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Exploring the Complexity of Coping Strategies Among People of Different Racial Identities

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ABSTRACT. Everyone responds to stress differently by using a wide variety of coping strategies. The current study (N = 898; 71.16% White, 13.36% Asian, 6.68% Black, 3.23% Multiracial, 5.57% Other) investigated the relationship between 12 coping strategies of the COPE Inventory (Carver et al., 1989) and 5 racial identities. As expected and in line with previous work, Asian and Black participants tended to use more religious coping ($p < .001$), and Asian participants tended to use more restraint as a coping mechanism than White participants ($p < .001$). Our sample in this study, however, uncovered some novel trends. Interestingly, Asian participants tended to use a diverse mixture of coping strategies, including focusing on and venting of emotions ($p = .04$), instrumental social support ($p = .02$), active coping ($p = .05$), coping humor ($p < .001$), emotional social support ($p = .03$), and suppression of competing activities ($p < .001$). The use of these different coping strategies was counterintuitive due to the nature of Asian collectivist culture. The coping strategies of venting of emotions, instrumental social support, emotional social support, and suppression of competing activities active coping, in particular, challenge collectivist culture norms of emotional control and group harmony. Additional results are reported and explained. The current study suggests that coping strategies vary by racial identity and that people of color tend to utilize more coping strategies than White people.

Keywords: coping strategies, racial identity, cultural norms

Racial identity is an important factor in an individual's intersectionality of identities and can play a pivotal role in cognition and behaviors. Racial identity is an individual's sense of belonging within a specific racial group based on the perception that the person shares a racial heritage with such group (Helms, 1990). The concept of racial identity contrasts from race because race is a social construction that has its foundations in skin color (Pendry, 2017). Although many scholars in multiple disciplines, such as evolutionary biology and anthropology, have found no scientifically proven distinctions between races, people act as if race is a real category by treating people differently based on skin color (Pendry, 2017). This prejudice risen from racism can deny a person's individuality and negatively affect intergroup and intragroup interactions (Tatum, 1992). However, racial identity can be a powerful tool for people of color to use to combat racism. Pendry (2017) views the development of racial identity as an important factor in an individual's broad cultural identity. Culture is the focal point that can bring many individuals together under a common set of values, leading to a sense of belonging. Although race and racism are meant to categorize and tear people apart, a solid development of racial identity can lead to feelings of acceptance and inclusion.

Coping strategies are ways in which people respond when they confront difficult or stressful events (Carver et al., 1989). There is a tendency to group coping strategies into two coping styles—problem-focused coping and avoidance-oriented

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coping. Problem-focused coping is when individuals actively seek out the stress and make direct efforts to change it (Van Gundy et al., 2015). Meanwhile, avoidance-oriented coping is when individuals withdraw from the stressor and may deny the existence of the stressor, doubt their abilities to handle the stressor, or give up due to the stressor (Van Gundy et al., 2015). The context of the stressor can result in a different choice in coping strategy (Compas et al., 1988). For instance, a person can choose one coping strategy for dealing with racism, whereas the same person can choose an entirely different coping strategy for dealing with academic stress. Racism can also be presented in various ways, such as a microaggression versus racial violence, which then can affect coping strategy choice (Kubiliene et al., 2015). People of color regularly face stressors, such as racial prejudice, discrimination, and microaggressions, along with the consequences of racism, such as lowered socioeconomic status (Van Gundy et al., 2015). Because coping is a necessity for one's physical and mental health (Blackmon et al., 2015), it is especially important for people of color to cope with their stressors that they inevitably face due to the racism in our society.

