The Strong Black Woman Schema:
A Cultural Contributor to Depression

A THESIS
Presented to
The Faculty of the Department of Sociology
The Colorado College
In Partial Fulfillment of the Requirements for the Degree
Bachelor of Arts
By
Zora Jackson-Bartelmus
May 2017
Wade Roberts
ABSTRACT
Black women in American society hold the disadvantaged social positioning of intersecting oppressions that stem from gender, race and often class. This has consequences as this population demonstrates a wide variety of negative health outcomes that are not seen in other such marginalized groups. Using the social determinants of health theoretical framework to help shed light on the fundamental causes of negative health outcomes that fall along the lines of race, gender, and socioeconomic status, this study looks at the role of the Strong Black Woman Schema on Black women’s mental health. This stereotype, to the extent that it is adopted, binds these women to the confines of emotional invulnerability, self-reliance, self-sacrifice, and caretaking, causing them to neglect their own needs and exacerbating negative health outcomes. This schema, when compared to the other more explicitly denigrating stereotypes of Black women, is perceived as laudable and as the only avenue to their respectability. I argue that this factor, the Strong Black Woman schema, or SBW, when internalized, acts as a cultural mechanism through which stress becomes embodied as the symbol of strength and will be associated with heightened prevalence of depressive symptoms. Using an online survey, 110 self-identifying Black women attending four-year undergraduate colleges and universities across the country were recruited via purposive sampling, given the targeted population of concern. Findings showed that variation in depression scores in young Black women can be partially explained by the internalization of the SBW schema, and that the internalization of this schema is associated with income and one’s level of religiosity.
In American society, Black women live with the intersecting oppressions that stem from gender, race and often, class. This disadvantaged social position that Black women hold has consequences as this population demonstrates the highest prevalence of both cardiovascular disease and feelings of depression (Schiller et al. 2012; Thom et al. 2006). Much of the literature in this realm of Black women’s health focuses on stress as the main cause of these adverse health outcomes (West, Donavan and Daniel 2016; Woods-Giscombé 2010). These sources of stress stem from the day-to-day wear brought about by broader structural issues such as poverty, racism, violence, sexism, and inadequate education (Beauboeuf-Lafontant 2007; Woods-Giscombé 2010). This phenomenon, referred to by scholars as allostatic load, acts as the cumulative weathering of the body’s systems due to one’s repeated adaptation to stressors (Geronimus et al. 2006). Allostatic load has come to be understood as the physiological strain on the body inflicted by the experience of stress. Geronimus et al. (2006) acknowledges that Black women display a higher probability for having high measures of allostatic load as compared to White women and Black men, even when controlling for class. This suggests that there exists a race-gender component to the health of Black women due to stress. While this explanation for negative health outcomes is valid, it does not account completely for Black women’s disproportionate likelihood of having a mental or physical illness (Norris and Mitchell 2014; Thoits 2010). If stress, due to social factors, cannot be the sole determinant of negative health outcomes in Black women, what is it that might be causing such high levels of distress? How is it that other groups of marginalized people in the United States do not exhibit the same levels of both mental illness and negative physical health outcomes?
The current study attempts to establish a relationship between the degree of internalization of the Strong Black Woman schema and the presence of depressive symptoms. I argue that this factor, the Strong Black Woman schema, or SBW, acts as a cultural mechanism through which stress becomes embodied as the symbol of strength, negatively impacting the woman who internalizes this image. Since the literature lacks a focus on the specific determinants of black women’s mental health, this topic is worthy of sociological study. Because of this gap in knowledge and understanding about how these issues manifest themselves and become perpetuated, a solution is left unknown.

