



# Confronting as autonomy promotion: Speaking up against discrimination and psychological well-being in racial minorities

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Diana T Sanchez<sup>1</sup>, Mary S Himmelstein<sup>1</sup>,  
Danielle M Young<sup>1</sup>, Analia F Albuja<sup>1</sup>  
and Julie A Garcia<sup>2</sup>

## Abstract

Few studies have considered confrontation in the context of coping with discriminatory experiences. These studies test for the first time whether confronting racial discrimination is associated with greater psychological well-being and physical health through the promotion of autonomy. In two separate samples of racial minorities who had experienced racial discrimination, confrontation was associated with greater psychological well-being, and this relationship was mediated by autonomy promotion. These findings did not extend to physical health symptoms. These studies provide preliminary evidence that confrontation may aid in the process of regaining autonomy after experiencing discrimination and therefore promote well-being.

## Keywords

autonomy, confrontation, coping style, minority health, racial/ethnic discrimination

## Introduction

Research has repeatedly demonstrated the damaging effects of racial discrimination and stigma on the psychological and physical health of ethnic/racial minorities (see: Pascoe and Richman, 2009; Williams and Mohammed, 2009 for reviews). For example, self-reported racial discrimination and anticipated racial discrimination have been linked to elevated physiological and psychological stress, depression, substance use, lower physical activity and poor self-rated health (Borrell et al., 2006; Brondolo et al., 2011; Corral and Landrine, 2012; Sawyer et al., 2012; Williams et al., 2003). Prior research also suggests that proactive coping strategies such

as seeking out social support, taking action or making a plan may serve as more health-protective strategies to contend with discrimination-related stress (Bianchi et al., 2004; Brondolo et al., 2009; Clark et al., 2006; Vaughn and Roesch, 2003; West et al., 2009) than passive strategies such as vigilant preparation or

<sup>1</sup>Rutgers University, USA

<sup>2</sup>California Polytechnic State University, USA

## Corresponding author:

Diana T Sanchez, Department of Psychology, Rutgers University, 53 Avenue E, Piscataway, NJ 08854-8040, USA.  
Email: disanche@rci.rutgers.edu

substance use (Clark et al., 2006; Hicken et al., 2013; Himmelstein et al., 2015; Smith et al., 2000).

The proactive approach of confronting racial discrimination (i.e. expressing one's dissatisfaction with racial discriminatory behaviour to the source of the discrimination) has been largely understudied in research examining discrimination and its downstream consequences for psychological and physical health. Most of the work on discrimination confrontation has primarily focused on the interpersonal costs and benefits of confronting. This work finds that those who make discrimination claims risk being viewed as complainers or troublemakers (Ashburn-Nardo et al., 2008; Kaiser and Miller, 2001) but at the same time, also gain respect and admiration from others (Dickter et al., 2012). Moreover, confronting prejudice has been shown to be effective in reducing expressions of prejudice in those that are confronted (Czopp et al., 2006; Mallett and Wagner, 2011). For example, Whites whose racist remarks are confronted by an African American subsequently show reductions in Black stereotyping and lower modern racism (Czopp et al., 2006). Because confrontation is a proactive strategy, many minorities might employ when experiencing discrimination, it is important to examine the consequences of confronting on psychological and health outcomes.

To date, only three studies have addressed the link between confrontation and physical and psychological health. Krieger and Sidney (1996) found that blood pressure was lower among middle class Black adults who indicated typically challenging racial discrimination. Black individuals and women who reported not challenging discrimination (in combination with failing to seek social support) showed higher rates of psychiatric disorders than those who challenged discrimination and sought support (McLaughlin et al., 2010). Relatedly, Noh and Kaspar (2003) found that the Korean Canadian immigrants who experienced racial discrimination reported fewer depressive symptoms when they indicated typically confronting discrimination, especially when they had higher

levels of acculturation. Although these studies represent important first steps, none of these three studies tested mechanisms that may account for these effects.

Because of the dearth of research examining confrontation of racial discrimination as a coping strategy, and the need to identify the psychological processes that may account for recently documented health benefits of confronting, the present studies test whether confronting may confer racial minorities an overall sense of *autonomy*, a feeling that one's actions and behaviours are freely chosen and authentic, and that behaviours are congruent reflections of the self (Deci and Ryan, 1995; Weinstein et al., 2012). Specifically, confronting discrimination may promote positive well-being by assisting minorities to regain a sense of autonomy that may have been thwarted through the experience of racial discrimination. In these studies, minorities who reported greater confrontation of racial discrimination are hypothesized to report greater psychological well-being (Studies 1 and 2) and greater physical health (Study 2). This would add to a small literature on the psychological and physical health benefits of coping by confronting discrimination. Moreover, the mediating role of autonomy in the relationship between confronting racial discrimination and greater psychological well-being and physical health is explored. These hypotheses are examined using cross-sectional data provided by two convenience samples of racial minorities who completed measures of their self-reported frequency of confronting discrimination, and experiencing discrimination, as well as personal autonomy, psychological well-being (Studies 1 and 2) and physical health (Study 2).

