

Arab American Persons' Reported Experiences of Discrimination and Mental Health: The Mediating Role of Personal Control

Bonnie Moradi and Nadia Talal Hasan
University of Florida

Reports of prejudice and discrimination against Arab Americans have increased since the events of September 11, 2001 (I. Ibish, 2003). Perceived prejudice events are recognized as stressors that are linked to lowered mental health for those who experience such events (e.g., R. Clark, N. B. Anderson, V. R. Clark, & D. R. Williams, 1999; E. A. Klonoff & H. Landrine, 1995; H. Landrine & E. A. Klonoff, 1996; S. O. Utsey & J. G. Ponterotto, 1996). Thus, this study examined, with a sample of 108 Arab American individuals, (a) the relationship of reported discrimination experiences to self-esteem and psychological distress and (b) the mediating role of sense of personal control in this relationship. Consistent with hypotheses, results of path analyses indicated that sense of personal control mediated fully the link of reported discrimination experiences to self-esteem and mediated partially the link of reported discrimination experiences to psychological distress. The path models accounted for 47%–48% of the variance in self-esteem and 33% of the variance in psychological distress.

On the basis of an extensive body of literature that suggests that experiences of daily hassles (e.g., Kanner, Coyne, Schaeffer, & Lazarus, 1981) and stressful life events (e.g., Dohrenwend & Dohrenwend, 1974) are related to mental health difficulties, scholars theorized that perceived experiences of prejudice and discrimination may also be related to mental health problems (e.g., Clark, Anderson, Clark, & Williams, 1999; Landrine & Klonoff, 1996; Smith, 1985; Utsey & Ponterotto, 1996). Indeed, emerging empirical research suggests that reported experiences of prejudice and discrimination are related to greater levels of psychological distress for samples of African American women and men (Klonoff & Landrine, 1999; Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996; Moradi & Subich, 2003; Utsey & Ponterotto, 1996), primarily White women (Corning, 2002; Landrine & Klonoff, 1997; Landrine, Klonoff, Gibbs, Manning, & Lund, 1995; Moradi & Subich, 2002), and lesbian, gay, and bisexual individuals (e.g., Waldo, 1999).

Unfortunately, the prejudice events–distress link has not yet been examined empirically with Arab Americans, a group increasingly likely to experience stigmatization, prejudice, and discrimination in the present social climate (Ibish, 2003). Overall, little information is available about Arab Americans, in part, because the federal government does not recognize Arab Americans as a minority group (Ibish, 2001). In fact, only in 1990 did the U.S.

government allow Americans of Arab descent to mark “other” as their cultural group on census forms (Jackson, 1997). Lack of official government recognition as a minority group prevents Arab Americans from reaping governmental protection and impedes data gathering aimed to raise public and scholarly awareness about the experiences and needs of Arab Americans. For instance, most law enforcement offices do not record hate crimes committed against Arab Americans because they are not listed as a protected minority group (Ibish, 2001).

Although not officially recognized as a minority group, Arab Americans “have emerged as a cultural group with its own unique values and norms” (Abudabbeh, 1996, p. 333). The American-Arab Anti-Discrimination Committee (ADC) defines *Arab* as “a cultural and linguistic term” (ADC, n.d.) that includes people who share the Arabic language and Arabic culture. This definition is problematic, however, for many Arab Americans who do not speak Arabic as their first language. An alternative definition of *Arab Americans* provided by the ADC is that Arab Americans are Americans whose ancestors originated from any 1 of the 22 Arabic countries. These countries are Algeria, Bahrain, the Comoros Islands, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine (historic Palestine or the present occupied Palestinian territories), Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen (ADC, n.d.).

The immigration of Arab Americans to the United States is typically described as having occurred in two waves (Abudabbeh, 1996; Abudabbeh & Nydell, 1993; Jackson, 1997). The first wave of immigrants included mostly Christian merchants and farmers who came to the United States between 1890 and 1940 for economic reasons. The second wave of immigrants arrived after World War I when European powers partitioned the Ottoman Empire and colonized much of the Middle East. These second-wave immigrants were typically well educated and mostly Muslim. Immigration of Arab individuals to the United States continues to

Bonnie Moradi and Nadia Talal Hasan, Department of Psychology, University of Florida.

This article is based on data collected for Nadia Talal Hasan's senior thesis. We thank Zoharah Simmons and Carolyn Tucker for their feedback on that project. We also thank our consultants Aida Bamia, Zane Hasan, and Shareen Masri for their invaluable suggestions about our survey packet and data collection and Ann Fischer for her helpful feedback on an earlier version of this article.

Correspondence concerning this article should be addressed to Bonnie Moradi, Department of Psychology, University of Florida, P.O. Box 112250, Gainesville, FL 32611-2250. E-mail: moradib@ufl.edu

date, and most of these recent immigrants are Muslim professional and technical workers (Jackson, 1997).

Presently, approximately 3 million Arab Americans are estimated to reside in the United States (Arab American Institute [AAI], n.d.; Jackson, 1997). These Arab Americans are a heterogeneous group in many respects. For example, in addition to the diversity in their countries of origin, a great deal of diversity exists among Arab Americans in social class, level of education, Arabic dialect, religion, level of acculturation, time of immigration, and other variables. In this context of within-group diversity, scholars have identified some shared values among Arab Americans. These include the shared experience of immigration, the central role of family, including extended family, respect for and duty to elders, prioritizing family ties over personal success, and the importance of religious faith (Abudabbeh, 1996; Abudabbeh & Nydell, 1993; Jackson, 1997). Unfortunately, another shared experience among many Arab Americans is that of discrimination.

Prejudice and Discrimination Against Arab American Individuals

In light of the lack of governmental data on Arab American persons' experiences, nonprofit organizations such as the AAI and the ADC began to collect data on the discrimination experiences of Arab Americans. The 1998–2000 Report on Hate Crimes and Discrimination Against Arab Americans (Ibish, 2001) indicated "Arab Americans remain vulnerable to vicious attacks from fellow citizens motivated by anti-Arab prejudice" (p. 8) and included incidents of employment discrimination, institutionalized discrimination (e.g., immigration and airline passenger profiling), and hate crimes. Specific examples of the types of discrimination experiences varied considerably and included physical and psychological attacks, defamatory or erroneous textbooks used in public schools, biased and inflammatory news coverage, negative stereotypes of Arabs and Arab Americans in movies and television, violation of due process rights, and indefinite detention for noncitizens (Ibish, 2001). It is worthy to note that these data were gathered prior to September 11, 2001 (9/11).

Following 9/11, reports of prejudicial and discriminatory acts against Arab American persons increased (Ibish, 2003; Zogby, 2001). The ADC confirmed over 700 violent acts toward Arab Americans during the first 9 weeks following 9/11 (Ibish, 2003). During the 6 months after 9/11, the ADC received four times its typical reports of airline discrimination; denial of services; police, FBI, and INS misconduct; and physical and psychological attacks against Arab Americans (Ibish, 2003). During the year following 9/11, the ADC received over 800 complaints of employment discrimination, a 400% increase over the prior year (Ibish, 2003). These events occurred in the context of increased acceptance of discriminatory institutional policies that include registration of immigrants on the basis of national origin, indefinite detention of foreign nationals without due process or appeal, and statements from public officials signaling possibility of internment camps for Arab Americans in the event of future terrorist attacks against the United States (Ibish, 2003).