LITERATURE REVIEW

Social Determinants of Health

A growing focus on the social determinants of health throughout the literature has helped to shed light on fundamental causes of negative health outcomes that fall along the lines of race, gender, and socioeconomic status. Link and Phelan (1995) make the distinction between the importance of focusing on distal rather than proximal factors as explanations for health outcomes. They note that the field of epidemiology largely deals with the idea of proximal factors, such as one’s diet and exercise regimen or their specific health-related habits, as the causal elements of illness. Link and Phelan (1995) assert that more distal factors, such as socio-structural factors like living conditions, socioeconomic status and access to resources, are responsible for illness. When looking at the risk factors for depression, scholars note that chronic stressors stemming from race, gender and class inequities, such as micro-aggressions, poverty, and exposure to interpersonal and community violence, could put Black women at a disproportionately higher risk for
mental illness (Harris-Lacewell 2001; Martin et al. 2013; Thoits 2010). This is due to the intersection of oppressive factors that are inherent to the social standpoint of Black women (West et al. 2016; Thoits 2010). Experiences of racial discrimination in daily life along with the effects of systemic racism that have denied Blacks socioeconomic mobility and left them with underdeveloped infrastructures have been linked to poor physical health as well as depression (Abrams et al. 2014; Beauboeuf-Lafontant 2007; Lo et al. 2014; Thoits 2010). This racial element in combination with the sexism that Black women face could afford them higher likelihoods of experiencing depression than their White counterparts (Beauboeuf-Lafontant 2007; Thoits 2010; West et al. 2016).

According to Lo et al. (2014), Blacks are likely to experience barriers to healthcare access and when care for mental illness is unavailable or unobtainable these illnesses progress more rapidly. Since Blacks are more likely to exhibit chronic mental illness than Whites, and minority populations in general are the least likely to access and receive mental health treatment (Briggs et al. 2014; Lo et al. 2014), we see that these issues become exacerbated. Racism within the field of mental health treatment also exacerbates these issues. Minority populations are often given differential diagnoses than Whites for the same illness (Briggs et al. 2014). Blacks may even be placed in correctional facilities for their mental illnesses, whereas Whites, under similar circumstances, receive mental health treatment (Briggs et al. 2014).

These structural factors contribute to chronic stressors in the lives of Black women that influence their physical and mental health in negative ways. But what, then, does the role of culture play in this? According to Campbell and Long (2014), culture acts to shape one’s beliefs, learned behaviors, coping skills, and ways of communicating.
When thinking about illness, culture largely influences the way that one defines an illness, and even how one experiences it (Campbell and Long 2014). Within the Black community, many people believe that depression is a personal weakness, with far fewer people noting that they would take any action to handle depression if they were depressed (Martin et al. 2013). Religion is often used as a coping mechanism in the Black community, where prayer, faith and God are viewed as successful treatment options, as relying on God offers comfort and encouragement when tangible resources are not available or inadequate (Martin et al. 2013; Woods-Giscombe 2010). Access to resources, on which the social determinants of health field centers, seems to play a central role in this cultural ideal of the SBW. Since cultural ideals influence the ways we think about and treat illness, how then, do cultural ideals influence health outcomes?

The Strong Black Woman Schema

The Strong Black Woman schema, or SBW, acts as a cultural stereotype, which centers on the ideals that black women must assume any and all caretaking roles, must be strictly self-reliant and independent and above all else, display indefatigable strength. These expectations lend themselves to emotional suppression, resistance to vulnerability, and obligations to help others, ultimately requiring self-sacrifice (Abrams et al. 2014; Beauboeuf-Lafontant 2007; Woods-Giscombe 2010; Wyatt 2008). Under this stereotype, Black women lack agency over the expression of their feelings, desires and needs. There is no room for error, as those who subscribe to this schema are rigidly held to its standards. Internalizing this stereotype happens via the “complex interactive process between individual and culture,” where the cultural meaning of the SBW becomes part of
the way that a Black woman understands her positionality (Wyatt 2008:59). She then changes this cultural meaning into an individual version of the stereotype by way of her own subjectivity (Wyatt 2008). This then becomes part of her identity and in turn, starts to become an expectation with very real consequences.

