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Strong Black Woman Cultural Construct: Revision and Validation

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STRONG BLACK WOMAN CULTURAL CONSTRUCT:
REVISION AND VALIDATION

A Dissertation

Presented in Partial Fulfillment of Requirements for the Degree of Doctor of Philosophy in the

College of Arts and Sciences

Georgia State University

2008

by

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STRONG BLACK WOMAN CULTURAL CONSTRUCT:
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by

DHAKIRAH AMELIA HAMIN

Under the Direction of Dr. Leslie Jackson

ABSTRACT

The purpose of the current study is to revise the wording of the items in the Strong Black Woman (SBW) attitudes scale and investigate the psychometric properties of this revised scale (renamed the SBW Cultural Construct Scale, SBWCCS). Another goal is to determine if the scale predicts racial identity, stress, and social support. The sample consisted of 152 women of African descent, who were recruited from a community based organization. An exploratory factor analysis on the SBWCCS scale suggested a 3-factor model consisting of (1) caretaking, (2) affect regulation, and (3) self-reliance. These factors parallel those found in the original scale (Thompson, 2003). The internal consistency was adequate for the overall scale and the caretaking subscale, but somewhat low for affect-regulation and self-reliance. The SBWCCS scale predicted centrality of racial identity and stress (measured as perceived stress and number of stressful events). Specifically, women who reported higher levels on the SBWCCS also

reported higher levels of centrality and stress. In addition, higher levels on the caretaking subscale predicted lower reciprocity of social support. Other aspects of racial identity (public and private regard) and social support (received and satisfaction) were not predicted by SBWCCS. Methodological limitations and implications for future research are discussed.

INDEX WORDS: Strong Black Woman, caretaking, affect regulation, self-reliance, racial identity, stress, social support, cultural construct, African American women

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August, 2008

Dedication

This dissertation is dedicated to all Strong Black Women:

To my ancestors who have passed down the legacy of strength. You sacrificed your life so that I could live.

To the Strong Black Women in my life – Afrah, Dr. J, Kimmy, Chaundrissa, Mrs. B, and Kimya – who are teaching me to incorporate self-care, while upholding our cultural values of strength. We are trying to live while reaching out to others.

To future generations, may you take the legacy of the Strong Black Woman. My hope is that I show you how to do more than to survive, but to strive!

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List of Abbreviations

ANOVA – Analysis of Variance

AWSS – African American Women’s Stress Scale

EFA – Exploratory Factor Analysis

MIBI – Multidimensional Inventory of Black Identity

MMRI – Multidimensional Model of Racial Identity

PSS – Perceived Stress Scale

SBW – Strong Black Woman

SBWCCS – Strong Black Woman Cultural Construct Scale

SRSSQ – Social Resources and Social Supports Questionnaire

Introduction

Strength is a characteristic that is valued by men and women of many racial and ethnic groups; however, the role of strength in the identity of Black women has a distinct cultural history. First, strength consistently forms a central part of the identity of Black women (Shorter-Gooden & Washington, 1996). This central role is illustrated in the use of the term “Strong Black Woman” (SBW) in popular literature. Clinical literature suggests that strength in Black women consists of self-reliance, affect regulation, and caretaking (Romero, 2000; Thompson, 2003). Second, the historical context of strength has been present for women in the African culture before slavery and in the American culture during and after slavery (Robinson, 1983). Third, cultural socialization encourages Black women to be nurturing and independent, both financially and emotionally. Beauboeuf-Lafontant (2005) has argued that stereotypes about Black women have contributed to the saliency of strength in the identity of the SBW.

Clinical case studies have described many potential difficulties associated with being a SBW (Beauboeuf-Lafontant, 2005; Romero, 2000; West, 1995). Specifically, a SBW has numerous responsibilities and roles that lead to increased stress. Strong Black women are overly self-reliant so they avoid social support, and these attitudes interfere with intimacy and relationship development. Theoretically, decreased social support may result in psychological distress (i.e., depression, anxiety, guilt, and anger). However, the relationship between SBW attitudes and these constructs (i.e., stress and social support), have only recently been empirically investigated. In order to develop a therapeutic relationship, it is crucial for psychologists to understand the role of strength in the identity of Black women. This is particularly important because, although they may be struggling internally, they may present themselves as adequately coping. In turn, this study revised the Strong Black Woman Attitudes scale to create the Strong

Black Women Cultural Construct Scale (SBWCCS) that may help both researchers and clinicians interested in working with women of African descent. It will help clinicians identify defensive styles in women of African descent that prevent accurate diagnosis of psychological distress, and will help researchers identify the cultural components of this defensive style. Identifying these defensive styles may help clinicians work more effectively with people of African descent: families, couples, and individual women. This dissertation fills a gap in both the clinical and research literature on women of African descent. It will afford other researchers in the field an opportunity to differentiate areas of coping in women of African descent.

In 2003, Thompson made a significant contribution to the field when she created the Strong Black Woman Attitudes Scale. Her sample consisted of primarily African American women who were not representative of the average Black woman on income and educational attainment. This sample had a median household income of \$50,000-59,999 and most participants reported attending some college. Results of this scale development supported the three characteristics of the SBW posited by Romero (2000) consisting of self-reliance, affect regulation, and caretaking; however, some items were not highly related to their own subscale and some items were related to more than one subscale (i.e., loadings were low and cross loadings were present). Therefore, the proposed study will modify the items on the original scale to increase the reliability and validity of a new scale, the SBWCCS.

The goal of this study is to develop, test, and validate constructs to assess attitudes and behaviors that may be related to coping in women of African descent for use in clinical and research settings. The specific aims of this study will be two-fold. First, the Strong Black Woman Attitudes Scale will be revised to improve the psychometric properties (e.g., reliability and validity). In addition, an exploratory factor analysis will be conducted on the revised scale

to determine how many constructs are present. Second, the relation between the women's level of identification with SBW attitudes and various psychological constructs will be examined.

Literature Review

Conceptualization of the Strong Black Woman

The Strong Black Woman (SBW) is idealistic icon that many Black women strive to attain and are expected to uphold. She is characterized as strong, independent, nurturing, and able to successfully handle intolerable life circumstances. Over time, this ideal has developed into a culturally accepted coping strategy to help Black women deal with the stresses of racism and sexism in America (Thompson, 2003). Whereas these characteristics can be helpful when used in moderation, many Black women overuse these coping techniques, which result in isolation and stress. In addition, many Black women portray an external façade of being strong, while internally feeling overwhelmed and distressed. This façade is used as a defensive style that hides the woman's need for help. Thus conceptually, the SBW is an icon, an expectation, and a coping style, that most Black women are striving to achieve. However, it may become a defensive style when Black women pretend to have these attitudes/behaviors or use them in an extreme manner.

For the purposes of the current research, the SBW will be empirically defined with three characteristics: (1) self-reliance, (2) affect regulation, and (3) caretaking. These three factors were posited by Romero (2000) based on her contact with various women in her clinical practice and supported by Thompson's (2003) confirmatory factor analysis of the Strong Black Woman Attitudes Scale. Whereas these three characteristics are distinct, they are interrelated. Beaufoeuf-Lafontant (2005) stated that a SBW is aware of her overwhelming responsibilities and lack of options, which she copes with by ignoring her feelings and projecting an image of independence and competence. Rather than trying to meet her own needs, she is focused on identifying and meeting the needs of others.

The first characteristic, self-reliance, refers to the SBW's belief that she should always be independent and in control, or at least appear to be in control (Robinson, 1983; Romero, 2000). The SBW manages a myriad of difficulties alone (e.g., working multiple jobs and rearing generations of children), without complaining (Beauboeuf-Lafontant, 2005). While others believe the SBW can handle everything (e.g., challenges, problems, multiple roles) in a competent fashion, she does not share that perception of herself. Rather she feels overwhelmed, anxious, and/or depressed. Instead of expressing these emotions or asking for help, the SBW attempts to maintain the façade of self-reliance and competence by attempting to appear composed at all times, which leads to the second characteristic of affect regulation (Romero, 2000; Thompson, 2003).

Affect-regulation, while related to control, is focused specifically on the control of emotions. The SBW believes that feelings, particularly negative ones, are a sign of vulnerability (Romero, 2000). Beauboeuf-Lafontant (2005) specified that it is acceptable to express anger; however, sadness is not shown because it is seen as a sign of weakness. While she is suppressing her own emotional needs, the SBW anticipates the needs of others (Beauboeuf-Lafontant, 2005; Harris-Lacewell, 2004), which is a component of the third characteristic of the SBW, caretaking.

Caretaking occurs when the SBW shoulders the problems of other people. The SBW attempts to anticipate and meet the needs of others, usually at the sacrifice of her own needs. In addition, her relationship with others is valued over herself. Although the SBW feels overwhelmed and wants or needs assistance, she does not ask for help from others. Because she appears self-reliant her needs are not seen by others. When help is not forthcoming, the SBW becomes more self-reliant. Thus the paradox results in a vicious cycle, where the SBW appears

self-sufficient so she does not get her needs met by others, which results in her becoming more self-reliant, beginning the cycle again (Beauboeuf-Lafontant, 2005; Romero, 2000).

In trying to conceptualize the SBW, Thompson (2003) explored whether SBW attitudes would predict sex role orientation, internalized racism, and imposter attitudes. She expected that the SBW, who is simultaneously independent and nurturing, would have an androgynous sex role (i.e., high levels of expressive and instrumental traits). While she found that Black women were more likely to have an androgynous role orientation than White women, SBW attitudes did not predict sex role orientation. However, an androgynous sex role was positively correlated with self-reliance, but it was negatively correlated with affect regulation. She also found that SBW attitudes were positively correlated with internalized racism and feelings of being an imposter. Both of these findings support the use of the SBW as a defensive style. First, the relationship between SBW attitudes and internalized racism suggests that these attitudes/behaviors may be a defense against negative stereotypes (Thompson, 2003). Second, the relation between SBW attitudes and feelings of being an imposter support the notion that women who endorse these attitudes are portraying a façade of strength, rather than feeling competent and in control.

Context of the Strong Black Woman: Historical, Societal, and Cultural

Women of African descent have a legacy of independence and caretaking that originated in Africa and continued through their experiences in the United States. African religion, culture, and social structure encouraged independence, courage, and perseverance. Women were the backbone of traditional societies due to their large economic responsibility, autonomous position, and egalitarian sex roles. Their duties as mothers were more important than their duties as

wives, thus the caretaker role was stressed (Burgess & Brown, 2000; Johnson et. al., 1998; Kelley & Lewis, 2000; Robinson, 1983).

During slavery in the United States, Black women were forced to be extremely self-reliant and emotionally unexpressive caretakers. Slaves could not rely on others, as the family structure was disrupted. Husbands and wives were separated from each other and from their children. Husbands were forced to helplessly watch the mistreatment of their wives, and parents observed the maltreatment of their children. They were expected to remain submissive at all times and to hide feelings of anger, discouraging the expression of genuine emotions (hooks, 2005; Painter, 2007). Women were required to perform the field work of men in all conditions, including pregnancy, while maintaining the slaveholder's household and their own household responsibilities (Johnson et al, 1998; Painter, 2007; Robinson, 1983). Thus, Black women were required to anticipate and provide for the needs of the slave owner's family while suppressing their own needs and emotions, and those of their family (Kelley & Lewis, 2005; Painter, 2007). Due to the harsh circumstances of slavery, Black women became over-reliant on independence and caretaking, while learning that it was detrimental to express their emotional needs.

Following slavery, Black women were still required to be independent due to economic hardship in Black families. Black males were often excluded from employment opportunities, whereas Black women were allowed to work in low wage jobs (e.g., maids and cooks). They played key roles during the Civil War and the Civil Rights Movement, but they were seldom recognized or given public roles (Horton & Horton, 2005; Painter, 2007; Robinson, 1983). Currently Black women still struggle with experiences of unemployment, poverty, single parenthood, racism, and sexism (Burgess & Brown, 2000; Harris-Lacewell, 2004; Welsing, 1991).

The legacy of strength is perpetuated through cultural expectations and societal messages. Teachers and parents socialize Black girls to be strong through explicit verbalizations and modeling strength (Beauboeuf-Lafontant, 2005; Harris-Lacewell, 2004). There is also peer pressure among Black women and in Black communities to keep the legacy alive (Jones & Shorter-Gooden, 2003). This legacy is also perpetuated through literary stories and the media. Societal messages depict strength as the only admirable virtue of Black women (Harris, 2001; Harris-Lacewell, 2004; Simms-Brown, 1982).

While there is a legacy of strength that follows Black women from Africa to the United States, there is a myth of strength – the idealistic icon – that encourages extreme levels of self-reliance, affect regulation, and caretaking. The Black community began to promote the SBW image in the midst of negative views of Black women (Beauboeuf-Lafontant, 2005; Harris-Lacewell, 2004). These views include the complaining, emasculating Sapphire; the seductive, hypersexual Jezebel; and the loyal, submissive, self-sacrificing Mammy (Mitchell, 1998; West, 1995; Woodard & Mastin, 2005). The image of strength also offered hope to feminists because this image is more empowering than traditional, dependent female roles. Despite the good intentions behind the promotion of strength, the icon of the SBW is restricting. Thus, the SBW is not allowed to experience the continuum of humanity, which includes having and addressing authentic emotions and needs (Beauboeuf-Lafontant, 2005). Whereas it is important to acknowledge the true strength and resilience of Black women, it is imperative to address the lack of genuineness and stress that accompany the limitation of achieving the SBW ideal (West, 1995).

The idealistic icon of strength denies Black women the reality of having human weaknesses and maintains the status quo. The SBW is not allowed to fail or to seek support

from others, who judge her performance, rather than empathize with her or offer help (Beaufoeuf-Lafontant, 2005; Harris-Lacewell, 2004; Smith, 1995). Others applaud the SBW's survival of circumstances that are demoralizing and unjust, while ignoring the oppressing circumstances that continue (Beauboeuf-Lafontant, 2005; Smith, 1995). While the SBW is celebrated for her strength, she is blamed for being the emasculating, overbearing, dominating, castrating matriarch who is responsible for all the problems in the Black family, including an absent husband, unmotivated children, and economic problems (Harris-Lacewell, 2004; Robinson, 1983; Simms-Brown, 1982). Hooks (1993) argues that the title "Matriarch" is not an accurate description of the most socially and economically deprived group – Black women. As society blames the Black woman for the plight of the Black family, it continues to ignore societal inequities and remains focused on the performance of the SBW.

Theorists are not arguing that self-reliance, affect regulation, and caretaking are harmful; rather, it is posited that when these characteristics are taken to the extreme they may be detrimental. In the extreme, these characteristics lead the SBW to feel overwhelmed and isolated. In addition, her needs are being neglected by her and others. Thus, the combination of increased stress and decreased social support may make the SBW more vulnerable to psychological difficulties, such as depression, anxiety, guilt, and anger.