Given this climate, it is not surprising that in Zogby's (2001) poll of Arab Americans, 61% of participants indicated that they were "worried about the long-term effects of discrimination

against Arab Americans" (p. 2) caused by the events of 9/11. In this survey, 20% of participants also reported that they "personally experienced discrimination because of their ethnicity" (p. 2) since 9/11, and 45% stated that they knew of someone who experienced discrimination since 9/11. Such reports and the empirical literature linking reported discrimination experiences to psychological distress suggest a need to examine the link between these variables for Arab American persons. We found only one published study, however, that included individuals of Arab descent in its examination of this link.

Liebkind and Jasinskaja-Lahti (2000) studied the discrimination experiences of Arab, Estonian, Ingrian/Finnish, Russian, Somali, Turk, and Vietnamese immigrants who lived in Finland. They found with their sample of immigrants of Arab descent that mistrust of authorities, length of residence in Finland, and reported experiences of discrimination together accounted for 47% of the variance in psychological distress. Discrimination, however, was the only variable that accounted for unique variance in psychological distress and predicted substantially more unique variance in psychological symptoms for Arab participants than for participants from any other immigrant group in the study.

Liebkind and Jasinskaja-Lahti's (2000) broke new ground by examining the discrimination–distress relationship with an Arab sample. However, methodological concerns limit the generalizability of this study. For example, the average return rate for the entire sample was 37%, but the return rate for participants of Arab background was not reported. In addition, items assessing discrimination events focused on experiences attributed to the person's immigrant background rather than his or her ethnicity (e.g., "During your stay in Finland, do you feel that you have been disregarded in situations of possible promotion at work because of your immigrant background [p. 5]?"). Finally, the generalizability of the results of this study to Arab Americans, especially post-9/11, is unknown. The present study addresses these limitations by examining directly the discrimination–distress link in a sample of Arab American individuals.

The Role of Sense of Personal Control in the Discrimination–Mental Health Link

In addition to attending to the experiences of Arab Americans, an important next step in the burgeoning body of research on the link between discrimination and mental health is to attend to potential intervening variables through which perceived discrimination experiences are related to psychological distress and other mental health indicators. More specifically, Branscombe and Ellemers (1998) argued that lowered sense of personal control is a key mechanism through which perceived experiences of discrimination correlate with lowered well-being and greater distress. They proposed that although discrimination provides targets of unfair treatment an external attribution for negative events (Crocker & Major, 1989), targets are likely to feel that they cannot control perpetrators' prejudicial and discriminatory attitudes and behaviors. Thus, experiences of prejudice and discrimination serve to undermine targets' sense of personal control in their life and across situations (Branscombe & Ellemers, 1998; Ruggiero & Taylor, 1995).

Indeed, Ruggiero and Taylor (1997) found empirical support for

this proposition in a study with a sample of East Asian and West Indian Black participants. The authors manipulated the likelihood of perceived discrimination by informing each participant that the eight judges grading her or his test were White. Furthermore, depending on the participant's assigned experimental condition, the experimenter stated that all eight (100%), six (75%), four (50%), two (25%), or none (0%) of the judges discriminated against the participant's racial-ethnic group. These authors then assessed participants' subjective sense of control over their test performance. They found that participants in the 75%, 50%, and 25%-chance of discrimination conditions reported greater perceived control over personal performance than did participants in the 100%-chance of discrimination condition. Furthermore, the extent to which participants perceived discrimination to be the reason for their poor test score was related negatively to reported control over test performance under different circumstances (e.g., with a different judge). Thus, perceived discrimination appears to be related to lower levels of perceived control.

Branscombe and Ellemers (1998) further theorized that the lowered sense of personal control related to discrimination experiences is linked to low self-esteem and high levels of distress in targets of discrimination. Indeed, feelings of control or mastery have been conceptualized to be an important aspect of psychological well-being (Ryff, 1989; Thompson, 1981) and a protective mechanism in the stress appraisal process (Lazarus & Folkman, 1984). Furthermore, a number of studies link empirically sense of personal control or mastery to psychological distress and self-esteem. For example, in a sample of adult community members, Folkman, Lazarus, Gruen, and DeLongis (1986) found that sense of control over one's life was related negatively and uniquely to psychological symptoms beyond a range of well-being, primary appraisal, secondary appraisal, and coping indicators. Similarly, Kanner and Feldman (1991) found for a racially-ethnically diverse sample of children that sense of control over daily hassles was related negatively and uniquely to depression beyond frequency of hassles. Across samples of older adult, adult, and adolescent participants, Larson (1989) found some support for the notion that greater perceived control over one's behaviors and life situations was related to greater levels of positive affect. Finally, Ryff (1989) found that a sense of mastery over one's life was related positively to self-esteem for a large sample that was diverse in terms of age.

The link between perceived discrimination and lowered perceived control and the link of perceived control to greater self-esteem and lower psychological distress are consistent with Branscombe and Ellemers's (1998) conceptualization and suggest that perceived discrimination is related, through its link to perceived control, to lower self-esteem and greater psychological distress. More specifically, although a direct relationship between perceived discrimination and self-esteem has not been found across a number of studies (e.g., Fischer & Shaw, 1999; Highlen, Tom, Ashton, & Thompson, 1998; Moradi & Subich, 2004; Utsey, Ponterotto, Reynolds, & Cancelli, 2000), reported discrimination experiences may be related to self-esteem indirectly through perceived control. Furthermore, perceived control may mediate fully or partially the link observed in prior literature between discrimination experiences and psychological distress.

Purpose of the Present Study

On the basis of the literature reviewed, the present study addresses two important gaps in the discrimination-mental health literature. First, we examine the discrimination-mental health link with a sample of Arab Americans, a population that experiences discrimination but has been largely ignored in the literature. Also, in light of the paucity of research on Arab American persons' reported experiences of discrimination, we report needed descriptive information about such experiences. Second, we examine the intervening role of perceived personal control in the links of reported discrimination experiences to psychological distress and self-esteem. Using path analysis, we test a model that examines the following hypotheses:

Hypothesis 1. Perceived racial-ethnic discrimination is related to the self-esteem of Arab American individuals indirectly through perceived control. A direct link between perceived discrimination and self-esteem has not been supported by much of the extant literature (e.g., Fischer & Shaw, 1999; Utsey et al., 2000). Nevertheless, given Lee's (2003) recent finding that discrimination was related negatively to self-esteem with an Asian Indian American sample, we also explore a direct relationship between perceived discrimination and self-esteem of Arab American persons.

Hypothesis 2. Personal control mediates the relationship between perceived discrimination and psychological distress of Arab American persons. We explore both partial and full mediation.

Finally, although not the primary focus of our study, we examine self-esteem as a moderator of the link between perceived discrimination and psychological distress in light of some emerging evidence that suggests such a possibility (Corning, 2002; Fischer & Shaw, 1999; Moradi & Subich, 2004).