But why are these expectations seen as such mandatory parts of the experience of black womanhood? Scholars argue that by looking at the specific socio-historical perspective that black women have, we can start to understand how the SBW has developed, how it is endorsed and internalized, and how it is maintained (Abrams et al. 2014, Wyatt 2008). During slavery, Black female slaves were often the object of abuse and sexual assault by slave-owners (Watson and Hunter 2015, Wyatt 2008). Wyatt (2008) posits that, as a way of justifying the crimes committed against black women and their bodies, white slave-owners constructed black women’s mythic strength. This strength evolved over time, becoming engrained in the very culture of black women, as a way of fighting against the raced and gendered oppressions inherent to their lives. In the Black community, this strength transformed into a way of positively recognizing Black women for persevering through hardship, and thus became a defense mechanism to prepare for this hardship (Holmes et al. 2011; Martin et al. 2013). This schema, which scholars note as being highly internalized within the population of Black women (Beauboeuf-Lafontant 2007; West et al. 2016; Woods-Giscombe 2010), also acts as a coping mechanism for stress (Norris and Mitchell 2014).

Because of the disadvantaged social status that Black women have, several stereotypes and controlling images have been created to rationalize their social inferiority (Beauboeuf-Lafontant 2007; Hill-Collins 2000). These uni-dimensional images paint the
Black woman as “sharp-tongued, easily dismissed Sapphires; large, asexual, all-giving Mammies; or lazy, fertile welfare queens,” which serve to define her as subhuman, minimizing the severity of the inequalities that she faces (Beauboeuf-Lafontant 2007:30; West et al. 2016). Within the Strong Black Woman stereotype, Black women are defined as superhuman, acting as the emotionally stoic, self-reliant, and invincible caretaker (Abrams et al. 2014; Beauboeuf-Lafontant 2007; Woods Giscombe 2010). When comparing the SBW with the other more explicitly denigrating stereotypes of Black women, the idea of strength is perceived as laudable and as the only avenue to their respectability (Beauboeuf-Lafontant 2007; West et al. 2016; Woods-Giscombe 2010).

The SBW stems from this culturally specific standpoint of the black woman, where a black woman has disadvantaged social status on the two axes of gender and race. Black women’s lives are often characterized by inherent struggle, which gives rise to the SBW ideal of indefatigable strength. An inherent aspect of living within a white and racially oppressive economy is that Black women are forced to bear the brunt of unusual hardship (Holmes et al. 2011; Wyatt 2008). In response to this struggle, Black women must display superhuman strength, which acts as the only dignifying aspect of black womanhood due to a tainted image that stems from other stereotypes shaped by sexism and racism (Beauboeuf-Lafontant 2007; West et al. 2016; Wyatt 2008). Wyatt (2008) argues that the image of the SBW heralds power and recognition for those who embody it, as the qualities of strength, resourcefulness and independence are admirable and deserving of respect. Mothers and grandmothers pass down these expectations to their daughters by demonstrating a cool façade of strength, especially in the face of adversity (Beauboeuf-Lafontant 2007; West et al. 2016; Wyatt 2008). Participants in Beauboeuf-
Lafontant’s (2007) qualitative study of Black Women’s experiences of depression noted that they felt obligated to give off the appearance of strength even while facing difficulties because they saw their mothers do it. Further, as a way of protecting their daughters from racism, sexism, economic deprivation, and overwhelming familial responsibilities, mothers wanted to endow their daughters with a self-concept that could stand up to these experiences, which took the form of this unyielding strength (Wyatt 2008; Holmes et al. 2011). This outward display of strength, however, neglects the emotional and physical condition of the SBW (Beauboeuf-Lafontant 2007).

