

Triple Jeopardy: Race-related Stress, Racial Identity, Coping Patterns, and Psychological Distress Among Elderly African American Women

Author: Kisha Bazelais

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BOSTON COLLEGE

Lynch School of Education

Department of Counseling, Development, and Educational Psychology
Counseling Psychology

TRIPLE JEOPARDY: RACE-RELATED STRESS, RACIAL IDENTITY, COPING
PATTERNS, AND PSYCHOLOGICAL DISTRESS AMONG ELDERLY AFRICAN
AMERICAN WOMEN

Dissertation
by

KISHA NICOLE BAZELAIS

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Abstract

Triple Jeopardy: Race-Related Stress, Racial Identity, Coping Patterns, and Psychological Distress Among Elderly African American Women

Kisha Nicole Bazelais, Ed.M., M.A

Dissertation Chair: Janet E Helms, Ph.D

The extant theory and research on race-related stress and coping has not adequately examined how internalized racial and gender socialization factors influence levels of stress and coping strategies of elderly African American women. Consequently, little is known about how to address their mental health concerns effectively. Therefore, the purpose of the present study was to investigate the complex relationships among racial identity attitudes, culture and gender specific coping strategies, and race-related stressors that have been hypothesized to affect psychological distress among elderly African American women.

Elderly African American women ($N = 125$), who were at least 65 years old, completed a demographic questionnaire and measures of Black racial identity (Helms, 2003), race-related stress (Utsey, 1999), Black women's coping strategies (Phields, 2002), and a mental health inventory (Veit & Ware, 1983). Three canonical correlation analyses were used to investigate how the women's appraisal of race-related stress, use of prototypical Black women coping strategies, and psychological distress were interrelated. Results of the analyses revealed four statistically significant patterns: (a) "Self-Reliant Internalization," women described by this pattern endorsed Internalization (transcendent

identity) as a primary appraisal strategy, self-reliance as a coping strategy, and less psychological distress; (b) “High SES,” women defined by this pattern used education, social class, and self-reliance as buffers against institutional race-related stress and psychological distress; (c) “Self-Reliant, Multiply Distressed,” a pattern in which greater individual and cultural race-related stress, were associated with use of self-reliance as a coping strategy and greater psychological distress; and (d) “Internalized Individual Racism as Stressors,” a pattern in which endorsement of the Preencounter (pro-White/anti-Black) and Immersion (pro-Black/anti-White) racial identity statuses as appraisal strategies were related to higher levels of individual race-related stress and psychological distress. Results were used to speculate about how the factors investigated might be integrated to form a model for addressing research and practice for elderly African American women. Limitations of this study and implications for research and practice, and future research are discussed.

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Chapter 1

Introduction

Racial discrimination is among the foremost societal issues that racial minorities in the United States continue to face in their daily lives despite federal laws such as the Civil Rights Acts of 1964, 1968, and 1991 laws that were established to prohibit racial and other forms of discrimination in employment, education, and use of public accommodations and facilities (Davis, Johnson, & Martinez, 2001). African American elderly women, ages 65 years and older, potentially have experienced life-long exposure to racism in the United States. Elderly African American women have unique experiences and mental health concerns, such as high rates of depression and anxiety (Barbee, 1992; Mills, 2000; Warren, 1994), which might be attributable to the chronic stress induced by experiences of race-based discriminatory practices. Yet little is known about the impact of race-related stress on their psychological functioning, nor is there much known about the protective factors that have helped many elderly African American women to cope with experiences of racial discrimination throughout their lifetimes.

According to US Census Bureau Statistics, the elderly population, which includes individuals 65 years and older, generally is increasing more rapidly than other age populations; yet it still remains one of the most underserved populations in the mental health field (Gatz & Symer, 2001). Recent census data reveal that in 2007 the African

American elderly population comprised about 8.3% of the older adult population in the United States (Administration on Aging, 2009). Elderly African American women comprise more than half of the African American elderly population due to having longer life expectancy rates than African American men. In fact in 2006, the average life expectancy rates for African American women at age 65 years was an additional 19.1 years, whereas African American men had an average life expectancy at age 65 of an additional 15.5 years (Administration on Aging, 2009). Despite US Census Bureau (2008) statistics that suggest that by the year 2050, older African Americans, in particular elderly African American women, will constitute the largest racial/ethnic minority elderly population in the US, there are very few studies that focus specifically on the issues and experiences of elderly African American women.

Some scholars have suggested that elderly African Americans experience “double jeopardy” due to their marginalized status as both a minority and an aged individual (Dowd & Bengston, 1978). However, for elderly African American women, who have multiple memberships in groups that have been traditionally marginalized, one could argue that they experience “triple jeopardy.” Elderly African American women are not only confronted with racial and age discrimination, but they are also subjected to gender discrimination, or *gendered racism*, which is defined as “negative White reactions, individual and institutionalized, to Black female characteristics” (Essed, 1991; p.31). The concept of *gendered racism* provides a more comprehensive conceptualization of the unique ways in which African American women experience oppression based on both

their gender and race. Clark, Anderson, Clark, and Williams (1999) provided a conceptual definition of *racism* as “the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or their ethnic group affiliation” (p. 805). As posited by Jones (1997), racial discrimination is multidimensional and can occur on three different levels: individual, institutional, and cultural. *Individual racism* refers to racial discrimination that is experienced on a personal level by African American women. Several examples of gender-focused individual racism include being labeled and treated as exotic, stereotyped as promiscuous African American women, or being sexually assaulted and harassed because of one’s race and gender. *Institutional racism* refers to institutional and social policies that deny or exclude African American women from opportunities that are offered to White American women. Examples of gender-focused institutional racism include being denied a job or being given menial jobs, poor housing, and lack of access to quality health care. *Cultural racism* can be experienced when notable contributions made by racial minority groups are ignored or regarded as inferior compared to the contributions of the White Americans. Some examples of gender-focused cultural racism include the exclusion of historical contributions made by women of Color in school curriculums and textbooks, and a lack of positive representation of racial and ethnic women in the media (Jones, 1997; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Elderly African American women may have been exposed to these various forms of racism throughout the course of their lifetimes; yet even though racism is potentially a chronic source of stress that might adversely

affect the well-being of African Americans generally, the greater longevity of African American women relative to their male counterparts suggests that it may not affect them in the same ways.

It appears that elderly African American women may be at a higher risk of experiencing race-related stress and poor psychological and/or physical outcomes as compared to women from other racial and ethnic groups. In fact, studies examining the relationship between racism and physical health have demonstrated that African American women experience a disproportionately high rate of stress-induced physical health problems, such as hypertension, cardiovascular disease, and cerebrovascular disease relative to White women (Office on Women's Health, 2006). The higher incidence of stress-related health concerns among African American women may in fact be masking underlying emotional and psychological concerns related to chronic experiences of race-related stress.

Although Black women have seldom been the primary focus of racism and mental health research, several researchers have found that being the target of a racially motivated act, whether it is overt or subtle, chronic or acute, tends to have an adverse effect on the mental health of its victims (Clark et. al., 1999; Fernando, 1984; Thompson Sanders, 1996; Utsey & Ponterotto, 1996; Utsey et. al., 2000). Reported mental health effects include the onset of psychological disorders such as depression, anxiety, hopelessness-helplessness, (Clark et al., 1999; Fernando, 1984; Jackson, Brown, William, Torres, Sellers, & Brown, 1996; Thompson Sanders, 1996). It is plausible that race-

related stress is as much an underlying catalyst for each of these disorders in elderly African American women as it seems to be for other types of samples.

In Utsey, Payne, Jackson, and Jones's (2002) study of race-related stress, quality of life, and life satisfaction among elderly African Americans, an aggregated sample of African American elderly women and men reported experiencing poorer psychological health related to institutional racism-related stress, such as policies and practices that restricted opportunities or access to resources. Additional empirical research has also demonstrated a link between institutional racism (e.g., lack of preventative health services, lack of quality health care, poor delivery of health services, and lack of insurance coverage), and poor physical health status of elderly African American women (Brotman 2003; Shellman, 2004; Sullivan-Bolyai, Bova, & Harper, 2005; Utsey et al., 2002). For example, elderly African American women have reported frequently being treated dismissively by service providers, not receiving the same care and respect provided to their White counterparts, and often being subjected to racist assumptions and comments from health care providers (Barbee, 2002; Brotman, 2003; Shellman, 2004). It seems likely that institutional racism in health care facilities might contribute to increased race-related stress for African American women who seek services from such institutions.

Unfortunately, the effects of race-related stress on the mental health of elderly African American women has yet to be adequately addressed by mental health professionals or researchers, although scholars and researchers have developed a variety of models to potentially account for the associations between racism and mental or

physical health outcomes. The focus of the present study is the integration of three conceptual approaches that have been used to consider factors that contribute to health concerns or psychological distress for African Americans generally, but for elderly African American women very little if at all. The theoretical or conceptual approaches are racial identity (Helms, 1985), racism-related stress theory (Harrell, 2000) and stress-and-coping approaches (Outlaw, 1993; Slavin, Rainer, McCreary, Gowda, 1991; Woods-Giscombe & Lobel, 2008). Racial identity theory proposes that elderly African American women (in this case) have developed and internalized different strategies for appraising or making sense of racism in their lives. The basic premise of the racism-related stress models is that experiences of racism can occur at multiple levels, and can adversely affect the mental health of elderly African American women through the experience of stress, and through its' influence on mediators of stress (e.g., coping strategies). Coping strategies perspectives assume that certain coping strategies reduce stress, whereas others aggravate it (Outlaw, 1993; Slavin et al., 1991; Woods-Giscombe & Lobel, 2008).

While previous research has found that certain racial identity attitudes are predictors of psychological outcomes and use of various coping strategies (Neville, Heppner, & Wang, 1997). Only a few empirical studies have actually examined how racial identity statuses are related to experiences of race-related stress, psychological well-being or coping (e.g., Caldwell et. al, 2004; Franklin-Jackson & Carter, 2007) but to date, no study has examined whether Black racial identity statuses interact with coping strategies, race-related stress, and psychological functioning. Examining how Black

racial identity statuses influence the stress and coping process may help to provide a comprehensive understanding of the within-group differences that exist among African American elderly women, as well as the internal factors that may serve as buffers against psychological distress. Consequently, many unanswered questions remain with respect to what factors help or have helped to protect African American elderly women against the adverse effects of racial discrimination.

Most research that has assessed African American women's stress has used Harrell's (2000) race-related stress model to examine the impact of racism on the women's physical health and mental health without examining appraisal strategies or mediating effects. Other scholars have used specific gender-related stress models to examine experiences of gender discrimination or sexism in African American women without considering racism as a correlate or aggravating factor (Moradi & Subich, 2003). According to Woods-Giscombe and Lobel (2008), the stressors to which African American women are exposed and their manner of appraising the stressors is reflective of the women's histories, their marginalized position in society, and their racial and gender socialization experiences. Therefore, Woods-Giscombe and Lobel argue that models used to conceptualize stress of African American women should take into account both race and gender-specific experiences, instead of one or the other. Race and gender seem to be salient factors for African American women, each of which contributes to how they experience and cope with racism. Yet, little is currently known about the race-related stressors experienced by this population, thus it is important to gain a clearer

understanding of the stress and coping processes of elderly African American women who potentially have been exposed to lifelong racial discrimination.

An essential question to address is how the women cope with potential racial stressors. Several theorists have posited that the strategies African American women use to help them cope effectively with racism are often passed down from generation to generation and are essential components of their cultural socialization experiences (Bell & Nkomo, 1998; Greene, 1994; Jackson & Sears, 1992). For example, it has been argued that many African American women are socialized to be “phenomenal women,” who are self-reliant and embody a sense of tenacity which includes being persistent, tough, and maintaining emotional strength in order to deal with the stressors or challenges that come their way (Bell & Nkomo, 1998; Phields, 2002). Although it has been argued that these are adaptive coping strategies, Phields contends that overreliance on oneself to overcome racism in its various forms may contribute to psychological distress. Most of the literature on the coping strategies of African American women has not focused on elderly women or the culture-specific coping strategies hypothesized to characterize them (e.g., self-reliance or tenacity). Therefore, it is not clear whether they alleviate stress over time or aggravate it. As a first step in determining the long-term health consequences on African American women of race-related stress, it is important to examine which strategies seem to have been most effective in helping them to manage stress.

The purpose of the present study was to investigate how racial identity statuses, racism stressors, and culture-specific coping strategies interact to either reduce or

contribute to psychological distress among elderly African American women. Specifically, I examined the relationships among Black racial identity statuses as appraisal strategies, the use of prototypical Black women coping strategies (e.g., tenacity and self-reliance) and how the coping strategies, in turn, affected psychological outcomes in elderly African American women. Additionally, I examined how different forms of race-related stress e.g. individual, institutional, cultural) were associated with the coping strategies used by elderly African American women, and its relationship to their psychological distress. Lastly, I examined the association between Black racial identity statuses as appraisal strategies, the use of coping strategies, and its relationship to experiences of race-related stress and psychological distress in elderly African American women. Ideally, the present study was intended to provide an integrated model for addressing elderly African American women's mental health concerns.

Elderly African American women fill important roles within the African American community which often extend beyond their roles as grandparents. For example, in addition to being care-takers for their own grandchildren, many African American elderly women often take on the important role of maintaining structure within their community by disciplining and passing down cultural traditions and wisdom to African Americans youths within their neighborhoods and churches (Coke & Twaiete, 1995; Collins, 1991). Thus, research aimed at understanding the mental health concerns of this population is of the utmost importance given the significant role that African American elderly women play in the lives of younger generations of African Americans

and within society. Through better understanding of the stressors affecting elderly African American women and the factors that help protect them against adverse psychological outcomes, service providers working with this population will be able to provide them with more effective services that may help elderly African American women to achieve a greater sense of well-being, and perhaps promote positive health outcomes. Additionally, it may help elderly African American women to be able to continue their efforts in sustaining their African American communities. Elderly African American women will also likely benefit from improved interventions that incorporate methods that help strengthen their existing effective coping strategies and reduce any potentially harmful strategies that may be exacerbating their mental health issues.

Chapter 2

Review of Literature

Elderly African American women may be more prone to health and mental health issues because they potentially have been subjected to discrimination due to racism and sexism throughout their lifetimes (Barbee, 1992; Mills, 2000; Office on Women's Health, 2006; Warren, 1994). Moreover, living long enough to become "elderly" adds another possible focus of discrimination to their lives (Dowd & Bengston, 1978; Gatz & Symer, 2001). However, the theory and limited research that have focused on this population have not considered the within-group diversity that exists among elderly African American women or the factors that might have helped some elderly African American women cope more effectively with racism than others. In this literature review, *elderly African American women* refers to women of Color, ages 65 and older, who were born and raised in the United States and who report having some African ancestry.

Efforts to understand how race and gender influence the mental health issues of African Americans have generally focused on either racism (Utsey et. al, 2002), racial identity (Neville et al., 1997), or coping strategies (Pillay, 2005) as contributors to psychological distress. However, none has attempted to integrate these components in a manner that addresses the mental health issues of elderly African American women.

With respect to mental health issues, some factors that have been suggested as having some effects on these women's capacity to cope effectively with race-related

stress are (a) the diversity of their racial experiences, (b) the nature of the coping strategies that they have developed in response to such experiences, and (c) the manners in which they appraise or make sense of racial events or stressors. The first section of the present literature review focuses on historical life experiences of elderly African American women and racial socialization experiences that might contribute to development of race-related stress in their lives and perhaps mental health concerns more generally. Two subsequent sections focus on stress- and-coping models for the purpose of identifying coping strategies that have been considered prototypical of African American women and Helms's Black racial identity development model, which has been used in previous research to describe within-group differences in women's manner of appraising race-related stressors (Franklin-Jackson & Carter, 2007; Moradi & Subich, 2003; Warren, 2004).

Experiences of Elderly African American Women as Racial Stressors

From a historical perspective, elderly African American women allegedly have had uniquely stressful historical and sociocultural experiences in U.S. society. Their experiences define the stressors that they are exposed to, their interpretation of those stressors, and the stressors' subsequent psychological impact (Brown, Parker-Dominguez, & Sorey, 2000; Jackson, Hogue, & Phillips, 2005; Jackson, Phillips, Hogue, & Curry Owens, 2001). The stressful experiences related to limited educational access and work-related discrimination that African American women deal with (i.e., institutional stressors)

may be life-long experiences that possibly contribute directly to elderly African American women's experiences of race-related stress.

Historical Experiences

Proponents of racism and/or gender discrimination as the source of African Americans' psychological distress locate its origins in historical events (Chatters & Jackson, 1989; Harrell, 2000; Shenk, 2000). Throughout the years, African American elderly women may have witnessed and/or have been a part of sociopolitical movements that have led to many positive and negative variations in race relations and social policies that may have directly affected the social status of African Americans and other racial and ethnic minority groups collectively, but may have also affected them as individuals. Elderly African American women may have experienced living through positive historical events, such as the Civil Rights Movement, the Brown vs. The Board of Education Supreme Court decision, the passing of the Voter Registration Act (Gilmore, 1966), and the rise of the Black Panther Party, as well as negative events, such as the era of Jim Crow laws, the numerous lynchings of African Americans, rape and sexual assault of African American women, and the assassinations of activists, such as Malcolm X and Martin Luther King, Jr. (Chatters & Jackson, 1989). Additionally, some elderly African American women may be members of a generation that perhaps grew up listening to their parents' and grandparents' stories of having lived through the period of Jim Crow laws and slavery (Shenk, 2000). Not all elderly African American women have experienced all of these race-related sociopolitical events in the same manner or to the same extent; so

they may differ in the extent to which they perceive such historical events as stressful or personally meaningful to themselves.

Nevertheless, these race-related historical events may be responsible for the types of everyday racism that exist in contemporary society and to which the women may have been exposed even if the women are unaware of the origins of the discrimination that they face. Early racial socialization experiences and exposure to different types of race and/or gender discrimination experiences might contribute to psychological distress among elderly African American women.

Stressful Life Experiences of Elderly African American Women

Most of the literature on racial discrimination effects on African American women focuses on institutional racism (Kreiger & Sidney, 1996; Mays, Coleman, & Jackson, 1996). *Institutional racism* refers to the institutional and social policies that deny or exclude African American women from opportunities that are offered to White Americans. Some of the types of institutional racism that elderly African American women have had to contend with include limited access to educational and employment opportunities based on their race and gender and balancing multiple roles in their families and communities (e.g., care-giving, financial responsibilities) because of cultural expectations that Black women are supposed to fulfill such roles and the not necessarily voluntary absence of African American men in the family system and community (Collins, 1991).

African American women, who were born during the early 1930's and 1940's, the decades that are most germane to the focus of the current study, faced a number of struggles with respect to their race and gender. Their choices of employment and educational opportunities were extremely limited. For example, for many of the African American women, who were able to obtain an education, the range of occupations available to them included teaching or nursing (Shenk, 2000). For women who were not able to obtain a formal education, they were often employed outside of the home in domestic positions (e.g., housekeeper, nanny, cook) for White employers where they were subjected to racial discrimination and unwanted sexual advances by their male employers (Collins, 1991).

Although elderly African American women born during the late 1940s had more educational and employment opportunities available to them following the Brown vs. Board of Education decision, they still experienced discrimination in the form of lower wages, relative to African American men and White women and they experienced multiple stressors in their places of employment. For example, Mays, et al.'s (1996) study, examining the relationship of perceived race-based discrimination to labor force participation of Black women's ($N = 1,301$) job related stresses indicated that, for many African American women, experiences of racial discrimination occurred within the workplace, and were significantly related to perceived job-related stress. In addition, experiences of racial discrimination on the job lessened the women's engagement in

activities toward advancement, skill development, and interracial interpersonal working relationships.

It has been argued that the numerous life experiences and stressors, which African American elderly women manage throughout their lifetimes, accumulate and place them at risk for stress-induced psychological issues such as depression and anxiety (Barbee, 1992; Mills, 2000; Warren, 1994). Dealing with these multiple stressful life experiences may have challenged African American women to develop effective coping strategies as early as childhood to handle racial oppression in its different manifestations. Yet there is little empirical research examining how their internalization of these messages has influenced the coping strategies that these women have used to manage race-related stress throughout their lifetimes.

Sociocultural Stressors and Coping Strategies

African American women's multiple roles in their families and communities have been considered to be types of stressors, as well as the source of the women's development of effective coping strategies. Within African American communities, elderly African American women function as the backbone of their families and their communities. They are expected to be resourceful, energetic, courageous, hard-working, and significant figures in maintaining the stability and continuity of the Black family and community (Shenk, 2000, p. 112), although it is not clear whether these expectations are lifelong and/or persist into old age.

