Race, Discrimination, and Coping Methods in North America

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Abstract

For the past several decades, mental health research in racial minorities has focused on the establishment of a connection between discrimination and negative psychological symptoms. Despite this link, racial and ethnic minorities in America consistently report lower levels of serious mental illness like depression and anxiety. It has been hypothesized that this association is the result of cultural-specific coping patterns. This literature review seeks to examine the depression coping mechanisms of the three largest minority ethnic groups in North America: African-Americans, Asian-Americans, and Hispanic-Americans. The investigators culled databases at Georgetown University to seek research about the protective and coping effects of cultural identification. Seventeen articles were identified and reviewed according to the researchers' criteria. The research seems to indicate that each ethnic group, rather than races in general, forms its own culturally-bound coping methods which respond to the unique history and situation of said group. Moreover, the body of literature also may indicate that there is overlooked heterogeneity within each ethnic group. While coping methods vary greatly with race/ethnicity, other constructions of identity likewise play a part: gender, nationality, country of origin, and socioeconomic status all influence coping mechanisms. It is important for mental health professionals to bear in mind these differences in treating racial and ethnic minorities, and to be aware of culturally-relevant ways to mitigate the effects of racial stress.Moreover, these findings have the potential to prove very fruitful to politicians drafting new legislation to protect against outward racial S&D and academics who are interested in the topic and its evolution.

Keywords: coping, depression, discrimination, race, stigma

Introduction

Depression, in all of its subtypes, is the most prevalent serious mental illness (SMI) around the globe (WHO, 2012). This silent yet crippling disorder has been projected to be "the single biggest cause for burden out of all health conditions by the year 2030" (WHO, 2012). It also has alarming links to many physiological disorders, such as coronary heart disease, with more associations to other illnesses constantly being discovered (Charlson, Stapelberg, Baxter, & Whiteford, 2011). Depression is therefore a major public health concern at both the national and international levels, affecting life expectancy, productivity, and general well-being.

There is no single cause for depression. While several environmental triggers and biological predispositions have been researched, the literature continues to grow regarding the possible origins of depression. What is known, however, is that people with depression (PWD) have developed various coping behaviors and mechanisms to alleviate their morbidity. In fact, several studies—many of which are reviewed in this paper—have already researched and described trends in coping with depression (see, for example, Brondolo et al., 2009). Some of these approaches appear to be more favorable for certain individuals over others, especially when classifications like socioeconomic status or race are considered.

In fact, the possible connection between race and depression has been the topic of many mental illness studies over the last decade. The following figure from the National Health and Nutrition Examination Survey indicates the prevalence of rates among children under 18 according to race and gender (Riolo, Nguyen, Greden, & King, 2005).