The caretaking aspect of the SBW demands that the subscriber must embody the gendered expectation of nurturing that is inherent to normative femininity. This aspect, that can initially be seen as positive, serves to take agency away from the SBW: she must become selfless as her worth is defined by the well-being of those around her (Beauboeuf-Lafontant 2007). By solely focusing her energy on taking care of others, she fails to look after her own needs. As such, taking care of oneself is equated with selfishness: this time spent on oneself comes to be understood as taking away from the time that a black woman could have given to others for caretaking purposes. Practicing self-care also goes against the ideal of strength within the SBW, as it connotes that the SBW is folding under the pressure of her responsibilities, becoming weak by focusing on herself (Beauboeuf-Lafontant 2007; West et al. 2016). This demonstrates the necessity to appear strong for the sake of others so as not to lose her status as a SBW, because a SBW should be focused on taking care of those around her while facing the adversity that is inherent to her lived experience as a Black woman.
Tensions within the SBW schema. Scholars (Beauboeuf-Lafontant 2007; Holmes et al. 2011; Jerald et al. 2016) note that there exists a tension within the SBW as some aspects of it serve as positive and/or protective of the black woman who embodies it, and some aspects serve as a detriment to her health. Embodying the SBW image gives rise to heightened social status within the Black community and within the larger society as it is often lauded for highlighting the positive aspects of black womanhood, which serves to go against the other stereotypes of black women which paint them as negatively uni-dimensional (Beauboeuf-Lafontant 2007; Jerald et al. 2016). For many Black women, embodying the SBW acts as a coping mechanism for dealing with the near constant weight of oppression and adversity (Holmes et al. 2011; Jerald et al. 2016; West et al., 2016). When strong group racial identity is present, Black women may use their racial beliefs as a way of combatting the negative aspects of the SBW schema by only identifying with the positive features of it without letting the negative features interfere with their lives (Jerald et al. 2016).

Deviating from the Expectations in the SBW

Deviating from the norms within the SBW leads to consequences for the woman who embodies this stereotype. Beauboeuf-Lafontant (2007) argues that asking for assistance, under any circumstances, invalidates a black woman’s claim to authentic black femininity. This indicates that a black woman who does not conform to the expectation of strength and independence or self-reliance as put forth by the SBW, can no longer be a “real” black woman: she loses both her blackness and her womanhood. This manifests itself in what Black women have called “breakdowns,” which are known as
“indefinite periods of retreat [taking] the form of leaving home for hours or days, staying in bed, committing suicide, [or] dying in one’s sleep” (Beauboeuf-Lafontant 2007:43).

Scholars (Beauboeuf-Lafontant 2007; Jerald et al. 2016; Wyatt 2008) argue that the internalization of this schema has contributed to the deleterious mental health outcomes in Black women. According to Wyatt (2008), internalization acts as a complex process of iteration between culture and individual, where the role within the culture transforms and takes on meaning based on the subjective experience of said individual. This indicates that internalization works as a way for one to adopt a societal role and make meaning of it based on both their lived experience and place within society. Beauboeuf-Lafontant (2007) argues that when this stereotype is internalized, it acts as a moral force that condemns the feelings and lived experiences of Black women, defining them as illegitimate and inauthentic. By being constantly exposed to this stereotype from their mothers, grandmothers, black female friends, coworkers and the media, even when one does not consciously identify with the SBW schema, black women may act in ways that confirm aspects of this schema in their everyday lives (Jerald et al. 2016).

*Depression and Race*

It is debated in the literature whether Blacks have higher rates of depression, specifically, compared to other races (Woods 2013; Norris and Mitchell 2014). This may be due to racial variability in symptoms, where Blacks are largely under-diagnosed and under treated due to the un-detectability of their symptoms (Martin et al. 2013; Woods 2013). Depression is consistently portrayed as a “white illness,” where instances of depression in White men are characterized as signs of genius and as signs of White
women being overly sensitive and hysterical (Beauboeuf-Lafontant 2007). In Black men, depression is demonized, acting as a justification for incarceration rather than treatment, and is seen as weakness when present in Black women, which goes against the severe expectation that she must always be strong (Beauboeuf-Lafontant 2007). Overall risk factors for depression for Black women include younger age, low socio-economic status, and lack of social support (Norris and Mitchell 2014; Woods 2013). This last risk factor surrounding the absence of social support is one demand of the SBW, where self-reliance leads to self-silencing and cuts off ties to social support (West et al. 2016). Social support could help to buffer depression and psychological distress, but only if these social networks contain resources for healthy coping (Norris and Mitchell 2014).

