STRONG BLACK WOMAN: AN EXPLORATION OF COPING, SUPPRESSION,

AND PSYCHOLOGICAL DISTRESS

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AND PSYCHOLOGICAL DISTRESS

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Dissertation

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ABSTRACT

The Strong Black Woman (SBW) stereotype represents a potentially salient cultural and historically oppressive influence on Black women's mental health. Strong Black Woman has been defined as the cultural prescription for Black women to embody strength internally and to express strength externally (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2009). The present study examined the mental health implications of internalizing the SBW stereotype. Specifically, the relationships between the SBW stereotype, suppression, psychological distress, and Africultural coping were examined in a community sample of 289 Black women. The results indicated that suppression mediated the positive relationship between the SBW stereotype and depression and anxiety, but did not mediate the relationship between the SBW stereotype and stress. Moderated mediation analyses found that the indirect effect of the SBW stereotype on depression and anxiety through suppression was dependent upon spiritual-centered coping. Notably, utilizing more spiritual-centered coping strategies lessened the SBW stereotype's relation to anxiety and depression for participants. Collective coping was not found to be a significant moderator in the moderated mediation analyses. Overall, the results provide empirical support for negative outcomes associated with adhering to the SBW stereotype. The study includes implications for SBW ideology, suggestions for

culturally relevant interventions to prevent and treat mental health issues in Black

women, and directions for future research.

Keywords: Strong Black Woman, coping, suppression, psychological distress

DEDICATION

This dissertation is dedicated to my grandparents, who always encouraged me to keep my

eyes on the prize.

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CHAPTER I

INTRODUCTION

Mental and physical health disparities in minority groups continue to exist despite advancements in services and increased access to healthcare. Scholars have suggested that cultural and oppressive influences may impact health disparities (Okazaki, Kassem, & Tu, 2014; Smedley, 2012). There is a need to take a closer look at the mental health of Black women as they report more feelings of sadness, worthlessness, and that everything is an effort compared to White women (DHHS, 2011), yet they have lower rates of psychological help-seeking. Black women hold a unique status in society as a result of their racial and gender identity (Settles, 2006). Black women have been described as being in a "double bind" due to their membership in two marginalized groups (Gay & Tate, 1998). The unique experiences of Black women are associated with their exposure to racism, sexism, and gendered racism. A better understanding of cultural and oppressive factors influencing the mental health of Black women may assist in developing culturally relevant interventions to decrease health disparities for this group.

Intersectionality

There have been recent calls in the psychology literature to focus on intersectionality (Cole, 2009; McCall, 2005; Silverstein, 2006). Intersectionality is used "to describe analytic approaches that consider the meaning and consequences of multiple

categories of social group membership" (Cole, 2009, p. 170). While initial efforts to understand the influence of multicultural identities on mental health were informative, most efforts focused on only one identity (Silverstein, 2006). However, calls for conducting more intersectional research acknowledge that individuals have multiple identities in society. In order to understand experiences of distress and well-being for groups, it is imperative to look at how race, gender, class, sexual orientation, or ability status might together impact mental health. Intersectionality invites researchers to focus on the experiences of marginalized groups while considering the social and historical context of those groups (Cole, 2009).

The mental health of Black women may be furthered by taking an intersectional perspective in order to examine how their racial and gender identity may intersect. As a result of their racial and gender identity, Black women may have different experiences of racism than Black men or of sexism than women of other racial and ethnic groups (Essed, 1991). For instance, Black women may be subjected to gendered racism. Essed (1991) used the term gendered racism "to refer to the racial oppression of Black women as structured by racist and ethnicist perceptions of gender roles" (p. 31). Research indicates that gender roles and perceptions of womanhood of Black women are distinct from those of White women as characterized by traditional notions of femininity (Littlefield, 2003; Settles, Pratt-Hyatt, & Buchanan, 2008). Conceptions of Black womanhood, or what it means to be a Black woman, often differ from traditional femininity in meaningful ways (Chaney, 2011). In particular, strength is a defining characteristic of Black womanhood.

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Strong Black Woman

     The unique experiences of Black women may be tied to conceptualizations of Black womanhood. The Strong Black Woman (SBW) stereotype has become a defining feature of Black womanhood (Beauboeuf-Lafontant, 2009). The SBW stereotype can be defined as the cultural prescription that Black women are characterized by the internal quality and external presentation of strength (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2009). The stereotype includes expectations to manage multiple roles and responsibilities in the home, workplace, and community. The stereotype includes expectations to care for others and prioritize the needs of others—often to the neglect of one's own needs (Abrams et al., 2014; Woods-Giscombe, 2010). A Strong Black Woman is supposed to be able to handle anything and everything that is thrown her way. Her strength is often viewed with a sense of pride by herself and others in the Black community (Abrams et al., 2014; Woods-Giscombe, 2010).

     There has been an increase in research related to the SBW stereotype over the past two decades (e.g., Beauboeuf-Lafontant, 2003; Beauboeuf-Lafontant, 2007; Black & Peacock, 2011; Woods-Giscombe, 2010). This research has highlighted critiques of the stereotype based upon its historical origins. Original depictions of Black women being characterized by strength can be traced back to chattel slavery (Jewell, 1993; Romero, 2000). Black women's strength, and therefore alleged ability to withstand difficult conditions, was used as justification for harsh treatment. "Black women have had to contend with the myth of the strong Black woman, a historically complex distillation of images derived from two sources: the rationalizations of a white slave-holding society

and Black culture's attempt to define womanhood for itself" (Beauboeuf-Lafontant, 2003, p. 111). The historical origins of the stereotype characterize it as an oppressive influence, yet the stereotype has since been transformed into a defining feature of Black womanhood claimed by Black women themselves.

Regardless of the origins of the SBW stereotype, Black women are socialized into portraying strength. Messages about being strong are often passed down from grandmothers and mothers to young Black women (Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). In addition, popular media portrayals of Black women often align with the stereotype (Black & Peacock, 2011; Jewell, 1993). The expectations to be strong may be felt from within as well as from others. These expectations may place undue pressure on Black women.

Scholars have asserted there may be mental and physical health costs associated with Black women's attempts to embody strength (Beauboeuf-Lafontant, 2009; Romero, 2000; Thomas, Witherspoon, & Speight, 2008). However, some controversy exists over whether internalizing the stereotype constitutes an asset, liability, or possibly both for Black women (Romero, 2000). The SBW stereotype is a complex phenomenon and may have complex relations to the mental health of Black women. The implications of the SBW stereotype on mental health may be related to how Black women respond to the stereotype.

Responses to Strong Black Woman

The outcomes of internalizing the SBW stereotype may depend upon how Black women respond to the stereotype. First, Black women may respond to the stereotype by

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suppressing emotions that are incongruent with strength. Many scholars have suggested that SBW may lead women to suppress certain emotional states (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Black & Woods-Giscombe, 2012). The stereotype not only prescribes that Black women are and must be strong, but it indirectly admonishes Black women who are not strong (Beauboeuf-Lafontant, 2009). In particular, Black women who feel weak, tired, vulnerable, or sad may be tempted to hide these emotions because they do not fit with being a SBW. Thus, the SBW stereotype may affect how Black women regulate their emotions.

Emotion regulation involves an individual's attempts to influence her own emotions (Gross, 2002). Emotion regulation includes efforts directed at influencing positive and negative emotions (Gross, 2002). Suppression is one example of an emotion regulation strategy. Suppression occurs when "an individual inhibits ongoing emotion-expressive behavior" (Gross, 2001, p. 216). Therefore, a person engages in suppression after she experiences an emotional response. The consequences of emotional suppression as an emotion regulation strategy indicate it has negative affective and physical costs for individuals (Gross, 1998; Roberts, Levenson, & Gross, 2008). The use of suppression to manage one's emotions has also been negatively associated with indicators of well-being (Gross & John, 2003). While scholars have hypothesized that the SBW stereotype may be associated with suppression, no quantitative study has empirically tested this assertion. Research findings indicate that emotion regulation is a key variable in explaining various forms of psychological distress (Abravanel & Sinha, 2015; Campbell-Sills, Ellard, &

Barlow, 2014). Suppression may be a key mediator that helps explain whether the SBW stereotype is associated with psychological distress.

Second, the outcomes of internalizing the SBW stereotype may depend upon the coping responses of Black women. Coping refers to an individual's efforts to respond to situations when it appears the demands of the situation outweigh her current resources (Lazarus & Folkman, 1984). Black women may respond to the stereotype in a similar way that they do to other stressors in their lives. The SBW stereotype may represent a unique and chronic stressor faced by Black women. Women who attempt to live up to the ideal may experience increased stress as a result of taking on multiple responsibilities, prioritizing the needs of others ahead of their own, and feeling pressure to portray strength even when strength does not match their internal experience. The coping responses of Black women may affect the outcomes of internalizing the stereotype.

The SBW stereotype is a stressor which is specific to the racial and gender identity of Black women, and the coping efforts utilized in response to it may reflect those same identities. Although the coping literature acknowledges that culture may influence both stressors and coping responses (see Folkman & Moskowitz, 2004; Zeidner & Saklofske, 1996), most models and measures of coping were developed based upon Western notions of coping. Utsey and colleagues (2000) suggest that coping rooted in an Africentric worldview may be more applicable to the experiences of African Americans. An Africentric worldview is rooted in values held by people of African descent, such as spirituality, group orientation, harmony, and interconnectedness (Jackson & Sears, 1992).

Extant research on Africultural coping, which assesses culture-specific coping, indicates that it has relevance for psychological outcomes in African Americans (Thomas et al., 2008; Utsey, Bolden, Lanier, & Williams, 2007). The use of Africultural coping responses may provide an emotional outlet for Black women, and thus, decrease the likelihood of them suppressing their emotions. The use of Africultural coping may change the nature of relationships linking SBW with suppression and psychological distress.

Psychological Distress

Stress has consistently been considered a strong predictor of psychological distress (DeLongis, Folkman, & Lazarus, 1988; Lepore, Miles, & Levy, 1997). However, persons of color and women may experience different forms of stress as a result of their marginalized status in society. Multicultural theorists assert that societal, cultural, and oppressive conditions often contribute to the occurrence of psychological distress in minority groups (Sue & Sue, 2008). Racism, sexism, and gendered racism may influence rates of psychological distress for Black women. In fact, research on psychological distress in Black women indicates that race-related stress, gender-related stress, and general stress contribute to distress in this population (Woods-Giscombe & Lobel, 2008). Race-related stress and gender-related stress have consistently been measured by racism and sexism, respectively (e.g., Landry & Mercurio, 2009; Pieterse, Todd, Neville, & Carter, 2012). Unfortunately, many studies that have found negative mental health outcomes associated with racism and sexism have examined these sources of stress independently of one another (e.g., Fischer & Holz, 2007; Lightsey & Barnes, 2007).

Studies suggest that racism and sexism may be fused for Black women (Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014; Szymanski & Stewart, 2010). These findings highlight the relevance of gendered racism for Black women and their experience of psychological distress.

The SBW stereotype may provide the opportunity to examine the effects of race-related, gender-related, and general stress as the stereotype can be considered a manifestation of all of these sources of stress. The SBW stereotype may have implications for the mental health of Black women. Women who internalize the stereotype may experience higher levels of stress, suppress emotions that are discrepant with strength, and have difficulty seeking help when needed (Black & Woods-Giscombe, 2012; Romero, 2000). Therefore, internalization of the stereotype may be associated with psychological distress.

Summary

An intersectional perspective recognizes that individuals hold multiple identities and these identities intersect to create distinct experiences for individuals (Cole, 2009). The intersection of race and gender provides Black women with a unique experience in society as individuals with membership in two marginalized groups. The experience of gendered racism highlights how the lived experience of Black women differs from Black men and White women. Racialized conceptualizations of gender roles can be seen in the SBW stereotype, which prescribes that Black women are and should be strong. The SBW stereotype has been considered an asset, liability, and possibly both in the literature (Bronder, Speight, Witherspoon, & Thomas, 2014; Edge & Romero, 2005; Romero,

2000). The complexity of the stereotype may be related to its historical origins and then subsequent incorporation into Black womanhood. Despite controversy regarding the outcomes of internalizing the stereotype for Black women, few studies have directly examined hypotheses suggesting the stereotype may have mental health implications or considered possible intervening variables.

As a liability, many scholars have hypothesized the stereotype may have a direct negative impact on the mental health of Black women as well as an indirect impact through decreased likelihood of seeking help (Beauboeuf-Lafontant, 2009; Romero, 2000). Additionally, it has been suggested that women who attempt to embody strength may suppress emotions that seem discrepant with the stereotype (Black & Woods-Giscombe, 2012; Woods-Giscombe, 2010). To date, no quantitative study has examined these hypothesized conceptual relationships. The current study will address a gap in the literature by empirically examining assertions that the SBW stereotype may be associated with increased psychological distress. Furthermore, the current study will consider emotional suppression as a possible mediator of the relation between SBW and psychological distress.

As an asset, some researchers have suggested that SBW may provide Black women with a coping strategy for dealing with hardships (Bronder et al., 2014; Edge & Romero, 2005; Schreiber, Stern, & Wilson, 2000). The coping strategies utilized by Black women may impact whether and how the SBW stereotype is associated with emotion regulation, specifically suppression. The stereotype may represent a unique stressor for Black women as it places unrealistic demands on them while expecting them

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to portray strength. Coping has been considered to be an important moderator or mediator between stressors and mental health outcomes (Calvete, Corral, & Estevez, 2008; Greer, 2011b). The current study will explore whether Africultural coping moderates the relationship between SBW and emotional suppression. In conclusion, the current study's moderated mediation model will extend the literature on SBW by empirically testing these relationships. The findings will have implications for increasing understanding about factors influencing the mental health of Black women.

CHAPTER II

A REVIEW OF THE LITERATURE

Strong Black Woman

The intersection of race and gender provides Black women with a unique experience in society (Gay & Tate, 1998). Black women contend with racism, sexism, and gendered racism due to their racial and gender identity. The existence of gendered racism highlights the need to utilize an intersectional perspective to understand the experiences of Black women. Gendered racism can be seen in stereotypes of Black women perpetuated throughout media portrayals and popular culture. The experiences of Black women in the United States must be considered in light of historical factors that have shaped reality for this population (Speight, Isom, & Thomas, 2013). In particular, Black womanhood and ideas about what it means to be a Black woman, have been influenced by larger societal forces and stereotypes about Black women that have persisted since slavery. Although a number of stereotypes exist about Black women, there is one that can be viewed as being the most pervasive—the SBW stereotype. This section will define SBW and describe the origins, transmission, potential assets and liabilities of this stereotype.

Definition and Conceptualization

Adherence to the ideal of being a SBW has become a cultural prescription for Black women (Beauboeuf-Lafontant, 2007; Romero, 2000). The Strong Black Woman ideal is the cultural expectation that Black women are characterized by the internal quality and external presentation of strength. Qualitative research studies have concluded that Black female participants often describe themselves as strong (e.g., Beauboeuf-Lafontant, 2007). Through interviews with Black women, Beauboeuf-Lafontant (2007) found that the "discourse of strength emphasized particular gender performances for Black women: one's persistence through demonstrable struggle and a presentation of self as unaffected by the human experiences of fear, need, or fatigue" (p. 37). This idea of strength has been associated with being able to endure a myriad of struggles and incorporates independence, self-reliance, and resiliency (Abrams et al., 2014). Regardless of whether Black women view their strength as a choice or born out of necessity due to circumstance, it is a defining characteristic. Additionally, being a SBW incorporates caretaking responsibilities by suggesting that Black women's strength allows them to provide and care for their children, extended family, and the community against difficult odds (Abrams et al., 2014; Woods-Giscombe, 2010). There is a selfless quality incorporated into being a SBW as she is able and willing to put the needs of others ahead of her own (Beauboeuf-Lafontant, 2007). The SBW should be able to handle anything and everything (Abrams et al., 2014). She is expected to be strong and exceptionally resilient under oppressive conditions.

The ideal of being a SBW represents a pervasive stereotype of Black women (Beauboeuf-Lafontant, 2007). By definition, a stereotype is a commonly accepted generalization of a group of people. Stereotypes often focus on a few characteristics while neglecting other characteristics, which results in an oversimplified image of a group. As is true of most stereotypes, there may be some truth in this stereotype. Many Black women are indeed strong and their strength has allowed them to survive in very oppressive conditions. However, scholars have argued that the stereotype of being a SBW negates the full range of emotions and experiences of Black women. The SBW stereotype presents an oversimplified image of Black women by presenting them as "Superwomen." The characterization of Black women as Superwomen denies their vulnerability, and ultimately, their humanity (Beauboeuf-Lafontant, 2007).

The pervasiveness of the SBW stereotype can be seen in its wide acceptance both within and outside of the Black community. Not only are Black women viewed as strong by others, but many Black women describe themselves as strong (Beauboeuf-Lafontant, 2009). Stereotypes are routinely used by members of dominant groups in society (e.g., men, Whites, heterosexual individuals) to make generalizations about minority groups in society (Jewell, 1993). However, stereotypes can also be internalized and accepted by members of minority groups. Research has suggested that Black women tend to describe themselves as being strong and viewing themselves as strong is seen as a source of pride for oneself and one's racial and gender group (Abrams et al., 2014; Woods-Giscombe, 2010). Other research has shown that Black women feel pressure to put on strength as a facade to mask their true feelings (Beauboeuf-Lafontant, 2009). Taking a historical

perspective towards the development of the SBW stereotype assists in understanding the pervasiveness of this image.

