional mediation analyses in the present study makes it difficult to definitively draw causal conclusions (see Mackinnon & Fairchild, 2009). Future studies should replicate and extend the mediational analyses utilizing methods more conducive to causal conclusions (e.g., experimental). Seventh, although the participants did endorse some religious coping strategies over the others, and some significant empirical associations were demonstrated, the averages for the religious coping subscales were restricted to the lower end of the 0-3 scale (0 = not at all; 1 = somewhat; Pargament et al., 2010), ranging from .32 to 1.60. Future studies should look into possible reasons for the lower utilization of religious coping for dealing with racial discrimination in Asian American samples, and ways to intervene to increase the usage of religious coping methods that might facilitate mental health, in the face of racism.

## Conclusion

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The present study was a cross-sectional empirical examination of the level of endorsement of religious coping to cope with racial discrimination experiences, and the association of them with racial microaggressions and also psychological health outcome variables such as well-being, depression, and anxiety symptoms. The findings have the potential to stretch the literature on Asian American experiences, and how religiosity plays a complex role in the association between racialized experiences and psychological health.

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Table 1

*Means, SDs, and Alphas for the RCOPE subscales*

Subscale	Mean	SD	Alpha
<b>Positive Religious Coping</b>			
Collaborative/low self-direction religious coping	1.60	.39	.36
Benevolent religious appraisal/spiritual support	1.28	.84	.94
Religious helping	1.14	.82	.92
Religious purification/forgiveness	1.13	.83	.95
Active surrender	1.08	.77	.90
Spiritual connection	1.05 <sub>a</sub>	.85	.83
Marking religious boundaries	.97 <sub>abc</sub>	.73	.76
Religious direction/conversion	.95 <sub>abc</sub>	.86	.96
Religious focus	.78 <sub>abcd</sub>	.74	.88
Seeking support from clergy/members	.69 <sub>abcd</sub>	.76	.92
<b>Negative Religious Coping</b>			
Passive religious deferral	.73	.68	.86
Pleading for direct intercession	.57	.65	.87
Interpersonal religious discontent	.46	.62	.86
Spiritual discontent	.43	.59	.90
Demonic reappraisal	.41 <sub>ef</sub>	.57	.89
Reappraisal of God's power	.38 <sub>ef</sub>	.61	.85
Punishing God reappraisal	.32 <sub>ef</sub>	.56	.91

*Notes.* Subscripts indicate statistically significant pairwise comparisons using the Wilcoxon signed-ranked test (for positive religious coping,  $p < .003$ ; for negative religious coping,  $p < .004$ ). Only the top 4 positive religious coping subscales (but collaborative/low self-direction religious coping was excluded due to low reliability) and the top 4 negative religious coping scales were compared with the rest of their counterparts (i.e., bottom 5 for positive religious coping; bottom 3 for negative religious coping).

<sub>a</sub> = comparison with benevolent religious appraisal/spiritual support; <sub>b</sub> = comparison with religious helping; <sub>c</sub> = comparison with religious purification/forgiveness; <sub>d</sub> = comparison with active surrender.

<sub>e</sub> = comparison with passive religious deferral; <sub>f</sub> = comparison with pleading for direct intercession.

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Table 2

*Bivariate Correlations among Study Variables*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Gender <sup>a</sup>	-															
2. Years in U.S.	.02	-														
3. Age	-.08	.33***	-													
4. School year	.06	.34***	.62***	-												
5. Racism	.13	-.24**	-.07	-.10	-											
6. Benevolent religious reappraisal/spiritual support	.11	-.13	.06	-.10	.33***	-										
7. Religious helping	.11	-.13	.01	-.10	.39***	.75***	-									
8. Active surrender	.04	-.06	.11	-.09	.30***	.81***	.67***	-								
9. Religious purification/forgiveness	.04	-.13	.04	-.09	.37***	.79***	.88***	.70***	-							
10. Passive religious deferral	-.10	-.13	.11	-.05	.14	.51***	.39***	.61***	.49***	-						
11. Pleading for direct intercession	-.07	-.10	.18*	-.12	.31***	.60***	.56***	.65***	.66***	.49***	-					
12. Interpersonal religious discontent	-.01	-.06	.22**	.04	.24**	.39***	.44***	.39***	.47***	.26**	.38***	-				
13. Spiritual discontent	-.01	-.20*	.07	-.12	.16*	.30***	.36***	.31***	.43***	.35***	.58***	.62***	-			
14. Well-being	-.02	.18*	.09	.12	-.26**	.05	-.01	.02	-.04	.02	-.10	-.04	-.20*	-		
15. Anxiety	.06	-.22**	.02	-.12	.24**	.14	.26*	.19*	.29***	.15*	.31***	.25**	.45***	-.50***	-	
16. Depression	-.03	-.20**	.001	-.15	.20*	.04	.15*	.05	.19*	.07	.27***	.21**	.47***	-.60***	.77***	-

<sup>a</sup> 0 = male, 1 = female; \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

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Table 3

*Hierarchical Regression Analyses: Mental Health Regressed on Years in the U.S. and Blatant Racism*