**SBW and Depression**

The characteristics and expectations within the SBW archetype allows for psychological turmoil to lie beneath the mask of unyielding strength (Abrams et al. 2014; Beauboeuf-Lafontant 2007; Harris-Lacewell 2001). This disconnect between what the SBW might be feeling on the inside and what she might be displaying on the outside gives rise to a separation between the actual/inner self and the ideal/outer self, between reality and the façade (Beauboeuf-Lafontant 2007; Holmes et al. 2011; Woods 2013). Over time, this disconnect takes a toll on the individual who embodies the SBW, manifesting itself in both physical and psychological illness (Beauboeuf Lafontant 2007; Woods 2013), which we see displayed in the high rates of cardiovascular disease and depression within the population of black women in the United States (Schiller et al. 2012; Norris and Mitchell 2014; Thom et al. 2006). An important distinction to make
here is that it is not merely this disconnect between inner and outer selves that gives rise to these adverse health outcomes. This disconnect acts as a way through which stress becomes suppressed, due to what scholars call “the silencing paradigm,” where women mourn a “real” self that is hidden beneath the façade of what they are expected to be in order to gain social acceptance by those around them (Beauboeuf-Lafontant 2007; Woods 2013). This practice in denial of the self as well as self-care has been linked to Black women’s experience of depression (Beauboeuf-Lafontant 2007; Woods 2013).

In sum, Black women occupy a strange positionality in American society. If they do not act as the SBW that they are expected to be, they lose their status as Black women. If they do conform, knowingly or not, to the SBW, they are placed at greater risk of negative health outcomes. This is an issue because, on top of the disadvantaged status that Black women already hold in society, where they exist at the intersection of the race, gender, and often class axes, they also must navigate the cultural aspect of being, or not being, an SBW.

Much of the literature on this subject neglects the specific determinants of Black women’s mental health. I attempt to explore the role that the SBW might play as a cultural determinant of Black women’s health. My study seeks to fill the gap in the literature, where scholars do not link cultural ideals and images to social determinants of mental health outcomes. With the use of this framework, which looks to broader socio-structural factors as fundamental causes of illness, this study aims to understand where the SBW comes from in order to better treat the distal contributors to illness. Much of the literature on the SBW and Black women’s understandings of it largely draws on qualitative methodologies and lacks focus on the factors that contribute to internalization
of the SBW. By quantitatively measuring the presence of depressive symptoms and identification with the SBW schema, I attempt to gain insight into how the SBW is associated with mental health.

METHODS AND DATA

Participants

Participants in this study were 110 self-identifying Black Women attending four-year undergraduate colleges and universities across the country. Purposive sampling was used given the targeted population of concern. This is due to the low proportion of Black Women to the rest of the student body at the schools that I sampled from. I used campusexplorer.com, a comprehensive college search website that provides information on over 8,000 schools, to compile a list of schools and their Black-serving clubs/organizations to contact. I emailed 108 different clubs/organizations that served Black students/women and posted on 62 of their Facebook pages. No incentive was advertised or given out. The instrument used in this study took the form of a ten-minute online Qualtrics survey. Participants were informed that the survey centered on the health and well-being of Black college-attending women, so as not to prime them with any mention of depression or the Strong Black Woman schema. The results of this study cannot estimate a response rate for this survey as participants were contacted through email and Facebook, where no record was kept of how many Black college-attending women received it and how many decided to respond.
Demographics

