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Prevention in Counseling Psychology: Theory, Research, Practice and Training is a publication of the Prevention Section of the Society for Counseling Psychology. The publication is dedicated to the dissemination of information on prevention theory, research, practice and training in counseling psychology, stimulating prevention scholarship, promoting collaboration between counseling psychologists engaged in prevention, and encourages student scholars. The publication focuses on prevention in specific domains (e.g., college campuses) employing specific modalities (e.g., group work), and reports summaries of epidemiological and preventive intervention research. All submissions to the publication undergo blind review by an editorial board jury, and those selected for publication are distributed nationally through electronic and hard copies.

SUBMISSION GUIDELINES

The Prevention Section of the Society of Counseling Psychology publishes Prevention in Counseling Psychology: Theory, Research, Practice and Training. This is a blind peer reviewed publication presenting scholarly work in the field of prevention that is distributed nationally. Contributions can focus on prevention theory, research, practice or training, or a combination of these topics. We welcome student submissions.

As a publication of the Prevention Section of Division 17, presentations and awards sponsored by the section will be highlighted in these issues. We will also publish condensed reviews of research or theoretical work pertaining to the field of prevention. All submissions need to clearly articulate the prevention nature of the work.

Submissions to this publication need to conform to APA style.

All submissions must be electronically submitted.

Please send your documents prepared for blind review with a cover letter including all identifying information for our records. Submissions should be emailed to the Editor, Debra L. Ainbinder at DAinbinder@lynn.edu.
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MESSAGE FROM THE CHAIR—PREVENTION IS A PARADIGM CHANGE

Jonathan Schwartz, University of Houston

I am really excited to be the current chair of this active and accomplished section. This year, based largely on the work of the Prevention Section, the book Realizing social justice: The challenge of preventive interventions edited by M. Kenny, A. Horne, P. Orpinas & R. Reese; will be published by the American Psychological Association. Every year, the Prevention Section presents a symposium at the American Psychological Association Conference. The theory and research presented are often disseminated in professional journals and books. For example, the section presented a symposium at the 2005 APA Conference about Prevention and Social Justice. This symposium inspired a series of articles on the topic that will be published in the Journal of Primary Prevention in January 2009. Another example of this is the article by Hage, S. M., Romano, J., Conyne, R., Kenny, M., Mathews, C., Schwartz, J. P., & Waldo, M. (2007) Guidelines on prevention practice, research, training, and social advocacy for psychologists. The Counseling Psychologist, 35, 493-536. This article originated as a symposium presentation at the APA conference and recently was awarded 2007 Outstanding Contribution Award to The Counseling Psychologist. At the August 2008 APA Council meeting, Division 17 Council representatives presented a new business item at Council “to adopt the Practice Guidelines on Prevention Practice, Research, Training, and Social Advocacy for Psychologists as APA policy”. In making the motion, Council representatives articulated the importance of gaining the support and co-sponsorship of many APA divisions and finalizing the best practice prevention guidelines with the goal of gaining eventual approval from APA. With APA approval, prevention best practices guidelines will inform prevention research, training, practice, and social advocacy in psychology, and provide leadership for other professions in the years ahead.

In light of these accomplishments it is important to note the connection to our section’s mission. The purpose of the section is to further the theory, research, teaching, and practice of prevention, advocacy, and public interest initiatives among counseling psychologists. The Section incorporates an array of preventive, developmental, policy, advocacy, and community-focused activities. Section members recognize that science is the key to accomplishing this purpose. So what does it really mean to promote prevention in counseling psychology? I believe it means taking a view from a different perspective. Preventionists often talk about travelling upstream rather than saving those drowning downstream, providing prevention services to people “upstream” before they fall in and remediation services are warranted (Rappaport, 1972). I would argue that true prevention requires both a holistic view (a view of the whole river and surrounding area), which requires distance, and a connection which requires true collaboration and participation. Distance is required to have the perspective necessary to view a problem beyond the individual struggling with it. Involvement in prevention forces the interventionist to see beyond the individual issues to the multiple ecological systems in which he/she interacts. This requires a careful consideration of cultural relevance and social justice, which necessitates a connection with the target population. We know that prevention will not be effective when it is conducted by an outsider without a holistic understanding of the community in which they interact. Prevention does not lend itself to a single manaulized theoretical approach built to fit all populations; rather, prevention may be shaped by approaches based on the problem being
addressed and the population being targeted. True exposure to the participants, open mindedness to overcome cultural encapsulation and true egalitarian connectedness with the target community is needed.

So to return to the “upstream” parable, an example of a prevention program that changes the environment would be to build a fence so people don’t fall in the water. However, traveling upstream to build a fence without understanding why people are going in the water will not work. By the same token, we also don’t want to ignore the people who are already in the water. First, a system’s perspective would note that the people in the water will be affected by a prevention program in the community even if it is aimed at preventing people from falling in the water. Finally, from a prevention perspective, an effective program might be created to prevent further damage. A well conducted prevention program would understand why people are going in the water and if a lifeboat would be effective in getting them out.

References


There has been considerable effort to categorize preventive interventions (Conyne, 2004; Romano & Hage, 2000). Three categories that are typically suggested are: Primary Prevention—preventing a problem from occurring; Secondary Prevention—early detection and remediation of a problem, preventing it from continuing and getting worse; and Tertiary Prevention—preventing a problem that can’t be re-mediated from causing other problems (Caplan, 1964). There has even been debate about which kind of prevention is “true” prevention, with some authors arguing that primary prevention is the only real form of prevention (Felner, Felner, & Silverman, 2000). We think the lines between these categories are fuzzy, at best, and not very useful. In fact, we think that what form of prevention any particular intervention takes is more a matter of perspective than inherent characteristic. This way of looking at prevention is handy because it allows recognizing the primary, secondary and tertiary implications of all preventive interventions. Recognizing how any intervention has primary, secondary and tertiary effects allows planning to maximize the benefits of those effects. It also allows marketing the intervention to constituencies that are invested in the different levels of prevention, and gathering resources from those constituencies.

One of the classic ways of explaining prevention is through a metaphor describing a dangerous river (Rappaport, 1972). In this metaphor, a scenario is described in which people on the shore of a swift river see others in the river drowning. The people on shore jump in the river to save those who are drowning, but in time become exhausted with this effort because there seems to be an endless flow of victims. They decide it would be much more effective to walk upstream, find the place where people are falling in the river, and build a fence there to prevent that from happening.

The river metaphor offers a compelling illustration of the wisdom of prevention, but the linear nature of the river may be misleading. There is a river named “The Little Rio Grande” in a theme park at the New Mexico/Texas border which might be a more accurate model for prevention. One of the ironies of the Little Rio Grande (in addition to its name) is that even though it is little (about ten feet wide), many times during the year it is larger than the real Rio Grande for which it is named, because by the time the real Rio Grande reaches Texas it has been depleted through irrigation to a series of small pools. A second irony that is central to ideas about prevention is that instead of flowing from the mountains to the sea, the Little Rio Grande flows in a circle. There are pumps that keep the water moving, allowing patrons of the park to float lazily on the river all day, repeatedly passing the spot from which they embarked, and never leaving the park.

The metaphor of a circular river seems apt for prevention. Efforts to prevent intimate partner violence offer a good example. Psychologists working in the area of domestic violence have intervened to stop the violence (secondary prevention) and help victims cope (tertiary prevention) (Schwartz & Waldo, 2003; Walker, 1984). Frustration over the damage the violence has already caused prior to intervention has led some psychologists to focus “upstream” on helping people learn to avoid violence before they are married, including interventions to prevent dating violence (Avery-Leaf & Cascardi, 2002; Foubert, 2000; Wolfe & Jaffe, 1999). While this approach has shown promise, it appears that
many gender role attitudes have been established by the time people reach young adulthood, leading to efforts to go further “up-stream” and intervene with teens (Foshee et al., 1996). One potential obstacle in changing teens’ attitudes and behaviors is the extraordinary influence of peer relations, resulting in some psychologists developing violence prevention interventions to establish nonviolent norms at the head waters in elementary schools (Gamache & Snapp, 1995). And, of course, psychologists working in elementary schools are confronted with the difficulty of having any impact on children independent of the powerful influence of the children’s families (Schwartz, Hage, Bush & Keys, 2006). When those families are prone to violence, the most effective primary prevention for children may actually take the form of secondary and tertiary prevention with their parents. Like the Little Rio Grande, effort to engage in primary prevention by focusing “up-stream” has led full circle. And, from this perspective, secondary and tertiary prevention are also, always, primary prevention.

Similarly, primary prevention always contains secondary and tertiary prevention components. The examples offered above suggest that all forms of remedial (secondary prevention) and rehabilitative (tertiary prevention) interventions also prevent problems, and can be viewed as primary prevention. It is also possible to see remedial and rehabilitative aspects in all primary prevention interventions. Staying with prevention of domestic violence as an example, communication skills training is one of most commonly employed procedures for treating (secondary and tertiary prevention) both perpetrators and victims of battering (Pence & Paymer, 1993; Schwartz & Waldo, 2003). Communication skill training is also a common form of primary prevention, done with a wide variety of populations who do not present with any psychological problems (e.g., Waldo, 1989). However, even when conducted with people who have not come for help with psychological problems, communications skills training can be seen as having characteristics that are common to secondary and tertiary prevention. Communication skill training is intended to overcome a deficit, lack of skills. In this way, communication skills training can be seen as a secondary prevention. Also, communication skill training limits the impact of other problems. For example, communication skill training can help people who tend to be introverted reduce their isolation, and help people who tend to be harshly critical of others express their views in ways that are less alienating. Communication skills may not change people’s underlying tendencies, but it does limit the impact problems associated with those tendencies have on their lives. In this way, communication skills training can be seen as tertiary prevention.

In our view, rather than categorizing preventive interventions singularly as either primary, secondary or tertiary, it is more accurate and complete to describe the potential impact the interventions may have in each category. It is also useful. Psychologists who see the logic and benefits of primary prevention may have difficulty finding funding to support it (Duncan, 1994). Third party payers, institutions and individuals often more readily compensate remedial interventions than primary prevention (Leviss, 2001). Recognizing the primary prevention implications of remedial interventions can allow psychologists to maximize the primary prevention impact of remediation. For example, communication skills training for men who have been arrested for spouse abuse can include helping these men communicate with their children about avoiding violence in their intimate relationships (Cahn & Lloyd, 1996). Also, recognizing the remedial impact of primary prevention interventions can allow targeting these interventions to overcome deficits without stigmatizing participants or insisting that they present themselves as troubled in order to receive help. For example, workshops on communication in intimate relationships can be offered to members of college fraternities (Schwartz, Griffin, & Russell, 2006). These interventions could serve as primary prevention for violence in fraternity members’ dating relationships and subsequent marriages. They could also help more withdrawn fraternity members establish relationships with other members.

We have found that shifting between primary, secondary and tertiary perspectives enriches our understanding of preventive interventions and research. We hope other psychologists who are in-
vested in prevention will try applying alternative perspectives to their work, and share their views through this publication.

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EDITOR'S NOTE

Debra L. Ainbinder
Lynn University

I am truly honored to take on the role of Editor for Prevention in Counseling Psychology: Theory, Research, Practice and Training. This is truly an exciting time to be working in the field of prevention. Thanks to the efforts of the Prevention Section leadership, prevention work is becoming more valued and acknowledged in APA and in the field of counseling psychology in general. This publication is an additional opportunity for the Scientist-Practitioners in our field to publish their work focusing on prevention and to add to the body of knowledge in counseling psychology and in the specialization of prevention.