Collectivism, Individualism, and How Culture Affects Coping Strategies

There are key differences between collectivistic and individualistic cultures. Collectivistic *cultural norms* include saving face, emotional control, and group harmony (Wei et al., 2010). Groups such as the family, tribe, workplace, and religious group take precedence over the individual (Frías et al., 2014). In contrast, individualistic cultural norms include self-reliance, behavior based on the individual's goals and interests, and independence (Frías et al., 2014). Cultural values play a pivotal role in an individual's coping strategy, especially in terms of collectivistic versus individualistic cultures. Cultural values on sense of control plays a huge role in how an individual assesses and copes with stressors. Researchers have described primary control as actively influencing the situation, whereas secondary control as accommodating to the situation (Weisz et al., 1984). These researchers have found that the United States, a nation with an individualistic culture, values primary control whereas Japan, a nation with a collectivistic culture, values secondary control, which in turn affects various aspects of society, such as coping strategies (Weisz et al., 1984). In relation to this idea on individualism and collectivism, compliance with Asian collectivistic values was found to be positively correlated with attributing depressive symptoms with internal factors rather than external factors, which then was positively correlated with disengagement and negatively correlated with engagement as coping strategies (Wong et al., 2010). Acculturation also plays a role in whether people adhere to the coping strategies of their culture. For instance, high acculturated Chinese-American children were found to utilize retaliation as a coping strategy, which in turn was associated with less dysphoria (Huang et al., 1994). Meanwhile, their low acculturated counterparts used suppression as a coping strategy, which was correlated with less dysphoria. Emotional expression in the form of retaliation is more culturally acceptable in individualistic cultures, whereas emotional suppression is expected in collectivistic cultures. Consequently, coping strategies will resemble the culture that the individual best identifies with, which may or may not align with racial identity based on levels of acculturation. Adherence to culturally specific coping strategies also contributes to better overall mental health (Vaughn & Roesch, 2003; Huang et al., 2012). Therefore, one must consider cultural values as a major influence when looking at coping strategies among individuals (Neville et al., 2011).

Asian-Specific Coping Strategies

Previous work has found that Asian people tend to utilize avoidance style coping strategies (Lee & Mason, 2014) due to the influence of Eastern, collectivistic culture. Types of avoidance style coping strategies include, but are not limited to, disengagement and meditation/exercise (Lei & Pellitteri, 2017), religious coping (Chai et al., 2011), restraint (Vaughn & Roesch, 2003), and substance use (Taylor et al., 2004). In turn, they tend to not use reactive coping styles (Wei et al., 2010) and social support (Chang, 2015; Taylor et al., 2004), as these conflict with collectivistic values. Reactive coping styles, such as focusing on and venting of emotions, clashes with the cultural importance of emotional control. Additionally, Asian people underutilize social support due to the cultural desire to not burden others, to avoid judgement, and in fear of face loss (Chang, 2015). Researchers explain this phenomenon by asserting that the cultural priority on maintaining group harmony causes Asian people to avoid bringing attention to their personal problems or asking others for help as it may jeopardize the group harmony or force inappropriate requests onto the group (Taylor et al., 2004).

White-Specific Coping Strategies

Similar to the effect of collectivistic cultural norms on Asian people, White people are also affected by individualistic cultural norms. White people tend to utilize problem-focused coping (Wei et al., 2010) as this coping style fits with Western individualistic norms of taking action and control of one's situation. Such coping strategies include, but are not limited to, active coping and planning (Taylor et al., 2004; Lee & Mason, 2014), and social support (Gayman et al., 2014). Certainly, White people also utilize avoidance coping strategies, such as exercise (Taylor et al., 2004), along with substance use and coping humor (Parveen et al., 2013). However, there is no cultural pressure to utilize such coping strategies like the pressure that people of color tend to face (Helms, 1990).

Black-Specific Coping Strategies

Due to the oppressive history and intergenerational trauma that Black Americans have historically faced in the United States, many Black people face toxic stressors that come with racism (Menakem, 2017). A possible response to these toxic stressors is John Henryism, which is the hypothesis that Black people spend lengthy amounts of time utilizing high-effort active coping in order to deal with the stress (James, 1994). In response to this assertion, researchers also found that those who are socialized on how to cope with racism tend to not utilize high-effort active coping such as John Henryism (Blackmon et al., 2016). There is also a vast amount of research dedicated to the role of religion on Black people due to the significant role that churches play in Black culture. The church has influenced family life, prompted political movements, and given people hope in times of despair (Marsiglia & Kulis, 2015). Spirituality also fosters a connection between the Black community, their ancestors, and spirituality (Marsiglia & Kulis, 2015). Research has shown that Black people tend to utilize more positive religious coping than their White counterparts (Chapman & Steger, 2010; Bhui et al., 2008; Greer & Cavalhieri, 2019). Specific values taught in childhood is also an important factor in how Black people cope, particularly to racism. Researchers have found that those who are encouraged to have positive interracial interactions throughout childhood and to engage in cultural activities tend to utilize spiritual-centered and collective coping (Blackmon et al., 2016).