Method

Participants

Data from 108 Arab American participants (53% women, 47% men) were analyzed in this study. Participants ranged in age from 18 to 60 years ($M = 26.48$, $SD = 10.00$; $Mdn = 22$). The majority of participants (68%) reported that they were students. In terms of relationship status, 58% of participants were single, 26% were married, 6% were dating, 4% were engaged, and 6% were in long-term relationships. The majority of participants identified as Muslim (61%), many identified as Christian (34%), and a few (5%) listed other religions. Thirty-eight percent of the sample reported that their highest educational degree was a high school degree, 34% had a bachelor's degree, 16% had a master's degree, 7% had an associates degree, and 5% had a doctoral degree. A large proportion of the sample (46%) identified as middle class, 38% were upper-middle class, 10% were working class, 3% were upper class, 1% were lower class, and approximately 3% did not respond to this item. The majority of the participants (57%) reported that they were not financially independent of their families. In terms of their family's social class, 40% of participants reported growing up in middle-class families, 39% in upper-middle-class families, 11% in working-class families, 9% in upper-class families, and approximately 2% did not respond to this item. Participants' self-reported ethnic identities were diverse and included Egyptian, Iraqi, Jordanian, Lebanese, Omani, Palestinian, Saudi, Syrian, and many participants re-

ported multiple ethnic identities. The largest groups of participants identified as Palestinian (38%), Syrian (15%), and Lebanese (14%). Approximately 41% of the participants were born in the United States, and the remaining 59% were born in Arab and non-Arab (e.g., United Kingdom) countries. Participants reported having lived in the United States from less than 1 year to 42 years ($M = 14$ years, $SD = 9$ years; $Mdn = 15.5$ years). Finally, participants were asked to rate how well they read and understood English on a scale ranging from 1 (*not at all*) to 5 (*extremely well*). None of the participants selected *not at all*, and on average, the sample indicated reading and understanding English quite well ($M = 4.62$, $SD = 0.66$).

Procedures

Nadia Talal Hasan networked extensively within the Arab American community in north central Florida. She contacted student and community organization members and attended meetings and functions to make announcements about the study and distribute survey packets to interested participants. She recruited students and community members from Arabic culture and language courses, Arabic and Islamic student organizations, and Arab-based churches and mosques through personal contacts and by snowball sampling. Participants were informed that they had to be of Arab background, 18 years of age or older, and reside in the United States to participate. Interested individuals were given a survey packet and informed that the survey took approximately 20–35 min to complete and included questionnaires about their identities, life experiences, and well-being. Participants were given the option to complete the survey packet then or to return their completed packets at a later date to the individual who distributed the packet to them or to one of several drop-off locations. Participants who elected to return the packet at a later date were called or e-mailed two to three times in the following weeks and reminded to complete and return the survey packets. All participants were given written informed consent and debriefed.

Two hundred twenty-eight survey packets were distributed, and 116 survey packets were completed and returned, resulting in a response rate of 51%. One participant was not of Arab background, 2 participants were under the age of 18, and five packets had large amounts of missing data. These participants were excluded from data analyses, resulting in a total sample size of 108.

Instruments

In light of the fact that many of the instruments used in the present study were not developed for Arab American persons specifically, we consulted three Arab American persons (two students and one faculty member who specializes in Arab American studies) about our instrument selection and survey packet. Our consultants and Nadia Talal Hasan, who is also Arab American, carefully reviewed all instruments and recommended some formatting modifications and the addition of a few items to the packet. These recommendations and our modifications are integrated as appropriate throughout our description of instruments. The order of the instruments was counterbalanced in the survey packet to control for order effects.

Brief Symptom Inventory (BSI; Derogatis, 1993). The BSI is a 53-item, self-report, Likert-type scale that assesses current level of psychological distress and symptomatology. Participants rate the extent to which they are bothered by symptoms such as “nervousness or shakiness inside,” “faintness or dizziness,” and “the idea that someone else can control your thoughts” on a 5-point continuum that ranges from 0 (*not at all*) to 4 (*extremely*). Ratings are averaged across 53 items to produce a General Severity Index (GSI) that ranges from 0 to 4, with higher scores indicative of higher levels of overall psychological distress. The GSI was used as an index of overall psychological distress in the present study. Derogatis (1993) reported a 2-week test–retest reliability of .90, and Moradi and Subich (2002) reported an internal consistency estimate of .97 for GSI scores. In terms of validity evidence, Derogatis reported high convergence

between the dimensions of the BSI and corresponding dimensions of the Minnesota Multiphasic Personality Inventory and Symptom Checklist–90—Revised (SCL-90–R; Derogatis, 1993) scales. An alpha internal consistency reliability of .97 was obtained for GSI scores with the present sample.

The Schedule of Racist Events (SRE; Landrine & Klonoff, 1996). The SRE is an 18-item, Likert-type, self-report measure that assesses the frequency of experiences of reported racist events for African Americans. Versions of this scale have been used to assess women’s experiences of sexist events (Klonoff & Landrine, 1995) and lesbian persons’ experiences of heterosexist events (Selvidge, 2000). Using a Likert-type scale ranging from 1 (*the event never happened*) to 6 (*the event happened almost all of the time* [more than 70% of the time]), participants rate the items once for the frequency of racist events within one’s lifetime (SRE-Lifetime), once for the frequency of racist events within the past year (SRE-Recent), and once for the perceived stressfulness of each event (SRE-Appraisal). Item ratings are summed to yield total scores; higher scores indicate greater frequency or stressfulness of racist events. A sample item from the SRE is “How many times have people misunderstood your intentions and motives because you are Black.” Internal consistency reliability estimates for recent and lifetime scales were both .95 for Landrine and Klonoff’s (1996) sample of African American participants. In terms of validity, SRE scores were related to Krieger’s (1990) measure of racist discrimination (Klonoff & Landrine, 2000) and independent of age, income, and education for a sample of 520 African American respondents (Klonoff & Landrine, 1999). Because of Landrine and Klonoff’s (1996) conceptualization of recent racist events as the most proximal and salient predictor of psychological distress, the lack of clarity observed by other researchers about the meaning of appraisal scores (e.g., Fischer & Shaw, 1999), and high correlations among SRE scales (Fischer & Shaw, 1999), only SRE-Recent scores are used in the present analyses.

Our consultants agreed that the items in the SRE (Landrine & Klonoff, 1996) adequately captured a broad range of possible discrimination experiences. To make the SRE applicable to Arab American participants, the word *Black* was replaced with *Arab background* for appropriate items. For example, the item “How many times have you been treated unfairly by strangers because you are Black” was modified to “How many times have you been treated unfairly by strangers because you are of Arab background.” Also, racial slurs against African Americans in one item were replaced with the words *terrorist*, *towel head*, and *foreigner* to reflect derogatory labels about persons of Arabic descent. Our consultants reviewed this modified version of the SRE and found it to be appropriate and in need of no additional changes.

The reliability and validity of the modified Schedule of Racist Events—Arab American version (SRE-AA) was evaluated. The alpha internal consistency reliability estimate of SRE-AA scores for the present sample was .94, comparable to the .95 found in Landrine and Klonoff’s (1996) sample of African American participants. Furthermore, corrected item-total correlations ranged from .50 to .80, and elimination of any item would not have increased the coefficient alpha. Discriminant and convergent validity data were also collected. In terms of discriminant validity, it was found that SRE-AA scores were not related significantly to self-deceptive enhancement or impression management dimensions of social desirability assessed with the Balanced Inventory of Desirable Responding—Version 6 (BIDR-6; Paulhus, 1994). The BIDR-6 is a self-report measure of social desirability that is frequently used across studies to assess the aforementioned dimensions. Evidence of test–retest and internal consistency reliability and convergent and structural validity for BIDR-6 scores have been reported across samples (Paulhus, 1994).