The survey recorded participants’ socio-demographic information: gender identity, age, year in school, school name, estimated household income, race and education level of parent(s), racial composition of one’s neighborhood and school while growing up, whether one was born in the US and religious importance. The literature around the SBW cites that Black mothers and grandmothers pass it down to their daughters to equip them with a self-concept that could stand up to the experiences of sexism and racism (Beauboeuf-Lafontant 2007; Wyatt 2008; Holmes et al. 2011). This informed the use of “having a Black mother” as an independent variable in the prediction of SBW internalization. Racial composition of both neighborhoods and schools growing up were included because of the importance of social support in the literature (Norris and Mitchell 2014), where racial composition of social institutions and environments could be an indicator of availability of social support for racial minorities. Religion was also noted throughout the literature as a coping mechanism for stress in the Black community, informing its use as an independent variable of interest (Beauboeuf-Lafontant 2007, Woods 2013). Being born outside the U.S. could have had an impact on the internalization of the SBW schema as its most cited origin lies in American Slavery and its imprint on the culture, which foreign-born Black women might not be exposed to to the same degree as U.S.-born Black women. The survey also included measures of one’s level of internalization of the SBW schema, the presence of depressive symptoms, and one’s level of belonging in and affirmation of her racial/ethnic identity.
Measures and Concepts

Strong Black woman schema. An adapted version of the established 36-item Strong Black Woman Schema Scale (SBWSS) was used to measure participants’ levels of internalization of the SBW schema. For this scale to fit the needs of this study, statements were reworded to make them more concise and geared toward the population of interest. To avoid redundancy, six statements were excluded, which also lessened the amount of time it took for participants to complete the survey, ideally allowing for participants to stay more engaged and interested throughout the survey.

The SBWSS consists of three factors (Woods 2013), Mask of Strength/Emotional Invulnerability, Caretaking/Struggle/Self-Sacrifice, and Self-Reliance/Strength, which were each tested for construct validity using factor analysis and for internal reliability using Chronbach’s alpha. These tests were replicated in the current study and yielded similar results, detailed later in this section. The Mask of Strength/Emotional Invulnerability factor is composed of ten items, such as “I have difficulty showing my emotions” and “If I have a problem, I feel like I should handle it quietly and with dignity” (alpha=0.8094). The Caretaking/Struggle/Self-Sacrifice factor is composed of nine items, such as “I feel guilty when I put my own needs before the needs of others” and “If I fall apart, I will be a failure” (alpha=0.8674). The final factor, Self-Reliance/Strength, is composed of 11 items such as, “I am strong” and “In order to feel good about myself, I need to feel independent and self-sufficient” (alpha=0.7637).

It is important to note here that there lies a very real difference between factor one’s “Mask of Strength” and factor three’s “Strength” aspects. The “mask” serves as a marker to indicate that this strength is in relation to how others perceive the SBW,
whereas the “strength” in the third factor refers to the self-perception of strength by the 
SBW. Each of these three factors was found to be highly correlated, which falls in line 
with what the literature states around the multi-faceted schema of the SBW. An overall 
composite variable was generated from all 30 items on the adapted SBWS scale 
(alpha=0.9024) to measure one’s level of internalization of the schema. Each factor of the 
SBW is highly correlated with this overall composite, which is to be expected since they 
each are part of this composite.

Racial identity. Though not a primary focus of this study, the literature around a 
sense of belonging in racial/ethnic identity notes that it could protect Black women from 
identifying with the negative aspects of the SBW, possibly lessening the prevalence of 
depressive symptoms. Using the Multi-group Ethnic Identity Measure (MEIM), this study 
attempted to control for the role that affirmation and belonging play in the level of 
internalization of the SBW schema. This measure, adapted from the full 15-item scale 
(Phinney 1992), was shortened to 7 items that fall under the factor label of “Affirmation, 
Belonging, and Commitment.” This 7-item scale was compiled into a racial identity 
belonging variable with statements such as, “I feel a strong attachment towards my own 
ethnic group” and “I am happy that I am a member of the group I belong to” 
(alpha=0.8843).