Multiracial Identity Construction and Coping

It is important to consider how multiracial individuals construct their identity and cope in a society filled with dichotomies. Reddy (2018) explained that people are motivated to construct their identities in order to participate in a particular community, which thus means that their identity is constructed with others—individuals and societies—in mind. This idea on identity construction becomes problematic for multiracial people because the exclusivity among social groups and government institutions can cause feelings of not belonging to any group along with racial discrimination. For instance, U.S. social structures that promote dichotomies, such as the census categories, constrain identity development for multiracial individuals (Root, 2003). Because multiracial individuals do not fit a singular racial category, they construct identity differently from those with only one racial identity. Instead of it being a static occurrence, racial identity construction is an active phenomenon that multiracial people undergo at various times throughout their lives (Reddy, 2018). They must also cope with different types of race-related stressors, such as identity ascription from others. This stressor can be a specific form of prejudice for multiracial individuals because it forces an identity on them and takes away their right to undergo their own racial identity construction (Museus et al., 2016). Additionally, multiracial and multicultural individuals who are denied a part of their identity were found to have higher perceived stress and lower cortisol recovery rates (Albuja et al., 2019). These results demonstrate the negative psychological and physiological effects of identity ascription that are unique to multiracial individuals. Multiracial-specific stressors can lead to multiracial-specific coping strategies. Previous research has found that multiracial college students utilize various coping strategies when dealing with prejudice, such as bringing awareness to multiracial issues, social support, accepting the fluidity of being multiracial, and avoiding prejudice-based confrontation (Museus et al., 2015).

Related Mental Health Measures

In addition to perceived stress, examining coping strategies subsequently go hand-in-hand with other mental health measures. For instance, self-compassion was found to be associated with positive reframing in order to cope with negative events (Allen & Leary, 2010). However, differences in self-compassion among racial identities is a relatively new topic of research with conflicting results. Some have

found differences in the amount of self-compassion between racial identities (Boyraz et al., 2020), but others have suggested otherwise (Lockard et al., 2014). Additionally, resilience is a positive consequence of effective coping strategies (Kubiliene et al., 2015). Racial minorities face the added stress of racism, which further pushes the need for resilience among racial minorities. However, little is understood on what specific coping strategies can lead these racial minorities to resilience.

Current Study

Ethnicity and coping has been shown to influence various health factors, such as blood pressure (Steffen et al., 2001), mental distress (Bhi et al., 2008), and chronic fatigue (Dinos et al., 2009; Njoku et al., 2005). Previous work has compared and contrasted between a couple of identities at a time, but rarely have they compared multiple racial identities for differences in coping strategies. The purpose of the present study was to explore differences in coping strategy use between racial identities. We investigated the relationship between 12 coping strategies and 5 racial identities using the COPE inventory (Carver et al., 1989). We also utilized the Resilience Scale for Adults (Friborg et al., 2006), Self-Compassion Scale (Neff, 2003) and Perceived Stress Scale (Cohen et al., 1983) to further examine other mental health measures that can affect how minorities interact with stressors. We hypothesized that Asian participants would utilize coping strategies that were in line with collectivistic cultural norms such as restraint and acceptance, that Black participants would utilize religious coping, that Multiracial participants would utilize acceptance and instrumental and emotional social support, and that White participants would utilize coping strategies that were in line with individualistic cultural norms such as active coping. Additionally, we hypothesized that participants from historically minoritized communities would report higher levels of perceived stress. Further, we thought that different racial identities might report significant differences in levels of self-compassion and resilience.

Method

Participants and Procedure

After gaining University of Portland institutional review board approval, participants (N = 898) were recruited via Amazon Mechanical Turk (MTurk). We utilized MTurk in order to diversify our sample's age and ethnicity while gathering participants during university breaks. Participants were given a small financial compensation for their participation.

Participants were asked their ethnicity and race. For ethnicity, they could answer "What is your ethnicity?" with Hispanic or Latinx, Not Hispanic or Latinx, Declined, and/or Unavailable/Unknown. For race, they could answer "What is your race? (One or more categories may be marked)" with American Indian/Alaskan Native, Asian, Black, Native Hawaiian/Pacific Islander, White, Some Other Race, Declined, and/or Unavailable. We separated racial identity groups from eight races into five—Asian, Black, White, Multiracial, and Other. Native Hawaiian/Pacific Islander, Some Other Race, Declined, and Unavailable were determined as "Other." Participants who declared two or more races were put into the "Multiracial" group.