Generally, African American women have had to bear a number of responsibilities, such as providing emotional and financial support for their immediate and extended families, working, raising children sometimes in single-parent households, and taking care of their community (Collins, 1991; Shenk, 2000). Many elderly African American women have had to manage these multiple roles throughout the course of their lives, and often continue to serve in multiple roles as elders. For example, often when young African American parents are not able to care for their children due to illness or legal issues, the grandmother or great-grandmother will take on the role of raising the child in the absence of the biological parent(s) (Boyd-Franklin, 2003; Shenk, 2000).

Collins (1991) asserts that older African American women have made significant contributions in helping to promote community development within the Black community by serving as community othermothers. According to Collins, *community othermothers* is a term used to describe women who help biological mothers raise their children by sharing the daily childcare responsibilities. Elderly African American othermothers are often perceived by the African American community as powerful individuals, and are described as being wise and strong Black women because of their ability to raise their own children, as well as other children (Peterson, 1990). In their role as community othermothers, older African American women have been essential in helping to uplift and empower younger Black women and men through instilling values that represent a level of caring, personal responsibility, and accountability towards one's family and community.

Although African American elderly women may be positively perceived within their own communities, the perceptions of older African American women and African American women in general are not as positive within the larger society. For example, Lips (1999) points out that the stereotype of the Black matriarch, which is an African American woman who is viewed as very dominant, assertive, and self-reliant, has often been used against African American women as a way to accuse them of emasculating their men. Other stereotypes that have been used to devalue African American women throughout the years include being described as Mammy-figures, Jezebels, Sapphires, and welfare queens. These stereotypical assumptions of African American women which are often seen in the media are forms of *cultural racism*, which refers to when positive aspects or contributions made by African American women are denigrated and made to seem inferior. Some of the negative associations accompanying these stereotypical images include the idea that African American women are promiscuous, irresponsible, bad mothers, masculine, aggressive, and undesirable (Jewels, 1993). These negative stereotypes of African American women have greatly affected how they have been treated in various domains such as work, educational settings, healthcare settings, and social situations. The direct experiences of being treated differently based on these negative stereotypes are examples of *individual racism*, which refers to racial discrimination that is experienced on a personal level by African American women.

Serving in multiple roles can be added sources of stress for elderly African American women, but the ability to occupy multiple roles may also suggest the presence

of coping strategies that allow them to shoulder many responsibilities, such as self-reliance and tenacity. Phields (2002) describes *self-reliance* as African American women's ability to rely and provide for themselves or their families with or without support from other people, whereas *tenacity* is described as their ability to maintain emotional strength, toughness, and persistence.

Elderly African American women may be essential pillars in the African American community who help to hold the community together and pass down knowledge, traditions, and values to younger African American generations. Yet not all elderly African American women serve in these family and community roles, but they may have learned the same coping strategies (e.g., self-reliance, tenacity) as those African American women who do serve. Consequently, it is important to discover what factors enable African American women to manage stress associated with multiple roles as they age and to negotiate the racial/gender barriers that they encounter.

Consequences of Stressors

Two types of stress may result from the multiple roles that African American women perform or the multiple sources of discrimination that they experience, psychological distress or race-related stress. *Psychological distress* may be defined as the emotional and psychological symptoms that result from exposure to stressors that an individual is unable to effectively manage (Dohrenwend & Dohrenwend, 1974), whereas *race-related stress* may be defined as the stress induced by race-related and gender-based

discrimination encounters experienced at the individual, institutional, and/or cultural levels (Harrell, 2000; Utsey & Ponterotto, 1996).

Psychological Distress

There is a dearth of information as well as discrepancies in the research regarding the rates of mental health disorders in older African American women (USDHHS, 1999). Although various theorists (Black et al., 2007; Mills, 2000) suggest that elderly African American women may be faced with a range of mental health concerns (e.g., depression, anxiety) as they get older, studies of older African American women have found that these women generally tend to report fewer depressive symptoms than elderly White women (Mui & Burnette, 1996). A few studies that have used aggregated samples of elderly African American women and African American men, have found that older African American women reported high rates of psychological distress, prevalence of depressive symptoms, and psychosomatic symptoms (Bazargan, 1996; Blazer, Hays, & Salive, 1996; Brown, Schulberg, & Modonia; 1996; Ford, Haug, Roy, Jones, & Folmar, 1992). Yet others studies have shown that no significant differences in levels of symptoms between elderly African American women and men (Brown, Milburn, & Gary, 1992).

Moreover, some researchers have found that elderly African American women may be at a higher risk for developing mental illness due to various factors such as disability from chronic medical conditions, caregiver strain, social isolation, bereavement, exposure to traumatic events, poor access to health care, and low sense of

personal control than White American women (Areán & Reynolds, 2005; Artinian, Washington, Flack, Hockman, & Jen, 2006). So, it is possible that the responsibilities of functioning in multiple roles may contribute to the psychological distress of African American women in the latter stages of life.

Empirical Studies of Psychological Distress

In one study, Blazer, Landerman, Hays, Simonsick, and Saunders (1998) examined symptoms of depression in an aggregated sample of elderly African American and White older adults ($N = 3401$). Older African Americans comprised 54% of their sample. Blazer et al. found that African Americans were more likely to report symptoms of depression, such as less hope about the future, poor appetite, difficulty concentrating, and being more 'bothered' than usual in comparison to elderly White Americans. However, when education, income, cognitive impairment, chronic health problems, and disability were controlled for, the racial differences in self-reported depressive symptoms and life satisfaction disappeared. Blazer et al.'s findings suggest that when systemic factors (e.g., income and education) and individual level health conditions (e.g., cognitive impairment) are controlled for, minimal differences exist in psychological symptoms between elderly African Americans and older White Americans. A limitation of their study was that the researchers failed to include any information on the gender breakdown of their sample, and did not conduct analysis on gender differences. Thus, it is impossible to make any specific interpretations about factors contributing to psychological distress of the elderly African American women in Blazer et al.'s study.

In a qualitative study, Black et al. (2007) examined experiences of depression in 20 elderly African American women using ethnographic interviews. Their sample was 80 years old and older. Black et al.'s findings suggested that although elderly African American women perceived depression as a diminishment of personal strength, they also believed that it was their duty to reclaim their strength by relying on their personal characteristics and talents. These findings are consistent with theoretical assertions that elderly African American women continue to maintain a sense of strength and perseverance even though they may be experiencing psychological distress.

Summary

In sum, research examining psychological distress in elderly African American women seems to suggest that significant discrepancies exist in the prevalence rates of mental health issues. Therefore, further research is warranted to ascertain what are the mental health issues faced by this population, and what factors contribute to their experience of psychological distress.

Race-Related Stress

Some literature on race-related stress suggests that experiences of racial discrimination are a chronic source of stress for African Americans that often results in adverse psychological outcomes, such as general psychological distress, depression and anxiety compared to women in other racial and ethnic groups (Clark, 2006; Giscombe & Lobel, 2005; Krieger, 1990; Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003; Schulz et al., 1996). According to Harrell (2000), racism can damage the psychological

well-being of individuals and groups through the experience of stress, as well as through its effects on mediators of stress (e.g., coping style, support resources). Thus, when elderly African American women are exposed to racial stressors, they may affect the women's levels of psychological distress and coping mechanisms if the racial stressor is deemed a threat to their well-being or exceeds their coping resources.

Empirical Studies on Race-Related Stress

Studies examining the relationship between race-related stress and psychological health among the elderly are quite rare. In a recent study by Utsey et al. (2002), the authors sought to examine relationships among race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. In Utsey et al.'s study, elderly African Americans ($N= 113$) were given the Index of Race-Related Stress (IRRS; Utsey & Ponterroto, 1996), a life satisfaction measure and a health survey. Their participants consisted of 87 women and 26 men who ranged in age from 55 to 93 years old. According to the results of the investigators' MANOVA analyses, there were significant gender differences with the elderly African American women reporting lower levels of institutional and cultural racism-related stress than the elderly African American men. Also, Utsey et al. conducted several multiple regression analysis to determine if race-related stress significantly predicted psychological health and found that experiences of institutional racism were the only statistically significant predictors of psychological health status. Specifically, the findings indicated an inverse relationship between the mental health status of the elderly respondents and institutional race-related stress

experiences, which suggests that institutional race-related stress has a negative impact on the mental health outcomes of this population.

Utsey et al.'s study provides evidence that race-related stress is in fact experienced by some elderly African Americans, and may have an adverse impact on their quality of life and overall mental health. Although, the investigators found that the elderly women in the study reported lower levels of reported higher levels of institutional and cultural racism-related stress compared to the elderly men, this in no way implies that elderly African American women do not experience race-related stress. However, it does illustrate the importance of research focused specifically on understanding how African American elderly women are affected by race-related stress separately from men. When investigators combine African American men and women in their samples and study the same factors across genders, it is difficult to capture either group's unique experiences with racial discrimination or its impact on their psychological functioning.

In Broman, Mavaddat, and Hsu's (2000) community based exploratory study examining the experience and consequences of discrimination among African American adults ($N = 312$), from the ages of 18 to 60 or older, the female participants comprised 67.3% of the sample, and the males were 32.7%. Broman et al. (2000) found that 60% of their Black participants reported that they had been discriminated against in the past 3 years. They also found that those who reported experiencing discrimination exhibited lower levels of mastery, control, problem solving and higher levels of psychological distress. However, there was significant variation in the incidences of discriminatory

experiences by age and gender with older participants reporting fewer discriminatory incidents than younger participants, and men reporting greater job discrimination and discrimination by the police compared to women. Broman et al.'s study is an important study that provides insight regarding the interaction between experiences of racism and significant socio-demographic factors such as gender and age.

In a phenomenological study of the worldviews, cultural heritage, and life experiences of African American elders, Shellman (2004) examined the lived experiences of African American elders with respect to growing up as an African American, going to school, and first job experience. Primary themes that emerged from her study included never being asked about their experiences of the past and what it was like for them growing up as an African American, coping with racial discrimination, the pain of discrimination, and self discoveries of their strengths, coping mechanisms, and accomplishments. Similarly, in another study Daniels (2004) conducted biographical case studies that examined African American elderly women's manners of coping with family traditions, lifestyle changes, growing old, and their perceptions of race. Findings from Daniels' study indicated that race was more salient in their lives than gender, and that education, family support and religion were important factors in the lives of these women, and in many ways had helped them cope with experiences of racial discrimination.

Summary

In sum, Utsey et al. (2002) found that various forms of race-related stress experiences adversely affected the psychological health of elderly African American women. Broman et al. (2000) found variation in the incidences of discriminatory experiences by age and gender. Additionally, Shellman (2004) and Daniels (2004) found that elderly African American described society's negative perceptions of them as factors that contributed to their diminished psychological well-being. All four studies suggest that elderly African American women may experience different forms of racial stressors that may potentially have an adverse psychological impact on them. Yet none of the studies have examined whether within-group differences in stress appraisal might account for differences among the women with respect to development of psychological distress.

Racial Identity as a Form of Stress Appraisal

Some researchers have suggested that racial identity development models describe different forms of appraising experiences of race-related stressors (Carter, 1995; Helms, 1995; Neville et al., 1997). A number of different racial identity theories and models currently exist for various racial and ethnic groups. However, for the purposes of this study, Helms's (1995, 2003) Black racial identity development model will be used. According to Helms (1995), *Black racial identity development* is described as a maturation process that Black Americans go through where they potentially develop coping strategies ranging from internalized racism to integration of a positive racial group identity.

In Helms's (2003) Black racial identity model, there are five ego statuses that individuals potentially develop and use to make sense of racial stressors. She describes ego statuses as information processing strategies that guide people's cognition, emotions, and behaviors in response to racial stressors or cues. The statuses are (a) Preencounter; (b) Post-Encounter; (c) Immersion; (d) Emersion; and (e) Internalization. The statuses may be adapted to speculate about how elderly African American women might appraise racial stressors in their lives. For example, an elderly African American woman whose primary racial identity appraisal strategy is less sophisticated, and characterized by an internalized pro-White/ anti-Black perspective (Preencounter), will be less aware of, or deny that racism exists, thus she will not be able to anticipate racist encounters or access appropriate coping strategies to manage racial stress. For an older African American woman using Post-Encounter, which is a status characterized by confusion about one's racial group, she may not readily anticipate racist encounters, and when confronted with racial discrimination, she will not have the coping resources in place to deal effectively with it, as a result may potentially experience a significant amount of distress. An elderly African American woman using the Immersion status as an appraisal strategy, a status described as pro-Black/ anti-White, may be hypervigilant and more prone to appraising race-based encounters as racially stressful. In addition, she may have a few coping resources to deal with race-related stress, but depending on her state of emotional distress she may not be able to access strategies that help to reduce her level of psychological distress. An elderly African American woman using the Emersion status,

as an appraisal strategy, which is the status characterized by contentment and joy with one's racial group will be able to anticipate racist encounters, and will readily be able to access coping strategies to manage race-related stress. Lastly, Helms suggests that an elderly African American woman, whose primary racial identity appraisal strategy is more sophisticated (i.e. Internalization) is acutely aware that racism exists, can anticipate racist encounters, and also has the coping strategies in place to deal effectively with racism. Having this level of awareness and the ability to access certain coping strategies to deal with racist encounters can potentially help to buffer the negative impact of racial discrimination.

Empirical Studies Examining Racial Identity Statuses

Carter (1995) provided an extensive review of studies that have been conducted on Black racial identity development. In this review, he provides an overview of how the different racial identity ego statuses have been related to various mental health outcomes. Less sophisticated racial identity ego statuses, Preencounter and Encounter, have been associated with negative mental health outcomes such as high levels of anxiety and depression. The Immersion-Emersion ego status has been found to be associated with high levels of depression and anxiety. On the other hand, Internalization the more sophisticated ego status has been found to be associated with lower levels of depression. Overall, this line of research has been crucial in demonstrating the importance of studying racial and cultural issues in psychology, and has helped to challenge the notion that racial categories should be used as proxies for psychological constructs (Helms et al.,

2005).

Despite the number of studies on racial identity, only a few studies have focused specifically on racial identity attitudes and experiences of racism or race-related stress. In a study with a college student population, Neville et al. (1997) examined the relations among racial identity statuses, general stressors and coping styles. Their sample was 90 Midwestern African American college students ($N = 61$ women), who ranged in age from 17 to 39 years. The participants were administered the Black Racial Identity Scale-Long Form (RIAS; Helms, 1990), a measure of racial stress, and two problem solving inventories (Edmunds, 1984; Heppner, 1988; Heppner, Cook, Wright, & Johnson, 1995).

Neville et al.'s results from a series of multiple regression revealed that Immersion-Emersion contributed uniquely to the prediction of general perceived stress and problem-solving, such that higher Immersion-Emersion attitudes were associated with lower levels of psychological health, greater perceptions of general stressors, and greater use of suppressive coping styles such as avoidance of problem-solving activities. Surprisingly, Internalization attitudes were found to be inversely related to perceptions of culture-specific racial stressors, suggesting that individuals who endorsed Internalization attitudes either had fewer experiences of culture-specific stressors or were less bothered by them, whereas Encounter attitudes were related either to greater perceptions of culture-specific racial stressors or higher levels of stress attributable to them. Neville et al.'s study provides support for the link between racial identity and perceptions of perceived general and race-specific stress and coping strategies by demonstrating that

different racial identity statuses were associated with racial stressors and coping strategies in different ways.

In another study examining the relationship between racial identity statuses, and psychological health in a sample of African American college students ($N = 136$), which consisted of 82 (61.3%) women and 54 (39.7%) men who ranged in age from 18 to 24 years old, Pillay (2005) found that Black racial identity statuses contributed above and beyond gender and acculturation to African American students' mental health outcomes. Specifically, African American students who endorsed attitudes associated with the internalized racism statuses (e.g., Preencounter and Post-Encounter), had more negative psychological outcomes, such as higher levels of psychological distress. Moreover, there were no significant gender differences found in racial identity statuses, and levels of acculturation for the women and men in Pillay's study.

In a more recent study, Franklin-Jackson and Carter (2007) examined the relationships between racism-related stress, racial identity, and psychological health among Black American adults ($N = 255$; 121 women and 134 men) who ranged from the ages of 18 to 81 years old. In this study, participants were given a demographic form, the Index of Race-Related Stress- Brief version (IRRS-B; Utsey, 1999), the Mental Health Inventory (MHI; Veit & Ware, 1983), and the Black Racial Identity Attitudes Scale—Long Form (BRIAS-L, Helms & Parham, 1996).

Although Franklin-Jackson and Carter found no significant gender differences, the results of their hierarchical regression analysis indicated that racism-related stress and

racial identity were significant predictors of psychological outcomes. In addition, they found that individual racism predicted higher levels of psychological distress than experiences of cultural or institutional racism, which did not predict psychological distress for their sample.

With respect to racial identity, Franklin-Jackson and Carter (2007) found that racial identity and racism-related stress predicted psychological distress, with racial identity accounting for more of the variance in psychological distress. Moreover, the results of their study indicated that racial identity also predicted psychological well-being, over and above racism-related stress. Specifically, their findings revealed that when levels of Preencounter were high, psychological distress was high. Also, when Internalization was high, psychological well-being was high. Higher levels of Internalization were associated with psychological well-being. The results of the Franklin-Jackson and Carter study are particularly important because they suggest that racial identity statuses may function as a filter for race-based experiences and mental health outcomes, but also that the racial identity statuses might not contribute to healthy or unhealthy outcomes in the same way.

Jones, Cross, and Defour (2008) examined race-related stress, racial identity attitudes, and mental health specifically among Black women in a single study. It is important to note that, in their study, the investigators used a different measure of racial identity, the Cross Racial Identity Scale (CRIS; Cross & Vandiver, 2001), designed to assess the six racial identity attitudes of (racial self-hatred, miseducation, assimilation,

anti-White, Afrocentric, and multicultural identity) of Cross's (1995) revised Nigrescence model. Jones et al.'s sample was comprised of Black women from the African diaspora, which included African American ($N = 118$) and Caribbean women ($N = 144$) from English-speaking Caribbean countries whose average age was 22.71 years.

In general, Jones et al.'s findings provided evidence supporting the relationship between race-related events and negative mental health outcomes for Black women. With respect to the findings pertaining to racial identity, the investigators found that racial self-hatred identity attitudes were inversely related to self-esteem, meaning that as Black women endorsed higher levels of racial self-hatred their levels of self-esteem decreased. Additionally, multicultural racial identity attitudes (the extent to which Blacks accepted and connected with other racial/cultural groups) were found to moderate the relationships between racist stress appraisals and depression, as well as the relationship between racist stress events and depression. Specifically, Black women who endorsed high multicultural identity attitudes, which is similar to Helms's Black racial identity Internalization status, were not as affected by racist stress and, thus, had lower levels of depression, compared to Black women who endorsed less multicultural identity attitudes.

Jones et al. (2008) suggested that endorsing multicultural identity attitudes might serve as a buffer against the negative psychological impact of race-related stress for Black women. However, as Jones et al. (2008) noted, one limitation in their study was that their sample only consisted of college students. Thus, whether their findings would generalize to elderly African American women is unclear. Also, their study did not

investigate the interactions among coping strategies and the different racial identity statuses.

Summary

In sum, research suggests that within-group differences exist in how African American women appraise and cope with racial stressors. Moreover, findings from Neville et al., Franklin–Jackson and Carter, and Pillay’s studies demonstrate that internalized racism statuses (Preencounter) have been found to predict psychological distress, while support has been offered for Black-identified status (i.e., Internalization) as predictors of psychological health. Yet, what is missing from the research is how elderly African American women are differently affected by racial stressors, given their potentially life-long exposure to discrimination, and the within-group differences that may influence their appraisal of racial stressors, and level of psychological distress.

Coping Strategies

Research on the effects of race-related stress on African American women has found that the stress associated with racism can lead to negative psychological outcomes. However, not all African American women who experience race-related stress react in the same way, a premise supported by Jones et al.’s study. Researchers have suggested that the variation in psychological outcomes may be a result of women’s appraisal of racial stressors as well as their manner of coping with them (Outlaw, 1993; Plummer & Slane, 1996; Slavin et al., 1991; Utsey et al., 2000). Despite the research examining the coping strategies of African American women, many questions still remain about the

factors that contribute to effective coping strategies employed by African American women to deal with the adverse psychological effects of race-related stress.