Historical Perspective

The pervasive images of Black women are situated within a sociopolitical history (Jewell, 1993). History provides the context for understanding the origins, propagation, and continued acceptance of the SBW stereotype. The idea of women of African descent being strong originated in slavery (Jewell, 1993; Romero, 2000). In order to justify the enslavement and harsh treatment of Black women, it was necessary to distinguish them from other women, particularly White women (Collins, 2005). Historically, White women have been viewed as docile, weak, sensitive, nurturing, and thus, have been seen as needing to be treated differently than men. The institution of slavery challenged traditional conceptualizations of women. If Black women were viewed similarly to White women, how could they be subjected to slavery? How could they withstand separation from family, sexual exploitation, and laborious work? Black women needed to be perceived as strong and capable of handling more work than White women in order to justify their enslavement (Collins, 2005).

Current images of Black women, such as the SBW stereotype, may be related to other historical images of Black women. For instance, Black women have been characterized according to various stereotypes, such as Mammy, Sapphire, and Jezebel. The Mammy stereotype is a pervasive image of Black women that has been perpetuated since slavery (Jewell, 1993; West, 1995). Mammy is often portrayed as an obese, dark skinned Black woman responsible for domestic care. Mammy was a subordinate slave

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who was very nurturing and self-sacrificing. She was expected to work hard and long hours without complaint or compensation (West, 1995). Not only did she perform her multiple domestic duties, she also concerned herself with the welfare of others. Importantly, Mammy was portrayed as being happy and content in spite of all her duties (Jewell, 1993). While Black women continued to be regarded as women during slavery, they were a different "type" of women, stronger. Consequently, their strength meant they could be treated differently—harshly, abusively, and unjustly. It became easier to treat Black women differently when they were defined as being strong and capable of handling challenges (Jewell, 1993). This conceptualization of strength stripped Black women of their humanity by creating a stereotype of them that allowed for oppressive treatment and exploitation (Collins, 2005). Black women were concurrently viewed as less than human while also treated as if they were superhuman.

The SBW stereotype may represent a modern day recreation of the Mammy stereotype (Romero, 2000; West, 1995). There are similarities between the Mammy stereotype and the SBW stereotype. These stereotypes share an emphasis on Black women being portrayed as hard working, strong, and self-sacrificing. Both stereotypes suggest that Black women are capable of handling multiple roles and do so without complaint. Additionally, both stereotypes assume that the qualities ascribed to Black women are inherent (Beauboeuf-Lafontant, 2009). These stereotypes assume that Black women naturally possess the quality of strength. The stereotypes neglect consideration of whether Black women may embody these qualities out of necessity or based upon their circumstances. The characterization of Black women as strong was used to excuse

oppressive conditions and some scholars, such as Collins and Beauboeuf-Lafontant, argue that it continues to do so presently.

The social expectation of strength was placed upon Black women during and after slavery. The reality of dire social and economic conditions forced Black women to be strong in order to survive (Beauboeuf-Lafontant, 2009; Collins, 2005). It can be argued that Black women are not inherently stronger than other groups; perhaps, due to the continued oppression they face, they have adopted strength as a self-preservation strategy. Abrams et al. (2014) distinguished between obligatory and volitional independence as it relates to Black women's embodiment of strength. Some women display strength as an individual, volitional decision and others display strength as an obligation due to their circumstances. These circumstances could include single parenting, working multiple jobs, or financing one's way through school. Beauboeuf-Lafontant (2009) asserts that embodying strength is a social expectation and a strategy used by Black women to survive. Being strong may have been adopted as a coping strategy to withstand oppressive conditions.

Transmission of SBW

The Mammy and SBW stereotypes originated from a justification strategy for slavery (Collins, 2005). Nevertheless, the SBW stereotype has since been transformed into a defining feature of Black womanhood identified by Black women themselves. Strength is worn as a badge of honor and serves as a source of pride within Black communities (Abrams et al., 2014; Beauboeuf-Lafontant, 2009). The SBW stereotype was devised by others, but has since been adopted by Black women. The transmission of

Black women as having superhuman strength and resilience occurs through gendered

racial socialization (Abrams et al., 2014) and media portrayals of Black women (Jewell,

1993).

Gendered racial socialization refers to communicated messages about what it

means to be a Black woman that outlines acceptable and unacceptable behaviors,

emotions, and roles for Black women (Thomas & King, 2007). Gendered racial

socialization may include encouragement to show strength, and conversely, admonition

to mask weakness. For instance, Black women often learn from grandmothers, mothers,

and aunts explicitly and implicitly about the cultural mandate for Black women to be

strong (Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). Black women may see

female family members fulfilling multiple roles and consistently putting the needs of

others ahead of their own—frequently to the detriment of their own health and well-

being. Socialization of what it means to be a Black woman may also be reflected in

expectations regarding emotional expression. Through in-depth interviews with Black

women, Beauboeuf-Lafontant (2009) and Woods-Giscombe (2010) found that Black

women learned about strength through the modeling of their foremothers, noting that they

never saw their mothers or female family members cry. The women described feeling

pressure to live up to the model of strength set by their mothers. These studies

demonstrate how Black girls and young women are socialized into showing strength.

Furthermore, the media plays a central role in propagating cultural images of Black

women which are often based on stereotypes (Jewell, 1993). Black women may see

portrayals of other Black women as strong, independent, and capable in television and

movies. Black women are often portrayed as matriarchs of the family, single mothers, and working women with tough exteriors. The ideal of being a SBW is also prevalent in popular media sources, such as magazines and blogs (Black & Peacock, 2011). Gendered racial socialization and the media are powerful contributors to the internalization of the SBW stereotype by Black women. The internalization of the SBW stereotype may lead to positive or negative outcomes for Black women.

Asset or Liability

Controversy exists over whether the SBW stereotype represents an asset or liability for Black women. Research evidence has been mixed in regards to whether internalizing the SBW stereotype helps or hurts the mental and physical health of Black women. As an asset, the SBW stereotype provides Black women with a coping strategy for navigating racism, sexism, and gendered racism in different environments (Bronder et al., 2014). Black women who adopt the SBW stereotype are prepared for struggle. The expectation of struggle is incorporated within the ideal of needing to be strong (Beauboeuf-Lafontant, 2007). Women who internalize the stereotype may anticipate, and thus, may be prepared for difficult challenges ahead. They are likely to rely on hard work, determination, and self-sufficiency in order to meet life's challenges. When faced with difficult situations, such as a job layoff, death in the family, or mental health issues, women may rely upon strength as a coping strategy. For instance, Schreiber et al. (2000) found that Black West-Indian Canadian women used strength to help them manage symptoms of depression. The women used the cultural mandate of strength to assist them in not dwelling on depression while also helping them regain their composure. Similarly,

Edge and Romero (2005) found that Black Caribbean women used the stereotype of the

SBW to help them cope with depression. The participants in this study discussed how

"dealing with it" was a coping strategy. Edge and Romero (2005) concluded "*dealing*

with it was used as shorthand for personal and autonomous proactivity, problem-solving,

and mastery over life events and ongoing difficulties" (p. 19). Being strong, pushing

through, buckling down, and depending upon oneself become prevalent coping strategies.

Moreover, the legacy of strength exemplified by Black women throughout history may

provide needed encouragement and resolve for women who internalize the SBW

stereotype. This legacy of strength reminds Black women of their ancestors who endured

hardships, which means they too can endure hardships.

Conversely, internalizing the SBW stereotype may be a liability for Black

women. Romero (2000) states "any overused asset that develops uncritically, that is,

without ongoing evaluation and attention to changing needs and demands, runs the risk of

becoming a liability" (p. 237). As a liability, it is important to consider what may be

neglected by women who internalize the stereotype. As a cultural stereotype, SBW

upholds Black women for their natural strength, self-sufficiency, and independence

regardless of circumstances and oppressive conditions. The SBW stereotype may set an

unrealistic expectation for Black women. Beauboeuf-Lafontant (2009) and Romero

(2000) discussed how the SBW stereotype could result in emotional suppression,

difficulty asking for support, and hesitancy to seek needed mental or physical health care.

For instance, internalizing the stereotype could lead Black women to deny emotions that

seem weak. Woods-Giscombe (2010) found that characterization of the superwoman role

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included an obligation to suppress emotions and resistance to being vulnerable. It could be difficult for a Black woman who identifies as strong to show vulnerability. Moreover, women may be tempted to mask anxiety, depression, or stress in order to portray that they still 'have it all together' (Romero, 2000). Internalizing the stereotype suggests that one views oneself as being fiercely independent and self-reliant, which may make it not only problematic but shameful, to admit that one needs help from others. In addition, the stereotype has been linked to explaining delays in Black women seeking breast cancer screenings (Black & Woods-Giscombe, 2012). Beauboeuf-Lafontant (2009) has argued that internalizing the SBW stereotype has deleterious effects on the mental and physical health of Black women. Further research is needed to clarify the potential assets and liabilities of internalizing the SBW stereotype for Black women, which is one way the current study contributes to the literature.

Strong Black Woman Summary

Black women have a unique experience in society due to the intersection of their race and gender. This uniqueness is exemplified in the gendered racial stereotype of the SBW. The SBW stereotype asserts that Black women are strong, independent, self-reliant, and capable of handling multiple responsibilities. The stereotype originated during chattel slavery and has persisted through socialization practices and media portrayals of Black women. Controversy exists regarding possible positive and negative mental and physical health consequences for Black women who internalize the stereotype. More research is needed to clarify potential assets and liabilities of internalizing the SBW stereotype.

Coping

The SBW stereotype may represent a unique stressor for Black women. The stereotype places unrealistic demands upon Black women to balance multiple responsibilities and care for others all while appearing to be strong. Coping has been explored as a possible moderator or mediator between various stressors and mental health outcomes (Calvete et al., 2008; Greer, 2011b; Talley & Bettencourt, 2011). Scholars have suggested that the SBW stereotype may be a liability for Black women because of possible negative mental health consequences associated with trying to be strong regardless of the circumstances or one's internal experience (Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). The proposed study will examine whether certain coping strategies may increase or decrease the strength of the hypothesized positive relationship between adherence to the SBW stereotype and psychological distress. This section will provide an overview of the most common psychological model of coping, review the extant literature on how Black women cope with stressors, and explore how the inclusion of Africultural coping may aid in understanding coping in this population.

Traditional Coping

Lazarus and Folkman's transactional model of coping has been the prevailing psychological model of coping since the 1960s (Folkman & Moskowitz, 2004; Greer, 2007). The transactional model of coping is centered on an individual's cognitive appraisal of a situation as stressful and how that appraisal influences the relationship between the person and the environment. Consequently, coping is dependent on the context and/or the situation (Lazarus & Folkman, 1984). Once a situation or task is

appraised as stressful, a person may begin exploring different strategies to cope with the situation or task. Lazarus and Folkman (1984) define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). According to this model, coping reflects conscious and intentional efforts to manage stressors and these efforts may change over time or in different situations.

Coping efforts may serve multiple functions, reflecting the purpose of a particular coping strategy. Lazarus and Folkman (1984) distinguish functions of coping from the actual outcomes of a coping strategy. A coping strategy may be enacted for a certain reason or function, yet may not accomplish its intended outcome. Two types of coping have been emphasized within the transactional model of coping due to their different functions: problem-focused and emotion-focused. Emotion-focused coping is more likely to be utilized when a person deems that nothing can be done to alter a particular situation (Lazarus & Folkman, 1984). Emotion-focused coping often includes cognitive processes. These efforts may be focused on reducing one's emotional distress in response to the stressor. Emotion-focused coping may include avoidance, minimization, or changing the meaning of a situation. For instance, a person who reappraises the ending of a romantic relationship as an opportunity to self-reflect or gain confidence in her self-sufficiency would be engaging in emotion-focused coping. Although the relationship may still be ending, the woman may reduce her distress by thinking differently about the relationship. Emotion-focused efforts can also include behavioral strategies, such as exercise, meditation, or seeking social support from others (Lazarus &

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Folkman, 1984). In contrast, problem-focused coping is more likely to be utilized when a person deems that she can take some action to change a particular situation. Problem-focused coping can include efforts directed toward oneself or the environment. Lazarus and Folkman (1984) suggest that problem-focused coping often includes problem-solving strategies. These efforts typically involve the person taking some sort of action, such as talking to one's employer about a heavy workload or managing one's time better at work to cope with workplace stress.

Many researchers continue to utilize the conceptualization of coping functions into problem-focused and emotion-focused strategies[1] (e.g., Baker & Berenbaum, 2011; Shin et al., 2014). Additionally, the majority of popular coping instruments reflect this conceptualization. However, it is important to note that individuals often engage in a variety of coping efforts—often combining emotion- and problem-focused coping (Lazarus & Folkman, 1984). The distinction between emotion- and problem focused coping is a conceptual distinction. Although there are two types of coping, this does not suggest that individuals are forced to rely upon or choose only one type of coping to manage stressors.

Importantly, many studies in the coping literature have been focused on whether some forms of coping are more effective than other forms (e.g., Riolli & Savicki, 2010; Warren, Van Eck, Townley, & Kloos, 2015). This question of effectiveness has commonly been determined by considering whether coping efforts reduced psychological

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[1] Note: Lazarus and Folkman's conceptualization of emotion- and problem-focused coping is the most common distinction used in the coping literature. However, there are a few variations of coping terms which are used by researchers (e.g., approach and avoidant/avoidance coping) that will be referred to in this section.

distress or increased well-being. Yet, it is not an easy task to categorize coping strategies as good or bad because the effectiveness of a strategy may depend on the situation or the cultural context (Folkman & Moskowitz, 2004). In fact, "an important motivation for studying coping is the belief that within a given culture certain ways of coping are more and less effective in promoting emotional well-being and addressing problems causing distress" (Folkman & Moskowitz, 2004, p. 753). Culture may influence a person's ways of coping and the effectiveness of coping. The transactional model of coping acknowledges that cultural values and beliefs may influence a person's coping efforts (Lazarus & Folkman, 1984), but does not consider specific cultural elements within the model. While multiple scholars have suggested that one's cultural group may influence coping (see Zeidner & Saklofske, 1996), much of the coping literature has continued to neglect the role of culture in coping and the use of culture-specific coping strategies (Utsey, Adams, & Bolden, 2000).

Black Women and Coping

The coping efforts of Black women may be influenced by cultural expectations based upon the intersection of their gender and racial identity. While Black women experience general life stress similar to other women and men (Pieterse, Carter, & Ray, 2013), they also may be subjected to particular forms of stress as a result of the multiple oppressions they face in society (Gay & Tate, 1998). Due to the unique experience of Black women in society, it is necessary to consider the specific coping responses they utilize and how those responses could relate to well-being and distress in order to evaluate their effectiveness.   The research literature on Black women and coping, which

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will be reviewed below, has generally focused on how Black women cope with daily stress, work-related stress, and various forms of oppression. The SBW stereotype may relate to the research literature on coping in this population as adherence to the SBW stereotype could increase daily stress and work-related stress, and restrictions owing to the stereotype may represent a form of oppression.

The intersection of racial and gender identities could influence the coping responses of Black women. Scholars have argued that race, gender, and socioeconomic status must be considered as sources of stress as well as influential on the coping responses utilized by various groups (Everett, Hall, & Hamilton-Mason, 2010). In a qualitative study of the coping responses of Black women, Everett et al. (2010) found that participants identified many different sources of stress, such as managing multiple roles, needing to look after others, and being the "go-to person" for one's family members. Many of these sources of stress could represent manifestations of Black women's attempts to embody the SBW stereotype. This study found that Black women coped by using a mixture of approach and avoidance behaviors. Specifically, Everett et al. (2010) found that Black women coped by using both types of coping, such as spirituality, prayer, and engaging in self-care behaviors.

In addition, researchers have specifically considered work-related stress as being separate from general stress. Bacchus (2008) explored how the "superwoman syndrome" may contribute to workplace stress for Black women because of the expectation that Black women be successful at balancing responsibilities to work, family, and the community. This study found that spirituality was the coping resource mentioned most

often by participants. The participants reported using both emotion-focused and problem-focused methods of coping; however, emotion-focused coping was used more often. Historically, research has indicated that Black women tend to rely upon spirituality as a coping resource in the workplace (Bacchus & Holley, 2004). Black women have reported that spirituality may serve different coping functions, such as being a protective factor, a source of personal strength, a resource for general guidance, a resource to assist in decision-making, and helpful in reevaluating stressors (Bacchus & Holley, 2004). Other studies have also supported the use of spirituality as a coping response of Black women to workplace stress (see Hall, Everett, & Hamilton-Mason, 2012) and African Americans generally (Charters, Taylor, Jackson, & Lincoln, 2008).

Researchers have also investigated how Black women cope with racism, sexism, and gendered racism. Through analysis of oral history data, Lykes (1983) found that Black women exhibited coping flexibility, or the ability to use more than one coping approach, when coping with oppression. Some women engaged in direct action to cope with discrimination, some indirectly addressed the problem, and others took no action. Similarly, Shorter-Gooden (2004) identified that Black women utilize a number of different coping strategies in response to racism and sexism. For example, Black women reported resting on faith, relying upon ancestors for strength, valuing themselves, and leaning on others for support. These results support previous research findings suggesting that Black women often cope by using spirituality or religion and seeking social support (Mattis, 2002). Lewis, Mendenhall, Harwood, and Huntt (2013) found that Black women coped with gendered racism through leaning on others for support,

becoming a Black "Superwoman," desensitizing, and escaping. Lewis et al. (2013)

discussed how Black women engage in self-protective coping by becoming

"superwomen" in order to shield themselves from gendered racism. The SBW stereotype

may prove their capabilities to others and protect the self from feeling the effects of

gendered racism. Black women may also escape in order to cope or use avoidance

strategies, such as eating or sleeping (Lewis et al., 2013). These studies collectively

demonstrate that Black women utilize various strategies to cope with various forms of

oppression.