Our editorial board has lofty goals for this publication, all of which I look forward to implementing. As our first goal, we published this issue at the end of 2008 in our hopes to rejuvenate the publication and expand its horizons. To this end, I want to personally thank the Editorial Review Board and especially its Chair, Michael Waldo for their efforts in reviewing this issue’s submissions on a very tight deadline. The past Editor and now Section Chair, Jonathan Schwartz has been an immeasurable help throughout this process and for that I am grateful. Our new Associate Editor, Max Nisenbaum, is to be commended for stepping up and completing his work in the shortest of time given to an Editor. To all our authors in this issue, I am aware of the time pressures put upon each of you and thank you for rising to the challenge with excellent pieces that are included in this publication. I commend and thank all of you.

As you read this edition of Prevention in Counseling Psychology: Theory, Research, Practice and Training, you will note the quality of our contributions and the diversity of prevention issues covered within. This is the beginning of a global focus for the publication which will spotlight the theoretical and empirical work of counseling psychologists and prevention scientists. Look for our revised submission guidelines and publication schedule for 2009 available in early February. Here’s to a New Year filled with Peace and a focus on prevention.
Children’s mental health has received considerable concern and attention over the past several decades. Children and youths are at increased risk for social and emotional problems and academic failure due to difficulties in managing their emotions (Greenberg, Domotrovich, & Bumbarger, 2001; Zins, Bloodworth, Weissberg, & Walberg, 2004), developing positive social relationships (Merrell, Gueldner, & Tran, 2007), and unreadiness for the schooling process (Sprague, 2006). Several estimates are indicated in the research literature on the number of children (below the age of 17) requiring mental health services (e.g., 12-22%, Greenberg et al., 2003; 3-5%, Hoagwood & Erwin, 1997; 1-2 children in a classroom of 30, Merrell, 2003). The conflicting estimates in the literature suggest that it is difficult to ascertain the prevalence rate of mental health problems in children as mental health problems can often co-occur or go unnoticed, which makes it difficult to assess and intervene effectively. Despite the inconsistency in prevalence rates, many of these children who need mental health services do not receive appropriate or any services at all (Greenberg et al., 2003).

The suffering of emotional and behavioral problems not only affects the individual child or family, but the school system and society as a whole. Individuals with mental health problems are less productive in educational and occupational settings. Specifically, failure to acquire adequate social and emotional competency skills are associated with many negative outcomes, including higher than average rates of mental illness, incarceration, family strife, and unemployment or underemployment (Asher & Coie, 1990; Rudolph & Asher, 2000).

Given the mental health needs of children and youths, proactive interventions are required to prevent and intervene before social or emotional difficulties develop or become severe and interfere with development and academic success. Social and emotional learning (SEL), a framework developed to address the mental health challenges confronted in schools, promotes the acquisition of social and emotional competency skills through educative, evidence-based practices which can be infused through school-based curricula or school/classroom environment (Greenberg et al., 2003; Zins et al., 2004). SEL is defined as “the process through which children and adults develop the skills necessary to recognize and manage emotions, develop care and concern for others, make responsible decisions, form positive relationships, and successfully handle the demands of growing up in today’s complex society” (CASEL, 2002, p. 1). SEL includes a broad range of tools and systematic techniques used to promote mental health, teach social, emotional, and life skills; and prevent negative life outcomes, through effective curricular programming as an integral part of a school program (Raguzzino, Resnik, O’Brien, & Weissberg, 2003; Zins et al., 2004). Studies on SEL have found an increase in attendance and decrease in drop out rates (Raguzzino et al., 2003), while enhancing students’ connections to school through supportive environments (Greenberg et al., 2003). Figure 1 depicts the association of social and emotional learning and paths to success in school and life (Adapted from Zins et al., 2003).

An example of an innovative, evidence-based social and emotional learning program is the Strong Kids Social and Emotional Learning Curricula for promoting children’s mental health and resiliency through the development of healthy compe-
tency skills (Merrell, Carrizales, Feuerborn, Gueldner, & Tran, 2007a, 2007b, 2007c). Strong Kids initially developed in 2001, with field trials since 2003 have examined the effectiveness and utility of the curriculum in addressing children’s mental health problems (see Castro-Olivo, 2006; Feuerborn, 2004; Gueldner, 2006; Harlacher, 2008; Isava, 2006; Levitt, 2008; Merrell, Juskelis, Tran, & Buchanan, 2006; Tran, 2007). These studies provide strong evidence for the efficacy and utility of Strong Kids as a prevention and early intervention tool for social and emotional development. Strong Kids is based on the premise that social and emotional skills can be taught to deal with adversity (stressors, negative experiences, risk factors) and help build resiliency and coping skills to deal with stressors. Strong Kids was designed to target the five pathways to wellness advocated by Cowen (1994). These pathways include: (a) early attachments that are “wholesome,” (b) becoming competent with developmentally appropriate skills, (c) being exposed to settings that encourage wellness, (d) feeling a sense of empowerment or being in control of one’s future, (e) possessing coping skills to deal with stress effectively. Strong Kids incorporates components suggested by researchers in the field of education and mental health to be critical programming characteristics that make a program effective, such as the focus on multiple domains, behavioral approach, modeling, practicing, testing, and effective teaching principles (see Greenberg et al., 2003). The 12 semi-scripted, 35-45 minute lessons of the Strong Kids include:

Lesson 1: About Strong Kids (purpose of Strong Kids, overview of curricula, pre-test, rules and expectations, introductory activities)
Lesson 2: Understanding Your Emotions, Part 1 (increasing awareness of emotions and emotional variability)
Lesson 3: Understanding Your Emotions, Part 2 (increasing awareness of ways of expressing emotion, comfort and discomfort with emotions, connections between feelings and events)
Lesson 4: Dealing With Anger (learning to express anger in appropriate rather than maladaptive ways)
Lesson 5: Understanding Other's Feelings (empathy training)
Lesson 6: Clear Thinking, Part 1 (introduction to cognitive processes)
Lesson 7: Clear Thinking, Part 2 (cognitive restructuring)
Lesson 8: Power of Positive Thinking (learned optimism and attribution retraining)
Lesson 9: Solving People Problems (conflict resolution training)
Lesson 10: Letting Go of Stress (relaxation training)
Lesson 11: Achieving Your Goals (goal setting and increasing positive activities)
Lesson 12: Finishing UP! (review, post-test, how to get help if needed)
Children and adolescents are society’s future, thus immediate care, concern, and attention should be placed on them to support their social and emotional development. The demands on students today, place them at greater risk for mental illness than ever before. Social and emotional learning, a proactive, educative and preventative approach to address the increase challenges and needs in schools and society is an ideal option if we are to effectively address the mental health concerns. The Strong Kids curricula continues to be field tested and empirically supported with promising results for building social and emotional resiliency in children and adolescents.

References


Asian Americans are portrayed as the model minority who are problem free and more successful than other racial minority groups (Wu, 2002). As a result, there is an extant research examining the psychological consequences of racism among Asian Americans. However, there has been a small but growing body of research that suggests racism has a negative effect on the health and well-being of Asian Americans, similar to other racial minorities. For instance, Asian Americans who perceive frequent racial discrimination are at increased risk of physical illnesses (Gee, 2002), drug use (Gee, Delva, & Takeuchi, 2006), depression (Gee, Spencer, Yip, & Takeuchi, 2007; Lee, 2003), problems with career development, interpersonal problems, and self-esteem (Liang & Fassinger, 2008), and lower psychological well-being (Yoo & Lee, 2005, 2008). In response to such threats, it is speculated that a wide range of coping strategies may be used to manage the stress related to racial discrimination – from minimizing or denying racial discrimination to directly dealing with racial discrimination (see Miller & Kaiser, 2001, and Miller & Major, 2000, for review). However, cultural characteristics are important factors that may determine the choice and efficacy of coping strategies used by Asian Americans (Harrell, 2000). Identifying these strategies is critical to the prevention research and practice in reducing deleterious consequences of racial discrimination (Grossman, 2005).

Cross-cultural studies on coping often differentiate between external and internal coping strategies (Chang, 2001; Rothbaum, Weisz, & Snyder, 1982; Tweed, White, & Lehman, 2004). External coping strategies reflect attempts by individuals to engage in an active and ongoing negotiation with the stressful environment. For instance, in dealing with racial discrimination, individuals may problem solve by making a formal complaint, or seek social support to get advice, assistance, or information. In contrast, internal coping strategies reflect attempts by individuals to change oneself accommodating the self to the demands of the environment. For instance, in dealing with racial discrimination, individuals may cognitively restructure by attributing the stress associated with minority status to racism, or accept the racist event as fate and part of life as a racial minority in the United States.

Studies on culture differences in coping have shown that individuals from collectivistic cultures (such as in Asian cultures) are less likely to cope by directly interacting and actively influencing their source of stress (i.e., external coping); but rather, they are more likely to internally focus on accommodating and reframing their source of stress (i.e., internal coping) (Heppner, Heppner, Lee, Wang, Park, & Wang, 2006; Yeh & Wang, 2000). The preference of internal coping over external coping by those endorsing collectivistic values is due to the strong value placed on relationship and harmony with others (Inman & Yeh, 2006; Yeh, Arora, & Wu, 2006). For instance, in 3 studies, Taylor and colleagues (2004) found Asian Americans were less likely to use social support (i.e., external coping) to cope with general stress as compared to European Americans because they were concerned about the relational ramifications of seeking support, including creating tension, losing face, receiving criticism, and making the situation worse.

However, empirical evidence is mixed in whether Asian Americans are more likely to use internal coping over external coping strategies when dealing with frequent racial discrimination. Noh and
colleagues (1998), for example, found that a large proportion of Chinese, Laotian and Vietnamese refugees who encountered racial discrimination chose to regard it as a part of life, or simply ignore or avoid it (i.e., internal coping). Alternatively, Yoo and Lee (2005) found Asian American college students were more likely to use problem solve coping (i.e., external coping) and not cognitive restructure coping (i.e., internal coping) when perceiving increased racial discrimination. A possible explanation for the discrepancy in these results may be due to the individuals’ level of adherence to Asian cultural norms and behaviors. Therefore, Asian Americans who are more acculturated into the mainstream White culture in the U.S. may be more likely to use external coping strategies when dealing with frequent encounters of racial discrimination, while Asian Americans who are more enculturated in maintaining their Asian ethnic cultures are more likely to use internal coping strategies when dealing with frequent encounters of racial discrimination.

The present study examines the role of acculturation and enculturation behaviors in the relationship between racial discrimination and external/internal coping strategies among Asian American college students using a quasi-experimental design. Consistent with the cultural theory of coping (Inman & Yeh, 2006), we hypothesize that Asian Americans who are more acculturated (measured by language proficiency in English and social affiliation with Whites) will be more likely to use external coping strategies (measured by problem solve and instrumental social support coping) and less internal coping strategies (measured by cognitive restructure and acceptance coping) when dealing with increased instances of racial discrimination. Furthermore, Asian Americans who are more enculturated (measured by language proficiency associated with their ethnic group and social affiliation with people from their ethnic group) will be more likely to use internal coping strategies and less external coping strategies when dealing with increased instances of racial discrimination.

Method

The sample consisted of 132 self-identified Asian American college students from a large, public Midwestern university. Participants were 52 males and 80 females with a mean age of 20.6 years (SD=2.5). Asian ethnic groups were diverse with the largest ethnic group being Korean Americans (24% of total sample). Approximately half were U.S.-born. Students were distributed across classes (1st year = 35; 2nd year = 38; 3rd year = 25; 4th year = 18; other = 13).