Empirical Studies on Coping Strategies

In a study by Utsey et al. (2000), the investigators examined the coping strategies used by African Americans to manage the stressful effects of racism. Their African American college sample ($N = 213$), ranging in ages from 17 to 60 years old, consisted primarily of women (64%). The participants completed several measures; the most relevant for the present study were the Index of Race-Related Stress (IRRS; Utsey & Ponterotto, 1996) and the Coping Strategy Indicator (CSI; Amirkhan, 1990). Utsey et al. found that seeking social support and self-reported experiences of cultural racism were the best predictors of racism-related stress for African American women. Lastly, Utsey et al. found that avoidance coping, ignoring the problem or not dealing directly with it, was the best predictor of both life satisfaction and self-esteem for African American women although an inverse relationship was found between these variables, suggesting that higher levels of avoidance coping were associated with decreased levels of self-esteem and life satisfaction.

Utsey et al.'s (2000) study suggests that African American women may use different coping strategies when they experience different forms of racism. Perhaps avoidant strategies are used when racism is experienced at an individual level, but in other circumstances active coping strategies (e.g., seeking as seeking social support or problem-solving) may be warranted. These findings illustrate the importance of

determining how different types of racism (individual, institutional, and cultural) are related to coping patterns and their relationship to psychological functioning in African American women.

Krieger's (1990) study supports the possibility that there may be within-group differences in African American women's use of coping strategies. The participants in the study consisted of Black ($N=51$) and White women ($N=51$) who ranged in age from 20 to 80 years old. As part of the structured phone interview, participants were asked two forced-choice questions about how they respond to unfair treatment: (a) whether they accepted it as a fact of life or, alternatively, did something about it; and (b) whether they talked to other people about unfair treatment or, conversely, kept it to themselves.

Kreiger found that approximately 70% of the Black women said that they usually responded to unfair treatment by taking action or talking with others about it. Interestingly, Black women were significantly more likely than White women to say that they accepted unfair treatment and kept quiet about it. Furthermore, for the Black women who indicated they usually accepted and kept quiet about unfair treatment, they were 4.4 times more likely to report hypertension than those who said they took action and talked to others, which suggest that avoidant strategies might not be beneficial for all African American women.

Krieger and Sidney (1996) examined the relationship between blood pressure, self-reported experiences of racial discrimination in the workplace, and participants' responses to unfair treatment in a sample of Black and White women and men ($N = 4,086$)

ranging in age from 25 to 37 years old. Although the study used a mixed gender and race sample, Black women ($N = 1143$) comprised approximately 28% of the sample. They found that blood pressure rates were higher among those who kept quiet about unfair treatment than among those who challenged the unfair treatment and discrimination that they experienced.

Summary

Utsey et al. found that coping strategies were differently related to psychological outcomes, with avoidant coping predicting greater levels of psychological distress. Krieger (1990) and Krieger and Sidney (1996) found that use of different coping strategies can have either a positive or negative influence on physical health. Although these studies suggest that African American women may use a variety of coping strategies to deal with various forms of race-related stress, they leave open questions about how or whether African American women differ among themselves with respect to the use of coping strategies. Moreover, what is missing from the literature on race and coping and is perhaps most relevant to how to manage the adverse effects of racism, is research focused on how or whether there are gender-specific and/or culture-specific coping strategies that have helped elderly African American women to overcome the challenges of racism that they might have faced throughout their lives.

Empirical Studies on Gender/Cultural Specific Coping Strategies

Some theorists have posited that the coping strategies African American women use to deal effectively with racism are often passed down from generation to generation.

Theoretically, these coping strategies, which allegedly are specific to Black women's socialization experiences, have historically played a role in helping them to overcome multiple obstacles that they experience in different domains (e.g., work, family, educational systems) as a result of their race and gender status (Bell & Nkomo; 1998; Greene; 1994; Phields, 2002). Research seems to support the premise that African American women are socialized to be "phenomenal women," who can face any challenge, particularly those involving gender and racism-related experiences, and still remain strong. The primary adaptive coping strategies to deal with both gender-related and racial discrimination that theorists suggest are passed down from Black women to young African American girls are tenacity and self-reliance. *Tenacity* refers to attributes, such as the ability to maintain emotional strength, toughness, persistence, and hard work, in order to sufficiently take care of their families, themselves, and communities. *Self-reliance* is described as their ability to rely and provide for themselves or their families with or without support from other people (Phields, 2002; Warren 2004). However, although theorists contend that the coping strategies pertain to general family and community stressors, it is not clear how or whether they allow women to resist racial stressors.

In a recent study, Lewis-Coles and Constantine (2006) examined the relationships among racism-related stress, Africultural coping and religious problem-solving in a sample of African American women ($N = 185$) and men ($N = 99$) in the Northeastern section of the United States, ranging in age from 18 to 70 years. *Africultural coping* was

defined as behaviors that reflect African-centered values, attitudes, and customs (e.g., rituals, spirituality, collective group orientation). The participants in the study completed a number of racial and cultural measures including the Index of Race-Related Stress-Brief (IRRS-B; Utsey, 1999).

Lewis-Coles and Constantine found that for African American women, higher institutional racism-related stress was associated with greater use of cognitive/emotional debriefing (e.g., talking to others to express emotion, and reframe the problem), spiritual-centered (e.g., behaviors that reflect a sense of connection with a Higher Power), and collective coping (e.g., reliance on group-centered activities). In addition, higher cultural racism-related stress was predictive of lower use of self-directing religious problem-solving in African American women. Surprisingly, the findings also indicated that individual racism-related stress was not related to any of the Africultural coping strategies or religious problem-solving.

Lewis-Coles and Constantine's findings with respect to institutional and cultural racism and religious/ spiritual coping or problem-solving strategies have been confirmed by other studies (Ellison & Taylor, 1996; Shorter-Gooden, 2004). Lewis-Coles and Constantine's findings suggest that African American women's use of culture-specific coping strategies may vary according to the type of racism that they experience. The researchers' findings illustrate the importance of determining whether there are culture-specific coping strategies that are central to the lives of African American women that may help them manage different race-related stressors.

In a qualitative study, Shorter-Gooden and Washington (1996) examined identity development and life experiences of 17 African American women ranging in age from 18 to 22 years old. The investigators found that one of the primary themes that emerged from the interviews was the use of strength as a coping strategy. The African American women in the study indicated that their definition of strength was associated with their determination to deal with the struggles associated with being both African American and a woman. Their findings illustrate the importance of tenacity in African American women's lives, and its use as a coping mechanism to help them deal with the adversities of being an African American woman in U.S. society.

In another qualitative study, Shorter-Gooden (2004) focused on identifying the coping strategies that African American women use to manage the stress of racism and sexism. A community sample of African American women ($N = 196$) were provided with open-ended questionnaires focused on their awareness of negative stereotypes of Black women, their experiences of racial and gender discrimination, how they coped with it, and what was difficult as well as what was joyful in their lives. The participants in the study ranged from 18 to 77 years old, and were from several different geographical areas of the United States.

The overall findings from Shorter-Gooden's study indicated that African American women used a number of different coping strategies to deal with discrimination. The coping strategies included internal, external, and specific coping strategies. The internal coping strategies included resting on faith (e.g., prayer, and spirituality), drawing

on strength from ancestors, and maintaining a positive self-image. The primary external coping strategy included seeking social support and standing up and fighting back against the perpetrator or the system.

In a study conducted by Phields (2002), she developed a measure of African American women's gender identity consisting of subscales intended to assess the characteristics of phenomenal womanism (cultural gender roles of Black women), such as self-reliance and tenacity. The sample in Phields' study consisted of self-identified Black or African American women, whose age ranged from 24 to 53 years old. Results from her study suggested that for some Black women the use of tenacity and self-reliance was related to increased identification with Black people and culture. Moreover, Phields found that higher levels of African American acculturation were related to higher use of self-reliance and tenacity, suggesting that use of coping strategies is associated with African American women's cultural socialization.

Summary

In sum, theory suggests that internal coping strategies, self-reliance and tenacity, may be the primary coping strategies that African American women use to reduce the stress associated with racism. However, the research provides conflicting results. Lewis Coles and Constantine (2006) found that African American women did not rely on internal coping strategies to deal with racial stressors, Shorter-Gooden and Washington (1996) and Shorter-Gooden (2004) found that African American women used a range of culture-specific coping strategies (e.g., tenacity, self-reliance, maintaining a positive self-

image, fighting back) some of which were internal. Phields (2002) found that for the African American women in her sample, use of tenacity and self-reliance were related to the gender and cultural socialization experiences of African American women. However, none of the studies actually investigated the mutual influences of culture-specific coping strategies, reactions to racism, and stress appraisal in the same study.

Statement of Problem

Although it has been argued that racism has life-long effects on elderly African American women (Black et al., 2007; Daniels, 2004; Essed, 1991; Jones & Shorter-Gooden, 2003; Woods-Giscombe & Lobel, 2008), it is a topic that has been largely ignored in the research on stress and coping. Elderly African American women potentially have experienced unique forms of race-related stress as a result of being Black and women, which potentially places them at risk for adverse mental health outcomes. Some theorists have suggested that because of the legacy of multiple discriminations that African American women have had to deal with, they may have developed effective coping strategies, such as self-reliance and tenacity, as early as childhood to deal with racial oppression in its different manifestations (Shorter-Gooden, 2004). Some research suggests that active coping strategies may be associated with better mental health and physical health for African American women generally, but research on race-related stress and coping has not adequately examined how internalized racial and gender socialization factors influence the women's levels of stress and coping strategies. Thus,

questions remain as to how elderly African American women appraise racial stressors in order to effectively manage the stress associated with racism.

Moreover, the research concerning factors contributing to elderly African American women's mental health issues is inconclusive. Either they demonstrate higher prevalence rates of mental health issues than African American elderly men and elderly White women, or no differences in samples aggregated across genders when demographic factors are controlled statistically (Barzagan, 1996; Brown et al., 1992; Mui & Burnette, 1996). Black et al.'s investigation of factors relevant to elderly African American women's psychological stress specifically found that maintaining personal strength was a coping strategy that African American elderly women struggling with depression seemed to rely on. Yet none of the research focused on experiences of racism as a source of the women's manifestation of psychological distress.

The manner in which elderly African American women appraise and cope with racial stress may be more complicated than has been reflected in previous research, because of the potentially life-time exposure to various forms of discrimination, and the within-group diversity that exists among elderly African American women which may influence their level of psychological distress. Therefore, in the present study I propose the need for an integrative model to understand the complex relationships that exist among racial and gender factors and their influence on the mental health of elderly African American women.

Within-Group Differences Perspective

Elderly African American women have been treated as a monolithic group in studies on racism-related outcomes, suggesting that their experiences of racial stressors, appraisal of racial stressors, and subsequent coping strategies are the same for all African American women (Broman et al., 2000; Utsey et al., 2002). However, these studies failed to take into account the within-group variations that exist among elderly African American women. Several researchers have posited that the appraisal of events as stressful or not as well as one's ability to cope with stress may vary depending on various factors such as racial and ethnic group affiliation, gender, age, educational level, and/ or socioeconomic status (Slavin et al., 1991; Woods-Giscombe & Lobel, 2008). Moreover, Helms et al. (2005) argues that not everyone, who is perceived to belong to a particular racial group has the same psychological investment in the group's culture; therefore, it is important to take into consideration the within-group differences that exist among elderly African American women in order to understand how race-related stress affects their overall psychological health. A within-group differences perspective is used as the conceptual framework to investigate the influence of characteristics, presumably resulting from racial and gender socialization, on elderly African American women's appraisal of race-related stressors, coping strategies, and psychological health outcomes.

Influence of Racial Socialization

In the present study, Helms's (2003) model of Black racial identity development is used as the theoretical perspectives for understanding within-group differences in

elderly African American women's appraisal of race-related stressors. One of the primary assumptions of her racial identity theory is that women (in this case) internalize racial socialization experiences differently and may not have the same levels of psychological identification with their racial group as a consequence. In response to their socialization experiences (e.g., racism), her theory proposes that elderly African American women may have developed one or more of the following statuses: (a) Preencounter, internalization of anti-Black perspectives; (b) Post-Encounter, confusion about one's Black identity; (c) Immersion, a pro-Black/anti-White perspective; (d) Emersion, contentment with Black people and Black culture; (e) Internalization, development of a positive, integrated Black identity where she is able to appreciate other racial/ethnic groups and recognize oppression.

Extant literature on racial identity theory suggests that racial identity statuses may differentially influence people's appraisals or interpretations of cultural, institutional, or individual race-related incidents (Carter, 1995; Helms, 1995; 2003), as well as their behaviors (e.g., coping strategies) and emotions (e.g., psychological distress). For purposes of the present study, it is useful to categorize the statuses as internalized racism (Preencounter, Post-Encounter) or Black identified (Immersion, Emersion, and Internalization).

In their study of relationships among race-related stress, racial identity, and mental health in a community sample of Black American women and men, Franklin-Jackson and Carter (2007), found that Preencounter, an internalized racism status, was

positively related to psychological distress, whereas Internalization, a Black-identified status, was negatively related to psychological distress. In another study examining the racial identity statuses, and psychological health in Black college students, Pillay (2005) also found that Black students who endorsed attitudes associated with the internalized racism statuses (e.g., Pre-encounter and Post-Encounter) had more negative psychological outcomes. The results from Franklin-Jackson and Carter, and Pillay's studies suggest that for African American elderly women, the statuses reflective of internalized anti-Black racism might be associated with high levels of psychological distress, whereas those reflecting positive Black identification might contribute to coping procedures that reduce stress.

Influence of Culture-Specific Gender Socialization

Another within-group differences theoretical perspective that is used in the present study is that of culture-specific gender socialization. Previous research suggests that specific coping strategies, which are ingrained in the African American culture, may be passed down through gender socialization experiences, and thus may influence how elderly African American women cope with various racial stressors. Prior research has shown that African American women may rely on a range of culture-specific or gender-specific coping strategies to deal with racial stressors, and these coping strategies may serve as buffers against the negative psychological outcomes of racial stress (Lewis-Coles & Constantine, 2006; Shorter-Gooden, 2004; Shorter-Gooden & Washington, 1996).

In Phields' (2002) study, she developed a measure of African American women's gender identity consisting of subscales intended to assess the characteristics and roles associated with phenomenal womanism, which are culturally expected gender roles that have been used to define Black women, such as self-reliance and tenacity. She found that, for the African American women in her sample, use of tenacity and self-reliance were related to the gender and cultural socialization of African American women. Specifically, higher levels of African American acculturation were related to higher use of self-reliance and tenacity, suggesting that the use of these coping strategies may be associated with African American women's cultural socialization. However, neither Phields nor any of the other researchers investigated within-group variations in African American women's use of coping strategies attributed to racial and gender socialization experiences.

Integration of Racial and Gender Socialization

Researchers have suggested that African American women face racial stereotypes, prejudice, and discrimination that are influenced by gender; therefore, their overall experience of racism is gender based (Boyd-Franklin, 2003; Collins, 2000; Essed, 1991). It is possible that the racial and/or gender-related socialization messages of being proud of being Black, maintaining tenacity in the face of hardships or discrimination, and being self-reliant may have served a protective role against the psychological effects of racism for elderly African American women (Bell & Nkomo, 1998; Greene, 1994; Jackson & Sears, 1992; Phields, 2002) by helping them to access adaptive coping strategies that are central to their roles as African American women. Understanding how possible

internalization of racial and/or gender-related messages is related to different race-related stress experiences is an area of study that warrants further investigation. Moreover, it is also important to examine how internalization of these messages influences the coping strategies that elderly African American women have used to manage race-related stress throughout their lifetimes given the variability that has been documented in the literature.

Although some theories have focused on different aspects of the relationships between racial identity and racial stress or coping strategies or psychological functioning (Clark et al., 1999; Harrell, 2000, Slavin et al., 1991), none has studied them in combination and none has examined them with respect to African American elderly women. Moreover, none has used coping strategies that are considered prototypical of African American women. Therefore, the purpose of this study was to examine the complex relationships among racial and gender characteristics that potentially influence levels of psychological distress among African American women in their later years.

The hypothesized complex relationships among the various racial and gender factors, and mental health functioning are illustrated in the proposed model in Figure 1. It proposes that Black racial identity statuses are related to coping strategies, and psychological distress. Neville et al. (1997) found that internalized racism statuses (e.g., Preencounter and Encounter) were related to higher levels of stress. Plummer and Slane (1996) found that African American women used problem focused and emotion focused strategies to cope with racially stressful situations. To investigate these relationships in the present study, I used Helms's (2003) Black Racial Identity Attitudes Scale (BRIAS)

to assess the racial identity construct(s) and the Phenomenal Woman Inventory (Phields, 2002) to assess prototypical Black women coping strategies.

The second set of links in the model suggests that coping strategies are related to race-related stress and psychological distress. Shorter-Gooden and Washington (1996) and Shorter-Gooden (2004) found that African American women used a range of culture-specific coping strategies (e.g., tenacity, self-reliance, maintaining a positive self-image, fighting back) to deal with experiences of racism. The coping strategy research has not used measures that characterize the alleged socialization experiences of African American women, nor has it investigated that women might differ among themselves in use of coping mechanisms, consequently, their coping strategies may have been misrepresented in the literature. Therefore, in the present study, I used the Phenomenal Woman Inventory (Phields, 2002) to assess the women's coping strategies.

Finally, in the proposed model, psychological distress is the primary outcome variable, although race-related stress and coping strategies are also used as outcome variables and/ or predictor variables. Some studies have found that institutional racism was related to psychological well-being (Barbee, 2002; Utsey et al., 2002) or that coping strategies were related to health outcomes (Kreiger & Sidney, 1996), but the literature is quite scant where mental health functioning is concerned. Therefore, in the current study, I used the Mental Health Inventory (MHI; Veit & Ware, 1983) to determine whether psychological distress was influenced by racial factors and gendered coping strategies.

Hypotheses

Hypothesis 1: *Black racial identity statuses will be related to African American elderly women's self reported coping strategies and psychological distress.*

Specifically, it is expected that (a) higher levels of Black-identified (Immersion, Emersion, and Internalization) statuses will be related to greater use of Black women's coping strategies (Self-Reliance and Tenacity) and (b) lower levels of psychological distress, whereas (c) Internalized racism statuses (Preencounter and Post-Encounter) will be related to less use of both Black women's coping strategies (Self-Reliance and Tenacity), and (d) greater psychological distress.

Hypothesis 1 is based on research that has found that Black racial identity statuses were differently related to coping strategies (Neville et al., 1997), and also significantly predicted psychological outcomes (Franklin-Jackson & Carter, 2007; Pillay, 2005). For this hypothesis, the sets of coping strategies and psychological distress are treated as criteria or outcomes based on Helms's theory that suggests that behaviors and emotions are similarly affected by racial identity statuses and research that shows that coping styles and mental health outcomes may covary depending on the person's racial identity status (Neville et al., 1997).

Hypothesis 2: *The three types of race-related stress (Cultural, Individual, and Institutional) will predict the women's use of each of the Black women coping strategies (Tenacity and Self-Reliance) and psychological distress such that higher levels of race-related stress will be associated with greater use of (a) the*

Black women coping strategies, and (b)less psychological distress. Hypothesis 2 is based on research that found that different coping strategies were used by women to deal with encounters of race-related stress (Lewis-Coles & Constantine, 2006, Shorter-Gooden, 2004; Shorter-Gooden-Washington, 1996). Additionally, race-related stress has been found to significantly predict psychological outcomes in African Americans (Franklin-Jackson & Carter, 2007). For this hypothesis, coping strategies and psychological distress are combined as criteria or outcomes based on research that shows that coping styles and mental health outcomes may vary in the same directions depending on the type of racism experienced (Utsey et. al, 2000).

Hypothesis 3: *Black racial identity statuses and coping strategies will be related to African American elderly women's self-reported psychological distress and race-related stress. The hypothesized relationship is that Black-identified statuses (Immersion, Emersion, and Internalization) and greater use of Black women's coping strategies will be related to a) lower levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress. Whereas, Internalized racism statuses (Preencounter and Post-Encounter) and less use of both Black women's coping strategies will be related to b) greater levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress.*

Hypothesis 3 is based on research that has found that Black-identified statuses were inversely related to psychological distress; positively related to active

coping strategies; and internalized racism statuses were positively related to psychological distress, and less active coping strategies (Franklin-Jackson & Carter, 2007; Pillay, 2005). Hypothesis 3 is also based on empirical research that suggests that specific internalized values and beliefs related to racial and gender-related socialization experiences (Bell-Nkomo; 1998; Phields, 2002, Scott, 1991) serve as protective mechanisms against race-related stress encounters (Helms, 2003; Phields, 2002; Shorter-Gooden, 2004).