## Method

### *Participants and procedures*

*Study 1.* Racial minority participants were recruited from the campus community at a State University in the Northeastern United States via campus flyers and emails to campus organization e-lists that catered to minority students.

Advertisements described the study as a survey on minority health. Participants completed the survey on a computer in a laboratory setting. In exchange for completing the survey, participants were either compensated monetarily (51%) or for course credit (49%). Because this study was focused on confronting as coping, those who never experienced discrimination were excluded because they never had the opportunity to confront. After excluding data from 13 people who indicated never experiencing discrimination and two outliers who scored over 3 standard deviations (SDs) below/above the mean for autonomy and discrimination, the final sample ( $N=175$ ; 67% Female,  $M$  age = 19.40,  $SD=1.54$ ) consisted of 64 African/Black Americans (36%), 53 Asian American (30%), 33 Latino/Hispanic Americans (19%), 23 Multiracial Americans (13%) and 3 (2%) Middle-Eastern Americans. To assess the income of the sample (some of whom were students), we asked participants to provide their own annual household income if they were financially independent of their parents or to provide the household income of their parent(s) if dependents of their parent(s) using an incremental scale from 'below US\$25,000' to 'above US\$400,000'. Participants' median income was indicated as US\$50,000–US\$74,999.

**Study 2.** Racial minority participants were recruited from the introductory psychology subject pool at a state University in the Northeastern United States and received course credit for their participation. Participants were recruited based on their race without their awareness of recruitment criteria through the use of a pre-screening test administered by the department. Participants completed the survey via the Internet in exchange for course credit. After excluding eight participants who never experienced discrimination, the final sample ( $N=150$ ; 51% Female,  $M$  age = 19.05,  $SD=1.61$ ) consisted of 83 Asian American (55%), 35 Latino/Hispanic Americans (23%), 12 African/Black Americans (8%), 15 Multiracial (10%), 4 Middle Eastern (3%) and 1 Other (1%). Participants indicated their household income on a scale from 'below

US\$15,000' to 'above US\$200,000'. The median income of the sample was indicated as US\$60,001–US\$70,000. For both studies, all procedures were approved by the Institutional Review Board.

## Measures

**Confronting discrimination.** Based on modified items from prior work on confronting sexism (Good, Moss-Racusin and Sanchez, 2012), participants indicated whether they confronted racial discrimination in several statements on a scale from 1 (*never*) to 5 (*always*). Example items are, 'When I think I am being mistreated because of my race, I speak up' and 'I tell people when they are treating me differently because of my race'. This scale was found to be reliable in Studies 1 and 2 ( $\alpha=.81, .86$ , respectively).

**Discrimination.** Participants rated the frequency of their experiences of racial discrimination using the Daily Life Experiences Questionnaire (DLE: Harrell, 1994, 1997), which assessed the frequency with which participants' experienced a series of racial microaggressions. Following the DLE instructions, participants read a set of experiences and indicated how often they experienced each event because of their race on a scale from 0 (*has never happened*) to 5 (*once a week or more*). Example for microaggressions included 'hearing or being told an offensive joke' and 'being asked to speak for or represent your entire racial/ethnic group'. The DLE scale was reliable in both Studies 1 and 2 ( $\alpha=.95, .91$ , respectively).

**Autonomy.** Participants indicated their overall levels of autonomy with modified questions based on the psychological needs scale (from La Guardia et al., 2000). Participants were instructed to think about their daily lives and the following questions on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*): 'In my life, I have a say in what happens and I can voice my own opinion', 'In my life, I feel pressured and controlled to act in certain ways' and 'In my life, I feel free to be who I am'. The

overall autonomy scale was found to be adequately reliable in both Studies 1 and 2 ( $\alpha = .72$ ,  $\alpha = .63$ , respectively).