Depressive symptoms. The Center for Epidemiologic Studies Depression Scale 
(CES-D) was used to assess the presence of depressive symptoms in participants. This 
scale consists of 20 items, 4 of which are reverse-coded, that can give rise to scores in the 
range of 0 to 60. For the purpose of this study, the clinical significance threshold for 
depressive symptoms, a score of at least 16, was used, since this study does not seek to
diagnose participants. The most recent and revised version of this scale, the CESD-R, included questions around suicidal ideation, which did not seem to be a suitable component of this study and I did not want to cause any unnecessary discomfort or pain by having those items present. Participants were asked how often over “the past week” they experienced any of the statements presented, such as, “I had crying spells” and “I was bothered by things that usually don’t bother me.”

The survey design for this study was intentionally pointed to fall in line with the literature surrounding the SBW schema and the associated health outcomes to try to account for any factor that could contribute to variation seen in one’s level of SBW internalization and one’s depression score. This survey acted to combine several scales to account for specific concepts and measures that were noted as being of use in the literature (Phinney 1992; Radloff 1997; Woods 2013). A factor analysis was run on all 30 items of the SBW scale to check the reliability of the concepts that were established as part of the survey design. This analysis of the SBW scale conformed to the results seen in the literature (Woods 2013), with high alpha scores (0.7637 to 0.8674) indicating robustness of this empirical measure. While it was important to disaggregate the SBW schema into different components, the total composite measure acts as the strongest indicator of SBW internalization.

Data Analysis

Part one of the analysis was conducted to establish predictors of one’s level of SBW internalization, constituting the use of Multiple OLS Regression to account for the
unique effects of each independent variable of interest. Part two of the analysis was conducted to establish predictors of depression scores in this population. To test for bivariate relationships, Pearson’s r correlations were run to examine the association between the interval variables of interest, each SBW component by itself and then overall SBW internalization with depression scores. Scatterplots of these correlations were then graphed with a line of best fit plotted to show the direction of the relationship and a reference line at the clinical significance threshold for depressive symptoms at y=16. These scatterplots indicated a positive moderate to strong relationship between participants’ depression scores and overall internalization of the SBW as well as each SBW component on its own. Because Pearson’s r correlation does not account for the unique effects of independent variables, a simple regression was run to understand how much of the variance in depression scores could be explained by each component of the SBW schema as well as the full measure of SBW internalization.

Due to the small sample size in this study (N=110), and the sensitivity of OLS Regressions to outliers in small sample size situations, diagnoses were run through Cook’s D to find outliers. Regressions were run again while excluding outliers to illustrate their effect on the data output. Upon closer inspection of these outliers, their survey responses retained validity, based on reverse-coded questions as benchmarks and the full sample was retained for analysis.

Tests for multicollinearity were run but due to the categorical nature of many of the independent variables, it was difficult to diagnose. The component and overall SBW internalization variables were highly correlated, most likely due to their playing into the same schema of the SBW. Variables regarding gender identity and participants’ US-born
status were left out of analysis. This decision was made because too few respondents identified outside of the “female” and “US born” categories to be able to draw any meaningful conclusions.

RESULTS

Internalization of the Strong Black Woman Schema

Table 1 displays OLS Regression Results for predictors of internalization of each component of the SBW schema as well as of overall SBW internalization with each model addressing a different component. All models display no significant effect for age, year in school, having a black mother, belonging with racial identity, or neighborhood and school racial compositions growing up. Across all models, household income at different levels show statistical significance. We see a negative and very strong effect on each component for those whose household income is $100,000-$149,999. This indicates that those whose household income is $100,000-$149,999 are found to have lower levels of internalization of each SBW component, on average, than those whose income is less than $18,999.

Feeling as though religion is very important in one’s life has a significant positive effect on participants’ level of internalization of all components of the SBW across all models, except in Model 2. The moderate effect size of this significance indicates that participants that define religion as being very important are found to have higher levels of internalization, on average, of all components of the SBW, except for Caretaking/Struggle/Self-Sacrifice. In addition, Model 3 shows statistical significance for
religion being “somewhat important,” having a moderate effect size (β=0.371, p<0.05) and “very important” having a moderate-to-strong effect size (β=0.493, p<0.01).

