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**Being Tolerated and Being Discriminated Against:
Links to Psychological Well-Being through Threatened Social Identity Needs**

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Abstract

We investigated whether and how the experience of being tolerated and of being discriminated against are associated with psychological well-being in three correlational studies among three stigmatized groups in Turkey (LGBTI group members, people with disabilities, and ethnic Kurds, total $N = 862$). Perceived threat to social identity needs (esteem, meaning, belonging, efficacy, and continuity) was examined as a mediator in these associations. Structural equation models showed evidence for the detrimental role of both toleration and discrimination experiences on positive and negative psychological well-being through higher levels of threatened social identity needs. A mini-meta analysis showed small to moderate effect sizes and toleration was associated with lower positive well-being through threatened needs among all three stigmatized groups.

Keywords: Stigma, discrimination, toleration, social identity needs, psychological well-being

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*“That is the problem with toleration: others determine if they tolerate you, which rules and norms you need to meet in order to be allowed to participate. As LGBT’s, we do not want to be tolerated, we want to be respected”.*¹

*“We were being tolerated [...] which is of course a terrible word. If you are being tolerated it is being said ‘you are different, but we will put up with you’ (Akyol, 2017)”.*²

There is a substantial literature on the “target’s perspective” that is concerned with the psychological implications of negative experiences due to one’s belonging to a stigmatized minority group and how situational cues, social support, personal beliefs, and coping resources shape the meaning of the negative experiences (e.g., Goffman, 1963; Major, Dovidio, & Link, 2018; Quinn & Chaudoir, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014). While stigmatization is typically characterized by perceptions of being the target of discrimination, almost nothing is known about the psychological implications of being the target of toleration (Verkuyten, Yogeeswaran, & Adelman, 2020), although the experience of being ‘merely’ tolerated appears to be quite common among disadvantaged minority group members (Cvetkovska, Verkuyten, & Adelman, 2020a; Cvetkovska, Verkuyten, Adelman, & Yogeeswaran, 2020b). Tolerance is widely promulgated and embraced by (international) organizations, associations and institutions, and community leaders, however, the two quotes above indicate that describing someone as being tolerated or tolerable has disapproving and condescending implications for those who are tolerated and tolerance in the context of stigmatization often carries ‘echoes of at best grudging acceptance, and at worst ill-disguised hostility’ (Fitzgerald, 2000, p. 13). Yet, the possible implications of being tolerated for stigmatized group members’ psychological well-being has been only recently discussed and

¹De Sutter and De Lille in Magazine *Knack*, May 16th, 2015 (https://www.knack.be/nieuws/belgie/wij-willen-niet-getolereerd-worden-wij-willen-respect/article-normal-570685.html?cookie_check=1547197763).

²Turkish-Dutch writer in the very popular Dutch TV show ‘*De Wereld Draait Door*’, December 6th, 2017.

examined in the social psychology literature (e.g., Cvetkovska et al., 2020a, 2020b; Verkuyten et al., 2020). The current research aimed to extend this literature by examining experiences of being discriminated and tolerated among three different minority groups (ethnic, disability, and sexual) in Turkey and testing a new theoretical model linking perceived discrimination and perceived toleration with positive and negative psychological well-being through ‘threatened social identity needs’ (TSIN) - the extent to which stigmatized group members feel that the fulfillment of various social identity needs is hampered.

Perceived Discrimination, Perceived Toleration, and Psychological Well-being

Stigmatization implies the possessing of some attributes or characteristics that convey a devalued social identity in a particular context (Crocker, Major, & Steele, 1998). Feeling discriminated against and the possibility of being rejected are pervasive negative experiences of the stigmatized individual and have been shown to have consequences for both positive and negative psychological well-being including self-esteem, depression, anxiety, and life satisfaction (e.g., Branscombe, Schmitt, & Harvey, 1999; Pascoe & Richman, 2009; Schmitt et al., 2014). Being discriminated against leads to various negative emotional reactions such as anger (Hartshorn, Whitbeck, & Hoyt, 2012), reduced sense of control and mastery, and increased psychological distress (e.g., Jang, Chiriboga, & Small, 2008).

In contrast to the much studied psychological implications of discrimination experiences, there is a lack of research on the possible well-being consequences of being tolerated among stigmatized group members and the possible mechanisms involved in this association (e.g., Cvetkovska et al., 2020a, 2020b). Toleration in its classical sense implies that we endure and put up with meaningful differences we dislike or disapprove of, such as religious and ideological beliefs and modes of behavior differing from one’s own (Verkuyten & Yogeewaran, 2017): “we tolerate what we disapprove, what we wish were otherwise, what we think distasteful, disgusting, or morally deplorable” (Oberdiek, 2001, p. 38), and “tolerance involves managing the presence of the undesirable, the tasteless, the faulty – even the revolting, repugnant or vile” (Brown, 2006, p. 25). Tolerance contains inescapably patronizing, condescending, and negative attitudes towards the stigmatized (Verkuyten et al., 2020), and is therefore likely to create negative psychological consequences for tolerated individuals. Describing someone as tolerable has negative connotations and minority members are not so much interested in being endured, but prefer to be respected (Bergsieker, Shelton, & Richeson, 2010). Therefore, it is argued that

‘mere’ tolerance is not an adequate substitute for the appreciation and respect that disadvantaged minority members need and deserve (Parekh, 2000; Taylor, 1994).

Toleration shares with discrimination the aspect of out-group ‘negativity’, but emphasizes forbearance and not interfering with how other people want to live their lives when one has the possibility to do so (e.g., constrain, prohibit, persecute). The aspect of forbearance and the intentional self-restraint involved in tolerance makes it different from the negative behaviour that characterizes discrimination (Verkuyten et al., 2020). Moreover, the non-interference of toleration might make the experience of being tolerated more ambiguous than that of discrimination and this ambiguity may foster uncertainty that harms self-confidence and psychological well-being among stigmatized individuals (Verkuyten et al., 2020).

Threatened Social Identity Needs as a Mediator

A key aspect of much stigmatization, either in the form of discrimination or toleration, is that one’s minority group identity is targeted and devalued (Verkuyten et al., 2020), which means that social identity processes are involved. Previous research has shown that stigmatized group members may show increased ingroup identification in reaction to perceived discrimination (e.g., Branscombe et al., 1999) and perceived toleration (Cvetkovska et al., 2020a). In the current study, we aim to go beyond existing research by arguing that perceived discrimination and toleration are associated with psychological well-being to the extent that these experiences threaten basic social identity needs.

Experiences of being discriminated against and being tolerated may take many forms and occur in many contexts, but represent, to varying degrees, threats to psychological needs such as wanting to be accepted and valued, and having control over one’s own life (Richman & Leary, 2009; Verkuyten, Thijs, & Gharaei, 2019). Negative effects of stigma have been discussed in terms of spoiled identities through which individuals from minority groups internalize stigmatized attributes attached to their identity (Goffman, 1963). Experiences of stigmatization based on one’s minority group identity can be threatening to many of the needs underlying one’s group membership. In the literature on stigma, much attention is given to the self-esteem implications of these aversive experiences (e.g., Major & O’Brien, 2005), such that stigmatization experiences are thought to threaten the fundamental need to feel good about one’s self, including the minority group one belongs to. Other theories have extended the range of needs that underlie social identity processes to belonging (Brewer, 1991; Richeson & Leary,

2009), certainty (Hogg, 2000), efficacy and control (Crocker & Major, 1993), continuity (Sani, Bowe, & Herrera, 2008), and meaningfulness (Williams, 2001). While there are various differences between these theoretical approaches, all emphasize the importance of satisfying these social identity needs for optimal psychological functioning.