Racial discrimination was measured using vignettes from the Yoo and Lee (2008) study. Participants were asked to read 1 of 2 vignettes imagining themselves in a situation where they were likely to be rejected because of their race 1 out of 5 times (single incident) or 5 out of 5 times (multiple incidents). Acculturation and enculturation behaviors (i.e., English language proficiency, ethnic language proficiency, White social affiliation, and ethnic so-

![Figure 1. Interaction effect between racial discrimination and language proficiency in English on the use of acceptance coping.](image-url)
cial affiliation) were measured based on Tsai, Ying, and Lee (2000) model of acculturation. External coping (i.e., problem solve and instrumental social support) and internal coping (i.e., cognitive restructure and acceptance) strategies were measured using subscales from Coping Strategies Inventory (Tobin, Holroyd, Reynolds, 1984) and COPE Inventory (Carver, Scheier, & Weintraub, 1989).

Results

Given the diversity among Asian Americans, we tested for possible within-group differences on the coping measures used in this study. We found significant differences between gender and nativity status on problem solve coping. In particular, men ($M=3.25$) and U.S.-born ($M=3.23$) reported greater use of problem solve coping than women ($M=2.97$) and foreign-born ($M=2.92$), respectively. Consequently, we elected to control for gender and nativity status. Four hierarchical multiple regression analyses (Aiken & West, 1991) were used to examine the hypothesized two-way interactions between racial discrimination and acculturation/enculturation on external/internal coping strategies (i.e., problem solve, instrumental social support, cognitive restructure, and acceptance coping). All dichotomous variables were dummy coded and continuous variables centered to reduce multicollinearity. In Step 1, covariates and predictors were entered, including Gender (0=male; 1=female), Nativity Status (0=foreign-born; 1=U.S.-born), Racial Discrimination (0=Single; 1=Multiple), English Language Proficiency, Ethnic Language Proficiency, White Social Affiliation, and Ethnic Social Affiliation. In Step 2, all hypothesized two-way interaction terms were entered, including Racial Discrimination X English Language Proficiency, Racial Discrimination X Ethnic Language Proficiency, Racial Discrimination X White Social Affiliation, and Racial Discrimination X Ethnic Social Affiliation.

Three significant interaction effects were found on acceptance and cognitive restructure coping. As hypothesized, individuals who were more proficient in English (i.e., more acculturated) were less likely to use acceptance coping strategy and cognitive restructure coping (i.e., internal coping) when dealing with increased instances of racial discrimination (see Figure 1 and 2, respectively). In addition, individuals who were more likely to socially affiliate with their ethnic group members (i.e., more enculturated) were more likely to use cognitive restructure coping (i.e., internal coping) when dealing with increased instances of racial discrimination (see Figure 3).

Conclusion

In dealing with the stress associated with frequent encounters of racial discrimination, Asian American may engage in a wide range of coping strategies (Noh, et al., 1998; Yoo & Lee, 2005). However, the choice of coping strategies utilized may depend on the individual’s cultural characteristics. When dealing with increased instances of racial discrimination, our results suggest that Asian Americans who are more acculturated (i.e., higher profi-

![Figure 2](image-url)
ciency in speaking English) are less likely to use internal coping strategies (i.e., cognitive restructure and acceptance coping), although more enculturated individuals (i.e., higher comfort and interactions with peers of same ethnic background) are more likely to use internal coping strategy (i.e., cognitive restructure coping). These findings are consistent with the theory that Asian Americans who adhere to the collectivistic values are more likely to utilize coping strategies that are consistent with their beliefs emphasizing balance and harmony (Inman & Yeh, 2006). Although, more importantly, our study highlight the diversity among Asian Americans (i.e., their different adherence levels to Asian values) and the complexity of different coping strategies utilized by them when dealing with frequent experiences of racism.

The results of this study have significant implications for researchers, counselors, and educators focused on preventing harmful effects from racism among Asian Americans. First, it is important to recognize that racism do play a significant role in the lives of Asian Americans, despite the model minority myth. It is only with this acknowledgment that efforts can then be made to prevent and reduce deleterious consequences of racism. Second, researchers need to continually and systematically identify ecological protective and exacerbative factors of racism that affects the social, health, and academic well-being of Asian American students. As our study highlights, not all Asian Americans are collectivistic or utilize collectivistic coping strategies, such as internal coping. The experience, coping, and health consequences of racism will specifically depend on the individual’s ecology. Second, counselors must appreciate the diversity and dynamics of how Asian Americans experience and cope with racism. Therapists need to appropriately make assessments (such as acculturation and enculturation levels) and treatment plans (such as integration of assignments that involve more internal coping strategies for more enculturated individuals) that correspond to cultural needs of their clients. Third, educators must help normalize the experience of racism faced by Asian American. Often, Asian Americans also internalize the model minority myth (Oyserman & Sakamoto, 1997) believing that they should be problem-free and not experience racism. This may create an unfair burden and pressure on these students. Curriculum and workshops highlighting the unique experiences of racism faced by Asian Americans, why the model minority label is incorrect, and promoting different ways to cope depending on one’s acculturation levels can be greatly beneficial to students’ well-being.

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PREVENTING SCHOOL VIOLENCE THROUGH ESTABLISHING SCHOOL CONNECTEDNESS

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School violence has always been existent in our high schools, but the highly publicized shootings in the 1990s in Littleton, Colorado, Jonesboro, Arkansas, and Paducah, Kentucky received extensive media attention resulting in a dramatic increase in public awareness and concern that such violent acts could occur in their community. In 2001 the Surgeon General put out a call to recognize and confront the concern of youth violence in the United States (U. S. Department of Health and Human Services, 2001). Research has shown increasingly high rates of adolescents are engaging in violent behavior (Farrington, 2004). Adolescents commit more violent crimes than any other age group (Pastore & Maguire, 2002). In fact, 27% of serious violent crimes and victimizations that occur in the United States are committed by individuals under the age of 18 (Federal Bureau of Investigation, 1999). Thus, it is no surprise that many of these violent behaviors take place in school considering adolescents spend a significant portion of their waking hours in this very social, and often diverse, environment.

School violence in this context refers to taking part in a physical fight and/or using or threatening another person with a weapon. Hence, although seemingly obvious, school violence is considered a “problem” because it has negative impacts ranging from psychological (e.g., posttraumatic stress) to physical (e.g., death) at the individual and institutional levels (McNeely & Falci, 2004; Shochet, Dadds, Ham, & Montague, 2006; Smith & Sandhu, 2004). Furthermore, the prevalence and concern about school violence is not a secret or unknown fact (see Jimerson, Morrison, Pletcher, Furlong, 2006). However, “what to do,” or how to prevent violence is a little more ambiguous. Within the past decade the problem has been studied from multiple perspectives in an effort to understand the causes and how to prevent traumatic and sometimes deadly school violence. There are now some signs of promise with research beginning to show trends that seem to be efficacious in preventing school violence. One area that has received a great deal of attention, and appears very robust, is research demonstrating that the more students feel connected to their school, the less likely they are to commit acts of school violence (Derzon, 2006; Karcher, 2002).

School Violence & School Connectedness Link

The quality of relationships between students and the faculty, staff, and administration of the school is often referred to as school connectedness. This approach focuses on positive individual traits, thoughts, emotions, and strengths that can be fostered by key groups of individuals within schools, and even the community. Rather than being simply problem-focused, fostering school connectedness utilizes a positive approach to school violence through preventative, systemic effects. Research has shown that students who feel connected with school personnel through established trusting relationships appears to not only positively affect academic achievement, socio-emotional well-being (ranging from effective interpersonal skills to feeling less alienated), and resiliency (Karcher, 2004; Ryan, Gheen, & Midgley, 1998; Shochet et al., 2006; Smith & Sandhu, 2004; Townsend & McWhirter, 2005), but also appears to have a vital role in preventing school violence (Brookmeyer, Fanti, & Henrich, 2006; Henrich, Brookmeyer, & Shahar, 2005; Karcher, 2002). Figure 1 highlights some of more salient and significant relationships often associated with school connectedness. Overall, purposefully
enhancing school connectedness is significantly more effective than other approaches that emphasize harsh discipline for misbehaving students (e.g., “zero tolerance”) or training to notice warning signs by way of profiling students, which can actually decrease school connectedness (McNeely, Nonemaker, & Blum, 2002; Smith & Sandhu, 2004).

The need to belong, or feel accepted, is very powerful and can significantly affect emotional adjustment and related cognitive processes (Baumeister & Leary, 1995). Stated differently, interpersonal attachments can be a significant motivational factor in making decisions and corresponding behavioral responses. Subsequently, the more connected students feel within their school the less likely they are to engage in unhealthy behaviors. For example, in a sample of high school students, Resnick, Harris, and Blum (1993) compared students with high connectedness scores to those with low connectedness scores. Those students reporting high levels of school connectedness were found to have significantly lower rates of emotional distress, suicidal behavior, and violence. Resnick et al. (1997) found similar findings with regard to lower levels of distress, risk behavior, and aggression based upon cross-sectional analysis of interview data from over 12,000 adolescents (grades 7-12) that participated in the National Longitudinal Study on Adolescent Health. In fact, students with high levels of school connectedness have been found to be less likely to be perpetrators of violence (or victims) in both positive and negative school climates (Wilson, 2004). Furthermore, Herrenkohl, Hill, Chung, Guo, Abbott, and Hawkins (2003) found in their prospective study that even youths who experienced aggression at a young age had a lower probability of violence at age 18 if they were later exposed to such protective factors as school connectedness. These high levels of school connectedness seem to largely come from students’ perceptions of being supported, cared for, and respected by school personnel (McNeely et al., 2002).

The premise here is that school personnel, especially counselors and teachers, play a vital role in this process. Targeting these individuals as a main component of enhancing this construct comes from recent literature indicating that relationships with school personnel is vital in increasing the likelihood of preventing violent acts by students (Daniels, Bradley, Cramer, Winkler, Kinebrew, & Crockett, 2007a, 2007b). For example, the Safe School Initiative, a joint project between the U. S. Secret Service and the U. S. Department of Education, suggest that incidents of targeted school violence rarely are sudden or impulsive non-targeted acts (Vossekuiil, Fein, Reddy, Borum, & Modzeleski, 2002). Often times perpetrators, or would-be perpetrators, share their plans of a school violent act with other students before it takes place (O’Toole, 2000). However, students who would normally feel uncomfortable to “rat out” a peer, and keep this information to themselves, are more prone to inform an adult of a potential plan for school violence if they trust and feel connected with this individual. In other words, students are more likely to break the “code of silence” with another adult role model. This is a vital, almost necessary, behavior of the students considering the majority of shooting incidents are stopped by methods other than law enforcement intervention (Vossekuiil et al., 2002).

Fostering strengths and providing hope and personal insight through connectedness has also been shown to improve overall psychological well-being (or at least minimize the chances of experiencing mental health distress in the future) based upon longitudinal studies (e.g., Ozer, 2005; Shochet et al., 2006). Thus, not only are students able to identify specific individuals that they feel comfortable with to break this code of silence, they also have the “mental stamina” to take responsibility for speaking up and being able to accept/cope with any social repercussions from other students for not being quiet.

Conclusion

This research linking the connection between establishing student school connectedness and school violence should be viewed as a call to school personnel (e.g., counselors, teachers, and administration) to recognize that they can have a significant impact on preventing school violence simply by establishing trusting relationships. In other words, the concept of preventing school violence can often be
perceived as a daunting macro-level problem to be handled by formal protocols – e.g., “what can I, one counselor/teacher, really do to prevent school violence?” Although such formal protocols are important, the message here is that the consistent application of fostering trusting relationships and meaningful interactions with students can be done at the micro-level. Of course, if school personnel are individually effective at enhancing their students’ level of school connectedness then this could ultimately result in macro-level effects.