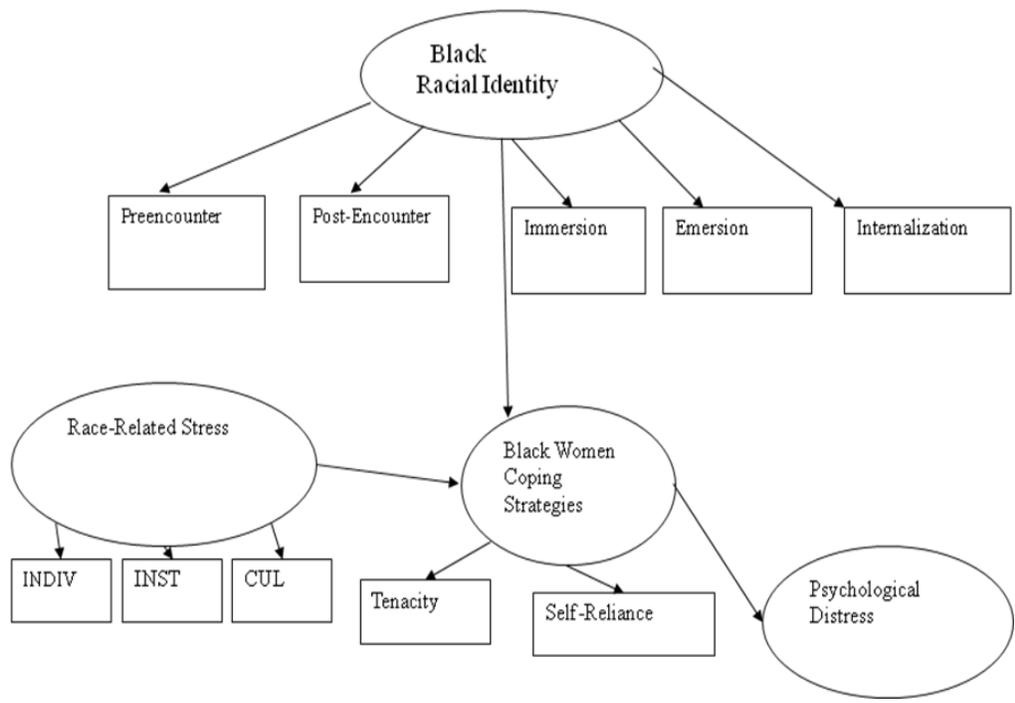


Figure 1. Model of the effects of racial and gender factors that influence levels of psychological distress among elderly African American women.

Chapter 3

Method

Participants

Participants were African American women ($N = 125$) who were recruited from various senior citizen centers, community agencies, churches, assisted living residential homes, and through personal and professional contacts throughout the United States. Of the 125 participants, 78.4% were from the Northeastern section of the United States, 9.6 % were from the Mid-Atlantic, 7.2% were from the South, and 4.8% were from the Midwest. All participants who completed the survey were included in the study as they met the age, racial, and gender criteria for inclusion. Participants self-identified as African American and/ or Black American women who were born and raised in the United States.

Table 1 summarizes the participants' self-reported characteristics based on their response to the brief demographic measure included in the survey packet. The majority of the participants self-identified their racial/ethnic classification as either African American (89.6%) or Black American (10.4%). All participants reported that they were born and raised in the United States and their parents were also born in the United States. Participants ranged in age from 65 to 100, with a mean age of 74.7 years. The participants' educational level and socioeconomic status also varied. Approximately 44% of the participants reported receiving a high school degree, 22.4 % reported

completing some college, 14.4% reported receiving a Bachelor's (BA) degree, and 13.6% reported receiving either a master's degree or a professional degree, while 5.6% reported completing elementary school. The majority of the participants self-identified as middle class (64%), whereas 20.8 % identified as lower working class, 12.0% as upper middle class, and 3.2% as upper class.

Table 1

Self-Reported Characteristics of Participants (N=125)

Category	Frequency	%
Race		
African American	112	89.6
Black American	13	10.4
Age		
65-69	38	30.4
70-79	56	44.8
80-89	24	19.2
90-99	6	4.8
100+	1	.80
Region		
Northeast	98	78.4
Mid-Atlantic	12	9.6
Midwest	6	4.8
Southern	9	7.2
Birth Location of Participants		
USA	125	100.0
Birth Location of Participants' Parents		
USA	125	100.0

Table 1

Self-Reported Characteristics of Participants (N=125)

Category	Frequency	%
Highest Level of Education Completed		
Elementary School	7	5.6
High School Graduate	55	44.0
Completed Some College	28	22.4
Undergraduate Degree	18	14.4
Master's Degree	15	12.0
Doctorate or Equivalent	2	1.6
Social Class		
Lower working class	26	20.8
Middle class	80	64.0
Upper middle class	15	12.0
Upper class	4	3.2

Measures

The following measures were administered to all participants: (a) a demographic questionnaire, (b) Black Racial Identity Attitudes Scale (BRIAS; Helms, 1995; 2003), (c) Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999), (d) Phenomenal Womanism Inventory (PWI; Phields, 2002; and (e) Mental Health Inventory (MHI; Veit & Ware, 1983).

Demographic questionnaire: A demographic questionnaire was created by the primary researcher to obtain information about the participants' racial/ethnic background, age, educational attainment, and self-reported socioeconomic status. Participants were

provided with multiple-choice demographic questions designed to assess the racial/ethnic group that best describes them or to check the “Other” category and fill in the blank with the appropriate information. Participants who identified as Black American, West Indian or Caribbean were further instructed to fill in the blank with information pertaining to their birth country, parental birth country, and the length of time living in the United States.

Black Racial Identity Attitudes Scale (BRIAS): Helms(1990) developed the BRIAS to assess racial identity attitudes that correspond to four racial identity statuses of Preencounter, Encounter, Immersion-Emersion, and Internalization, and was later updated to separate the Emersion scale from the Immersion scale (Helms, 2003; Warren, 2004). The revised Black Racial Identity Attitudes Scale consists of 60 items that assess five racial identity schemas (i.e. Preencounter, Post-Encounter, Immersion, Emersion, and Internalization). In the present study, the revised BRIAS was used to assess how different racial identity statuses relate to coping strategies, and race-related stress experiences.

The five BRIAS schemas include Preencounter, Post-Encounter, Immersion, Emersion, and Internalization. The Preencounter scale consists of 17 items assessing attitudes idealizing Whites, and White culture, and denigrating Blacks and Black culture (e.g., “I believe that large numbers of Blacks are untrustworthy”). The Post-Encounter scale consists of 8 items assessing feelings of disorientation and confusion about one’s own racial-group membership (e.g., “I’m not sure how I feel about myself racially”). The

Immersion scale is comprised of 14 items assessing psychological withdrawal into Black culture and society, as well as attitudes idealizing of Black culture and denigrating everything to pertaining Whites (e.g., “I am increasing my involvement in Black activities because I don’t feel comfortable in White environments”). The Emersion scale consists of 8 items assessing contentment with and commitment to Black culture and people (e.g., “I feel an overwhelming attachment to Black people”). The Internalization scale consists of 13 items that assesses abandonment of internalized racism, and acceptance of a positive Black identity with a realistic commitment and treatment of one’s own group (e.g., “I believe that being Black is a positive experience”).

Participants responded to each of the items using a 5-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*). Validity evidence for the revised BRIAS has been provided with a community sample of Black women by Warren (2004) who demonstrated significant positive relationships between some of the racial identity statuses and adaptive survival mechanisms used by Black women. Construct validity evidence has also been well-documented in the literature for the original version of the BRIAS. For example, the BRIAS subscales have been found to predict vocational choices in African Americans (Constantine & Carter, 2000), stressful college experiences and coping strategies (Neville et al., 2000), levels of self-esteem (Parham & Helms, 1985), and general psychological well-being (Carter, 1991). The BRIAS subscales have also been found to be significantly and positively related with other conceptually similar

constructs such as racial socialization (Miller & Macintosh, 1999), and African American acculturation (Pope-Davis, Liu, Ledesmen-Jones, & Nevitt, 2000).

Warren (2004) reported internal consistency reliability for scores on all five Black racial identity subscales for a sample of African American women. The Cronbach alpha coefficients were as follows: Preencounter = .70, Post-Encounter = .64, Immersion = .69, Emersion = .62 and Internalization = .56. In a community sample of older African Americans ages 55 years and older, Redman (1996) reported the following Cronbach alpha coefficients for participants' responses to an abbreviated version of Helms' Black Racial Identity scale: Preencounter = .77, Encounter = .75, Immersion/Emersion = .72, and Internalization = .63.

In the present study, Cronbach alpha reliability coefficients were used to assess internal consistency of the scores on all five racial identity subscales for the current sample. The Cronbach alpha coefficients for the Preencounter, Post-Encounter, Immersion, Emersion, and Internalization subscales were .78, .71, .77, .66, and .59 respectively, which suggests that the responses to items within each of the subscales were positively interrelated for this sample. In the present study, BRIAS scores were the summed responses for the items keyed to each of the five subscales. High scores indicated higher level of usage of each of the BRIAS subscales.

Index of Race Related Stress-Brief Version (IRRS-B): Utsey's (1999) IRRS-B is a short version of Utsey and Ponterotto's (1996) Index of Race Related Stress. The IRRS-B is a 22-item self-report measure that assesses the stress experienced by Blacks as result of

their daily experiences with encounters with racial discrimination. The IRRS-B consists of three subscales which include: Individual Racism, Institutional Racism, and Cultural Racism. It also consists of a Global racism measure. The Individual Racism subscale consists of 6 items and assesses racism experienced on an interpersonal level (e.g., “You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment.”). The Institutional Racism subscale consists of 6 items and measures experiences of racism embedded in institutional policies and practices (e.g., “You were refused an apartment or other housing; you suspect it was because you are Black.”). The Cultural Racism subscale consists of 10 items and measures the experience of racism when one's culture is denigrated (e.g., “You seldom hear or read anything positive about Black people on radio, TV, newspapers, or in history books.”).

Participants were asked to rate their reactions to race-related events that they or someone close to them had experienced in their lifetime, and to what degree the event was stressful on a 5-point scale (0 = “this has never happened to me” to 4 = “this event happened and I was extremely upset”). Scores were determined by summing the item responses for each of the IRRS-B subscales. Higher scores on the IRRS-B subscales reflect higher levels of race-related stress in each of the respective racism categories. The Global Racism score is calculated by summing the scores from each of the subscales.

The IRRS-B has been found to be positively correlated with other measures assessing racial discrimination which provides support for the validity of the instrument

(Utsey, 1999). For example, in the development and validation study for the IRRS-B, Utsey (1999) examined the concurrent validity of the IRRS-B subscales and Global Racism measure with the RaLES-Revised (Harrell, 1997) Perceived Influences of Race (PER) and Group Impact (GRP) subscales, and its Global Racism measure. Significant positive correlations were found between all IRRS-B subscales, the IRRS-B Global Racism measure, and the RaLES-R subscales (PER and GRP) and Global Racism measure. The results suggest that the IRRS-B subscales and global measure, assesses the psychological distress associated with experiences of racism amongst African Americans, similarly to the RaLES-R PER and GRP subscales and global measure. The criterion-related validity of the IRRS-B subscales was also determined by its ability to effectively discriminate between a sample of Blacks and Whites (Utsey, 1999).

Utsey (1999) reported internal consistency reliability coefficients for a sample of 239 African Americans ranging from the age of 16 to 91 years old. Of the 239 participants, 138 were women (58%) and 78 were men (32%), with 23 missing values (10%) for gender. The Cronbach alphas for the sample were as follows: Cultural Racism = .81, Institutional Racism = .69 and Individual Racism = .78. In another study using the IRRS-B with African American women and men ranging from in age from 18 to 54 years, Greer, Laseter, and Asiamah, (2009) obtained similar Cronbach alpha coefficients for Cultural Racism (.83), Institutional Racism (.70), and Individual Racism (.81). In the present study, Cronbach alpha reliability coefficients were used to assess internal consistency of the scores for each of the subscales for the current sample. The Cronbach

alpha coefficients for Cultural Racism, Institutional Racism, and Individual Racism subscales were .87, .74, and .85, respectively. The findings indicated that the responses to items within each of the subscales were positively interrelated for this sample.

Phenomenal Womanism Inventory (PWI). The Gender Use subscale from Phields' (2002) Phenomenal Womanism Inventory was used in the current investigation to assess the extent to which African American women used coping strategies generally associated with Black women. The Gender Use subscale was developed to assess how Black women practice phenomenal womanism in their lives. The Gender Use subscale consists of 24 items that represent traditional gender role characteristics of Black American women. The PWI is comprised of five subscales, for the purposes of this study, participants were required to fill out the entire scale, but only two subscales were used to assess traditional Black women coping strategies. The subscales used included: (a) Self-Reliance which consists of 6 items and assess self-sufficiency (e.g., "Stand on my own two feet"); and (b) Tenacity consists of 4 items and measures the extent to which Black women are resourceful, and their ability to survive or overcome difficult situations or conditions (e.g., "Lead myself and family through difficult conditions").

In the current study, participants were asked to complete 5-point frequency scales (1 = *none of the time* to 5 = *all of the time*) to describe their characteristics and roles. Scores were calculated by summing responses to items for each of the five subscales separately. High subscale scores indicate a greater use of a particular scale.

Construct validity evidence with a community sample of Black women has been found for the PWI Gender use scale by Phields (2002), who demonstrated that significant positive relationships existed between three out of the five subscales of the PWI Gender Use scale (i.e., Self-Reliance, Tenacity, Financial Support(er) and Black American acculturation. Additionally, Warren (2004) demonstrated evidence of concurrent validity with a community sample of Black women by showing that the Gender Use subscales of Self-Reliance and Tenacity were significantly and positively correlated with some of the Racial identity statuses (Emersion, Internalization), and Womanist identity statuses (Immersion-Emersion) suggesting that the PWI Gender Use subscales were related to both racial and gender role characteristics for Black women in her sample.

Cronbach alpha reliability coefficients for Phields' (2002) using a community sample of Black American women on the Gender use subscales of Self Reliance = .81 and Tenacity = .80. Warren (2004) also reported Cronbach alpha reliability coefficients of Self-Reliance =.70, and Tenacity=.69 for a sample of 269 Black women. In the present study, Cronbach alpha reliability coefficients were used to assess internal consistency of the scores on two of the subscales for the current sample. The Cronbach alpha coefficients for the Self-Reliance and the Tenacity subscales were .65 and .51, respectively, which suggests that the responses to items within each of the subscales were positively interrelated for this sample.

Mental Health Inventory (MHI): Veit and Ware's (1983) MHI is a 38-item measure that is intended to assess both psychological distress and well-being in adults.

The MHI produces three indexes which include psychological distress, psychological well-being, and global mental health. The psychological distress index consists of 24 items and measures symptoms associated with common emotional and mental health problems. The three subscales that comprise the psychological distress index include: (a) Anxiety (9 items) which assess anxiety-related symptoms (e.g., “How often do you become nervous or jumpy when faced with excitement or unexpected situations during the past month?”); (b) Depression (4 items) which measures depression-related symptoms (e.g., “How much of the time, during the past month, have you felt downhearted and blue?”); (c) Loss of Behavioral/Emotional Control (9 items) which assess a lack of behavioral and emotional stability (e.g., “How much of the time, during the past month, have you felt emotionally stable?”).

Participants responded to the measure by rating items on a 6-point frequency scale (1 = *all of the time* to 6 = *none of the time*). Scores were computed by summing each of the items, and reverse coding specific items so that higher scores indicated higher level of symptoms. Higher scores on the Psychological Distress Index indicated negative states of mental health during the past month. For the purposes of this study, while participants were required to fill out all items, only the Psychological Distress Index was used in the analysis.

Convergent and concurrent validity evidence for the MHI has been established through positive correlations with psychological distress and measures assessing depression, as well as general psychological functioning such as the CES- D Scale, the

Positive and Negative Affect Schedule, and the Dyadic Adjustment Scale (Manne & Schnoll, 2001; Seigel, Kraus, Raveis, & Hagen, 1998). For example, in a study by Seigel et al. (1998) higher levels of psychological distress were found to be related to lower levels of psychological well-being in a sample of women diagnosed with HIV. Additionally, Manne and Schnoll (2001) found significant and positive correlations between the MHI subscales and two measures assessing psychological functioning (i.e., Positive and Negative Affect Schedule and the Dyadic Adjustment Scale), which demonstrates evidence of convergent validity.

Viet and Ware (1983) reported Cronbach alpha reliability coefficients of .96 for psychological distress, for a large sample ($N = 5,089$) of White (85%) and Black (15%) females and males. Franklin-Jackson and Carter (2007) reported internal consistency reliability coefficients for a sample of 255 Black adults ranging from the age of 18 to 81 years old. The sample was comprised of 121 Black women and 134 Black men. The Cronbach alpha reliability coefficient for Psychological Distress was .85. In the present study, Cronbach alpha reliability coefficient was used to assess internal consistency of the scores on the Psychological Distress index for the current sample. The obtained alpha reliability for the Psychological Distress Index was .92. This suggests that the responses to items within the scale were positively interrelated for this sample.

Procedure

Prior to administration, approval was obtained through Boston College's Institutional Review Board. Several different methods were used to obtain African

American women participants, ages 65 and older that were born and raised in the United States. First, the principal investigator recruited participants from various senior citizen centers, community agencies, churches, and assisted living residential homes, by first contacting the directors, administrators, and/or pastors of the respective sites in the Northeast section of the United States. After obtaining approval from the directors, administrators, and pastors of the respective sites, the researcher scheduled a time to meet with a group of women from each of the sites to explain the nature of the study, hand out copies of the research flyer (Appendix B), and solicit their voluntary participation in the study. During the initial meetings at each of the sites, the researcher set up dates and times to go in and administer the survey to interested participants in a group setting.

Secondly, the principal investigator also recruited participants throughout the United States through word-of-mouth methods. Various personal and professional contacts were contacted by the principal investigator through email and phone to help identify potential participants for the study. Survey packets and research flyers were circulated to personal and professional contacts who then distributed the survey packets along with self-addressed stamped envelopes to interested participants. Lastly, the principal investigator also obtained Institutional Review Board approval to recruit participants by electronic means using the research survey website, www.surveymonkey.com. The survey was advertised through various social networking sites, listservs, senior citizen organizations, and through personal and professional contacts of the principal investigator. As an incentive for participation, participants were notified in

the consent cover letter as well as in the research flyer, of the chance to participate in a raffle drawing for one of two gift certificates to a local supermarket worth \$50. Each survey packet included a separate page where participants were asked to provide their name, address, telephone number, and/or organizational site, if they were interested in participating in the raffle.

A total of 124 completed surveys were returned to the primary researcher out of 215 survey packets that were distributed to African American and Black American women (ages 65 and older) through different recruitment strategies yielding a response rate of 58%. One participant completed the online survey which resulted in 125 participants. The packets that participants completed included a cover letter (Appendix C) that explained the nature of the study, assured the participants' anonymity and confidentiality of the responses, informed them of their rights to withdraw from the study at any point, procedures for participating in the raffle drawing, and the primary investigator's contact information. Each packet included a consent cover letter, consent form, raffle sheet, a demographic questionnaire, the Black Racial Identity Attitudes Scale (BRIAS; Helms, 1995; 2003), Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999), Phenomenal Womanism Inventory (PWI; Phiels, 2002; and the Mental Health Inventory (MHI; Veit & Ware; 1983). The measures were counterbalanced to control for instrumentation effects. In addition, the text on all the measures and forms was enlarged for participants to read easily. The online survey included all of the abovementioned components, with the exception of a consent form. Consent was

obtained by completion of the survey. All participants were entered into a raffle to win one of two \$50 gift cards to a local supermarket.

Prior to administering the surveys, the principal investigator consulted with administrators at the data collection sites to screen out participants who might have had potential cognitive impairments. Individuals who were identified by the site administrators as having cognitive impairments that would impede them from understanding the nature of the study and providing informed consent were not included in the study. During on-site administration prior to administering measures, the researcher announced to the participants that she would read items aloud for participants. The researcher also sought the help of administrators at local senior citizen centers and community organizations to identify participants who required extra assistance in advance. The researcher provided assistance to participants who had difficulty reading due to low literacy levels or health related issues. This entailed sitting down with individual participants and reading aloud the items in order to help out with the survey completion. An informed consent letter was provided to and read out loud for the participants prior to survey administration, informing the participants about the nature of the study, confidentiality rights, and their rights to withdraw from the study at any time if they experienced any discomfort. Survey packets that were completed on site were collected by the principal investigator and placed in a sealed envelope. Survey packets that were distributed by the principal investigator's personal and professional contacts

were either delivered in person or returned by mail to the principal investigator in sealed envelopes.

After on-site administration participants were debriefed by providing them with a copy of the informed consent letter for their records, answering any questions that they had after the completion of the survey, and providing them with the principal investigator's contact information in case they had additional questions concerning the study. Participants who were recruited through personal and professional contacts and online were also informed that they could contact the principal investigator with any questions they had about the study and were given the necessary contact information. Participants took approximately 45 minutes to 1 ½ hours to complete the survey.