An attempt to integrate the various proposed needs into a unified framework is Motivated Identity Construction Theory (Vignoles, 2011). This theory proposes that individuals identify with a particular social group to the degree that this group provides a sense of belonging (closeness to others), efficacy (sense of control), esteem (positive sense of self), distinctiveness (sense of uniqueness), continuity (sense of continuity across time and situation), and meaningfulness (sense of meaning in life). Fulfilling these basic human needs through social identities can promote psychological well-being and determine to what extent social identification is beneficial for minority group members' well-being (Greenaway, Cruwys, Haslam, & Jetten, 2016). On the contrary, psychological well-being is reduced when these psychological needs are thwarted and stigmatized individuals experience, for example, a deprived sense of belonging, lower self-esteem and a loss of control and meaningfulness (Williams & Nida, 2011). Stigmatized minority members often face threats to various social identity needs that results in reduced psychological and physiological well-being (Williams & Nida, 2011), especially when the stigmatization is based on ascribed characteristics (Wirtz & Williams, 2009). Theoretically, threats to social identity needs have been proposed to play a key mediating role in the relationship between being discriminated against (Verkuyten et al., 2019) and being tolerated (Verkuyten et al., 2020) with psychological well-being. However, to our knowledge, there is no empirical research among stigmatized minority members that has examined these expected associations empirically.

Social identity needs often do not affect well-being separately, but tend to be intertwined and work in concert. Although it might be possible to distinguish between these different needs in an experimental setting, this is less likely among real stigmatized groups (e.g., Çelebi, Verkuyten, & Bağcı, 2017; Easterbrook & Vignoles, 2012). The experience of being stigmatized in everyday life is likely to undermine a range of social identity needs that are clustered together. For example, for the physically disabled, stigmatization might imply that the needs to belong, to have positive self-esteem, to feel capable, and to have a sense of purpose and direction in one's life are intertwined. Therefore, we assessed five psychological needs proposed by MICT

(esteem, meaning, belonging, efficacy, and continuity) and focused on the mediating role of the overall cluster of identity needs.

The Current Research

The current research tests a new theoretical approach for understanding the psychological implications of stigmatization by examining the perception of being tolerated in addition to the perception of being discriminated against and by focusing on threatened social identity needs (TSIN) as a potential mediating mechanism. We hypothesized that for stigmatized minority members both toleration and discrimination experiences relate to higher feelings of threat to the fulfilment of social identity needs which is expected, in turn, to have negative implications for well-being.

Previous research has considered lower values on identity need items such as “I feel good about myself” and “I feel powerful” as indicating higher perceived identity threat (e.g., Aydin, Krueger, Frey, Kastenmüller, & Fischer, 2013). Yet, lower values on these items may not represent feelings of threat to need fulfilment, but might simply indicate that people do not derive much from that particular social identity. Therefore, we used a direct measurement strategy and assessed each threatened need as the opposite construct to the identity motives distinguished in Motivated Identity Construction Theory (Vignoles, 2011).³

We focused on participants’ level of both positive and negative psychological well-being, because these may constitute separate dimensions that are often weakly correlated (Diener & Emmons, 1984). Additionally, we examined the generalizability of the proposed associations among three underrepresented minority groups in Turkey - LGBTI members (Study 1), disabled adults (Study 2), and ethnic Kurds (Study 3) - and by conducting a mini-meta analysis. Turkey is an interesting context for our research because the popular discourse that tolerance of minority groups is a central axis of Turkish society which goes back to the alleged tolerance in the Ottoman state, goes together with pervasive inequalities and dismissive attitudes toward minority groups (Insel, 2019; Yeşilada & Noordijk, 2010).

Study 1

³Originally, we also included two items to measure ‘threatened distinctiveness need’ (‘Being an LGBTI group member makes me feel that I am atypical/divergent’ and ‘My LGBTI identity makes me feel I am unlike most other people’) which is part of Motivated Identity Construct Theory (Vignoles, 2011). However, we did not use these items in the analyses, as, in hindsight, we recognized that higher scores on these items did not adequately assess the construct of ‘threatened distinctiveness’, but rather measured the extent to which participants felt identity distinctiveness.

Social-psychological research among LGBTI members in Turkey is scarce, but the limited research indicates that these members are highly susceptible to social exclusion and discrimination and to become victims of physical and psychological abuse and assaults, and consequently display greater risk of suicidal behaviors and psychiatric disorders (Boyacıoğlu, Dinç, & Özcan, 2018; Öner, 2017). Hence, as a stigmatized group in Turkey, LGBTI members are likely to experience discrimination and also situations in which people grudgingly put up with (tolerate) their ‘distasteful and disgusting’ sexual preferences and life style (Oberdiek, 2001). Arat and Nunez (2017) investigated the rights of LGBTI members in Turkey from the perspective of tolerance and argued that not criminalizing homosexuality (tolerance towards homosexuals) does not have to imply protecting the full rights of these group members. Hence, both perceived toleration and discrimination may pose challenges to the fulfillment of various identity needs, which is, in turn, likely to create adverse outcomes for LGBTI group members’ psychological well-being.

Method

Participants and Procedure

A total of 381 LGBTI group members (140 males, 210 females, 31 Other; $M_{age} = 22.36$, $SD = 6.41$; 50.4% Lesbian/Gay, 33.3% Bisexual, 14.2% Other, 2.1% unknown) participated in an online study (August-September 2018). Data were collected through convenience sampling with the help of voluntary research assistants who shared the study on online platforms (Facebook, Instagram, Whatsapp groups) and via organizations promoting LGBTI rights (Lambda, SPOD). The mean educational level completed (1=*No formal education*, 2=*Primary school*, 3=*Secondary school*, 4=*High school*, 5=*Bachelor’s degree*, and 6=*Master’s/PhD degree*) was 4.39 ($SD = .71$). Participants reported a middle income level (‘How would you rate your income?’ 1=country’s lowest 25%, 2=25-50%, 3=50-75%, 4=country’s highest 25%, $M = 2.31$ ($SD = .77$). See Supplementary Note 1 for information on how sample size of this study, and of the other two, was determined.

Measures

Unless otherwise stated, all response scales ranged from 1 (*strongly disagree; never*) to 7 (*strongly agree; all the time*).

Perceived discrimination was measured in terms of frequency of discrimination experiences across different societal contexts. This provides an index of the pervasiveness of

discrimination which can be expected to thwart basic needs such as acceptance, belonging, and control (Schmitt & Branscombe, 2002). Because we wanted to use the same measure for the three different stigmatized groups in the three studies and also wanted to have a comparable format for the measure of perceived toleration, we asked about perceived discrimination directly (e.g., Operario & Fiske, 2001; Strong, Sengupta, Barlow, Osborne, Houkamau, & Sibley, 2015), rather than using particular forms of discrimination that can differ across stigmatized groups. Participants were asked to rate how frequently they experienced being discriminated against based on their stigmatized identity in six different contexts ('Have you ever experienced being *discriminated* against because of your LGBTI identity: that people excluded you or treat you unfairly in school/at work/on the street/in shops/in your neighborhood/among your family?', $\alpha = .89$).

Perceived toleration was measured with six items taken from the research by Cvetkovska and colleagues (2020b) that focused on tolerance as the experience of being endured and put up with. Similar to the perceived discrimination measure, participants were asked how frequently they experienced being tolerated based on their stigmatized identity in the same six social contexts: 'Have you ever experienced being *tolerated* because of your LGBTI identity: that people do not really approve of your identity, but rather endure you and put up with you in school/at work/on the street/in shops/in your neighborhood/among your family?', $\alpha = .89$).

TSIN. Based on the work on assessing identity motives (Vignoles, 2011) and the need-threat construct (Williams, 2009), we assessed each threatened need by asking participants to indicate their level of agreement with two negative formulated items for each of the five identity needs: e.g., 'Being an LGBTI member gives me negative feelings about myself' (esteem); 'When I think of my LGBTI identity, I feel that life has little meaning' (meaning); 'Being an LGBTI member gives me a sense of isolation and loneliness' (belonging); 'Being an LGBTI member prevents me to look positively towards the future' (continuity); 'My LGBTI identity prevents me from realizing my goals' (efficacy). Higher scores indicated higher identity threat perception.