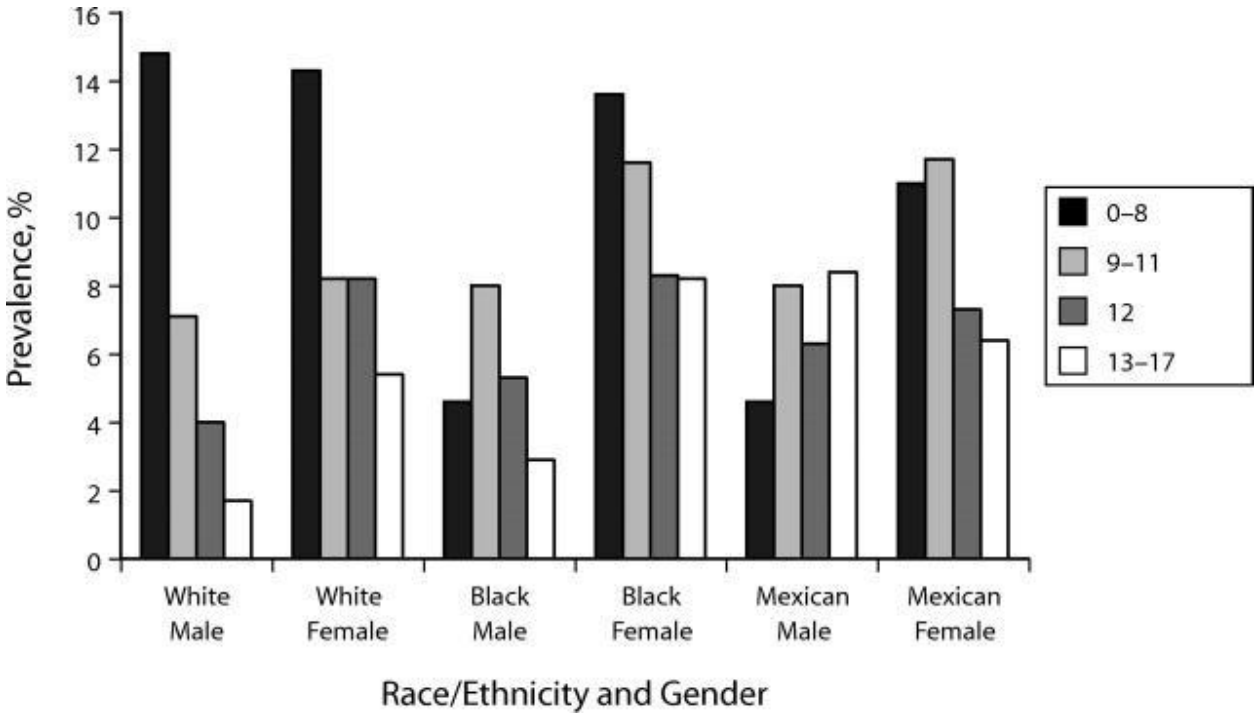

Figure 1. Depression prevalence segregated by race and gender. (Note that Asian, a key group in this literature review, is absent from the data.)

Other quantitative differences in depression prevalence by race are present in the research, and several literature reviews exist on the subject (see, for example, Brondolo et al., 2009). This literature review, however, seeks to investigate qualitatively societal and personal coping mechanisms linked to episodes of racial stigma and discrimination (S&D).

Since coping is such an intimate mechanism that varies by individual, race, or even society, several coping theories exist. Regarding depression, these strategies are often divided into active and passive reactions. Active coping includes any strategy that places emphasis on an acknowledgement of an episode of depression (i.e. confrontation)(Noh et al., 1999). On the other hand, passive coping encompasses those methods that feature either ignorance or a lack of direct attention attributed to such depressive symptoms. Sometimes, these categories are not mutually exclusive. For example, anger as a coping mechanism is unique in that it marries characteristics typical of both passive (not specifically targeting the stressor) and active (venting frustration) coping strategies (Pittman, 2011).

On occasion, identical categoriesare found but named differently, such as confrontation (i.e. active coping) and forbearance (i.e. passive coping) (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). Moreover, other researchers sometimes take previously examined categories and then expand them into sub-categories of active and passive coping.Wei, Alvarez, Ku, Russell, & Bonnett, 2010b). This lack of uniformity in terminology when researching coping behaviors related to depression creates challenges when reviewing the literature.

Furthermore, coping is not limited to depression. Additional research has examined coping behaviors to other mental health issues, such as S&D related to racism (Brondolo, ver Halen, Pencille, Beatty, & Contrada, 2009). In fact, many articles have linked coping behavior in response to racial S&D. While exploring pertinent psychological and/or sociological theory regarding the formation of racial S&D are beyond the scope of this paper, the authors recommend reading the introductions of the primary sources reviewed in this document if the reader is unclear on these topics before proceeding (see, for example, Gee et al., 2009)

The figure below from a literature review examining this very subject shows the complicated relationship between discrimination, racial identity, coping mechanisms, and mental health consequences (Brondolo et al., 2009).