The racial breakdown of our sample was 71.16% White, 13.36% Asian, 6.68% Black, 3.23% Multiracial, and 5.57% Other. Our sample consisted of 57.52% women and 42.48% men (age range = 17–80, M = 36.76, SD = 12.05). Participants completed a series of measures on an online, self-reported study on the biology and psychology of resilience and prosociality.

Measures

The COPE inventory (Carver et al., 1989) was used to determine participants' use of various coping strategies. This particular scale was chosen due to its multidimensional nature of looking at an array of coping subscales rooted in theoretical bases and does not lend itself to an "overall" coping score. Additionally, this scale does not deem any strategy as "adaptive" or "maladaptive," which allows for understanding that some coping techniques are tied to certain cultural traditions, access to resources, and privileges. The scale consists of 60 items total on a 4-point Likert-type scale ranging from 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*).

The 15 subscales and an example item from each are included here: positive reinterpretation and growth ("I try to grow as a person as a result of the experience."), mental disengagement ("I turn to work or other substitute activities to take my mind off things."), focus on and venting of emotions ("I get upset and let my emotions out."), use of instrumental social support ("I try to get advice from someone about what to do."), active coping ("I concentrate my efforts on doing something about it."), denial ("I say to myself 'this isn't real.'"), religious coping ("I put my trust in God."), humor ("I laugh about the situation."), behavioral disengagement ("I admit to myself that

I can't deal with it, and quit trying."), restraint ("I restrain myself from doing anything too quickly."), use of emotional social support ("I discuss my feelings with someone."), substance use ("I use alcohol or drugs to make myself feel better."), acceptance ("I get used to the idea that it happened."), suppression of competing activities ("I keep myself from getting distracted by other thoughts or activities."), and planning ("I make a plan of action."; Carver et al., 1989).

Three subscales (denial, behavioral disengagement, and substance use) were omitted from our survey because the scales were included in our larger study on prosociality so these three subscales were explored in other scales within the larger study. Each subscale has four items, and the sum of items for each subscale indicates how much the participant utilizes the coping strategy. Each subscale was examined separately with respect to racial identity.

The Resilience Scale for Adults (Friborg et al., 2006) was used to determine resilience among our participants. The scale consists of 33 items on a 5-point Likert-type scale that varies per item. The sum of items for each subscale suggests how much the participant is resilient in that subscale category. The six subscales and an example item include personal strength/perception of self ("When something unforeseen happens: 'I always find a solution' to 'I often feel bewildered'"), personal strength/perception of future ("My plans for the future are 'difficult to accomplish' to 'possible to accomplish'"), structured style ("I am at my best when I: 'have a clear goal to strive for' to 'can take one day at a time'"), social competence ("I enjoy being: 'together with other people' to 'by myself'"), family cohesion ("I feel: 'very happy with my family' to 'very unhappy with my family'"), and social resources ("I can discuss personal issues with: 'no one' to 'friends/family members'"). We opted to examine the "total resilience" rather than each subscale as an indicator of each participant's overall resilience, which we then examined for each racial identity.

The Self-Compassion Scale (Neff, 2003) was used to examine differences in the amount of self-compassion between each racial identity. The scale consists of 26 items on a 5-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). The six subscales and an example item include self-kindness ("I try to be loving towards myself when I'm feeling emotional pain."), self-judgment ("I'm disapproving and judgmental about my own flaws and inadequacies."), common humanity ("When things are going badly for me, I see the difficulties as part of life that everyone goes through."), isolation ("When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world."), mindfulness ("When something upsets me, I try to keep my emotions in balance."), and over-identified ("When I'm feeling down, I tend to obsess and fixate on everything that's wrong."). We chose to examine total self-compassion rather than each subscale. Total self-compassion was calculated by the mean of each subscale, and the negative subscales (self-judgement, isolation, over-identification) were reverse scored.

The Perceived Stress Scale (Cohen et al., 1983) was used to investigate participants' perception of the amount of stressful events within their lives as a way to capture how unpredictable did participants perceive their lives to be. The scale has 10 items on a 5-point Likert-type scale ranging from 0 (*never*) to 4 (*very often*). An example of an item within the scale is "In the last month, how often have you been upset because of something that happened unexpectedly." Negatively stated items were reverse scored and a sum was calculated to obtain total perceived stress.