Since this was a new measure, we conducted an exploratory factor analysis using principal axis factoring extraction method and oblimin rotation method to examine the factor structure. We inspected the scree plot and the eigenvalues that both indicated a single-factor solution. The eigenvalue was 5.39 for the first factor and 0.26 for the second factor. The single-factor model explained 54% of the variance, with item loadings ranging from .52 to .82, and with

good reliability ($\alpha = .92$, see Supplementary Materials for the full scale). Overall, this provides evidence for using this scale as a unidimensional construct in the main analysis⁴.

Psychological well-being. Positive well-being was measured by three scales: the eight-item Flourishing Scale (e.g., ‘I am optimistic about my future’, Diener et al., 2010; $\alpha = .90$), the ten-item Global Self-worth Scale (e.g., ‘I feel I have a number of good qualities’, Rosenberg, 1965; $\alpha = .88$), and the five-item Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffins, 1985; $\alpha = .85$). Negative well-being was assessed with the Hopkins Symptom Checklist-10 (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) which measures anxiety (e.g., ‘How often do you experience feeling fearful?’, 4 items) and depression symptoms (e.g., ‘How often do you experience feeling worthless?’, 6 items). Higher scores indicated higher negative well-being ($\alpha = .92$).

Analytical Strategy

Data were analyzed with Mplus Version 7 (Muthén & Muthén, 1998-2020). Initially, we examined perceived discrimination and toleration as separate constructs using confirmatory factor analysis. Next, the mediational model was tested using the Maximum Likelihood Estimation with robust standard errors (MLR) estimation. While perceived discrimination and toleration were represented as separate latent constructs with their respective items as indicators, other constructs were represented by three indicators each to create locally just-identified models for more stable structural models (Little, Cunningham, Shahar, & Widaman, 2002). For TSIN and negative well-being, we created three item parcels following the recommendations of Little et al. (2002). For each positive psychological well-being measures, we used the three observed scale mean scores as indicators: self-worth, flourishing, and life satisfaction measures. The fit of the models was assessed by the following cut-off values: $\chi^2/df < 3$, $CFI \geq .93$, $RMSEA \leq .07$, and $SRMR \leq .07$ (Bagozzi & Yi, 2012; Marsh, Hou, & Wen, 2004). The structural parts of the models were fully saturated: there were direct paths modeled from discrimination and toleration to positive and negative wellbeing in each model. Finally, since the indirect effects are not normally distributed, we also bootstrapped with 10,000 resamples to test the robustness of our findings at 95% confidence intervals (MacKinnon, Lockwood, & Williams, 2004). If confidence intervals do not include zero, this provides evidence that the indirect effects are robust.

⁴We found a similar pattern for TSIN in Study 2 and Study 3, and thereby continued to use it as a single factor in all studies.

Results

First, we ran a confirmatory factor analysis to test whether perceived discrimination and perceived toleration could be represented by two different latent constructs by comparing a one-factor model with a two-factor model.⁵ A one-factor model [$\chi^2(54) = 521.12$, $p < .001$, $\chi^2/df = 9.65$, RMSEA = .15, CFI = .74, SRMR = .09] was found to be significantly worse than a two-factor model in which both constructs were represented separately [$\chi^2(53) = 243.78$, $p < .001$, $\chi^2/df = 4.60$, RMSEA = .10, CFI = .90, SRMR = .05], $\Delta\chi^2(1) = 277.34$, $p < .001$. However, the fit of the two-factor model was still not acceptable and therefore we used an adaptation of the multitrait-multimethod approach by taking participant's general experiences within a particular context into account (e.g., correlating experience of toleration in school with experience of discrimination in school). Specifically, we allowed the residuals of discrimination and toleration items to correlate within the same social context to account for common context variance. The final model had a good fit: $\chi^2(47) = 95.87$, $p < .001$, $\chi^2/df = 2.04$, RMSEA = .05, CFI = .97, SRMR = .04, with all items loading significantly on each factor ($\beta_s \geq .50$, $p < .001$), and the covariance between discrimination and toleration was $\psi = .68$.

Next, we ran MANOVAs using gender and sexual orientation as predictors to see whether there were any group differences in the measured constructs. Because there were no meaningful group differences ($p_s > .05$) we did not control for these variables in the analysis. Moreover, we considered correlations between the different variables and age, income and education. Since income and education (but not age) correlated significantly with several variables, we controlled for these factors in the structural model in order to rule out possible spurious findings.

Most correlations between the variables were in the expected directions (see Table 1). Both discrimination and toleration were significantly and positively associated with TSIN which was related to all well-being measures. Discrimination and toleration significantly correlated with self-worth, life satisfaction and negative well-being scales, but not with the flourishing scale.

-----Insert Table 1-----

⁵Since we have the same design and same measures across three studies, we first ran measurement invariance analysis to see if we can analyse all three samples using multi-group analysis. However, configural invariance did not hold for the model across three samples. Therefore, we opted to analyse each sample separately.

An examination of the differences between levels of perceived discrimination and toleration revealed that the mean level of perceived discrimination ($M = 3.46$, $SD = 1.77$) was higher than the mean level of perceived toleration ($M = 2.85$, $SD = 1.70$), $t(365) = 8.05$, $p < .001$).

Controlling for income and education (see Supplementary Materials Note 2), the structural model showed a good fit ($\chi^2(205) = 358.60$, $p < .001$, $\chi^2/df = 1.75$, RMSEA = .04, CFI = .96, SRMR = .05), and demonstrated that toleration was positively associated with TSIN ($\beta = .23$, $p = .043$) whereas discrimination was not significantly associated ($\beta = .20$, $p = .093$). In turn, TSIN was related to lower positive well-being ($\beta = -.48$, $p < .001$) and higher negative well-being ($\beta = .35$, $p < .001$). The direct effects from discrimination and toleration to the well-being measures were not significant.

Bias corrected bootstrapped confidence intervals with 10,000 resamples did not include zero for the indirect effects of toleration on both positive well-being (IE = $-.11$, 95% CI = $-.25$, $-.01$) and negative well-being (IE = $.08$, 95% CI = $.01$, $.19$), but did include zero for discrimination on both positive well-being (IE = $-.09$, 95% CI = $-.21$, $.02$) and negative well-being (IE = $.07$, 95% CI = $-.01$, $.16$). See Figure 1 for the final mediation model. Thus, there was evidence for TSIN mediating the association between being tolerated and positive and negative well-being, but not between being discriminated against and well-being.

-----Insert Figure 1-----

Study 2

Study 2 focused on disabled people as another stigmatized minority group in Turkey. Research has found disability group members to perceive high levels of devaluation and discrediting in mainstream society (e.g., Louvet, 2007; Seo & Chen, 2009). According to the social model of disability, disabled people form an oppressed minority group and disability is not only created by the physical impairment itself, but also by the norms of society (Hughes & Paterson, 1997; Watson, 2007), which suggests that disabled group members are like other minority groups such as ethnic and sexual minorities (Bogart, Rottenstein, Lund, & Bouchard, 2017). Many disabled people feel frustrated and disempowered in the face of structural challenges they encounter in society, anticipate negative reactions from the ‘healthier’ community (Jahoda & Markova, 2004), perceive relatively high levels of discrimination and isolation (Mattila & Papageorgiou, 2017), and experience concerns and embarrassment in their interactions with non-disabled people (Carew, 2014). Research also shows that explicit attitudes towards people with disabilities seem to have become more positive over time, which points to the possibility of reduced overt discrimination against people with disabilities, but not necessarily to less subtle forms of exclusion and devaluation such as ‘aversive disablism’ (Deal, 2007; Dovidio, Pagotto, & Hebl, 2011; Keller & Galgay, 2010). Hence, for disabled group members perceptions of being discriminated against and being tolerated may both have significant associations with well-being through increased perceptions of threat to social identity needs.