In addition to examining the specific coping responses used by Black women,

researchers have examined the relationship between various coping responses and

distress. The assumption of coping effectiveness is that adaptive coping decreases

distress and maladaptive coping increases distress (Zeidner & Saklofske, 1996).

Unfortunately, racism, sexism, and gendered racism are part of the lived experience of

Black women. Therefore, the coping strategies utilized in response to these forms of

oppression may serve to mitigate or exacerbate psychological distress. West, Donovan,

and Roemer (2010) used a conceptualization of problem-focused and avoidant-focused

coping to examine how Black women cope with racism. This study found that problem-

focused coping acted as a buffer between discrimination and depression symptoms.

Problem-focused coping weakened the positive relationship between discrimination and

depression, while avoidant coping strengthened the relationship between discrimination

and depression. These findings suggest that problem-focused coping could be more

adaptive for Black women. Thomas et al. (2008) examined whether Africultural coping

style mediated the relationship between gendered racism and psychological distress. They found that cognitive-emotional coping, which shares similarities with avoidant coping, partially mediated the positive relationship between gendered racism and psychological distress. Both of these studies suggest that forms of avoidant coping may increase distress for Black women.

Overall, the research literature on Black women and coping suggests that Black women experience both general stress and stress which is unique to their racial and gender identity. Stress associated with attempts to embody the SBW stereotype may represent one source of stress that is unique to Black women. The research findings discussed in this section indicate that Black women engage in a variety of coping responses. However, scholars have critiqued some of the literature on Black women's coping responses. For instance, Bacchus (2008) critiques the traditional coping framework of Lazarus and Folkman due to the categorization of responses into emotion-focused and problem-focused coping. Prayer, a common coping strategy used by Black women, is commonly considered to be an emotion-focused coping response. In contrast, an Africultural perspective would suggest that prayer could be considered a more active rather than passive coping response (Bacchus, 2008). In fact, when discussing whether spirituality and prayer was emotion-focused or problem-focused coping, most Black women reported viewing them as problem-focused (Bacchus & Holley, 2004). These women viewed prayer as a means of taking action against a problem. Therefore, a more culturally congruent conceptualization of coping may more appropriately conceptualize and capture the coping responses of Black women. An Africentric perspective on coping

may shed light on the positive and negative mental health outcomes of coping in this population.

Africultural Coping

Most of the existing models and measures of coping are rooted within a Eurocentric framework (Utsey et al., 2000). For instance, many models and measures focus on individual efforts and may neglect collective efforts of coping. These models and measures may not adequately describe the coping responses utilized by members of diverse populations (Utsey et al., 2000). All of the coping behaviors utilized by Black Americans may not easily fit into the common conceptualization of emotion- and problem-focused coping (Bacchus, 2008; Greer, 2007). Since prior research has demonstrated that culture may influence the context of coping, consideration of an African worldview may be needed. An African worldview centers on various values held by people of African descent, such as spirituality, group orientation, harmony, interconnectedness, and self-knowledge (Jackson & Sears, 1992). The culture-specific coping strategies practiced by people of African descent are likely to reflect this worldview. An African worldview serves as the foundation for Africultural coping.

The Africultural Coping Systems Inventory (ACSI) was created to address a gap in the literature related to culture-specific coping strategies of African Americans. The measure was purposely grounded within an Africentric worldview and based upon the experiences of African Americans (Utsey et al., 2000). The ACSI conceptualizes four different types of coping relevant to African Americans: cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping (Utsey et al.,

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2000). Cognitive/emotional debriefing refers to efforts to manage stressors, such as cognitive efforts to think about other things and behavioral efforts to engage oneself in other activities. Spiritual-centered coping refers to relying upon on a connection to spirituality in order to cope with stressors. Collective coping acknowledges that an African American's coping efforts do not occur in isolation from others. This type of coping refers to how an individual may rely upon others to cope with stress. Lastly, ritual-centered coping refers to cultural rituals African Americans engage in as a means of coping with stress. Ritual-centered coping may include lighting a candle or burning incense for strength (Utsey et al., 2000).

Extant research with the ACSI indicates that some types of culture-specific coping may be associated with positive outcomes for African Americans. One study examined whether culture-specific coping predicted quality of life outcomes in African Americans. Utsey et al. (2007) found that collective coping and spiritual-centered coping uniquely predicted quality of life outcomes above and beyond traditional protective factors. These unique predictors support previous research findings identifying social support and spirituality as key coping strategies used by Black women (e.g., Shorter-Gooden, 2004). Thomas et al. (2008) found that cognitive/emotional coping partially mediated the relationship between gendered racism and psychological distress for African American women. These findings highlight the relevance of Africultural coping in explaining mental health outcomes for Black women. However, research has shown culture-specific coping may not moderate the relationship between discrimination and psychological symptoms (e.g., Greer, 2011a). Collectively, these studies demonstrate the

importance of considering culture-specific coping and its relation to coping outcomes for Black women.

Research on coping has often focused on the effectiveness of different coping strategies. The reduction of psychological distress and maintenance of well-being have been considered as criteria for coping outcomes (Zeidner & Saklofske, 1996). Importantly, coping effectiveness depends on the cultural context. Zeidner and Saklofske (1996) assert that "preferred coping methods and perceived effectiveness must be appraised relative to a social or cultural group, values, norms, world view, symbols, and orientation" (p. 509). The question of whether a coping strategy is adaptive or maladaptive may best be understood by considering the specific experiences of a cultural group, such as Black women. Africultural coping may better represent the worldview of Black women and their coping responses. While popular measures of coping often provide general information on coping, the inclusion of culture-specific coping adds a layer of specificity (Greer, 2007).

Coping Summary

Culture plays a role in stress and coping responses (Utsey et al., 2000). Black women experience general forms of stress and stress that may be associated with their racial and gender identity. The SBW stereotype may be considered a culturally specific stressor experienced by this population. Black women who attempt to embody the SBW stereotype may encounter stress as they try to fulfill multiple roles and responsibilities, care for others, and exhibit strength at all times and in all situations. Traditional models of coping emphasize emotion- and problem-focused coping. However, Africultural

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coping considers culture-specific strategies that may be more relevant for Black women than traditional conceptualizations of coping. The coping literature suggests that Black women tend to rely upon coping strategies, such as spirituality and social support, which reflect an Africentric worldview (Bacchus & Holley, 2004; Shorter-Gooden, 2004). The inclusion of traditional and culture-specific coping may provide a more full understanding of how Black women cope with the SBW stereotype. The coping strategies utilized by Black women in response to the SBW stereotype may impact whether the stereotype is associated with psychological distress.

Emotion Regulation

As a cultural prescription, the SBW stereotype requires that Black women portray strength at all times. A SBW is expected to appear to 'have it all together' regardless of whether this presentation is congruent with her internal experience. Scholars (e.g., Beauboeuf-Lafontant, 2009; Romero, 2000) have suggested that this presentation of strength may make it difficult for Black women to express emotions that are discrepant with strength. Black women who desire to be strong may be tempted to hide or deny feelings of sadness, vulnerability, and anxiety, among others. In fact, qualitative studies have identified that Black women often describe feeling an obligation to suppress emotions as a result of the SBW stereotype (Black & Woods-Giscombe, 2012; Woods-Giscombe, 2010). While multiple researchers (e.g., Abrams et al., 2014; Beauboeuf-Lafontant, 2007) have hypothesized that adherence to the SBW stereotype may impact the emotion regulation of Black women, this hypothesis has yet to be empirically tested. The current study will address this gap in the literature by empirically examining whether emotion regulation mediates the relationship between adherence to the SBW stereotype

and psychological distress. This section will define emotion regulation, discuss various types of emotion regulation strategies, review research on the potential consequences of different strategies, and examine connections between emotion regulation and psychological distress.

Process Model of Emotion Regulation

Emotions are a critical part of the human experience and have adaptive importance for the survival of human beings (Nyklicek, Vingerhoets, & Zeelenberg, 2011). While all individuals experience emotions, there are individual differences in how people regulate their emotions. Emotion regulation "refers to the processes by which we influence which emotions we have, when we have them, and how we experience and express them" (Gross, 2002, p. 282). Emotion regulation may involve attempts to increase or decrease emotions and includes regulating both positive and negative emotions (Gross, 2002). The ability to regulate one's emotions is thought to have implications for one's well-being (Nyklicek et al., 2011). Additionally, difficulties in emotion regulation have been associated with various mental health issues, such as depression (Abravanel & Sinha, 2015; Boden & Thompson, 2015) and anxiety (Campbell-Sills et al., 2014).

James Gross and colleagues have played a key role in advancing the research literature on emotion regulation in adults. Gross developed a process model of emotion regulation (c.f. Gross, 2001; Gross, 2002). This process model describes various types of emotion regulation strategies and distinguishes these strategies based upon when they are used within the process (i.e. before or after an individual has an emotional response).

According to Gross (2002), emotion regulation strategies can be divided into two types: antecedent-focused strategies and response-focused strategies. Antecedent-focused strategies are enacted before a person fully experiences an emotion. For instance, a woman who anticipates feeling overwhelmed and stressed because of taking on additional caretaking responsibilities may engage in cognitive efforts to reframe or change the meaning of these additional responsibilities. These cognitive efforts are thought to change the emotional experience for the woman because of her reappraisal of the situation. Other antecedent-focused strategies, such as situation selection, involve reaching out to others, places, or things or avoiding those same things in order to regulate one's emotions (Gross, 2002). Many antecedent-focused strategies resemble problem-focused coping efforts (Gross, 2002). In contrast, response-focused strategies involve attempts to regulate one's emotions after the actual emotion is experienced (Gross, 2002). For instance, the woman who feels overwhelmed and stressed after taking on additional caretaking responsibilities may try to regulate her emotions by hiding them from others. She may suppress her emotions because she does not want others to see how affected she is by the additional responsibilities. Response-focused strategies focus on behavioral tendencies after an emotion is elicited and, thus, impact how one expresses or does not express emotion. According to Gross (2001), "suppression means that an individual inhibits ongoing emotion-expressive behavior" (p. 216). Suppression influences whether someone expresses emotions to herself and others. The process model of emotion regulation suggests that the consequences of antecedent- and response-focused strategies will differ based upon when they are enacted within the emotion regulation process.

Cognitive Reappraisal vs. Suppression

Although there are many emotion regulation strategies, two have received much attention in the emotion regulation literature. Multiple studies have examined the consequences of using cognitive reappraisal and expressive suppression (Butler et al., 2003; Gross & Levenson, 1997). These two strategies have been empirically examined in order to test possible differences between the outcomes of utilizing antecedent versus response-focused strategies. First, the affective and physiological consequences of reappraisal and suppression have been examined. Experimental laboratory research has identified that the affective and physiological consequences of the two strategies differ. Specifically, Gross (1998) found that participants who were instructed to suppress their emotions after watching a film exhibited less expressive behavior and increased physiological activation. In comparison, participants who were instructed to engage in cognitive reappraisal also exhibited less expressive behavior but did not experience the increased physiological activation. Interestingly, participants' reports about the emotional experience also differed based upon strategy. Reappraisers reported experiencing less disgust, while the suppressors' emotional experience of disgust was not affected by suppressing their expressive behavior (Gross, 1998). This finding suggests that cognitive reappraisal may change one's emotional experience, while suppression only changes one's behavioral expression of emotion and not one's actual emotional experience. Therefore, the person who engages in suppression still feels the emotion she is suppressing. Suppression decreases expressive behaviors by allowing individuals to

hide their emotions, yet individuals are not able to completely eliminate their emotions (Gross and Levenson, 1997).

Second, possible cognitive consequences associated with reappraisal and suppression has been examined in studies. Since reappraisal is enacted earlier in the emotion process, it may require fewer cognitive resources than suppression. Gross (2002) explains that suppression "requires self-monitoring and self-corrective action throughout an emotional event" (p. 286). This constant self-monitoring and self-corrective action could impede one's ability to engage in other cognitive tasks. The cognitive costs of reappraisal and suppression have been investigated through experimental studies on memory. Richards and Gross (2000) found that participants instructed to suppress their emotional behavior had less memory for the slides they were shown, while there was no decrease in memory for those instructed to use cognitive reappraisal. These research findings indicate that there are cognitive costs associated with suppression.

Third, researchers have examined possible social consequences associated with reappraisal and suppression. Emotions are thought to have relevance for the person who experiences the emotion, and emotional cues are an important part of social relationships (Nyklicek et al., 2011). Interpersonal communication may be affected when one person suppresses his or her emotions. Through conducting research with dyads, Butler et al. (2003) found that suppression negatively impacted a woman's social interaction with her partner. In particular, those who were instructed to suppress their emotions reported being more distracted during the conversation and they exhibited more physiological

reactivity. Interestingly, the partners of suppressors were also affected as they reported

having less rapport with suppressors (Butler et al., 2003). Suppression appears to have

negative consequences for the individual trying to regulate her emotions and those with

whom she interacts. These seminal research studies indicate that there are affective,

cognitive, social, and physiological costs associated with emotion regulation strategies.

Emotion Regulation & Diverse Groups

Overall, emotional suppression has been associated with negative consequences

and cognitive reappraisal has been associated with positive consequences (Butler et al.,

2003; Gross, 1998; Gross & Levenson, 1997). However, it is important to note that much

of the research on emotion regulation has utilized laboratory research designs with

primarily White samples. Gross and John (2003) addressed this limitation of the

literature by examining individual differences in reappraisal and suppression in a diverse

sample. Gross and John (2003) found that ethnic minorities, specifically African

Americans, Asian Americans, and Latinos, reported suppressing their emotions more

than European Americans. Additionally, the study found that suppression impacts both

positive and negative behavioral expression. Although suppression tends to be utilized

more in regards to negative emotions, the act of suppression can also lessen one's

expression of positive emotions. Moreover, Gross and John (2003) found that

suppression was associated with lower self-esteem and life satisfaction and more

depression symptoms. This study highlighted that racial groups may differ in their use of

emotion regulation strategies and that suppression may have negative psychological

consequences. Differences in the prevalence of emotion regulation strategies among racial groups may suggest that culture influences emotion regulation.

Culture may play a role in emotional expression and the consequences of various emotion regulation strategies. Culture refers to the values, norms, expectations, beliefs, and behaviors shared by a group of people. Previous research suggests that suppression has negative outcomes (Gross & John, 2003); however, research has also shown that outcomes of suppression may vary depending on one's cultural group (Butler, Lee, & Gross, 2007). Butler et al. (2007) found that there were more consequences for suppression for women with European values, such as individualism, independence, and emotional expression, compared to those with Asian values, such as collectivism, conformity to norms, and emotional self-control. Importantly, differences in cultural values did not eliminate the impact of suppression as suppression continued to affect emotional disclosure and social interaction (Butler et al., 2007). There appear to be some negative consequences of suppression regardless of cultural values. Also, previous research has found that suppression is associated with increases in the sympathetic nervous system (Gross, 1998), but, prior studies have failed to consider how the physiological cost of suppression may vary for ethnic minority groups. Roberts et al. (2008) addressed this gap in the research by examining the cardiovascular costs of suppression among African Americans, Chinese Americans, European Americans, and Mexican Americans. The results indicated that there are no differences in cardiovascular costs of suppression for members of different ethnic minority groups. In general, the

findings from non-laboratory studies and those with diverse samples support previous research findings by associating suppression with some negative outcomes.

Emotion Regulation & Distress

Emotion regulation is a key aspect of functioning for individuals (Nyklicek et al., 2011). Society requires that individuals engage in a variety of emotion regulation strategies as societal restraints and expectations necessitate that individuals cannot express all emotions in every situation. However, certain emotion regulation strategies may have more negative consequences than others, which may result in difficulties for individuals. Difficulties in emotion regulation have psychological implications for individuals, and thus, have been the target of psychological interventions (Neacsiu, Bohus, & Linehan, 2014). The research literature suggests that emotion regulation may be an important moderator and/or mediator between certain experiences and psychological distress.

Research suggests that emotion regulation is a key variable in explaining various forms of psychological distress and particular psychopathologies (Abravanel & Sinha, 2015; Campbell-Sills et al., 2014). Stevens et al. (2013) found that emotion regulation mediated the relationship between childhood abuse and trauma symptoms in African American women. Importantly, this study demonstrated the relevance of emotion regulation because its effect on trauma symptoms was significant above and beyond social support and interpersonal violence. This study highlighted the role of emotion regulation as a mediator. Similarly, Weiss et al. (2012) examined the association between emotion regulation difficulties and posttraumatic stress disorder (PTSD) in a

sample of African Americans. This study found that difficulties in emotion regulation were associated with PTSD. These studies indicate that emotion regulation has implications for trauma symptoms.

Emotion regulation has also been found to influence anxiety symptoms. Carter and Walker (2014) investigated emotion regulation as a moderator between anxiety symptoms and perceived health in an African American sample, finding that the number of emotion regulation strategies strengthened the relationship between anxiety symptoms and perceived health. Specifically, those with fewer emotion regulation strategies had a stronger negative relationship between anxiety and perceived health. While individuals differ in the difficulties they have in emotion regulation, they may also differ in their access to different emotion regulation strategies.