There is no denying that there are significant acts of school violence occurring in the schools of the U.S. and that these acts can cause significant emotional and physical trauma. What has been presented here is a review of the robust literature demonstrating a significant micro-level relationship between school connectedness and school violence. Counselors can play a significant role in contributing to minimizing school violence. A practical approach for counselors is training and psychoeducation of school personnel that have frequent contact with students. Such skills counselors should be aware of in their own interactions and in training school personnel include: providing dignity and respect, trust and acceptance of each student, separating negative behavior from the student, providing positive-reinforcing feedback of desired behaviors, genuine empathy, reflecting feelings, not being afraid to ask questions, and observation of non-baseline student behaviors, which can then be followed up on (Daniels et al., 2008).

In sum, it is vital for counselors to explicitly convey to school personnel and individuals within the community the importance of school connectedness. Due to the seemingly “simple” nature of establishing school connectedness with students, this concept may be perceived as superficial and overlooked. However, establishing school connectedness is not an easy task to achieve with every student and the possible positive consequences (e.g., improved psychological well-being, seeking alternatives from violent behavior) are too significant to ignore. It is not about coming down hard on stu-

**Figure 1.** Common School Connectedness Relationships
dents for their mistakes or looking to identify problem students. It is about establishing healthy and trusting relationships with school personnel in the first place, so it is not even necessary to contemplate punitive punishment or weeding out high risk students. In the end, it appears that it comes down to a fundamentally important, but often neglected, relational approach to students that can have one of the greatest impacts in preventing school violence.

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In the past two years, several counseling psychologists have written about a phenomenon known as racial microaggressions (Sue et al., 2007a; Sue, Buceri, Lin, Nadal, & Torino, 2007b; Sue, et al., 2008). Racial microaggressions are defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al., 2007a). These authors purport that because the US has become more politically correct, that overt racism no longer exists. Instead, the presence of blatant racism and hate crimes towards racial/ethnic minorities are likely to be viewed as offensive, unpleasant, and appalling; views held by overtly racist groups like the Ku Klux Klan are likely to be perceived as unacceptable by all members of US society. In fact, most White Americans in the US may perceive themselves as “good” people that they treat people of all racial groups the same (Sue, 2005). However while overtly racist acts may have decreased in the past two decades, covert racist acts (or racial microaggressions) may have increased. Several studies have supported that racial microaggressions (which are often unconscious and unintentional by the perpetrator) may result in an array of emotions for people of color including frustration, anger, sadness, belittlement, and alienation and that the cumulative nature of these microaggressions therefore may potentially lead to mental health problems including depression, anxiety, and trauma (Sue et al., 2007b; Sue et al., 2008).

There are three forms of microaggressions that are hypothesized to exist: microassaults, microinsults, and microinvalidations (Sue et al., 2007a). Microassaults are acts that resemble the “old-fashioned” forms of racism, in which individuals speak and behave in blatantly racist ways (e.g., when someone uses a racial slur to verbally attack or describe another person). Microinsults include statements or actions that indirectly belittle a person of color and are often unconscious and unintentional. For example, when someone tells an African American that she/he is “articulate” or when someone tells an Asian American that she/he “speaks good English,” the individual fails to recognize that she/he may be indirectly insulting the person (Sue et al., 2007a; Sue, et al., 2007b; Sue, et al., 2008). Why wouldn’t the African American person be articulate? Why wouldn’t the Asian American person speak good English? These are two statements reflect subtle racial biases that the person may hold—that African Americans are unintelligent or that Asian Americans are foreigners.

Microinsults can also take behavioral forms, with examples including an individual who follows a person of color around a store or an individual who holds her/his purse or wallet when they walk by a person of color (Sue et al., 2007a; Sue, et al., 2008). In both of these cases, the individual is sending the message that the person of color is a criminal and/or dangerous. However, if confronted, the perpetrator of the microinsult may deny her/his behavior and reject that she/he was intending to be racist. Finally, microinvalidations are statements and behaviors that negate or nullify a person of color’s experiences or realities. This can be exemplified by someone who tells a person of color that she/he is “being too sensitive about race” or makes statements like, “I don’t see race. I only see people.” In asserting such declarations, the individual is ignoring the person’s racial reality and is denying that she/he is capable of racism (Sue et al., 2007a; Sue, et al., 2007b). These
statements can be invalidating to the person of color, in that racism may be a real and regular part of her/his life and that many Whites can be subtly racist towards them. As a result, the person of color may feel belittled and put down, while the perpetrator of the microinvalidation may be completely unaware of the impact of her/his statement.

Based on the empirical support of the existence of racial microaggressions, it is likely that similar experiences can occur for different minority groups, including lesbian, gay, bisexual, or transgender (LGBT) persons, women, disabled persons, or ethnic and religious minority groups. In fact, many bodies of literature have focused on subtle sexism, subtle heterosexism, and other forms of subtle oppression (e.g., Morrison & Morrison, 2002; Sue & Capodilupo, 2007; Swim, Hyers, Cohen, & Ferguson, 2001; Wall, 2008) that fit in line with the classification of microaggressions. Given this, the definition of microaggressions can be expanded to the following: microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward members of oppressed groups.

For example, a gender microassault may include a man referring to a woman as a “bitch” or a “whore” (Nadal, in press; Sue & Capodilupo, 2007) The message that is conveyed is that a woman is inferior and that men have the right to dehumanize them. A sexual minority microinsult might include a heterosexual person asking a lesbian or gay person if she/he “chose” to be lesbian or gay (Nadal, Rivera, & Corpus; in progress). The message that is transmitted is that heterosexuality is the norm and that being LGBT is unnatural or abnormal. Disability microinvalidations might include an able-bodied person telling a disabled person that she/he is too sensitive about being discriminated against because of her/his disability. The message that is communicated is that there is something wrong with the disabled person and not with an ableist society.

These types of statements and behaviors (whether intentional or conscious) may impart hurtful and derogatory messages towards the member of the oppressed group. Initial research on racial microaggressions has supported that these messages may lead to a variety of emotional and psychological stressors and may have lasting impacts on the mental health of the recipients of these microaggressions (Sue, et al., 2007b; Sue, et al., 2008). Accordingly, it would be hypothesized that these same mental health outcomes may occur for recipients of gender, sexual orientation, ethnic, religious, and ability microaggressions. The purpose of this paper is to describe various types of microaggressions that may occur towards other different minority groups, while providing recommendations for preventing microaggressions in psychology and in everyday life.

Microaggressions towards various oppressed groups

There are many types of gender microaggressions that may occur towards women, which is evidenced by the literature on everyday sexism (see Swim, Hyers, Cohen, & Ferguson, 2001, for a review), sexism in school systems (See Leaper & Brown, 2008, for a review) and sexism the workplace (See Fitzgerald, Hulin, & Drasgow, 1994, for a review). Examples of gender microaggressions may include: sexual objectification, invisibility/second-class citizenship, denial of individual sexism, and assumptions of traditional gender roles (Nadal, in press; Sue & Capodilupo, 2007). Sexual objectification occurs when a woman is treated like an object (e.g., a group of men who catcall a woman as she walks by on the street). Second-class citizenship includes times when women are ignored and when men are given preferential treatment (e.g., a woman is ignored by a bartender or electronic store salesperson). Denial of individual sexism occurs when a man tells a woman that he couldn’t be sexist (e.g., an employer says “I treat men and women the same,” although he doesn’t know the names of his female employees). Assumptions of traditional gender roles may occur when women are encouraged to be or act a certain way because of their gender (e.g., a woman in her thirties is told that she should be married and have children instead of pursuing her career).

In terms of LGBT discrimination, there are
several studies in sexual prejudice (see Herek, 2000 for a review), antigay harassment (see Burn, Kadlec, & Rexer 2005 for a review), sexual stigma (see Herek, 2007 for a review), modern heterosexism (see Morrison & Morrison, 2002 for a review), and modern homonegativity (see Wall, 2008 for a review) that suggest that sexual minority microaggressions exist. There are several types of sexual minority microaggressions (or microaggressions on the basis of sexual orientation and/or transgender identity) that may manifest in everyday life. These include: use of heterosexist terminology, endorsement of heteronormative culture/behaviors, assumption of universal LGBT experience, and assumption of sexual pathology/abnormality (Nadal, Rivera, & Corpus, in progress; Sue & Capodilupo, 2007). Use of heterosexist terminology may include instances where individuals use the term “gay” to connotate something bad, or use derogatory terms like “faggot” or “dyke.” Endorsement of heteronormative culture/behaviors include times when heterosexuals assume that LGBT persons should speak, act, or behave more like heterosexuals (e.g., someone telling a gay man to “act straight” at a social function). Assumption of universal experience may be exemplified by someone who stereotypes all LGBT persons to be the same and to have identical experiences (e.g., assuming that it is necessary for all LGBT to “come out” during late adolescence/early adulthood). Assumption of sexual pathology/abnormality occurs when heterosexual individuals behave in ways in which they presume that all LGBT are sexually promiscuous (e.g., asking a LGBT person if she/he has HIV/AIDS and/or if she/he has numerous sexual partners).

Ethnic microaggressions would be defined as subtle discrimination that is based on one’s ethnic or cultural group. While there aren’t any studies that focus specifically on these types of microaggressions, the studies on racial microaggressions give examples of ethnic microaggressions. For example, in a study of Asian Americans one theme included “pathologizing cultural values/communication styles” (Sue et al., 2007b), while in a study of African Americans, a theme included “assumed superiority of White cultural values/communication styles” (Sue et al., 2008). For example, Asian Americans reported being insulted or penalized on their ways of communicating in classroom settings and/or for their ways of eating. African Americans reported similar experiences of feeling the need to communicate in White American ways in the workplace, while also learning messages about maintaining White American standards of beauty. While there are clearly racial implications for both of these themes, the focus is on cultural values which indicate that microaggressions can be ethnic-based. Given this, ethnic microaggressions may include ways that non-Americans are subtly discriminated (e.g., when individuals do not conform to American cultural values), but may also include ways that specific cultural groups are treated based on their particular ethnicity or heritage (e.g., subtle discrimination towards Arab Americans, Caribbean Americans, Mexican Americans, or Filipino Americans).

There are no known studies that focus specifically on religious microaggressions, which may reflect the dearth of literature on religious discrimination. In fact, previous authors have noted that there is a significantly smaller number of published works on religious discrimination, in comparison to literature describing racial and ethnic discrimination (Hodge, 2007; Weaver et al., 1998). Nonetheless, there is some literature that is written on Islamophobia or prejudice towards Muslims (Gottschalk & Greenberg, 2008; Hassouneh & Kulwicki, 2007; Rippy & Newman, 2006), as well as anti-Semitism or prejudice towards Jews (Marcus, 2007; Simon & Schaler, 2007). Given this literature, as well as the types of microaggressions that may occur towards other minority groups, some examples of religious microaggressions may include: 1) pathology of non-Christianity, 2) assumptions of Christianity, and 3) assumptions of religious stereotypes. Examples of pathology of non-Christianity may include someone who assumes that non-Christians are “evil” or “immoral.” This could be demonstrated through the 2008 presidential campaign, in which Barack Obama was often referred to as a Muslim as a way of deterring Christian voters from trusting him. Another example may include when someone tells a non-religious/atheist/agnostic person that she/he is “going to hell,” is immoral, or is pathological. As-
sumptions of Christianity may occur when others presume that strangers and acquaintances are Christian and/or celebrate Christian traditions (e.g., when people automatically tell a stranger “Merry Christmas” when they do not know her/his religious beliefs). Assumptions of religious stereotypes may include instances when individuals act in ways that express that they believe religious stereotypes are true (e.g., an individual stares in fear at a Muslim person on an airplane or an individual makes a remark about how “Jewish people are cheap”).