To evaluate convergent validity, Norris’s (n.d.-a, n.d.-b) self-report measure was used, the only measure found that included items that assessed racial–ethnic discrimination experiences related to the events of 9/11. A single dichotomously scored question assessed whether individuals feared for their safety, well-being, or acceptance because of their ethnicity

or religion or other people's perceptions of their ethnicity or religion since the events of 9/11. Those who responded affirmatively to this item were then asked (a) whether they were harassed verbally, (b) threatened physically, (c) harmed physically, or (c) had to change their normal activities out of fear. On the basis of the feedback from our Arab American consultants, a question was also added to assess whether participants' friendships were affected negatively. Point-biserial correlations between SRE-AA scores and Norris's (n.d.-b) dichotomously scored items were evaluated. As expected, responding affirmatively to the first general item ($r = .25; p < .05$), experiencing verbal harassment ($r = .38; p < .001$), physical threat ($r = .30; p < .05$), change in normal activities ($r = .25; p < .01$), and negative friendships consequences ($r = .32; p < .001$) each were related to higher SRE-AA scores. Only 2 participants reported experiencing physical harm, thus this item was excluded from the convergent validity analyses. Finally, based on feedback from our consultants, it was expected and found that being Muslim rather than Christian ($r = .25; p < .05$), adhering strictly to traditional Arab culture ($r = .31; p < .001$), and having a family that adhered strictly to traditional Arab culture ($r = .29; p < .01$) each were related to higher SRE-AA scores for the present sample.

Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965). The RSE is a 10-item self-report measure that assesses self-esteem. Items are rated on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Five items are reverse scored and item ratings are summed or averaged to yield a scale score; higher scores indicate higher self-esteem (Wylie, 1989). Wylie (1989) reported alphas ranging from .74 to .87 and test-retest reliabilities ranging from .63 to .91 across studies. In terms of validity, RSE scores have been linked negatively to depressive affect, anxiety, psychosomatic symptoms, and interpersonal insecurity (Wylie, 1989). An alpha internal consistency reliability estimate of .89 was obtained for RSE scores with the present sample.

Environmental Mastery (EM; Ryff, 1989). Ryff developed the EM scale to assess a theoretically based dimension of well-being. Items were developed rationally to capture a sense of perceived control in one's life and one's environment. Items were retained in the final 20-item Likert-type (ranging from 1 [*strongly agree*] to 6 [*strongly disagree*]) instrument based on item-total correlations. Appropriate items are reverse scored, and item

ratings can be added or averaged to yield a scale score; higher scores indicate greater sense of personal control in one's life and environment (Ryff, 1989). In her sample, Ryff reported alpha internal consistency reliability of .90 and 6-week test-retest reliability of .81 for EM scores. In terms of validity, Ryff reported positive correlations of EM scores with life satisfaction and internal locus of control and negative correlations with belief in the control of powerful others and chance. An alpha internal consistency reliability estimate of .85 was obtained for EM scores with the present sample.

Results

Frequency of Reported Discrimination Events

We examined frequencies and descriptive statistics for specific discrimination events in order to explore the prevalence of such experiences for our sample. For the most part, mean and medians for the frequency of the specific discrimination events were near the never-end of the rating scale (see Table 1). Across the various specific experiences, 9% (forced to take drastic steps to deal with some racist thing done to you) to 70% (wanted to tell someone off for being racist) of the sample reported experiencing the event at least once in a while. The prevalence of some events was particularly disturbing. For instance, 53% of the sample reported being treated unfairly by strangers because they were of Arab descent, 47% reported that they had been in an argument about something racist done to them, and 46% reported that they had been called racist names at least once in a while within the past year.

Descriptive Statistics and Links Among Variables of Interest

Descriptive statistics and correlations among the variables of interest are reported in Table 2. The GSI mean and standard

Table 1
Percentage of Sample Reporting Specific Discrimination Events

Abbreviated item content	1 (Never happened)	2 (Once in a while)	3 (Sometimes)	4 (A lot)	5 (Most of the time)	6 (Almost all of the time)	Sample M	Sample Mdn	
1. Treated unfairly by teachers/professors	73	20	2	2	3	1	1.45	1	
2. Treated unfairly by employer/boss	82	10	3	2	3	1	1.37	1	
3. Treated unfairly by colleagues	63	22	5	7	1	2	1.68	1	
4. Treated unfairly by service jobs	60	22	7	5	5	1	1.75	1	
5. Treated unfairly by strangers	47	31	10	6	3	3	1.93	2	
6. Treated unfairly by people in helping jobs	86	7	5	0	1	1	1.24	1	
7. Treated unfairly by neighbors	77	13	7	2	0	2	1.41	1	
8. Treated unfairly by institutions	73	16	6	3	1	2	1.48	1	
9. Treated unfairly by friends	74	15	5	4	2	0	1.43	1	
10. Accused/suspected of wrongdoing	89	7	2	2	1	0	1.19	1	
11. People misunderstood your intentions	66	20	7	4	3	1	1.60	1	
12. Wanted to tell someone off for being racist	30	30	21	7	7	6	2.49	2	
13. Angry about something racist done to you	55	19	17	3	6	2	1.91	1	
14. Drastic steps to deal with something racist	91	7	1	0	1	1	1.17	1	
15. Called racist names	54	21	10	6	3	6	1.98	1	
16. Argument/fight about something racist	53	19	18	2	5	3	1.93	1	
17. Picked on/hit/threatened	70	16	6	3	3	2	1.56	1	
	<i>Same</i>			<i>Totally different</i>					
18. How different would your life be if you had not been treated in a racist/unfair way?	53	24	17	3	0	4	1.84	1	

Note. Total percentages across rows may not equal 100 because of rounding and missing data.

Table 2
Summary Statistics and Intercorrelations Among Variables of Interest

Variable	1	2	3	4	Possible range	Sample range	<i>M</i>	<i>SD</i>	α
1. Psychological distress	—	.32*	-.47*	-.55*	0-4	0-2.91	0.77	0.63	.97
2. Discrimination events		—	-.29*	-.29*	18-108	18-89	29.47	13.61	.94
3. Self-esteem			—	.69*	1-4	1.90-4.00	3.49	0.57	.89
4. Environmental mastery				—	1-6	2.36-6.00	4.41	0.77	.85

* $p < .01$.

deviation for our sample of Arab American individuals ($M = 0.77$, $SD = 0.63$) fell between those reported for primarily White adult nonpatient ($M = 0.30$, $SD = 0.31$) and primarily White adult outpatient ($M = 1.32$, $SD = 0.72$) persons in the BSI (Derogatis, 1993) normative sample. The mean obtained in the present study for reported discrimination events ($M = 29.47$, $SD = 13.61$) was somewhat lower than that ($M = 40.99$) reported by Landrine and Klonoff (1996) for a sample of African American university students, faculty, and staff (no standard deviation was reported by these authors) but comparable to that reported by Fischer and Shaw (1999) for their sample of African American undergraduate students ($M = 34.17$, $SD = 12.41$). Our sample's EM scores ($M = 4.41$, $SD = 0.77$) were comparable to those reported by Ryff (1989) for young, middle-aged, and older adult women ($M = 4.41-4.69$, $SD = 0.73-0.81$) and men ($M = 4.48-4.87$, $SD = 0.58-0.77$). Finally, our sample's RSE (Rosenberg, 1965) scores ($M = 3.49$, $SD = 0.57$) were similar to those for Fischer and Shaw's (1999) sample of African American women and men ($M = 3.43$, $SD = 0.46$).