Additionally, emotion regulation has been implicated as playing a role between experiences unique to minority groups and psychological distress. For example, minority group members are often exposed to stigma and racism as a result of their minority status. Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2009) examined emotion regulation as a mediator between stigma and distress in a sample of lesbian, gay, and bisexual individuals and African Americans. They found that participants reported engaging in suppression more on days when they experienced stigma-related stress. Additionally, suppression was found to significantly positively predict psychological distress; however, it did not mediate the relationship between stigma-related stress and psychological distress. Racism has been associated with negative mental health outcomes for African Americans, for instance, through its positive associations with anxiety, depression, and

somatization (Pieterse et al., 2012). Emotion regulation has been found to moderate the relationship between racism and anxiety in Black Americans (Graham, Calloway, & Roemer, 2015). Specifically, having more difficulties regulating one's emotions strengthened the positive relationship between racism and anxiety. Emotion regulation may be a key variable to explore when examining experiences of racism and psychological distress. Further research is needed to clarify the role of suppression in psychological distress.

Emotion Regulation Summary

The SBW stereotype prescribes that Black women are to possess strength, which may affect the emotion regulation of Black women who try to live up to its ideals. The embodiment of strength is often accompanied by pressure to suppress those emotions which are expressions of weakness, sadness, or anxiety and incongruent with being a SBW. The research literature suggests that suppression may be a very costly form of emotion regulation (Gross & John, 2003; Roberts et al., 2008). Also, studies suggest that emotion regulation is linked to various forms of psychological distress (Hatzenbuehler et al., 2009). The current research study will address a gap in the literature by empirically examining whether suppression mediates the relationship between adherence to the SBW stereotype and psychological distress in Black women.

Psychological Distress

Black women have a unique experience in society as a result of the intersection of their racial and gender identity. Multiple studies have suggested that cultural and systemic factors, particularly oppression, negatively impact the mental health of persons

of color and women (Kwate & Goodman, 2015; Mereish, Liu, & Helms, 2012; Moradi & Subich, 2003; Pieterse et al., 2012). Cultural influences and oppression have been suggested to explain mental and physical health disparities that exist for minority groups (Okazaki et al., 2014; Smedley, 2012). The SBW stereotype may have a negative influence on the mental health of Black women. Historically, the stereotype was used as justification for slavery; presently, the stereotype has been adopted by Black women as part of Black womanhood. Women who internalize the SBW stereotype may suppress emotions that are incongruent with strength, exhibit unhealthy levels of self-sufficiency, and have difficulty seeking help when needed (Beauboeuf-Lafontant, 2009; Romero, 2000). Therefore, the SBW stereotype may be associated with psychological distress. This section will review the literature on psychological distress in Black women and suggest possible links between adherence to the SBW stereotype, stress, and psychological distress.

Stress and Psychological Distress

Stress has historically been considered a predictor of psychological distress (DeLongis et al., 1988; Lepore et al., 1997). Unfortunately, stress has sometimes been examined independent of cultural identities. When conceptualizing stress in Black women, gender and race must be considered (Woods-Giscombe & Lobel, 2008). Consequently, stress may be best understood as a combination of race-related stress, gender-related stress, and general stress for Black women. It can be difficult to tease apart these sources of stress as they tend to be related to each other (Woods-Giscombe & Lobel, 2008). Race-related and gender-related stress are often conceptualized and

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measured by racism and sexism, respectively (e.g., Landry & Mercurio, 2009; Pieterse et al., 2012). Woods-Giscombe and Lobel (2008) found that race-related, gender-related, and general stress all uniquely predicted psychological distress for Black women. Specifically, all of these different sources of stress contributed to a global stress factor which then predicted psychological distress. The SBW stereotype may provide the opportunity to assess race-related, gender-related, and general stress simultaneously as the stereotype is a manifestation of race-related and gender-related expectations which may influence general stress.

The SBW stereotype could contribute to general stress because of the expectation that Black women should be able to handle multiple roles and responsibilities. Women who internalize the stereotype may feel pressured to balance multiple roles in the home, workplace, and community. Managing multiple roles has been associated with stress in women (Lanza di Scalea et al., 2012). Davis, Sloan, and Tang (2011) examined the impact of holding multiple roles on psychological distress for African American and White women. The results indicated that the mother role was the only role that significantly predicted psychological distress; these results were similar for women of both racial groups. However, Davis et al. (2011) did not address the possibility of different role expectations for women based upon racial group membership. There are likely similarities in gender role expectations for all women, and probable that expectations vary by race. These different expectations may affect the experience and outcomes of stress for Black women.

Stress has been implicated in explaining health disparities for Black women (Norris & Mitchell, 2014). The causes, amount, and experiences of stress in Black women may be distinct from Black men or women of other racial and ethnic groups. For instance, the stress-support-distress hypothesis suggests that stress is associated with distress, but that the relationship between stress and distress can be buffered by social support (Norris & Mitchell, 2014). Norris and Mitchell (2014) discussed the applicability of the stress-support-distress process for Black women. This study found that exposure to stressful life events predicted psychological distress in Black women. However, there was no effect for social support. Norris and Mitchell (2014) suggested that social support may cancel itself out in Black women because of the costs associated with caring and expectations for reciprocity. Cultural expectations about portraying strength could also affect how social support is received and the level to which it is given to others. Cultural expectations of Black women, such as the SBW stereotype, may be a pertinent factor to consider when predicting distress in this minority group. The extant research literature on connections between stress and psychological distress in Black women suggests that stress is multidimensional and the intersection of race and gender influences the experience and outcomes of stress in this population.

Racism, Sexism, & Psychological Distress

Multicultural theorists assert that systemic factors, such as oppression, are influential in the development of many forms of psychological distress in minority groups (Sue & Sue, 2008). Multiple research studies have examined mental health outcomes associated with exposure to different forms of oppression (e.g., Pieterse et al., 2012;

Schmitt, Branscombe, Postmes, & Garcia, 2014; Szymanski, 2005). Black women may

be subjected to racism, sexism, and gendered racism. Racism can be considered a

chronic stressor for African Americans (Greer, Laseter, & Asiamah, 2009; Kwate,

Valdimarsdottir, Guevarra, & Bovbjerg, 2003). Racism has been associated with both

negative psychological and physical health outcomes for African Americans (Jones,

Cross, & DeFour, 2007; Kwate et al., 2003). These negative outcomes have been found

in both cross-sectional and longitudinal research studies (Kwate et al., 2003; Kwate &

Goodman, 2015; Pieterse et al., 2012). For instance, Kwate et al. (2003) found that

lifetime racism accounted for 16% of the variance in health outcomes. Perceived past

discrimination has also been found to uniquely predict psychological distress (Lightsey &

Barnes, 2007). However, the unique experiences of Black women may have been

neglected in studies that exclusively focused on links between racism and distress with

African Americans. For example, gender may moderate the relationship between racism

and mental health symptoms in African Americans. Greer et al. (2009) found that the

relationship between individual racism and anxiety was stronger for African American

women compared to men. African American women may experience race-related stress

differently as a result of their gender identity.

Similarly, sexism has been considered a chronic stressor for women as a result of

their status in society. Many research studies have examined sexism's deleterious effects

on the mental health of women (e.g., Hurst & Beesley, 2013; Landry & Mercurio, 2009).

Sexism has consistently been found to be positively related to psychological distress in

women (Fischer & Holz, 2007; Landry & Mercurio, 2009; Moradi & Funderburk, 2006;

Moradi & Subich, 2004). The relationship between sexism and distress has been found when considering other variables related to distress, such as self-esteem and empowerment (Moradi & Funderburk, 2006). Notably, the negative effects of sexism on women's mental health have even been found in studies where participants reported relatively low levels of discrimination and distress (Landry & Mercurio, 2009; Moradi & Funderburk, 2006). Various mediators have been explored in order to explain how sexism may lead to psychological distress. For instance, studies have indicated that self-silencing and personal control are mediators between sexism and distress (see Hurst & Beesley, 2013; Landry & Mercurio, 2009). However, most of the studies which have explored the sexism-distress link have relied on majority White female samples and college student populations. Thus, many studies on sexism and distress may not have captured the experiences of women of color, particularly Black women.

A common critique of research linking racism and sexism to psychological distress has been that studies have failed to consider both forms of oppression with Black women (Szymanski & Stewart, 2010). Moradi and Subich (2003) were one of the first researchers to examine the effects of racism and sexism together in African American women. Moradi and Subich (2003) found that both racism and sexism were positively correlated with psychological distress. The strong correlation between racism and sexism in this study suggested possible construct overlap in the population. Yet, there was not a significant interaction of racism and sexism in predicting psychological distress (Moradi & Subich, 2003). Importantly, when racism and sexism were examined together in analyses, only sexism was a unique predictor of distress. Sexism has also been found to

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be the only unique predictor of distress when combined in models with racism, sexism, and internalized racism and sexism (Szymanski & Stewart, 2010).

Additional studies have also considered the impact of racism and sexism on psychological distress in Black women. The results of studies consistently suggest that racism and sexism are positively correlated with each other (Steven-Watkins, Perry, Pullen, Jewell, & Oser, 2014; Szymanski & Stewart, 2010). These findings provide additional support for possible fusion of racism and sexism in this population. Research studies indicate that racism and sexism are positively correlated with stressful life events (Steven-Watkins et al., 2014) and with psychological distress (Szymanski & Stewart, 2010). Although researchers have begun examining both racism and sexism together in Black women, most studies continue to conceptualize and measure racism and sexism as separate experiences for Black women. The observed fusion of racism and sexism, as demonstrated through strong correlations, may highlight the relevance of gendered racism for this group. These studies indicate that racism and sexism are associated with psychological distress, but a more complete understanding of psychological distress in this population may be furthered by considering experiences of gendered racism (Thomas et al., 2008). The SBW stereotype could be an example of how racism and sexism are fused for Black women as the stereotype acknowledges intersections of their racial and gender identity.

Strong Black Woman & Distress

Scholars have asserted there may be negative mental health outcomes for Black women who internalize the SBW stereotype (Beauboeuf-Lafontant, 2009; Romero,

2000). Beauboeuf-Lafontant (2009) discussed the costs of living up to the ideal of strength and suggested that embodying strength may be linked to Black women's experience of psychological distress and physical health issues. Researchers suggest that the SBW stereotype may be an important factor to consider when conceptualizing stress and psychological distress in Black women (Black & Woods-Giscombe, 2012; Woods-Giscombe, 2010).

For instance, the SBW stereotype has been linked to Black women's experiences of trauma and binge eating. Harrington, Crowther, and Shipherd (2010) hypothesized that trauma exposure would lead to greater internalization of SBW ideology. The researchers suggested that Black women may turn to the stereotype as a way to cope with trauma. This study tested a culturally specific model linking trauma to binge eating by incorporating the SBW ideology. Harrington et al. (2010) found that SBW was associated with emotion regulation difficulties, which was linked to eating for psychological reasons, and ultimately binge eating. Similarly, the SBW stereotype has been implicated in explaining overweightness in Black women through denial of pain and self-medicating with food (Beauboeuf-Lafontant, 2003). These studies demonstrate that relying upon the SBW stereotype may be associated with costly forms of coping for Black women and ultimately lead to negative psychological and physical health outcomes.

The SBW stereotype has also been examined in relation to depression and anxiety in Black women. Through interviews with Black women, Beauboeuf-Lafontant (2007) found that women felt pressure to keep up a façade of strength and described having

stomach problems, "breakdowns," and depression possibly as a result. Beauboeuf-Lafontant (2007) states "over time, the mismatch between façade and reality could become embodied as physical and psychological distress" (p. 43). These qualitative findings have been preliminarily supported by quantitative research. For instance, Watson and Hunter (2015) found that SBW was positively correlated with both anxiety and depression. Regression analyses indicated that SBW accounted for significant variance in anxiety and depression above and beyond age and income. In addition to mental health symptoms, the SBW stereotype has been hypothesized to impact Black women's willingness to seek mental health services when needed (Romero, 2000). Watson and Hunter (2015) provided empirical support for this hypothesis by finding that SBW negatively influenced psychological openness and help-seeking propensity. Extant research on SBW provides initial support for hypotheses linking internalization of the stereotype with negative mental health outcomes. The development of new measures (see Hamin, 2008; Woods, 2013) which assess SBW directly provide opportunities to expand research in this area. Further research is needed to clarify the relationship between SBW and psychological distress and explore possible mediators.

Psychological Distress Summary

Black women contend with various sources of stress including chronic stressors, such as racism, sexism, and gendered racism. Research studies have established relationships between racism and sexism to negative mental and physical health, but these studies may have missed the unique experiences of Black women. Consideration of gendered racism may add to current understandings of psychological distress in this

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population. The SBW stereotype may epitomize modern day gendered racism for Black

women. Consequently, internalizing the stereotype may have implications for the mental

health of Black women. Further research is needed to understand whether and how the

stereotype may impact mental health. The current study will contribute to the literature

on SBW by further examining its hypothesized relationship to psychological distress and

exploring emotional suppression as a possible mediator of this relationship.

Hypotheses

Hypothesis 1: Adherence to the SBW stereotype will be positively correlated with suppression. Multiple researchers (e.g., Abrams et al., 2014; Beauboeuf-Lafontant, 2007) have suggested that adherence to the stereotype may impact the emotion regulation of Black women. This hypothesis is also based upon qualitative studies that have identified that Black women often describe feeling an obligation to suppress emotions as a result of the SBW stereotype (Black & Woods-Giscombe, 2012; Woods-Giscombe, 2010).

Hypothesis 2: Adherence to the SBW stereotype will be positively correlated with psychological distress. Previous research indicates that relying upon the SBW stereotype may lead to negative psychological and physical health outcomes for Black women (Beauboeuf-Lafontant, 2003; Harrington et al., 2010). The findings of prior qualitative and quantitative studies suggest that the stereotype is associated with anxiety and depression in this population (Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015).

Hypothesis 3: Suppression will be positively correlated with psychological distress. Previous research indicates there are negative affective, cognitive, and social costs associated with suppression (Gross, 2002). Suppression has also been found to be

associated with lower self-esteem and life satisfaction and more depressive symptoms (Gross & John, 2003).

Hypothesis 4: Suppression will mediate the hypothesized positive relationship between adherence to the SBW stereotype and psychological distress. Emotion regulation has been suggested to be a key variable in explaining various forms of psychological distress (Abravanel & Sinha, 2015; Campbell-Sills et al., 2014). The SBW stereotype may represent a unique gendered racial minority experience for Black women linked to psychological distress. Previous research suggests that emotion regulation may act as a mediator between minority experiences and psychological distress (Hatzenbuehler et al., 2009; Graham et al., 2015).

Hypothesis 5: Africultural coping will moderate the hypothesized positive relationship between adherence to the SBW stereotype and suppression. The SBW stereotype may represent a unique stressor for Black women; therefore, the outcomes of internalizing the stereotype may vary depending upon how Black women cope with the stereotype. Research studies on Africultural coping indicate the importance of considering culture-specific coping and its relation to coping outcomes (Utsey et al., 2007; Thomas et al., 2008). Specifically, it is predicted that Africultural coping will serve as a buffer by weakening the relationship between SBW and suppression. Two types of Africultural coping which correspond to prevalent coping strategies used by Black women will be considered as potential moderators: spiritual-centered coping and collective coping.

CHAPTER III

METHODS

The current study hopes to extend the literature on the SBW stereotype and its

mental health implications. The study examined mediation and moderated mediation

models in order to examine hypothesized relationships among the SBW stereotype,

suppression, psychological distress, and Africultural coping. This chapter will describe

the methodology for the present study. Specifically, the participants, procedures,

measures, and statistical analyses will be discussed.

Participants

Data was to be collected from a minimum of 210 women who identify as Black or

African American. The statistical analyses included using PROCESS macro for SPSS

(Hayes, 2013); unfortunately, as PROCESS is a newer statistical tool, there are no current

guidelines for power analysis using PROCESS. However, recent studies utilizing

PROCESS for moderated mediation and mediation have conducted analyses utilizing

sample sizes of 186 (Kim & Kochanska, 2015) and 208 (Chung & Choi, 2014),

respectively. Thus, the recommended sample size for the current study was chosen to

reflect the upper end of this range. The obtained sample size exceeded the minimum

number of participants required for adequate statistical power.

Data were collected from 407 women via social media and email communication (see procedures below). Eight participants (2%) were removed from the final data set because their eligibility to participate in the study could not be verified due to missing information on their gender and racial subgroup. Forty-nine participants (12%) were removed because they stopped the survey immediately after the consent form. Fifty-eight participants (14%) were removed because they did not complete all the required measures. Three participants (<1%) were removed during data screening. This resulted in a final sample of 289 participants.

Participants ranged in age from 18 to 74 years old, with a mean age of 35.99 (*SD* = 11.06). The largest percentage of participants (35%) was between the ages of 32-38. Participants primarily identified as heterosexual (90%); 3% identified as lesbian and 4% as bisexual. The participants were equally divided regarding having children, with 50% reporting having no children. In terms of marital status, 54% of participants reported being single, 34% married, 8% divorced, 3% separated, and <1% widowed. The sample was highly educated with 51% of participants having a graduate degree or higher, 11% having attended some graduate school, and 20% having obtained a bachelor's degree. The majority of participants (69%) were employed full-time. Table 1 provides additional information about participant demographics.

Procedures

The current study was approved by the Institutional Review Board (IRB) at the University of Akron (Appendix H). After obtaining IRB approval, participants were recruited using social media (e.g. Facebook) and email communication to Black church

contacts and multicultural and/or diversity offices at universities in Ohio. Recruitment via Facebook included posting the study information on personal pages and in public and private groups for Black women specifically (e.g. Black Women Rock) and/or Black individuals (e.g. Black Student Affairs Professionals). Participant recruitment relied upon snowball sampling as participants were able and encouraged to share the link to the study with other eligible participants.