Psychological Maladjustment Related to the Attitudes of the Strong Black Woman

Based on clinical case studies authors have described many potential difficulties associated with the SBW (Beauboeuf-Lafontant, 2005; Jackson & Greene, 2000; West, 1995). The association between the attitudes of the SBW and psychological problems has only recently been empirically investigated; however, various theorists have described the psychological

maladjustment that women experience as a result of having such high expectations for themselves.

Thomas and colleagues (2004) found that “superwoman” attitudes, an alternative name for SBW attitudes, were negatively correlated to self-esteem. Jones and Shorter-Gooden (2003) wrote that research consistently shows that Black women are less happy and experience more discontent than any other demographic group. In general, Black women have a higher rate of anxiety and sub-clinical levels of depression than other groups, including White women and Black men (Brown & Keith, 2003; Mio, Barker-Hackett, & Tumaming, 2006). Beauboeuf-Lafontant (2005) proposed that stress may be a mediator between strength (i.e., attitudes of the SBW) and depression. Black women have numerous responsibilities and various roles, which may lead to increased stress. West (1995) suggested that role strain – i.e., tension and stress that can result from having multiple, conflicting roles – results in increased psychological problems. The SBW is particularly vulnerable to role strain because she is self-reliant, therefore less likely to use social support.

While these studies highlight the importance of investigating mediators and moderators of depression and anxiety in Black women, researchers must keep in mind that little is known about the incidence and prevalence of mental health disorders in women of African descent because most studies do not collect data from enough participants to stratify samples by gender and race. In addition, Black women are more likely to be misdiagnosed because they may express more physical symptoms than the mood and behavioral symptoms used to diagnose depression or anxiety disorders. Specifically, these women have been under-diagnosed with depression and over-diagnosed with schizophrenia (Christian et al., 2000; Mio, Barker-Hackett, & Tumaming, 2006). In their qualitative study with women of African descent, Jones and

Shorter-Gooden (2003) identified the “sisterella complex,” which they described as the symptomatology that may identify depression in Black women. This complex includes a combination of overworking, overeating, somaticizing, attending obsessively to physical appearance, and excessive shopping.

The research with Black women parallels the mixed findings concerning the incidence and prevalence of mental health disorders in different ethnic groups (Christian et al., 2000; Mio, Barker-Hackett, & Tumaming, 2006). In their review of the cultural sensitivity of mental health literature, Mio and colleagues (2006) questioned diagnostic accuracy, which is based on Western diagnostic categories that may not fully cover the range of symptom expressions in other cultural groups. They also critiqued the studies for having small sample sizes and ignoring within group heterogeneity.

The current research project will address these criticisms by exploring the variance within women of African descent. In addition, the measures utilized are derived from researchers who collaborated with community members to identify criteria that are relevant to Black women. Finally, this project will help identify defensive styles in women of African descent that prevent accurate diagnosis of psychological distress.

Stereotypes

Overview of Stereotypes

The SBW is one stereotype among a myriad of negative stereotypes about Black women. According to Merriam-Webster’s online dictionary, a stereotype is “a standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment.” In his literature review of definitions of stereotypes, Kanahara (2006) used a similar definition of stereotype. In addition, he suggested a

progressional model that differentiates the acquisition and application of stereotypes. In his model there are categories that individuals progress through; however, the model is not linear and people may skip categories. The first category is specification, which is a specific experience through which information is obtained about an individual. The process of applying the information to a group of individuals is called generalization, which is also known as a stereotype. A stereotype can be positive or negative. This generalization can be applied to any category of people, including ethnic groups, religious groups, people with the same hair color, etc. This generalization can occur even without a previous experience with any individuals in that group (i.e., without specification). The final stage is the application of the stereotype, which can only be done if contact is made with a person in that group.

Stereotypes have been essential to people because they minimize information processing (Eysenck, 2004). Niemeyer's (2003) experimentation with visual perception shows how this generalization of information helps people process a vast amount of information. Thus, stereotypes impact the encoding of information, as well as the interpretation of that information. Stereotypes are often perpetuated by culture – through media, modeling, and priming – and can unknowingly influence the behavior of those aware of the stereotype, including the stereotyped individual. Thus, not only do stereotypes affect Black women, but also they influence professionals, both researchers and practitioners. The fact that stereotypes can be activated without conscious awareness makes them difficult to alter (West, 1995).

One commonly researched way that these generalizations influence the behavior of the person being stereotyped, in this case the Black woman, is through stereotype threat. Marx and Stapel (2006) defined this threat as a situation in which people perform more poorly on a task when a negative stereotype about a group to which they belong is relevant to their performance.

Similar to a self-fulfilling prophecy, the person acts in ways that are consistent with expectations. However, unlike self-fulfilling prophecies, Marx and Stapel (2006) posited that the person must know the stereotype and identify with the group for their performance to decline; in addition the stereotype must be primed before the task.

It has been repeatedly shown with multiple groups – including Blacks, women, athletes, people with disabilities, etc. – that priming a negative stereotype decreases performance relevant to the stereotype (Brown & Day, 2006; Murphy, Steele, & Gross, 2007; Smith, 2004; Steele, 1997; Yopyk & Prentice, 2005). In his review of stereotype threat research, Smith (2004) noted that many mediators of the stereotype effect have been tested but none have been supported, including effort, anxiety, evaluation apprehension, and performance confidence. Marx and Goff (2005) suggested that stereotype threat results from concern about supporting negative stereotypes. They found that when there was a match between the experimenter's and participant's race, the typical performance decrease on verbal test found in Black participants was not found; however, when a White experimenter proctored the test a decline in performance was observed. Moreover, Black participants reported more threat-based concerns with the White experimenter than with the Black experimenter. Thus, threat-based concerns seem to be an important way that stereotypes influence stereotyped individual's behavior.

A qualitative study involving over 300 Black women of diverse ages and backgrounds supports the importance of threat-based concerns, as the women were aware of negative stereotypes and constantly tried to disprove them (Jones & Shorter-Gooden, 2003). These researchers found that 97% of the sample was aware of negative race and gender myths, while 80% were personally affected by these myths. In contrast to self-fulfilling prophecies, where the person fulfills the expectation (in this case the stereotype), the women coped with these

stereotypes by monitoring the environment to see how they are being perceived, consciously altering their behavior to disprove the stereotypes, ignoring/denying the stereotype and their reaction to the stereotype, or by seeking social support. Jones and Shorter-Gooden coined the term “shifting” to describe these common behaviors that women of African descent use to cope with the stereotypes and the bias/mistreatment they experience as a result of the application of these generalizations. More than half of the sample described internally “shifting” to defy the stereotypes. For example, they may work overtime when exhausted to prove that they are not lazy; they may over-prepare for assignments to prove that they are not inferior; they may change the way they speak and their mannerisms or talk about subjects that interest others so they are not seen as loud or controlling; they may suppress their opinions so they are not labeled as overbearing (Jones & Shorter-Gooden, 2003).

While shifting can be adaptive to help women of African descent cope with a racist and sexist society, it can be profoundly self destructive. Many of the women reported losing touch with authentic experiences and feelings of frustration, loneliness, and inadequacy (Jones & Shorter-Gooden, 2003). Jones and Shorter-Gooden suggest that the women may become psychologically or physically ill from the hypervigilance and the excessive focus on others’ perceptions. Chin (2004) suggested that shifting can influence interpersonal relationships. Black women’s focus on doing for others and pleasing others, while not confiding in others, places a distance in interpersonal relationships, which prevents intimacy and connection with others.

Stereotypes and Racial Identity

A person’s identification with the stereotyped group and her level of group identification will influence how she perceives and reacts to stereotypes; thus, in a study of the SBW it is important to address racial identity. Sellers and colleagues (1998) defined racial identity as the

importance of race in self-identification and what it means to that person to be a member of that race. Seller's Multidimensional Model of Racial Identity (MMRI) attempts to combine two traditional approaches to conceptualizing and measuring racial identity in people of African descent. The "mainstream (generalized) approach" focuses on identifying similarities in identity formation across groups while the "underground (historical) approach" focuses specifically on the identity of people of African descent, taking cultural and historical context into account (Sellers et al., 1998). Some models, such as Cross's model of identity development, were created using the historical approach, and were then modified for other racial groups. Incorporating aspects of the generalized approach, MMRI looks at racial identity within the context of other identities, such as gender, while being sensitive to the unique historical and cultural context of people of African descent. Unlike the generalized and historical approaches, the MMRI does not have a hierarchy of desired outcomes. Rather, it assumes that different environments will be more amenable to different types of identity development, which will lead to different levels of well-being (Sellers et al., 1998).

The MMRI posits that a person's beliefs about the meaning of being Black will only influence thoughts/behaviors when the individual sees being Black as an important part of his/her own self-identity. This model focuses on two aspects of racial identity. The first aspect is the importance of race in the person's identity, as indicated by the salience of race in any given situation and the general centrality of race in a person's self-identity. Second, the individual's meaning of Blackness is indicated by ideology – the way a person believes members of the race should act – and racial regard – how positively or negatively a person views his/her own race (Sellers et al., 1998).

Black women's behavior may be largely influenced by much they identify with being Black and how they think others view Black people (Jones & Shorter-Gooden, 2003; Sellers et al, 1998); thus, the current study focused on centrality and racial regard. Sellers and colleagues (1998) predicted that a person's beliefs about the meaning of being Black will only influence thoughts/behaviors when the individual sees being Black as an important part of her own self-identity. Based on this model, women who identify more with the SBW should have higher racial centrality.

Racial regard can be divided into private regard – how the person feels about being Black – and public regard – how the person feels others view Blacks. The current research explored how a woman's private and public regard is related to her identification with the SBW. Both the stereotype threat research and the generalized approach suggest that the activation of negative stereotypes would lead to internalization (Brown & Day, 2006; Smith, 2004; Yopyk & Prentice, 2005). Thus, public and private regard should be positively related to each other. In addition, positive regard would be associated with more SBW attitudes/behaviors because the SBW is seen as a positive stereotype, while negative regard would be associated with less SBW attitudes/behaviors. In contrast, the historical approach would suggest that negative public regard does not necessarily lead to negative private regard because cultural factors, including family and church, may moderate influences. Rather, knowing negative public views exist may protect people from internalizing these negative views (private regard) (Sellers et al., 1998).

Stress

Definition of Stress

Although stress has been defined numerous ways, in her review of the literature Aldwin (1994) described the major components of most definitions. Stress is an experience that results in distress, either psychological or physiological. This term has been used to describe an internal state, an external event, or the interaction between a person and his/her environment. Stress as an internal strain, involves emotional and physiological reactions, such as changes in neuroendocrine and immune function. External events that cause stress are categorized by the severity and duration of the event. For example, trauma is usually characterized by life-threatening severity and short-term duration. Stress that results from the interaction between person and environment occurs when there is a cognitive appraisal of harm, threat, loss, challenge, etc. For example, people may experience stress if they perceive having fewer resources than needed (Aldwin, 1994).

Aldwin (1994) noted that external stress was the most widely studied. In addition to trauma, common stressors examined in the literature include hassles and life events. Hassles are minor events of short duration. Life events are major life changes whether positive or negative, such as divorce/marriage and job loss/promotion, with a defined endpoint but may have varying duration. Aldwin (1994) noted several other external stressors that are not commonly studied, but may be highly relevant to the experiences of Black women. These stressors include noxious environmental characteristics (e.g., noise); chronic role strain where overload is experienced; interrole conflict where the responsibilities of one role creates difficulties in meeting the expectations of another role; role captivity or having the inability to quit; and ambient strains,

such as living in poor or violent neighborhoods. While different types of external stressors are researched as independent, they are interrelated (Aldwin, 1994).

Stress in Women of African descent

Using a measure of recent life events with a sample of Black women, Warren (1996, 1997) found that women reported a high number of stressors over the previous six months. Ninety-two percent of the 101 items were endorsed, with the most frequent stressor being “more responsibility at work.” Although Black women highly endorsed recent stressful events, researchers have noted that these scales only capture a fraction of Black women’s experiences because they exclude chronic and cumulative stress (Jackson et al., 2005; Watts-Jones, 1990). Although stress scales that only include recent stressful events are common in research, Crittle (1996) found that Black women had significantly more cumulative stressors than White women; therefore, these scales inadequately measure the scope of stressors impacting the lives of Black women.

The prevalence of chronic stress in African American women was demonstrated in multiple studies. Watts-Jones (1990) used qualitative interviews to create a scale measuring stress in Black women. Although she measured external events, she used the interactional definition of stress in which any environmental demand that exceeds one’s resources is considered stress. In a combined sample of over 108 women, Watts-Jones found that more than half of the stressors reported were chronic situations, such as inadequate resources, work-related stress, relationship conflict/dissatisfaction, role functioning, racism, and personal health. The acute stressors reported include loss or disappointment followed by relationship conflict, as well as work-related racism and gain. Similar categories were replicated in a study with low-income African American women (McCallum, Arnold, & Bolland, 2002). Using focus groups and

qualitative interviews with 474 Black women from diverse socioeconomic statuses, Jackson and colleagues (2005) identified several areas of chronic stress including: racism, burden (caretaking, lack of resources, and high demand), work (oppression), and personal history (mental and physical abuse). Israel and colleagues (2002) noted a variety of stressors reported by predominantly low-income African American women, including family safety, financial vulnerability, physical environmental stress, police stress, and safety stress. These studies have consistently shown the presence of chronic stressors in the lives of Black women. Although these studies used separate measures, they found overlapping themes, including a lack of resources, stress at work, conflicting roles, and racism. Given the demonstrated importance of chronic stressors in Black women, the current study utilized a stress measure that examines chronic stressors.

Effects of Stress

In the literature, stress has been related to poor mental and physical health outcomes in various cultures (Aldwin, 1994). Identifying various factors associated with mental and physical health outcomes in communities of African descent is essential to reduce the level of illness disproportionately impacting this community. Ethnic minorities, particularly African Americans have the highest rates of preventable physical diseases. These physical health disparities are exacerbated by poor access to care and reduced quality of care (Brown & Keith, 2003; Mio, Barker-Hackett, & Tumambing, 2006). In mental health there are additional barriers to treatment, particularly misdiagnosis. For example, depression is usually under-diagnosed because certain cultures, including people of African decent, express more physical than mood symptoms (Brown & Keith, 2003; Coker, 2004; Mio, Barker-Hackett, & Tumambing, 2006).

Despite under-diagnosis of depression, stress repeatedly has been found to be positively associated with depression in community samples of African Americans across various measures of stress (including recent life changes, cumulative stress, and chronic stress) and across different demographic characteristics, including socioeconomic and education levels (Brown, Parker-Dominguez, & Sorey, 2000; Crittle, 1996; Israel et al., 2002; Warren, 1996; Warren, 1997). It is important to note that the normative samples used to create the depression measures were not discussed; therefore, the measures may not be culturally appropriate for an African American sample and due to under-diagnosis, the associations may be stronger than observed.

In the mental health literature, the effects of stress on depression are the most frequently studied; however, cumulative stress is also related to anxiety in Black women (Crittle, 1996). Crittle also noted that these effects on anxiety were not replicated in a White sample. Examining the effects of stress on levels of anxiety may be particularly important in African American women because they have a higher rate of anxiety disorders, including phobia and post-traumatic stress disorder, than other ethnic or gender groups (Brown & Keith, 2003).