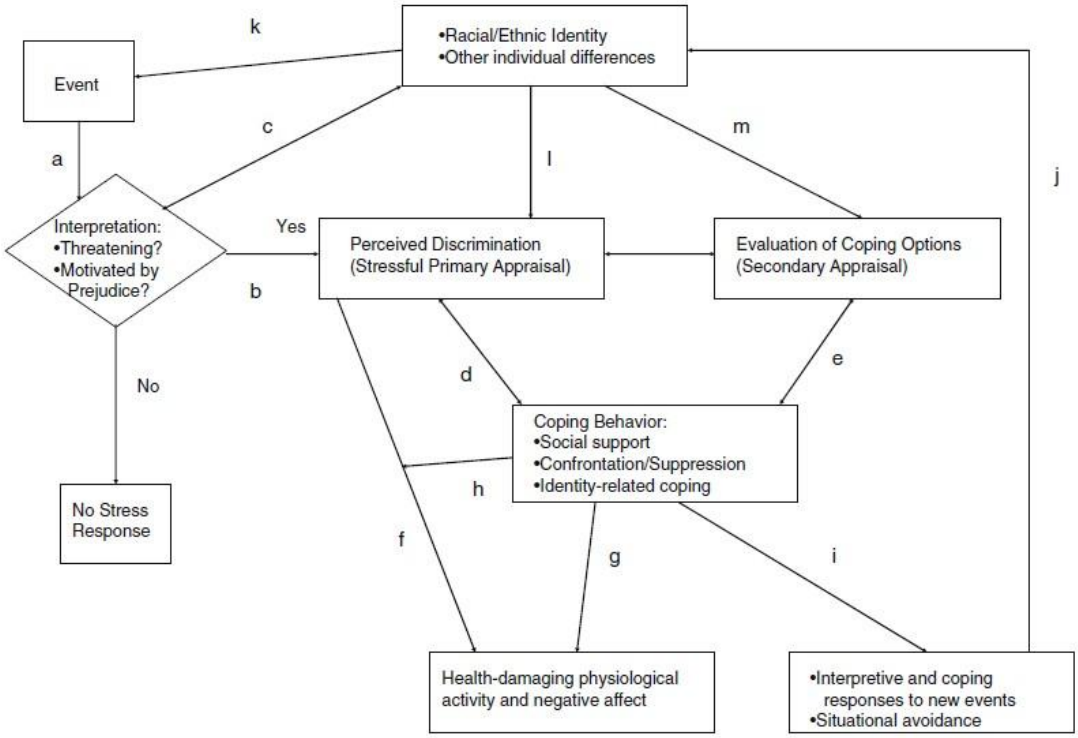

*Figure 2.*The complex connection between racism, perceived S&D, and racial/ethnic identity in coping with depression.

Despite these two reoccurring and often reinforcing phenomena, no literature reviews have been previously produced to the authors' knowledge relating coping behaviors in PWD toeffects from perceived racial S&D. This is not surprising, however, given that the research in this area has been conducted for at most 15 years and several racial groups are absent from the literature.

Unfortunately, depression in response toracial S&D continue rampantly throughout society ((BBC, 2009)). It is only natural that these two intertwined topics should be examined to see whether dfferent racial/ethnic groups manifest different coping behaviors in response to depressive symptoms they experience as a result of S&D. This literature review seeks to examine and synthesize the trends in recent studies related to racial discrimination and depression coping in racial minorities in North America. The specific aims are as follows:

1. To describe the mental health effects of racial discrimination on each of the following North American minority groups: African-Americans, Asian-Americans, and Hispanic-Americans.
2. To enumerate the specific racism coping behaviors of these racial/ethnic groups.
3. To explore the mechanisms of these coping methods in mitigating depressive symptoms, establishing which are effective and which are detrimental.
4. To compare and contrast trends in coping between racial/ethnic groups.

METHODS

To identify studies examining racial discrimination, mental illness, and societal and personal coping mechanisms, relevant keywords

were used to search through the online databases Jstor, Pubmed, and Ovid Medline. Important keywords included "race," "discrimination," "depression," "coping," as well as derivatives of these words (e.g. "racial"). The database search yielded 32 articles from the years 1999-2011. Only 18 of the aforementioned articles were relevant to the subject of this literature review, and all were in the English language.. While quantitative and qualitative studies were considered, as they provide complementary insights into mental illness, results were summarized and presented in a purely qualitative fashionfor analytical purposes. Studies were limited geographically to the United States and Canada, although research has been conducted in similar areas such as the United Kingdom and Finland. This was done in attempt to control for cultural/national differences. Studies were excludedif they did not directly address the issue of coping, orconcentrated only on the link between discrimination and depressive symptoms. This etiological relationship is fairly well represented in the literature, and was assumed to be true for the researchers to examine the role of coping methods in alleviating depressive symptoms. Additionally, several racial minorities (including, but not limited to, Native Americans and Middle Easterners) were not well represented in the literature and therefore not explored in this review.

To organize the literature review, studies were grouped according to the following three major racial minorities in North America: African-Americans (or "Blacks"), Asian-Americans (or "Asians"), and Hispanic-Americans (or "Latinos"). Of the 17 identified studies, 6 applied to African-Americans, 8 applied to Asian-Americans, and 3 applied to Hispanic-Americans. The investigators explored the use of mental health coping mechanisms associated with racial community or identity. Questions such as the following examples were explored:

- Were active or passive methods preferred?
- How did culture influence the mental and behavioral responses to episodes of racism?
- How did racial/ethnic identity fit into a traditional model of risk and resilience?

After that, the included studies were examined in accordance with theresearch aims. Results of this review and extraction process are presented in Table 1.

RESULTS

African-Americans

Racial discrimination has been associated with negative psychological consequences like depression and anxiety in several research studies (Grieg, 2003). For example, adolescents experiencing racism exhibit these same psychological symptoms as well as negative developmental consequences such as decreased academic motivation, low GPA, and diminished engagement (Seaton, Neblett, Upton, Hammond, & Sellers, 2011). Seaton and others hypothesized that racial identity, the significance and meaning an individual ascribes to belonging to a racial group, would buffer against these negative effects of racial discrimination. Three components of racial identity- centrality, regard, and ideology- were tested as protective factors in the etiologic relationship between racism and psycho-developmental symptoms (Seaton et al., 2011) The research found that no single component of racial identity was protective, although this is still inconclusive. The authors noticedthat racial identity is more powerful than the sum of its parts.