All participants who clicked on the survey were screened to ensure they met inclusion criteria. The inclusion criteria for participants were individuals who identify as female, African American or Black, and are at least 18 years old. Individuals who met these criteria were invited to complete a study online about "Black Women and Psychological Distress." Upon clicking the link to access the survey, participants were directed to the informed consent form. Participants only gained access to the remainder of the survey after they checked the "yes" box noting their consent to participate in the study. Then, participants completed the primary measures of the study (Appendices A-E). The order of the measures was counterbalanced in order to prevent any order effects. Finally, participants were asked to complete the demographic questionnaire (Appendix F). Upon submitting their survey responses, participants reviewed a debriefing page which provided more information about the study. The debriefing page also included relevant information about mental health resources available to participants (Appendix G).

Participants received compensation for their time and effort in completing the study. In order to receive a $5 gift card, participants were routed to a separate link after

completing the study to enter their name and email address. Participants were ensured

that their contact information would not be linked to the survey responses. Those

participants who provided their contact information were emailed a gift card within three

weeks of completing the study.

Measures

Strong Black Woman. The Strong Black Woman Archetype Scale (SBWAS;

Woods, 2013) is a 36-item self-report measure used to assess participants' adherence to

the SBW stereotype. The scale contains three subscales that assess different components

of the SBW ideal: mask of strength/emotional invulnerability (14 items), self-reliance and

strength (11 items), and care-taking/self-sacrifice (11 items). The mask of

strength/emotional invulnerability subscale assesses emotional expression (e.g., "I feel

pressured to appear strong, even when I'm feeling weak," "I always try to maintain my

composure"). The self-reliance and strength subscale assesses strength and independence

(e.g., "Women of my race have to be strong to survive," "I cannot rely on others to meet

my needs"). The care-taking/self-sacrifice subscale assesses caretaking practices and the

outcomes of one's care-taking efforts (e.g., "I am often expected to take care of family

members," "I feel guilty when I put my own needs before the needs of others"). Item 18

was reworded with the author's permission to be appropriate for an entirely adult

population. Participants are instructed to respond to items using a 5-point Likert scale (0

= *never* to 4 = *almost always*). The SBWAS is scored by summing responses on each

subscale to obtain subscale scores; subscale scores are summed to obtain a total score.

Higher scores indicate greater adherence to the SBW ideal. The current study utilized the total score to indicate participants' adherence to the ideal.

The SBWAS is a newly developed scale designed to build upon the limitations of previous measures of the SBW ideal. The initial pool of items consisted of selected and revised items from the Strong Black Woman Cultural Construct Scale (Hamin, 2008), the Stereotypic Roles for Black Women Scale (SRBWS; Thomas, Witherspoon, & Speight, 2004), and the Silencing the Self Scale (Jack & Dill, 1992). In addition, the author developed a pool of items based on a review of literature on the SBW ideal. Exploratory factor analysis resulted in a three-factor structure (Woods, 2013). Adequate internal consistency has been reported with Cronbach's alphas: .90 for total scale, .86 for mask of strength/emotional invulnerability, .80 for caretaking/self-sacrifice, .79 for self-reliance and strength (Woods, 2013). The SBWAS has demonstrated good psychometric properties in two samples of Black women. Concurrent validity was established through correlations with the Superwoman Scale (Woods, 2013).

The current study provided additional psychometric support for the SBWAS. Internal consistency reliability with Cronbach's alpha for the total score was in the excellent range (.90). Cronbach's alphas for the subscales were in the acceptable or good range: .74 for self-reliance and strength, .83 for caretaking/self-sacrifice, and .85 for mask of strength/emotional invulnerability. Due to the newness of the SBWAS, participants also completed the SRBWS. Previous research studies on the SBW stereotype have used the superwoman and mammy subscales of the SRBWS as a measure of individuals' adherence to the stereotype (e.g., Harrington et al., 2010; Watson &

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Hunter, 2015). For the present study, the SBWAS total score was found to be very strongly correlated with the SRBWS superwoman subscale ($r = .81$, $p < .01$) and was strongly correlated with the SRBWS mammy subscale ($r = .65$, $p < .01$).

  Africultural Coping. The Africultural Coping Systems Inventory (ACSI; Utsey et al., 2000) is a 30-item self-report measure used to assess participants' use of culture-specific coping strategies. The ACSI is rooted in an Africentric worldview, which reflects the values and perspectives of people of African descent. The measure contains four subscales unique to coping of African Americans: cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping (Utsey et al., 2000). Cognitive/emotional debriefing refers to efforts to manage stressors, such as cognitive efforts to think about other things and behavioral efforts to engage oneself in other activities (e.g., "tried to convince myself that it wasn't that bad," "spent more time than usual doing things with friends and family"). Spiritual-centered coping refers to relying upon a connection to spirituality in order to cope with stressors (e.g., "prayed that things would work themselves out," "read a scripture from the Bible (or similar book) for comfort and/or guidance"). Collective coping refers to how an individual may rely upon others to cope with stress (e.g., "shared my feelings with a friend or family member," "remembered what a parent (or other relative) once said about dealing with these kinds of situations"). Lastly, ritual-centered coping refers to cultural rituals African Americans engage in as a means of coping with stress (e.g., "lit a candle for strength or guidance in dealing with the problem," "used a cross or other object for its special powers in dealing with the problem"). The ACSI directs respondents to think of a recent stressful situation

or event and to respond to the items using a 4-point Likert scale (0 = *does not apply/did not use* to 3 = *used a great deal*). The ACSI utilizes subscale scores by summing participants' responses to each item on the corresponding subscales. Higher scores on each subscale reflect greater use of the coping strategies pertaining to the subscale. This study utilized subscale scores to measure participants' use of Africultural coping strategies.

The four-factor structure of the ACSI has been supported through exploratory factor analysis and confirmatory factor analysis (Utsey et al., 2000). Concurrent validity has been established through correlations between the ACSI and the Ways of Coping Questionnaire (Utsey et al., 2000). Utsey et al. (2000) obtained acceptable Cronbach's alphas ranging from .71 to .80 for the subscales. Previous research utilizing the ACSI with African American women has resulted in Cronbach's alphas ranging from .70 to .85 (Greer, 2011a; Thomas et al., 2008). For the present study, acceptable and good Cronbach's alphas were found to be .69 (marginally acceptable) for the collective coping subscale, .75 for the cognitive/emotional debriefing subscale, and .84 for the spiritual-centered coping subscale. The ritual-centered coping subscale's very low Cronbach's alpha of .46 rendered it inappropriate to use in the main analyses.

Suppression. The Courtauld Emotional Control Scale (CECS; Watson & Greer, 1983) is a 21-item measure used to assess emotional suppression. The scale was designed "to measure control over specific negative affective responses in addition to a generalized tendency to control emotional reactions" (Watson & Greer, 1983, p. 300). The scale contains three subscales (seven items each) which reflect efforts to control

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negative affective responses: anger, depressed mood, and anxiety. The subscales assess an individual's efforts to control their anger, depressed mood, and anxiety, respectively. Each subscale item begins with its specific stem (e.g., "when I feel angry") followed by a behavior (e.g., "I keep quiet," "I let others see how I feel," "I bottle it up"). The CECS instructs participants to respond to items based upon how they generally react to emotions using a 4-point Likert scale (1 = *almost never* to 4 = *almost always*). Higher scores reflect greater use of emotional control. The present study utilized the total score to indicate participants' use of suppression.

The CECS has demonstrated sound psychometric properties. Internal consistencies with Cronbach's alphas have been reported as .86 for anger, .88 for depressed mood, and .88 for anxiety (Watson & Greer, 1983). Test-retest reliability over 3-4 weeks has been reported as ranging from .84 to .89 for the subscale scores and to be .95 for the total score. Concurrent validity has been established between the CECS and the Spielberger State-Trait Personality Inventory (Watson & Greer, 1983). The CECS was initially developed using a sample of breast cancer patients, but its use has since been expanded to other populations (e.g., Chung & Hunt, 2014; Harrington et al., 2010). Notably, the CECS has been utilized as a measure of emotional inhibition in a study with African American women (Harrington et al., 2010). Internal consistency for the total score has been reported as .84 with African American women (Harrington et al., 2010). In the current study, the following Cronbach's alphas in the good range were obtained: .80 for the anger subscale, .84 for the depressed mood subscale, .80 for the anxiety subscale, and .88 for the total score.

Psychological distress. The Depression Anxiety Stress Scales-21 (DASS-21) was used to assess the psychological distress of participants. The DASS-21 is a short version of the original 42-item Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). Similar to the original scale, the short version has three subscales: depression, anxiety, and stress. Items on the depression subscale assess symptoms associated with dysphoric mood such as, "I couldn't seem to experience any positive feeling at all." Items on the anxiety subscale assess symptoms of physical arousal and fear, such as "I felt scared without any good reason." Items on the stress subscale assess tension and irritability, such as "I found it difficult to relax." Respondents are asked to indicate how much each statement applied to them over the past week using a 4-point Likert scale (0 = *did not apply to me at all* to 3 = *applied to me very much, or most of the time*). The DASS-21 is scored by summing the seven items for each subscale and then multiplying the subscale total by two. Higher scores reflect greater severity of depression, anxiety, and stress symptoms. This study utilized subscale scores to measure participants' level of psychological distress.

The psychometric properties of the DASS and DASS-21 have been established in clinical groups and a community sample. The factor structure of the DASS-21 has been shown to be similar to the factor structure of the original scale, supporting the three-factor structure in both measures (Antony, Bieling, Cox, Enns, & Swinson, 1998). Excellent internal consistency with Cronbach's alphas has been found for the subscales, from .87 to 94. Concurrent validity between corresponding subscales on the DASS and DASS-21 has been established by strong correlations. The DASS-21 was also found to

be related to the Beck Depression Inventory and Beck Anxiety Inventory (Antony et al., 1998). Psychometric analysis of the DASS-21 with four racial groups, including African Americans/Blacks, indicates the scale was internally consistent and the same factor structure was found across groups (Norton, 2007). In the current study, the following Cronbach's alphas in the good range were obtained: .81 for the anxiety subscale, .83 for the stress subscale, and .87 for the depression subscale.

Demographic Questionnaire. Participants responded to a brief demographic questionnaire which involved self-reporting their age, racial subgroup, gender, sexual orientation, education, marital status, number of children, and income.

Statistical Analyses

The data were examined for patterns of missing data. Following the recommendations of Parent (2013) and Tabachnick and Fidell (2007), small amounts of missing data ($< 5\%$) were replaced utilizing case mean substitution. The data were then screened to assess for normality, outliers, and multicollinearity prior to conducting preliminary and main statistical analyses. The screening procedures followed the recommendations of Tabachnick and Fidell (2007).

Once the data was clean, preliminary analyses including means, standard deviations, and internal consistencies were conducted on all primary measures. Prior to examining the hypotheses, correlations between demographic variables and main study variables were examined for significance in order to identify potential covariates. To address hypotheses 1-3, bivariate correlations among the scores on the SBWAS, CECS, and DASS-21 were examined for significance. To address hypothesis 4, the proposed

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mediation model was analyzed using PROCESS macro for SPSS (Model 4; Hayes, 2013). Bootstrapped confidence intervals were analyzed to determine the significance of indirect effects. To address hypothesis 5, the proposed moderated mediation model (Figure 1) was also analyzed using PROCESS macro for SPSS (Model 7). PROCESS was used to calculate the conditional indirect effects in the moderated mediation model involving one moderator and one mediator. Bootstrapped confidence intervals were analyzed to determine the significance of the index of moderated mediation (Hayes, 2015). Significant effects were identified by confidence intervals which did not contain zero. The magnitude of effects was determined based on suggestions described in Ferguson (2009) for effect size interpretation.

CHAPTER IV

RESULTS

This chapter will provide an overview of the results of the current study. This
will include a description of the procedures and steps taken to clean and screen the data
set, the results of preliminary analyses, and examination of the demographic variables
and their relationship to the primary study variables. The primary analyses will then be
reviewed, including the findings of correlational, mediation, moderation, and moderated
mediation analyses. The hypotheses for the study will be incorporated into the
explanations of the results.

Data Cleaning and Screening

A total of 407 participants endorsed the informed consent and started the online
survey. Upon completion of data collection, the data set was screened for participant
eligibility, missing data, normality, univariate and multivariate outliers, and
multicollinearity. Eligibility was determined by reviewing respondents' gender, racial
subgroup, and age as reported on the demographic questionnaire. Given the present
study's focus on adult Black females, participants were retained if they endorsed a female
gender, identified with a Black racial subgroup, and were at least 18 years old. For the
purposes of this study, self-identification was used as the criteria for eligibility. A total

of 8 surveys (2%) were removed from the study due to missing information on participants' gender and racial subgroup.

Data were screened for missing values following the recommendations of Parent (2013) and Tabachnick and Fidell (2007). Due to the present study's use of scale or subscale level of analysis, respondents who did not complete all needed measures (i.e. they left more than one primary measure completely blank) were removed from the final sample. A total of 49 surveys (12%) were removed because participants stopped the survey immediately after the consent form and 58 surveys (14%) were removed because participants stopped the survey partway through (defined as missing more than one scale). After excluding these surveys, the amount of missing data per subscale was analyzed to identify if any subscales had more than 5% of data missing—which may signify that data was not missing at random. All scales and subscales were found to have less than 5% missing data. Following the recommendations of Parent (2013), the available item analysis scale mean was obtained and substituted for any missing values.

The remaining 292 surveys were then screened for normality to determine if the data met the normality assumption necessary to statistical analyses for the study. Skewness and kurtosis statistics could not be used to screen for normality because this sample included more than 200 cases. Thus, skewness and kurtosis were visually examined with SPSS frequency histograms and expected normal probability plots for each of the variables (Tabachnick & Fidell, 2007). Visual inspection for the SBWAS, CECS, and SRBWS suggested that their levels of skewness and kurtosis met the normality assumption and did not require transformation of the variables. However,

visual inspection of the data for the DASS-21 and ACSI both had problematic subscales

due to being positively skewed. Therefore, a square root transformation was conducted

for the DASS-21 depression and anxiety subscales. Similarly, a square root

transformation was conducted on the ACSI cognitive/emotional debriefing, spiritual-

centered coping, and collective coping subscales. Upon completion of the

transformations, a visual inspection of the transformed subscales indicated that their

levels of skewness and kurtosis met the normality assumption. Following multiple

transformations of the ACSI ritual-centered coping subscale with no improvement to

skewness and kurtosis, the original untransformed variable was retained.

Following screening for normality, data were assessed for univariate and

multivariate outliers using the recommendations of Tabachnick and Fidell (2007).

Consequently, 12 univariate outliers were identified based on a z-score value exceeding z

$\geq$ +/- 3.29, p <.001. One outlier was identified on the SBWAS self-reliance and strength

subscale and was retained because it was part of the tail of the distribution. The

remaining univariate outliers were identified on the ACSI ritual-centered coping

subscale. These outliers were retained because the existence of multiple outliers

suggested valid responses and because this scale would not be used in the primary

analyses. Multivariate outliers were examined using Mahalanobis distance scores.

Specifically, Mahalanobis distance scores were compared to the chi-square distribution

utilizing the number of variables as the degrees of freedom to identify if they exceeded

the probability of p <.001 (Tabachnick & Fidell, 2007). Three multivariate outliers

(<1%) were identified and removed using this criterion.

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Multicollinearity was examined using bivariate correlations for scales and subscales included in the main analyses. According to Tabachnick and Fidell (2007), correlations higher than $r = .70$ can suggest multicollinearity issues. No correlations above $r = .70$ were identified for scales or subscales that would be included in the mediation or moderated mediation analyses together. As expected, it should be noted that some subscales were strongly correlated (more than $r = .70$) with their total scale (Table 2). The final sample consisted of 289 surveys.

Preliminary Analyses

Prior to investigating the proposed mediation and moderated mediation models, preliminary analyses were conducted on the data set. First, the minimums and maximums for each scale and subscale were evaluated to ensure all scores fell in the possible range of scores. Second, the means and standard deviations for all scales were calculated (Table 3). It should be noted that low levels of psychological distress were obtained in the sample. Based upon DASS-21 severity ratings, the mean scores for participants were in the mild range for depression and stress and the moderate range for anxiety. Third, internal consistency reliability was calculated using Cronbach's alphas for all scales. With the exception of the ACSI ritual-centered coping subscale, which also did not meet the normality assumption, all reliability coefficients were in the acceptable range or better (Table 3).

Since few quantitative studies have been conducted with the SBW stereotype, descriptive statistics and preliminary analyses on the SBWAS will be described in detail. The obtained mean scores on the SBWAS total scale indicate moderate to high

endorsement of the SBW stereotype in this sample. Participants endorsed the three facets of the SBW stereotype (mask of strength/emotional invulnerability, self-reliance and strength, and caretaking/self-sacrifice) as noted by moderate to high means on the SBWAS subscales (Table 3). Age was significantly negatively correlated with the SBWAS total score, $r = -.23$, $p < .01$, indicating that as age increased participants' endorsement of the SBW stereotype tended to decrease. A series of univariate analyses of variance (ANOVAs) were conducted to determine if differences existed for participants' endorsement of the SBW stereotype based upon their marital status or parental status. Since marital status could influence one's sense of or need for independence or self-sufficiency, an ANOVA was conducted to detect possible differences on the SBWAS total scale based on marital status. Those participants who reported being divorced, separated, or widowed were grouped together due to small numbers. An ANOVA indicated no differences for SBWAS total scores between single, married, or divorced/separated/widowed participants, $F(2, 284) = 1.935$, $p = .146$. Since parental status could influence SBW endorsement due to differences in caretaking responsibilities for others, an ANOVA was performed to evaluate potential differences on the SBWAS total scale for participants with and without children. The analysis indicated no differences for SBWAS total scores for participants with and without children, $F(1, 285) = .845$, $p = .359$. These preliminary results broaden understanding of Black women's endorsement of the SBW stereotype and the stereotype's relationship to demographic variables.