**Psychological well-being.** For Study 1, psychological well-being was assessed using measures of depressive symptoms (Center for Epidemiologic Studies Depression Scale (CES-D): Radloff, 1977), positive well-being (Bradley and Lewis, 1990) and stress (Perceived Stress Scale (PSS): Cohen et al., 1983). In Study 2, psychological well-being was assessed with the PSS and a measure of anxiety (State-Trait Anxiety Inventory (STAI): Spielberger et al., 1983). In Studies 1 and 2, separate preliminary analyses revealed that confronting was associated with fewer depressive symptoms (Study 1:  $\beta = -.16$ ,  $p = .037$ ), less stress (Study 1:  $\beta = -.21$ ,  $p = .005$ ; Study 2:  $\beta = -.13$ ,  $p = .09$ ), greater positive well-being (Study 1:  $\beta = .25$ ,  $p = .001$ ) and lower anxiety (Study 2:  $\beta = -.15$ ,  $p = .06$ ). Because the scales were so highly correlated in both samples (Study 1  $r$ 's  $> .74$ , Study 2  $r > .75$ ), loaded on a single factor and results were highly consistent across the measures when treated independently, they were combined into a single index of psychological well-being to reduce the number of significance tests and increase parsimony. To create the index, items were first reverse-coded when necessary so that higher would indicate greater psychological well-being, standardized (due to different scale points) and averaged into a combined measure for each study (Study 1  $\alpha = .95$ , Study 2  $\alpha = .97$ ).

**Physical health.** For Study 2, the Cohen–Hoberman Inventory of Physical Symptoms (CHIPS: Cohen and Hoberman, 1983) was administered which asked participants to indicate whether they had experienced a list of physical symptoms in the past month on a scale from 0 (*Have not been bothered by this problem*) to 4 (*The problem has been an extreme bother*). In the present sample, the scale was reliable ( $\alpha = .95$ ).

**Control variables.** In all regression models, we controlled for age, gender, race and income, which have been shown to affect self-reported

psychological and physical health (e.g. Adler et al., 2000; González et al., 2016; Idler, 1993; Nolen-Hoeksema and Girgus, 1994; Williams et al., 1997). Because of the limited sample sizes of ethnic minority populations in each study, we collapsed across race/ethnicity in the sample after testing whether any significant interactions emerged between participant race and confrontation for autonomy, well-being or health. No statistically significant interactions emerged. Although no interactions were found with these small samples, we caution against firm conclusions regarding the potential moderating role of participant race based solely on these studies.

## Results

To test the prediction that confronting would be associated with greater autonomy, psychological well-being and physical health, two-step hierarchical regression models were conducted for each outcome separately in Studies 1 and 2 datasets (Table 1). At the first step, the following predictors were included for each outcome: frequency of racial discrimination and the covariates of gender, race, income and age. At the second step (model 2), confronting discrimination was included. This sequential order was used to test whether confronting discrimination added unique variance to the outcomes beyond the effects of demographic variables and overall frequency of racial discrimination.

For autonomy, the first step explained an adequate amount of the variance in both Studies 1 and 2, and the addition of confronting increased the amount of variance explained in both samples. Consistent with predictions, confronting was positively associated with autonomy for both Studies 1 and 2.

For psychological well-being, the first step explained a significant amount of the variance in both samples, and the addition of confronting increased the amount of variance explained in both samples. Consistent with predictions, confronting was associated with greater psychological well-being in both Studies 1 and 2.

**Table 1.** Unstandardized regression coefficients for hierarchical regression models.

	Outcome									
	S1					S2				
	Autonomy		Well-being		Autonomy		Distress		Physical health	
	$\Delta R^2$	B	$\Delta R^2$	B	$\Delta R^2$	B	$\Delta R^2$	B	$\Delta R^2$	B
Step 1	0.11**		0.12**		0.08		0.187***		0.17***	
Race										
Asian		-0.45*		-0.19		-0.39**		-0.33**		0.07
Black		0.39*		0.29**		-		-		-
Age		-0.04		-0.05		0.05		-0.31**		0.02
Gender		-0.32		-0.12		-0.12		0.12*		0.40***
SES		-0.07		-0.01		0.11		-0.20***		-0.04
Racial discrimination		-0.07		-0.10*		-0.16*		0.36***		0.24***
Step 2	0.08***		0.05**		0.04*		0.023*		0.00	
Race										
Asian		-0.49*		-0.21		-0.37**		0.08		0.07
Black		0.40*		0.29**		-		-		-
Age		-0.05		-0.06		0.05		0.14**		0.02
Gender		-0.36*		-0.13		-0.15		-0.21***		0.41***
SES		-0.04		0.00		0.14*		0.10*		-0.05
Racial discrimination		-0.09		-0.11*		-0.17*		0.36***		0.25***
Confronting		0.29***		0.13**		0.16*		-0.33**		-0.05
Total R <sup>2</sup>	0.19		0.17		0.12		0.21		0.17	

SES: socioeconomic status.

In Study 1, race is controlled for through dummy codes for Asian and Black participants. For Study 2, race was dummy coded for Asian participants only.

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

For physical symptoms in Study 2, the first step explained a significant amount of the variance, but unexpectedly, the addition of confronting did not increase the amount of variance explained. Frequency of racial discrimination overall was a significant predictor of greater physical symptoms, but contrary to predictions, confrontation of discrimination was not a direct predictor of physical health symptoms.