Method

Participants and Procedure

The sample consisted of 290 disabled adults ($M_{age} = 35.33$, $SD = 11.47$; 175 males, 114 females, 1 unknown) who had either a physical impairment (51.6%), a hearing impairment (18.6%), a visual impairment (20.4%), or stated ‘other’ (9.5%). Participants had in general a low-middle socioeconomic background ($M_{edu} = 3.74$, $SD = 1.13$ and $M_{income} = 1.85$, $SD = .80$). We also assessed self-perceived severity of disability (‘How would you rate the severity of your disability?’, 1=*not severe*, 7=*very severe*) which had a mean of 4.17 ($SD = 1.73$). Data were collected in various disability rehabilitation centres in Izmir with the assistance of the authors’ social network (September-October 2018).

Measures

The same scales used in Study 1 were adapted to the context of disability group membership (α ranging from .81 to .95) and the same psychological well-being measures were used. We also followed the same analytic strategy as in Study 1.

Results

Similar to Study 1, we ran a confirmatory factor analysis comparing one-factor and two-factor models for discrimination and toleration with correlated residuals included. A single-factor model representing both discrimination and toleration items under a single latent construct [$\chi^2(48) = 483.99, p < .001, \chi^2/df = 10.08, RMSEA = .18, CFI = .70, SRMR = .10$] was significantly worse than the two-factor structure where both constructs were represented separately [$\chi^2(47) = 169.77, p < .001, \chi^2/df = 3.61, RMSEA = .10, CFI = .92, SRMR = .06$], also shown by a significant chi-square test of difference⁶, $\Delta\chi^2(1) = 314.22, p < .001$. However, the model fit was still not acceptable. Therefore, based on modification indices, we added three residual covariances: two within the toleration factor and one within the discrimination factor. The final fit was acceptable: [$\chi^2(43) = 123.63, p < .001, \chi^2/df = 2.81, RMSEA = .08, CFI = .95, SRMR = .06$] with all items loading significantly on each factor ($\beta_s \geq .59, p < .001$), and the covariance between discrimination and toleration was $\psi = .77$.

We ran MANOVAs using gender and disability type as predictors of our measured constructs to see whether there were any group differences. We did not find any meaningful group differences ($p_s > .05$) and therefore did not control for these variables in the analysis. Moreover, we checked the correlations between age, income, education, and perceived disability severity, with the measured constructs. Since income, education, and perceived disability severity correlated with most of these constructs, we controlled for them in the structural model. Toleration and discrimination positively correlated with TSIN, and TSIN was associated with all well-being measures. While both toleration and discrimination were significantly related to positive well-being measures, the association between discrimination and negative well-being was only marginally significant (Table 2).

For this sample there was no significant mean difference between perceived discrimination and toleration, $t(289) = -.50, p = .62$ ($M_{pd} = 3.54, SD = 1.76; M_{pt} = 3.58, SD = 1.81$), and all correlations were in the expected directions (see Table 2).

⁶For both models, like in Study 1, we again included correlated residuals between discrimination and tolerance items relating to the same social context in order to account for shared contextual variance.

-----Insert Table 2-----

Controlling for education, income, and perceived disability severity (see Supplementary Materials Note 3), the structural model ($\chi^2(218) = 543.16, p < .001, \chi^2/df = 2.49, CFI = .91, RMSEA = .07, SRMR = .07$) demonstrated that perceived discrimination was not related with TSIN ($\beta = .03, p = .79$), whereas perceived toleration was associated with stronger threatened identity needs ($\beta = .24, p = .034$). In turn, TSIN was associated with lower positive psychological well-being and higher negative well-being ($\beta = -.50$ and $\beta = .53$, respectively, both $p_s < .001$). Discrimination was directly associated with lower negative well-being ($\beta = -.22, p = .026$), and toleration was directly associated with higher negative well-being ($\beta = .20, p = .016$). No other direct associations were significant.

Bias corrected bootstrapped confidence intervals with 10,000 resamples did not include zero for the indirect effects of toleration on both positive well-being (IE = $-.12, 95\% CI = -.26, -.01$) and negative well-being (IE = $.13, 95\% CI = .02, .27$). However, for discrimination the intervals included zero on both positive well-being (IE = $-.02, 95\% CI = -.13, .11$) and negative well-being (IE = $.02, 95\% CI = -.12, .14$). See Figure 2 for the final mediation model. Therefore, similar to our findings in Study 1 for the LGBTI sample, TSIN mediated the association between being tolerated and positive and negative well-being, but did not mediate the relation between being discriminated against and well-being.

-----Insert Figure 2-----

Study 3

We further tested the predicted associations among Kurds as an oppressed ethnic minority group in Turkey that makes up approximately 18% of the total population (Bagci & Çelebi, 2017; Konda, 2011). Over the years, several armed conflicts between the Turkish Army and separatist groups in the East of Turkey have resulted in the deaths of many people from both sides (Göçek, 2011). Past research shows both Kurds and Turks to display negative stereotypes and attitudes towards each other (Bilali, Çelik, & Ok, 2014; Dixon & Ergin, 2010), while Kurds are often found to perceive more intergroup conflict and discrimination (Bagci & Çelebi, 2017; Bagci & Turnuklu, 2019). Tolerance has been discussed as a subtle social mechanism contributing to domination and inequality of ethnic minority groups (Wemyss, 2006), also in the context of Turkey (Insel, 2019). Hence, both perceived discrimination and toleration may have implications for psychological well-being through TSIN among Kurds living in Turkey.

Method

Participants and Procedure

A total of 191 Kurdish self-identified participants completed an online questionnaire ($M_{age} = 26.12$, $SD = 6.80$; 116 males and 75 females). Data were collected through convenience sampling (July-August 2018) in various cities in Turkey with the help of voluntary research assistants who advertised the study on online media channels (e.g., Facebook, Instagram) and sent out questionnaires to Kurdish communities. The mean educational level was 4.60 ($SD = .73$). The mean income level was 1.94 ($SD = .81$), indicating that the sample had a relatively low socioeconomic position.

Measures

The same measures (α ranging from .81 to .92) used in Studies 1 and 2 were adapted to Kurdish ethnic group membership and the same analytical procedure was applied.

Results

Similar to Study 1 and 2, we ran a confirmatory factor analysis comparing one-factor and two-factor models for the discrimination and toleration items with correlated residuals included. Items related to discrimination and toleration in family were dropped from the analyses for this sample of Kurds, as their loadings on the latent factors were quite low in initial analyses (loading for perceived discrimination: .10, $p = .15$ and loading for perceived toleration: .26, $p = .002$). Using five items, a single-factor model representing both discrimination and toleration items ($\chi^2(30) = 222.13$, $p < .001$, $\chi^2/df = 7.40$, RMSEA = .20, CFI = .74, SRMR = .10) was significantly worse than the two-factor structure in which both constructs were represented separately ($\chi^2(29) = 42.04$, $p = .055$, $\chi^2/df = 1.45$, RMSEA = .05, CFI = .98, SRMR = .03), $\Delta\chi^2(1) = 180.09$, $p < .001$. All items loaded on their respective factor ($\beta > .42$, $p < .001$), and the covariance between discrimination and toleration was $\psi = .67$.