Demographic Variables

Demographic variables were examined in an exploratory manner with bivariate correlations. Correlations between the primary measures and the following demographic variables were considered: age, number of children, education, and income. Results indicated that age and income were both significantly correlated with depression, stress, and anxiety (Table 4). Thus, age and income were included as covariates in all mediation and moderated mediation analyses.

Correlation Analyses

Hypothesis 1 stated that adherence to the SBW stereotype would be positively correlated with suppression. Bivariate correlations were conducted to test this hypothesis. As predicted, the SBWAS total score was positively correlated with the CECS total score, $r = .47$, $p < .01$. Similarly, the SBWAS subscales were also positively correlated with the CECS subscales (Table 2). Therefore, as participants' adherence to the SBW stereotype increased so did their emotional suppression. In terms of effect size, the correlations between the SBW stereotype and suppression meet or exceed Ferguson's (2009) recommendations for a practically significant effect. The one exception was that the SBWAS self-reliance subscale was not significantly correlated with the CECS anger subscale, $r = .05$, $p = .376$.

Hypothesis 2 predicted that adherence to the SBW stereotype would be positively correlated with psychological distress. Participants' psychological distress was measured by their levels of depression, stress, and anxiety on the DASS-21. As predicted, the SBWAS total score was positively correlated with DASS-21 depression, $r = .36$, $p < .01$,

DASS-21 stress, $r = .46$, $p < .01$, and DASS-21 anxiety subscales, $r = .38$, $p < .01$. These correlations exceed recommendations for a practically significant effect (Ferguson, 2009). In further support of this hypothesis, all subscales of the SBWAS were significantly positively correlated with all DASS-21 subscales (Table 2). Therefore, greater adherence to the SBW stereotype was associated with higher levels of depression, stress, and anxiety.

Hypothesis 3 stated that suppression would be positively correlated with psychological distress. As predicted, the CECS total score was positively correlated with DASS-21 depression, $r = .29$, $p < .01$, DASS-21 stress, $r = .30$, $p < .01$, and DASS-21 anxiety subscales, $r = .30$, $p < .01$. Similarly, all subscales of the CECS were positively correlated with all subscales of the DASS-21 (Table 2). Therefore, participants' depression, stress, and anxiety scores tended to increase as their emotional suppression scores increased. In terms of effect size, the correlations between suppression and psychological distress meet or exceed recommendations for a practically significant effect (Ferguson, 2009).

Mediation Analyses

Consistent with previous literature, Hypothesis 4 predicted that suppression would mediate the relationship between adherence to the SBW stereotype and psychological distress. The PROCESS macro for SPSS version 2.15 was used to examine this hypothesis. Specifically, Model 4 was used to test whether CECS total score mediated the relationship between SBWAS total score and the DASS-21 depression, stress, and anxiety subscales while controlling for age and income. Bootstrapped confidence

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intervals (CI) of 10,000 were used to examine the significance of the indirect effects. A separate mediation model was tested for each DASS-21 subscale (Figures 2-4).

This hypothesis was partially supported. There was a significant positive total effect from the SBW stereotype to depression, $B = .0288$, $SE = .0050$, 95% CI [.0190, .0385]. As predicted, suppression mediated the relationship between the SBW stereotype and depression, $B = .0057$, Boot $SE = .0026$, 95% Boot CI [.0011, .0111]. The ratio of the indirect effect to the total effect is .1982 (Boot $SE = .0966$, 95% Boot CI [.0361, .4238]). This indicates that 20% of the total effect of adherence to the SBW stereotype on depression is due to its indirect effect through suppression. Similarly, there was a significant positive total effect from the SBW stereotype to anxiety, $B = .0278$, $SE = .0048$, 95% CI [.0183, .0374]. As predicted, suppression mediated the relationship between the SBW stereotype and anxiety, $B = .0057$, Boot $SE = .0026$, 95% Boot CI [.0008, .0112]. The ratio of the indirect effect to the total effect is .2039 (Boot $SE = .1051$, 95% Boot CI [.0235, .4430]). This indicates that 20% of the total effect of adherence to the SBW stereotype on anxiety is due to its indirect effect through suppression. Additionally, there was a significant positive total effect from the SBW stereotype to stress, $B = .2594$, $SE = .0327$, 95% CI [.1950, .3237]. Contrary to the hypothesis, suppression did not mediate the relationship between the SBW stereotype and stress, $B = .0275$, Boot $SE = .0179$, 95% Boot CI [-.0075, .0636].

Moderation and Moderated Mediation Analyses

Hypothesis 5 stated that Africultural coping would moderate the relationship between adherence to the SBW stereotype and suppression. The PROCESS macro for

SPSS was also used to test this hypothesis. Specifically, Model 7 was used to test whether the indirect effect of the SBW stereotype on psychological distress through suppression was conditional upon levels of Africultural coping while controlling for age and income. Based upon previous literature on Black women and coping, two types of Africultural coping were considered as potential moderators: spiritual-centered coping and collective coping. Similar to the mediation analyses, participants' psychological distress was measured by their levels of depression, stress, and anxiety and separate models were used for each DASS-21 subscale measuring these variables. Two moderated mediation models were examined for depression, stress, and anxiety utilizing centered variables. The occurrence of moderated mediation was determined by Hayes' (2015) index of moderated mediation. The index of moderated mediation considers whether there is a linear relationship between the indirect effect and a moderator by testing the slope of the line between the indirect effect and moderator (Hayes, 2015). Bootstrapped confidence intervals of 10,000 were used to test the significance of the index of moderated mediation.

Moderation

Prior to examining the hypothesized moderated mediation models, PROCESS was used to examine whether spiritual-centered coping and collective coping moderated the relationship between adherence to the SBW stereotype and suppression. The results of the moderation analyses are described separately from the moderated mediation analyses because the moderation portion of the model is the same for all three outcome variables of depression, stress, and anxiety. The interaction of the SBW stereotype and spiritual-

centered coping negatively predicted suppression, $B = -.0779$, $SE = .0387$, $p < .05$, 95%

CI [-.1540, -.0018]. Thus, the relationship between the SBW stereotype and suppression

was moderated by spiritual-centered coping. Due to the significant moderated path in the

moderated mediation model, a follow-up analysis was conducted to further explain the

moderated path. Model 1 using PROCESS was analyzed to describe spiritual-centered

coping's moderation of the relationship between the SBW stereotype and suppression.

The interaction term led to a significant increase in the prediction of suppression, R^2

increase of 1.12%, $F = 4.0578$ (1, 278), $p < .05$. Specifically, greater use of spiritual-

centered coping (+1 SD) weakened the positive relationship between the SBW stereotype

and suppression when participants strongly adhered to the SBW stereotype. This

buffering effect was not found for participants with low adherence to the SBW

stereotype. Contrary to hypotheses, the interaction of the SBW stereotype and collective

coping was not significant, $B = -.0017$, $SE = .0522$, p = .9745, 95% CI [-.1044, .1010].

Collective coping did not moderate the relationship between the SBW stereotype and

suppression.

Depression

PROCESS was used to test whether the indirect effect of the SBW stereotype on

depression through suppression was conditional upon levels of spiritual-centered coping.

There was a significant positive direct effect of the SBW stereotype on depression, $B =$

.0231, $SE = .0055$, 95% CI [.0122, .0339]. As predicted, there was a significant negative

conditional indirect effect as indicated by the index of moderated mediation, $B = -.0014$,

Boot $SE = .0010$, 95% Boot CI [-.0040, -.0001] (Table 5). Therefore, the indirect effect

of the SBW stereotype on depression through suppression was conditional upon levels of spiritual-centered coping—such that, higher use of spiritual-centered coping lessened the indirect effect from the SBW stereotype to depression. However, the indirect effect of the SBW stereotype on depression through suppression was not conditional upon levels of collective coping as the index of moderated mediation was not significant, $B = .0000$, Boot $SE = .0009$, 95% Boot CI [-.0021, .0019]. When depression was the outcome variable, spiritual-centered coping acted as a moderator of the conditional indirect effect while collective coping did not act as a moderator.

Stress

PROCESS was used to test whether the indirect effect of the SBW stereotype on stress through suppression was conditional upon levels of spiritual-centered coping. There was a significant positive direct effect of the SBW stereotype on stress, $B = .2318$, $SE = .0365$, 95% CI [.1600, .3037]. Contrary to hypotheses, the index of moderated mediation was not significant, $B = -.0070$, Boot $SE = .0056$, 95% Boot CI [-.0241, .0004]. Therefore, the hypothesized indirect effect of the SBW stereotype on stress through suppression was not conditional upon levels of spiritual-centered coping. Similarly, the hypothesized indirect effect of the SBW stereotype on stress through suppression was also not conditional upon levels of collective coping as noted by a non-significant index of moderated mediation, $B = -.0001$, Boot $SE = .0049$, 95% Boot CI [-.0118, .0092]. When stress was the outcome variable, neither spiritual-centered coping nor collective coping acted as moderators of the hypothesized conditional indirect effect.

Anxiety

PROCESS was used to test whether the indirect effect of the SBW stereotype on anxiety through suppression was conditional upon levels of spiritual-centered coping. There was a significant positive direct effect of the SBW stereotype on anxiety, $B = .0222$, $SE = .0054$, 95% CI [.0116, .0328]. Consistent with hypotheses, there was a significant negative conditional indirect effect as indicated by the index of moderated mediation $B = -.0014$, Boot $SE = .0009$, 95% Boot CI [-.0041, -.0001] (Table 6). Therefore, the indirect effect of the SBW stereotype on anxiety through suppression was conditional upon levels of spiritual-centered coping, such that greater use of spiritual-centered coping lessened the indirect effect from the SBW stereotype to anxiety. Contrary to hypotheses, the indirect effect of the SBW stereotype on anxiety through suppression was not conditional upon levels of collective coping as noted by a non-significant index of moderated mediation, $B = .0000$, Boot $SE = .0009$, 95% Boot CI [-.0021, .0019]. When anxiety was the outcome variable, only spiritual-centered coping acted as a moderator of the hypothesized conditional indirect effect.

CHAPTER V

DISCUSSION

The present study examined a prevalent feature of Black womanhood—the SBW

stereotype, and the mental health implications of internalizing this stereotype.

Specifically, the relationships between the SBW stereotype, suppression, psychological

distress, and Africultural coping were examined in a community sample of Black women.

The results of mediation and moderated mediation analyses suggest negative implications

of adhering to the stereotype. This chapter will discuss the findings of the study,

including how those findings expand the quantitative literature on the SBW stereotype.

Additionally, the chapter will discuss implications for SBW ideology and interventions,

address limitations of the study, and suggest future research directions.

SBW, Suppression, and Psychological Distress

Consistent with previous research, the results support a relationship between the

SBW stereotype and emotional suppression. Notably, a positive relationship was found

between adherence to the SBW stereotype and suppressing one's emotions. Participants'

use of emotional suppression tended to increase as their adherence to the stereotype

increased. Although researchers (e.g., Beauboeuf-Lafontant, 2009; Romero, 2000) have

suggested that the stereotype may lead Black women to suppress emotions that seem

incongruent with strength, this study is the first (known to this author) to empirically

examine this hypothesis in a quantitative study. The current study supports previous

qualitative studies which have identified that Black women describe feeling an obligation

to suppress emotions as a result of the stereotype (Black & Woods-Giscombe, 2012;

Woods-Giscombe, 2010). The results indicate that internalizing the stereotype is

associated with suppression of anger, depressed mood, and anxiety.

Moreover, the results indicate a relationship between the SBW stereotype and

psychological distress. In the current study, a positive relationship was found between

adherence to the SBW stereotype and psychological distress, which indicates that greater

adherence to the stereotype was associated with higher distress. The stereotype was

associated with higher levels of depression, stress, and anxiety. Importantly, the

relationship between the SBW stereotype and psychological distress was found despite

the overall low levels of distress reported by participants. Based upon severity ratings for

the DASS-21, the mean scores for participants were in the mild range for depression and

stress and the moderate range for anxiety. Despite the lower severity ratings found in the

current sample, practically significant effects for the relationship between the SBW

stereotype and psychological distress were detected (Ferguson, 2009). Practically

significant effects suggest that the SBW stereotype's impact on psychological distress

goes beyond statistical significance to having a meaningful impact on psychological

distress. These findings correspond to some previous research on the mental health

implications of the stereotype. For instance, Beauboeuf-Lafontant (2007) identified a

connection between keeping up a façade of strength with having stomach problems and

"breakdowns" for participants in her qualitative study. In a quantitative study, Watson

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and Hunter (2015) found that SBW was associated with anxiety and depression. Interestingly, Donovan and West (2015) obtained different results in their study on SBW, stress, and mental health while using the same outcome measure as the current study. Their study found that the SBW stereotype was positively correlated with stress, but not directly correlated with depression or anxiety. However, Donovan and West (2015) sampled only Black female college students while the present study utilized a community sample. The sample differences in terms of age could account for different results.

The literature on emotion regulation asserts there are negative affective, physical, and social costs of suppressing one's emotions (Butler et al., 2003; Gross, 1998; Gross & John, 2003; Gross & Levenson, 1997; Roberts et al., 2008). Therefore, it is not surprising that this study found a positive relationship between suppression and psychological distress. Higher levels of suppression were associated with higher levels of depression, stress, and anxiety. The study indicates there are negative outcomes associated with bottling up emotions, hiding emotions, or not saying anything about one's emotions. The findings of subscale-level analyses indicate that suppressing anger, depressed mood, and anxiety were all positively correlated with psychological distress. These findings provide support for research on the negative consequences of emotional suppression. Furthermore, the findings extend research on emotion regulation by supporting the relationship between suppression, psychological distress, and SBW ideology in a diverse sample of Black women.

Mediating Role of Suppression

The study addressed a gap in the literature by considering suppression as a possible mechanism by which the SBW stereotype exerts its effect on the mental health of Black women. While scholars have considered the possibility of SBW being either an asset or liability for Black women, few researchers have examined explanatory mechanisms for how SBW may function as an asset or liability. Scholars, such as Beauboeuf-Lafontant and Romero, have suggested suppression may explain some of the negative outcomes associated with internalizing the stereotype. This study provides preliminary support for suppression as a mediator of the relationship between the SBW stereotype and psychological distress. Specifically, the results indicate that suppression mediated the relationship between SBW and depression and the relationship between SBW and anxiety while controlling for age and income. A general tendency to suppress one's emotions was found to explain the positive relationship between the SBW stereotype and anxiety and depression. The significant mediation indicates that adherence to the SBW stereotype was associated with increased suppression which was associated with increased depression and anxiety. Therefore, suppression helps explain how adherence to the SBW stereotype is associated with greater depression and anxiety. This finding supports previous research findings (e.g., Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Black & Woods-Giscombe, 2012; Woods-Giscombe, 2010) that led scholars to hypothesize links between the SBW stereotype and suppression. However, suppression did not mediate the relationship between SBW and stress. Although depression, anxiety, and stress were all highly correlated with each other, their distinct

characteristics may be responsible for different mediation results. The SBW stereotype is likely only one of many sources of stress in the lives of Black women and may interact with other stressors in its relationship to stress symptoms. For instance, Black women may exhibit stress symptoms due to a wide range of psychosocial and environmental stressors. Thus, other mechanisms may help explain the relationship between SBW and stress.

Moderating Role of Africultural Coping

Consistent with hypotheses, the current study found the SBW stereotype was associated with suppression and psychological distress. Previous literature has suggested coping can alter the nature of relationships between stressors and negative psychological outcomes (Calvete et al., 2008; Greer, 2011b; Talley & Bettencourt, 2011). Accordingly, coping was considered as a potential moderator of the mediation relationship. The study purposely examined Africultural coping as it incorporates culture-specific coping strategies of African Americans (Utsey et al., 2000). The moderated mediation analyses included two Africultural coping strategies which correspond to those strategies reported to be highly used by Black women—spiritual-centered coping and collective coping. The moderated mediation analyses controlled for age and income.

As predicted, the moderation results indicate that spiritual-centered coping moderated the relationship between the SBW stereotype and suppression. For participants who strongly adhered to the SBW stereotype, utilizing more spiritual-centered coping weakened the relationship between the SBW stereotype and suppression. Black female participants benefitted from relying upon their spirituality as a coping

strategy. This identified protective benefit of spiritual-centered coping supports previous

research on the advantages of utilizing spirituality generally and as a coping strategy for

this population (Reed and Neville, 2014; Shorter-Gooden, 2004; Utsey et al., 2007). For

example, Holder, Jackson, and Ponterotto (2015) found positive benefits associated with

using religion and spirituality to cope with racial microaggressions in a sample of Black

women. This buffering effect was not found for participants who adhered less strongly to

the stereotype in the current study. While spiritual-centered coping was found to be a

statistically significant moderator, the interaction minimally contributed to the prediction

of suppression. However, significant moderation was found despite the relatively low

mean of spiritual-centered coping obtained in this sample. A stronger effect might be

detected with participants who endorse using more spiritual-centered coping strategies.

According to Hayes (2015), evidence of moderation of a single path in a model is

insufficient for determining moderated mediation. Hayes (2015) suggests that a formal

test of moderated mediation should determine whether the moderator is linearly related to

the indirect effect. The results indicate a significant negative relationship between

spiritual-centered coping and the indirect effect of the SBW stereotype to depression as

well as anxiety. Therefore, more spiritual-centered coping weakened the SBW

stereotype's relation to anxiety and depression through suppression. Similar to the

mediation results, different results were found when stress was the outcome variable.