Stress also is associated with a wide array of physical illnesses, including general health, backaches, headaches, and heart disease (Aldwin, 1994; Crittle, 1996; Israel et al., 2002). In her review of stress literature, Aldwin (1994) identified a moderate effect size of stress on the aforementioned illnesses, which is mediated by changes in the neuroendocrine and immune systems.

Stress and the Strong Black Woman

Strong Black Woman cultural attitudes influence Black women's experience of stress in multiple ways. According to Aldwin's (1994) review of the stress literature, culture can affect how a person experiences and deals with stress. First, culture shapes the types of stressors an

individual experiences. Research with women of African descent suggests that they experience many chronic stressors (Crittle, 1996; Jackson et al., 2005; Watts-Jones, 1990), some of which may be related to the characteristics of the SBW. For example, Black women experience stress related directly to the burden of caretaking. Also, they report stress due to having multiple roles. These multiple roles arise from environmental conditions (e.g., poverty and single parent status), yet they are exacerbated by the SBW's excessive caretaking and self-reliance. Women of African descent are stressed because of a lack of resources; however, they minimize social resources that are available because of their self-reliance and affect regulation.

Second, culture affects the choice of coping strategies (e.g., emotion focused or problem focused) that an individual utilizes in a given situation (Aldwin, 1994). The SBW copes with stress by ignoring her own needs and trying to meet the needs of others. Only in extreme circumstances, does she seek social support from friends and family (Kim & McKenry, 1998).

Third, culture provides different institutional mechanisms by which an individual can cope with stress (e.g., legal system, mental health care). In the American culture there are a myriad of mechanisms for people to cope with stress, including the legal system, psychologists, and psychiatrists; however, many of these resources have historically been unavailable or unhelpful for African American women (Kim & McKenry, 1998; Mio et al., 2006). This history has continually isolated the SBW, rather than alleviating stress. Thus, strong Black women have learned that they can only depend on themselves, which increases self-reliance. In the extreme situations when they utilize support, they use of more traditional sources, including family, friends, and spiritual outlets (Kim & McKenry, 1998).

Aldwin (1994) noted that how an individual copes with stress also is influenced by the reaction of others. As described in the section on the SBW, the cultural expectation is that

women of African descent have extreme levels of self-reliance, affect regulation, and caretaking, which is reinforced by the Black community, feminists, and the media. The expectations of Black women and the characteristics of the SBW have an interdependent relationship. Not only do the expectations influence Black women's thoughts, feelings, and behavior, but also the way that Black women react can either reinforce the expectations or change existing patterns of coping in the Black community. Thus, individual change can instigate systemic change (hooks, 2005). When mental health professionals become more aware of the experiences and characteristics of SBW cultural attitudes, they can encourage a dialogue of more adaptive ways of coping with stress that are egosyntonic to the SBW.

Given the research on stress in women of African descent, and the way that culture interacts with stress, it is expected that women who have extreme levels of self-reliance, affect regulation, and caretaking (i.e., SBW cultural attitudes), will have increased levels of stress. In order to fully capture Black women's experience of stress, an instrument that was created and normed on a sample of African American women (Watts-Jones, 1990) will be used in this study.

Social Support

Definition of Social Support

In general, social support refers to the provision of assistance; however, it is a broad construct that has many different components, including the type of assistance provided, when it is provided, and by whom it is provided. Two most common types of social support studied include: emotional support, behaviors that communicate concern and love; and instrumental support, help that is direct and practical (e.g., helping with child care or giving food/money) (Dilworth-Anderson & Marshall, 1996; Pierce, Sarason, & Sarason, 1996; Wikipedia, 2007). While most researchers view support as situation-specific, particularly during times of stress,

others conceptualize support as a general process that influences a person's development (Pierce, Sarason, & Sarason, 1996). Support is frequently conceptualized as being provided by informal sources, including friends, family, neighbors, and co-workers. However, support can also be provided by formal structures, such as public institutions and agencies where people can receive health care, legal help, housing, etc., as well as places of religion (Dilworth-Anderson & Marshall, 1996; Pierce, Sarason, & Sarason, 1996; Wikipedia, 2007). It is important to note that an interaction is not considered social support unless it is perceived as supportive by the receiver (Pierce, Sarason, & Sarason, 1996; Wikipedia, 2007). Although the literature recognizes the many aspects of social support, the relation between the different types of support has not yet been addressed. (Pierce, Sarason, & Sarason, 1996).

Social Support in Black Communities

The cultural context of any group of people influences how they express their needs and how they provide and receive social support. For African Americans, this process is influenced by traditional African values and discriminatory experiences in the United States during slavery and the Jim Crow era (Dilworth-Anderson & Marshall, 1996). African Americans are more likely to utilize informal sources of support because most formal sources of support, except religious institutions, were not available to them historically (Dilworth-Anderson & Marshall, 1996; Kim & McKenry, 1998). Dilworth-Anderson and Marshall (1996) discussed the variety of informal supports that exist as main mechanisms of support. These sources include: immediate family, extended family, "fictive kin" (i.e., close friends that are as close as family and may be referred to as family), neighbors, and friends. Although support is given across genders, several studies demonstrated that African American women perceived the support provided by other women to be more helpful (Brown & Gary, 1985; Brown, Parker-Dominguez, & Sorey, 2000).

In their research on social support, Dilworth-Anderson & Marshall (1996) found that African American women access both emotional support and instrumental support, but they have difficulty accessing financial assistance. Also, Sarkisian and Gertel (2004) found that Blacks are more likely to give practical support (e.g., help with transportation, household work, and child care), while Whites are more likely to give financial and emotional support. However, income and education influence the type of support that is received (Kohn & Wilson, 1995; Sarkisian & Gertel, 2004). In a study of support in African American families, Kohn and Wilson (1995) found that women with lower income and education received less help from people who lived outside their home when compared to higher income women. These researchers hypothesized that these women may have decreased contact with members outside the family, which would in turn limit support.

In a small, ethnographic study of 17 participants that lasted 18 months, Vehara (1990) investigated the use of social support in a group of low-income Black women who recently lost their jobs. She found two main categories of exchange that were utilized: diffuse and structured. Diffuse exchangers easily accessed resources, including financial assistance, and their exchange was characterized by gifting and open-ended lending. She found that these types of exchangers were typically part of highly-meshed, intense networks where there was a high trust in the collective group, which were typically family members. They valued social cooperation and their possessions were readily available to others in their group. In contrast, structured exchangers were reluctant to access support and their exchange was characterized by time-delineated loans and deals. These exchangers had independent people that they relied on, rather than a support network, and the levels of trust were low. They valued self-reliance and hoarded their resources for times of hardship.

Effects of Social Support

Research has focused on the short-term effects of social support, and how these effects may moderate stress, but long-term consequences are unknown (Pierce, Sarason, & Sarason, 1996). In studies on samples that utilized African American women, higher social support was found to predict better emotional, physical, and spiritual health (Brown et al., 2000; Israel et al., 2002; Warren, 1997). Israel and colleagues (2002) found that both emotional support and instrumental support were found to predict less depression and better general health, above the effects of stressors; however, instrumental support was a stronger predictor. While Crittle (1996) found that emotional support was negatively related to anxiety and depression, instrumental support was not.

In addition to direct effects, social support has also been widely researched as a buffer of stress. Social support has consistently been found to decrease the effects of stress on both psychological and physical disorders (Wikipedia, 2007). In their review of 81 studies, Uchino and colleagues (1996) found that social support is related to beneficial changes in cardiovascular, endocrine, and immune symptoms, which may serve as the physiological link between the effects of stress and social support. Similarly, DeVries and colleagues (2003) found that social support and stress both result in profound changes in the HPA (hypothalamic-pituitary-adrenal) axis, which regulates various body processes including digestion, the immune system, mood and sexuality, and energy usage. This axis has been implicated in a variety of psychological disorders, including clinical depression, anxiety disorder, bipolar disorder, and post-traumatic stress disorder. It also affects burnout, chronic fatigue syndrome and irritable bowel syndrome (Wikipedia, 2007). However, Uchino and colleagues (1996) noted inconsistent results for stress-buffering effects. Similarly, studies on samples of African American women show inconclusive

results (Brown et al., 2000; Crittle, 1996; Israel et al., 2002). Across the literature, different findings may be affected by the variety of ways that stress and social support are measured. Moreover, some people examine these constructs as unidimensional while others measure them as multidimensional (Uchino et al., 1996). Therefore, it may also be important to consider the context of the stress and support. Bailey, Wolfe, and Wolfe (1996) found that for Black women social support was only helpful when it occurred in the same context as the stressful event. Thus, support from friends and family was only helpful with personal stressors and support from co-workers was only helpful for professional stressors. However, for White men and women, support was effective across domains. These authors suggested that it would be helpful for Black women to have support networks in various aspects of their lives because there may be a greater cultural difference between their personal and professional lives.

Social Support and the Strong Black Woman

Self-reliance and affect regulation in the SBW may impede the process of support seeking and support provision. According to Pierce and colleagues (1996) support seeking includes, recognizing that assistance is needed, using direct or indirect techniques to get assistance, and accepting assistance when it is offered. Many women who embrace SBW cultural attitudes ignore their own needs and may not be able to recognize that assistance is needed. Even when they know they need help, they may resist asking for or accepting help because of their need to be perceived as self-reliant. There are also requirements for support provision: perceiving the person needs assistance, assessing the person's resources, deciding what type of support to provide, and providing support (Pierce et al., 1996). The SBW's façade of self-reliance makes it challenging, if not impossible, for others to accurately determine when she needs help and what type of support would be beneficial. Also, the definition of support

requires that the receiver acknowledge the behavior as support. Thus, even if a person attempted to provide support, it may not be perceived by the SBW. Therefore, it is predicted in this study that women who identify more with the SBW cultural construct, particularly those associated with self-reliance and affect regulation, will perceive less social support and will be less satisfied by the support that they do perceive. In addition, caretaking should influence the reciprocity of the social relationship, such that women who show more caretaking will have less reciprocal relationships because although they provide help to others, they will not ask for help or accept help in return.

Summary and Critique

Strong Black women attitudes have been associated with excessive levels of self-reliance, affect regulation, and caretaking that can be traced to experiences, both past and current, and cultural expectations. In addition to the historical and cultural influences on the SBW, stereotype threat research suggests that women of African descent may “shift” their behavior toward strength to disprove the negative stereotypes of being lazy, inferior, and overbearing, which may be causing undue stress. Moreover, research suggests that Black women may experience higher levels of anxiety and subclinical depression, which are associated with increased stress and decreased social support. Social support research shows that Black women are more likely to access practical support from informal sources, such as family and friends, and are more satisfied with the support provided by other women.

Despite the evidence that this subgroup experiences stress and social support differently than other groups, most research continues to utilize measures that were not normed on people of African descent or women, let alone women of African descent. Thus, as suggested by the Multicultural Guidelines (American Psychological Association, 2002), the current study utilizes measures that are culturally sensitive. Many of the instruments were created using qualitative studies/interviews with diverse community samples of Black women. All of the measures were normed on Black samples.

Past research on Black women has focused on specific subgroups, particularly those with low socioeconomic status or a college education. While these groups are important to study, neither are generalizable to the larger population of women of African descent. The current study utilized a community sample with a wide range of income and educational levels to ensure that the findings will be generalizable to the larger population of women of African descent.

Statement of the Problem and Hypothesis

More research is needed on women of African descent using constructs and measures that have been developed based their concerns and experiences. Strength is a characteristic that is highly valued in the Black community and it has historical and cultural importance. The Strong Black Woman is assumed to be a common characteristic in Black women that leads to psychological difficulties; however, there is little empirical evidence for these suppositions.

The goal of this study is to develop, test, and validate constructs to assess attitudes and behaviors that may be related to coping in women of African descent. The specific aims of the current study are two-fold. The first aim is to revise the Strong Black Woman Attitudes Scale in order to improve the psychometric properties (e.g., reliability and validity). It is hypothesized that an exploratory factor analysis of the new SBW Cultural Construct Scale (SBWCCS) will replicate the three factors found in the original scale (Thompson, 2003). Second, the relationship between the women's level of identification with SBW cultural attitudes and various psychological constructs are examined. Specific hypotheses include:

1. SBWCCS total score will have a positive relation to centrality of race in a person's self-identity.
2. SBWCCS total score will have a negative relation to public regard of Blacks.
3. SBWCCS total score will have a positive relation to private regard of Blacks.
4. SBWCCS total score will have a positive relation to stress.
5. SBWCCS subscale scores on self-reliance and affect regulation will have a negative relation to social support received.
6. SBWCCS subscale scores on self-reliance and affect regulation will have a negative relation to satisfaction with social support received.

7. SBWCCS subscales scores on caretaking will have a negative relation to reciprocity of social support.

Methods

Participants

Participants were recruited from the Center for Black Women's Wellness. The Center is a multipurpose site that addresses the physical, economic, and emotional needs of Black women. Their primary service area is the NPU-V neighborhood of Atlanta; however, they service all women within the metropolitan Atlanta area. The goal of the Center is to empower Black women and their families to achieve wellness and economic self-sufficiency (see Appendix A).

Using G*Power (Buchner, Erdfelder, & Faul, 1997), it was determined that with an alpha level of .05 and a medium effect size (.15), 119 participants were appropriate for a power of .95. In order to account for attrition and missing data 25% additional participants were recruited, with a goal of 149 participants. The final sample consisted of 152 women who self-identified as African American, Black Hispanic, Caribbean American, or Biracial (with one parent of African descent).

The sample was primarily African American (94%) and single (60%). They represented a wide range of incomes and education levels. The mean age was 36.7 (SD=11.78). More specific demographic information is reported in Table 1.

Table 1

Frequencies for Sociodemographic Variables

| Variable | Percentage of Sample (n=152) |
|---------------------------------------|------------------------------|
| Racial Subgroup | |
| African American | 94% |
| Caribbean American | 2% |
| Biracial | 1% |
| Other | 3% |
| Marital Status | |
| Single | 60% |
| Married | 22% |
| Divorced | 14% |
| Separated | 3% |
| Widowed | 1% |
| Household Annual Income | |
| <10,000 | 34% |
| 10,000-19,999 | 15% |
| 20,000-29,999 | 11% |
| 30,000-39,999 | 11% |
| 40,000-49,999 | 7% |
| 50,000-59,999 | 6% |
| >60,000 | 12% |
| Not reported | 4% |
| Highest Educational Attainment | |
| None | 13% |
| High School Diploma | 33% |
| Associate or Vocational Degree | 18% |
| Currently in College | 12% |
| Bachelor's Degree | 12% |
| Currently in Graduate School | 3% |
| Post-graduate Degree | 9% |
| Number of Children | |
| 0 | 26% |
| 1 | 15% |
| 2 | 22% |
| 3 | 19% |
| 4 | 7% |
| 5 | 7% |
| 6 or more | 4% |

Procedures

The researcher posted flyers in and around the Center for Black Women's Wellness and approached women in the waiting room. Potential participants were given a brief synopsis of the study, and asked if they were interested in participating. All of the women who were waiting for services participated in the study. A few women who were already in the process of receiving services declined participation because they were preparing to leave the Center. All interested participants underwent a consenting process. Participants read the consent form, and then the researcher verbally reviewed the form with participants to ensure their understanding and answer any questions. Following the consenting process, participants received a choice of either a movie pass or gift certificate valued up to ten dollars as incentives for participation.