Recall that the hypothesis was that confronting racial discrimination would be associated with greater well-being through autonomy. To test whether autonomy was a mediator of the relationship between confronting and psychological well-being, we first examined whether autonomy was associated with psychological

well-being by regressing psychological well-being on autonomy while controlling for age, race, frequency of racial discrimination, income and gender. These findings supported the proposed relationship between autonomy and greater psychological well-being in both Studies 1 and 2 (Study 1  $\beta = .52$ ,  $t = 7.50$ ,  $p < .001$ , Study 2  $\beta = .37$ ,  $t = -0.88$ ,  $p < .001$ ). To test whether the link between confrontation and greater psychological well-being could be explained by autonomy promotion, mediation was tested using the PROCESS program to compute 95 per cent confidence intervals based on a bootstrapped inferred asymmetrical distribution of the mediated effect (Hayes, 2012; Preacher et al., 2007). Because zero was not

included in the confidence interval of the distribution of the indirect effect for either study (Study 1: 0.08, 0.27, Study 2: 0.02, 0.18), bootstrapping confirmed the hypothesized mediating role of autonomy.

## **Discussion**

This study tested the hypothesis that confrontation would be associated with greater psychological well-being, and that autonomy would mediate this relationship. Across two studies, the results suggested that after controlling for race, gender, age, income and discrimination, confronting was associated with greater psychological well-being, and that autonomy may serve as a potential mechanism underlying the relationship between confronting discrimination and psychological well-being. The observed positive links between confrontation and psychological well-being replicate prior work on the benefits of active problem-focused coping strategies (e.g. Noh and Kaspar, 2003) and add to the substantial literature on the benefits of facing trauma (Pennebaker et al., 1988). In addition, confronting was associated with greater autonomy among minority participants which is consistent with the broader literature on the ill effects of emotion inhibition (Dorr et al., 2007). Because experiencing discrimination reduces personal control (Branscombe and Ellemers, 1998), these findings suggest that confronting may help minorities regain autonomy that could be thwarted when targeted with discrimination.

While these studies have many strengths (e.g. findings were replicated across two diverse samples, potential mechanism identified), it is important to note that these results should be viewed as preliminary in nature because they rely on relatively small minority samples, involve a novel method of examining psychological well-being, and demonstrate small (though consistent) relationships between confronting, autonomy, and well-being of a correlational nature. For example, the small samples did not allow for adequately powered tests to closely examine these relationships in different

ethnic minority populations. Thus, these results are tentative and warrant further exploration of how coping with confronting may be moderated by participants' racial backgrounds and their differential experiences of racial discrimination. Moreover, future studies should examine the role of confrontation in well-being and health with nationally representative and diverse samples, utilizing longitudinal or experimental designs to more thoroughly examine whether confronting promotes autonomy and well-being comparing short-term and long-term effects. Moreover, this study combined valid measures of separate psychological outcomes (e.g. depression and anxiety) into a single index of psychological well-being. While separate analyses suggested that the pattern of results for confronting was similar when using each scale separately, future studies should replicate these findings given the novelty of this combined well-being measure, and the tendency for minority group members to use specific response styles (Bachman and O'Malley, 2014; Chen et al., 1995). Moreover, it is unclear whether confronting serves as an autonomy promoting strategy for other stigmatized groups (e.g. women and lesbian, gay, bisexual and transgender (LGBT) populations). Finally, there are likely differences between the acute and long-term effects of confrontation on stress as the experience of confrontation may be stressful in the short term but beneficial in the long term if confrontation reduces ruminative cognitive processes. Thus, there is more to learn about the nature of confrontation, and even the styles with which people confront that may produce the most beneficial outcomes.

Despite these limitations, this study is important for several reasons. Most importantly, this study is the first to find preliminary evidence of a cross-sectional association between confronting and autonomy that suggests a significant indirect relationship from autonomy to psychological well-being. This finding offers an understanding of the psychosocial mechanisms that may link confrontation and psychological well-being that could help elucidate the mechanisms at play in other active coping styles. Because

autonomy has long reaching benefits and serves as a fundamental human need that may aid in the creation of authentic relationships (Deci et al., 2006; Ryan and Deci, 2000), confrontation may also allow for more honest open communication that may confer some interpersonal benefits to offset some of the interpersonal costs of confrontation identified in other studies (Ashburn-Nardo et al., 2008). Because confrontation may be an important factor in preventing instances of discrimination by inducing guilt and reducing prejudice in those that are confronted (Czopp et al., 2006; Czopp and Monteith, 2003), confrontation may prove to be have multifaceted consequences for both personal well-being and a proactive strategy that cultivates more welcoming environments for racial minorities.

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