This study found that suppression did not mediate the relationship between the SBW

stereotype and stress, and there was no moderation of this hypothesized indirect effect by

spiritual-centered coping.

The moderated mediation results indicate that collective coping did not moderate the relationship between the SBW stereotype and suppression. The formal tests of moderated mediation found that collective coping was not significantly related to the relationship between the SBW stereotype and depression, stress, or anxiety. Therefore, the indirect effect of SBW on psychological distress through suppression was not dependent upon levels of collective coping. Collective coping includes utilizing group-centered activities with friends or family to help cope with a problem (Utsey et al., 2000). It could be difficult for Black women to access the social support possible through collective coping due to the finding that adherence to the SBW stereotype is associated with suppressing one's emotions. Suppression may lead Black women to put on a façade even with family and friends. Norris and Mitchell (2014) found there was no buffering effect of social support in the relationship between stress and distress in a sample of Black women. The independence and self-sufficiency along with trying to hide one's emotions could make it difficult to acknowledge the need for collective coping or reap its benefits.

Implications for SBW Ideology

The present study contributes to the literature on SBW ideology by deepening understanding of the SBW stereotype and its role in the lives of Black women. First, the study supports a multifaceted conceptualization of the SBW stereotype. The extant literature has defined SBW as being characterized by strength, independence, and self-reliance (Abrams et al., 2014; Beauboeuf-Lafontant, 2009). The embodiment of strength by Black women involves attempts to feel strength internally and show strength

externally to others (Beauboeuf-Lafontant, 2007). Additionally, being a SBW incorporates taking on caretaking responsibilities for others while simultaneously being selfless by putting the needs of others ahead of one's own needs (Abrams et al., 2014; Woods-Giscombe, 2010). The SBWAS, the main measure used to assess adherence to the SBW stereotype, considered three different components: mask of strength/emotional invulnerability, self-reliance and strength, and caretaking/self-sacrifice. This measure was designed to capture different elements of the SBW stereotype based upon the findings of qualitative studies and previous conceptualizations of the construct as cited above. The sample endorsed all three components of SBW, thereby providing support for a multifaceted conceptualization of SBW.

Second, the findings suggest that strength is a prevalent feature of Black womanhood. The moderate to high scores obtained for the SBWAS highlight that Black women identify with the SBW stereotype. Authors (e.g., Beauboeuf-Lafontant, 2007; Romero, 2000) have asserted that strength is a defining feature of Black womanhood. Qualitative studies have consistently found that Black women frequently describe themselves as strong (Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Beauboeuf-Lafontant, 2009). The current study shows that Black female participants could identify with the characteristics (e.g., "I try to always maintain my composure") and challenges ("I feel pressured to appear strong, even when I'm feeling weak") associated with trying to fulfill the SBW stereotype. The level of adherence to the SBW stereotype demonstrated by participants may show that they have internalized beliefs and expectations of the SBW stereotype into their gendered racial identity as Black women.

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Third, the current study provides empirical support for negative outcomes associated with adhering to the SBW stereotype. This study found that adherence to the SBW stereotype was associated with suppression and increased psychological distress. These identified negative outcomes support previous theoretical and research literature which highlight that SBW is a liability for Black women (Beauboeuf-Lafontant, 2009; Black & Woods-Giscombe, 2012; Romero, 2000; Woods-Giscombe, 2010). The study suggests that further critical examination of the SBW stereotype is needed because the SBW stereotype can be harmful to Black women. The current findings assert that it may be time to challenge the SBW stereotype within and outside of the Black community. Future conceptualizations and research on the SBW stereotype should consider potential negative consequences of the stereotype.

Implications for Interventions

The findings of the current study show some of the negative implications of internalizing the SBW stereotype for Black women. The focus of the study was to examine potential consequences of adhering to the SBW stereotype's ideals and expectations. Restrictions associated with the stereotype, such as suppressing one's emotions, lead to increased levels of psychological distress. The study has relevance for designing and implementing prevention, outreach, and therapeutic interventions for Black women.

This study highlights the pervasiveness of the SBW stereotype in a sample of adult Black women. In order to prevent internalization of the SBW stereotype by Black women, mental health providers may consider implementing prevention programs with

Black girls and adolescents. Prevention programs can build upon research which indicates that Black adolescents and young women view their gendered racial identity as significant in their lives (Thomas, Hacker, & Hoxha, 2011). These programs may include modules focused on promoting healthy gendered racial identity, raising awareness about the SBW stereotype, teaching positive coping skills, providing education about healthy emotion regulation, and increasing critical consciousness about potential negative outcomes of the SBW stereotype. For instance, programs could include critiquing popular portrayals of Black women in the media. A complementary caregiver version could be designed for mothers, grandmothers, or other female family members to assist them in modeling and reinforcing the curriculum covered for girls and adolescents.

This study highlights that characteristics of the SBW stereotype are endorsed by Black women, which may increase the stigma and hesitancy of seeking psychological help. Endorsement of the stereotype may be one factor that helps explain the lower utilization rates of mental health services in this population (Watson & Hunter, 2015). A woman who identifies strongly as a SBW may not consider therapy as a viable option for herself (Romero, 2000). Thus, mental health providers and agencies may expand their reach outside of the therapy room by designing and implementing outreach programs in the community (Vera & Speight, 2003). Importantly, outreach programs may be most effective if they represent partnerships between mental health providers and community organizations. Since the SBW stereotype may make it difficult to seek professional assistance, providers can bridge the gap by conducting outreaches at various locations in the community, such as churches, libraries, or at organization meetings. Outreach

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programs may incorporate general psychoeducation about the prevalence and experience of mental health issues specifically for Black women, teach coping and self-care strategies, and increase awareness regarding services available to attendees.

Since SBW is a prevalent and highly endorsed feature of Black womanhood, therapists working with Black women should be knowledgeable about the stereotype and address it with clients. For instance, therapists working with Black women may assist clients in distinguishing strength from the SBW stereotype. Strength is commonly viewed as an admirable quality by the dominant culture and minority cultures in the United States. Strength is often associated with demonstrating courage, being able to withstand hardships, and persevering in the face of difficulties. Admirable notions of strength are certainly incorporated into the SBW stereotype; however, the extreme and absolute nature of the stereotype distinguishes it from strength. According to the SBW stereotype, Black women always have to be strong and show their strength to others (Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). The SBW stereotype admonishes Black women against showing emotions that seem incongruent with strength, such as sadness, anxiety, or stress. Therapists may help clients critically examine strength as a feature of Black womanhood by distinguishing strength from the stereotype through discussing historical origins of SBW and evaluating whether the expectations are realistic or beneficial for Black women. Once this distinction is understood, therapists may work with clients on redefining strength in their lives.

In addition, therapists could consider how the stereotype may impact Black women's presence and behavior during sessions. The current study found that Black women who endorse the SBW stereotype are more likely to suppress their emotions. Black female clients may be hesitant to express vulnerable emotions with others (e.g., shame, sadness, anxiety), which could be misinterpreted as guardedness or defensiveness by therapists. Through gendered racial socialization, Black women who ascribe to the stereotype have been socialized to maintain a façade of strength (Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). Therapists can be mindful of deeply rooted cultural expectations to mask emotions and might incorporate alternative ways to express emotions in sessions, such as through music, poetry, or drawings, as opposed to relying solely on verbal expression.

Finally, the complex findings regarding the role of spiritual-centered coping as a moderator have relevance for therapists working with Black women. Therapists working with women who strongly endorse the SBW stereotype and identify as spiritual may encourage their clients to use their spirituality as a form of coping. Spiritual outlets and supports could provide a buffer that decreases the likelihood of the stereotype leading to suppression and psychological distress. Therapists may consider utilizing mind-body interventions which incorporate meditation with this population. Specifically, mindfulness-based stress reduction, loving-kindness meditation, and NTU psychotherapy have been recommended for Black women to offset the risks associated with embodying strength (Woods-Giscombe & Black, 2010).

Limitations and Future Research Directions

The findings of the current study, which provide support for the SBW stereotype's impact on the mental health of Black women, should be considered in light of its limitations. First, the study employed a cross-sectional correlational research design. The models tested assume that endorsement of the SBW stereotype leads to suppression which then leads to psychological distress. However, due to the cross-sectional nature of the study, assumptions about causation cannot be made since all measures were taken at one time point. For instance, it is unknown whether the SBW stereotype predicts suppression or perhaps having a tendency to suppress emotions predicts endorsement of the stereotype. Future researchers could use longitudinal designs to empirically test whether endorsement of the stereotype precedes emotional suppression.

Second, the recruitment strategies may have limited the characteristics of the sample. Thus, the results may not be generalizable to other samples of Black women. The recruitment strategies included utilizing online data collection, social media, and snowball sampling. While online data collection and social media recruitment are gaining popularity (Granello & Wheaton, 2004; King, O'Rourke, & DeLongis, 2014), the combination can be limiting in that persons who do not have social media accounts or easily accessible internet access may not be represented in samples. Further, specific groups for Black women (e.g., Black professional organizations, diversity offices at universities) were targeted for data collection. Black women who seek out memberships in such groups or organizations may more strongly identify with their racial group, which

could influence 1) their interest in participating in the study and 2) their response to the SBW stereotype. The recruitment strategies may have also resulted in oversampling younger and highly educated Black women as the majority of participants were in their mid-twenties to thirties and had at least obtained a bachelor's degree. For instance, in the current sample, 82% of participants reporting obtaining a bachelor's degree or higher, while only 22% of all Black women have obtained a bachelor's degree or higher (US Census, 2014). In the future, researchers may take advantage of a variety of recruitment strategies, such as in-person data collection at different locations, to obtain a more diverse sample in terms of age and education. In particular, studies could examine potential generational differences regarding the stereotype by recruiting various age cohorts of Black women.

Third, the study results may be limited by small effect sizes. The current study advances the literature on SBW by considering suppression as a mediator and Africultural coping as a moderator—yet the statistically significant findings are best considered within the context of their practical significance. Small effects were found for mediation and moderated mediation. Thus, additional mediators and moderators in addition to the ones examined in this study likely influence how the SBW stereotype impacts psychological distress. For example, racial identity or help-seeking attitudes could be considered as potential moderators in future studies. Additionally, since different results were found for stress compared to depression and anxiety, researchers may want to examine other mediators or moderators specifically for stress as an outcome of internalizing the stereotype. Greater understanding of mediators and moderators will

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be important for designing interventions that will specifically promote mental health in this population.

Much of the literature on the SBW stereotype has consisted of qualitative studies, most of which utilized focus groups or interviews (e.g., Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Beauboeuf-Lafontant, 2009; Woods-Giscombe, 2010). The current study addressed a gap in the literature by using quantitative methodology to empirically test specific relationships. The literature on SBW could be furthered by utilizing mixed methods of data collection within studies. A mixed method research design allows for the integration of quantitative and qualitative elements within one study (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). For example, future studies may incorporate open-ended qualitative questions in addition to survey measures to deepen understanding of the SBW stereotype.

Conclusion

Over the past two decades, the literature on the SBW stereotype has been growing. Notably, much of the literature has been theoretical in nature or qualitative studies (e.g., Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Beauboeuf-Lafontant, 2009; Romero, 2000; Speight et al., 2013; Woods-Giscombe, 2010). Many theoretical articles have focused on explaining the history and possible ramifications of the stereotype, while qualitative studies have increased understanding about how Black women define SBW and the role it plays in their lives. The current study addressed a gap in the literature by quantitatively and empirically examining hypotheses mentioned in extant research on the stereotype.

The study contributes to the literature on the SBW stereotype by examining its impact on the mental health of Black women while considering suppression as a mediator and Africultural coping as a moderator. The findings suggest relationships between adherence to the SBW stereotype and suppression, SBW stereotype and psychological distress, and suppression and psychological distress. To the author's knowledge, this is the first study to examine suppression as a mediator in the positive relationship between SBW and psychological distress. Specifically, the identification of suppression as a mediator increases understanding about how the stereotype leads to increased depression and anxiety symptoms in Black women. As a modern day manifestation of gendered racism, the SBW stereotype is part of the daily experience of Black women. The unrealistic expectations set by the stereotype very likely result in Black women believing they need to or must suppress their true emotions. However, the use of spiritual-centered coping strategies may lessen the negative effects of internalizing SBW for women that strongly identify with the stereotype.

As the controversy continues regarding whether the SBW stereotype is an asset, liability, or both for Black women, the current study demonstrates how it may function as a liability. The unhealthy levels of strength, self-sufficiency, and caretaking exemplified by the stereotype are associated with depression, stress, and anxiety. These findings support the need to continue critically examining the mental health implications of the SBW stereotype on Black women in order to both prevent and address the liabilities associated with internalizing the stereotype.

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Table 1. *Participant Demographic Information*

	Number of Participants	Percentage
Age Range (*N*=287)		
18-24	33	11%
25-31	73	25%
32-38	100	35%
39-45	31	11%
46-52	19	7%
53-59	15	5%
60+	16	6%
Number of Children (*N*=289)		
0	145	50%
1	63	22%
2	46	16%
3	29	10%
4	6	2%
Education (*N*=289)		
Less than high school	0	0%
High school diploma/GED	7	2%
Some college	36	13%
Associate degree	10	4%
Bachelor degree	58	20%
Some graduate school	32	11%
Graduate degree or higher	146	51%
Occupational Status (*N*=289)		
Unemployed	28	10%
Employed part-time	46	16%
Employed full-time	199	69%
Retired	16	6%
Income (*N*=287)		
<10,000	27	9%
10,000-19,999	22	8%
20,000-29,999	20	7%
30,000-39,999	28	10%
40,000-49,999	30	11%
50,000-59,999	33	12%
60,000-69,999	27	9%
70,000-79,999	22	8%
>80,000	78	27%

Table 2. *Correlations between all Scales and Subscales*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Mask of Strength	--																
2. Caretaking	.58**	--															
3. Self-Reliance	.47**	.35**	--														
4. SBWAS Total	.89**	.82**	.69**	--													
5. DASS-21 Depression	.30**	.39**	.14*	.36**	--												
6. DASS-21 Stress	.34**	.51**	.24**	.46**	.66**	--											
7. DASS-21 Anxiety	.33**	.37**	.18**	.38**	.65**	.69**	--										
8. ACSI Cognitive	.17**	.23**	.19**	.24**	.25**	.24**	.31**	--									
9. ACSI Spiritual	-.00	.01	-.01	.00	.04	-.01	.08	.22**	--								
10. ACSI Collective	-.10	.05	.06	-.01	.08	.09	.14*	.35**	.45*	--							
11. ACSI Ritual	.05	.06	.09	.08	.22**	.14*	.26**	.26**	.21*	.17**	--						
12. CECS Anger	.32**	.24**	.05	.28**	.24**	.20**	.23**	.18**	.04	-.08	.06	--					
13. CECS Depression	.51**	.36**	.21**	.47**	.28**	.29**	.27**	.23**	.02	-.12*	.06	.63**	--				
14. CECS Anxiety	.41**	.27**	.22**	.39**	.17**	.21**	.20**	.04	-.09	-.24**	-.01	.32**	.44**	--			
15. CECS Total	.52**	.37**	.20**	.47**	.29**	.30**	.30**	.19**	-.01	-.18**	.05	.81**	.86**	.73**	--		
16. Mammy	.47**	.75**	.32**	.65**	.26**	.32**	.23**	.15*	.01	-.02	.03	.30**	.35**	.31**	.40**	--	
17. Superwoman	.73**	.74**	.43**	.81**	.39**	.42**	.34**	.19**	-.05	-.14*	.08	.34**	.48**	.50**	.55**	.71**	--

Note: Mask of Strength, Caretaking, and Self-Reliance refer to the SBWAS subscales. Mammy and Superwoman refer to the SRBWS subscales. *p* <.05, **p* <.01.

Table 3. *Descriptive Statistics*

Scale	Possible Range	Observed Range	Mean (*SD*)	α
Mask of Strength	0-56	10-55	36.03 (8.12)	.85
Caretaking	0-44	9-44	27.35 (7.04)	.83
Self-Reliance	0-44	17-44	34.73 (5.12)	.74
SBWAS Total	0-144	57-138	98.11 (16.56)	.90
DASS-21 Depression	0-42	0-42	11.33 (9.82)	.87
DASS-21 Stress	0-42	0-42	17.71 (10.00)	.83
DASS-21 Anxiety	0-42	0-42	10.26 (9.51)	.81
ACSI Cognitive	0-33	0-31	11.19 (5.78)	.75
ACSI Spiritual	0-24	0-24	9.08 (5.89)	.84
ACSI Collective	0-24	0-22	8.16 (4.46)	.69
ACSI Ritual	0-9	0-6	.54 (1.23)	.46
CECS Anger	7-28	8-28	17.97 (4.52)	.80
CECS Depression	7-28	7-28	19.43 (4.75)	.84
CECS Anxiety	7-28	8-28	19.55 (4.57)	.80
CECS Total	21-84	26-84	56.91 (11.10)	.88
Mammy	1-5	1.20-5	3.46 (.74)	.68
Superwoman	1-5	1.91-5	3.74 (.63)	.80

Note: Mask of Strength, Caretaking, and Self-Reliance refer to the SBWAS subscales.
Mammy and Superwoman refer to the SRBWS subscales.

Table 4. *Correlations between Demographic Items and Main Measures*

Variable	Age	Number Children	Education	Income
SBWAS Total	-.23**	-.03	.01	-.11
DASS-21 Depression	-.13*	-.11	-.04	-.19**
DASS-21 Stress	-.24**	-.03	-.07	-.14*
DASS-21 Anxiety	-.26**	-.16**	-.08	-.18**
ACSI Spiritual	.16**	.06	-.00	-.07
ACSI Collective	-.06	-.09	-.01	-.05
CECS Total	-.11	-.03	-.03	-.12*

Note: Correlations with education and income were conducted with Spearman's rho. *p <.05, **p <.01.