In order to ensure the anonymity and confidentiality of the participants, all signed consent forms and raffle sheets were removed from packets upon completion, and filed separately from the self-report instruments. No personal identifying information was collected on the survey instruments, and each packet was assigned a code number. All collected data were secured in a locked filing cabinet at the principal investigator's home. Only the principal investigator and research advisor had access to the data.

Chapter 4

Results

Research Design

The present study uses a passive correlational research design in order to assess the relationships between race-related stress experiences and racial and gender factors (Black racial identity statuses, traditional Black women coping strategies) and levels of psychological distress among African American women in their later years.

Preliminary Analyses

A series of preliminary analyses were conducted to determine whether the variables met assumptions of normality for the main analysis, and to determine if any demographic variables should be controlled or included in the primary analysis. The skewness and kurtosis values for the main variables were calculated, and were found to be roughly normally distributed for all variables except the Self-Reliance scale. In order to address the issue of negative skewness and positive kurtosis for this variable, the principal researcher examined the data for possible outliers that could be contributing to non-normality. Outliers were dealt with by transforming the value to the next lowest non-outlier number which corrected the issue of skewness and kurtosis. Descriptive statistics and Cronbach alphas for all scales are reported in Table 2. Pearson product-moment correlations were also calculated to examine the relationships among continuous demographic variables and the predictor and criterion variables used in the tests of the

hypotheses (see Table 3). In deciding whether some demographic variable should be included in the analysis, I used effect sizes rather than significance levels because all of the correlations could have been significant by chance at the .05 probability level.

Table 2

Means, Standard Deviations, and Cronbach Alphas for the Black Racial Identity Attitudes Scale, Index of Race-Related Stress-Brief, Phenomenal Womanism Inventory, and Mental Health Inventory (N = 125)

Variable	Mean	SD	Obtained Range	α
Black Racial Identity Attitudes Scale				
Preencounter	35.04	9.05	17.00 – 62.00	.78
Post-Encounter	16.48	5.26	8.00 – 33.00	.71
Immersion	37.22	8.90	19.00 – 60.00	.77
Emersion	31.30	4.82	18.00 – 40.00	.66
Internalization	54.98	5.39	42.00 – 65.00	.59
Index of Race-Related Stress –Brief				
Cultural	25.94	9.37	0.00 – 40.00	.87
Institutional	6.86	6.03	0.00 – 24.00	.74
Individual	11.50	6.91	0.00 – 24.00	.85
Phenomenal Womanism Inventory				
Self-Reliance	27.02	2.71	18.00 – 36.00	.65
Tenacity	16.94	2.57	9.00 – 20.00	.51
Mental Health Inventory				
Psychological Distress	45.34	14.35	24.00 – 102.00	.92

Examination of the correlation matrix revealed a small positive relationship between socioeconomic status (SES) and Self-Reliance, and an inverse relationship between SES, Preencounter, and Immersion. Also, level of education was positively correlated with Self-Reliance and the Internalization racial identity status, and negatively correlated with the Preencounter, Post-Encounter, and Immersion racial identity statuses. It is important to note that while there were correlations found between the predictor variables, the effect sizes of these correlations were small and therefore did not pose a major problem. In fact Stevens (2002) notes that correlations between variables that assess different aspects of the same construct are common and expected to be present in social sciences research. Although the effect sizes for relationships among self-reported educational level and SES and the racial identity statuses and coping strategies were small, they were also included in the tests of the hypotheses.

Table 3

Pearson Product Moment Intercorrelations Among Educational Level, Socioeconomic Status and the Predictor and Criteria Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. EduLevel	---	.55	.06	-.02	.08	.31	.00	-.36	-.47	-.35	.05	.18	-.27
2. SES		---	-.01	-.04	-.03	.23	-.11	-.21	-.33	-.22	.06	.15	.22
3. Cultural Racism			---	.54	.63	.09	.20	.00	.04	.14	.23	.24	.10
4. Institutional Racism				---	.72	.12	.24	.16	.16	.23	.03	.09	.26
5. Individual Racism					---	.22	.25	.16	.18	.23	.08	.12	.29
6. Self-Reliance						---	.50	-.16	.19	-.18	.07	.28	.04
7. Tenacity							---	-.05	.00	.05	.22	.16	.11
8. Preencounter								---	.79	.49	-.16	-.26	.43
9. Post-Encounter									---	.53	-.13	-.26	-.43
10. Immersion										---	.37	.15	.31
11. Emersion											---	.54	.01
12. Internalization												---	-.18
13. Psychological Distress													---

Note: EduLevel = Education Level; SES = Socioeconomic Status. Correlations are reported for descriptive purposes rather than for statistical purposes.

Main Analyses

In order to investigate the complex relationships among the different forms of race-related stress, racial identity statuses, coping strategies, and psychological distress, canonical correlation analyses were conducted.

Canonical correlation analysis is a statistical multivariate method of analysis that is used to examine the complex patterns among two sets of predictor and criteria variables simultaneously. According to Thompson (2000) a primary advantage of using a

multivariate method, such as canonical analysis, is that it reduces the experiment-wise (i.e., Type 1) error rates that occur when multiple univariate tests are conducted on a data set. Also, he suggests that canonical analysis yields results that most closely represent the nature of most studies by demonstrating the complex interactions or patterns that exist among variables. With canonical correlation analysis, the sets of predictor and criteria variables are separately combined to form two synthetic variables (i.e., canonical variates) in a manner analogous to factor analysis. The resulting pairs of canonical variates are combined or correlated to yield a canonical correlation indicating the strength of the relationship between them and a canonical function that describes the relations among the two sets of variables (i.e., canonical variates). The correlations between the original variables and the canonical variates are used to name the canonical variates and functions (Stevens, 2002).

Each function is defined by predictor and criteria patterns, and the canonical correlation (R_c) refers to the magnitude of the relationship between the predictor and criteria sets. The canonical correlation squared (R_c^2), represents the percentage of shared variance between the two variable sets.

Squared structure coefficients (r_s^2) refer to the percentage of shared variance between the participants' scores on the observed variable and the synthetic variables. The communality coefficients (h^2), which are obtained by summing the squared structure coefficients across functions, represent the amount of variance in the participants' scores

on the observed variables that was reproducible across the functions. The communality coefficients are used to indicate how important each variable is for the entire solution.

In the current study, functions were interpreted if the canonical correlation differed significantly from zero and the magnitude of the effect size was large enough to be interpreted. In this case, the effect size had to account for at least 9% of the shared variance between the variable sets across all functions. In addition, a criterion of .30 (i.e., 9% of variance) was used as a cutoff score for the function and structure coefficients as recommended by Tabachnick and Fidell (2001), meaning that if both the function and structure coefficients for a variable were .30 or higher, then the canonical variate was interpreted as significantly contributing to the pattern.

Hypothesis 1: Black racial identity statuses will be related to African American elderly women's self reported coping strategies and psychological distress. Specifically, it is expected that (a) higher levels of Black-identified (Immersion, Emersion, and Internalization) statuses will be related to greater use of Black women's coping strategies and (b) lower levels of psychological distress, whereas (c) Internalized racism statuses (Preencounter and Post-Encounter) will be related to less use of both Black women's coping strategies (Self-Reliance and Tenacity), and (d) greater psychological distress.

To examine if Black racial identity statuses influenced the type of Black women coping strategies used by African American elderly women and their reported level of psychological distress, scores on the five Black racial identity statuses and two demographic variables (education level and SES) were used to predict the two Black

women coping strategies(e.g., self-reliance, tenacity) and psychological distress. Table 4 presents the results for the canonical correlation for Hypothesis 1.

The canonical correlation analysis used to test the hypothesis indicated that the full model across all functions was statistically significant from zero, using the Wilks's $\lambda = .524$ criterion, $F(21, 330.77) = 3.978, p < .001$. Since the Wilk's λ represents the variance that is unexplained by the model, $1 - \lambda$ provides the full model effect size. For the set of three canonical functions, the overall effect size was .476, which suggests that the full model explained about 48% of the variance shared between the variable sets. With the first canonical function removed, the second canonical function and third canonical function did not differ significantly from zero, therefore, only Function 1 and the canonical variates composing it were interpreted.

Function 1

The first canonical correlation was significant and explained about 39% of the variance between the canonical variates (Table 4).

Table 4

Summary of Canonical Correlations Using Racial Identity Statuses, Educational Level, and Socioeconomic Status, to Predict Black Women Coping Strategies, and Psychological Distress

Variable	Function 1			Function 2			$h^2(\%)$
	Coef	r_s	$r_s^2(\%)$	Coef	r_s	$r_s^2(\%)$	
Racial Identity Statuses							
Preencounter	-.20	-.67	44.89%	.61	.55	30.25%	<u>75.14%</u>
Post-Encounter	-.17	-.75	56.25%	-.14	.30	9.00%	<u>65.25%</u>
Immersion	-.24	-.61	37.21%	.12	-.02	0.04%	<u>37.25%</u>
Emersion	-.31	-.05	0.25%	-.64	-.65	42.25%	<u>42.50%</u>
Internalization	.50	<u>.48</u>	23.04%	-.04	-.39	15.21%	<u>38.25%</u>
Education Level	.25	.71	50.41%	.01	.10	1.00%	<u>51.41%</u>
Socioeconomic Status	.27	.61	37.21%	.61	.45	20.25%	<u>57.46%</u>
R^2_c			38.61%			9.07%	
Black Women Coping Strategies							
Self-Reliance	.79	<u>.59</u>	34.81%	.50	-.03	0.09%	<u>34.90%</u>
Tenacity	-.36	-.03	0.09%	1.09	-.78	60.84%	<u>60.93%</u>
Psychological Distress	-.72	<u>-.73</u>	53.29%	.45	.36	12.96%	<u>66.25%</u>

Note: Structure coefficients (r_s) greater than $|\cdot30|$ are underlined if function coefficients are also greater than $|\cdot30|$. Community Coefficients (h^2) greater than 30% are underlined. Coef. = Standardized Canonical Function Coefficient; r_s = Structure Coefficient; r_s^2 = Squared Structure Coefficient; R^2_c = Squared Canonical Correlation.

Racial Identity Statuses and Demographic Variables. For the predictor canonical variate, one variable, Internalization, had a significant positive loading on the latent construct and Emersion had a significant negative loading, which defined the nature of the canonical variate as primarily Internalization in contrast to Emersion. The women's Pre-encounter, Post-Encounter, Immersion, Educational level, and Socioeconomic Status yielded significant structure coefficients. That is, they were each negatively correlated with use of the Internalization not Emersion dimension. The function coefficients for these variables were not significant hence the role of these variables in this pattern may have been suppressed by the Internalization variable. The squared structure coefficients for Function 1 indicated that Post-Encounter accounted for the most variance in the pattern (56.25%), whereas the Emersion status accounted for the least variance (0.25%). Overall, this pattern of women who were internalized and had positive, integrated Black identities accounted for 35.61% of the variance in the elderly African American women's racial identity statuses scores and demographic factors.

Black Women Coping Strategies and Psychological Distress. For the criteria set, there were significant positive function and structure coefficient loadings on Self-Reliance, and significant negative loadings on Psychological Distress. This dimension reflected self-reliance as opposed to psychological distress and tenacity. The squared structure coefficients for the criteria canonical variate indicated that Psychological Distress accounted for the most variance in the pattern (53.29%), whereas Tenacity accounted for the least variance (0.09%). Overall, this pattern of high use of self-reliance

and low levels of psychological distress accounted for 29.40% of the variance in the women's coping strategies and psychological distress scores.

Relationships between the Predictors and Criteria. Overall, across the predictors and criteria variable sets, Function 1 was characterized by high positive loadings on Internalization, Self-Reliance, and high negative loadings on Psychological Distress. Consequently, it is labeled "Self-Reliant Internalization." Based on the structure coefficients when elderly African American women used the Internalization status as an appraisal strategy and self-reliance as a coping strategy, they experienced less psychological distress. Conversely, when they used Pre-encounter, Post-Encounter, and Immersion they experienced higher levels of psychological distress.

Summary

The overall canonical correlation revealed that across the two functions, the variables that were most important in the analysis as indicated by the (h^2) were Pre-Encounter (75.14%), Post-Encounter (65.25%), and Psychological Distress (66.25%) and the least important was Immersion (37.25%). Therefore, Pre-Encounter, Post-Encounter and Psychological Distress primarily defined the obtained results as they pertain to the present sample of elderly African American women.

Results from the canonical analysis partially supported Hypothesis 1. It was hypothesized that (a) higher levels of Black-identified (Immersion, Emersion, and Internalization) statuses would be related to greater use of Black women's coping strategies and (b) lower levels of psychological distress, whereas (c) Internalized racism

statuses (Preencounter and Post-Encounter) would be related to less use of both Black women's coping strategies (Self-Reliance and Tenacity), and (d) greater psychological distress. The obtained canonical solution demonstrated that one of the Black-identified statuses (Internalization) was related to greater use of one of the coping strategies (Self-Reliance) and less psychological distress. The function that emerged was of "Self-Reliant Internalization." This function indicated that when the Black-identified statuses (i.e., Internalization) were used as an appraisal strategy by elderly African American women, it predicted greater use of self-reliance as a coping strategy, and less psychological distress. Additionally, the internalized racism statuses (Preencounter and Post-Encounter) were related to greater psychological distress, but to none of the coping strategies, although this pattern was not statistically significant.

Hypothesis 2: The three types of race-related stress (Cultural, Individual, and Institutional) will predict the women's use of each of the Black women coping strategies (Tenacity and Self-Reliance) and psychological distress such that higher levels of race-related stress will be associated with greater use of (a) the Black women coping strategies, and (b) less psychological distress.

To examine whether race-related stress influenced levels of usage of coping strategies and psychological distress, scores on the three race-related stress (e.g., cultural, institutional individual) and two demographic variables (education level and SES) were used to predict the two Black women coping strategies and psychological distress.

Table 5 summarizes the results for the canonical analysis for Hypothesis 2. The full model across all functions was statistically significant from zero, using the Wilks's $\lambda = .614$ criterion, $F(15, 323.39) = 4.172, p < .001$. Since the Wilk's λ represents the variance that is unexplained by the model, $1 - \lambda$ provides the full model effect size. For the set of three canonical functions, the overall effect size was .386 which suggests that the full model explained about 39% of the total variance. With the first canonical function removed, the second canonical function differed significantly from zero $F(8, 236.00) = 2.748, p = .006$. The third canonical function did not differ significantly from zero when the first two functions were removed; therefore, it was not interpreted. The first two functions were retained based on their levels of significance, and the finding that each function accounted for at least 9% of the variance between the predictor and criterion variable sets.

Function 1

The first canonical correlation was significant and explained about 27% of the variance between the predictors and criteria (Table 5).

Table 5

Summary of Canonical Correlations Using Types of Race-Related Stress, Education Level, Socioeconomic Status, to Predict Black Women Coping Strategies, and Psychological Distress

Variable	Function 1			Function 2			h ² (%)
	Coef	r _s	r _s ² (%)	Coef	r _s	r _s ² (%)	
Race-Related Stress							
Cultural Racism	.03	-.26	6.76%	.37	<u>.34</u>	11.56%	18.32%
Institutional Racism	-.30	<u>-.49</u>	24.01%	.07	.60	36.00%	<u>60.01%</u>
Individual Racism	-.25	-.41	16.81%	1.03	<u>.87</u>	75.69%	<u>92.50%</u>
Education Level	.58	<u>.79</u>	62.41%	.29	.45	20.25%	<u>82.66%</u>
Socioeconomic Status	.41	<u>.74</u>	54.76%	.18	.32	10.24%	<u>65.00%</u>
R ² _c			26.67%			12.99%	
Black Women Coping Strategies							
Self-Reliance	-.69	<u>.35</u>	12.25%	.90	<u>.91</u>	82.81%	<u>95.06%</u>
Tenacity	-.60	<u>-.34</u>	11.56%	-.01	.48	23.04%	<u>34.60%</u>
Psychological Distress	-.73	<u>-.76</u>	57.76%	.42	<u>.46</u>	21.16%	<u>78.92%</u>

Note: Structure coefficients (r_s) greater than |.30| are underlined if function coefficients are also greater than |.30|. Community Coefficients (h²) greater than 30% are underlined. Coef. = Standardized Canonical Function Coefficient; r_s = Structure Coefficient; r_s² = Squared Structure Coefficient; R²_c = Squared Canonical Correlation.

Types of Race-Related Stress Experiences and Demographic Variables. For set of predictors, one variable of the race-related stress variables, Institutional Racism, had a significant negative function and structure coefficient. The two sociodemographic

variables (Education Level and Socioeconomic Status) had significant positive function and structure coefficients. Thus, the underlying dimension seems to reflect education and SES as buffers against institutional racism. The women's scores on Individual Racism were significantly negatively correlated with the Education-SES dimension, but the function coefficient was not significant; hence the role of Individual Racism in this pattern may have been suppressed by the other variables, it serves a different role in the women's profile. The squared structure coefficients for Function 1 indicated that Educational Level accounted for the most variance in the pattern (62.41%), whereas Cultural Racism accounted for the least variance (6.76%). Overall, this pattern may be described as well-educated women with high social class status who reported fewer experiences of institutional racism. This particular pattern accounted for 32.95% of the variance in the elderly African American women's scores.

Black Women Coping Strategies and Psychological Distress. For the criteria set, there were significant negative function and positive structure coefficients for Self-Reliance, and significant negative function coefficients for Tenacity and Psychological Distress. Thus, the latent construct appears to reflect low levels of psychological distress, self-reliance, and tenacity. Women's self-reliance scores correlated positively with the dimension, but their other scores were negatively correlated. The squared structure coefficients for Function 1 indicated that Psychological Distress accounted for the most variance in the pattern (57.76%), whereas Tenacity accounted for the least variance (11.56%). In general, this pattern suggested that when women endorsed self-reliance,

they were less tenacious and reported low levels of psychological distress. This pattern accounted for 27.19% of the variance in the women's scores.

Relationships between the Predictors and Criteria. Overall, across the predictors and criteria variable sets, Function 1 was primarily defined by higher education attainment and higher SES, low levels of institutional racism, high self-reliance, low tenacity and psychological distress. Based on the structure coefficients when elderly African American women reported higher educational attainment, and described themselves as belonging to the higher social class, they reported low levels of race-related stress associated with institutional racism, and higher use of self-reliance as a coping strategy. They were also less tenacious, and reported less psychological distress. The relationship between the predictor and criteria patterns may be summarized as high SES; women in this pattern were defined by their perceived social class. Women characterized by high SES reported less institutional race-related stress and psychological distress.

Function 2

The second canonical correlation was significant and explained about 13% of the variance between the predictors and criteria (Table 5).

Types of Race-Related Stress Experiences and Demographic Variables. For the set of predictors, two variables, Individual Racism and Cultural Racism, had significant positive function and structure coefficients. Institutional Racism, Educational level, and Socioeconomic Status had significant structure coefficients, but their function

coefficients were not significant, hence either their role in determining the second function was not important or the role of these variables in this pattern may have been shared (i.e., obscured) by the other variables. The squared structure coefficients for Function 2 indicated that Individual Racism accounted for the most variance in the pattern (75.69%), whereas Socioeconomic Status accounted for the least variance (10.24%). Overall, this pattern may be described as women who have high levels of race-related stress related to individual and cultural racism. This particular pattern accounted for 30.75 % of the variance in the elderly African American women's scores.

Black Women Coping Strategies and Psychological Distress. For the criteria set, there were significant positive function and structure coefficients for Self-Reliance, and Psychological Distress. In this pattern, the function coefficient for Tenacity was not significant, but the structure coefficient was significant, hence the role of Tenacity in this pattern may have been suppressed by the other variables or it may not have contributed anything unique to the pattern. The squared structure coefficients for Function 2 indicated that Self-Reliance accounted for most of the variance in the pattern (82.81%), whereas Psychological Distress accounted for the least amount of variance (21.16%). In general, this pattern of women who were highly self-reliant, and had high psychological distress accounted for 42.34% of the variance in the women's scores.

Relationships between the Predictors and Criteria. Overall, across the set of predictors and criteria variables, Function 2 was primarily defined by high individual racism and cultural racism with high use of self-reliance and high psychological distress.

Based on the structure coefficients elderly African American women who were highly self-reliant but reported experiencing high race-related stress associated with individual racism and cultural racism, had higher psychological distress. The relationship between the predictor and criteria patterns may be labeled as, “Self-Reliant, Multiply Distressed” women.