A study by Gaylord-Harden and Cunningham (2008) examined the mechanisms by which racial identity buffers negative consequences to racial discrimination in adolescents. They found that subjects' "regard" of African-Americans was associated most closely with protection from developing depressive symptoms (Gaylord & Cunningham, 2008). Private regard, or the affinity an adolescent feels personally for their race, was shown to prevent the internalization of negative stereotypes and provide a positive frame of reference during episodes of experienced racism (Gaylord & Cunningham, 2008) Negative public regard (assumptions about negative feelings other races hold about African-Americans) was associated with better psychological outcomes. While the reasons for this are unclear, the authors hypothesized that holding such assumptions may better prepare

Table 1

Review of literature on race and coping with depression in response to perceived S&D

Name, year	Racial group	Design and sample size	Outcome	Conclusion
Mossakowski, 2003	Asian-Americans	Large-scale stratified epidemiological sample (N = 2109)	Ethnic pride and cultural commitment (passive coping) may protect against perceived S&D.	Filipino-Americans have a longer history of experiencing racial S&D than other Asian-American subgroups and therefore have higher levels of depression symptoms.
Noh et. al, 1999	Asian-Americans	10-year longitudinal study based on personal interviews (N = 647)	Confrontation (active coping) had no significant relation with depression while forbearance (passive coping) had a significantly negative correlation.	The effectiveness of forbearance as a coping mechanism may be consistent with Asian cultural norms of indirect problem-solving.
Wei et. al, 2010a	Asian-Americans	Online survey distributed to university students (N = 201)	Low use of active coping and high utilization of passive coping are linked to lower depressive symptoms.	Cultural values associated with various ethnic backgrounds may lead to the preference of one coping strategy versus another, especially in Asian-Americans.
Noh & Kaspar, 2003	Asian-Americans	Personal interviews with immigrants (N = 180)	Forbearance is linked to depressive symptoms whereas confrontation is negatively associated with the same symptoms.	Active coping helps buffer the impact of racial S&D on depression in Asian-American immigrants.

Liang et. al, 2007	Asian-Americans	Questionnaires given to university students (N = 336)	Chinese students are less likely to use active coping than other Asians, such as Filipinos. Additionally, male students seek out active coping more often than their female counterparts.	Asian men experience more depressive symptoms than women.
Yoo & Lee, 2005	Asian-Americans	Survey packet distributed to university students (N = 155)	Immigrant Asians tend to prefer passive coping more than U.S.-born Asians do.	Asian-Americans with strong ethnic identities display greater depressive symptoms when coping actively.
Wei et al, 2010b	Asian-Americans	Questionnaire e-mailed to university students (N = 656)	Greater use of internationalization, use of drugs and alcohol, and detachment (all passive coping) are correlated with higher levels of depression.	Asians tend to experience more depressive symptoms when they cope passively.
Wei et al, 2008	Asian-Americans	Online survey e-mailed to university students (N = 354)	High levels of suppression (passive) coping are positively associated with depression.	Asians tend to experience more depressive symptoms when coping passively.
Umaña-Taylor & Updegraff, 2007	Hispanic-Americans	Longitudinal study of adolescents (N = 273)	Identity resolution and exploration (passive coping) had an indirect but significantly negative correlation with depressive symptoms.	The relation between discrimination and both self-esteem and depression was negatively moderated by Latino boys' cultural orientation.

Romero & Roberts, 2003	Hispanic-Americans	Cross-sectional survey of rural middle school students (N = 881)	Mexican-born students are more likely to perceive stress given an accent or other deficiency in English than are US-born students.	Avoiding the child's non-dominant language (passive coping) leads to greater depressive symptoms.
Kiang et. al, 2006	Hispanic-Americans and Asian-Americans	Daily diary assessments of elementary and middle school students (N = 415)	Mexican and Chinese students were just as likely to rely on ethnic identity (passive) to mitigate racial S&D stress.	Chinese students report greater depressive symptoms in response to perceived S&D.
Seaton et al, 2011	African-Americans	Longitudinal study (N=572)	Psychological responses (passive coping) to racial S&Dis associated with lower well-being.	Racial identity did not actually buffer against discrimination, but this could be a consequence of the analysis method.
Lewis-Coles & Constantine, 2006	African-Americans	Cross sectional study (N=284)	Racism coping strategies vary by gender:men are more confrontational and women are more communicative.	A strong racial identity is closely tied to Africultural and religious coping mechanisms and is effective in mitigating depressive symptoms.
Thomas, Speight, & Witherspoon, 2003	African-Americans	Cross sectional survey (N=344)	African-American women experience more lifetime psychological stress due to "double jeopardy" minority status.	Passive coping mechanisms (e.g. avoidance) are associted with depressive symtpoms.
Pittman, 2011	African-Americans	Face to face interviews (N=1139)	Active anger to cope with incidents of racism are associated with higher psychological distress.	Active and passive anger in response to racism are both associated with negative health consequences.