The researcher collected data in the Center's waiting room while participants were waiting to receive services. Immediately after the consenting process, participants were given two options to complete the survey questionnaires. They could have the survey read in an interview format or independently complete the survey on site. The battery of questionnaires took participants anywhere from 20 minutes to one hour to complete. After the completion of the survey, participants were debriefed. Specifically, the researcher asked the participant for feedback on the research process and addressed any questions or concerns. If participants desired psychological attention because of the research procedures, the researcher gave them a list of local mental health clinics for services. Participants were responsible for the cost of any professional counseling.

Instruments

The battery of questionnaires included measures of the following constructs: demographic information, SBW cultural attitudes, racial identity, stress, and social support. The

order of the measures was counterbalanced across participants; however, the demographic information was always obtained first. In addition, the stress measures were always presented together (with number of stressful events following perceived stress) and they were never the last measures on the questionnaire.

Demographic Information. Demographic data was collected in the following categories: place and date of birth, racial/ethnic subgroup (e.g., Black Hispanic, African American, Caribbean American, and Biracial), highest level of education, marital status, and income (see Appendix B).

Strong Black Woman Cultural Attitudes. The current study used the Strong Black Woman Cultural Construct Scale (SBWCCS) to measure SBW cultural attitudes. This measure is a revision of the Strong Black Woman Attitudes Scale (Thompson, 2003). The items on the original scale were created through focus groups with Black women and feedback obtained from experts in the field of the psychology of Black women. In her pilot test of the measure, Thompson (2003) used a sample of African American and Caucasian women to examine how SBW attitudes predicted sex role orientation, internalized racism, and imposter attitudes. The original scale used a 5-point Likert scale (ranging from “never” to “almost always”) to answer 18 items. The measure was comprised of three subscales: self-reliance with 4 items (e.g., “I am independent.”), affect regulation with 9 items (e.g., “I have difficulty showing my emotions.”) and caretaking with 5 items (e.g., “I take on more responsibility than I can comfortably handle.”) Thompson (2003) reported alpha coefficients for the scale, .74, and subscales: self-reliance = .69, affect regulation = .72 and caretaking = .66.

The current study utilized the same 5-point Likert scale and subscales as the original version; however one item was removed, nine items were reworded, and two items were added.

One item that loaded highly (.30 or greater) on more than one factor in the original analyses was deleted, while six items that loaded highly on more than one factor were re-worded. The research team tried to reword items so they would load on the factor with the least items in order to increase the number of items on the self-reliance and caretaking subscales. For example, the original item “I have difficulty finding ways to have my needs met.” was changed to “I cannot rely on others to meet my needs.” Originally, the item loaded highly on affect regulation and caretaking, but we were expecting the new item to load solely on the caretaking factor. In addition to rewording items that cross-loaded, items were added to the original scale with the aim of increasing the number of items that loaded on the caretaking and self-reliance subscales. Three items that were included on Thompson’s (2003) pilot test, but were removed from her factor analysis because they had low communalities, were reworded and included in the revised scale. Also, two items were added (“In my family I give more than I receive” and “At times I feel overwhelmed with problems”).

The revised scale consisted of 22 items (see Appendix C). The scale was scored by totaling all items on the scale. To determine whether the items in the new scale showed internal consistency with one another in the current sample, Cronbach’s α was computed for the SBW total scale. The internal consistency of this scale = .76, indicating adequate internal consistency (Field, 2005).

Racial identity. The Multidimensional Inventory of Black Identity is a measure of racial identity (Sellers et. al., 1997). Participants rated items on a 7-point Likert scale ranging from “strongly disagree” to “strongly agree.” Negatively worded items were reverse coded, and then the scale was averaged across all items. The current study used two scales from this inventory: centrality and regard. The centrality subscale consists of eight items that measure the extent to

which a person generally defines herself with regard to race, “In general, being Black is an important part of my self-image” and “I have a strong attachment to other Black people.” The regard subscale has two subscales: private and public regard, each consisting of 6 items. Private regard measures the extent to which the rater feels positively or negatively towards Blacks and how they feel (i.e., positively or negatively) about being Black, “I am proud to be Black” and “I feel that Blacks have made major accomplishments and advances.” Whereas, public regard measures the extent to which the rater perceives that others view Blacks positively or negatively, “In general, others respect Black people” and “Overall, Blacks are considered good by others.” In previous studies internal consistency for centrality, private regard, and public regard was .77, .78, and .78, respectively (Sellers, 2005). In the current study, the internal consistency for these scales were somewhat low (Cronbach’s α was .61, .69, and .68 for the centrality, private regard, and public regard, respectively). While this value is lower than the traditional accepted value of .7, values below .7 can be expected when measuring psychological constructs because of the complexity of the constructs being measured and the variety of transient factors, such as mood, that may influence these constructs (Field, 2005). This scale is shown in Appendix D.

Stress. To measure stress this study used two different scales. The first scale is the African-American Women's Stress Scale-Revised (AWSS-R), a race and gender-specific stress measure for Black women (Watts-Jones, 1990). This 98-item checklist includes a variety of chronic stressful events including inadequate resources, work-related stress, relationship dissatisfaction, role functioning, racism, and health. Participants endorsed stressors they have experienced in the last six weeks. The scale was scored by totaling the number of items that were endorsed. In previous studies internal consistency was adequate (.87), while reliability at 6 weeks was .76 and at 12 weeks was .73. (Banyard & Graham-Bermann, 1998; Watts-Jones,

1990). The scale was revised in 2005 to address the heterosexist bias, particularly in romantic relationship stressors (see Appendix E). In the current study, the internal consistency of this scale, as measured by Cronbach's α , was .91, indicating adequate internal consistency (Field, 2005).

The second measure, the Perceived Stress Scale (PSS), is a global indicator of perceived stress that consists of 14 items with a 5-point Likert scale, "In the last month, how often have you felt that you were unable to control the important things in your life?" This scale has been shown to have adequate reliability (.75) and validity with African American samples (Cohen & Williamson, 1988). To score this scale, positively worded items were reverse coded and then all items were summed (see Appendix F). The internal consistency of this scale, measured by Cronbach's α , was .80, indicating adequate internal consistency (Field, 2005).

Social support. This study used a revised version of the social support subscale of the Social Resources and Social Supports Questionnaire, which was created for African American samples (Myers, 1981). First, participants listed five people they consider most important in their lives (number of people in support network). Subsequently, they rated five types of support (advise, social reinforcement, socialize, specific help, emotional) on a 5-point Likert scale, ranging from "completely unimportant to me" to "very important to me" (importance of support). Next, participants rated each person they listed as important on each of the five types of support using a 6-point Likert scale. The highest five ratings (1-5) ranged from "100% dissatisfied" to "100% satisfied." The sixth option was a rating of zero: "Don't ask for this support" (satisfaction with support). Finally, the scale included a rating of perceived reciprocity. Participants placed a (\surd) next to one of three statements to measure reciprocity for each person listed. "They give more," "Equal," or "I give more." Adequate reliability and validity were

found for this scale in previous research; however, specific reliability values were not reported (Jones, 1996). Each part of the scale was scored separately. First, the number of people who were rated as important was tallied, providing the sum of qualitative information provided (names and relationships of people in the participant's social network). Second, importance of support and satisfaction with support was summed. Satisfaction was summed for each of the five types of support, by collapsing across the support networks that were rated. Reciprocity was also coded (1= reciprocal/equal and 0 = not reciprocal because either person gives more), and summed across the support networks, (H.F. Myers, personal communication, March 2, 2008). This scale is shown in Appendix G. The internal consistency of satisfaction with social support, measured by Cronbach's α , was .93, indicating adequate internal consistency (Field, 2005). However, reliability statistics could not be calculated for the Received and Reciprocity subscales on the Social Resources and Social Supports Questionnaire because of their coding scheme.

Data Analysis Plan

Preliminary analyses were conducted using frequencies and other descriptive statistics to screen for excessive missing cases and outliers in the data (Pallant, 2005). There was one participant who chose not to complete the survey. Specifically, she left questions about racial identity unanswered. This participant's responses were deleted from the final database. There were a few variables with data missing at random. As recommended by Pallant (2005), pairwise exclusion of missing data was used for each analysis. To detect outliers, boxplots and histograms were graphed, using the criterion of greater than or equal to 3 standard deviations above or below the mean of the distribution. Outliers were present for most variables; however, these values did not have much influence on the mean. Specifically, when the top and bottom 5 per cent of cases for each variable were removed, and the mean (i.e., trimmed mean) recalculated, the original mean and trimmed mean did not differ significantly (Pallant, 2005). Thus, outliers were retained in the final analysis.

In order to identify the subscales in the Strong Black Woman Cultural Construct Scale (SBWCCS), it was necessary to conduct an Exploratory Factor Analysis (EFA). The assumptions of the EFA were met in the current study (e.g., sample size, factorability of the correlation matrix, and linearity) (Pallant, 2005).

The relation between the study variables and demographic variables were examined to identify possible demographic covariates. Prior to conducting one-way between-groups analyses of variance (ANOVAs), analyses were performed to ensure the assumptions of normal distribution and homogeneity of variance were not violated. In the infrequent incidents when the assumption of homogeneity of variance was not met, Welsh and Brown-Forsythe tests, which are robust tests of equality of means, were conducted (Pallant, 2005). Demographic variables that

were found to have a significant relationship with the study variables of interest were used as covariates in the regressions.

To examine the impact of SBW cultural construct on each of the outcome variables (i.e., racial identity, social support, and stress) seven hierarchical regressions were conducted. For example, to examine the influence of SBW on centrality of race (Hypothesis 1), possible covariates identified in correlational analyses and ANOVAs were entered in Step 1, and participants' scores for centrality were entered in Step 2. The remaining six hypotheses were examined in a similar manner, with possible covariates entered into the first step and independent variables entered in the second step. For each regression equation, the assumptions of regression were investigated (e.g., normality, linearity, multicollinearity and homoscedasticity).

Results

Exploratory Factor Analysis

The means and standard deviations for participants' responses on the SBW Cultural Construct Scale (SBWCCS) are shown in Table 2. Results from principal axis factoring suggested three factors. Specifically, the screeplot of eigenvalues illustrated a clear break after the third factor. Varimax rotation was appropriate to aid in the interpretation of these three factors because the factors were not highly correlated with each other (correlation was less than .3 based on an oblim rotation). All three factors showed strong loadings, such that most items loaded substantially (.30 or greater) on only one factor. However, there were two items that loaded on more than one factor (B12 and B19) and one item that did not load on any factors (B15). These three items were removed and the varimax rotation was conducted again. It is important to note that while these three items were removed from the individual subscales, they were retained in the creation of the SBWCCS total score because they all contributed to the internal consistency. The adjusted three-factor solution explained a total of 30.3 percent of the variance, with the factors explaining 13.4 percent, 9 percent, and 7.9 percent of the variance respectively (see Table 3). The interpretation of the three factors was consistent with previous research on the SBW. The results of this analysis support the use of caretaking, affect regulation, and self-reliance as separate scales, as suggested by the author of the original scale (Thompson, 2003). Thus, the hypothesis regarding the outcome of the EFA was supported.

Table 2

Means and Standard Deviations of Responses on the SBW Cultural Construct Scale

| Item | Mean | SD |
|---|------|-------|
| 1. I believe that it is best not to rely on others. | 3.41 | 1.193 |
| 2. I feel uncomfortable asking others for help. | 3.08 | 1.253 |
| 3. I have difficulty showing my emotions. | 2.55 | 1.173 |
| 4. I do not like to let others know when I am feeling vulnerable. | 3.22 | 1.283 |
| 5. I believe that everything should be done to a high standard. | 4.16 | 1.004 |
| 6. I am independent. | 4.57 | 0.716 |
| 7. I take on more responsibilities than I can comfortably handle. | 3.68 | 1.033 |
| 8. I believe I should always live up to other's expectations. | 2.65 | 1.334 |
| 9. I should be able to handle all that life gives me. | 3.91 | 1.019 |
| 10. I am strong. | 4.48 | 0.763 |
| 11. I need people to see me as always confident. | 3.72 | 1.275 |
| 12. I like being in control in relationships. | 3.36 | 1.159 |
| 13. I cannot rely on others to meet my needs. | 3.31 | 1.190 |
| 14. I take on others' problems. | 3.12 | 1.125 |
| 15. I feel that I owe a lot to my family. | 3.11 | 1.344 |
| 16. People think that I don't have feelings. | 2.76 | 1.233 |
| 17. I try to always maintain my composure. | 4.08 | 0.895 |
| 18. It is hard to say, "No," when people make requests of me. | 3.36 | 1.242 |
| 19. I do not like others to think of me as helpless. | 3.62 | 1.491 |
| 20. I do not let most people know the "real" me. | 2.88 | 1.286 |
| 21. In my family I give more than I receive. | 3.68 | 1.237 |
| 22. At times I feel overwhelmed with problems. | 3.36 | 1.082 |

Table 3

Varimax Rotation of Three Factor Solution for SBWCCS Items

| Item | Factor 1 Caretaking | Factor 2 Affect Regulation | Factor 3 Self-Reliance |
|---|------------------------|-------------------------------|---------------------------|
| 18. It is hard to say, "No," when people make requests of me. | .671 | .072 | .133 |
| 14. I take on others' problems. | .605 | .000 | .057 |
| 20. I do not let most people know the "real" me. | .556 | .114 | -.012 |
| 22. At times I feel overwhelmed with problems. | .512 | .153 | .006 |
| 7. I take on more responsibilities than I can comfortably handle. | .512 | .067 | .081 |
| 8. I believe I should always live up to other's expectations. | .471 | -.007 | -.039 |
| 16. People think that I don't have feelings. | .445 | .146 | -.057 |
| 21. In my family I give more than I receive. | .375 | -.046 | .152 |
| 11. I need people to see me as always confident. | .339 | .051 | .150 |
| 4. I do not like to let others know when I am feeling vulnerable. | .146 | .679 | -.074 |
| 2. I feel uncomfortable asking others for help. | .172 | .675 | .071 |
| 3. I have difficulty showing my emotions. | .241 | .533 | -.159 |
| 13. I cannot rely on others to meet my needs. | .022 | .439 | .271 |
| 1. I believe that it is best not to rely on others. | -.103 | .411 | .195 |
| 10. I am strong. | -.011 | -.147 | .618 |
| 6. I am independent. | .134 | .136 | .527 |
| 9. I should be able to handle all that life gives me. | .156 | -.052 | .495 |
| 5. I believe that everything should be done to a high standard. | -.145 | .170 | .451 |
| 17. I try to always maintain my composure. | .171 | .113 | .409 |
| % of variance explained | 13.4% | 9% | 7.9% |

Note. Boldface indicated highest factor loadings.