Results

The internal consistency for all inventories and COPE subscales was determined via Cronbach's alpha (α). The Cronbach's α for the COPE inventory was $\alpha = .93$, and its subscales are as follows: positive reinterpretation and growth ($\alpha = .84$), mental disengagement ($\alpha = .57$), venting ($\alpha = .75$), use of instrumental social support ($\alpha = .80$), active coping ($\alpha = .82$), religious coping ($\alpha = .94$), humor ($\alpha = .90$), restraint ($\alpha = .72$), use of emotional social support ($\alpha = .88$), acceptance ($\alpha = .81$), suppression of competing activities ($\alpha = .73$), and planning ($\alpha = .73$). The internal consistency for the additional measures include Resilience Scale ($\alpha = .94$), Self-Compassion Scale ($\alpha = .86$), and Perceived Stress Scale ($\alpha = .90$).

One-way analyses of variance (ANOVAs) were performed with the 12 coping strategies, resilience, self-compassion, and perceived stress as the dependent variables. The ANOVAs revealed that 10 coping strategies, resilience, and perceived stress were statistically significant (Fs = 2.45–9.12; see Table 1), which include positive reinterpretation and growth, mental disengagement, focus on and venting of emotions, use of instrumental social support, active

coping, religious coping, humor, restraint, use of emotional social support, and suppression of competing activities. We then conducted Tukey's Post Hoc Tests for the 10 statistically significant coping strategies and the two statistically significant mental health measures (see Table 2). Tukey's post-hoc tests did not find significance in positive reinterpretation and growth, acceptance, and planning. However, the tests revealed that specific racial identities coped with varying strategies compared to other racial identities.

Multiracial participants tended to utilize more mental disengagement as compared to Black participants ($p = .03$). Asian participants tended to focus on and vent their emotions more than White participants ($p = .04$). Asian participants also utilized instrumental social support more than White participants ($p = .02$) and Other ($p = .01$) participants. Asian participants utilized active coping more than White ($p = .05$) and Other ($p = .02$) participants. Asian and Black participants both tended to utilize more religious coping than White participants ($p < .001$). Asian participants engaged in humor as a coping method more than White ($p < .001$) and Other ($p = .03$) participants. Asian participants also utilized more restraint ($p < .001$) and emotional social support ($p = .03$) than White participants. Asian participants tended to use suppression of competing activities more than White ($p < .001$) and Other ($p = .01$) participants, whereas Black participants also utilized this strategy more than White participants ($p = .04$).

Asian participants scored significantly higher in resilience compared to Multiracial ($p = .00$) and Other ($p = .04$) participants, and White participants scored higher compared to Multiracial participants ($p = .02$). Additionally, Multiracial participants reported higher levels of stress compared to Asian ($p = .04$), Black ($p = .00$), and White ($p = .01$) participants. Participants categorized as "Other" also reported more stress compared to Black ($p = .01$) and White ($p = .04$) participants.

TABLE 1

One-Way Analyses of Variance for Each Coping Strategy

Coping Strategies	*F*	*df*	*p*	n^2
Positive reinterpretation and growth	2.45	4, 803	.045*	.012
Mental disengagement	2.56	4, 809	.038*	.012
Focus on and venting of emotions	2.92	4, 804	.020*	.014
Use of instrumental social support	3.88	4, 805	.004*	.019
Active coping	3.26	4, 807	.011*	.016
Religious coping	9.12	4, 804	.000**	.043
Humor	4.20	4, 808	.002*	.020
Restraint	8.04	4, 801	.000**	.039
Use of emotional social support	3.25	4, 798	.012*	.016
Acceptance	1.90	4, 803	.109	.009
Suppression of competing activities	6.96	4, 804	.000**	.034
Planning	1.35	4, 800	.251	.007
Resilience	2.71	4, 655	.029*	.016
Self-compassion	1.63	4, 817	.164	.008
Perceived stress	3.73	4, 893	.005*	.016

Note. *$p < .05$. **$p < .001$.