As indicated in Table 2, reports of recent discrimination events were related positively to psychological distress and negatively to self-esteem and environmental mastery. Furthermore, self-esteem and environmental mastery were related positively to one another and negatively to psychological distress.

Exploring Potential Covariates

Before conducting tests of the hypotheses, we wanted to identify potential covariates for inclusion in the primary analyses. Thus, we examined correlations between the variables of interest (i.e., recent discrimination events, self-esteem, environmental mastery, psychological distress) and demographic variables (i.e., age, gender, relationship status, religion, student vs. nonstudent status, educational degree, current socioeconomic status, familial socioeconomic status, and number of months residing in the United States). For dichotomous variables (e.g., gender), we computed point-biserial correlations, and given the large number of correlations, we adjusted alpha to .001. Students and nonstudents did not score significantly differently on any of the variables of interest, and none of the demographic variables was correlated significantly with any of the variables of interest. Thus, we did not enter any covariates in the primary analyses.

Path Analysis

In light of the significant zero-order correlations of reported discrimination to self-esteem and psychological distress in our sample, we examined environmental mastery as a mediator of

these links. We followed Baron and Kenny's (1986) procedures for testing mediation. These authors indicated that for a variable to be considered a mediator, there must be a significant relationship between the predictor and the mediator and between the mediator and the criterion variable. Both of these conditions were satisfied for environmental mastery. More specifically, zero-order correlations reported in Table 2 indicated that recent discrimination events (i.e., predictor) were related significantly to environmental mastery (i.e., potential mediator), which in turn was correlated significantly with self-esteem and psychological distress (criterion variables). If these conditions are satisfied, a variable is a mediator to the extent that it accounts for the relationship between the predictor and the criterion (i.e., correlation of discrimination events to self-esteem and psychological distress).

We used Amos 4.01 (Arbuckle, 1999) to conduct a path analysis of direct and indirect (i.e., mediated) links of recent discrimination events to self-esteem and psychological distress through environmental mastery. This procedure allowed for the simultaneous examination of the conditions for mediation outlined by Baron and Kenny (1986). We used maximum likelihood estimation, with the covariance matrix of the variables of interest as input. Values for the goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), comparative fit index (CFI), normed fit index (NFI), nonnormed fit index (NNFI; also known as the Tucker Lewis Index [TLI]), and the root-mean-square error of approximation (RMSEA) were .99, .92, .99, .99, .96, and .08, respectively, indicating a good to excellent fit to the data (Kelloway, 1998; Ullman, 1996). The model accounted for 48% of the variance in self-esteem and 33% of the variance in psychological distress. As indicated in Figure 1, standardized path coefficients all were significant and in the expected direction with the exception of the nonsignificant direct link between discrimination events and self-esteem. Consistent with hypotheses, discrimination events related indirectly through environmental mastery to self-esteem and directly and indirectly through environmental mastery to psychological distress. We multiplied indirect standardized path coefficients to compute indirect effects (Cohen & Cohen, 1983) and used Sobel's formula (see Baron & Kenny, 1986) to determine whether indirect effects were significantly different from zero. Discrimination events had a significant indirect link of $-.19$ (i.e., $-.29 \times .66$; $z = -3.04$; $p < .01$) to self-esteem. Furthermore, discrimination events had a significant (i.e., $-.29 \times -.49$; $z = 2.85$; $p < .01$) indirect link of $.14$ and a significant direct link of $.18$. Thus, environmental mastery fully mediated the link between discrimination events and self-esteem and partially mediated the link between discrimination events and psychological distress.

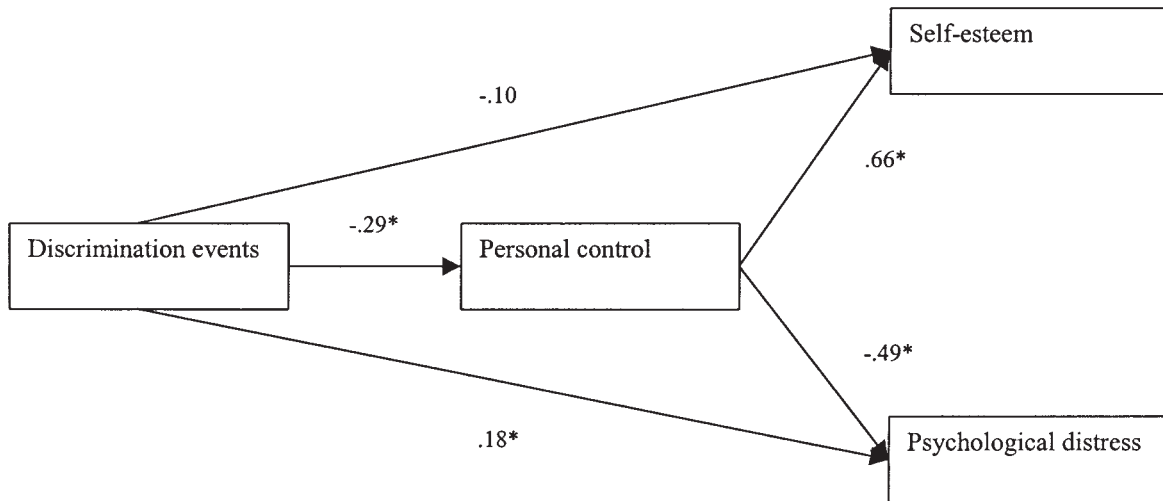


Figure 1. Role of personal control in the link of discrimination events to self-esteem and psychological distress. Values reflect standardized coefficients. * $p < .05$.

We compared the fit of the aforementioned model with that of a trimmed model that eliminated the nonsignificant path from discrimination events to self-esteem. The change in the chi-square statistic was not statistically significant, and fit index values for this model were all above acceptable cutoffs (GFI = .98; AGFI = .92; CFI = .99; NFI = .97; NNFI = .97; RMSEA = .09) and similar to those for the original model. The model accounted for 47% of the variance in self-esteem and 33% of the variance in psychological distress. As shown in Figure 2, standardized path coefficients were also comparable to that in the original model.