Gaylord-Harden & Cunningham, 2008	African-Americans	Cross sectional study (N=268)	Public and private regard beliefs (part of racial identity) were associated with different protection mechanisms.	Communicalistic coping (passive) functions primarily as a protective factor, buffering the relationship between risk and negative consequences.
Caughy, O'Campo, & Muntaner, 2004	African-Americans	Home visit interviews (N=200)	Parental denial of racism was associated with behavioral problems in toddlers.	Parents' coping methods affect childhood development, even before child experiences of racism.

adolescents for discrimination, thus lessening the shock and facilitating better coping (Gaylord et al., 2008). They concluded that all the components of racial identity affect the impact of discrimination differently.

Another study explored racial and ethnic identity development, a key task of adolescence (Grieg, 2003). While there are several developmental stages of racial identity, it was found that only the final stage, "achieved identity," appears to be associated with positive mental health (Grieg, 2003). Evidence was foundthat adolescents exploring their racial identity may be more vulnerable to anxiety and depressive symptoms. Finally, the researcher concluded that positive effects of strong racial identity are multifold. First, identity is correlated with positive self-concept and high self esteem. These, in turn, are correlated with high academic achievement and healthy development. In addition, a strong racial identity promotes healthy coping in a manner that is neither passive nor aggressive. The author concluded that healthy coping methods resulting from strong racial identity include discussion, self-affirmation, and attempts to disprove stereotypes (Grieg, 2003).

In a study on racism and coping methods, Lewis-Coles and Constantine (2006) sought to predict coping styles based on gender and situation. Overall, they found that racism coping styles specific to African-Americans appear to reflect the complex and limiting history of race relations in the United States (Lewis-Coles & Constantine, 2006). Religious problem-solving is an example, evolving from the historical importance of the Black Church in combating racism. Another method is Africultural coping, a behavior that emphasizes spirituality, harmony, balance, and group orientation. The research found a key difference between men and women in terms of coping preference as well. Women were found to be much more likely to utilize collective (i.e. passive) coping methods, whether religious or Africultural (Lewis-Coles & Constantine, 2006). The authors stated that these methods helped women maintain a sense of connection to others that emotionally and spiritually grounded them while simultaneously allowed frustrations to be aired. This was diametrically opposed to men, who were found to use primarily self-directed coping methods(Lewis-Coles & Constantine, 2006). With men, a focus on self-agency and confronting problems directlywas instead observed.

Recognizing the difficulty of separating gender from racial identity, as well as the overlapping effects of sexism and racism, Thomas and others (2008) based their findings on proposing a new "gendered racism" category to explain the multiplicative effects of double minority status in black women (Thomas, Speight, & Witherspoon, 2008, p. 6). They found this gendered racism to be associated with ineffective coping mechanisms, leading to greater levels of psychological stress over time. More specifically, they observed that African-American women tend to use avoidance mechanisms, perhaps to maintain the culturally-expected outward appearance of strength and confidence. This avoidance, however, was found to be closely correlated with low self esteem and life satisfaction, indicating its inefficacy (Thomas et al., 2008). Therefore, this study indicated that incidents of gendered racism (e.g. sexual harassment) do not fit the typical coping profile for African-American women as described by Lewis-Coles & Constantine (2006).

Unlike women, who have been shown to use passive coping methods like avoidance or religion, anger is a commonly reported coping mechanism used by African-American men to deal with incidents of racism (Pittman, 2011). Pittman was the first to interview African-American men to determine the mental health consequences of anger, hypothesizing that episodes of anger might be cathartic and relieve stress. She found the exact opposite to be true. Anger as a coping method was associated with higher levels of psychological distress, and negative mental and physical health consequences (Pittman, 2011).

Finally, Caughy et al (2004) sought to explore the relationship between the adult coping styles described above and behavioral problems in their toddlers. Researchers found a correlation between healthy coping on the part of the parents and positive behavioral outcomes in toddlers (Caughy, O'Campo, & Muntaner, 2004). Parents with a strong sense of cultural pride who took action in episodes of racism did

not have anxious or depressedchildren. On the other hand, the children of parents who ignored or denied racism were likely to have behavioral and developmental problems (Caughy et al., 2004).