Items 12, 15, and 19, which were removed from the final factor analysis, were not included in the table.

Preliminary Descriptive Analyses

Descriptive Statistics for Variables of Interest. Descriptive statistics for the participants' levels of SBW cultural attitudes, racial identity, stress, and social support are shown in Table 4. The internal consistencies of the measures (described in the Methods section) ranged from .61 to .93, with the lowest levels of internal consistency on the centrality subscale of the MIBI and the self-reliance subscale of the SBWCCS. Cronbach's α for the subscales of SBW were: .75 for caretaking, .69 for affect regulation, and .62 for self-reliance. The internal consistency of the caretaking scale is adequate; however, the reliability of the affect regulation and self-reliance are lower than the traditional accepted value of .7. However, values below .7 can be expected when measuring psychological constructs because of the complexity of the constructs being measured (Field, 2005).

Table 4

Descriptive statistics for SBW Cultural Construct, Racial Identity, Stress, and Social Support

| Variable | N | M | SD | # of items |
|--------------------------|-----|-------|-------|------------|
| SBWCCS | 146 | 75.93 | 10.49 | 22 |
| SBWCCS Caretaking | 149 | 29.13 | 6.27 | 9 |
| SBWCCS Affect Regulation | 151 | 15.55 | 4.07 | 5 |
| SBWCCS Self-Reliance | 152 | 21.19 | 2.80 | 5 |
| MIBI Centrality | 150 | 4.88 | 1.01 | 8 |
| MIBI Public | 150 | 6.34 | .80 | 6 |
| MIBI Private | 152 | 3.81 | 1.13 | 6 |
| PSS | 147 | 39.33 | 7.97 | 14 |
| AWSS | 151 | 13.34 | 10.22 | 98 |
| SRSSQ Received | 152 | 4.76 | .57 | 25 |
| SRSSQ Satisfaction | 140 | 96.19 | 23.33 | 25 |
| SRSSQ Reciprocity | 139 | 2.15 | 1.38 | 5 |

Intercorrelations of Study Variables. The relationships between study variables, both independent and dependent variables, were investigated using the Pearson product-moment correlation coefficient. As illustrated in Table 5, a number of significant relationships were observed. As expected, SBWCCS was positively correlated with its subscales and among the subscales, caretaking and affect regulation were significantly related to each other. Interestingly, self-reliance was not significantly related to either subscale. Overall, SBWCCS and its subscales were related to measures of racial identity and stress. However, the caretaking subscale was the only measure related to social support. Specifically, caretaking was negatively related to reciprocity of social support.

There were also some notable relationships among the dependent variables. Each of the racial identity scales were related to different constructs. Specifically, centrality and public regard were positively related to each other. In addition, centrality was positively related to received social support and public regard was negatively related to perceived stress. However, private regard was not significantly related to any variables. Both stress measures (perceived stress and number of stressful events) were positively related to each other. Number of stressful events also was negatively related to social support. Social support scales were not associated with many variables; however, satisfaction and reciprocity were positively related to each other.

Table 5

Partial Correlations between SBW Cultural Attitudes, Racial identity, Stress, and Social Support

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------------------------|----|-------|-------|-------|-------|-------|-------|--------|-------|--------|-------|--------|
| 1. SBWCCS | -- | .801* | .615* | .467* | .190* | .119 | -.079 | .263* | .252* | .045 | -.011 | -.120 |
| 2. SBWCCS Caretaking | | -- | .219* | .141 | .171* | -.051 | -.047 | .422* | .338* | -.032 | .005 | -.240* |
| 3. SBWCCS Affect Regulation | | | -- | .132 | .002 | .012 | -.105 | .214* | .130 | -.006 | -.080 | .134 |
| 4. SBWCCS Self-Reliance | | | | -- | .122 | .298* | .035 | -.352* | -.101 | .049 | .059 | -.009 |
| 5. MIBI Centrality | | | | | -- | .328* | -.077 | .057 | .073 | .175* | .070 | .108 |
| 6. MIBI Public | | | | | | -- | .138 | -.222* | -.083 | .124 | .140 | .063 |
| 7. MIBI Private | | | | | | | -- | -.151 | -.110 | -.098 | .094 | -.072 |
| 8. PSS | | | | | | | | -- | .503* | -.122 | -.139 | -.139 |
| 9. AWSS | | | | | | | | | -- | -.205* | -.078 | -.172* |
| 10. SRSSQ Received | | | | | | | | | | -- | -.032 | .051 |
| 11. SRSSQ Satisfaction | | | | | | | | | | | -- | .243* |
| 12. SRSSQ Reciprocity | | | | | | | | | | | | -- |

* p<.05

Further Exploratory Analyses. Given the finding that satisfaction of social support was only related to reciprocity, further exploratory analyses were conducted in which satisfaction was separated into different types of support (i.e., advice, praise/criticism, socializing, help with specific problems, and emotional support). It was found that satisfaction of advice was negatively related to perceived stress ($r = -.165, p < .05$). Satisfaction with praise/criticism was negatively related to perceived stress ($r = -.212, p < .01$) and number of stressful events ($r = -.162, p < .05$).

Covariates to Study Variables. The relationships between study variables and continuous demographic variables (age and number of children) were investigated using Pearson product-moment correlation coefficient. Age ($M = 36.7, SD = 11.78$) was positively correlated with SBWCCS, the self-reliance subscale, and public regard while number of children ($M = 2, SD = 1.77$) was positively related to private regard and negatively associated with reciprocity of social support.

Table 6

Significant Correlations between Demographic Variables and SBWCCS total score, Racial Identity, Stress, and Social Support

| Variables Correlated with Age | R | p |
|--|-------|------|
| SBWCCS | .163 | .049 |
| SBWCCS Self-Reliance | .242 | .003 |
| MIBI Public Regard | .203 | .014 |
| Variables Correlated with Number of Children | R | p |
| MIBI Private Regard | .214 | .008 |
| SRSSQ Reciprocity | -.186 | .025 |

One-way between-group ANOVAs were conducted to explore the impact of demographic variables – relationship status, income, and education – on study variables. Some categories of

the demographic variables were combined because of the small number of people in each group. For example, in relationship status there were 2 widows, 4 women who were separated from their spouses, and 21 divorced women. These categories were combined to create a group called “relationship ended.” Although there were still unequal groups for the variables, combining categories ensured that most conditions had at least 20 people (with the exception of education where 19 people had Bachelor’s degrees and 13 people had a Masters/Ph.D). While having equal group sizes are ideal when conducting an ANOVA, these analyses take into account the unequal group sizes (Tabachnick and Fidell, 2001). All post-hoc comparisons used the Tukey HSD test.

For relationship status, participants were divided into three groups (single, married, and relationship ended). Table 7 displays means, standard deviations, and results of the ANOVAs. The statistically significant difference in SBWCCS total score for the three relationship status groups had a medium effect size (.06). Post-hoc comparisons indicated participants whose relationship had ended had significantly higher mean SBWCCS scores than single and married participants. The statistically significant difference in self-reliance for the three relationship status groups had a medium effect size (.06). Post-hoc comparisons indicated those whose relationship ended had significantly higher self-reliance scores than single participants. The statistical difference in public regard for the three relationship groups had a medium effect size (.06). Post-hoc comparisons indicated that the married participants had significantly higher public regard than single participants. The statistically significant difference in number of stressful events (measured by AWSS) for the three relationship status groups had a small effect size (.05). Post-hoc comparisons indicated that single participants had significantly more stressful events than married participants.

Table 7

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVAs) for Effects of Relationship Status Groups on Twelve

Dependent Variables

| | <u>Single</u> (n=91) | | <u>Married</u> (n=34) | | <u>Relationship Ended</u> (n=27) | | <u>ANOVA</u> | |
|--------------------------|-------------------------|-----------|--------------------------|-----------|-------------------------------------|-----------|--------------|-----------|
| | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>F</u> | <u>df</u> |
| SBWCCS | 75.25 | 10.13 | 73.56 | 9.85 | 81.19 | 11.09 | 4.66* | 2,149 |
| SBWCCS Caretaking | 28.95 | 6.13 | 27.76 | 5.63 | 31.48 | 7.05 | 2.81 | 2,149 |
| SBWCCS Affect Regulation | 15.73 | 3.84 | 14.21 | 3.57 | 16.67 | 5.00 | 3.04 | 2,149 |
| SBWCCS Self-Reliance | 20.69 | 2.96 | 21.47 | 2.48 | 22.52 | 2.17 | 4.87* | 2,149 |
| MIBI Centrality | 4.84 | 1.05 | 4.82 | 0.92 | 5.12 | 0.98 | 0.91 | 2,149 |
| MIBI Public | 6.18 | 0.91 | 6.61 | 0.53 | 6.52 | 0.55 | 4.81* | 2,149 |
| MIBI Private | 3.82 | 1.16 | 3.72 | 1.03 | 3.90 | 1.18 | 0.21 | 2,149 |
| PSS | 39.98 | 7.55 | 37.00 | 6.56 | 40.07 | 10.29 | 1.90 | 2,149 |
| AWSS | 14.35 | 10.91 | 9.29 | 7.47 | 15.04 | 9.77 | 3.60* | 2,149 |
| SRSSQ Received | 4.78 | 0.59 | 4.82 | 0.39 | 4.63 | 0.69 | 0.96 | 2,149 |
| SRSSQ Satisfaction | 94.53 | 24.32 | 101.12 | 21.48 | 95.48 | 22.03 | 1.00 | 2,146 |
| SRSSQ Reciprocity | 2.25 | 1.33 | 2.15 | 1.35 | 1.80 | 1.58 | 1.02 | 2,145 |

*p<.05

For income, participants were divided into four groups (less than 10,000; 10,000 – 29,999; 30,000 – 49,999; and over 50,000). Table 8 displays means, standard deviations, and results of the ANOVAs. The statistically significant difference in caretaking for the four income groups had a medium effect size (.06). Post-hoc comparisons indicated that participants whose household income was less than \$10,000 had significantly higher caretaking scores than those whose income was over \$50,000. The statistically significant difference in private regard for the four income groups had a medium effect size (.06). Post-hoc comparisons indicated that participants whose household income was between \$10,000 and \$29,000 had significantly higher private regard than those whose income was over \$50,000. The statistically significant difference in perceived stress (measured by the PSS) for the four income groups had a medium effect size (.13). Post-hoc comparisons indicated that the participants whose household income was less than \$10,000 had significantly more perceived stress than all of the other income groups. The statistically significant difference in number of stressful events (measured by AWSS) for the four income groups had a large effect size (.16). Post-hoc comparisons indicated that participants whose household income was less than \$10,000 had significantly more stressful events than all of the other income groups.

Table 8

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVAs) for Effects of Income Groups on Twelve Dependent

Variables

| | <u>Less than 10,000</u> | | <u>10,000 – 29,999</u> | | <u>30,000 – 49,000</u> | | <u>Over 50,000</u> | | <u>ANOVA</u> | |
|--------------------------|-------------------------|-----------|------------------------|-----------|------------------------|-----------|--------------------|-----------|--------------|-----------|
| | (n=52) | | (n=40) | | (n=27) | | (n=27) | | | |
| | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>F</u> | <u>df</u> |
| SBWCCS | 76.81 | 11.36 | 75.00 | 12.23 | 75.89 | 8.72 | 75.56 | 8.26 | 0.23 | 3,142 |
| SBWCCS Caretaking | 31.08 | 6.62 | 28.15 | 7.29 | 28.48 | 4.98 | 27.07 | 4.34 | 3.13* | 3,142 |
| SBWCCS Affect Regulation | 15.21 | 4.65 | 15.78 | 4.02 | 15.67 | 3.37 | 15.93 | 3.61 | 0.24 | 3,142 |
| SBWCCS Self-Reliance | 20.71 | 3.01 | 21.33 | 2.89 | 21.59 | 2.61 | 21.63 | 2.47 | 0.94 | 3,142 |
| MIBI Centrality | 4.83 | 1.14 | 4.80 | 0.86 | 5.18 | 1.03 | 4.73 | 0.93 | 1.09 | 3,142 |
| MIBI Public | 6.25 | 0.84 | 6.28 | 0.93 | 6.43 | 0.62 | 6.60 | 0.46 | 1.42 | 3,142 |
| MIBI Private | 3.88 | 1.18 | 4.17 | 0.98 | 3.70 | 1.19 | 3.36 | 0.99 | 3.12* | 3,142 |
| PSS | 43.15 | 7.79 | 36.67 | 7.61 | 37.70 | 7.00 | 36.81 | 7.38 | 7.55* | 3,142 |
| AWSS | 18.50 | 11.83 | 12.83 | 8.26 | 9.85 | 9.47 | 7.96 | 5.10 | 9.26* | 3,142 |
| SRSSQ Received | 4.83 | 0.59 | 4.75 | 0.54 | 4.70 | 0.61 | 4.81 | 0.40 | 0.38 | 3,142 |
| SRSSQ Satisfaction | 98.49 | 24.00 | 93.25 | 24.19 | 92.19 | 22.78 | 97.26 | 22.61 | 0.61 | 3,140 |
| SRSSQ Reciprocity | 1.92 | 1.34 | 1.98 | 1.51 | 2.52 | 1.16 | 2.59 | 1.37 | 2.24 | 3,139 |

*p<.05

For education, participants were divided into five groups (no degree, high school diploma, associates/vocational degree, bachelor's degree, and Master's/Ph.D). Table 9 displays means, standard deviations, and results of the ANOVAs. The statistically significant difference in private regard scores for the five education groups had a medium effect size (.09). Post-hoc comparisons indicated no significant differences. While it is rare to find a significant ANOVA with a non-significant follow-up Tukey, this situation occurs when there is insufficient variance in the distribution of the group means (Cohen, 2001). The statistically significant difference in perceived stress (as measured by the PSS) for the five education groups had a medium effect size (.10). Post-hoc comparisons indicated that participants who had no degree had significantly higher perceived stress than those who had associates/vocational degree and those who had a bachelor's degree. The statistically significant difference in reciprocity of social support for the five education groups had a medium effect size (.09). Post-hoc comparisons indicated that participants who had a bachelor's degree had significantly more reciprocity in their relationships than those who had a high school diploma. It is important to note that the ANOVA for social support received should be interpreted with caution because the homogeneity of variance assumption was violated. Furthermore, the Welsh and Brown-Forsythe (robust tests of equality of means) could not be conducted because at least one group had 0 variance.