Discussion

The purpose of this study was to examine whether coping strategy usage varied by racial identity. Taking cultural values such as collectivism along with histories of oppression, we expected to see racial identities conform to coping styles that reflect their respective cultural values. As expected and in line with previous work, Asian and Black participants tended to use more religious coping. Also reflecting previous work, Asian participants tended to use more restraint as a coping mechanism.

Interestingly, Asian participants tended to use a diverse mixture of coping strategies, including focusing on and venting of emotions, instrumental social support, active coping, coping humor, emotional social support, and suppression of competing activities. These findings are noteworthy because these coping strategies directly conflict with Asian collectivistic culture. A possibility for such findings is that perhaps a large portion of our Asian participants are second-generation Asian Americans and beyond, which means that they could also be influenced by American individualistic culture aside from their heritage. Their adherence to avoidance style coping, such as restraint, conveys that Asian collectivistic culture still impacts these participants. However, the country in which they currently reside can play a huge role in how these individuals cope.

Positive reinterpretation and growth, acceptance, and planning were not significantly related to race. We particularly found the lack of significance in acceptance as a bit surprising due to many Asian cultures' norm of accepting situations that they cannot change. For example, in World War II, a common phrase shared among the Japanese who were forced into internment camps was "shikata ga nai," meaning "it cannot be helped." This phrase has clear implications of acceptance of what cannot be changed, such as their internment. The lack of significance could indicate a

shifting trend toward other coping strategies as more Japanese-Americans grow up without the direct experience of World War II and without a parent or grandparent who share their experiences of the war. The same idea can be applied to other Asian ethnicities because younger generations are less likely to grow up with war and other related traumas that they cannot control, such as Southeast Asians in the Vietnam War and Koreans in the Korean War.

Although we found that Multiracial participants used mental disengagement more than Black participants, we were surprised to find no other coping strategies that were significant to Multiracial participants. We expected to find significance in acceptance, instrumental social support, and emotional social support due to past research. There is a possibility that our sample had a plethora of racial combinations that make up our multiracial racial category, so each individual could have different influences from varying cultures.

We were also taken aback to find no coping strategy that White participants predominantly used in comparison to other racial identities. Although we expected to find that White participants used more problem-focused coping strategies due to individualistic cultural norms, we instead found the complete opposite—that Asian participants tended to utilize those coping strategies more than White participants. The lack of any particular coping strategy could indicate that White participants feel comfortable in utilizing a wide variety of coping strategies with no preference in particular. It could also mean that people of color tend to utilize more coping strategies than White participants due to the race-related stressors that only people of color can experience.

The results from the additional mental health measures were unanticipated. Due to race-related stressors that are unique to minorities, we expected to find differences in perceived stress among participants who identify as a minority versus White participants. However, the results suggest that Multiracial participants report the highest level of stress compared to other racial groups. We pondered if these results were due to the added race-related stressors that only Multiracial people face, or if the fact that our Asian and Black participants scored highest in utilizing restraint as a coping strategy would then lead these same participants to hesitate on answering truthfully on a questionnaire on stress. Furthermore, it was surprising to find that Multiracial participants

TABLE 2

Means (*SD*) for Racial Identity's Utilization of Each Coping Strategy and Post-Hoc Results