Similar to religious microaggressions, there are no known studies on ability microaggressions. However, many authors have written on ableism which is defined as the devaluation of disability, in which individuals assume that it is “better” for individuals “to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids” (Hehir, 2002, p. 1). As a result of disability prejudice and discrimination, many disabled persons may develop internalized ableism, which in turn may have an impact on their mental health and self-esteem (Campbell, 2008). Given these experiences, some major examples of disability microaggressions might include: 1) assumptions of inferiority, 2) second-class citizenship, and 3) denial of one’s individual ableism. Assumptions of inferiority might consist of instances when able-bodied individuals assume that disabled persons are intellectually or physically inferior. This can be exemplified by an individual who speaks slowly to a disabled person in a wheelchair, making the assumption that the disabled person is not intelligent, does not speak English, or has hearing disabilities. Second-class citizenship may comprise of encounters when individuals give preferential treatment towards able-bodied persons or who persons convey annoyance or frustration with having to accommodate disabled persons. Denial of individual ableism may include experiences when able-bodied persons deny that they have the capacity to hold biases and prejudices towards disabled persons. These are merely examples of the types of microaggression that may occur for both religious and disabled persons. Further research would be helpful in exploring different types of microaggrasions from the perspectives of religious minorities and disabled persons; similarly, microaggressions based on social class, age, and size may also be of research interest in the future.

Recommendations for preventing microaggressions

Because previous authors have supported that microaggressions may lead to emotional and psychological stressors (Sue, et al., 2007b; Sue, et al., 2008) it is important for psychologists and other practitioners to attempt to prevent the continuation of microaggressions in both professional and personal settings. In understanding microaggressions and working to prevent them, psychologists and other practitioners can promote positive mental health for clients, students, and all members of society. In order to prevent further injuries to the mental health of oppressed groups, psychologists must abide by APA Ethical Guidelines and aim to become multiculturally competent, by increasing one’s (a) knowledge, (b) awareness, and (c) skills in working with culturally diverse populations (American Psychological Association, 2002; Sue & Sue, 2007).

First, knowledge of microaggressions can be learned by studying and inquiring about the existences and processes of microaggressions for members of various oppressed groups. This can occur by talking with others about their experiences with microaggressions and learning how these experiences are real, injurious, and likely based on institutional and societal discrimination. Individuals must gain knowledge of the impacts of microaggressions on both privileged/dominant and oppressed/target groups and keep up with current research on microaggressions and their impacts on self-esteem, emotional distress, and other psychological problems for both groups.

Awareness of microaggressions can increase by learning how these subtle forms of discrimination may occur in one’s own interpersonal relationships and how they as individuals might play roles as perpetrators or recipients of microaggressions. For example, individuals must become aware of how their membership in privileged/dominant groups may influence their interactions with members of oppressed/target groups and how they may be uncon-
scious of ways that subtle discrimination manifests in their own behaviors (Sue & Sue, 2007). This requires individuals to be fully aware of the various messages they have learned from their various cultural groups, and the values, beliefs, and biases that they have attained from their various identities. Accordingly, Whites must become aware of the biases and stereotypes they have learned about people of color; men must be alert to ways that they may be unintentionally sexist; heterosexual persons must be attentive to ways that they assume that heterosexuality is the norm and that homosexuality and bisexuality is abnormal or deviant. This concept would also apply based on ability, religion, age, social class, and other social identities/reference groups. Individuals must be aware of the spectrum of messages and values that they have internalized and how these may influence their interactions with others in unconscious ways.

Finally, upon gaining awareness of microaggressions, individuals can acquire the skills to deal with various forms of microaggressions in professional and personal relationships (Sue & Sue, 2007). For example, individuals can learn how to confront microaggressions when they transpire, by practicing ways of initiating uncomfortable conversations and dialogues. Additionally, psychologists must remain non-defensive and open-minded to the perspectives of others when others may confront them on their subtly discriminatory behavior. Individuals can gain skills in preventing microaggressions and promoting positive mental health through a number of methods, including: a) gathering information about personal experiences of microaggressions; b) teaching others about the presence of microaggressions; c) training others how to cope with microaggressions; and d) researching the various impacts that microaggressions may have on the mental health of various oppressed groups. In engaging in these various types of practices, psychologists can do their part to prevent microaggressions from further damaging the mental health of many individuals.

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Coping with painful events and unpleasant emotions is a struggle for every human being. The ability to cope effectively with these events and emotions can be termed resilience (Blum, 1998). Those who are less resilient may turn to unhealthy actions or beliefs about themselves to confront the difficulties encountered in their lives. For example, in 2005, over 1.8 million Americans turned to violent crime (Bureau of Justice, 2007) and in the same year, 22.7% of Americans reported binge drinking (Substance Abuse and Mental Health Services Administration, 2007). Mental health statistics are staggering as well with 14.8 million Americans suffering from depression and 40 million Americans suffering from anxiety disorders (National Institute of Mental Health, 2007).

The goal of this study was to examine factors that may help reduce some of these ineffective coping strategies. Both resilience and anger expression may have a significant effect on how a person copes with difficult situations. Resilience research has focused on specific outcomes in adolescence such as academic achievement (Belgrave, Chase-Vaughn, Gray, Addison, & Cherry, 2000; Connell, Spencer, & Aber, 1994; Ripple & Luthar, 2000; Rodgers & Rose, 2001), resistance to drugs and alcohol (Waller, Okamoto, Miles, & Hurdle, 2003), and overcoming the effects of bullying (Christensen & Evans, 2005). The previously mentioned studies provided valuable information on how to help adolescents cope with these situations, as well as, gave insight into why particular adolescents may struggle more with stressful circumstances.

Many protective factors such as family support, teacher influence, internal optimism, and intelligence have been found to influence success in the situations discussed previously (Blum, 1997; Christiansen & Evans, 2005; Waller, Okamoto, Miles, & Hurdle, 2003). These factors are vital in helping adolescents to become more successful. The current investigation explored a number of characteristics that are associated with resilience in a university population. In addition, the more information researchers and practitioners have on such protective factors and their relationships with adaptive functioning, the more effective mental health interventions can become. Furthermore, beginning to understand the motivation behind lashing out in anger or turning to drugs and alcohol can also assist mental health practitioners in helping struggling individuals to adapt more effectively.

Thus, the literature surrounding the concept of resilience and the protective factors related to resilience will be discussed. Research on emotional and anger expression will also be examined with particular focus on the relationships of those constructs to promoting resiliency. It was expected that resilience would be inversely related to levels of anger and that those who were resilient would exhibit a greater ability to control their emotions in an adaptive manner.

Resilience

Resilience is a widely studied construct that can be applied to children, adolescents, adults, and the elderly across different ethnic and socioeconomic backgrounds (Belgrave et al., 2000; Connell, Spencer, & Aber, 1994; Ripple & Luthar, 1999; Smith & Carlson, 1997; Smokowski, Reynolds, & Bezruczko, 1999; Waller et al., 2003). Generally speaking, resilience can be defined as positively coping with stressful
events (Smokowski et al., 1999) or adaptive coping in the face of multiple risk factors (Waller et al., 2003). The concept of resilience has played a large role in influencing the field of psychology to move away from studying the negative outcomes that some individuals experience (Blum, 1998). Instead, the field of resilience seeks to focus on those individuals who have overcome difficult life circumstances and have become successful, as well as, what factors promote such adaptive functioning.

The bulk of the literature in resilience research focuses on the healthy development and success of adolescents. Exposure to risk and experiencing certain protective factors influence how resilient an individual is (Blum, 1998; Smith & Carlson, 1997; Smokowski et al., 2000). Risk factors can be characteristics of an individual, family, or the environment. It has been found that cumulative risk factors can have a more negative outcome on a child than any one single risk factor (Smith & Carlson, 1997).

Some examples of risk factors include pressure to abuse substances (Waller et al., 2003), previous exposure to violence (Christiansen & Evans, 2005), and lack of resources or parental support (Smokowski et al., 2000). Risk factors also occur in academic settings. Being overage for grade, freshmen-year grades, teacher ratings, and absences were all strongly related to dropout with absences found to be the most powerful predictor (Ripple & Luthar, 1999). Even though stress and risk are similar, risk factors can lead to more negative outcomes while the various perceptions of a stressful event can influence how it is viewed (Smith & Carlson, 1997).

Such differences have been noted in the extant literature. For example, Smith and Carlson (1997) focused on how certain stressful events may be viewed differently by different age groups. In adolescence, even minor disagreements with parents can be perceived as incredibly stressful; however, in a different age group, this event may not be perceived as stressful at all. Blum (1998) goes on to explain this difference in perceptions even further stating that the perception of stressful events varies from person to person according to cognitive ability, maturity, and emotional resources. Stress can also be exacerbated if a particular event was experienced alone instead of as a part of a group (Blum, 1998). Determining how resilient an individual is also has to do with certain internal characteristics as well as elements in their environment. These environmental characteristics are referred to as protective factors.

Protective Factors

Protective factors can include individual traits such as self-esteem, intelligence, internal locus of control, insight, and temperament (Smith & Carlson, 1997; Smokowski et al., 1999). External factors are also important such as family support, guidance, and the outside influence of a teacher or religious figure (Blum, 1998; Smith & Carlson, 1997). Smokowski et al. (1999), however, also found some unique protective factors that were cited much less frequently in the literature. For example, through qualitative research, future optimism and goals, perseverance, determination, learning from the behavior of others, and having a past mastery experience all played a role in the resilience of inner city, at-risk adolescents. Interventions that focus specifically on an adolescent’s gender and/or ethnic group can also lead to increased resilience (Belgrave et al., 2000).

Another external factor that was found to be important involved previous exposure to stressors. When addressing adolescent victimization, it was found that those adolescents who had witnessed some violence or family conflict were less vulnerable to victimization (Christiansen & Evans, 2005). This suggests that previous exposure to stressors may increase one’s resilience. Christiansen and Evans also state, however, that overexposure to stressors increases the likelihood of victimization. Therefore, a balance must be found between no exposure to stress and an overload of stressful experience.

As mentioned above, family involvement and support are vital components in helping to develop resilience. Specifically addressing adolescent substance abuse, it was found that family members may play a role as either a protective or risk factor. A study by Waller et al. (2003) found that adoles-
cents may find it harder to resist peer pressure to use a substance from a family member than from another peer who is not related. Additionally, the researchers found that these family members can strongly influence adolescent choices not to experiment with substances. The generalizability of the Waller et al. findings should be taken with caution as their sample included only Native Americans. Moreover, Rodgers and Rose (2001) found that if students are not feeling supported by their parents, a strong relationship with a teacher can provide that support and continue to influence the student’s resilience.

To summarize, multiple factors are involved in helping an individual to develop resilience. Previous exposure to stressors can be helpful in developing resilience. The support of family members is also important when it comes to decision making and self-efficacy (Connell et al., 1994; Ripple & Luthar, 2000; Rodgers & Rose, 2001). Other internal characteristics such as optimism, insight, and internal locus of control are also factors that have been related to more resilient individuals (Smith & Carlson, 1997; Smokowski et al., 1999). An area that has been less well studied is an individual’s emotional expression.

Resilience and Emotional Expression

The relationship of resilience to the expression of emotion is a relatively new area of research and is not often found in educational or psychological literature. In one study, Connor, Davidson, and Lee (2003) found that resilience helps adults cope with trauma more effectively. More specifically, higher levels of anger in relationship to a traumatic experience led to greater emotional distress and lower overall health status (Connor et al., 2003). The specific relationship between resilience and anger was not examined; however, lower levels of anger were associated with less emotional distress, which could indicate higher levels of resilience. Such a relationship is supported by findings that hardiness (a construct related to resilience) had an inverse relationship with stress, depression, and anger (Maddi, Brow, Khoshaba, & Vaitkus, 2006). In addition, hardiness was also found to be positively related to coping and social support (Blum, 1998).