Exploring the Potential Moderating Role of Self-Esteem

In light of emerging data suggesting that self-esteem may moderate the discrimination–distress link (Corning, 2002; Fischer & Shaw, 1999; Moradi & Subich, 2004), we followed Baron and

Kenny's (1986) recommendations for testing such an effect. Before conducting this analysis, we considered the issue of multicollinearity. To reduce multicollinearity between the interaction term and other predictor variables, we centered scores for the predictor and moderator variables and computed interaction terms on the basis of these centered scores (Aiken & West, 1991). Next, we examined several indices to evaluate whether multicollinearity was a problem in the regression equation. Tabachnick and Fidell (1996) suggested that correlations below .90 and condition index values below 30 indicate that multicollinearity is not problematic. Myers (1990) suggested that variance inflation factors below 10 indicate that multicollinearity is not problematic. In our regression equation, absolute values of correlations among predictor, moderator, and interaction term ranged from .28 to .39, condition index values ranged from 1.25 to 1.72, and variance inflation factors

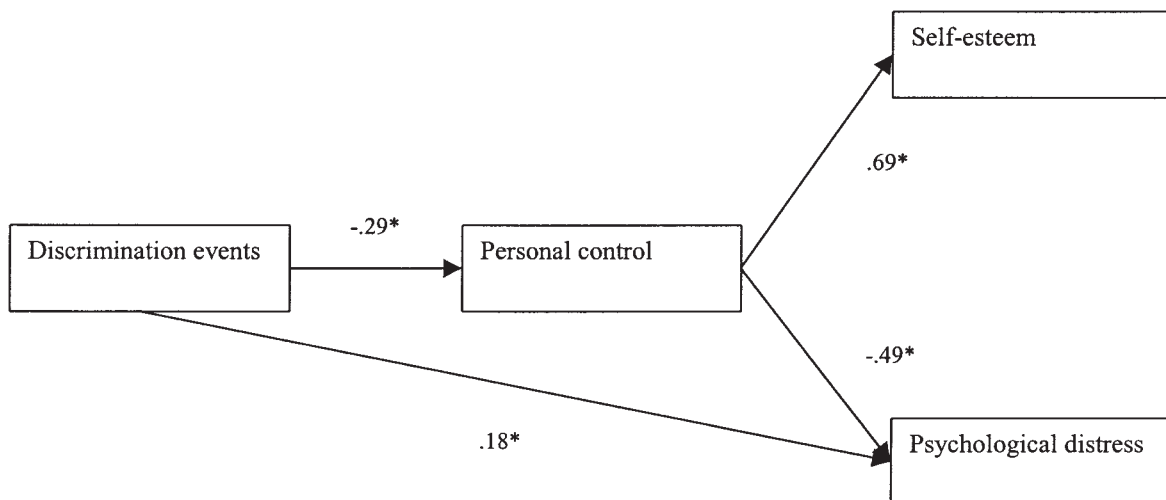


Figure 2. Trimmed model of the role of personal control in the link of discrimination events to self-esteem and psychological distress. Values reflect standardized coefficients. * $p < .05$.

ranged from 1.14 to 1.23. Because these values were below the previously mentioned cutoffs, multicollinearity was not deemed problematic.

To test for a significant interaction effect, we used hierarchical regression analysis and entered recent discrimination events (i.e., predictor) and self-esteem (i.e., the moderator) as Step 1 and entered the interaction of these variables as Step 2 in a regression equation predicting psychological distress. Significant unique links from discrimination events ($\beta = .22$), $t(3, 104) = 2.39$, $p < .05$, and self-esteem ($\beta = -.43$), $t(3, 104) = -4.58$, $p < .001$, to psychological distress emerged with the combination of these variables accounting for 26%, $F(3, 104) = 12.10$, $p < .001$, of the variance in psychological distress. There was no significant interaction effect, however, indicating that self-esteem did not moderate the discrimination events–distress link for our sample.

Discussion

The present study extended the literature on the link between perceived discrimination experiences and mental health by examining this link for Arab Americans, a population likely to experience discrimination and prejudice but ignored by the literature thus far. The direct link we found between perceived discrimination events and psychological distress with our sample of Arab American individuals is consistent with accumulating data on this link for primarily White women (e.g., Landrine et al., 1995; Moradi & Subich, 2002) and African American women and men (e.g., Landrine & Klonoff, 1996; Moradi & Subich, 2003). Furthermore, the magnitude of the zero-order correlation between perceived recent discrimination and psychological distress found in our study ($r = .32$) was comparable to that found in studies that examined the link of recent racist events to psychological distress with African American women and men (e.g., $r = .31$ in Landrine & Klonoff, 1996; $r = .28$ in Moradi & Subich, 2003; $r = .24$ in Utsey & Ponterotto, 1996) and studies that examined the link of recent sexist events to psychological distress with African American women ($r = .35$ in Moradi & Subich, 2003) and primarily White women (e.g., $r = .43$ in Moradi & Subich, 2002). The discrimination–distress link found in the present study is also consistent with Liebkind and Jasinskaja-Lahti's (2000) findings that reports of discrimination were related to psychological distress for Arab immigrants living in Finland. Thus, our findings suggest that the discrimination–distress link found with other populations may generalize to Arab American persons.

The present study added to prior literature also by exploring the mediating role of personal control in the discrimination–mental health link and by examining both self-esteem and psychological distress as indicators of mental health. Consistent with theoretical conceptualization (Branscombe & Ellemers, 1998; Ruggiero & Taylor, 1995) and hypotheses, our path analytic findings suggested that sense of personal control mediated fully the link of perceived discrimination events to self-esteem and mediated partially that link to psychological distress for Arab American persons. In other words, in addition to their direct link to psychological distress, perceived discrimination events were related to lower levels of perceived control over one's life, and lower perceived control in turn was related to lower self-esteem and greater psychological distress for Arab American individuals. According to Baron and Kenny (1986), "Mediators explain how external physical events

take on internal psychological significance" (p. 1176). As such, loss of perceived control may serve to translate the external experience of discrimination and prejudice to increased psychological distress and decreased self-esteem for Arab American persons.

Although our correlational data are consistent with this interpretation and with Branscombe and Ellemers's (1998) and Ruggiero and Taylor's (1995) propositions that perceived discrimination events threaten sense of control and thus result in lowered self-esteem and greater distress, experimental studies are needed to test the causal directions implicit in these conceptualizations. For example, level of personal control could be manipulated by teaching participants strategies for personal and collective action against discrimination. These participants' level of self-esteem and psychological distress could be compared with that of a control group postintervention and at appropriate follow-up(s). Such a design could evaluate the causal role of perceived personal control in predicting self-esteem and psychological distress. Such research on intervening variables (i.e., mediators and moderators) can shed light on the processes through which perceived discrimination events are linked with mental health indicators. Furthermore, the extent to which the mediating role of perceived control (and other potential intervening variables) generalizes to different populations needs to be examined empirically.

Some interesting complexities also emerged from our data that point to the need for further research. With our sample of Arab American individuals, we found a link between perceived discrimination events and self-esteem that was mediated fully by perceived control. Recently, Lee (2003) also found a relationship between perceived discrimination events and self-esteem with a sample of Asian Indian participants. A number of other studies, however, reported no relationship from perceived sexist and racist events to self-esteem for samples of women (e.g., Moradi & Subich, 2004) or African American persons (Fischer & Shaw, 1999; Utsey et al., 2000). Differences in findings across samples suggest that the discrimination–self-esteem relationship may vary across populations and in some cases may occur through the intervening role of other variables. Such differences point to the importance of exploring variables that might intervene in (i.e., mediate or moderate) the relationship between perceived discrimination and self-esteem across populations.

Furthermore, self-esteem may moderate the discrimination–distress link in some populations but not in others. Whereas other authors reported that self-esteem moderated the link between perceived discrimination and psychological distress for women and African American persons (Corning, 2002; Fischer & Shaw, 1999; Moradi & Subich, 2004), our data did not support this moderator effect with Arab American individuals. This inconsistency is further complicated by the fact that when supported, the direction of self-esteem's moderation has varied across populations. For example, Moradi and Subich (2004) and Corning (2002) reported evidence that the link of perceived sexist events or gender inequity to psychological distress was stronger for women with low self-esteem than for women with high self-esteem. On the contrary, Fischer and Shaw (1999) found that the link between perceived racist events and mental health (operationalized as a single measure that collapsed psychological well-being and distress) was stronger for those with high self-esteem than for those with low self-esteem. One possible explanation for these mixed findings is differences in the relevance of self-esteem to various populations

when it is defined and operationalized as a construct rooted in individualism. Thus, studies are needed to explore culture-specific manifestations of self-esteem as potential moderators of the discrimination–distress link.