	Asian	Black	White	Multiracial	Other
Positive reinterpretation and growth	11.69 (2.47)	11.63 (2.83)	11.04 (2.93)	10.63 (3.07)	10.47 (2.86)
Mental disengagement	9.83 (2.62)	9.11 (2.46)	9.63 (2.63)	10.86 (2.69)* vs. Blacks: $p = .03$	10.16 (2.53)
Focus on and venting of emotions	10.03 (2.90)* vs. Whites: $p = .04$	8.69 (2.45)	9.24 (2.87)	9.86 (2.93)	9.68 (2.97)
Use of instrumental social support	11.24 (2.42)* vs. Whites: $p = .02$ vs. Others: $p = .01$	10.37 (2.96)	10.33 (2.92)	9.70 (2.76)	9.60 (3.02)
Active coping	11.89 (2.63)* vs. Whites: $p = .05$ vs. Others: $p = .02$	11.70 (2.89)	11.13 (2.69)	11.25 (3.20)	10.47 (1.95)
Religious coping	10.46 (2.85)* vs. Whites: $p = .00$	11.15 (3.17)* vs. Whites: $p = .00$ vs. Others: $p = .02$	8.86 (3.63)	9.21 (4.05)	8.91 (3.70)
Humor	9.93 (3.25)* vs. Whites: $p = .00$ vs. Others: $p = .03$	8.81 (3.19)	8.74 (2.93)	8.79 (2.83)	8.40 (2.54)
Restraint	11.08 (2.37)** vs. Whites: $p = .00$	10.69 (2.44)	9.75 (2.51)	10.36 (2.67)	10.09 (2.16)
Use of emotional social support	11.06 (2.63)* vs. Whites: $p = .03$	10.63 (3.21)	10.08 (3.32)	9.39 (3.16)	9.64 (3.23)
Acceptance	11.16 (2.50)	11.06 (2.85)	10.69 (2.67)	11.44 (2.21)	10.18 (2.53)
Suppression of competing activities	11.18 (2.48)** vs. Whites: $p = .00$ vs. Others: $p = .01$	11.02 (2.82)* vs. Whites: $p = .04$	10.01 (2.55)	10.25 (2.49)	9.69 (2.07)
Planning	12.07 (2.59)	11.74 (2.84)	11.43 (2.88)	11.52 (3.33)	11.29 (2.78)
Resilience	23.83 (24.76)* vs. Multiracial: $p = .00$ vs. Other: $p = .04$	17.59 (21.08)	18.64 (24.59)* vs. Multiracial: $p = .02$	5.42 (20.48)	14.00 (24.58)
Self-compassion	3.12 (0.55)	3.29 (0.71)	3.12 (0.87)	3.00 (0.98)	2.89 (0.68)
Perceived stress	26.74 (7.07)	24.32 (8.85)	25.91 (8.88)	30.45 (7.16)* vs. Asian: $p = .04$ vs. Black: $p = .00$ vs. White: $p = .01$	28.50 (7.61) vs. Black: $p = .01$ vs. White: $p = .04$

Note. $^{*}p < .05$. $^{**}p < .001$.

had lower reports of resilience compared to Asian and White participants. We speculated that the higher perceived stress and lower resilience among Multiracial participants were related, as higher perceived racism was previously found to be correlated with lower resilience (Bellmore et al., 2012). Finally, we also were surprised to find no significance between racial identities in levels of self-compassion, but hope that these results contribute to the growing body of knowledge on the relationship between self-compassion and racial identity as well as knowledge on overall mental health for racial minorities.

We understand that people do not all have the same experiences, so their coping strategies can differ based on context and the individual (Kubiliene et al., 2015), in addition to their cultural upbringing (Neville et al., 2011). Some participants might not have experienced the same levels of racism as others, whereas some may not have experienced racism at all. Stressor context may also vary in participants' minds when they are asked questions about their coping style. Additionally, each participants' level of adherence to their respective culture's ideals on individualism-collectivism can affect their choices in coping strategies. For example, Asian participants could have been using coping strategies that conflict with their collectivistic culture due to the fact that the participants may individually score high on individualism, which thus influence them to utilize problem-focused coping strategies. We understand that these individual differences cannot be fully encapsulated with our study utilizing the COPE inventory (Carver et al., 1989), but we believe that the inventory's move away from "positive" vs. "negative" categorization and move toward "emotion-focused" and "problem-focused" categorization can provide the sufficient and necessary cultural sensitivity when examining people of various backgrounds and experiences. While our study aimed to examine commonality based on racial identity, we acknowledge that every individual within a racial group can have different life experiences.

Limitations and Future Directions

We understand the importance in future explorations to account for age and gender and other demographic variables, because these variables can also shape the way that a person chooses to cope with stressors. A glitch in our data collection unfortunately resulted in not having these data for a significant number of our participants, so we strongly see the need for more thoughtful and thorough analyses of how age, gender, and socioeconomic status play a role in coping strategies utilized. As previously mentioned, older Asian Americans who have lived through internment camps and war would possibly have different coping strategies than younger generations due to their experiences. On top of generational differences in experiences, each age group has differing norms in acceptable ways to cope, such as substance use in college students versus underaged individuals. Furthermore, traditional gender norms may influence choices in coping strategies, particularly with the ideal that women are expected to be nonconfrontational. Coping strategy choice is made up of a complex weave of race, age, gender, and other intersectional identities. Although this article only highlights one piece of a larger narrative, we hope to elucidate the other missing pieces in future work.