Summary

The overall canonical correlation revealed that across the two functions, the variables that were most important in the analysis as indicated by the (h^2) were Self-Reliance (95.06%), Individual Racism (92.50%) and the two least important were Tenacity (34.60%) and Cultural Racism (18.23%). Collectively, the results suggest two patterns of race-related stress and coping strategies, self-reliant, racially and psychologically distressed women and high SES women buffered from stress.

The canonical solution testing Hypothesis 2 did not support the hypothesized relationship. It was expected that the three types of race-related stress (Cultural, Individual, and Institutional) would predict the women’s use of each of the Black women coping strategies (Tenacity and Self-Reliance) and psychological distress such that higher levels of race-related stress would be associated with greater use of (a) the Black women coping strategies, and (b) less psychological distress. However, two statistically significant patterns emerged that explained how elderly African American cope with race-related stress. The two patterns were (a) High SES and (b) Self-Reliant Multiply Distressed. These two sets indicated that when race-related stress was correlated with

coping strategies and psychological distress, high SES and educational attainment served as a buffer against stress, however for women who were impacted by multiple racial stressors, greater use of self-reliance did not reduce their level of psychological distress.

Hypothesis 3: Black racial identity statuses and coping strategies will be related to African American elderly women's self-reported psychological distress and race-related stress. The hypothesized relationship is that Black-identified statuses (Immersion, Emersion, and Internalization) and greater use of Black women's coping strategies will be related to a) lower levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress. Whereas, Internalized racism statuses (Preencounter and Post-Encounter) and less use of both Black women's coping strategies will be related to b) greater levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress.

To examine whether Black racial identity statuses and the coping strategies used by African American elderly women were related to their reported levels of psychological distress and race-related stress, scores on the five Black racial identity statuses, the two Black women coping strategies (e.g., self-reliance, tenacity), self-reported educational level and socioeconomic status were used to predict the psychological distress and the three race related stress variables (e.g., cultural, institutional, individual).

Table 6 presents the results for the canonical correlation for Hypothesis 3. The canonical correlation analysis used to test the hypothesis indicated that the full model

across all functions was significantly different from zero, using the Wilks's $\lambda = .529$ criterion, $F(36, 421.45) = 2.162, p < .001$. For the set of four canonical functions, the overall effect size was .471 which suggests that the full model explained about 47% of the variance shared between the variable sets. With the first canonical function removed, the second, third, and fourth canonical function did not differ significantly from zero, therefore, they were not interpreted.

Function 1

The first canonical correlation was significant and explained about 29% of the variance between the predictors and criteria (Table 6).

Table 6

Summary of Canonical Correlations Using Racial Identity Statuses, Black Women Coping Strategies, Educational Level, Socioeconomic Status to Predict Race-Related Stress and Psychological Distress

Variable	Function 1			Function 2			h ² (%)
	Coef	r _s	r _s ² (%)	Coef	r _s	r _s ² (%)	
Racial Identity Statuses							
Preencounter	.41	<u>.81</u>	<u>65.61%</u>	.24	.15	2.25%	<u>67.86%</u>
Post-Encounter	.24	.80	<u>64.00%</u>	-.25	.09	0.81%	<u>64.81%</u>
Immersion	.32	<u>.60</u>	<u>36.00%</u>	-.48	-.25	6.25%	<u>42.25%</u>
Emersion	.10	-.04	0.16%	.32	-.30	9.00%	9.16%
Internalization	-.36	<u>-.32</u>	10.24%	-.53	-.63	39.69%	<u>49.93%</u>
Black Women Coping Strategies							
Self-Reliance	.46	.18	3.24%	-.00	-.48	23.04%	26.28%
Tenacity	-.36	-.03	7.29%	-.50	-.56	31.36%	<u>38.65%</u>
Education Level	-.03	-.41	16.81%	-.66	-.53	28.09%	<u>44.90%</u>
Socioeconomic Status	-.17	-.37	13.69%	.04	-.20	4.00%	17.69%
R ² _c			29.12%			14.67%	
Race-Related Stress							
Cultural Racism	-.27	.08	0.64%	-.22	-.73	53.29%	<u>53.93%</u>
Institutional Racism	.10	.42	17.64%	-.11	-.67	44.89%	<u>62.53%</u>
Individual Racism	.33	<u>.48</u>	23.04%	-.79	-.87	75.69%	<u>98.73%</u>
Psychological Distress	.86	<u>.95</u>	<u>90.25%</u>	.47	.19	3.61%	<u>93.86%</u>

Note: Structure coefficients (r_s) greater than |.30| are underlined if function coefficients are also greater than |.30|. Community Coefficients (h²) greater than 30% are underlined. Coef. = Standardized Canonical Function Coefficient; r_s = Structure Coefficient; r_s² = Squared Structure Coefficient; R²_c = Squared Canonical Correlation.

Racial Identity Statuses, Black Women Coping Strategies, and Demographic Variables. For the set of predictors, the racial identity variables that had significant positive function and structure coefficients were Preencounter and Immersion, whereas Internalization had significant negative function and structure coefficients. One other racial identity variable (i.e., Post -Encounter) had a significant positive structure coefficient, similarly Educational level, and Socioeconomic Status had significant negative structure coefficients, but their corresponding function coefficients were not significant. Therefore, it is possible that the contributions of these variables to the pattern may have been masked by the other variables. The squared structure coefficients for Function 1 indicated that Preencounter accounted for the most variance in the pattern (65.61%) whereas the Emersion status accounted for the least variance (0.16%). Thus, the latent construct may be use of Internalized racism appraisal strategies. Overall, this pattern of women who reported high internalized racism (i.e., Preencounter, Post-Encounter, Immersion) were less affiliated or immersed with their racial group, or perhaps the Black culture. The set of predictors accounted for 24.12% of the variance in the elderly African American women's scores.

Race-Related Stress and Psychological Distress. For the criteria set, there were significant positive function and structure coefficient loadings on Individual Racism, and on Psychological Distress. One of the racial stressor variables, Institutional Racism, had a significant structure coefficient but its function coefficient was not significant. Perhaps it shared the variance with the other variables that obscured its contribution to the pattern.

The squared structure coefficients for Function 1 indicated that Psychological Distress accounted for the most variance in the pattern (90.25%) while Cultural Racism accounted for the least variance (0.64%). Overall, this pattern of race-related stress associated with individual racism and psychological distress accounted for 32.89 % of the variance in the elderly women's scores.

Relationships between the Predictors and Criteria. Overall, across the predictor and criteria variable sets, Function 1 was characterized by high positive loadings on two of the racial identity appraisal strategies (Preencounter, Immersion) and type of racial stress (Individual Racism) and Psychological Distress, and a large negative loading on the racial identity appraisal strategy, Internalization. The obtained structure coefficients for this function suggested that elderly African American women who internalized anti-Black racism reported experiencing high levels of individual race-related stress and greater levels of psychological distress. The relationship between the predictors and criteria patterns may be labeled "Internalized Individual Racism as Stressors."

Summary

The overall canonical correlation revealed that across the two functions, the variables that were most important in the analysis as indicated by the (h^2) were Individual Racism (98.73%), Psychological Distress (93.86%), and Pre-Encounter (67.86%) and the least important was Emersion (37.25%). Therefore, Individual Racism, Psychological Distress, and Pre-Encounter primarily defined the obtained results as they pertain to the present sample of elderly African American women.

Results from the canonical analysis partially supported Hypothesis 3. It was hypothesized that Black-identified statuses (Immersion, Emersion, and Internalization) and greater use of Black women's coping strategies would be related to a) lower levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress. Whereas, Internalized racism statuses (Preencounter and Post-Encounter) and less use of both Black women's coping strategies would be related to b) greater levels of race-related stress (Cultural, Individual, and Institutional) and psychological distress. The obtained canonical solution demonstrated that Internalized racism statuses (e.g., Preencounter) was related to greater race-related stress and psychological distress. This function that emerged was of "Internalized Individual Racism as Stressors." The findings suggested that elderly African American women who endorsed higher levels of Preencounter racial identity attitudes experienced higher levels of individual racism, and greater psychological distress, and those who endorsed higher levels of Immersion and less Internalization racial identity attitudes, experienced higher levels of individual race-related stress and greater psychological distress. Findings partially supported the expected relationship, however, Black women coping strategies were not significant to this pattern as hypothesized.

General Summary

Across the tests of the hypotheses, four significant functions were identified. When racial identity statuses and the sociodemographic variables were used to investigate the elderly African American women's use of coping strategies and

psychological distress, Self-Reliant Internalization function was related to lower levels of psychological distress. When race-related stressors and the sociodemographic variables were used to examine coping strategies and psychological distress, two significant functions, High SES and Self-Reliant Multiply Distressed were identified. The High SES function was related to lower levels of psychological distress, whereas the Self-Reliant Multiply Distressed function was related to greater levels of psychological distress. Lastly, when racial identity statuses, coping strategies, and the sociodemographic variables were used to predict race-related stress and psychological distress, one significant function, Internalized Individual racism was identified and was related to greater levels of psychological distress.

Post-Hoc Analyses

Self-reported educational attainment and socioeconomic status were significantly related to some of the race-related stress and coping strategies variables in the canonical analyses. However, since canonical analyses are correlations, it was not possible to determine the extent to which the women differed by SES and educational level. A series of analysis of variances (ANOVAs) were conducted to determine whether significant differences existed in elderly African American women's race-related stress scores, and use of coping strategies as a result of educational level and SES. Results from the ANOVAs revealed significant differences by educational level for race-related stress but not for coping strategies. For race-related stress, Institutional Racism was higher for women who had obtained a doctoral or equivalent degree than for women who had

reported completing an undergraduate degree ($F(5, 119) = 3.435, p < .003$). Post-hoc analysis did not reveal any additional significant differences in the women's scores on the race-related stress and coping strategies by SES. In sum, elderly African American women with a doctoral level or equivalent degree were more likely to report greater levels of race-related stress associated with institutional racism compared to women who reported completing a Bachelor's degree.

Chapter 5

Discussion

The purpose of the present study was to investigate the complex relationships among racial and gender factors that potentially influence psychological distress among elderly African American women. Previous studies have focused on different aspects of the relationships between racial identity and racial stress or coping strategies or psychological functioning (Clark et al., 1999; Harrell, 2000, Slavin et al. 1991), but none has studied them in combination and none has examined them with respect to African American elderly women. Using a sample of elderly African American women, the primary research questions addressed in the present study were: (a) How are racial identity statuses, coping strategies, and psychological distress related?; (b) How are experiences of race-related stress, related to coping strategies, and psychological distress?; and (c) How are racial identity statuses, coping strategies, race-related stress, and psychological distress related?

The median age of the elderly African American women, who participated in the present study, was 74 years old; hence more than 50% of the sample reflects a cohort of women born in the mid to late 1930s. At the level of institutional racism, this particular cohort of African American women grew up during a period in which Jim Crow laws were still in effect, they also witnessed the Brown vs. The Board of Education Supreme Court decision, as well as various Civil Rights movements (Gilmore, 1966). The

women's extensive histories with discrimination, segregation, and lack of civil rights means that this cohort had to cope with individual, institutional, and cultural barriers that potentially affected their access to education and career choices, as well as the manner in which they learned to appraise and cope with racial stressors throughout their lives. For example, during the data collection process, some of these women reported that they had been the first African American or African American woman in their particular profession or in their institutional settings. As a result, they may have had to use a range of coping strategies to deal with the challenges of being a pioneer, which may have included working three times as hard in order to maintain one's position, and learning to carefully choose when and how to react to racial incidents. Therefore, it is important to view the results of this study with this larger historical context in mind in order to better understand these women's experiences generally, as well as why certain appraisal and coping strategies may have been more or less salient for the elderly African American women who participated in the current study.

How are Racial Identity, Coping Strategies, and Psychological Distress Related?

One premise of the present study was that the five racial identity statuses serve as different kinds of appraisal strategies that are associated with different coping strategies and either aggravate or protect elderly African American women against general psychological distress. Hypothesis 1a-b proposed that high levels of the Black identified racial identity statuses would be positively related to high use of Black women coping strategies and lower psychological distress. As shown in Table 4, greater endorsement of

one of the Black-identified statuses (i.e., Internalization) were associated with greater use of one of the Black women coping strategies, specifically high self-reliance, and less psychological distress. The pattern that emerged was labeled “Self-Reliant Internalization.” Self-reliance is described as the ability that Black women have to rely on and provide for themselves or their families with or without support from others, whereas Internalization is the racial identity status that is characterized by a positive, integrated Black identity where the woman is able to recognize and critically evaluate oppression from a personally meaningful perspective.

Thus, in partial support for Hypothesis 1, when Black women’s endorsement of the Internalization status was high, their use of self-reliance to cope with stress was also high, and their psychological distress was low. In general, the pattern describes those elderly African American women who were racially internalized, self-reliant and less prone to psychological distress as measured by the Mental Health Inventory (Veit & Ware, 1983).

This pattern of “Self-Reliant Internalization” is consistent with Helms’s racial identity theory (1995; 2003) that elderly African American women whose primary racial identity appraisal strategy is more sophisticated (i.e. Internalization) will have a complex sense of awareness of themselves as racial beings and are more likely to use internal criteria to define themselves and react to racial stimuli. Thus, women, characterized by this pattern, might be more likely to use certain prototypical Black women coping strategies (e.g., self-reliance), which focus on internally defined characteristics, to reduce

their psychological distress. This pattern is consistent with previous research on Black racial identity with African American women that suggested that high endorsement of Internalization racial identity statuses was significantly related to positive mental health outcomes (Franklin-Jackson & Carter, 2007). Additionally, the pattern is consistent with other studies of African American women that found that greater identification with one's racial-cultural group was positively related to use of self-reliance, which suggests that women may conform to culturally expected gender norms and/or adaptive survival mechanisms (Phielids, 2002; Warren, 2004).

Surprisingly, contrary to Hypothesis 1b, tenacity, the other gender coping strategy investigated, was not significant in the Self-Reliant Internalization pattern and neither of the internalized racism statuses (i.e., Preencounter, Post-Encounter) contributed to the pattern. Thus, Hypotheses 1c-d was not supported. One explanation for this finding is that the variables included in the analyses did not pertain to racism per se. Instead, they focused on what I have been calling Black racial socialization experiences. Moreover, the fact that self-reliance was the primary coping strategy that the elderly African American women used, as opposed to tenacity may be a function of life-long experiences that have taught them the value of being able to rely on themselves to take care of themselves and their families during difficult social conditions, without external support from others. Additionally, it is also plausible that the use of tenacity as a primary coping strategy may be less important during one's later years, and may, in fact, exacerbate levels of stress for older African American women, if they continuously feel

the need to maintain a sense of persistence and toughness regardless of their own physical or psychological health.

How are Experiences of Race-Related Stress related to Coping Strategies, and Psychological Distress?

Another premise of the present study was that coping strategies used by elderly African American women would serve as buffers against race-related stress and, consequently, psychological distress. Thus, Hypothesis 2 assumed that higher levels of all three types of race-related stress would be related to greater use of each of the coping strategies and lower levels of psychological distress. However, as shown in Table 5, two statistically significant patterns were identified, labeled “High SES” and “Self-Reliant Multiply Distressed.” The “High SES” function was related to low psychological distress, whereas the “Self-Reliant Multiply Distressed” function was related to high psychological distress.

In general, the elderly African American women described by the High SES pattern could be described as women whose levels of education and perceived social class was associated with being self-reliant, but not tenacious. Being of relatively high socioeconomic status was associated with experiencing less institutional race-related stress and less psychological distress. This particular finding is contrary to the hypothesized relationship and to previous research on race-related stress that found that elderly African Americans reported numerous experiences of institutional racism (Barbee, 2002; Brotman, 2003; Shellman, 2004) and poorer psychological outcomes as a result of

institutional race-related stress (Utsey et al. 2002). A plausible explanation for this finding is that perhaps having a higher educational level and perceived higher socioeconomic status served as a buffer against institutional racism (e.g., discriminatory laws and social policies) and, as a result lessened the level of psychological distress, attributable to race-related stressors that they experienced. Additionally, it is also possible that the women described by this pattern achieved their educational level and socioeconomic status by being self-reliant and, therefore, may not have had to use tenacity as a coping strategy when faced with experiences of racism at the institutional level.

Furthermore, this pattern of High SES and higher educational attainment serving as a buffer against institutional race-related stress is contrary to previous research which has demonstrated that people of Color who report a middle class or higher social class, still reported experiencing subtle forms of individual and institutional racism (Boyd-Franklin, 2003; Hill, 1999, Pieterse & Carter, 2007). For example, in Cose's (1993) research on successful African Americans, some of the experiences they reported included the fear of being forced to shed one's racial identity in order to be successful, being silenced or self-censored. It is possible that the elderly African American women in this study may have learned that being tenacious (i.e., being persistent, tough), within an institutional setting placed them at greater risk (i.e., loss of employment, financial resources, benefits, etc...). Thus, they may have had to rely on other coping strategies, such as self-reliance (i.e., relying on oneself with or without support from others) to get

through potentially racial discriminatory encounters in institutional settings.

Interestingly, a series of post hoc analyses of variance indicated that women who reported higher educational attainment (i.e., doctoral level degree or equivalent) reported significantly higher institutional race-related stress as compared to women who reported completing an undergraduate degree. Post-hoc analyses also did not reveal any additional significant differences in the women's scores on the race-related stress and coping strategies by SES. In the canonical correlation analysis, findings suggested that women who were highly educated, experienced low levels of institutional race-related stress, however, results from the post-hoc analysis suggested women who had higher educational attainment actually had greater levels of institutional race-related stress than women with a Bachelors' degree. This conflicting finding with regard to educational level suggests that socio-demographic factors may differently influence how elderly African American women experience and cope with various forms of race-related stress. Although having a higher perceived SES may serve as potential buffer against stress associated with institutional racism for some women, for others who have higher educational degrees (i.e., doctorate or equivalent) they may experience higher institutional racism-related stress by virtue of having greater access to settings where they may be one of the few women of color. These findings highlight the importance of understanding how various social structures may impact the stress appraisal process for African American elderly women.

The second pattern obtained “Self-Reliant, Multiply Distressed” demonstrated that high individual and cultural race-related stress was related to greater use of self-reliance, and greater psychological distress. This finding was contrary to the hypothesized relationships, instead of greater use of Black women coping strategies being related to lower levels of psychological distress, they were related to greater levels of psychological distress. The positive relationship between individual race-related stress and psychological distress is consistent with the race-related stress literature indicating that individual encounters with racism might be more difficult to cope with than indirect forms (i.e., institutional and cultural), which can lead to higher levels of psychological distress for African Americans (Utsey et al., 2002).

Direct experiences of individual racism may potentially be viewed as more threatening, both physically and emotionally (i.e., being threatened with physical violence, called a racial slur), but cultural racism, racial insults and assaults based on racial stereotypes, also may be used against women at the individual level. Thus, use of self-reliance as a primary coping strategy when combined with experiences of individual and cultural racism may have exceeded the women’s, described by this pattern, ability to effectively cope with the psychological stress associated with racism. It is also possible that self-reliance may not be the best coping strategy to manage stress associated with individual and cultural race-related stress. Perhaps, in cases where individual and cultural racism are present, elderly African American women may need to use and/or develop a broader range of coping strategies than those studied in the present study,

which might include seeking social support, or religious/ spiritual-based coping (e.g., prayer, going to church).

How are Racial Identity, Coping Strategies, Race-Related Stress, and Psychological Distress Related?

Another premise of the study was that the combination of racial identity and coping strategies might protect elderly African American women against race-related stress and psychological distress. The first parts of Hypothesis 3 were that Black-identified (Immersion, Emersion, and Internalization) statuses and greater use of Black women coping strategies would be related to less race-related stress (Cultural, Individual, and Institutional) and psychological distress. The second parts were that Internalized racism statuses (Preencounter and Post-Encounter) and less use of both Black women coping strategies would be related to high race-related stress (Cultural, Individual, and Institutional) and psychological distress. The pattern that emerged from the canonical analysis labeled, "Internalized Individual Racism as Stressors," revealed that the hypothesis was partially supported with respect to the internalized racism statuses, but not the Black identified statuses. As shown in Table 6, Internalized racism statuses (e.g., Preencounter) were related to greater race-related stress and psychological distress, but so was one of the Black identified statuses (i.e., Immersion). Thus, when elderly African American women endorsed higher levels of Preencounter racial identity attitudes, they experienced higher levels of individual racism, and greater psychological distress; those who endorsed higher levels of Immersion and less Internalization racial identity attitudes,

experienced higher levels of individual race-related stress and greater psychological distress. Therefore, Preencounter (i.e., anti-Black orientation) and Immersion (i.e., pro-Black orientation) as contrasted against Internalization (i.e., multi-racial orientation) were related to higher levels of race-specific and general psychological distress.