Asian-Americans

Asians and their depression coping preferences in relation to perceived S&D have received more attention over the past decade. This racial group was previously scarcely researched but now has a respectable amount of scholarly work published. First studied in a Canadian government-sponsored longitudinal study, the Refugee Resettlement Project, Southeast Asians' (namely Chinese, Vietnamese and Laotian) responses to racial S&D were evaluated over a ten-year period in Vancouver, British Columbia (Noh et al., 1999). It was determined that, for these populations, "confrontation [i.e. active] coping had no effect on the relationship between discrimination and depression;" conversely, there was a negative correlation between passive coping and depressive symptoms (Noh et al., 1999). A follow-up study produced by the same author just four years later concluded different findings. Conducting personal interviews with Korean immigrants in Toronto, Ontario, Noh and Kaspar found that active coping in response to racial S&D was linked to depression whereas forbearance (passive) coping had a negative correlation with the development of depressive symptoms (Noh & Kaspar, 2003).

Since then, several studies have emerged in order to make sense of these conflicting claims. The most common theory accepted by academics today is that coping preferences in response to perceived racial S&D depend on which sub-group of Asians is being studied (Gee, Ro, Shariff-Marco, & Chae, 2009). For instance, a large-scale epidemiological study of Filipino immigrants and Filipino-Americans found that the former group demonstrated lower rates of depressive symptoms due to passive coping based on ethnic identity (Mossakowski, 2003). Furthermore, Chinese were shown to use less active coping than other Asians (Liang, Alvarez, Jung, & Liang, 2007). Finally, Asian-American students demonstrated greater drug and alcohol use, both forms of passive coping, after episodes of racial S&D (Wei et al., 2010b). Conversely, U.S.-born Asian-Americans were shown to prefer active coping strategies over immigrant Asians even after having been controlled for ethnicity (Yoo & Lee, 2005). Wei and others (2010a) found that suppressive (passive) coping was linked to depressive symptoms in a variety of Asian subgroups (Wei, Heppner, Ku, & Liao, 2010a). Finally, international graduate students were found to suffer fewerdepressive symptoms if they did not employ suppressive coping mechanisms; this relationship was found to be statistically significant for East Asian (i.e. Korean, Taiwan and Hong Kong) but not South Asian (i.e. Indian) students (Wei, Ku, Russell, Mallinckrodt, & Liao, 2008). In general, it appears that the preference for active or passive coping depends very much on the Asian sub-group in question.

Hispanic-Americans

Unlike the previous racial categories, only three articles exist that fit inclusion criteria regarding studies examining coping among Hispanics. Even then, the literature deals almost exclusively with people of Mexican descent. Kiang et al (2006) found that Mexican students were less likely than Chinese students to display depressive symptoms, however they were just as likely to rely on ethnic identity (passive coping) to mitigate S&D stress (Kiang, Gonzales-Backen, Fuligni, Yip, & Witkow, 2006). Identity exploration and resolution, two forms of passive coping, were both found to lower depressive symptoms in Latino (majority Mexican) adolescents (Umaña-Taylor & Updegraff, 2007). Finally, students of Mexicandescent were more likely to avoid their non-dominant language in situations provoking racial S&D, leading to decreased signs of depression (Romero & Roberts, 2003). It appears that Hispanics as a race prefer to cope passively with depression in order to combat racial S&D.

DISCUSSION

Summary of Findings

Table 2 below shows a summary of findings relating racial identity, coping methods, and mitigation of depression symptoms.

Table 2
Race, Coping, and Depression Mitigation

Racial/Ethnic Group	Racism and Depression	Role of Racial/Ethnic Identity	Coping Methods	Mitigative Effects
African-American	Well established link, even with perceived racism	Buffers against negative mental consequences; promotes healthy coping.	Religious, Africultural, group (women), anger, denial, confrontation (men)	Identity prevents internalization of racism and is associated with constructive coping patterns.
Asian-American	Racial stressors and reactions may be different based on nationality and country of origin.	Asian sub-groups have very different experiences and coping strategies.	Passive (forbearance) and active (confrontation)	Ethnic group and immigration status influence coping choices and outcomes.
Hispanic-American	Less likely to exhibit depressive symptoms than other racial groups	Identity resolution mitigates racial stress and provides a language of expression.	Passive coping methods preferred	Identity exploration serves as coping and prevents symptom formation.