Variable	<i>B</i>	<i>SE<sub>B</sub></i>	$\beta$	<i>t</i>	<i>p</i>	$\Delta R^2$ ( <i>F<sub>sig</sub></i> )
DV: Anxiety						
Step 1						.050 (.004)
Constant	3.816	.342		11.158	.000	
Years in the U.S.	-.053	.018	-.224	-2.926	.004	
Step 2						.035 (.001)
Constant	3.105	.444		6.999	.000	
Years in the U.S.	-.043	.019	-.179	-2.305	.022	
Racism	.313	.127	.191	2.460	.015	
DV: Depression						
Step 1						.042 (.009)
Constant	3.437	.363		9.478	.000	
Years in the U.S.	-.051	.019	-.204	-2.652	.009	
Step 2						.022(.005)
Constant	2.836	.474		5.988	.000	
Years in the U.S.	-.042	.020	-.168	-2.138	.034	
Racism	.265	.136	.153	1.950	.053	
DV: Well-being						
Step 1						.031 (.025)
Constant	2.899	.315		9.207	.000	
Years in the U.S.	.038	.017	.175	2.257	.025	
Step 2						.049 (.001)
Constant	3.684	.409		9.014	.000	
Years in the U.S.	.026	.017	.119	1.517	.131	
Racism	-.344	.118	-.229	-2.920	.004	

## REVISITING AND EXTENDING RELIGIOUS COPING

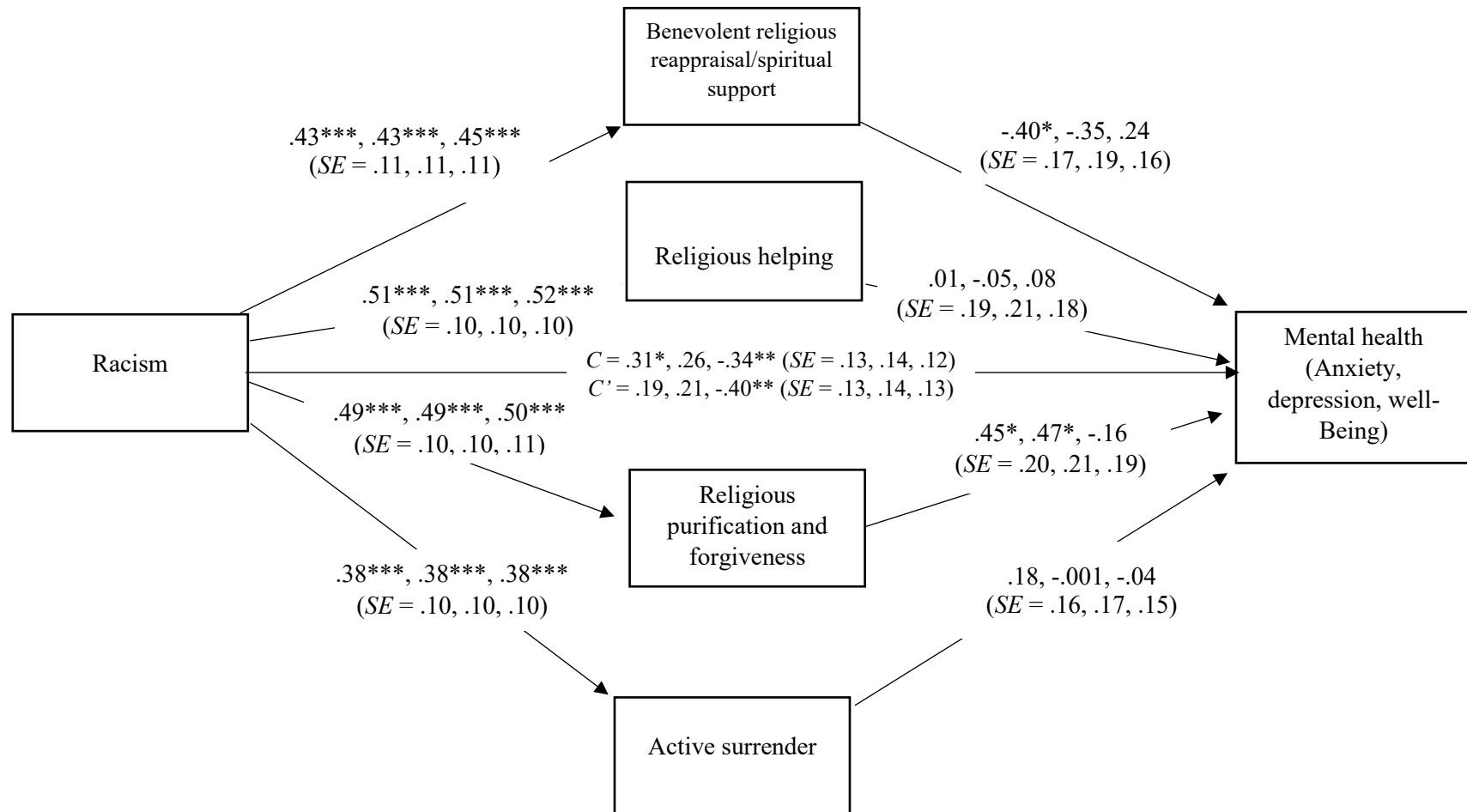


Figure 1. Unstandardized regression coefficients for the mediation models with positive religious coping subscales as mediators, controlling for number of years lived in the U.S.