Also, the combination of racial identity attitudes seemingly mediated the effects of coping strategies (Hypothesis 3). In other words, Black women coping strategies were not significant contributors to this pattern as hypothesized even though one of them, self-reliance, was a significant contributor when race-related stress was used to predict use of coping strategies and psychological distress. A possible explanation for the lack of contribution of Black women coping strategies to this pattern is that because of the elderly African American women's level of identification with White culture, the women described by this particular pattern may not have been able to access some of the traditional Black women coping strategies which allegedly are central to their roles as Black women (Phields, 2002; Shorter-Gooden, 2004). Therefore, not only might they have been at greater risk for race-related stress associated with individual racism and heightened levels of psychological distress, but they might not have had any coping strategies available to them to alleviate the stresses.

Moreover, for the elderly African American women whose anti-White /pro-Black attitudes (Immersion) were related to a less racially internalized sense of self, it is possible that they may have been operating primarily from a reactionary state of anger and distrust of anyone and everything pertaining to White society, and as result were

unable to access the internal resources/ adaptive survival mechanisms (self-reliance and tenacity) associated with being a Black woman to effectively manage the negative mental health outcomes associated with individual race-related stress. This supposition is consistent with previous research that has shown that Preencounter and Immersion racial identity attitudes are related to greater psychological distress for African Americans who report experiences of racial discrimination (Franklin-Jackson & Carter, 2007; Neville et al., 1997).

Furthermore, it is also consistent with Neville et al.'s findings that African Americans who predominately endorsed Immersion/ Emersion attitudes engaged in more negative problem-solving coping (e.g., avoiding problems). Additionally, it is also possible that a different set of coping strategies, which are not culturally-specific may have been more useful for the women described by this pattern of "Internalized Individual Racism as Stressors" to effectively manage the stress associated with racism. Further research is needed to examine how culturally-specific coping strategies and general coping strategies are differently related to racial identity, race-related stress, and psychological outcomes.

Based on the findings of the present study, a new model is represented in Figure 2 which excludes Emersion, and Tenacity. This model demonstrates that four instead of the five racial identity statuses were used as appraisal strategies, and were significantly related to coping strategies, race-related stress, and/or psychological distress. In addition, the only prototypical Black women coping strategy that was relevant across the three

hypotheses, was Self-Reliance. Socioeconomic status and educational level were also included in the model, in order to highlight the importance of understanding the role that socio-demographic factors play in the relationship among racial identity, race-related stress, coping strategies, and psychological distress.

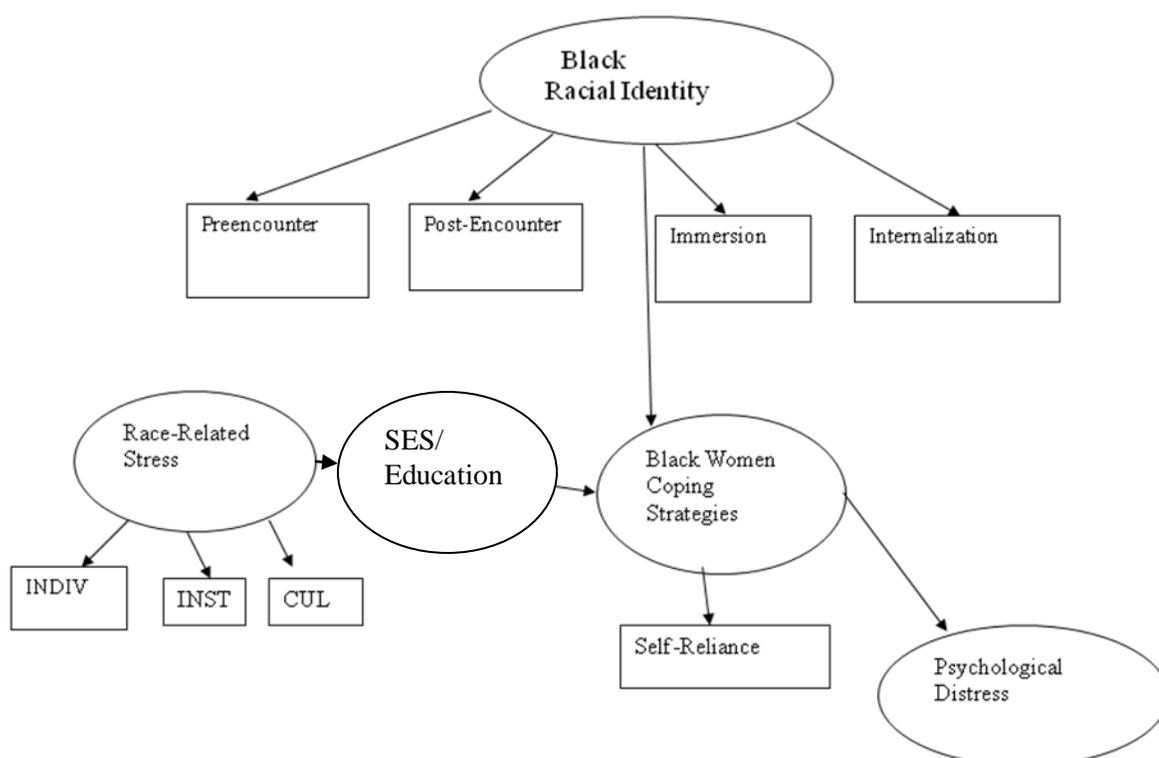


Figure 2: Model of the effects of racial, gender, and socio-demographic factors that influence levels of psychological distress among elderly African American women.

Implications for Practice

The findings from the present study suggest that the manner in which elderly African American women appraise and cope with racial stress is in fact more complicated than has been reflected in previous research. In addition, the patterns that were identified in this study suggest that within-group differences exist among older African American women in their use of racial identity statuses as appraisal strategies and their use of prototypical Black women coping strategies. Moreover, the patterns identified suggest that certain socio-demographic factors (i.e., educational level and SES) may also play an important role in how elderly African American women cope with and are affected psychologically by race-related stress.

Clinicians working with elderly African American women should assess how racial and gender socialization experiences influence how they cope with stress, as well as what internal resources these women possess to help protect themselves from adverse mental health outcomes. By broadening their conceptualization of the stress and coping process to incorporate racial identity statuses and gender-specific coping strategies for example, mental health professionals can help elderly African American women to effectively manage psychological distress associated with race-related stress by encouraging them to access existing Black women coping strategies such as self-reliance. However, the findings from the present study also suggest that clinicians should be aware that using self-reliance as a coping strategy may not be effective for all elderly African American women. It may be important to challenge the notion that one has to always

maintain a sense of self-reliance when faced with racially stressful encounters. Racially stressful incidents are emotionally taxing and therefore may call for more collective coping strategies, such as reaching out to others for support (i.e., friends, family, pastors, counselors, or community leaders) instead of relying solely on one-self. Thus, practitioners working with elderly African American women should assist them with developing a repertoire of coping skills that they can use to manage racially stressful experiences, such as seeking social support, or taking proactive measures to address racial incidents (i.e., filing complaints; speaking out).

Also, it is important that clinicians be knowledgeable about the different forms of race-related stress (i.e., cultural, institutional, individual) that elderly African American women may experience, and the factors that may either serve as buffers or potentially exacerbate their psychological distress. For example, clinicians should take into account that, for some elderly African American women, perceived socioeconomic status may serve as a protective factor against the negative mental health outcomes associated with institutional racism-related stress, whereas for other women, higher educational attainment may place them at a greater risk of experiencing institutional race-related stress. Furthermore, experiencing multiple forms of racism can be psychologically distressing for elderly African American despite their use of traditional Black women coping strategies. Therefore, it is important for clinicians to understand how elderly African American women are differently affected by race-related stress, and more importantly, to encourage elderly African American women to be flexible in their use of

coping strategies because as demonstrated by previous researchers (Lewis-Coles & Constantine, 2006; Utsey et al., 2000) different forms of racial stressors may call for coping strategies other than those investigated in the present study.

Lastly, another important implication for clinicians to take into consideration when working with elderly African American women is that within-group differences might exist in how they appraise race-related stress, which may have an impact on their psychological outcomes. Traditionally, elderly African American women have been treated as if they are a homogenous group. However as demonstrated in the present study, elderly African American women may vary with respect to their identification with their racial group, and as such how they appraise and are affected psychologically by race-related stress may also differ. Thus, mental health professionals working with elderly African American women should be mindful of potential within-group differences that may influence how these women perceive race-related stress. Clinicians working with elderly African American women who are predominately using internalized racism statuses (e.g., Preencounter) or less sophisticated Black-identified statuses (e.g., Immersion) may work with them to develop a self-affirming view of themselves, and their racial group, so that their appraisal of racial stressors can lead to better psychological outcomes.

Implications for Research

The present study was an initial attempt to develop an integrative model of the complex relationships that exist among racial identity, race/gender-specific coping

strategies as influences on the psychological distress of elderly African American women. The results from the present study offered partial support for some of the hypothesized links between the constructs that were investigated. Surprisingly, for this sample of elderly African American women, self-reliance rather than tenacity was statistically significant in three out of the four significant patterns, but it was not always helpful in reducing stress. Additional research is needed to understand the role that this particular coping mechanism plays or has played in the lives of elderly African American women, as well as whether more externally focused coping strategies (e.g., social support, religious activities) might serve the women better.

Furthermore, the findings from the present study provided support for using racial identity as different forms of appraisal of racial stress among elderly African American women. Although previous studies have examined the relationship between racial identity, race-related stress, and mental health outcomes (Franklin-Jackson & Carter, 2007; Jones et. al, 2007), none of the studies examined how experiences of race-related stress and psychological outcomes differed for elderly African American women based on their use of racial identity as appraisal strategies. Given the findings obtained from the present study demonstrating that both Preencounter and Immersion racial identity appraisal strategies predicted greater levels of race-related stress and psychological distress for elderly African American women, further investigation is needed to better understand the racial appraisal process, as well as factors that may help promote the use of a more sophisticated racial appraisal strategy (i.e., Internalization) to deal with racially

stressful encounters. Thus, additional research is needed to further explore the role of racial identity, race-related stress, coping, and mental health in elderly African Americans.

Methodological Limitations

There are some methodological limitations of the present study that may limit the generalizability of the obtained results to other samples of elderly African American women. These limitations are discussed as (a) sample, (b) measures, and (c) statistical concerns.

Sample Concerns

Study participants were a convenience sample recruited from senior centers, churches, community organizations, and through personal contacts predominately from the Northeast region of the United States. It is possible that elderly African American women in this region are better educated and/or appraise and cope with racism either less or more effectively than their counterparts in other regions of the country. If these suppositions are accurate, then the obtained results might not generalize to elderly African American women in other geographical regions in the United States or to random samples.

Measures

Another set of limitations concern the measures used in the study. First, the Index of Race-Related Stress-Brief (IRRS-B; Utsey, 1999) was limited in that it does not adequately assess race-related stress across one's lifetime. The IRRS-B instructions asked the participants to indicate their reactions to a particular race-related event at the

time it happened, and if it had happened more than once, to refer to the first time it happened. Thus, it is not clear whether the women were responding to events that occurred over their lifetime, or recent experiences of racism that they found to be stressful. Also, the Mental Health Inventory (MHI; Viet & Ware, 1983) asked participants to report on symptoms they experienced within the last month rather than lifetime symptoms.

Thus, the nature of the relationships that were found in the present study may not be as definitive, since participants had to retrospectively report how they were feeling. Measures that assess lifetime race-related stress and prompt participants to think about psychological symptoms that they have experienced throughout their life may help to better elucidate the relationship between race-related stress and psychological distress.

Additionally, although the coping instrument, the Phenomenal Womanism Inventory (PWI; Phields, 2002), used in the present study has empirical support demonstrating that it measures roles, characteristics, and coping mechanisms central to African American women's socialization experiences in some samples of adult women (Phields, 2002; Warren, 2004), it may not fully capture the various ways in which elderly African American women cope with race-related stress. Both strategies that the PWI assesses are individualistically oriented, but it is possible that other strategies might work better where race-related stress and racism are concerned. Therefore, in future research, it would be important to include different measures that assess other culturally-based

coping strategies, such as spiritual/ religious-based coping strategies (i.e., prayer, going to church).

The demographic questionnaire used in the present study was also limited in that it did not assess characteristics such as marital status, whether or not the women had children, and whether they were pioneers in their careers, or educational settings. Obtaining information on the marital and parental status of the participants may have helped to understand the level of responsibilities that the women had, and why some of the women relied more on self-reliance as opposed to tenacity as a primary coping strategy to deal with racial stress and psychological distress. Questions assessing whether the participants were the first African American woman to break a particular barrier, such as being the first to be admitted to an all white educational institution or work place, may have also provided a better understanding of some of the challenges that they had to face in these settings, as well as the internal and perhaps external expectations that they might have had to deal with as pioneers. Additionally, knowing whether these women were pioneers may have contributed to understanding the differences in their racial appraisal process, and the coping strategies that they may have had to rely on in order to manage potential experiences of racial stress, while still maintaining their position in these settings. Future researchers should consider including a more comprehensive demographic questionnaire to assess potential socio-demographic characteristics that may have contributed to the women's experiences of racial stress and their use of particular coping strategies.

Finally, with respect to measures, participants complained that the Black Racial Identity Attitudes Scale was too long. Thus, it is not clear what role fatigue or disengagement played in the obtained results. Given that racial identity was the best predictor across hypotheses tests, researchers should consider developing shorter versions of the scale that might still capture the full range of constructs.

Statistical

The present study used a correlational statistical analysis procedure that required a large sample size in order to have adequate statistical power. Stevens (2002) recommended a ratio of sample size to total number of variables of 20 to one. The present study had a sample size of 125 elderly African American women. Therefore, the subscales assessing psychological distress (i.e., Depression, Anxiety, and Loss of Behavioral/Emotional Control) were combined to comprise one Psychological Distress scale in order to satisfy the minimum required *sample size/variables* ratio necessary to conduct the analyses. Therefore, in the present study, I was not able to investigate which aspects of racial identity, which kinds of racial stressors or coping strategies might be differentially related to specific mental health conditions (e.g., depression, anxiety). Future researchers should use larger samples and include additional mental health measures in order to deconstruct psychological distress, and to examine the relationships among racial identity, race-related stress, coping strategies, and psychological distress.

Future Research

Future research should continue to explore the complex relationships among racial identity, race-related stress, coping strategies and psychological distress in elderly African American women. Researchers should try to further understand within-group differences that exist among elderly African American women in the ways in which they appraise race-related stress and use cultural/gender specific coping strategies to mediate the psychological distress associated with racism. Additionally, future research should continue to explore the mediating/moderating roles of racial identity statuses and socio-demographic factors on race-related stress. Moreover, given that older African American women, have a complex history, and a need to be able to share their stories, future researchers may want to use mixed-method approaches to also get a sense of the women's racial and gender socialization experiences, use of coping strategies, experiences with racism, as well as their mental health outcomes.

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Appendix A: Recruitment Letter

Dear XXXX,

My name is Kisha Bazelais, and I am a fifth year doctoral candidate in the Counseling Psychology Program at Boston College. The reason that I am writing is because I am currently in the process of working on my dissertation research which is focused on examining the psychological well-being of elderly African American women and their life experiences. Specifically, I am interested in examining the relationship between race-related stress, racial identity, coping patterns, and psychological distress among elderly African American women. I am writing to inquire about the possibility of recruiting elderly African American women from your site to participate in my dissertation research.

My study will consist of providing the participants (elderly African American women, ages 65 and older) with a questionnaire packet that will contain a consent form, demographic form, and four short survey measures designed to obtain information about their experiences with racial discrimination, how they cope with stressful events, their level of identification with their racial group, and their overall psychological well-being. The measures that I will utilize in my study are well-known measures that have been frequently utilized by previous researchers, these measures include the *Black Racial Identity Attitudes Scale*, *Index of Race Related Stress-Brief Version*, *Phenomenal Womanism Inventory*, and the *Mental Health Inventory*. Following the administration of the survey, the participants will be debriefed and provided with my contact information in case they have any questions concerning the study. All participants will also have the opportunity to be entered into a raffle for a \$50 gift certificate to a local supermarket.

I believe that participation in my study will help in the development of more improved services and programs for elderly African Americans who participate in activities at your organization. In addition, I believe that it will give the elders an opportunity to engage in research that is geared towards them and giving back to their community. I hope that my findings will also have implications for improving mental health services for this population by increasing service providers' understanding of the issues facing them.

In addition, I am willing to share my findings with your organization and would also be happy to participate in any of the volunteer opportunities available within your organization, or to provide another service that would be more helpful for the elderly clients and for your program.

If you have additional questions regarding my study, please feel free to contact me at the following email address: kbazelais@xxxx or at (347) XXX-XXXX. I will also follow up with a phone call to further discuss my dissertation research. I look forward to this potential collaboration opportunity.

Sincerely,
Kisha N. Bazelais, Ed.M., M.A
Doctoral Candidate
Boston College
Campion 309
140 Commonwealth Avenue
Chestnut Hill, MA 02467

Appendix B: Recruitment Flyer

Elderly African American Women Research Study

Be part of an important research study

Are you an African American woman age 65 years old or older?

Have you experienced discrimination based on your race?

If you answered **YES** to these questions, you may be eligible to participate in a research study.

The purpose of this research study is to examine the psychological well-being of elderly African American women and their life experiences with racial discrimination.

Participants will be entered into a raffle to receive a \$50 gift certificate to a local supermarket.

African American women age 65 years and older are eligible.

This study is being conducted as part of my doctoral dissertation research.

If you are interested, please contact Kisha Bazelais at (XXX) XXX-XXXX for more information.

Appendix C: Consent Form

PARTICIPANT INFORMATION AND CONSENT FORM

You are being asked to participate in a research study being conducted by Kisha Bazelais, who is a doctoral student in the Counseling Psychology program at Boston College. The purpose of Ms. Bazelais's study is to gain a better understanding of the ways that racial stressors, racial identity development and coping affect the psychological functioning of elderly African American women. This research study is Ms. Bazelais' doctoral dissertation. This form will give you information about this study, and I will answer any questions that you may have about participating in this research.

You are being asked to participate in this research study because you are an African American women who is 65 years or older.

If you agree to participate in this research study

- You will be asked to provide descriptive information about yourself (such as age, race/ethnicity, gender, and educational level).
- You will be provided with a survey packet containing several self-report questionnaires designed to obtain information on your experience with racial stress throughout your life, how you cope with these experiences, as well as your level of identification with your racial group, and current mental health concerns.

The approximate amount of time to complete the study will be about one hour. The study will be conducted at your respective senior or assisted living center, neighborhood community center, or church.

The researcher will make every effort to keep your research records confidential. There will be no information on the survey packet that will identify you, and I will keep your signed consent form separate from your survey. All data will be securely stored at Boston College. They will be available only to Ms. Bazelais and her dissertation advisor. Five years after the conclusion of the study all of these materials will be destroyed. Although every effort will be made to keep your information confidential, from time to time, it may be necessary to allow individuals from such regulatory agencies as the Boston College Institutional Review Board or federal agencies overseeing human subject research to review the data in an effort to make sure that all steps to insure participants' confidentiality have been met.

This study is designed for Ms. Bazelais to learn more about the influence of racial stressors, racial identity development and coping on the psychological functioning of elderly African American women. This study is not designed to treat any illness or to

improve your health. In sharing your experiences, you will be helping to advance the understanding of the impact of racial stressors on elderly African American women in the United States. You will also be helping in the development of more improved services and program for elderly African American women. In addition, you will have the opportunity to participate in a raffle for a \$50 gift certificate to a local supermarket.

It is possible that you may experience some emotional distress from recalling events from the past that may have been upsetting to you at the time. If you do experience any emotional distress following the study, a contact will be provided for you to follow-up with. Although I do not anticipate any additional risks with your participation in the study, unforeseen risks are always possible.

Everything possible will be done to make sure you are comfortable as you complete the questionnaires for the study, however if at any time you wish to discontinue the survey, you may do so without any penalty. If you choose to withdraw before completing the study, you will still be eligible for the raffle for a \$50 gift certificate.

I may also ask you to stop participating in the study if I think that it is in your best interest to no longer continue answering the survey questions.

The results of this research will be presented at the meeting about Ms. Bazelais' dissertation, and may also be presented at professional meetings or in published articles. Your name will never be used and no one will ever know your identity.

If you have any questions about the study, you may ask at this time. If you have additional questions later, or would like more information on this study, you may contact Kisha Bazelais at the following number (617)552-4710. If you have questions regarding your rights as a research subject, please call the Boston College of Human Research Participant Protection at (617) 552-4778.

If you wish to participate, please sign the attached consent form. Please keep this letter, which includes a copy of the consent form, for your own records.