The mean level of perceived discrimination ($M = 3.47$, $SD = 1.58$) was higher than perceived toleration ($M = 2.77$, $SD = 1.66$), $t(177) = 6.77$, $p < .001$. A MANOVA test using gender as the predictor did not show any meaningful group differences ($p_s > .05$). Correlations between age, income, and education, and the measured constructs showed only income to be correlated with the constructs and therefore we controlled for income in the structural model. While discrimination and toleration were significantly and positively correlated with TSIN, their

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correlations with the wellbeing constructs of flourishing and self-worth were non-significant (see Table 3).

-----Insert Table 3-----

Controlling for income (see Supplementary Material Note 4), the structural model, $\chi^2(151) = 220.93, p < .001, \chi^2/df = 1.46, CFI = .96, RMSEA = .05, SRMR = .06$, demonstrated that both discrimination and toleration were significantly and positively associated with TSIN ($\beta = .37, p = .003$, and $\beta = .26, p = .048$, respectively). In turn, TSIN was related to lower positive well-being ($\beta = -.37, p = .009$), but not to higher negative well-being ($\beta = .17, p = .16$). Perceived discrimination was directly and positively associated with positive well-being ($\beta = .33, p = .003$), but not with negative well-being ($\beta = .13, p = .29$). Direct associations between perceived toleration and positive and negative psychological well-being were non-significant ($\beta = -.11, p = .385$, and $\beta = -.04, p = .741$, respectively).

Bias corrected bootstrapped confidence intervals with 10,000 resamples did not include zero for the indirect effect of discrimination on positive well-being (IE = .14, 95% CI = -.34, -.02), and from toleration on positive well-being (IE = -.10, 95% CI = -.29, -.001). But it did include zero for the other indirect effects: from tolerance to negative well-being (95% IE = .04, CI = -.01, .18) and from discrimination to negative well-being (IE = .06, 95% CI = -.21, .21). See Figure 3 for the final mediation model. Thus, in the Kurdish sample higher perceived discrimination and perceived toleration were both associated with less positive wellbeing via threatened social identity needs.

-----Insert Figure 3-----

Mini meta-analysis

As the three studies tested the same associations and included the same measures adapted to each stigmatized minority group, we conducted a mini meta-analysis following the procedure suggested by Goh, Hall, and Rosenthal (2016). Since each of the three studies has its specific limitations, such a meta-analysis allows us to draw more robust and reliable conclusions about the hypothesized processes. After calculating weighted mean effect sizes, we computed combined z scores which were then transformed to overall p values drawn from the three studies, using Stouffer's Z test. Table 4 presents the summary of the mini meta-analysis (fixed-effect approach) demonstrating small to moderate effect sizes for the predicted associations between perceived discrimination and toleration, TSIN, and psychological well-being.

-----Insert Table 4-----

Discussion

Focusing on three different stigmatized minority groups in Turkey, the current research investigated whether and how the experiences of being discriminated against and being tolerated are related to positive and negative psychological well-being. Following theoretical work on the implications of these experiences for social identity motives (Verkuyten et al., 1999; Verkuyten et al., 2020; Vignoles, 2011), we proposed that higher levels of perceived discrimination and toleration would be independently associated with a greater feeling of threat towards various social identity needs, and these threatened social identity needs would, in turn, predict higher negative well-being and lower positive well-being.

Our findings were generally in line with the expectations for perceived toleration: TSIN mediated the associations between being tolerated with both positive and negative psychological well-being among LGBTI and disabled group members, and with reduced positive well-being among the Kurdish group. Furthermore, a mini meta-analysis summarizing our three studies indicated that perceptions of toleration, but also of discrimination, were positively associated with threatened social identity needs, and these threatened needs were correlated with lower positive well-being and higher negative well-being.

A first novel contribution of the current study is our focus on the perception of being tolerated, in addition to perceived discrimination. While previous research has examined how stigmatized group members' psychological and physical well-being is harmed by experiences of being discriminated against (e.g., Branscombe et al., 1999; Schmitt et al., 2014), very little is

known about the psychological implications of the experience of being merely tolerated (Cvetkovska et al., 2020a, 2020b). A consistent finding across our three studies was the positive association between perceived toleration and threatened social identity needs. For stigmatized minority members, being tolerated is often patronizing and condescending whereby one is ‘put up with’ or grudgingly accepted (Verkuyten et al., 2020) and this appears to be associated with an increased sense of threat to one’s stigmatized identity, thwarting the fulfillment of basic human needs such as belonging, esteem, efficacy, and meaning derived from social identities. This finding is important for evaluating what toleration means for minority group members. There are good reasons for why tolerance is increasingly promulgated in many societies to manage various sorts of (cultural, ideological, worldview) diversity. Most importantly, tolerance allows stigmatized minority members’ to express and maintain their ways of life (Verkuyten et al., 2020). However, our findings indicate that there are possible (unintended) negative psychological consequences for those who are tolerated, which should be considered in creating and evaluating policies of toleration that are promoted by local, national, and international organizations.

Among the LGBTI and disabled group members, we found that the associations between perceived toleration (over and beyond perceived discrimination) and positive and negative well-being were mediated by threatened social identity needs, but with strongest effects for the disabled group. For this group, ‘aversive disabilism’ (Deal, 2007) has been proposed to highlight the pervasiveness of patronizing and condescending attitudes and behaviors toward disabled persons. Non-disabled individuals often show discomfort and display subtle ‘put downs’ and negative emotions in their interactions with the disabled (e.g., Green, 2007). Disabled participants also reported a relatively higher level of being tolerated, whereas among the LGBTI and the Kurdish group being discriminated against was relatively more common than being tolerated. A likely reason for this group difference is that disabled people experience more subtle forms of stigmatization (Dovidio et al., 2011) compared to the other two groups for whom ‘overt’ discrimination experiences are more prevalent. The Turkish-Kurdish context, for example, forms a conflict-ridden setting characterized by various forms of discrimination and exclusion (e.g., Bagci, Çelebi, & Karaköse, 2017). Similarly, discriminatory behaviors and negative attitudes towards LGBTI group members have been highlighted in recent research (Göçmen & Yılmaz, 2017). Moreover, tolerance, compared to discrimination, implies that the

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stigmatized minority group is accepted to some extent and therefore majority group members may display tolerance more frequently towards a less threatening minority group such as disabled people, compared to the other two groups. This is especially likely in a country such as Turkey where strong heterosexual norms are prevalent (Bakacak & Öktem, 2014) and ethnicity is one of the major societal dividing lines (Bilali, Iqbal, & Celik, 2018).

A second novelty of our research relates to the associations between TSIN and well-being which generalized across three different minority groups. Whereas research has conceptualized social identities as social cures and a critical buffer against the detrimental effects of stigmatization (Brancombe et al., 1999; Jetten, Haslam, & Haslam, 2011), less is known about the potential implications of social identity processes when one's group membership needs are challenged or undermined. Using the need-threat construct (Williams, 2009), we conceptualized TSIN in relation to social identity needs (Vignoles, 2011) and used a direct measurement strategy which specifically assessed the extent to which stigmatized group members perceive that their social group membership poses challenges to the satisfaction of various social identity needs such as belonging, esteem, and efficacy. We also found that TSIN was a relatively stronger predictor of positive well-being compared to negative well-being which confirms previous meta-analytic findings indicating social identities to be more strongly related to positive psychological well-being and self-esteem than negative mental health symptoms such as depression and anxiety (Smith & Silva, 2011).

An unexpected finding was the direct association between perceived discrimination and well-being in Studies 2 and 3. More specifically, we found that discrimination was directly related to lower negative well-being among the disabled group (Study 2) and to higher positive well-being among the Kurdish group (Study 3), once perceived toleration and the indirect effects were accounted for. While research shows that discrimination tends to be related to lower psychological well-being (e.g., Schmitt et al., 2014), other studies have shown that rejection experiences can also lead some minority group members to show resilience in the face of discrimination by developing successful coping strategies (Keyes, 2009; Ryff, Keyes, & Hughes, 2003). Thus, stigmatized minority members who have been the target of discrimination may gain the ability to cope with such negative behaviors towards themselves and their ingroup and may protect their self-esteem by, for example, attributing failures and setbacks to prejudice and racism (Crocker & Major, 1989). However, we found these positive associations between

discrimination and well-being only in the mediation models (and not in zero-order correlations) indicating the possibility of suppression effects.