Resilience and its relationship to the regulation of emotions has been reported in the literature (Eisenberg, Guthrie, Fabes, Reiser, Murphy, Hollgren, Maszk, & Losoya, 1997; Eisenberg, Spinrad, Fabes, Reiser, Cumberland, Shepard, Valiente, Losoya, Guthrie, & Thompson, 2004). Specifically, resiliency was found to mediate the level of socially appropriate behavior and emotional control. In a study by Eisenberg et al. (1997), the relationship between resilience, emotional regulation, and socially appropriate behavior were examined. Socially appropriate behavior was identified in this study as both prosocial and socially constructive. Participants were found to be more socially appropriate if they were more able to regulate their emotions and also had higher levels of resiliency. One specific analysis in this study examined levels of emotional intensity. Emotional intensity was defined by higher levels of negative emotions such as anxiety and anger. Those participants with higher levels of emotional intensity were less socially appropriate, which also indicated lower levels of resilience and emotional regulation.

In a similar study, it was found that effortful control of emotions, as well as impulsivity, were related to resiliency and problem behaviors (Eisenberg et al., 2004). Specifically, resiliency was negatively correlated with parent and teacher reports of problem behaviors, both internalizing and externalizing. In addition, impulsivity was found to be positively correlated with externalizing and internalizing problems. Interestingly, Eisenberg et al. (2004) also found that resiliency mediated the relationship between impulsivity and effortful control. Children in this study who had low effortful control were also found to have low levels of resilience. In light of the proposed investigation, it can be inferred that lower levels of anger control would also be associated with lower levels of resilience.

Anger Expression

Specifically looking at anger expression, there is some information in the literature that helps us to link this concept to resilience. First, it would
be helpful to discuss the role of anger in humans. Anger has long been regarded as an emotion in all humans that helps us to adapt and survive (Spielberger, Reheiser, & Sydeman, 1995; Spielberger, Ritterband, Sydeman, Reheiser, & Unger, 1995). Even though anger is adaptive, too much of it can have adverse effects such as depression, anxiety, schizophrenia, and even health problems (Spielberger et al., 1995).

Early in psychology’s history, anger was seen as an instinctive response (Spielberger et al., 1995). Currently, it is believed that anger is provoked by frustration or another intense stimulus (Spielberger et al., 1995). According to the work of Spielberger et al. (1995), anger is a bipolar, unidimensional emotion. It ranges from extreme suppression to overtly aggressive behavior. How much anger is experienced may be due to an individual’s perception of how stressful the situation is (Spielberger et al., 1995). Along with this finding, Blum (1998) also found that resilient individuals tend to view situations as less stressful than those who are less resilient. Therefore, it may be possible that those who are more resilient perceive less stress in their daily lives and these lower levels of stress lead to lower levels of anger.

Aggressive expression of anger has also been linked to locus of control (Hall, 2006), which, as mentioned previously, is an important facet of resilience (Smith & Carlson, 1997). Those with an internal locus of control have been found to have higher levels of anger control while those with an external locus of control use aggression to exert some control over their environment (Hall, 2006). Also found in the study by Hall, aggressive attitude and physical aggression were both inversely related to resilience in a sample of undergraduates.

Focusing more specifically on undergraduate males in dating relationships, Lundeberg, Stith, Penn, and Ward (2004) found differences in levels of insight between men who were physically abusive to their partners and those who were not. The major difference that was found was that men who are more aware of their escalating anger were more likely to be the non-abusive men in the study. This insight into varying anger levels may be linked to resilience in that insight into one’s own behavior is a key component of resilience (Smokowski et al., 1999).

In summary, multiple links exist between resilience and different forms of emotional expression. Insight is a valuable factor in levels of resilience, as well as anger and violent behavior (Lundeberg et al., 2004; Smokowski et al., 1999). Many who lack an internal locus of control may use aggressive behavior in an attempt to gain control. Aggressive behaviors or even just having an aggressive attitude can have an inverse effect on resilience (Hall, 2006). Perception of various situations as more stressful has also been found to be strongly related to increased anger and decreased resilience (Blum, 1998; Spielberger et al., 1995). Finally, individuals who have lower levels of emotional regulation and resilience were found to engage in more socially inappropriate behavior and exhibit higher levels of negative emotionality (Eisenberg et al., 1997). Taken all together the following research questions were put forth.

Goals of the Study

The question of how resilience is related to the expression of emotions has only been partially addressed in the research discussed above. In addition, little research to date has examined how anger relates to resilience. In contrast to resilience literature, which focuses mainly on children and adolescents, the literature surrounding anger and anger expression has largely focused on university students and adults. The current study sought to address the missing link between resilience and anger in a sample of undergraduate students.

The first hypothesis of this study was that resilience would be inversely related to levels of overall anger. The second hypothesis of this study was that resilient individuals would have significantly higher levels of control over their anger expression. Finally, anger expression outward has been more attributed to aggressive behavior (Spielberger et al., 1995; Spielberger et al., 1995); therefore, the final hypothesis of this study was that resilience would be inversely related to anger ex-
expression directed outward.

Method

Participants

Data were collected from undergraduate and graduate students (n=143) in the School of Education at a Mid-western urban university during the fall and spring terms. Students completed a confidential, self-report survey regarding their ability to cope with anger, express anger, and feelings of resiliency. The participants consisted of 39 males and 104 females. Participants included 106 Caucasians, 20 African Americans, 7 Asian Americans, 4 Latino/a, and 6 students endorsing themselves as Other. The average age of participants was 25.3 with an age range of 18 to 57.

Procedures

Permission was gained from various university professors to recruit participants from their undergraduate and/or graduate classes. These students were approached in the classroom in order to elicit their participation. They were given the option to participate or leave the classroom without penalty or knowledge of the instructor. Participants were read an information script that explained the potential risks and rewards for participating in the study. Completion of the surveys indicated each participant’s informed consent. Participants completed a demographic questionnaire in order to help identify the sample population. Participants were then administered the CD-RISC and the STAXI-2 consecutively. No identifying information was on any of the forms filled out by participants in order to ensure anonymity of responses.

Measures

Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). This 25-item assessment measures level of resilience on a Likert scale. Responses to each question can range on a 5-point response system from “not true at all” (0) to “true nearly all of the time” (4). Test-takers can receive a score ranging from 0-100 with higher scores indicating greater resilience. This assessment includes items such as “I am able to adapt when changes occur” and “I believe I can achieve my goals, even if there are obstacles”. In this study, reliability was very good, as evidenced by Cronbach’s α at .86.

In the sample used to standardize this assessment, a total of 827 participants were used that included both clinical and non-clinical populations. The mean age was 43.8 years; however, age was not found to be significantly correlated with resilience scores (Connor & Davidson, 2003). Cronbach’s α was used to determine internal consistency for the CD-RISC and for the non-clinical population α was 0.89. Test-retest reliability was measured with a portion of the clinical population and r² was found to be 0.87. Finally, convergent and divergent validity were measured using both clinical and non-clinical participants. For the combined group, the CD-RISC was shown to be negatively correlated with the Perceived Stress Scale (Pearson r = -0.76, P<.0001) (Connor & Davidson, 2003). This scale measures how stressful a test-taker views current events in their life.

Negative correlations were also found in comparison to the Sheehan Stress Vulnerability Scale (Connor & Davidson, 2003) (Spearman r = -0.32, P<.001). This assessment gives an estimate of how vulnerable a test-taker is to the adverse effects of stress. Using the clinical sample, Connor and Davidson also found that the CD-RISC was positively correlated with the Kobasa hardiness measure (Pearson r = .083, P<.0001) as well. This assessment examines levels of internal hardiness, which is a construct similar to that of resilience. Evidence was also found supporting the idea that as clinical improvements occur, scores on the CD-RISC increase (F = 17.36; df 1,47; P<.0001) (Connor & Davidson, 2003).

State-Trait Anger Expression Inventory-2 (STAXI-2; Spielberger, 1999). This 57-item scale includes measures of the types of anger one feels and how that anger is expressed. The standardization of this assessment involved both normal adults and hospitalized psychiatric patients. Responses are based on a 4-point Likert scale ranging
from “not at all” (1) to “very much so” (4) on the first section and “almost never” (1) to “almost always” (4) on the remaining sections. Each of the subscales have reported internal consistency, measured by Cronbach’s \( \alpha \), ranging from 0.73-0.95 (Spielberger & Reheiser, 2003). For this particular study, the researcher only used the 32-item Anger Expression and Control subscale. This subscale has four separate components that are measured: Anger Out, Anger In, Anger-Control/Out, and Anger-Control/In.

This subscale specifically examines how individuals express and attempt to control feelings of anger. It includes items such as “I control my urge to express my angry feelings” and “I endeavor to become calm again” to assess anger control. To assess anger expression inward and outward, items such as “I say nasty things” and “I pout or sulk” are implemented. An overall anger expression index is calculated as well as individual scores for the four components mentioned previously. Scores on this subscale can range from 0-96 with higher scores indicating a lesser ability to control anger expression. In this study, reliability ranged from fair to very good with Cronbach’s \( \alpha \) on the Anger Expression Index at .68, Anger Control Out was .80, Anger Expression Out was .70, Anger Control In was .83, and Anger Expression In was found to be .79.

Studies have been completed to validate the empirical independence of the Anger In and Anger Out subscales (Spielberger, Reheiser, & Sydeman, 1995) and have shown little to no correlation between the two. In addition, correlational studies have shown how the Anger Control subscales relate to the Anger Expression subscales. Specifically, the Anger Control correlated negatively with Anger Out \( (r = -.59 \text{ for males}; r = -.58 \text{ for females}) \), in addition, correlations of the Anger In with the Anger Out and Anger Control were found to be basically zero for both genders (Spielberger et al., 1995). Jacobs, Latham, and Brown (1988) reported test-retest reliabilities ranging from .64 to .86 over a two-week period on the Anger Expression subscales.

**Results**

Analysis of the data collected was completed in SPSS version 14.0. In order to test the previously mentioned hypotheses, multiple regression analyses were performed. Regression analysis was used to assess potentially predictive relationships that may exist between resilience and each separate dependent variable including anger expression in/out and anger control in/out. According to Tabachnick and Fidell (2007), the regression is significant at .05 or less. The assumptions of normality, linearity, multivariate outliers, and multicollinearity were tested prior to regression analysis and were not violated. One univariate outlier was found but was not significant enough to be deleted from the dataset.

Descriptive statistics and bi-variate correlations are presented in Table 1. Resilience was found to correlate with anger control out \( (r = .38, p < .01) \) and anger control in \( (r = .39, p < .01) \). The overall anger expression index \( (r = -.35, p < .01) \) was found to be inversely related to resilience. Additionally, resilience was found to be negatively correlated with anger expression out \( (r = -.26, p < .01) \). Thus, it can

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<th>1-r</th>
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<tr>
<td>Resilience</td>
<td>79.11</td>
<td>9.95</td>
<td>140</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Anger Control Out</td>
<td>24.85</td>
<td>4.45</td>
<td>125</td>
<td>.38**</td>
<td>-</td>
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<tr>
<td>Anger Control In</td>
<td>23.31</td>
<td>4.63</td>
<td>126</td>
<td>.39**</td>
<td>.60**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anger Expression Out</td>
<td>15.71</td>
<td>3.80</td>
<td>125</td>
<td>-.09</td>
<td>-.61**</td>
<td>-.26**</td>
<td>-</td>
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<tr>
<td>Anger Expression In</td>
<td>15.76</td>
<td>4.60</td>
<td>126</td>
<td>-.16</td>
<td>-.20*</td>
<td>-.14</td>
<td>.37**</td>
</tr>
<tr>
<td>Anger Expression Index</td>
<td>31.44</td>
<td>12.46</td>
<td>121</td>
<td>-.35**</td>
<td>-.83**</td>
<td>-.71**</td>
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Note: * = \( p < .05 \), ** = \( p < .01 \)
be seen that as level of resilience increases, one’s ability to control anger, both inward and outward, also increases. Additionally, overall anger expression having an inverse relationship with resilience indicates that those who possess higher levels of resilience also are less likely to express anger in general. More specifically, they are less likely to express anger outwardly, as indicated by the negative correlation between resilience and anger expression out.