Thank you for helping us with this important study. I very much appreciate your time and your willingness to share your experiences!

PARTICIPANT CONSENT FORM

I have read the attached Participant Information and Consent Letter about the study or it was read to me. I understand that my participation in the study is completely voluntary and that my consent can be withdrawn at any time without penalty or loss of services that I might be entitled to. I also understand the possible risks and benefits of this study. I have been given an opportunity to ask questions, and have received a copy of this consent form.

I hereby consent to participate in Kisha Bazalais' research project.

Study Participant (Print Name): _____

X _____

Participant Signature

_____ **Date Signed**

Thank you for your participation

Appendix D: Raffle Page

ID # _____

This sheet allows us to keep your name apart from your answers so that no one will know what you say. Please write your name and contact information below to be included in the \$50 supermarket gift certificate raffle. Winners will be contacted directly by Ms. Bazelais by phone, letter, and/or a visit. Thank you again for your participation.

Name: (please print) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Center/Church/ Organization: _____

Appendix E: Demographic Questionnaire

Demographic Information Sheet

Please answer the following questions as best as you can by either checking the appropriate response or by filling in the answer.

1. Age: _____
2. Gender (please check the box): Female Male
3. Which racial/ethnic group best describes you? (please check the box)

<input type="checkbox"/> African American	<input type="checkbox"/> Asian, Asian-American
<input type="checkbox"/> White (non-Hispanic)	<input type="checkbox"/> Pacific Islander (e.g. Samoan)
<input type="checkbox"/> American-Indian, Indigenous American	<input type="checkbox"/> Bi-Racial/ Multi-Racial American
<input type="checkbox"/> Hispanic or Latino (e.g. Puerto Rican, Mexican, Central/South American)	
<input type="checkbox"/> Black American, West Indian, Caribbean (e.g. Haitian, Jamaican)	

If you identify as Black, West Indian or Caribbean, please answer the following questions:

- a) What country were you born in? _____
- b) What country were your parents born in? _____
- c) How long have you lived in the United States? _____
- Other (please write) _____
4. Highest level of education completed (please check the box):

<input type="checkbox"/> Elementary school	<input type="checkbox"/> High school graduate
<input type="checkbox"/> Completed some college	<input type="checkbox"/> Undergraduate college degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate or Equivalent (e.g. PhD, M.D.)
5. Socioeconomic Status (please check the box):

<input type="checkbox"/> Lower working class	<input type="checkbox"/> Middle class	<input type="checkbox"/> Upper middle class	<input type="checkbox"/> Upper class
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Appendix F: Phenomenal Womanism Inventory

Phenomenal Womanism Inventory

This page contains a series of statements about you personally. How often do the following characteristics and roles describe you. Please circle the number that best describes how you feel for each statement. There are no right or wrong, good or bad answers. Just answer each question according to how you truly think or feel.

How often do the following characteristics and roles describe you?	None of the Time	A little of the Time	Half of the Time	Most of the Time	All of the Time
1. Support myself financially	1	2	3	4	5
2. Put the needs of my family ahead of my own needs	1	2	3	4	5
3. Support my extended family (e.g., grandparents, aunts, uncles, cousins) financially	1	2	3	4	5
4. Take care of people	1	2	3	4	5
5. Find ways to overcome difficult social and economic conditions	1	2	3	4	5
6. Do favors for my friends and/or “play relatives” (nonblood kin)	1	2	3	4	5
7. Support my friends and/or “play relatives” (nonblood kin) financially	1	2	3	4	5
8. Lead myself and family through difficult conditions	1	2	3	4	5
9. Hard working	1	2	3	4	5
10. Smart	1	2	3	4	5
11. Survive harsh social and economic conditions	1	2	3	4	5
12. Take care of friends	1	2	3	4	5

How often do the following characteristics and roles describe you?	None of the Time	A little of the Time	Half of the Time	Most of the Time	All of the Time
13. Lend money to my immediate family (e.g., mom, dad, siblings, children, mate)	1	2	3	4	5
14. Provide emotional support to my immediate family (e.g., mom, dad, siblings, children, mate)	1	2	3	4	5
15. Endure against all odds	1	2	3	4	5
16. Take care of children or people younger than myself	1	2	3	4	5
17. Make a lot out of few resources	1	2	3	4	5
18. Provide emotional support (e.g., listen to, solve problems) to my friends and/or "play relatives" (nonblood kin)	1	2	3	4	5
19. Keep my family together	1	2	3	4	5
20. Prepared to be sole financial provider for myself (if necessary)	1	2	3	4	5
21. Lend money to my extended family (e.g., grandmother, aunts, uncles, cousins)	1	2	3	4	5
22. Responsible for family's survival	1	2	3	4	5
23. Stand on my own two feet	1	2	3	4	5
24. Make money go a long way	1	2	3	4	5

Appendix G: The Mental Health Inventory

The Mental Health Inventory (MHI)

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? (*Tick one*)
 - 1 Extremely happy, could not have been more satisfied or pleased
 - 2 Very happy most of the time
 - 3 Generally, satisfied, pleased
 - 4 Sometimes fairly satisfied, sometimes fairly unhappy
 - 5 Generally dissatisfied, unhappy
 - 6 Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month? (*Tick one*)

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? (*Tick one*)

1 <input type="checkbox"/> Always	4 <input type="checkbox"/> Sometimes
2 <input type="checkbox"/> Very often	5 <input type="checkbox"/> Almost never
3 <input type="checkbox"/> Fairly often	6 <input type="checkbox"/> Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? (*Tick one*)

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? (*Tick one*)

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

6. How much of the time, during the past month, did you feel relaxed and free from tension? (*Tick one*)
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |
7. During the past month, how much of the time have you generally enjoyed the things you do? (*Tick one*)
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory? (*Tick one*)
- | |
|---|
| <input type="checkbox"/> 1 Extremely happy, could not have been more satisfied or pleased |
| <input type="checkbox"/> 2 Very happy most of the time |
| <input type="checkbox"/> 3 Generally, satisfied, pleased |
| <input type="checkbox"/> 4 Sometimes fairly satisfied, sometimes fairly unhappy |
| <input type="checkbox"/> 5 Generally dissatisfied, unhappy |
| <input type="checkbox"/> 6 Very dissatisfied, unhappy most of the time |
9. Did you feel depressed during the past month? (*Tick one*)
- | |
|---|
| <input type="checkbox"/> 1 Extremely happy, could not have been more satisfied or pleased |
| <input type="checkbox"/> 2 Very happy most of the time |
| <input type="checkbox"/> 3 Generally, satisfied, pleased |
| <input type="checkbox"/> 4 Sometimes fairly satisfied, sometimes fairly unhappy |
| <input type="checkbox"/> 5 Generally dissatisfied, unhappy |
| <input type="checkbox"/> 6 Very dissatisfied, unhappy most of the time |
10. During the past month, how much of the time have you felt loved and wanted? (*Tick one*)
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

11. How much of the time, during the past month, have you been a very nervous person?

(Tick one)

- | | |
|---|---|
| <input type="checkbox"/> All of the time | <input type="checkbox"/> Some of the time |
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> A little of the time |
| <input type="checkbox"/> A good bit of the time | <input type="checkbox"/> None of the time |

12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? *(Tick one)*

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Very often | <input type="checkbox"/> Almost never |
| <input type="checkbox"/> Fairly often | <input type="checkbox"/> Never |

13. During the past month, how much of the time have you felt tense or “high-strung”?

(Tick one)

- | | |
|---|---|
| <input type="checkbox"/> All of the time | <input type="checkbox"/> Some of the time |
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> A little of the time |
| <input type="checkbox"/> A good bit of the time | <input type="checkbox"/> None of the time |

14. During the past month, have you been in firm control of your behavior, thoughts, emotions or feelings? *(Tick one)*

- | | |
|---|--|
| <input type="checkbox"/> Yes, very definitely | <input type="checkbox"/> No, not too well |
| <input type="checkbox"/> Yes, for the most part | <input type="checkbox"/> No, and I am somewhat disturbed |
| <input type="checkbox"/> Yes, I guess so | <input type="checkbox"/> None of the time |

15. During the past month, how often did your hands shake when you tried to do something? *(Tick one)*

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Very often | <input type="checkbox"/> Almost never |
| <input type="checkbox"/> Fairly often | <input type="checkbox"/> Never |

16. During the past month, how often did you feel that you had nothing to look forward to? *(Tick one)*

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Very often | <input type="checkbox"/> Almost never |
| <input type="checkbox"/> Fairly often | <input type="checkbox"/> Never |

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

17. How much of the time, during the past month, have you felt calm and peaceful?
(*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |
18. How much of the time, during the past month, have you felt emotionally stable?
(*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |
19. How much of the time, during the past month, have you felt downhearted and blue?
(*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |
20. How often have you felt like crying, during the past month? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |
21. During the past month, how often have you felt that others would be better off if you were dead? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |
22. How much of the time, during the past month, were you able to relax without difficulty? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

23. How much of the time, during the past month, did you feel that you love relationships, loving and being loved, were full and complete? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |
24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |
25. How much have you been bothered by nervousness, or your “nerves,” during the past month? (*Tick one*)
- 1 Extremely so, to the point where I could not take care of things
 - 2 Very much bothered
 - 3 Bothered quite a bit by nerves
 - 4 Bothered some, enough to notice
 - 5 Bothered just a little by nerves
 - 6 Not bothered at all by this
26. During the past month, how much of the time has living been a wonderful adventure for you? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |
27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? (*Tick one*)
- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

28. During the past month, did you think about taking your own life? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> Yes, very often | 4 <input type="checkbox"/> Yes, at one time |
| 2 <input type="checkbox"/> Yes, fairly often | 5 <input type="checkbox"/> No, never |
| 3 <input type="checkbox"/> Yes, a couple of times | |

29. During the past month, how much of the time have you felt restless, fidgety, or impatient? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

30. During the past month, how much of the time have you been moody or brooded about things? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

31. How much of the time, during the past month, have you felt cheerful, lighthearted? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

32. During the past month, how often did you get rattled, upset or flustered? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

33. During the past month, have you been anxious or worried? (*Tick one*)

- 1 Yes, extremely, to the point of being sick or almost sick
- 2 Yes, very much so
- 3 Yes, quite a bit
- 4 Yes, some, enough to bother me
- 5 Yes, a little bit
- 6 No, not at all

Instructions: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

34. During the past month, how much of the time were you a happy person? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

35. How often during the past month did you find yourself trying to calm down? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

36. During the past month, how much of the time have you been in low or very low spirits? (*Tick one*)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

37. How often, during the past month, have you been waking up feeling fresh and rested? (*Tick one*)

- | | |
|--|---|
| 1 <input type="checkbox"/> Always, every day | 4 <input type="checkbox"/> Some days, but usually not |
| 2 <input type="checkbox"/> Almost every day | 5 <input type="checkbox"/> Hardly ever |
| 3 <input type="checkbox"/> Most days | 6 <input type="checkbox"/> Never wake up feeling rested |

38. During the past month, have you been under or felt under any strain, stress, or pressure? (*Tick one*)

- 1 Yes, almost more than I could stand or bear
- 2 Yes, quite a bit of pressure
- 3 Yes, some more than usual
- 4 Yes, some, but about normal
- 5 Yes, a little bit
- 6 No, not at all

Appendix H: Black Racial Identity Scale

BRIAS Social Attitude Scale

Instructions: This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So try to be as honest as you can. Beside each statement, circle the number that best describes how you feel. Use the scale below to respond to each statement.

	1		2		3		4		5
1	2	3	4	5	1.	I believe that being Black is a positive experience.			
1	2	3	4	5	2.	I know through personal experience what being Black in America means.			
1	2	3	4	5	3.	I am increasing my involvement in Black activities because I don't feel comfortable in White environments.			
1	2	3	4	5	4.	I believe that large numbers of Blacks are untrustworthy.			
1	2	3	4	5	5.	I feel an overwhelming attachment to Black people.			
1	2	3	4	5	6.	I involve myself in causes that will help all oppressed people.			
1	2	3	4	5	7.	A person's race does not influence how comfortable I feel when I am with her or him.			
1	2	3	4	5	8.	I believe that Whites look and express themselves better than Blacks.			
1	2	3	4	5	9.	I feel uncomfortable when I am around Black people.			
1	2	3	4	5	10.	I feel good about being Black, but do not limit myself to Black activities.			
1	2	3	4	5	11.	When I am with people I trust, I often find myself using slang words to refer to White people.			
1	2	3	4	5	12.	I believe that being Black is a negative experience.			

-
- | | | | | | |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 13 . I am confused about whether White people have anything important to teach me. |
| 1 | 2 | 3 | 4 | 5 | 14 . I frequently confront the system and the (White) man. |
| 1 | 2 | 3 | 4 | 5 | 15 . I constantly involve myself in Black political and social activities (art shows, political meetings, Black theater, etc.) |
| 1 | 2 | 3 | 4 | 5 | 16 . I involve myself in social action and political groups even if there are no other Blacks involved. |
| 1 | 2 | 3 | 4 | 5 | 17 . I believe that Black people should learn to think and experience life in ways which are similar to White people. |
| 1 | 2 | 3 | 4 | 5 | 18 . I believe that the world should be interpreted from a Black or Afrocentric perspective. |
| 1 | 2 | 3 | 4 | 5 | 19 . I'm not sure how I feel about myself racially. |
| 1 | 2 | 3 | 4 | 5 | 20 . I feel excitement and joy in Black surroundings. |
| 1 | 2 | 3 | 4 | 5 | 21 . I believe that Black people come from a strange, dark, and uncivilized continent. |
| 1 | 2 | 3 | 4 | 5 | 22 . People, regardless of their race, have strengths and limitations. |
| 1 | 2 | 3 | 4 | 5 | 23 . I find myself reading a lot of Black literature and thinking about being Black. |
| 1 | 2 | 3 | 4 | 5 | 24 . I feel guilty or anxious about some the things I believe about Black people. |
| 1 | 2 | 3 | 4 | 5 | 25 . I believe that a Black person's most effective weapon for solving problems is to become part of the White person's world. |
| 1 | 2 | 3 | 4 | 5 | 26 . My identity revolves around being a Black person in this country. |
-

-
- | | | | | | |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 27 . I limit myself to Black activities as much as I can. |
| 1 | 2 | 3 | 4 | 5 | 28 . I am determined to find my Black identity. |
| 1 | 2 | 3 | 4 | 5 | 29 . I like to make friends with Black people. |
| 1 | 2 | 3 | 4 | 5 | 30 . I believe that I have many strengths because I am Black. |
| 1 | 2 | 3 | 4 | 5 | 31 . I feel that Black people do not have as much to be proud of as White people do. |
| 1 | 2 | 3 | 4 | 5 | 32 . I am at ease around Black people. |
| 1 | 2 | 3 | 4 | 5 | 33 . I believe that Whites should feel guilty about the way they have treated Blacks in the past. |
| 1 | 2 | 3 | 4 | 5 | 34 . White people can't be trusted. |
| 1 | 2 | 3 | 4 | 5 | 35 . In today's society if Black people don't achieve, they have only themselves to blame. |
| 1 | 2 | 3 | 4 | 5 | 36 . The most important thing about me is that I am Black. |
| 1 | 2 | 3 | 4 | 5 | 37 . Being Black just feels natural to me. |
| 1 | 2 | 3 | 4 | 5 | 38 . Other Black people have trouble accepting me because my life experiences have been so different from their experiences. |
| 1 | 2 | 3 | 4 | 5 | 39 . Black people who have any White people's blood should feel ashamed of it. |
| 1 | 2 | 3 | 4 | 5 | 40 . Sometimes, I wish I belonged to the White race. |
| 1 | 2 | 3 | 4 | 5 | 41 . The people I respect most are White. |
| 1 | 2 | 3 | 4 | 5 | 42 . I have begun to question my beliefs about my racial group. |
-

1	2	3	4	5	43 . I feel anxious when White people compare me to other members of my race.
1	2	3	4	5	44 . I tend to bond easily with Black people.
1	2	3	4	5	45 . A person's race may be a positive aspect of who he or she is.
1	2	3	4	5	46 . When I am with Black people, I pretend to enjoy the things they enjoy.
1	2	3	4	5	47 . When a stranger who is Black does something embarrassing in public, I get embarrassed.
1	2	3	4	5	48 . I believe that a Black person can be close friends with a White person.
1	2	3	4	5	49 . Sometimes I think that White people are superior are sometimes I think they're inferior to Black people.
1	2	3	4	5	50 . I have a positive attitude about myself because I am Black.
1	2	3	4	5	51 . I participate in Black culture.
1	2	3	4	5	52 . I am not sure where I really belong racially.
1	2	3	4	5	53 . I believe that White people are more intelligent than Blacks.
1	2	3	4	5	54 . I speak my mind regardless of the consequences (e.g. being kicked out of school, being imprisoned, being exposed to danger).
1	2	3	4	5	55 . I can't feel comfortable with either Black people or White people.
1	2	3	4	5	56 . I often feel that I belong to the Black racial group.
1	2	3	4	5	57 . I feel embarrassed about some of the things I feel about my racial group.

1 2 3 4 5 58 . Most Blacks I know are failures.

**1 2 3 4 5 59 . I am changing my style of life to fit my new beliefs
about Black people.**

1 2 3 4 5 60 . I am satisfied with myself.

Appendix I: Index of Race-Related Stress-Brief

IRRS-B

This survey is intended to sample some of the experiences the Black people have in this country because of their “Blackness.” There are many experiences that a Black person can have in this country because of his/her race. Some events happen just once, some more often, while others may happen frequently. Below you will find listed some of these experiences for which you are to indicate those that have happened to you or someone very close to you. **Please circle the number on the scale (0 to 4) that indicates the reaction you had to the event at the time it happened. Do not leave any items blank.** If an event happened more than once, refer to the first time it happened. **If an event did not happen, circle 0 and go on to the next item.**

0 = This has never happened to me.
bother me.

1 = This event happened, but did not

2 = This event happened, and I was slightly upset.

3 = This event happened and I was upset

4 = This event happened and I was extremely upset.

- | | | | | | |
|--|---|---|---|---|---|
| 1. You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal. | 0 | 1 | 2 | 3 | 4 |
| 2. Sales people/clerks did not say thank you or show other forms of courtesy and respect (i.e. put your things in a bag) when you shopped. | 0 | 1 | 2 | 3 | 4 |
| 3. You notice that when a Black person is killed by a White mob or policeman no one is sent to jail. | 0 | 1 | 2 | 3 | 4 |
| 4. You have been threatened with physical violence by an individual or group of White/non-Blacks. | 0 | 1 | 2 | 3 | 4 |
| 5. You have observed that White kids who commit violent crimes are portrayed as “boys being boys,” are wild animals. | 0 | 1 | 2 | 3 | 4 |
| 6. You seldom hear or read anything positive about Black people on radio, TV, newspapers or in history books. | 0 | 1 | 2 | 3 | 4 |

- | | | | | | |
|---|---|---|---|---|---|
| 7. While shopping at a store, the sale clerk assumed you couldn't afford certain items (i.e. you were directed toward the items on sale.) | 0 | 1 | 2 | 3 | 4 |
| 8. You were the victim of a crime and the police treated you as if you should just accept it as part of being Black. | 0 | 1 | 2 | 3 | 4 |
| 9. You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment. | 0 | 1 | 2 | 3 | 4 |
| 10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task. | 0 | 1 | 2 | 3 | 4 |
| 11. Whites/non-Blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business. | 0 | 1 | 2 | 3 | 4 |
| 12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks. | 0 | 1 | 2 | 3 | 4 |
| 13. You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you. | 0 | 1 | 2 | 3 | 4 |
| 14. While shopping at a store, or when attempting to make a purchase you were ignored as if you were not a serious customer or didn't have any money. | 0 | 1 | 2 | 3 | 4 |
| 15. You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race. | 0 | 1 | 2 | 3 | 4 |
| 16. You have heard reports of White people /non-Blacks who have committed crimes, and, in an effort to cover up their deeds, falsely reported that a Black man was responsible for the crime. | 0 | 1 | 2 | 3 | 4 |

17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc. [or as savages] Wild Man of 96th St., Wolf Pack, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed. 0 1 2 3 4
18. You have heard racist remarks or comments about Black people spoken with impunity by White public officials of other influential White people. 0 1 2 3 4
19. You have been given more work, or the most undesirable jobs at your place of employment while the Whites/non-Black of equal or less seniority and credentials is given less work, and more desirable tasks. 0 1 2 3 4
20. You have heard or seen other Black people express the desire to be White or to have physical characteristics because they disliked being Black or thought it was ugly. 0 1 2 3 4
21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times. 0 1 2 3 4
22. You were refused an apartment or other housing; you suspect it was because you are Black. 0 1 2 3 4