Although the current research is among the first empirical studies to distinguish between discrimination and toleration experiences as two types of stigmatization, other types of stigmatization could be considered in future studies to identify the unique nature and independent role of being tolerated on TSIN and psychological well-being. For example, investigating invisibility-based stigmatization experiences (Neel & Lassetter, 2019), as well as various forms of subtle biases such as incivility and ambivalent demeanor (Jones, Peddie, Gilrane, King, & Gray, 2016) may be useful. Furthermore, it is possible to examine the role of individual tendencies to over- or underestimate stigma experiences, such as rejection sensitivity or stigma consciousness which have been found to explain (Feinstein, Goldfried, & Davila, 2012) or moderate (Douglass, Conlin, Duffy, & Allan, 2017; Richeson & Shelton, 2007) the associations between negative experiences and well-being. Also trait-like negative emotionality might lead to exaggerated perceptions of unfair treatment especially in ambiguous circumstances, and can therefore be a confound in research studying the relation between perceived negative treatment and well-being (Lilienfeld, 2017). Perceiving oneself to be discriminated against and especially being tolerated by others may be subject to the same ambiguities; it can be difficult to ascertain whether others' actions stem from tolerance, as perceivers must evaluate whether others have objections to their actions, whether these objections are group-based, and whether the other has additional reasons to refrain from negative interference (Verkuyten et al., 2020).

In summary, the current research contributes to the growing social psychology literature integrating stigmatization experiences with social identity processes and mental health, and by highlighting the role of both discrimination and toleration perceptions on psychological well-being through TSIN among three stigmatized group members in Turkey. However, two main limitations should be acknowledged. The first one is the cross-sectional design of the three studies. The model tested was based on theoretical reasoning and the existing experimental and longitudinal evidence that stigmatization experiences have a negative impact on social identity and psychological well-being, rather than social identity and well-being having implications for perceived stigmatization (e.g., Brody et al., 2006; Ramos, Cassidy, Reicher, & Haslam, 2012). However, our findings might also partly reflect, for example, that individuals with a stronger

sense of social identity may be more vulnerable to discrimination and toleration experiences (Major, Quinton, & Schmader, 2003). Future research should investigate further the causal relationships between experiences of being stigmatized and the extent to which these have a negative impact on feelings of threat towards various social identity needs.

Second, it is important that social psychological research considers different national contexts and non-WEIRD samples (Henrich, Heine, & Norenzayan, 2010), and also focuses on samples that are relatively difficult to reach such as people with disabilities and oppressed sexual and ethnic minorities. Our research was conducted in Turkey and thereby goes beyond most of the social psychological research on stigmatization and well-being that is mainly conducted in North America and Western Europe. In Turkey, liberal norms and humanitarian orientations are less common than in many Western countries, and cultural power distance is relatively high (Kabasakal & Bodur, 1998). This could mean that minority members' experiences with being discriminated against and being tolerated are more frequent, but also socially more acceptable. As a result, these experiences might have a less detrimental effect on social identity needs and well-being than in Western societies in which concerns about different forms of stigmatization, victimization, and subtle biases are common. Future research could examine whether the pattern of associations found does not only generalize across stigmatized groups in one country, but also across national contexts.

Despite these limitations, the current research is the very first that investigated the predicament of being tolerated, in addition to being discriminated against, while focusing on threatened social identity needs, and examining both positive and negative well-being. Furthermore, we tested the generality of the proposed associations among three different stigmatized minority groups in the context of Turkey, thereby providing important and novel insights into processes involved in stigmatized group members' psychological well-being.

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Table 1. Descriptive Statistics in Study 1 (LGBTI group)

	<i>Means (SD)</i>	1	2	3	4	5	6	7	8	9	10
1. Age	22.36 (6.41)	-	.365**	.005	-.038	-.103*	.007	.024	.045	.034	-.181**
2. Education	4.39 (0.71)		-	.127*	.064	-.028	-.028	.190**	.142**	.139**	-.125*
3. SES	2.31 (0.77)			-	-.176**	-.035	-.138*	.261**	.156**	.364**	-.231**
4. Perceived discrimination	3.46 (1.77)				-	.65***	.34***	-.06	-.11*	-.14**	.17**
5. Perceived toleration	2.85 (1.70)					-	.33***	-.09	-.15**	-.12*	.15*
6. TSIN	2.19 (1.39)						-	-.35***	-.47***	-.31***	.37***
7. Flourish	5.02 (1.43)							-	.65***	.67***	-.51***
8. Self-worth	5.19 (1.30)								-	.54***	-.54***
9. Life satisfaction	3.75 (1.51)									-	-.53***
10. Negative well-being	3.94 (1.64)										-

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

Table 2. Descriptive Statistics in Study 2 (Disabled group)

	<i>Means (SD)</i>	1	2	3	4	5	6	7	8	9	10	11
1. Age	35.33 (11.47)	-	-.121 [*]	-.028	.100	-.092	-.169 ^{**}	-.029	.045	.059	.016	.064
2. Education	3.74 (1.13)		-	.272 ^{**}	-.282 ^{**}	-.145 [*]	-.082	-.162 ^{**}	.326 ^{**}	.287 ^{**}	.330 ^{**}	-.103
3. SES	1.86 (0.80)			-	-.171 ^{**}	-.152 ^{**}	.004	-.235 ^{**}	.375 ^{**}	.276 ^{**}	.526 ^{**}	-.105
4. Severity of disability	4.17 (1.73)				-	.276 ^{**}	.216 ^{**}	.027	-.161 ^{**}	-.215 ^{**}	-.255 ^{**}	.213 ^{**}
5. Perceived discrimination	3.54 (1.76)					-	.73 ^{***}	.25 ^{***}	-.22 ^{***}	-.24 ^{***}	-.29 ^{***}	.11 [†]
6. Perceived toleration	3.58 (1.81)						-	.26 ^{***}	-.18 ^{**}	-.32 ^{***}	-.21 ^{***}	.20 ^{**}
7. TSIN	3.13 (1.73)							-	-.47 ^{***}	-.57 ^{***}	-.47 ^{***}	.48 ^{***}
8. Flourish	4.55 (1.78)								-	.64 ^{***}	.73 ^{***}	-.29 ^{***}
9. Self-worth	4.87 (1.20)									-	.49 ^{***}	-.35 ^{***}
10. Life satisfaction	3.49 (1.82)										-	-.33 ^{***}
11. Negative well-being	2.98 (1.36)											-

Notes. † $p < .10$, ** $p < .01$, *** $p < .001$.

Table 3. Descriptive Statistics in Study 3 (Kurds)

	<i>Means (SD)</i>	1	2	3	4	5	6	7	8	9	10
1. Age	26.12 (6.80)	-	-.024	.037	.163*	.035	-.025	.029	.071	-.008	-.086
2. Education	4.61 (0.73)		-	.106	.001	-.025	.103	.100	.173*	-.042	-.075
3. SES	1.93 (0.82)			-	-.104	-.136	-.125	.255**	.161*	.406**	-.187*
4. Perceived discrimination	3.47 (1.58)				-	.65***	.43***	.02	.04	-.15*	.25**
5. Perceived toleration	2.77 (1.66)					-	.40***	-.10	-.05	-.18*	.16†
6. TSIN	2.19 (1.16)						-	-.24**	-.28***	-.33***	.31**
7. Flourish	4.77 (1.31)							-	.75***	.64***	-.47***
8. Self-worth	5.06 (1.11)								-	.47***	-.55***
9. Life satisfaction	3.46 (1.59)									-	-.42***
10. Negative well-being	3.88 (1.51)										-

Notes. † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$.