The regression analysis showed that resilience was associated with anger control out scores, $\beta = .38$, $t(119) = 4.48$, $p < .001$. Anger control out also explained a significant portion of variance in the resilience scores, $R^2 = .143$, $F(1,120) = 20.07$, $p < .001$. Resilience was also associated with anger control in, $\beta = .39$, $t(119) = 4.63$, $p < .001$. Anger control in also explained a significant portion of variance in the resilience scores, $R^2 = .151$, $F(1,120) = 21.42$, $p < .001$. Finally, resilience was associated with anger expression index scores, $\beta = -.35$, $t(115) = -4.02$, $p < .001$. The anger expression index also explained a significant portion of variance in resilience scores, $R^2 = .122$, $F(1,116) = 16.13$, $p < .001$. From these analyses, it can be concluded that resilience in an individual significantly is associated with and may predict one’s increased ability to control their anger, both inward and outward. It can also be predicted that a resilient individual is less likely to express their anger overall.

Discussion

The results of this investigation add to the extant literature in a number of ways. First, it addresses a gap in the resilience literature regarding the connection between resilience and emotional expression and control, specifically anger expression and control. Secondly, the findings support that resilience is positively related to the control of anger and negatively related to anger expression. This can lead to the conclusion that individuals who are more resilient are less apt to respond to situations and challenges with anger towards others or themselves.

As addressed previously, resilience can be defined in many ways. Generally speaking, resilience can be defined as the ability to cope in a healthy way with stressful circumstances and the ability to adapt in positive ways despite experiencing multiple risk factors (Smokowski et al., 1999; Waller et al., 2003). Some of the characteristics found in resilient individuals include positive self-esteem, intelligence, internal locus of control, insight, and temperament (Smith & Carlson, 1997; Smokowski et al., 1999). The concept of resilience can also be partially contributed to external factors such as family support, guidance, and the outside influence of a teacher or religious figure (Blum, 1998; Smith & Carlson, 1997).

In this particular study, the researcher chose to focus on the relationship of resilience to the expression of anger. This included the expression of anger outwardly and inwardly as well as controlling anger, both internally and externally. According to Spielberger et al. (1995), the outward expression of anger could be manifested as overt aggression while the inward expression of anger could include suppression or withdrawal from others. More positively, internal anger control could include consciously trying to calm down and relax and external anger control might mean remaining patient and controlling angry behaviors (Spielberger et al., 1995).

When further exploring the results of this study, the concepts of resilience and anger expression (both inward and outward) are not significantly related. Moreover, resilience was significantly related to the ability to control anger, both internally and externally. These findings may indicate that those who are more resilient may be less likely to express their emotions in a maladaptive or unhealthy manner. For example, resilient individuals may be less likely to respond outwardly in anger with violence or aggression towards others. Internally, resilient individuals are probably less likely to socially withdraw, hold grudges, and/or pout and sulk.

Those who are resilient may also be more able to control their emotions and express them in a constructive way, and move past the negative feeling. When referring to outward anger control, this could include sharing feelings with others, remaining patient, and controlling overtly angry or aggres-
sive behaviors. Inward anger control refers to resilient individuals possibly being more adept at consciously endeavoring to calm down, relax, and actively reducing angry feelings.

In this study and according to Spielberger and Reheiser (2003), the anger expression index measures one’s overall expression of anger, both inwardly and outwardly. This refers to how much one suppresses angry emotions or behaves with hostility when angry as opposed to healthier ways of coping with anger. The findings of this study indicate a negative relationship between resilience and overall anger expression. This could indicate that those who are resilient express their anger less frequently and with more adaptive skills. Those who are not as resilient may be more likely to feel angry, both internally and externally, and may not cope with these feelings as effectively.

The first hypothesis for this study, that resilience would be inversely related to anger, was confirmed. Resilience was found to have a significant and negative relationship with the overall level of anger experienced by an individual. The second hypothesis postulated that resilience would have a significant relationship to the control of anger, both inwardly and outwardly. This was confirmed as well. Finally, the researcher proposed that resilience would have an inverse relationship with anger expression outward. This hypothesis was not confirmed due to a lack of a significant relationship between the Anger Expression Out scale and resilience.

Limitations

When considering the results of this study, a few limitations should be kept in mind. First of all, the results can only be generalized to other undergraduate and graduate student populations. While the average age of the participants was older than the typical college student, the majority of participants were still between the ages of 18 and 22. Additionally, a majority of the participants were female and of European American descent which may also affect the generalizability of the results. Moreover, those who have been successful enough to enter college or graduate school may be inherently more resilient due to characteristics such as determination, intelligence, and motivation that are associated with increased resilience (Smith & Carlson, 1997; Smokowski et al., 1999). This could have had a significant impact on the current study.

Additional limitations to consider include a limited sample size and a number of participants not completing the survey. A number of participants failed to complete the back page of the survey that included a majority of the questions involving the STAXI-2. Therefore, the overall N for the measures of Anger Control In/Out and Anger Expression In/Out ranged from 121-126 while the overall N was 140. This limits the conclusions that can be drawn regarding the predictive relationship between resilience and anger expression to some degree.

Finally, the social desirability of participants’ responses should be considered when examining the results of the current research. The CD-RISC involves participants potentially disclosing low levels of self-esteem, motivation, and hope for the future. Also, the STAXI-2 may require participants to admit that they have anger outbursts, treat others poorly, or, in general, do not cope well with negative emotions. Due to these mitigating factors, participants in this study may have felt pressure to misrepresent themselves when completing the survey for this study despite the anonymity of their responses.

Future Directions

When investigating the important concept of resilience in the future, it may be useful to continue looking at how this characteristic affects anger expression. More specifically, the current study could be expanded to include more diverse populations in age, cultural identity, and socioeconomic status. In general, those who are in the undergraduate and/or graduate student populations may be considered to be more resilient in general due to the standards required for acceptance and success in the college environment.

From the results of this study, we can see that resilience has a significant impact on how individuals’ experience and express anger. This is an important finding, but it would also be beneficial to
Researchers and practitioners alike to have a better understanding of how resilience affects emotional expression in general. Additionally, examining specific emotions and their relationship to resilience (i.e. sadness, depression, anxiety) could be useful in helping the mental health field have a better understanding of how and why individuals cope in various ways. Another important step that could be carried out based on the current study includes learning about how resilience can be fostered or improved in individuals. If mental health practitioners can gather more information about increasing resilience, this could contribute to increased coping skills and emotional health in clients seeking various types of mental health services.

Conclusion

Violence and aggression, as well as mental health problems, such as anxiety and depression, have become significant problems in our country. More and more mental health professionals are called to work with individuals experiencing these issues or to develop research projects and preventative programs to curtail such problems. Resilience is an important part of prevention and has been found to be a protective factor against the aforementioned hardships, as well as, a way for people to overcome struggling with these particular issues (Lundenberg et al., 2004; Maddi et al., 2006). This study helps to further explain the link between the expression of anger in various ways to the concept of resilience.

From the findings presented here, it was shown that resilience plays an important role in how well one controls their anger, both internally and with other people. Additionally, resilience also is related to lower levels of overall anger expression in individuals. An inverse relationship to outward anger expression was not found. Further research in this area is warranted. Resilience can play a large part in the reduction of anger, both directed toward the self and toward others, by tapping into more adaptive emotional responses. Therefore, the concept of resilience could be fostered and developed in order to prevent or reduce instances of anger directed outward in the form of violence or aggression and anger directed inward as manifested by anxiety and depression.

While it is important that we deepen and further clarify our understanding of the concepts of resilience and anger expression and control, it is also vital that we use this knowledge as a means of education and prevention. It can be seen from the results of this study that an increase in resilience can serve to significantly decrease unhealthy expressions of anger. This knowledge can be used both by mental health professionals and the general public to work towards the prevention of many of the difficulties that can afflict the less resilient population such as anxiety, depression, aggression, etc. Preventions focused on facilitating resilience in the general public, in addition to clinical samples can also lead to lower overall costs of treating mental disorders, as well as the emotional repercussions that aggression and violence can have on the general public.

More specifically, if individuals can learn to reduce their inward expression of anger, this would result in a reduction of such behaviors as pouting or sulking, holding grudges, or ignoring one’s angry feelings. Unhealthy anger behaviors can lead to lower self-esteem, depression, and anxiety as well as health problems related to the stress of not expressing emotions (Staxi et al., 1995). The reduction of outward expression of anger can lead to fewer relationship conflicts, acts of interpersonal aggression, and violence. The unhealthy expression, or lack thereof, of anger and other emotions plays a large role in each of psychological and interpersonal issues mentioned.

As for fostering resilience to reduce overall anger expression, this can be done in multiple ways. It could be accomplished in a school, community, or mental health setting. Psycho-education on the development of active coping strategies and ways of thinking that are a part of resilience would be useful for individuals who are struggling with such issues as anger, depression, or anxiety before these problems become difficult to manage. Likewise, such skill development could also be introduced to the general public as helpful ways to reduce stress, anger, depression, etc. in everyday life situations.
Skills that would be important to teach in order to increase resilience might include identifying and relying on social support systems, developing an internal locus of control, learning how to manage one’s environment in order to have more of an internal locus of control as opposed to external when facing stressful situations, developing long term goals, and finding positive role models.

The knowledge gained from this study has the potential to lead to fewer reactive interventions and more proactive programs and therapies being utilized. Such proactive programs can be helpful in children, adolescents and adults. Prevention can begin by identifying individuals with anger control difficulties early in therapy or within the school system. If such individuals can be identified, mental health professionals can begin to foster resilience and more effective anger control techniques in order to decrease the likelihood of unhealthy anger expression, both inward and outward; thus leading to lower levels of violence and aggression in our society, as well as depression and anxiety in individuals.

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References


Alcohol misuse has become one of the most immediate and potentially harmful factors associated with the overall health and well-being of college students (Baer, 1994). Nationwide studies examining alcohol use in college and the related negative consequences propose that nearly 44% of college students report engaging in binge drinking at least once in a two week period (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994). Heavy drinking on college campuses has become a widespread characteristic of the culture at many universities. First year students experience a significant change in the transition from high school to college. It is during this transition that students form social networks and peer groups, many of which are facilitated when freshmen students are put into on-campus housing and dormitories. For some students, excessive alcohol consumption and the related negative consequences emerge after matriculation to college (Turrisi, Mallet, Mastroleo & Larimer, 2006).

Perceptions of campus alcohol use norms continually emerge in the literature as one of the greatest determinants of undergraduates’ drinking behaviors (Novak & Crawford, 2001). Both active, which includes actual offers of alcohol and passive, which refers to perceived norms of peer influences have been identified as being associated with heavy episodic drinking (Wood, Read, Mitchell, & Brand, 2004). Among the first studies to propose and identify individual characteristics that affect drinking tendencies based upon social drinking norms concluded that compared to those who drank moderate quantities of alcohol, students who consumed excessive and large quantities of alcohol perceived their peers to have attitudes that were lenient with regards to excessive use (Berkowitz & Perkins, 1986).