Table 9

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVAs) for Effects of Education Groups on Twelve Dependent

Variables

| | <u>No Degree</u> (n=19) | | <u>High School</u> (n=50) | | <u>Associates or</u> <u>Vocational</u> (n=28) | | <u>Bachelor's</u> (n=19) | | <u>Master's or</u> <u>Ph.D.</u> (n=13) | | <u>ANOVA</u> | |
|-----------------------------|----------------------------|-----------|------------------------------|-----------|---|-----------|-----------------------------|-----------|--|-----------|--------------|-----------|
| | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>M</u> | <u>SD</u> | <u>F</u> | <u>Df</u> |
| SBWCCS | 76.63 | 13.61 | 75.52 | 11.81 | 74.43 | 10.38 | 78.32 | 7.95 | 76.54 | 8.98 | 0.40 | 4,124 |
| SBWCCS Caretaking | 32.53 | 6.43 | 29.72 | 7.09 | 28.21 | 6.30 | 28.42 | 6.19 | 28.31 | 4.11 | 1.58 | 4,124 |
| SBWCCS Affect Regulation | 14.63 | 4.02 | 14.88 | 4.59 | 15.21 | 4.18 | 17.05 | 2.76 | 16.00 | 4.00 | 1.20 | 4,124 |
| SBWCCS Self- Reliance | 19.79 | 3.99 | 21.16 | 2.71 | 21.36 | 2.20 | 21.89 | 2.40 | 21.62 | 2.22 | 1.64 | 4,124 |
| MIBI Centrality | 4.80 | 1.17 | 4.79 | 1.01 | 4.87 | 0.82 | 4.97 | 0.93 | 5.34 | 0.94 | 0.88 | 4,124 |
| MIBI Public | 6.37 | 0.57 | 6.15 | 0.98 | 6.39 | 0.78 | 6.68 | 0.45 | 6.43 | 0.91 | 1.62 | 4,124 |
| MIBI Private | 4.16 | 1.10 | 4.00 | 1.08 | 3.79 | 0.84 | 3.25 | 1.07 | 3.24 | 1.28 | 3.21* | 4,124 |
| PSS | 44.42 | 6.85 | 40.24 | 7.89 | 36.54 | 8.04 | 37.53 | 7.50 | 38.54 | 7.20 | 3.49* | 4,124 |
| AWSS | 14.89 | 8.87 | 15.60 | 12.26 | 12.25 | 10.05 | 12.05 | 9.01 | 8.54 | 4.70 | 1.55 | 4,124 |
| SRSSQ Received | 5.00 | 0.00 | 4.80 | 0.61 | 4.61 | 0.69 | 4.84 | 0.38 | 4.69 | 0.63 | 1.59 | 4,124 |
| SRSSQ Satisfaction | 103.84 | 27.94 | 93.18 | 25.56 | 99.00 | 22.36 | 99.42 | 20.40 | 95.83 | 17.24 | 0.81 | 4,121 |
| SRSSQ Reciprocity | 1.84 | 1.57 | 1.76 | 1.52 | 2.19 | 1.13 | 2.95 | 1.18 | 2.42 | 2.10 | 2.94* | 4,121 |

*p<.05

Overview of Hierarchical Multiple Regressions

The aforementioned correlations and ANOVAs, between demographic variables and study variables, were explored prior to conducting regression analyses. The demographic variables that were significantly correlated with, or shown to predict, study variables were controlled in the relevant regression. Seven multiple regressions were used to address the following hypotheses:

1. SBWCCS total score will have a positive relation to centrality of race in a person's self-identity.
2. SBWCCS total score will have a negative relation to public regard of Blacks.
3. SBWCCS total score will have a positive relation to private regard of Blacks.
4. SBWCCS total score will have a positive relation to stress.
5. SBWCCS subscale scores on self-reliance and affect regulation will have a negative relation to social support received.
6. SBWCCS subscale scores on self-reliance and affect regulation will have a negative relation to satisfaction with social support received.
7. SBWCCS subscales scores on caretaking will have a negative relation to reciprocity of social support.

Hypothesis 1: SBWCCS Predicting Centrality of Racial Identity

After controlling for age and relationship status (dummy coded as "relationship over" versus "other"), SBWCCS total score significantly predicted centrality (see Table 10). Specifically, increased levels on the SBWCCS predicted increased levels of centrality (i.e., being Black is a central part of the woman's identity), which supported the hypothesis. Overall, the complete regression model explained 4.6% of the variance.

Table 10

Hierarchical Regression Analysis Predicting Centrality with SBWCCS total

| Step and predictor variables | R^2_{Δ} | df | F | β | t |
|----------------------------------|----------------|-------|-------|---------|--------|
| Step 1 | .015 | 2,137 | 1.124 | -- | -- |
| Age | -- | -- | -- | -.080 | -.901 |
| Relationship status (over/other) | -- | -- | -- | .096 | 1.075 |
| Step 2 | .031 | 3,136 | 2.284 | -- | -- |
| SBWCCS Total | -- | -- | -- | .180 | 2.132* |

*p < .05

Hypotheses 2 and 3: SBWCCS Predicting Public and Private Regard

After controlling for age and dummy-coded relationship status, public regard was not predicted by the SBWCCS total score. Similarly, after controlling for demographic variables (age, number of children, and dummy-coded variables: income, relationship status, and education) private regard was not predicted by the SBWCCS total score. Thus the second and third hypotheses were not supported.

Hypothesis 4: SBWCCS Predicting Stress

After controlling for demographic variables (age and dummy coded variables: income, education, and relationship status), SBWCCS total score significantly predicted perceived stress (see Table 11). Specifically, increased levels on SBWCCS predicted increased levels of perceived stress. Overall, the complete regression model explained 12% of the variance.

Table 11

Hierarchical Regression Analysis Predicting Perceived Stress with SBWCCS total

| Step and predictor variables | R^2_{Δ} | df | F | β | t |
|----------------------------------|----------------|-------|-------|---------|--------|
| Step 1 | .042 | 4,141 | 1.56 | -- | -- |
| Age | -- | -- | -- | -.277 | -2.58* |
| Income (less than 10,000/other) | -- | -- | -- | .071 | .90 |
| Education (no degree/other) | -- | -- | -- | -.095 | -1.16 |
| Relationship status (over/other) | -- | -- | -- | .046 | .53 |
| Step 2 | .078 | 5,140 | 3.82* | -- | -- |
| SBWCCS Total | -- | -- | -- | .288 | 3.52* |

*p < .05

After controlling for demographic variables (age, dummy-coded income, and dummy-coded relationship status), SBWCCS total score significantly predicted number of stressful events (see Table 12). Specifically, increased levels on SBWCCS predicted increased number of stressful events. Overall, the complete regression model explained 10% of the variance.

Hypothesis 4 was supported with SBWCCS predicting both measures of stress.

Table 12

Hierarchical Regression Analysis Predicting Number of Stressful Events with SBWCCS total

| Step and predictor variables | R^2_{Δ} | df | F | β | t |
|------------------------------------|----------------|-------|-------|---------|-------|
| Step 1 | .047 | 4,141 | 1.74 | -- | -- |
| Age | -- | -- | -- | -.064 | -.68 |
| Income (less than 10,000/other) | -- | -- | -- | -.022 | -.27 |
| Relationship status (over/other) | -- | -- | -- | .155 | 1.54 |
| Relationship status (single/other) | -- | -- | -- | .194 | 1.82 |
| Step 2 | .054 | 5,140 | 3.15* | -- | -- |
| SBWCCS Total | -- | -- | -- | .242 | 2.90* |

*p < .05

Hypothesis 5: Self-reliance and Affect Regulation Predicting Social Support Received

After controlling for age and dummy-coded relationship status, social support received was not predicted by SBWCCS self-reliance or affect regulation. However, these results should

be interpreted with caution because examination of the residual plots indicated possible violations of the regression assumptions. This hypothesis was not supported.

Hypothesis 6: Self-reliance and Affect Regulation Predicting Satisfaction with Social Support

After controlling for age and dummy-coded relationship status, satisfaction with social support was not predicted by SBWCCS self-reliance or affect regulation. This hypothesis was not supported.

Hypothesis 7: Caretaking Predicting Reciprocity of Social Support

After controlling for demographic variables (number of children, dummy-coded income, and dummy-coded education), SBWCCS caretaking significantly predicted reciprocity of social support (see Table 13). Specifically, increased levels of caretaking predicted decreased reciprocity, which supported the hypothesis. Overall, the complete regression model explained 9.4% of the variance.

Table 13

Hierarchical Regression Analysis Predicting Reciprocity of Social Support with SBWCCS

Caretaking

| Step and predictor variables | R^2_{Δ} | df | F | β | t |
|---------------------------------|----------------|-------|-------|---------|--------|
| Step 1 | .045 | 3,142 | 2.21 | -- | -- |
| Number of children | -- | -- | -- | -.178 | -2.16* |
| Income (less than 10,000/other) | -- | -- | -- | -.078 | -.971 |
| Education (high school/other) | -- | -- | -- | .013 | .157 |
| Step 2 | .094 | 4,141 | 7.62* | -- | -- |
| SBWCCS Caretaking | -- | -- | -- | -.224 | -2.76* |

* $p < .05$

Discussion

The purpose of the current study was to revise a scale to assess the cultural attitudes of the Strong Black Woman (SBW) and to determine whether this construct predicts racial identity, stress, and social support. The goal was to create a reliable scale that could help researchers and clinicians identify defensive styles in women of African descent, which could be utilized to provide empirical support for theories about the deleterious psychological effects associated with the SBW. Another aim was to determine if the SBW cultural construct could predict various psychological constructs, including racial identity, stress, and social support, that could influence psychological well-being.

The first goal of the study was to determine if an exploratory factor analysis (EFA) conducted on the SBW Cultural Construct Scale (SBWCCS) would support the 3-factor model suggested by Romero's (2000) conceptualization and Thompson's (2003) confirmatory factor analysis of the original SBW attitudes scale. The results of the present study supported the three-factor model. After removing three items, all remaining items strongly loaded on one of the three factors. Interestingly, items did not always empirically fit into a category that was face valid. For example, face validity led to the expectation that the following items would be loaded on affect regulation "I do not let most people know the real me," "People think I don't have feelings," and "I need people to always see me as confident;" but the findings of the factor analysis showed that they loaded on the caretaking subscale. The results did demonstrate adequate psychometric properties of the SBWCCS, including the total scale and caretaking subscale were adequate; however, the reliability of the affect regulation and self-reliance subscales were somewhat low. The reliability of SBWCCS and its subscales were similar to those of the original scale, which ranged from .66 to .77 (Thompson, 2003).

Self-reliance was the only subscale that was not significantly related to the other subscales. While the relationship was positive, it was not significant. In contrast, Thompson (2003) found that individuals who are more self-reliant are less likely to report that they manage expressions of affect (i.e., there was a negative correlation). She interpreted this negative relationship to mean that the items on the scale that were designed to assess self-reliance might not be measuring the construct that was intended to be assessed by the scale. This negative relationship was not found in the current study, which may suggest that the subscales are now measuring the construct as intended. Also, the fact that the three subscales were not highly correlated with each other support the notion that they measure related, yet distinct, aspects of the SBW cultural construct.

After finding empirical support for the use of the SBWCCS, it was important to examine if these scales predicted various constructs. The main difference between the original SBW Attitudes Scales and the revised scale (SBWCCS) is the context within which these attitudes are understood. Thus, given the scale's new focus on cultural context, it was hypothesized that SBW cultural attitudes, overall, would predict various aspects of racial identity. Results demonstrated that higher scores on SBWCCS predicted higher centrality of racial identity (supporting the first hypothesis). Thus, women who identified with the SBWCCS believed that race formed a central part of their self-identity. In contrast, these SBW cultural attitudes did not predict how women believed others viewed Blacks (public regard) nor how the women themselves viewed Blacks (private regard), which refuted the second and third hypotheses.

Sellers and colleagues (1998) in the Multidimensional Model of Racial Identity (MMRI) predicted that a person's beliefs about the meaning of being Black will only influence thoughts/behaviors when the individual sees being Black as an important part of her own self-

identity. Thus, the relationship between scores on the SBWCCS and centrality supports the notion that this is a cultural construct. It makes sense that a cultural construct, such as SBW, would only influence a person who sees race as a central part of her identity. Besides validating the SBW as a cultural construct, this finding suggests areas for future research. Specifically, previous research has shown that higher levels of centrality were related to higher self-esteem (Rowley, Seller, Chavous, and Smith, 1998). In addition, racial identity on the Racial Identity Attitude Scale-B Short Form (measured by pre-encounter attitudes) was negatively related to centrality (MIBI subscale), general well-being and self-esteem (Pyant and Yanico, 1991; Sellers et al., 1998). Thus, it is possible that aspects of the SBWCCS could also be positively related to the well-being and self-esteem of Black women. In addition to examining the relationship between the SBWCCS and psychological disorders, future research should examine the relationship between the SBWCCS and psychological well-being.

This study investigated the centrality of race in the SBW's identity; however, Black women have multiple cultural identities that were not studied. As ethnic and gender minorities, it is possible that race or gender may be central parts of a Black woman's identity; however, her identity as a Black woman (i.e., the intersection of race and gender) may predominate. In addition, the central aspect of a Black woman's identity may change depending on the context. For example, religion may form a central part of a Muslim Black woman's identity in the presence of Christian Black women, while her gender identity may be central among Black men. Previous research has shown that gender identity did not predict mental health, including depression, general well-being, and self-esteem (Pyant & Yanico, 1991). Nevertheless, it is important for future research to examine how these cultural identities, particularly the intersection of race and gender, are related to SBW cultural attitudes.

Theories about the impact of public and private regard on thoughts/behavior are less clear. Some theories (e.g., stereotype threat research and “generalized approach” to studying cultural differences) would lead to the expectation that public and private regard should be positively related with each other and the SBWCCS. The stereotype threat research demonstrates that people perform more poorly on a task when a negative stereotype about the group to which they belong is relevant to their performance (Brown & Day, 2006; Marx and Stapel, 2006; Smith, 2004; Yopyk & Prentice, 2005), while the “mainstream (generalized) approach” focuses on identifying similarities in identity formation across groups (Sellers et al., 1998). While these are two distinct areas of research, they both suggest that the activation of negative stereotypes would lead to internalization (Brown & Day, 2006; Smith, 2004; Yopyk & Prentice, 2005). These theories would predict a positive relationship between private and public regard, as well as a positive relationship between regard and SBW cultural attitudes. However, in the present study, public and private regard were not related to each other nor to SBWCCS. In contrast, higher public regard was related to higher self-reliance. Thus women who thought others viewed Blacks positively were more self-reliant. It is possible that these women believe that depending on others, or reaching out for support, may tarnish the way that these people view Blacks, supporting stereotype threats. Thus, her self-reliance may be a way of protecting the positive image that she thinks others have about Blacks. Other theories suggest that the influence of public and private regard may be moderated by other factors.

Sellers and colleagues (1998) suggest that other cultural factors, such as interaction with family and church, may moderate how private and public regard influence behavior. Jones and Shorter-Gooden’s (2003) research on stereotypes also suggest that there may be a moderating influence between public and private regard. Specifically, it is possible that women who have a

negative public regard and positive private regard may show more SBW characteristics, as they are trying to disprove negative stereotypes. While women who have negative regard, both private and public, be more likely to ignore or deny the situation. It is also possible that these women may identify more with other aspects of their identity, such as gender. Thus, centrality of racial identity may also be a moderator. Future research should examine the impact of potential variables that may moderate the relationship between SBW cultural attitudes and public/private regard.