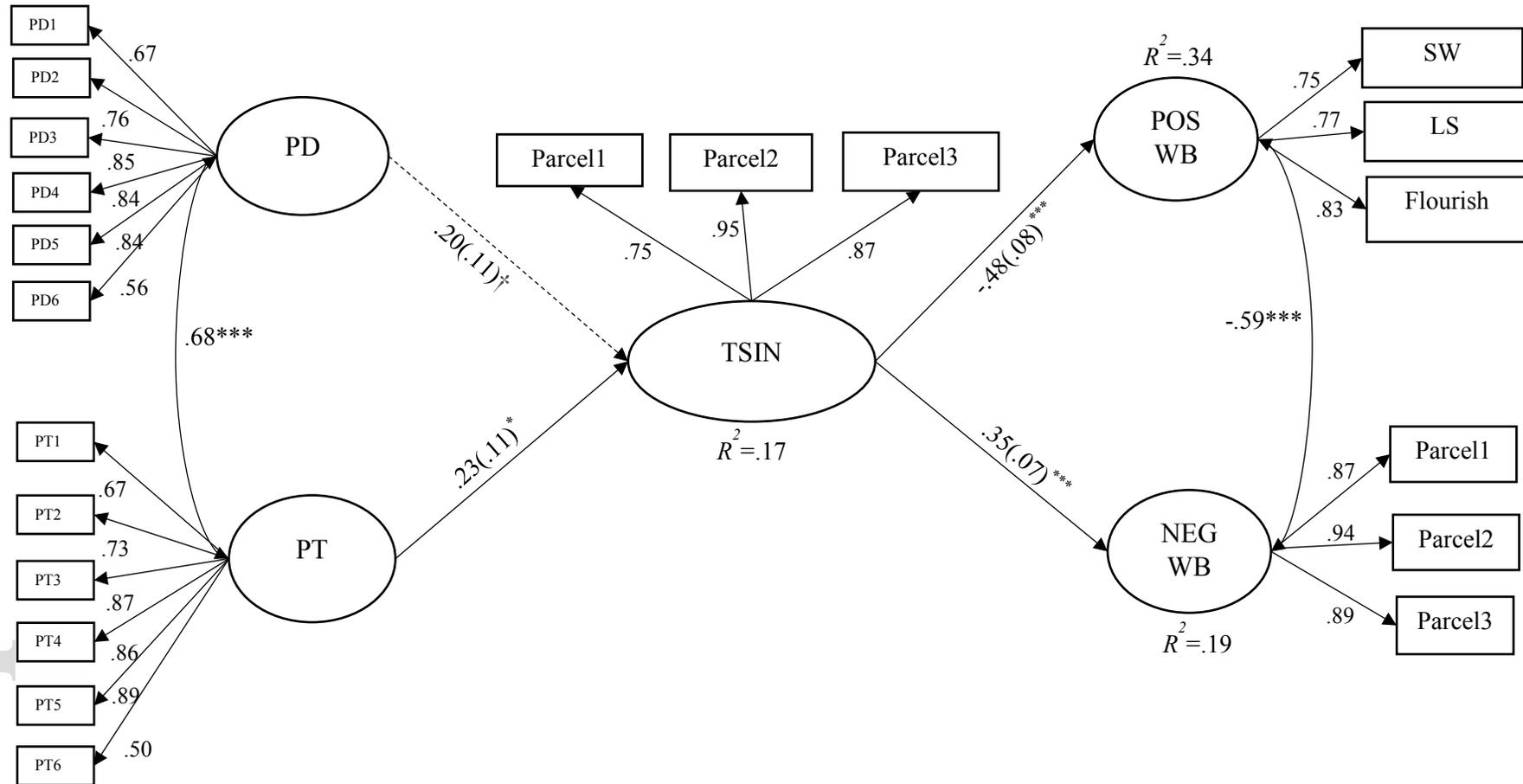
Table 4. Summary of Mini Meta-Analysis Presenting Associations Between Main Variables in Three Studies

Perceived discrimination	Perceived toleration	TSIN	Flourish	Self-worth	Life satisfaction	Negative well-being
Study 1 ($N = 381$)	.65	.34	-.06	-.11	-.14	.17
Study 2 ($N = 290$)	.73	.25	-.22	-.24	-.29	.11
Study 3 ($N = 191$)	.65	.43	.02	.04	-.15	.25
$M r_z$.83	.34	-.10	-.12	-.19	.17
$M r$.68	.33	-.10	-.12	-.19	.17
Combined Z	24.15***	10.05***	-2.85***	-3.58***	-5.73***	4.95***
Perceived toleration						
Study 1 ($N = 381$)		.33	-.09	-.15	-.12	.15
Study 2 ($N = 290$)		.26	-.18	-.32	-.21	.20
Study 3 ($N = 191$)		.40	-.10	-.05	-.18	.16
$M r_z$.33	-.12	-.19	-.16	.17
$M r$.32	-.12	-.19	-.16	.17
Combined Z		9.78***	-3.60***	-5.54***	-4.83***	4.99***
TSIN						
Study 1 ($N = 381$)			-.35	-.47	-.31	.37
Study 2 ($N = 290$)			-.47	-.57	-.47	.48
Study 3 ($N = 191$)			-.24	-.28	-.33	.31
$M r_z$			-.39	-.51	-.39	.42
$M r$			-.37	-.47	-.37	.40
Combined Z			-11.32***	-14.82***	-11.37***	11.37***

Notes. $M r_z$ = weighted mean correlation (Fisher's z transformed). $M r$ = weighted mean correlation (converted from r_z to r).

*** $p < .001$.

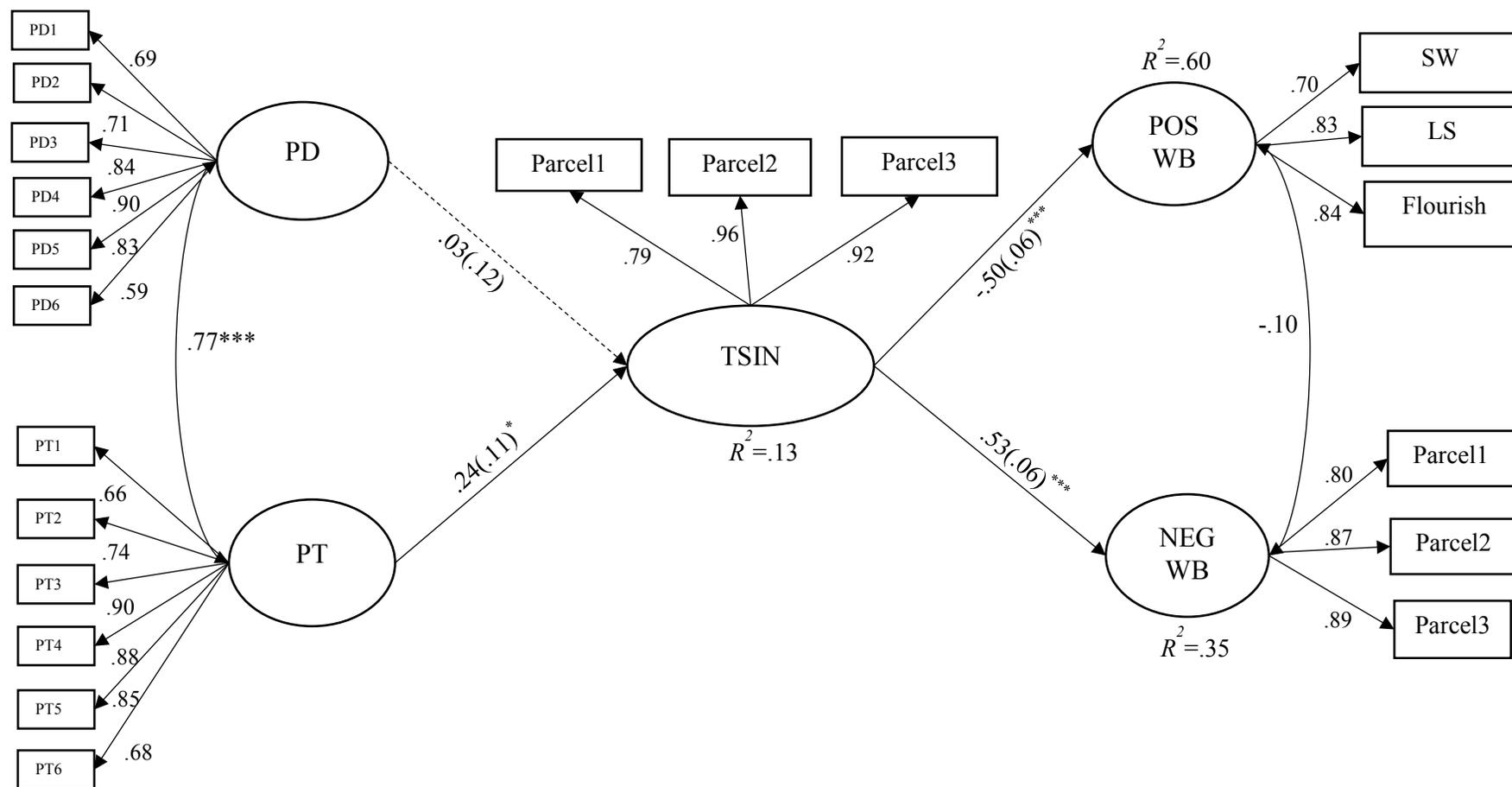
Figure 1. The Final Mediation Model in Study 1 (LGBTI group)