In this review, the researcherssought to determine the various coping preferences ofminority groups in response to perceived racial S&D and whether they had a relation to the development of depressive symptoms. We found that the coping mechanisms of African-Americans differed by gender and age: men tend to cope actively (i.e. anger or confrontation) and display greater amounts of depressive symptoms because of this choice. Women, on the other hand, prefer passive coping including Africultural, religious, and other collective mechanisms; this preference is associated with a lower display of depressive symptoms. Black children and adolescents may rely on ethnic identity formation when confronted with racial S&D, a psychological process that fosters self-esteem and image. It is important to note that research is still inconclusive on this demographic. Overall, the literature suggests that passive coping may be the most effectivecoping method for African-Americans, but this racial group should be further researched in order to assert this finding conclusively.

Asian-Americans display more complex coping preferences. We found that one's Asian

sub-group (i.e. ethnicity, nationality, immigrant status, etc.) is most correlated with coping preference. Specifically, this within-group heterogeneity accurately predicts that ethnicities that are closer to North American societal norms (e.g. Taiwanese, Korean, Hong Konger) tend to prefer active coping methods, especially acknowledgement and confrontation (Noh et al., 1999). Conversely, cultures that are more distant from that of North America, especially Chinese, Filipino, Vietnamese and Laotian, passively cope with racial S&D and display lower amounts of depressive symptoms. The same disparity in coping preference can be extended to North American-born Asians versus immigrants who were born overseas. Therefore, race alone cannot predict coping preference for Asians; ethnicity and country of origin are also fundamental factors in determining this choice (see General Trends and Consequences sub-section for a more in-depth discussion regarding the idea of cultural proximity and coping).

Finally, though the research is still scare on this demographic group, Hispanics may be another race in which within-group heterogeneity is a key hidden variable regarding coping preference. Though most of the current literature focuses on people of Mexican descent, Hispanics have been found to mostly prefer passive coping, however this preference and its correlation with the formation of depressive symptom is unclear. For example, like their African-Americancounterparts, Hispanic children and adolescents rely on ethnic identity formation in order to mitigate stress caused by racial S&D (Umaña-Taylor & Updegraff, 2007). This method has been shown to decrease depressive symptoms. On the other hand, avoiding a child'snon-dominant language (either English or Spanish, depending on family and place of birth) is negatively correlated with depressive symptoms (Romero & Roberts, 2003). Clearly, more research is necessary on this demographic segment in order to produce conclusive findings. We would predict similar results for Hispanics as what we found true for Asian-Americans due to the variety of cultures and nationalities of this race's immigrants.

General Trends and Comparisons

While racial discrimination is associated with psychological distress, it is surprisingly not associated with the development of SMI. It is hypothesized that cultural adaptation of coping strategies may block the etiological relationship of racial stress to mental illness (Brown et al, 2000). This hypothesis is supported by the findings of this literature review, which indicate that both ethnic/racial identity and cultural coping methods help to mitigate the negative effects of racism. The protective effects of ethnic diversity are less explored in Hispanics and Asians.

One of the most interesting findings in this literature review is the level of "within-group heterogeneity" associated with major racial minority groups(Gee et al., 2003). These heterogeneous patterns may dictate whether active or passive coping is favored for each particular subgroup. The racial group in which this phenomenon is most visible is Asian-Americans. While the majority of studies published before 1999 often grouped Asians into one overarching class, research trends have since changed. After Noh et al's (1999) key study documenting Southeast Asian refugees' coping behavior was published, Asian ethnicities began being exploredin almost all of the studies reviewed here (Noh et al., 1999). Consistent with other literature related to the topic, it appears that ethnicity is often a better indicator than race in determining mental health outcomes (Singh, 1997).

However, ethnicity does not act independently. As was mentioned in several of the studies, other factors can influence how ethnicity favors active versus passive coping. These include, but are not limited to, resident/immigrant status, country of ethnic origin and even socioeconomic status (Noh & Kasper, 2003). Moreover, the theory that the preferred style of coping reflects cultural norms and values is consistent with literature on differences in approaches to conflict resolution employed by members of "collectivist" and "individualist" societies appears to hold true in our review (Noh et al., 1999). In other words, it is expected that the cultural proximity of "individualist" ethnicities to North American societal norms lead these ethnicities to prefer active coping (a North American standard)

versus other passive mechanisms. This was especially seen with Korean-born Americans and most other U.S.-born Asians. Conversely, ethnicities that are somewhat more distant from North American culture, especially Laotian, Filipino and Vietnamese in thesampled studies, were demonstrated to prefer passive coping.