Table 5. *Conditional indirect effects of SBW Stereotype on Depression*

Moderator	Spiritual Coping	B	Boot SE	Boot LLCI	Boot ULCI
-1 SD	-.9861	.0074	.0033	.0015	.0145
Mean	.0000	.0060	.0026	.0011	.0115
+1 SD	.9861	.0045	.0022	.0009	.0096
Index of moderated mediation	----	-.0014	.0010	-.0040	-.0001

Table 6. *Conditional indirect effects of SBW Stereotype on Anxiety*

| Moderator	Spiritual Coping	B	Boot SE	Boot LLCI	Boot ULCI
-1 SD	-.9816	.0073	.0034	.0013	.0146
Mean	.0000	.0059	.0027	.0007	.0115
+1 SD	.9861	.0045	.0023	.0006	.0096
Index of moderated mediation	----	-.0014	.0009	-.0041	-.0001
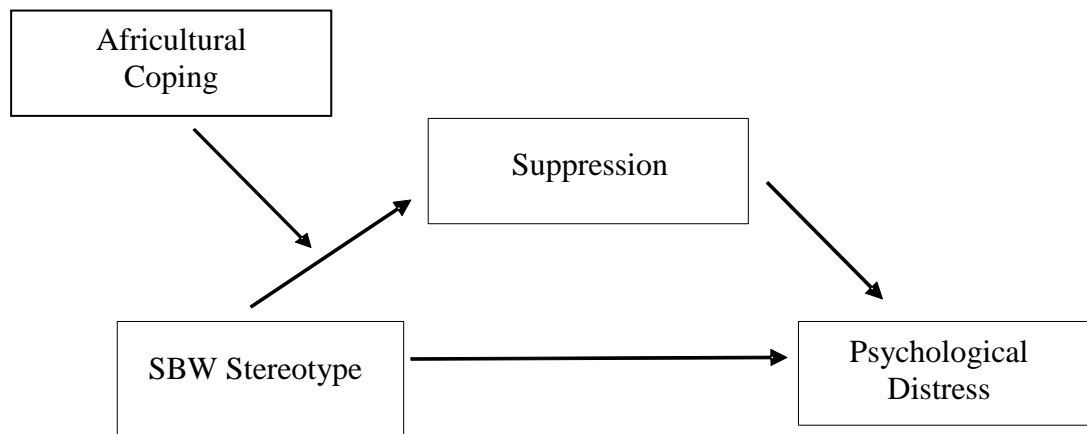
Figure 1. *Hypothesized Moderated Mediation Model*

```
              ┌─────────────────┐
              │   Suppression   │
              └─────────────────┘
        .3077***                    .0185*

┌─────────────────┐              ┌─────────────────┐
│  SBW Stereotype │              │    Depression   │
└─────────────────┘   .0231***   └─────────────────┘
```
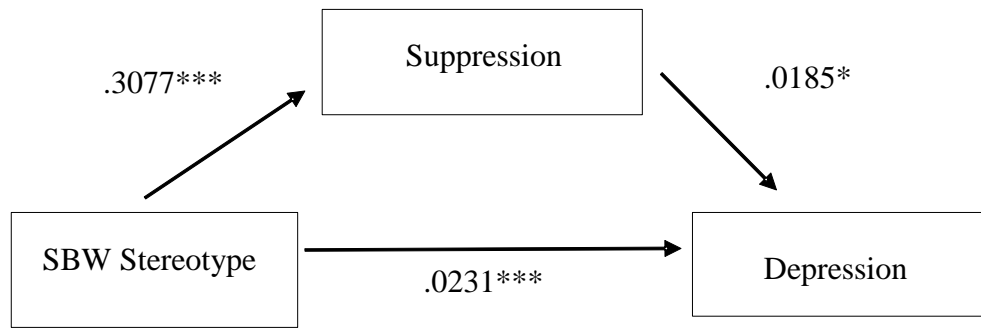
*p <.05; **p <.01; ***p <.001

Figure 2. *Mediation Model with Depression as Outcome Variable*

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```
          Suppression
 .3077***  ┌──────────┐  .0894
          └──────────┘
┌──────────┐            ┌──────────┐
│SBW Stereotype│ .2318*** │  Stress  │
└──────────┘            └──────────┘
```
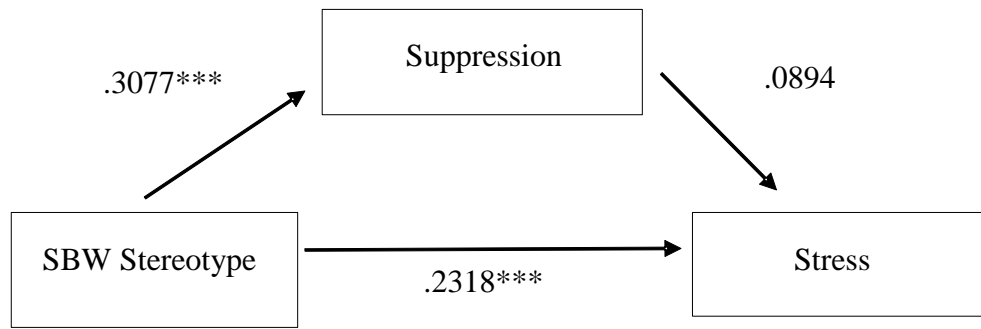
p <.05; **p* <.01; ***p* <.001

Figure 3. *Mediation Model with Stress as Outcome Variable*
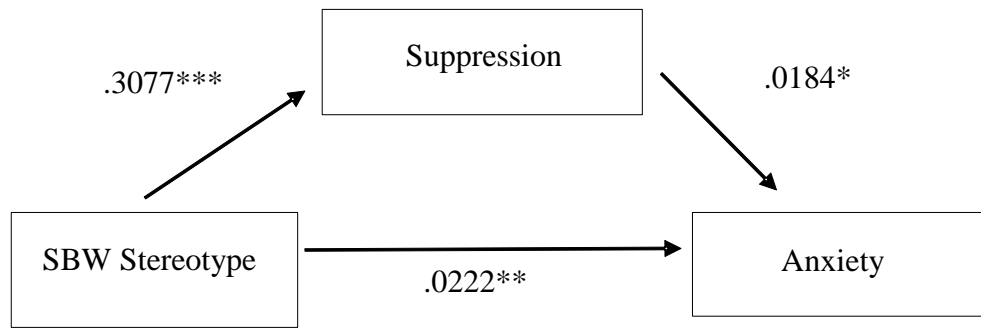
p <.05; **p* <.01; ***p* <.001

Figure 4. *Mediation Model with Anxiety as Outcome Variable*

APPENDICES

APPENDIX A

STRONG BLACK WOMAN ARCHETYPE SCALE

Instructions: Please read the following items and rate how often you think that each of the following statements applies to you.

1. I feel pressured to appear strong, even when I'm feeling weak.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

2. I do not let most people know the "real" me.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

3. Women of my race have to be strong to survive.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

4. I do NOT like to let others know when I am feeling vulnerable.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

5. I will let people down if I take time out for myself.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

6. I am often expected to take care of family members.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

7. I am always helping someone else.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

8. I have difficulty showing my emotions.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

9. I try to always maintain my composure.

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_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

10. I am overworked, overwhelmed, and/or underappreciated.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

11. It is difficult for me to share problems with others.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

12. I feel uncomfortable asking others for help.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

13. If you have a problem, you should handle it quietly and with dignity.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

14. I do not want others to know if I experience a problem.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

15. I find it difficult to ask others for help.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

16. If I fall apart, I will be a failure.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

17. I tell others that I am fine, even when I am depressed or down.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

18. It is important that I be/become financially independent and not expect a boy/girlfriend or husband/wife to support me financially.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

19. At times I feel overwhelmed with problems.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

20. In order to feel good about myself, I need to feel independent and self-sufficient.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

21. It is easy for me to tell other people my problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

22. People think that I don't have feelings.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

23. The women in my family are survivors.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

24. Often I look happy enough on the outside, but inwardly I feel overwhelmed and unhappy.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

25. I take on more responsibilities for others than I can comfortably handle.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

26. I feel guilty when I put my own needs before the needs of others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

27. I believe that it is best not to rely on others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

28. I often take on other people's problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

29. I am strong.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

30. I cannot rely on others to meet my needs.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

31. I need people to see me as always confident.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

32. I am independent.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

33. It is important for me to feel strong.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

34. I expect to experience many obstacles in life.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

35. Women of my race are stronger than women of other races.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

36. People often expect me to take care of them.

_____ Never _____Rarely _____Sometimes _____Frequently _____Almost Always

APPENDIX B

AFRICULTURAL COPING SYSTEMS INVENTORY

Please read the statements carefully. In order to respond to the statements you will need to think of a specific stressful situation that you have encountered within the past week or so. Such situations might have been related to your family, friends, school, job, romantic relationship or other things you consider important in your life. To help us understand the exact nature of the stressful situation, please write a brief description of the situation in the space provided below.
Use the line to describe your stressful situation.

_____

Now keeping this situation in mind, please indicate the extent to which you used each of the strategies described on the following pages to help you cope with the stress you experienced. Read each statement carefully, then indicate by circling **0 = Did not use, 1 = Used a little, 2 = Used a lot, or 3 = Used a great deal** to what extent you used it in your situation. Please answer every question.

1. Prayed that things would work themselves out.	0	1	2	3
2. Got a group of family or friends together to help with the problem.	0	1	2	3
3. Shared my feelings with a friend or family member.	0	1	2	3
4. Remembered what a parent (or other relative) once said about dealing with these kinds of situations.	0	1	2	3
5. Tried to forget about the situation.	0	1	2	3
6. Went to church (or other religious meeting) to get help from the group.	0	1	2	3
7. Thought of all the struggles Black people have had to endure and this gave me strength to deal with the situation.	0	1	2	3

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8. To keep from thinking about the situation I found other things to keep me busy.   0   1   2   3

9. Sought advice about how to handle the situation from an older person in my family or community.   0   1   2   3

10. Read a Scripture from the Bible (or similar book) for comfort and/or guidance.   0   1   2   3

11. Asked for suggestions on how to deal with the situation during a meeting of my organization or club.   0   1   2   3

12. Tried to convince myself that it wasn't that bad.   0   1   2   3

13. Asked someone to pray for me.   0   1   2   3

14. Spent more time than usual doing group activities.   0   1   2   3

15. Hoped that things would get better with time.   0   1   2   3

16. Read passage from a daily meditation book.   0   1   2   3

17. Spent more time than usual doing things with friends and family.   0   1   2   3

18. Tried to remove myself from the situation.   0   1   2   3

19. Sought out people I thought would make me laugh.   0   1   2   3

20. Got dressed up in my best clothing.   0   1   2   3

21. Asked for blessings from a spiritual or religious person.   0   1   2   3

22. Helped others with their problems.   0   1   2   3

23. Lit a candle for strength or guidance in dealing with the problem.   0   1   2   3

24. Sought emotional support from family and friends.   0   1   2   3

25. Burned incense for strength or guidance in dealing with the problem.   0   1   2   3

26. Attended a social event (dance, party, movie) to reduce stress caused by the situation.   0   1   2   3

27. Sung a song to myself to help reduce the stress.   0   1   2   3

28. Used a cross or other object for its special powers in dealing with the problem.   0   1   2   3

29. Found myself watching more comedy shows on TV.   0   1   2   3

30. Left matters in God's hands.   0   1   2   3

APPENDIX C

COURTAULD EMOTIONAL CONTROL SCALE

Below are listed some of the reactions people have to certain feelings or emotions. Read each one and indicate how far it describes the way you *generally* react using the following scale:

1	2	3	4
Almost never			Almost always

When I feel angry (very annoyed) …

1. I keep quiet	1	2	3	4
2. I refuse to argue or say anything	1	2	3	4
3. I bottle it up	1	2	3	4
4. I say what I feel	1	2	3	4
5. I avoid making a scene	1	2	3	4
6. I smother my feelings	1	2	3	4
7. I hide my annoyance	1	2	3	4

When I feel unhappy (miserable) …

1. I refuse to say anything about it	1	2	3	4
2. I hide my unhappiness	1	2	3	4
3. I put on a bold face	1	2	3	4
4. I keep quiet	1	2	3	4
5. I let others see how I feel	1	2	3	4
6. I smother my feelings	1	2	3	4
7. I bottle it up	1	2	3	4

When I feel afraid (worried) …

1. I let others see how I feel	1	2	3	4
2. I keep quiet	1	2	3	4
3. I refuse to say anything about it	1	2	3	4
4. I tell others all about it	1	2	3	4
5. I say what I feel	1	2	3	4

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6. I bottle it up   1   2   3   4
7. I smother my feelings   1   2   3   4

DEPRESSION ANXIETY STRESS SCALES-21

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (e.g., in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3

12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

APPENDIX E

STEREOTYPIC ROLES FOR BLACK WOMEN SCALE

Directions: This is a scale to determine attitudes and beliefs. There are no right or wrong answers. Please use the following scale to complete the questions.

Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5

1. Black women have to be strong to survive.   1   2   3   4   5

2. I am often expected to take care of family members.   1   2   3   4   5

3. If I fall apart, I will be a failure.   1   2   3   4   5

4. I often put aside my own needs to help others.   1   2   3   4   5

5. I find it difficult to ask others for help.   1   2   3   4   5

6. I feel guilty when I put my own needs before others.   1   2   3   4   5

7. I do not want others to know if I experience a problem. 1   2   3   4   5

8. People often expect me to take care of them.   1   2   3   4   5

9. I tell others that I am fine when I am depressed or down. 1   2   3   4   5

10. It is difficult for me to share problems with others.   1   2   3   4   5

11. I should not expect nurturing from others.   1   2   3   4   5

12. I am overworked, overwhelmed, and/or   1   2   3   4   5
underappreciated.

13. I am always helping someone else.   1   2   3   4   5

14. I will let people down if I take time out for myself.   1   2   3   4   5

15. It is easy for me to tell other people my problems.   1   2   3   4   5

16. I feel guilty if I cannot help someone.   1   2   3   4   5

APPENDIX F

DEMOGRAPHIC QUESTIONNAIRE

Please answer the following questions about yourself:

How old are you?	
What is your gender?	A. Male B. Female C. Transgender
What best describes your sexual orientation?	A. Heterosexual B. Lesbian C. Bisexual D. Would rather not say E. Other, Please describe: _____
What is your marital status?	A. Single B. Married C. Divorced D. Separated E. Widowed
What racial category best describes you?	A. Black B. White C. Asian D. Hispanic/Latino E. Biracial/Multiracial

What is your country of origin? (Examples: USA, Jamaica, Nigeria)	
How many children do you have?	A. 0 B. 1 C. 2 D. 3 E. 4 F. 5 G. 6 or more
Please indicate the highest level of education you have attained.	A. Less than high school B. High school diploma/GED C. Some college D. Associate degree E. Bachelor degree F. Some graduate school G. Graduate degree or higher
What is your occupational status?	A. Unemployed B. Employed part-time C. Employed full-time D. Retired

Choose the category that best describes your occupation.	A. Student B. Unskilled labor C. Machine operator or semi-skilled laborer D. Skilled manual laborer E. Clerical worker, or sales worker, or technician F. Administrative staff, or small business owner, or semi-professional G. Manager, or medium-sized business owner, or professional H. Executive, or large business owner, or professional
Please indicate your yearly household income.	A. < 10,000 B. 10,000-19,999 C. 20,000-29,999 D. 30,000-39,999 E. 40,000-49,999 F. 50,000-59,999 G. 60,000-69,999 H. 70,000-79,999 I. > 80,000

APPENDIX G

DEBRIEFING STATEMENT

The purpose of this study is to explore factors that contribute to the experience of psychological distress in Black women. For example, research has suggested that stereotypes exist which tend to portray Black women as strong and that this may result in feeling pressure to be strong. This pressure to be strong may influence levels of psychological distress. The findings of this study will examine the relationship between trying to be strong, coping strategies used, suppressing one's emotions, and psychological distress.

If you have any questions about mental health symptoms or conditions, you can visit the National Alliance on Mental Illness (NAMI) at www.nami.org. This website provides helpful information about mental health symptoms and conditions, treatment options, and finding support. You may also call the NAMI HelpLine Monday-Friday 10am-6pm, ET. If you are in crisis, you may call the National Suicide Prevention Hotline at 1-800-273-TALK (8255) 24 hours a day.

Thank you for your participation! Please feel free to share this survey with other women in your life who may also like to participate.

If you have further questions about participating, you may contact the Principal Investigator, Naomi Drakeford, M.A., at nmd31@zips.uakron.edu or her faculty advisor, Dr. Suzette L. Speight at slspeig@uakron.edu.

APPENDIX H

INSTITUTIONAL REVIEW BOARD APPROVAL FOR HUMAN SUBJECTS

RESEARCH

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NOTICE OF APPROVAL

Date: December 16, 2015

To: Naomi Drakeford,
        School of Counseling

From: Sharon McWhorter, IRB Administrator

IRB Number: 20151211

Title: Strong Black Women: An Exploration of Coping, Suppression and Psychological Distress

Approval Date: December 15, 2015

Thank you for submitting your IRB Application for review. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

- [ ] **Exemption 1** – Research conducted in established or commonly accepted educational settings, involving normal educational practices.
- [✓] **Exemption 2** – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
- [ ] **Exemption 3** - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.
- [ ] **Exemption 4** – Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.
- [ ] **Exemption 5** – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
- [ ] **Exemption 6** – Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact the IRB to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

[✓] Approved consent form/s enclosed

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