Notes. PD=Perceived discrimination; PT=Perceived tolerance; TSIN=Threatened Social Identity Needs; POS WB=Positive well-being; NEG WB=Negative well-being; SW=global self-worth; LS = Life satisfaction. The final model fit: $\chi^2(205) = 358.60, p < .001, \chi^2/df = 1.75, RMSEA = .04, CFI = .96, SRMR = .05$. Control variables and direct associations between PD and PT and well-being measures were not displayed for simplicity. Standardized estimates and standard errors (in brackets) were presented. Dashed lines represent non-significant paths.

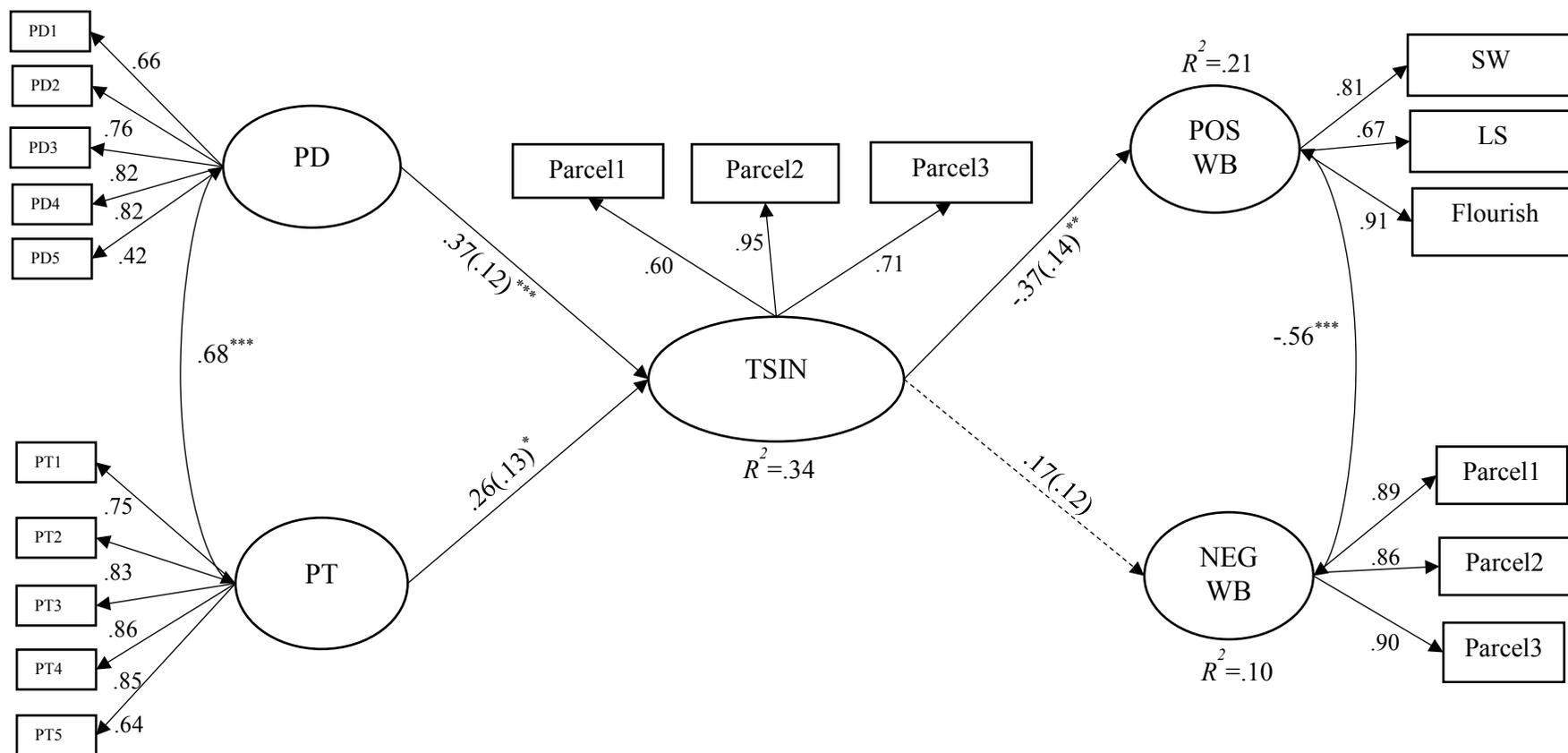
* $p < .05$, ** $p < .01$, *** $p < .001$, $^\dagger p = .093$.

Figure 2. The Final Mediation Model in Study 2 (Disabled group)



Notes. PD=Perceived discrimination; PT=Perceived toleration; TSIN=Threatened Social Identity Needs; POS WB=Positive well-being; NEG WB=Negative well-being; SW=global self-worth; LS=Life satisfaction. The final model fit: $\chi^2(218) = 543.16, p < .001, \chi^2/df = 2.49, CFI = .91, RMSEA = .07, SRMR = .07$. Control variables and direct associations between PD and PT and well-being measures were not displayed for simplicity. Standardized estimates and standard errors (in brackets) were presented. Dashed lines represent non-significant paths. * $p < .05$, ** $p < .01$, *** $p < .001$.

Figure 3. The Final Mediation Model in Study 3 (Kurdish group)



Notes. PD=Perceived discrimination; PT=Perceived toleration; TSIN=Threatened Social Identity Needs; POS WB=Positive well-being; NEG WB=Negative well-being; SW=global self-worth; LS=Life satisfaction. The final model fit: $\chi^2(151) = 220.93, p < .001, \chi^2/df = 1.46, CFI = .96, RMSEA = .05, SRMR = .06$. Control variables and direct associations between PD and PT and well-being measures were not displayed for simplicity. Standardized estimates and standard errors (in brackets) were presented. Dashed lines represent non-significant paths.
 * $p < .05$, ** $p < .01$, *** $p < .001$.