Note. The three coefficients and standard errors (SE) for each path are, in order, coefficients and SEs for outcome variables of anxiety ( $N = 164$ ), depression ( $N = 164$ ), and well-being ( $N = 163$  due to missing data);  $C$  = total effect of racism on mental health, controlling for number of years lived in the U.S.;  $C'$  = direct effect of racism on mental health, controlling for number of years lived in the U.S.

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

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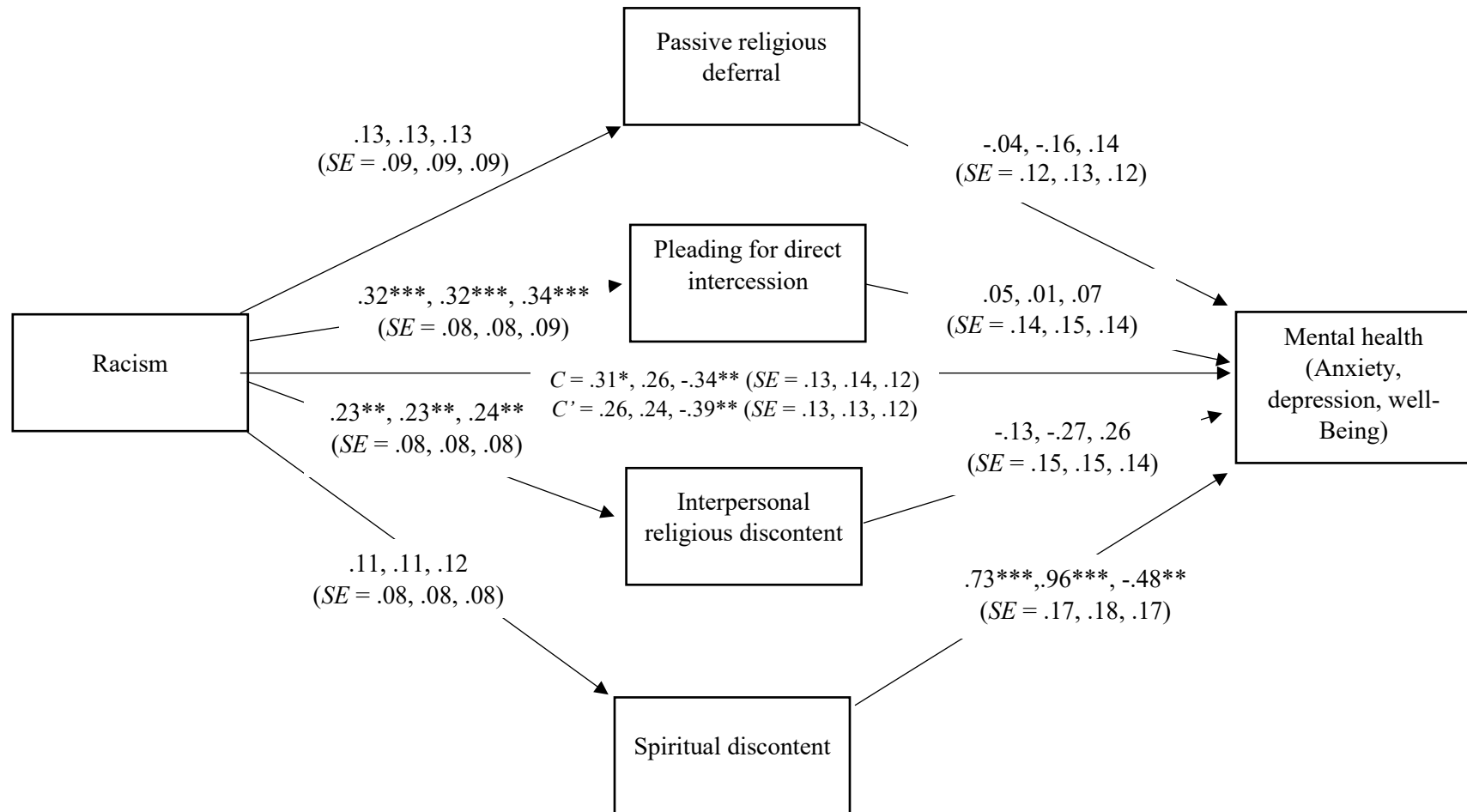


Figure 2. Unstandardized regression coefficients for the mediation models with negative religious coping subscales as mediators, controlling for number of years lived in the U.S.

Note. The three coefficients and standard errors (SE) for each path are, in order, coefficients and SEs for outcome variables of anxiety ( $N = 164$ ), depression ( $N = 164$ ), and well-being ( $N = 163$  due to missing data);  $C$  = total effect of racism on mental health, controlling for number of years lived in the U.S.;  $C'$  = direct effect of racism on mental health, controlling for number of years lived in the U.S.

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