Finally, several other variables arose in the literature that were not explored in this review. Specifically, terms such as "well-being," "stress," and "self-image," were sometimes examinedalongside coping behaviors and depressive outcomes. While the scope of this review does not call to define or compare the effects of these variables on the relationship between coping behavior and depressive symptoms, it would be interesting to conduct similar reviews focusing on any of the aforementioned topics. Self-image would be of special interest due to our finding that ethnicity plays a greater role in determining dominant coping behavior than previously thought. Since one's ethnic background often influences an individual's self-perception, similar findings may arise if this variable were explored in greater detail.

Limitations

There are some limitations to this literature review. First and foremost, the low amount of research on Hispanics creates a problem when extending the general trends to thisgroup. While onecan hypothesize expected findings for these racial groups, they cannot be verified until greater amounts of research are conducted. Therefore, it is the researchers' hope that this new wave of research continues producing respectable amounts of scholarly work related to this fairly unique topic. Additionally, if greater amounts of research are produced, there is no guarantee that the within-group heterogeneity demonstrated in Asians would be as high in Hispanics(or African-Americans). Latino culture in general tends to be much more homogeneous due to common linguistic, historical and even economic roots (Gabrielidis, Stephan, Ybarra, Pearson, & Villareal, 1997). Therefore, the degree to which various Latino ethnicities might differ would have to be further investigated.

Additionally, there are some difficulties in methodologically measuring issues of race and racism. Episodes of racism are subject to recall bias, especially when survey questions request lifetime recall. Subjects may exaggerate their experiences, especially regarding how they felt and reacted. Recall can also be complicated by subjects answering what they think the researcher would like to hear. This may lead to a downplaying of negative actions, especially anger, and an over-estimating of positive coping methods. Furthermore, many of these studies were cross-sectional designs which took measurements either once or twice. This type of design, while easiest to implement in the field, does not capture nuances or offer evidence regarding causality. A longitudinal study, one that follows subjects over time, may offer a more statistically sound method for future studies.

Finally, as is somewhat typical in research, several of these studies focused on university students (see Wei et al., Liang et al., and Yoo & Lee, among others). While other demographic groups were represented, including immigrants, adults, and children, the emphasis on university students' responses may overstate some of the findings presented here. In addition, since the research is scarce on this topic and several of the authors have produced more than one article reviewed, there tends to be little geographical diversity. Specifically, the Asian literature oversamples from both Canadian metropolises and theU.S. Midwest and West while the Latino articles focus mostly on the U.S. Southwest. While these regions make logical sense due to demographic trends, it would be both more interesting and more credible if these racial groups were examined in different geographical settings to ensure the same effects were not being researched redundantly.

Next Steps

The most important finding from this literature review is that racial minorities do not cope as one. Accordingly, the biggest remaining gap in the literature is the lack of studies that examine racial sub-groups (i.e. ethnicities). This is especially apparent in the African-American and Hispanic-Americanracial groups. While African-Americans are less likely to have as

high rates of foreign origins, there is still sufficient diversity within the racial group to explore. For instance, many people of Caribbean or other general Afro-descent may not identify with dominant African-American culture in the United States and Canada. In fact, those of Caribbean ethnicities may prove to be more similar to Latinos in coping preference due to similar culturaland developmental histories.

Similarly, Hispanic coping preferences that have been researched thus far are mostly confined to people of Mexican descent. While Mexicans are the largest Hispanic demographic in North America, there exist sizeable populations of other Latino ethnicities which could be further researched. For example, Cubans are the clear majority of Hispanic residents in Miami; similar demographic cases could be made for Puerto Ricans in New York City and Salvadorians in Washington, DC. This research would provide for a great test into the culture distance hypothesis and whether or not it holds true for Hispanics as well.

Furthermore, the literature seems to indicate that men and women of the same race or ethnicity do not necessarily employ the same coping methods. Racial discrimination is tempered by gender and presents in different ways for men and women.. Similarly, coping styles can vary with gender, a nuance that can be lost if groups are treated homogenously. The cross-section of various identities- racial, ethnic, gender, and socioeconomic- represents a new and exciting area for greater exploration.

It is obvious that this paper provokes important implications for several academic disciplines. Psychologists ought to be familiar with these coping preferences when dealing with patients from minority groups suffering from depression. Perhaps the production of new therapies could help treat these patients by suggesting new coping methods or helping to alterextant mechanisms. Politicians and lawyers would benefit from being aware of these differences especially when trying to combat racial S&D, a phenomenon that is sure to remain with society for the foreseeable future. Finally, any academics who are interested in this field are encouraged to extend their research to all racial minorities—including those that are not mentioned at all in this review. Comparing results from other racial groups such as Middle Easterners and Pacific Islanders would be of huge importance to all the aforementioned communities. The researchers are confident that these disparities will be further elucidated as research into these sub-groups continues.

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