Overall, the link of perceived discrimination to self-esteem and the role of self-esteem in the discrimination–distress link appears more complex and varied across populations than the link of perceived discrimination to psychological distress. Thus, researchers should use multiple indicators of mental health that assess separately psychological well-being (e.g., self-esteem) and psychological distress. In addition, the complexities in extant findings regarding self-esteem and the paucity of research with populations other than primarily White women and African American women and men highlight the importance of theoretically grounded studies that examine the replicability of extant findings across different samples and different populations. Given that only a few studies have examined self-esteem as a criterion variable or as a moderator, additional studies can reveal whether extant findings reflect sample-specific idiosyncrasies or patterns generalizable to larger populations. Furthermore, qualitative research with different populations on the perceived consequences of discrimination events and potential buffers of such consequences (e.g., culture-specific manifestations of self-esteem) might point to general and population-specific processes that help explain differences that have emerged in studies with different populations. Such research can provide the groundwork for further research aimed toward understanding the processes through which perceived discrimination events are related to mental health criteria across populations.

The findings of the present study must be interpreted in light of its limitations. First, our sample consisted primarily of young, at least high-school educated, middle-class Arab American individuals. Additional studies are needed to examine the replicability of our findings with diverse samples of Arab American individuals. Second, as mentioned previously, our study was correlational and thus did not test the direction of causality among the variables examined. For example, perceived discrimination experiences might result in loss of control or, alternatively, perceiving a lack of control might result in perceiving more discrimination events. It is also possible that there is a circular relationship between perceived discrimination events and personal control such that discrimination events result in loss of control, which in turn results in perceiving more discrimination events, and so on. Although theoretical conceptualizations suggest causal links in the directions tested in our model (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996; Branscombe & Ellemers, 1998; Landrine & Klonoff, 1996; Ruggiero & Taylor, 1995), experimental and longitudinal research with larger and more representative samples may further clarify the causal directions in the relations examined in the present study.

An additional limitation of our research is that, consistent with prior research on the discrimination–mental health relationship, we examined experiences *perceived* as or attributed to discrimination or prejudice. This focus explores postattribution processes and points to potential areas for intervention in these processes. A postattribution focus does not negate, however, the importance of research aimed to understand preattribution processes and their consequences. For example, individual differences (e.g., target's affect, target's knowledge about prejudice) and contextual variables (e.g., gender and race of perpetrator) may shape persons'

attributions and perceptions of events (Barret & Swim, 1998; Sechrist, Swim, & Mark, 2003). Different attributions and perceptions of events in turn may have different mental health consequences. Thus, research that explores preattribution processes can inform educational and therapeutic interventions.

Despite these limitations, in the context of extant literature, our findings can inform practice. First, the accumulating body of evidence linking perceived discrimination experiences to psychological distress across populations highlights the importance of considering clients' perceived discrimination experiences in case conceptualization, intervention, and treatment planning. Given reported increases in anti-Arab sentiment (Ibish, 2003) and concerns reported by Arab Americans about such prejudice (Zogby, 2001), it seems especially important for counselors to communicate empathy for and openness to exploring Arab American clients' experiences of prejudice and discrimination and the role these experiences may play in clients' level of distress and self-esteem.

The mediating role of sense of control in the link of perceived discrimination events to psychological distress and self-esteem also raises interesting questions for research and therapy. If clients who are targets of prejudice and discrimination perceive such occurrences to be out of their control, and if sense of control over one's life is an important correlate of mental health, how are counselors and therapists to intervene? Targets of discrimination may believe that they cannot control the prejudiced attitudes and behaviors of perpetrators. Targets also may have little faith in the effectiveness of confronting or reporting such behaviors. Indeed, these assumptions may be accurate in many situations. Thus, therapeutic interventions aimed at convincing clients that they can control discrimination events may be ineffective and even harmful.

On the other hand, would it be useful for counselors to explore with clients the extent and types of control that they have or find helpful? For example, clients may not be able to control particular situations, but they may develop a sense of mastery over general discrimination and prejudice by engaging in individual (e.g., talking to others about their experiences) and/or collective (e.g., joining an Arab American organization) social activism. In each case, counselors can help clients recognize their actions as mechanisms for affecting social change. This in turn may help clients feel more in control.

Therapists and counselors also can inform themselves of anti-discrimination policies that provide clients with mechanisms for control (e.g., reporting discriminatory practices, challenging perceived discriminatory decisions). Furthermore, counselors can advocate for their clients by ensuring implementation of such policies and working toward developing policies when needed. An important research question that can guide such therapeutic interventions is whether and the extent to which these types of control (e.g., individual and collective action, making use of institutional antidiscrimination policies) are effective means of mitigating the negative mental health links of perceived discrimination.

Finally, it is important to note that the present study is only a small step toward addressing the wide gap in the psychological literature on Arab Americans. A review of most psychology texts and journals, even those focused on diversity, will reveal the invisibility of Arab Americans. Thus, we encourage counseling psychology researchers and practitioners to attend more fully to the histories, experiences, and needs of Arab Americans. The AAI (<http://www.aaiusa.org>) and the ADC (<http://www.adc.org>) Web

sites provide useful resources and bibliographies for those interested in learning more about Arab Americans. In addition, reviews are needed to integrate historical, anthropological, sociological, and other relevant scholarship about Arab Americans. Such reviews could introduce counseling psychologists to the diversities and commonalities of the experiences and values of Arab Americans, critically examine the limited existing psychological literature about this group, and highlight implications for research and practice with Arab Americans. Such work could provide the groundwork for integrating more fully the experiences and needs of Arab Americans into counseling psychology research and practice.