After validating the scale as a cultural construct, the impact of SBWCCS on stress was examined. It was found that high levels on SBWCCS predicted both perceived stress and number of stressful events (supporting the fourth hypothesis). While the overall SBWCCS (measured by the total score) predicted stress, the relationship between SBWCCS subscales (caretaking, affect regulation, and self-reliance) and both measures of stress varied. These differences may help to understand how the SBW as a construct relates to stress. Higher levels of caretaking were associated with higher levels of perceived stress and number of stressful events. Thus, it is likely that these women are experiencing more stressful events because they are shouldering the problems of others and increasing their workloads and stress-loads. Similar to previous studies, the current research showed that experiencing more stressful events is related to higher perceptions of stress (Cohen, Keffler, & Gordon, 1995; Selye, 1976). When these women are focusing on others and their own problems are not being solved, this could increase their perceptions of stress. Women who have more affect regulation (i.e., extreme suppression of their emotions) have higher perceived stress. Affect regulation, in which people hide genuine parts of themselves and their experiences, may be stressful. Also, this regulation of emotions may impede the ability of significant others to provide support, which could help decrease their

perceptions of stress (Pierce et al., 1996). Specifically, people may not be able to recognize that the SBW needs help because she is suppressing her true emotions. While affect regulation increases the perception of stress, this subscale does not influence number of stressful events.

In contrast to overall SBWCCS and the subscales of caretaking and affect regulation, self-reliance is negatively associated with perceived stress. Thus, women who are more self-reliant have lower levels of perceived stress. These women believe that they should be independent and in control. Self-reliance may be harmful if the SBW becomes overwhelmed/anxious and hides her feelings (i.e., if combined with affect regulation). However, self-reliance in the absence of affect regulation may help the SBW feel competent to cope with her life circumstances. People who scored high in self-reliance defined themselves as “strong,” “independent,” and “being able to handle all that life gives me.” Self-reliance, being the only SBWCCS subscale that is associated with decreased perceptions of stress, may help researchers explore the resilient aspects of the SBW. Self-reliance was not related to number of stressful events.

The SBW cultural attitudes of self-reliance and affect regulation did not predict social support received, thus refuting the fifth hypothesis. However, this finding should be interpreted cautiously because the assumptions of the regression may not have been met. The SBWCCS may not predict social support received; however, there was a lack of variance in the scale that must be addressed. The difficulty with the distribution may have occurred because of the method by which the construct was measured and coded. Participants were asked to list five people who they considered to be most important in their life. To measure social support received the researcher tallied the number of people that participants listed. Responses that were coded as social support included: children, parents, siblings, spouses, and friends. Responses

that were not coded as social support included: self and abstract entities (e.g., neighborhood and God). One limitation of this study is that there was little variance in the number of social support listed (83% listed five people, 11% listed four people, 5% listed three people, and <1% listed two people). Also, the measure did not clearly identify support received, rather it only tallied the number of important individuals in the participant's life. It is possible that a person may be "important" in a participant's life, but does not give support. It was qualitatively noted that many women listed their children and grandchildren as "important;" however, when rating satisfaction of support, participants endorsed that they did not ask for support from these individuals.

Although the assumptions of the regression may not have been met and it may measure "network" rather than "support," the relationship between this variable and other study variables were examined using correlational analyses. Specifically, the more central a person's race was to her self-identity, the more people were listed as "important." Previous research has supported this association between social support and centrality. Caldwell and colleagues (2002) found that more social support from an adolescents' mother was related to higher centrality. These researchers speculated that support could lead to higher centrality (due to the mother's role in creating a sense of self-worth) or that centrality, with strong family ties, may lead to perceptions of greater maternal support. Future research on the SBW could further explore this relationship between centrality and social support.

Through correlational analyses, the current study also revealed that women who reported having a larger social network also reported less stressful events. It is possible that a woman who has more people in her social network may experience less stressful events because she is accessing some type of support. This theory is supported by the relationship between reciprocity

of social support and number of stressful events. Specifically, less reciprocity was associated with more stressful events. It is interesting that neither of these variables (social support received and reciprocity of social support) were related to perceived stress. In addition, satisfaction was not related to any measures of stress. These inconclusive results parallel the inconclusive results in the literature concerning the relationship between stress and social support in African American women (Brown et al., 2000; Crittle, 1996; Israel et al., 2002). A future meta-analysis may be helpful to elucidate the relationship between stress and social support in Black women.

The relationship between the SBW cultural attitudes of self-reliance and affect regulation and social support was further explored through satisfaction of social support. These attitudes did not predict satisfaction with social support (refuting the sixth hypothesis). This area of research is novel, thus there are few studies to help understand this finding. First, most studies focus on amount of support received, rather than satisfaction with support (Dilworth-Anderson & Marshall, 1996; Kohn and Wilson, 1995; Sarkisian & Gertel, 2004; Uchino et al., 1996). Furthermore, the relationship between SBW cultural attitudes and social support has never been examined. It is possible that self-reliance and affect regulation do not have a relationship with satisfaction of social support. However, there could be alternate explanations for the null finding. It is possible that a self-report measure may not be helpful to examine this construct due to the nature of women who are self-reliant and regulate their affect. Specifically, women who are self-reliant are focused on meeting their own needs. Thus, they may not be reflecting on the support provided, let alone the helpfulness of support. This would make them unreliable reporters for this construct. Similarly, women who regulate their affect may not be aware of their own needs, because they are hiding the affect from themselves and others. In this case they

would not be reliable reporters of how their needs are being met (i.e., satisfaction with support).

Another possibility for the null finding is the presence of measurement error. These two subscales of SBWCCS (self-reliance and affect regulation) have somewhat low reliability. Thus, the scales may not fully capture the constructs. Also, when answering questions about satisfaction many participants asked for clarification of the terms used. The scale asked about satisfaction with different types of support: advice, praise/criticism, socializing, help with specific problems, and emotional support. It is possible that the language used in the scale may not have been appropriate, particularly for participants who had less education.

Interestingly, satisfaction was only related to reciprocity of social support. Further exploratory analyses, which separated satisfaction with support into different types of support (advice, praise/criticism, socializing, help with specific problems, and emotional support), then identified significant relationships between satisfaction with two types of support (advice and praise/criticism) and stress. Specifically, people who endorsed being more satisfied with receiving advice had less perceived stress. Also, people who were more satisfied with praise/criticism reported less perceived stress and number of stressful events. These two types of support may provide a person with feedback on their behavior and may incorporate suggestions about improvements. Thus, the findings suggest that getting satisfying feedback and suggestions may help to buffer Black women in the face of stress.

As predicted, higher levels of caretaking predicted less reciprocity (supporting hypothesis seven). Thus, women who have caretake more perceive less reciprocal relationships. Previous research has not examined reciprocity, so this is a pioneering area of research (Uchino et al., 1996). This finding validates the caretaking subscale of the SBWCCS. Theoretically, the SBW who is high in caretaking provides social support to others, but does not get help from others.

Thus, the fact that caretaking predicts reciprocity validates this construct.

Strengths and Limitations

Many of the strengths of this research are based on its incorporation of the Multicultural Guidelines (American Psychological Association, 2002). The catalyst for this research was a prominent issue in the African American community, identified by African American clinicians. In addition, this research used a community sample of women who self-identified as being of African descent. This self-identification reduced researcher bias about who is considered a person of African descent. All of the measures were normed on Black samples and most of the instruments were created using qualitative studies/interviews with diverse community samples of Black women.

While the measures were chosen for their cultural sensitivity, the psychometric properties for some of them have not been fully established. For example, some of the scales have not been used frequently in the literature, particularly the African-American Women's Stress Scale-Revised (AWSS) and The Social Resources and Social Supports Questionnaire (SRSSQ). With the SRSSQ some of the subscales proved difficult to code and reliability statistics could not be conducted because of the coding scheme, e.g., tally of people listed as important to the participant, which was a maximum of five. In addition, there was little variance (i.e., over 80% listed 5 people) in the number of sources of social support listed, which may have been a product of the coding scheme.

While the SBWCCS has been endorsed by women of African descent in the current study, it is not yet possible to determine whether this construct is unique to Black women. The SBWCCS was originally created by Thompson (2003) based on the experiences of African American women from a community sample, and anecdotal reports from female African

American therapists. However, in her study Caucasian women also endorsed items on the original scale. It will be important for future research to determine if Black women endorse more of the attitudes on the revised scale (SBWCCS) than White women. It is also important to determine if the scale has a higher predictive validity for Black women on mental and physical health than it does for other groups (e.g., White women or Black men). The SBWCCS implicitly integrates culture and gender. Thompson's (2003) study showed differences between Black and White women on sex role identity scores, but this approach represents the lack of consideration of culture. In her study, Black women scored less on the femininity scale than White women because the dominant culture was used as the theoretical model. The SBWCCS measures the experience of Black women from a historical and "lived" experience. This experience is tested using Seller's centrality measure to illustrate the multidimensional nature of identity (Sellers et al., 1998). The current study focused on the racial identity of the SBW so that it could be examined as a cultural construct. In addition, Thompson (2003) previously examined the relation between the SBW and sex role identity. In future research race and gender should be incorporated as they are both central aspects of most people's identities.

Conclusion

This study examined whether the SBWCCS was a valid measure of the SBW cultural construct and whether this scale could predict racial identity, stress, and social support. It was shown that the psychometric properties of the SBWCCS were sound. There is an adequate internal consistency in the measure. Furthermore, the relationship between SBW and centrality of racial identity validate this scale as a cultural construct. Caretaking was also related to reciprocity, which validates the underlying assumptions that women who have high levels of caretaking provide support, but do not receive support. Thus, the first contribution of this study

was to establish a psychometrically sound scale that provides a tool for professionals to assess levels of SBW cultural attitudes. This tool can be used in clinical practice or future research.

In addition, the current study established that the SBWCCS can predict perceptions of stress and number of stressful events. Future research should begin examining whether there is a relationship between SBW cultural construct and psychological disorders, particularly depression and anxiety. If this relationship is established, the next step would be to explore how stress may mediate the relationship between the SBW cultural construct and psychological disorders. While it is important to examine mediating factors, it will also be prudent to explore the subscales on the SBWCCS, particularly self-reliance, as moderating factors. Given the negative relationship between self-reliance and stress, it is likely that self-reliance may serve as a protective, moderating factor between other subscales on the SBWCCS and psychological disorders.

The findings of this study should serve as a launching pad for the exploration of how the SBW cultural construct influences the lives of Black women. Future research can also tease apart the differential effects of the SBW cultural attitudes, identifying those that may lead to psychological disorders from those that may serve as a protective mechanism.

Clinicians can also use the SBWCCS to identify clients that have high levels of the SBW cultural attitude. Due to her self-reliance, this client usually will not seek therapy unless she is extremely distressed. In addition, her level of distress is frequently overlooked because she is regulating her affect and displaying non-traditional symptoms of psychological disorders. In addition, she may try to please the therapist and meet the therapists' needs (i.e., caretaking) (Romero, 2000). Once the therapist has identified these SBW behaviors it is important to help the client explore her identification with the SBW. For example, when exploring affect regulation the therapist could explore why she hides her feelings, what function it serves, and

where she got the message that one should not express emotion. Once these attitudes have been explored the therapist can help the client explore other culturally appropriate coping styles that would simultaneously promote her own well-being. These coping styles may include helping the SBW to set boundaries, encouraging her to express her emotions and needs, and guiding her to seek support from others.

It is important for researchers and therapists to help each SBW to create a more flexible, healthy approach to strength and coping. However, it is the responsibility of the broader society (e.g., mental health professionals, policy makers, religious leaders, civil rights leaders, and feminists) to help change the cultural expectations placed on the SBW. As a society, we need to show future generations of Black women how to balance caretaking with self-care, have interdependent social relationships, and express their feelings and needs. Current strong Black women need to model these behaviors and the media needs to depict women who are balancing these characteristics with self-care. Families, friends, and co-workers need to encourage this flexible way of coping. System-level interventions can teach groups of women how to learn these coping skills through community based and religious organizations. As more research in this area is conducted, a greater understanding will lead to improvements in interventions to better serve Black women who have difficulty coping. It is not enough just to change the cultural attitudes of women, but we must also continue exploring the ways in which societal racism and oppression have contributed to the plight of the SBW. These larger social inequalities also need to be directly addressed.

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Appendix A – Description of the Center for Black Women’s Wellness

The Center for Black Women’s Wellness is a community-based family service center that addresses the physical, economic, and emotional needs of Black women. Established in 1988 under the auspices of the National Black Women’s Health Project (NBWHP), the Center provides four core programs to families:

1. Wellness Program – preventive health care and health promotion activities
2. Women’s Economic Self Sufficiency Program – micro-enterprise training program and technical assistance
3. Atlanta Healthy Start Initiative – case management and health education to pregnant and postpartum women
4. Plain Talk – an adolescent health and youth development program for at-risk youth, parents, and concerned community adults

Through these programs, the Center aims to empower Black women and their families to achieve wellness and economic self-sufficiency. Their primary service area is the Neighborhood Planning Unit – V (NPU-V) in Atlanta; however, they provide services to women of all races residing in metropolitan Atlanta.

Appendix B – Demographic Questionnaire

Please answer each of the following questions. If you cannot respond to one of the questions, please write N/A in the space provided.

- A1. What is your birthdate? _____
- A2. Where were you born (city, state, country)? _____

- A3. If you were not born in the U.S., how long have you lived here? _____
- A4. Do you have any children (circle one) YES NO (go to A6)
- A5. Please list the ages and sexes of your children _____

- A6. What is your marital/relationship status?
Single Married Divorced Separated Widowed
- A7. If you are currently in college, what is your classification? (please circle, if not in college go to A8)
Freshman Sophomore Junior Senior Graduate student
- A8. If you are **not** currently in college, what is the highest education degree that you have obtained?
A. None
B. High school diploma
C. Associate degree
D. Vocational degree (e.g. cosmetology school, etc.)
E. Bachelor's degree
F. Master's degree
G. Ph.D., J.D., M.D., etc.
- A9. What race do you consider yourself to be? _____

A10. Think of which racial subgroup best describes you and circle the category which is closest.

- A. African American
- B. Caribbean American
- C. Biracial (with one parent of African Descent)
- D. Black Hispanic
- E. Other (specify: _____)

A11. Think of all of the income from persons who live in your home. Please circle the category (A,B,C, etc.) which is closest to your household income last year (to Jan. 1).

- A. \$10,000 or below
- B. \$10,000 to 19,999
- C. \$20,000 to 29,999
- D. \$30,000 to 39,999
- E. \$40,000 to 49,999
- F. \$50,000 to 59,999
- G. Over \$60,000

Appendix C – SBW Cultural Construct Scale

Instructions – Please rate how often you think that each of the following statements apply to you.