Additionally, the absence of the Latinx community is a limitation in our study. Although there was an option to select "Hispanic or Latinx" when asked "What is your ethnicity?", there was no option to select such when asked "What is your race?" We realize that could bring about confusion to Hispanic participants on what to select for race. Some could have chosen to indicate "White," while others could have chosen "Some Other Race." In the future, we would like to further examine the Latinx community by fixing this discrepancy.

Another limitation is the inability to further specify which Asian ethnicity the participants are. We acknowledge that the term "Asian" is a generalized term that encompasses many distinct nations and cultures. Different Asian ethnicities may experience unique stressors and cultural ideas that affect their well-being. Regional groupings of Asian identities may share common social and cultural experiences that provide insight into the further differences within Asian ethnicities. For example, Southeast Asians may experience prejudice and stress from colorism within Asian communities due to their darker skin tones whereas East Asians are more likely to match the beauty standards of light skin that signify status and wealth (Tran et al., 2017). Follow-up studies will further explore the differences between unique Asian ethnic groups (categorized into East Asians, Southeast Asians, South Asians, and West Asians) and their coping strategies.

Moreover, we recognize the framing of coping as a trait (dispositional) instead of a state (fluctuating) measure can be a disservice to understanding

how situational factors play a role in the coping strategies employed at a given moment (Wright et al., 2015). It is important to unpack how situational factors play a role in coping styles, as well, and we propose a deeper examination of this issue in follow-up investigations.

Finally, we would like to address the diversity within this study's sample. Although our study had a large sample size with respectable amounts of participants within each racial category, the percentage of White participants was disproportionately higher than other racial identities. We also had to combine racial identities such as American Indian/Alaskan Native and Native Hawaiian/Pacific Islander into the "Other" category" due to lack of representation within the sample. We understand the importance of a diverse sample due to the nature of our study, so we have intentionally recruited from various cultural clubs at a university for our subsequent studies. We also will begin a research initiative that examines various aspects of mental health, such as coping strategies, specific types of stressors, and colorism, among marginalized community members within the university, as well as a local organization that serves racially marginalized populations.

To build on our current study, we have included an individualism-collectivism scale in our subsequent research in hopes to examine how an individuals' level of individualism and collectivism affects their adherence to their racial identities' traditional coping strategies. We have also included a scale on stress type for our future studies to later explore the effect of stress context on coping strategy choice for each racial identity. We would additionally like to explore how gender, age, and country of origin (U.S. vs. non-U.S., Western vs. Eastern) play a role in each racial identities' coping strategies.

Conclusion

The current study has provided a comprehensive look at various racial identities and how these diverse groups of people cope with stressors. Our results corroborate previous research showing that coping strategies differ by racial identity, such as that Asian and Black participants utilize more religious coping than White participants. The study also highlights unique trends in specific coping strategies, such as Asian participants utilizing a wide range of coping strategies that both align and conflict with Asian collectivistic cultural norms. We have found that all three groups of color cope with differing strategies, yet we have also found that there is no specific coping strategy that White participants employ. These results ultimately suggest that people of color tend to utilize more coping strategies than White people.

As we strive for racial justice in our society, we need to reconceptualize ways we think about ourselves and others (Kendi, 2019). This involves ways that we talk about race and racism, and a lifelong commitment to the self-critique and self-awareness necessary for understanding the history of marginalization and how we participate in upholding or dismantling these systems of oppression within our racial identities. We also need to apply an intersectional approach to illuminate how multiple marginality plays a role in racism and coping styles (Lewis & Grzanka, 2016). Therefore, one important avenue of future research should explore how an individual's level of collectivism and individualism, gender identity, age, socioeconomic status, sexual identity, country of origin, and more affect one's coping style. Because we are examining differences in racial identities, we understand the need to cultivate cultural sensitivity and humility rather than just merely cultural competence (Tervalon & Murray-Garcia, 1998). Therefore, we underscore the need to have the participants in our study reveal their coping strategies to avoid assumptions commonly made about cultural "norms" and to honor these components of their identities. We hope that our study will provide insight to a complex weaving of cultures and personal experiences that affect how we cope, prompt healthcare providers to implement culturally sensitive services to its diverse patients, and contribute helpful knowledge in order to achieve a society that practices cultural humility.

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