According to a systematic literature review by Sullivan and Wodarski (2004), intervention programs at many colleges were once implemented based on a common-knowledge based idea that binge drinking was a normal part of the developmental process entering college and therefore drinking and its associated problems could not be prevented. According to Strano, Cuomo, & Venable, (2004), interventions targeting specific audiences sharing similar attitudes and expectancies towards drinking are more likely to yield better results than the great majority of the campus-based alcohol interventions programs being widely used. Peer drinking norms, especially for women, have been found to be strong predictors in their own alcohol use (Lewis & Neighbors, 2004). Support for the use of peers within the intervention process has shown efficacy within certain populations (Dunleavy & Campbell, 2006).

Borsari and Carey (2000) proposed that perceived drinking norms and alcohol expectancies were the missing factors in the majority of campus based intervention and alcohol awareness programs. Numerous studies have approached this challenge in a variety of ways. Support for parent-based interventions is strong and has shown efficacy in many college samples. Recent indications that parents can also communicate the importance of expectancies about alcohol and social experiences could provide another means of correcting attitudes and social norms (Turrisi, Jaccard, Taki, Dunnam, & Grimes, 2001). By encouraging social skills training, increasing student awareness of the dangerous consequences of binge drinking, and thoughtful planning and decisions prior to drinking, overall drinking
rates have been reduced on many campuses (Ichiyama & Kruse, 1998).

The purpose of the current investigation was to evaluate the accuracy of perceptions of alcohol use and drinking norms in the sample population and to examine the role of attitudes regarding binge drinking as they relate to one’s individual alcohol use. It was hypothesized that students would significantly overestimate the number of drinks consumed by the average freshmen student of their same sex. It was also hypothesized that permissive attitudes regarding binge drinking and the related negative consequences would be predictive of greater alcohol consumption.

Methods

Participants

Participants were obtained from the population of undergraduate freshmen students at a small private university in south Florida. Approximately 600 students were enrolled in the fall semester of 2007. A total of 162 students completed an adequate percentage of the survey within the second wave of data collection to have results included in data analysis. Male participants made up 45.6% of the sample; female participants represented 54.4%. Based on participants’ reported ages at the time of data collection, less than 3% of the sample was legally allowed to consume alcohol. Over 90% of the freshmen participants reside in an on-campus residence hall or dormitory. Unique to this sample, 89.4% of the sample reported the economic status of their family to be above average or moderately higher than most families.

Procedure

All students enrolled as freshmen in the fall semester were informed of the opportunity to participate prior to the beginning of the fall semester. Upon arrival at freshmen orientation, students were invited to complete the first wave of the survey which included demographic information and questions about personal alcohol consumption. Confidentiality was protected throughout using a secure server and participants were issued a personal identification number that was used to gain access to the online self-report. Participants were did not complete the first wave of the survey were given the opportunity to complete the second wave which included the additional information from the first wave.

Perceived Drinking Norms. Included in the second wave of data collection, perceived drinking norms were measured through a seven part question instructing participants to enter an estimation of how many drinks a typical freshmen student of their same sex consumes on each day of the week. Responses were measured on a continuous scale. Participants were asked to enter this estimation to the nearest whole number (see Appendix A).

Binge Drinking Attitudes. Binge drinking attitudes were assessed using five statements regarding beliefs and attitudes about alcohol use and binge drinking-related consequences. Responses to these statements were provided on a 4-point scale ranging from “strongly agree” to “strongly disagree” with no neutral response available. A total score based on the responses to the five statements was calculated to provide a score that indicated their general attitudes. This score was interpreted to indicate that higher scores were representative of more permissive attitudes about binge drinking and excessive alcohol consumption (see Appendix B).

Individual Alcohol Use. The dependent variable was assessed using self-report questions of alcohol consumption. Similar to the format of the question assessing perceived drinking norms, participants were asked to estimate the number of drinks they consume each day of the week. Responses were recorded on a ratio or continuous scale. Two other questions also asked participants to recall a two week period and report how many times they had engaged in binge drinking behaviors and also how many times participants had gotten drunk or very high from alcohol over the last 30 days (see Appendix C).
Results

Perceived Drinking Norms

Results supported the hypothesis that participants overestimated the amount of alcohol consumed by their peers for all seven days of the week. Mean comparisons between average number of drinks consumed by the participant and participants’ perception of average student alcohol consumption were all statistically significant. The mean number of drinks consumed on a typical Monday and estimation of average number of drinks consumed by peers on that day was statistically significant, $t(160) = 3.07, p < .01$. On Tuesday, $t(161) = 3.98, p = .001$. The number of drinks consumed on a typical Wednesday was also significant, $t(160) = 4.24, p < .001$. For Thursday, $t(161) = 5.89, p = .001$, and Friday, $t(161) = 11.60, p < .001$. For Saturday, $t(161) = 11.56, p = .001$. Finally, the t-test on Sunday indicated significance between average number of drinks consumed by the individual participant and perception of peers’ mean number of drinks consumed, $t(160) = 4.13, p < .001$ (see figure 1).

Binge Drinking Attitudes

Linear regression analyses between drinking norm attitude scores and estimated number of drinks consumed on each day of the week, excluding Sunday, demonstrated statistical significance. Regression analyses for Monday, ($R^2 = .06$), $F(1, 150) = 10.22, p < .01$. For Tuesday, ($R^2 = .04$), $F(1, 150) = 6.22, p < .05$. For Wednesday, ($R^2 = .09$), $F(1, 151) = 14.75, p < .001$. For Thursday, ($R^2 = .09$), $F(1, 150) = 15.91, p < .001$. For Friday, ($R^2 = .13$), $F(1, 151) = 22.00, p < .001$. For Saturday, ($R^2 = .06$), $F(1, 150) = 10.01, p < .01$.

Discussion

Results from the current investigation supported the hypotheses and provided evidence to support the future application of norm-correcting interventions. Participants overestimated the number of drinks consumed by their peers each day by an average of 2.29 drinks more than the actual average number of drinks participants reported they consumed. Further examination of the participants’ average number of drinks consumed on each night of the week and the estimation of the number of drinks consumed by peers was statistically significant.
consumed by the average student revealed significant inconsistencies between perceived and actual alcohol consumption. Results from this study also suggest that a permissive attitude towards binge drinking is predictive of increased alcohol use. This suggests that when binge drinking and excessive alcohol consumption is perceived as normative and acceptable behavior, students are more likely to engage in binge drinking despite the risk of negative consequences.

Limitations to this study include the sample size as well as the sampling method. Convenience sampling was used based on the online format and participant recruitment procedures may not be representative of the population of undergraduate freshmen students. Another limitation involved in this study relates to the uniqueness of the sample and university setting involved. The sample of freshmen students were collected at a school with significantly higher proportion of international students than that of many universities around the country.

Based on the results of this sample, further research will be aimed at correcting inaccurate drinking norms and expectancies and attempt to address attitudes about binge drinking. Implications from the study include support for the use of norm-correcting strategies using peer education of factual drinking norms. Interventions applying a social-norms theory approach could be explored in an attempt to correct inaccurate perceptions.

**Appendix A. Perceived Drinking Norms**

Consider a typical week during the last month. How much alcohol, on average (measured in number of drinks *), do you think a typical college student (of your same sex) at your university drinks on each day of a typical week?

(a) Monday
(b) Tuesday
(c) Wednesday
(d) Thursday
(e) Friday
(f) Saturday
(g) Sunday

<table>
<thead>
<tr>
<th></th>
<th>Drinks(*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<td>Friday</td>
<td></td>
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<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
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</tr>
</tbody>
</table>
Appendix B. Binge Drinking Attitudes

Please indicate your attitude towards the following statements in general.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know that there are policies/ rules about alcohol use on campus, but most students disregard or choose not follow them.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I do not consider heavy alcohol use, five or more drinks in a row (males) or four or more drinks in a row (females), to be a problem among my peers.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I often hear my peers making jokes or laughing about stories of foolish or dangerous activities as a result of a friends’ alcohol use.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Excessive alcohol use is not as bad as using other illegal drugs or legal drugs without prescription.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Drinking large amounts of alcohol over the course of a few hours is a normal part of the college experience.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Appendix C. Individual Alcohol Use

On a typical Monday, I have ____ drinks.
On a typical Tuesday, I have ____ drinks.
On a typical Wednesday, I have ____ drinks.
On a typical Thursday, I have ____ drinks.
On a typical Friday, I have ____ drinks.
On a typical Saturday, I have ____ drinks.
On a typical Sunday, I have ____ drinks.

Think back over the last two weeks. How many times have you had 5 or more drinks within a 2 hour period?

During the past 30 days (about 1 month), how many times have you gotten drunk, or very high from alcohol? (Please give your best estimate)
References


In 2008 at the APA National Conference, the Prevention Section of the Society for Counseling Psychology (Division 17) presented awards to members and new professionals in the field based on their proven interest and quality work. The following are the Award Recipients for 2008:

**George Albee Award**

The George Albee Award was given this year to the University of Vermont in memory of Dr. George Albee for his extensive contributions to the field of prevention over his lifetime. He was a major provider of theoretical, research, and interventions in the prevention field. The Prevention Section takes great pride in recognizing his enormous impact and influence, and we are thankful for the excellent leadership and creativity he showed in being a developer of the field. The award was presented to a representative from the University of Vermont at the Business Meeting.

**Counseling Psychologist Life Time Achievement Award in Prevention**

For counseling psychologists who have engaged in more than ten years of prevention activities, including theory building, research, practice, training, and/or leadership.

The award this year went to Dr. Michael Waldo, New Mexico State University.

**Student Awards:**

**Counseling Psychology Graduate Student Prevention Research Award**

For prevention research in counseling psychology conducted by a student as part of his/her graduate training. The recipient of the award received $200 for research on prevention.

The award this year went to Stephanie Chapman, University of Houston

**Counseling Psychology Dissertation of the Year-Award in Prevention.**

This award is awarded for a dissertation project demonstrating outstanding contributions to field of prevention. The recipient of this award received a plaque acknowledging the award.

The award this year went to Erica L. Medlock of the University of Oregon

**The Prevention Section was allotted two poster presentations at the National Conference. The chosen papers were:**

**Evaluation of a Teen Sexual Assault Awareness and Prevention Program**

Authored by: Sulzner, J.M., Donovan, A., & Israel, T. University of California, Santa Barbara

**Comprehensive School Counseling Program and Perceived School Climate**

Authored by: Tu, C.C., & Wahl, K.H. University of Minnesota, Twin Cities
Spotlight On:

Michael Waldo, Award Recipient: Counseling Psychologist Life Time Achievement Award in Prevention

Michael Waldo (miwaldo@nmsu.edu) earned degrees from the University of California and University of Utah, and held faculty positions at the University of Maryland, Montana State University and, currently, New Mexico State University. His practice and research interests focus on design and evaluation of preventive interventions that employ group work to improve interpersonal relations. He is a Fellow in the American Psychological Association and Chaired the Division 17 Prevention Section. He currently serves as chair of the Editorial Board for the Section’s publication, “Prevention in Counseling Psychology: Theory, Research, Practice and Training.”

In the nomination materials for Michael Waldo’s award, Arthur Horne clearly articulates Waldo’s many virtues and the accomplishments which made him the ideal choice for the Counseling Psychologist Life Time Achievement Award in Prevention. Waldo was responsible for elevating the prevention special interest group into an acknowledged Section of Division 17 and promoting the work of the section in APA through dedicated presentations held by the section.

Horne states of Waldo, “In short, he has influenced all aspects of the prevention work field within counseling psychology. It is imperative to recognize that the progress prevention work has made in the last two decades has been strongly influenced by his scholarship, research, teaching, supervision, and clinical work. In short, he has had a strong personal influence in one of the major movements of our time.”