- | | | | | | | |
|-------------|---|-------|--------|-----------|------------|---------------|
| B1. | I believe that it is best not to rely on others. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B2. | I feel uncomfortable asking others for help. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B3. | I have difficulty showing my emotions. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B4. | I do not like to let others know when I am feeling vulnerable. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B5. | I believe that everything should be done to a high standard. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B6. | I am independent. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B7. | I take on more responsibilities than I can comfortably handle. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B8. | I believe I should always live up to other's expectations. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B9. | I should be able to handle all that life gives me. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B10. | I am strong. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B11. | I need people to see me as always confident. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B12. | I like being in control in relationships. | Never | Rarely | Sometimes | Frequently | Almost Always |
| B13. | I cannot rely on others to meet my needs. | Never | Rarely | Sometimes | Frequently | Almost Always |

- B14. I take on others' problems.**
 Never Rarely Sometimes Frequently Almost Always
- B15. I feel that I owe a lot to my family.**
 Never Rarely Sometimes Frequently Almost Always
- B16. People think that I don't have feelings.**
 Never Rarely Sometimes Frequently Almost Always
- B17. I try to always maintain my composure.**
 Never Rarely Sometimes Frequently Almost Always
- B18. It is hard to say, "No," when people make requests of me.**
 Never Rarely Sometimes Frequently Almost Always
- B19. I do not like others to think of me as helpless.**
 Never Rarely Sometimes Frequently Almost Always
- B20. I do not let most people know the "real" me.**
 Never Rarely Sometimes Frequently Almost Always
- B21. In my family I give more than I receive.**
 Never Rarely Sometimes Frequently Almost Always
- B22. At times I feel overwhelmed with problems.**
 Never Rarely Sometimes Frequently Almost Always

Appendix D – Multidimensional Inventory of Black Identity

Please rate how much you agree with the following items.

| | Strongly Disagree | | | Neutral | | | | Strongly Agree |
|---|----------------------|---|---|---------|---|---|---|-------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C1. Overall, being Black has very little to do with how I feel about myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C2. I feel good about Black people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C3. Overall, Blacks are considered good by others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C4. In general, being Black is an important part of my self-image. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C5. I am happy that I am Black. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C6. I feel that Blacks have made major accomplishments and advances. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C7. My destiny is tied to the destiny of other Black people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C8. Being Black is unimportant to my sense of what kind of person I am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C9. In general, others respect Black people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| C10. Most people consider Blacks, on the average, to be more ineffective than other racial groups. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

| | Strongly Disagree | | | Neutral | | | | Strongly Agree |
|--|----------------------|---|---|---------|---|---|--|-------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C11. I have a strong sense of belonging to Black people. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C12. I often regret that I am Black. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C13. I have a strong attachment to other Black people. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C14. Being Black is an important reflection of who I am. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C15. Being Black is not a major factor in my social relationships. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C16. Blacks are not respected by the broader society. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C17. In general, other groups view Blacks in a positive manner. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C18. I am proud to be Black. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C19. I feel that the Black community has made valuable contributions to this society. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
| C20. Society views Black people as an asset. | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |

Appendix E – African American Women’s Stress Scale- Revised

Please **check** (✓) each stressor that you have experienced in the past six weeks.

- E1. Death of your child
- E2. Husband/your man/woman/partner’s death
- E3. Death of a parent
- E4. Fired or laid off due to race
- E5. Living in neighborhood with high crime, drugs, fighting
- E6. Involved with man/woman who doesn’t contribute financially
- E7. Husband/your man/woman physically abuses you
- E8. Lose your job
- E9. Not getting a promotion due to race
- E10. Your child is seriously ill
- E11. Husband/your man/woman loses his/her job
- E12. Turned down for a job due to race
- E13. Supervisor “hawking you” (standing over you)
- E14. Unable to afford your own place (living in another’s home)
- E15. Being unemployed
- E16. Being on AFDC (welfare)
- E17. Family member is ill/injured
- E18. Child is truant from school or doesn’t want to go
- E19. Notice of eviction
- E20. Working at job where Blacks are treated differently from Whites (excluding promotion, firing, lay off practices)
- E21. Husband/your man/woman is involved with another woman
- E22. Being approached/spoken to disrespectfully by Whites
- E23. Marital separation/breaking up
- E24. Unable to afford necessities for your children
- E25. Being ill/having a health condition yourself
- E26. Husband/your man/woman is injured/ill
- E27. Being torn between two men/women

- E28. _____ Friend is interested in/involved with your man/woman
- E29. _____ Being overweight
- E30. _____ Not enough time to spend with your child
- E31. _____ Living in overcrowded housing
- E32. _____ Working, going to school, and being a mother
- E33. _____ A friend betrays you
- E34. _____ Your house is broken into
- E35. _____ Applying for Social Service aid
- E36. _____ Problem on the job with something you are responsible for
- E37. _____ Being overlooked/denied promotion for non-racial reasons
- E38. _____ Death of family member (not parents)
- E39. _____ Trying to find a job
- E40. _____ Trying to make ends meet
- E41. _____ Not having a satisfying sexual relationship
- E42. _____ Unable to afford a car
- E43. _____ Trying to find a dependable babysitter
- E44. _____ Divorce (getting a)
- E45. _____ Your child is having difficulty in school
- E46. _____ Being behind in bills
- E47. _____ Depended on someone who didn't come through
- E48. _____ Witnessing a violent fight
- E49. _____ Your man/woman lies to you
- E50. _____ Demands of your job are overwhelming
- E51. _____ Unable to find a job in the area of training
- E52. _____ Being the only parent
- E53. _____ Family member arrested/in jail/in trouble with the law
- E54. _____ Hysterectomy
- E55. _____ Your child associates with someone you don't like
- E56. _____ Unable to buy a house
- E57. _____ Friendship breaks up
- E58. _____ Working with prejudiced co-workers

- E59. _____ Turned down for help from someone you've helped before
- E60. _____ Can't afford things your child(ren) want
- E61. _____ Living in housing in need of repairs
- E62. _____ Being involved with a married man/woman
- E63. _____ Difficulty with supervisor
- E64. _____ Family member drinks too much
- E65. _____ Bill collectors harassing you
- E66. _____ Trying to find an erotic companionship
- E67. _____ Child is sick (not serious)
- E68. _____ Not enough time for yourself
- E69. _____ Can't afford to replace worn out furniture
- E70. _____ Your man/woman is jealous/possessive
- E71. _____ Having to tell your child something over and over
- E72. _____ Having a hard time helping your child with homework
- E73. _____ Argument with your husband/partner/man/woman
- E74. _____ Argument with family member/friend/acquaintance
- E75. _____ Co-workers don't do their share of work
- E76. _____ Conflict with family member or in-law
- E77. _____ Trying to get landlord to make repairs
- E78. _____ Non-racial conflict with co-worker
- E79. _____ Family member with personal/financial problems
- E80. _____ Roaches in your home
- E81. _____ Working at a boring job
- E82. _____ Jealousy between you and siblings
- E83. _____ Breaking up with manfriend/womanfriend
- E84. _____ Friend is ill/injured
- E85. _____ Preparing for a test
- E86. _____ Unsure if the way you disciplined your child was right
- E87. _____ Dealing with an Uncle Tom
- E88. _____ Husband/partner/your man/woman doesn't get along with your friend

- E89. ____ Getting married/newly married
- E90. ____ Friend with emotional/financial problems
- E91. ____ Trying to get credit
- E92. ____ Being in school (but not working)
- E93. ____ Car trouble
- E94. ____ Pregnant
- E95. ____ Unable to afford dinner out or entertainment
- E96. ____ Housework
- E97. ____ Getting children ready in the mornings
- E98. ____ Seeing an interracial couple

Appendix F – Perceived Stress Scale

INSTRUCTIONS:

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, you will be asked to indicate your response by placing an “X” over the circle representing HOW OFTEN you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don’t try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

| | Never | Almost Never | Some- times | Fairly Often | Very Often |
|--|-------|-----------------|----------------|-----------------|---------------|
| F1. In the last month, how often have you been upset because of something that happened unexpectedly? | [] | [] | [] | [] | [] |
| F2. In the last month, how often have you felt that you were unable to control the important things in your life? | [] | [] | [] | [] | [] |
| F3. In the last month, how often have you felt nervous and “stressed”? | [] | [] | [] | [] | [] |
| F4. In the last month, how often have you dealt successfully with day to day problems and annoyances? | [] | [] | [] | [] | [] |
| F5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life? | [] | [] | [] | [] | [] |
| F6. In the last month, how often have you felt confident about your ability to handle your personal problems? | [] | [] | [] | [] | [] |
| F7. In the last month, how often have you felt that things were going your way? | [] | [] | [] | [] | [] |
| F8. In the last month, how often have you found that you could not cope with all the things that you had to do? | [] | [] | [] | [] | [] |

| | Never | Almost Never | Some- times | Fairly Often | Very Often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| F9. In the last month, how often have you been able to control irritations in your life? | <input type="checkbox"/> |
| F10. In the last month, how often have you felt that you were on top of things? | <input type="checkbox"/> |
| F11. In the last month, how often have you been angered because of things that happened that were outside of your control? | <input type="checkbox"/> |
| F12. In the last month, how often have you found yourself thinking about things that you have to accomplish? | <input type="checkbox"/> |
| F13. In the last month, how often have you been able to control the way you spend your time? | <input type="checkbox"/> |
| F14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | <input type="checkbox"/> |

Appendix G – Social Resources and Social Supports Questionnaire

I would like you to think carefully about the various people who are important in your life.

These can include members of your immediate family, other relatives, close friends, acquaintances, neighbors, co-workers, church members, members of social clubs, civic organizations, etc. with the next few questions we would like to get an idea of the kind of relationship you have with these people, how you depend on them for assistance, and how satisfied you are with the support you receive from them.

In the table provided below **list five people whom you consider to be most important in your life**. Please only use first names and last initials. If two people have the same first name, number the name, e.g. Carol-1 and Carol-2. Next, indicate each person’s relationship to you (e.g., family, friend, neighbor, etc.) and gender.

| <u>Name</u> (first name only) | <u>Relationship</u> | <u>Gender</u> |
|-------------------------------|---------------------|---------------|
| D1. | | |
| D2. | | |
| D3. | | |
| D4. | | |
| D5. | | |

Now, think very carefully about each of the following five types of support or assistance that you might get from the people in your list. Please rate each in terms of how important it is for you to have this type of support. **Please circle the appropriate number below.**

| | Completely Unimportant | Somewhat Unimportant | Neither | Somewhat Important | Very Important | |
|------|---|-------------------------|---------|-----------------------|-------------------|---|
| | 1 | 2 | 3 | 4 | 5 | |
| D6. | To be able to get advice. | 1 | 2 | 3 | 4 | 5 |
| D7. | To get criticism or praise (i.e., social reinforcement) | 1 | 2 | 3 | 4 | 5 |
| D8. | To have friends to socialize and to party with. | 1 | 2 | 3 | 4 | 5 |
| D9. | To be able to get help for specific problems when needed. | 1 | 2 | 3 | 4 | 5 |
| D10. | To receive emotional support. | 1 | 2 | 3 | 4 | 5 |

Using the list of important people that you just made, **please indicate how relatively satisfied you are with the support each of the people on your list** have given you or currently gives you. **Use the options listed below** in making your ratings.

| | | | | | |
|-------------------------------|----------------------|---------------------|------------------|------------------|-------------------|
| Don't ask for this support | 100% Dissatisfied | 75% Dissatisfied | 50% Satisfied | 75% Satisfied | 100% Satisfied |
| 0 | 1 | 2 | 3 | 4 | 5 |

D11) Name of Important Person #1 (first name only) _____

- | | | | | | | |
|-----------------------|---|---|---|---|---|---|
| • Advice | 0 | 1 | 2 | 3 | 4 | 5 |
| • Praise or Criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| • Socialize | 0 | 1 | 2 | 3 | 4 | 5 |
| • Specific Help | 0 | 1 | 2 | 3 | 4 | 5 |
| • Emotional Support | 0 | 1 | 2 | 3 | 4 | 5 |

D12) Name of Important Person #2 (first name only) _____

- | | | | | | | |
|-----------------------|---|---|---|---|---|---|
| • Advice | 0 | 1 | 2 | 3 | 4 | 5 |
| • Praise or Criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| • Socialize | 0 | 1 | 2 | 3 | 4 | 5 |
| • Specific Help | 0 | 1 | 2 | 3 | 4 | 5 |
| • Emotional Support | 0 | 1 | 2 | 3 | 4 | 5 |

| Don't ask for this support | 100% Dissatisfied | 75% Dissatisfied | 50% Satisfied | 75% Satisfied | 100% Satisfied |
|-------------------------------|----------------------|---------------------|------------------|------------------|-------------------|
| 0 | 1 | 2 | 3 | 4 | 5 |

D13) Name of Important Person #3 (first name only)_____

- | | | | | | | |
|-----------------------|---|---|---|---|---|---|
| • Advice | 0 | 1 | 2 | 3 | 4 | 5 |
| • Praise or Criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| • Socialize | 0 | 1 | 2 | 3 | 4 | 5 |
| • Specific Help | 0 | 1 | 2 | 3 | 4 | 5 |
| • Emotional Support | 0 | 1 | 2 | 3 | 4 | 5 |

D14) Name of Important Person #4 (first name only)_____

- | | | | | | | |
|-----------------------|---|---|---|---|---|---|
| • Advice | 0 | 1 | 2 | 3 | 4 | 5 |
| • Praise or Criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| • Socialize | 0 | 1 | 2 | 3 | 4 | 5 |
| • Specific Help | 0 | 1 | 2 | 3 | 4 | 5 |
| • Emotional Support | 0 | 1 | 2 | 3 | 4 | 5 |

D15) Name of Important Person #5 (first name only)_____

- | | | | | | | |
|-----------------------|---|---|---|---|---|---|
| • Advice | 0 | 1 | 2 | 3 | 4 | 5 |
| • Praise or Criticism | 0 | 1 | 2 | 3 | 4 | 5 |
| • Socialize | 0 | 1 | 2 | 3 | 4 | 5 |
| • Specific Help | 0 | 1 | 2 | 3 | 4 | 5 |
| • Emotional Support | 0 | 1 | 2 | 3 | 4 | 5 |

Please look at your list and indicate quite honestly whether you or the person listed gives more in your relationship. Simply **check** (✓) beside each name whether *they give more, the relationship's approximately equal, or you give more.*

D16) Name of Important Person #1 (first name only) _____

_____ They give more

_____ Equal

_____ I give more

D17) Name of Important Person #2 (first name only) _____

_____ They give more

_____ Equal

_____ I give more

D18) Name of Important Person #3 (first name only) _____

_____ They give more

_____ Equal

_____ I give more

D19) Name of Important Person #4 (first name only) _____

_____ They give more

_____ Equal

_____ I give more

D20) Name of Important Person #5 (first name only) _____

_____ They give more

_____ Equal

_____ I give more