References

- Abudabbeh, N. (1996). Arab families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 333–346). New York: Guilford Press.
- Abudabbeh, N., & Nydell, M. K. (1993). Transcultural counseling and Arab Americans. In J. McFadden (Ed.), *Transcultural counseling: Bilateral and international perspectives* (pp. 261–284). Alexandria, VA: American Counseling Association.
- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.
- American-Arab Anti-Discrimination Committee. (n.d.). *Facts about Arabs and the Arab world*. Retrieved March 23, 2002, from <http://www.adc.org/index.php?id=248>
- Arab American Institute. (n.d.). *The U. S. Census and Arab Americans*. Retrieved March 23, 2002, from <http://www.aaiusa.org/census>
- Arbuckle, J. L. (1999). Amos (Version 4.01) [Computer software]. Chicago: SmallWaters Corporation.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical consideration. *Journal of Personality and Social Psychology*, *51*, 1173–1182.
- Barret, L. F., & Swim, J. K. (1998). Appraisals of prejudice and discrimination. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 11–35). San Diego, CA: Academic Press.
- Basic Behavioral Science Task Force of the National Advisory Mental Health Council. (1996). Basic behavioral science research for mental health: Sociocultural and environmental processes. *American Psychologist*, *51*, 722–731.
- Branscombe, N. R., & Ellemers, N. (1998). Coping with group-based discrimination: Individualistic versus group-level strategies. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243–265). San Diego, CA: Academic Press.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*, 805–816.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Corning, A. F. (2002). Self-esteem as a moderator between perceived discrimination and psychological distress among women. *Journal of Counseling Psychology*, *49*, 117–126.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, *96*, 608–630.
- Derogatis, L. R. (1993). *Brief Symptom Inventory: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computer Systems.
- Dohrenwend, B. S., & Dohrenwend, B. P. (1974). Overview and prospects for research on stressful life events. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.), *Stressful life events: Their nature and effects* (pp. 313–331). New York: Wiley.
- Fischer, A. R., & Shaw, C. M. (1999). African Americans' mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology*, *46*, 395–407.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, *50*, 571–579.
- Highlen, P. S., Tom, D. M., Ashton, K. R., & Thompson, K. I. (1998, August). *Effects of perceived racism and sexism on psychological well-being and the moderating effects of identity development among African and European American college students*. Poster session presented at the 106th Annual Convention of the American Psychological Association, San Francisco, CA.
- Ibish, I. (2001). *1998–2000 report on hate crimes and discrimination against Arab Americans*. Washington, DC: American-Arab Anti-Discrimination Committee.
- Ibish, I. (2003). *Report on hate crimes and discrimination against Arab Americans: The post-September 11 backlash, September 11, 2001–October 11, 2002*. Washington, DC: American-Arab Anti-Discrimination Committee.
- Jackson, M. L. (1997). Counseling Arab Americans. In L. C. Courtland (Ed.), *Multicultural issues in counseling: New approaches to diversity* (2nd ed., pp. 333–349). Alexandria, VA: American Counseling Association.
- Kanner, A. D., Coyne, J. C., Schaeffer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts vs. major life events. *Journal of Behavioral Medicine*, *4*, 1–39.
- Kanner, A. D., & Feldman, S. S. (1991). Control over uplifts and hassles and its relationship to adaptational outcomes. *Journal of Behavioral Medicine*, *14*, 187–201.
- Kelloway, E. K. (1998). *Using LISREL for structural equation modeling: A researcher's guide*. Thousand Oaks, CA: Sage.
- Klonoff, E. A., & Landrine, H. (1995). The Schedule of Sexist Events: A measure of lifetime and recent sexist discrimination in women's lives. *Psychology of Women Quarterly*, *19*, 439–472.
- Klonoff, E. A., & Landrine, H. (1999). Cross-validation of the Schedule of Racist Events. *Journal of Black Psychology*, *25*, 231–254.
- Klonoff, E. A., & Landrine, H. (2000). Is skin color a marker for racial discrimination? Explaining the skin color-hypertension relationship. *Journal of Behavioral Medicine*, *23*, 329–338.
- Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity & Ethnic Minority Psychology*, *5*, 329–339.
- Krieger, N. (1990). Racial and gender discrimination: Risk factors for high blood pressure? *Social Science and Medicine*, *30*, 1273–1281.
- Landrine, H., & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*, *22*, 144–168.
- Landrine, H., & Klonoff, E. A. (1997). *Discrimination against women: Prevalence, consequences, remedies*. Thousand Oaks, CA: Sage.
- Landrine, H., Klonoff, E. A., Gibbs, J., Manning, V., & Lund, M. (1995). Physical and psychiatric correlates of gender discrimination: An application of the Schedule of Sexist Events. *Psychology of Women Quarterly*, *19*, 473–492.
- Larson, R. (1989). Is feeling "in control" related to happiness in daily life? *Psychological Reports*, *64*, 775–784.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans? *Journal of Counseling Psychology*, *50*, 133–141.
- Liebkind, K., & Jasinskaja-Lahti, I. (2000). The influence of experiences of discrimination on psychological stress: A comparison of seven immi-

- grant groups. *Journal of Community & Applied Social Psychology*, 10, 1–16.
- Moradi, B., & Subich, L. M. (2002). Perceived sexist events and feminist identity development attitudes: Link to women's psychological distress. *The Counseling Psychologist*, 30, 44–65.
- Moradi, B., & Subich, L. M. (2003). A concomitant examination of the relations of perceived racist and sexist events to psychological distress for African American women. *The Counseling Psychologist*, 31, 451–469.
- Moradi, B., & Subich, L. M. (2004). Examining the moderating role of self-esteem in the link between experiences of perceived sexist events and psychological distress. *Journal of Counseling Psychology*, 51, 50–56.
- Myers, R. (1990). *Classical and modern regression with application* (2nd ed.). Boston: Duxbury.
- Norris, F. H. (n. d.-a). *Measuring exposure to the events of September 11, 2001: Pretest results and stress/loss norms obtained from a minimally exposed but diverse sample of college students*. Retrieved March 8, 2002, from <http://obsr.od.nih.gov/Activities/911/pilot.htm>
- Norris, F. H. (n. d.-b). *9/11 attack module 1: Assessment of exposure to the events*. Retrieved March 8, 2002, from <http://obsr.od.nih.gov/Activities/911/module1.pdf>
- Paulhus, D. L. (1994). *Balanced Inventory of Desirable Responding: Reference manual for BIDR Version 6*. Vancouver: University of British Columbia.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ruggiero, K. M., & Taylor, D. M. (1995). Coping with discrimination: How disadvantaged group members perceive the discrimination that confronts them. *Journal of Personality and Social Psychology*, 68, 826–838.
- Ruggiero, K. M., & Taylor, D. M. (1997). Why minority group members perceive or do not perceive the discrimination that confronts them: The role of self-esteem and perceived control. *Journal of Personality and Social Psychology*, 72, 373–389.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.
- Sechrist, G. B., Swim, J. K., & Mark, M. M. (2003). Mood as information in making attributions to discrimination. *Personality and Social Psychology Bulletin*, 29, 524–531.
- Selvidge, M. D. (2000). *The relationship of sexist events, heterosexist events, self-concealment and self-monitoring to psychological well-being in lesbian and bisexual women*. Unpublished doctoral dissertation, The University of Memphis.
- Smith, E. M. J. (1985). Ethnic minorities: Life stress, social support, and mental health issues. *The Counseling Psychologist*, 13, 537–579.
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics* (3rd ed.). St. Louis, MO: HarperCollins.
- Thompson, S. C. (1981). Will it hurt less if I can control it? A complex answer to a simple question. *Psychological Bulletin*, 90, 89–101.
- Ullman, J. B. (1996). Structural equation modeling. In B. G. Tabachnick & L. S. Fidell (Eds.), *Using multivariate statistics* (3rd ed., pp. 709–811). New York: HarperCollins.
- Utsey, S. O., & Ponterotto, J. G. (1996). Development and validation of the Index of Race-Related Stress (IRRS). *Journal of Counseling Psychology*, 43, 490–501.
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78, 72–80.
- Waldo, C. R. (1999). Working in a majority context: A structural model of heterosexism as minority stress in the workplace. *Journal of Counseling Psychology*, 46, 218–232.
- Wylie, R. C. (1989). *Measures of self-concept*. Lincoln: University of Nebraska Press.
- Zogby, J. J. (2001, October). *Arab American attitudes and the September 11 attacks*. Retrieved March 23, 2002, from <http://www.aaiusa.org/PDF/attitudes.pdf>

Received October 15, 2003

Revision received February 16, 2004

Accepted March 3, 2004 ■