*Model 1* accounts for 28.17% of the variance seen in the internalization of Emotional Invulnerability/Mask of Strength, while controlling for other factors. *Model 2* accounts for 28.81% of the variation we see in the internalization of Caretaking/Struggle/Self-Sacrifice. *Model 3* accounts for 25.44% of the variation seen in the internalization of the Self-Reliance/Strength component of the SBW schema. The last model accounts for 30.98% of the variance seen in overall SBW internalization, indicating that this composite measure of the SBW schema effectively incorporates all components since the R² value is larger than each components’ model on their own.

Diagnoses for outliers were run and each model was run again while excluding outliers. School and neighborhood racial compositions came into significance and R² values increased in *Models 2, 3, and 4* with the absence of these outliers. Since all survey responses appeared to maintain validity, based on reverse-coded items, the full sample was retained.
Table 1. OLS Regression Results displaying predictors of internalization of each component of the SBW as well as of overall SBW internalization.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emotional Invulnerability/</td>
<td>Caretaking/Struggle/</td>
<td>Self-Reliance/</td>
<td>Overall SBW</td>
</tr>
<tr>
<td></td>
<td>Mask of Strength</td>
<td>Self-Sacrifice</td>
<td>Strength</td>
<td>Internalization</td>
</tr>
<tr>
<td>Age</td>
<td>-0.152</td>
<td>-0.055</td>
<td>0.129</td>
<td>-0.067</td>
</tr>
<tr>
<td></td>
<td>(0.044)</td>
<td>(0.054)</td>
<td>(0.037)</td>
<td>(0.036)</td>
</tr>
<tr>
<td>Year in School (ref: first-year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sophomore</td>
<td>0.212</td>
<td>0.140</td>
<td>0.204</td>
<td>0.219</td>
</tr>
<tr>
<td></td>
<td>(0.161)</td>
<td>(0.197)</td>
<td>(0.134)</td>
<td>(0.132)</td>
</tr>
<tr>
<td>Junior</td>
<td>-0.024</td>
<td>-0.036</td>
<td>0.043</td>
<td>-0.031</td>
</tr>
<tr>
<td></td>
<td>(0.165)</td>
<td>(0.202)</td>
<td>(0.137)</td>
<td>(0.135)</td>
</tr>
<tr>
<td>Senior</td>
<td>0.053</td>
<td>0.072</td>
<td>0.005</td>
<td>0.047</td>
</tr>
<tr>
<td></td>
<td>(0.185)</td>
<td>(0.227)</td>
<td>(0.154)</td>
<td>(0.151)</td>
</tr>
<tr>
<td>Household Income (ref: &lt;$18,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$19,000 to $34,999</td>
<td>-0.325*</td>
<td>-0.392**</td>
<td>-0.292*</td>
<td>-0.409**</td>
</tr>
<tr>
<td></td>
<td>(0.201)</td>
<td>(0.246)</td>
<td>(0.167)</td>
<td>(0.164)</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>-0.369**</td>
<td>-0.275*</td>
<td>-0.285*</td>
<td>-0.375**</td>
</tr>
<tr>
<td></td>
<td>(0.184)</td>
<td>(0.226)</td>
<td>(0.154)</td>
<td>(0.151)</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>-0.276</td>
<td>-0.186</td>
<td>-0.331*</td>
<td>-0.315*</td>
</tr>
<tr>
<td></td>
<td>(0.179)</td>
<td>(0.220)</td>
<td>(0.149)</td>
<td>(0.147)</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>-0.328*</td>
<td>-0.164</td>
<td>-0.150</td>
<td>-0.265*</td>
</tr>
<tr>
<td></td>
<td>(0.193)</td>
<td>(0.236)</td>
<td>(0.161)</td>
<td>(0.158)</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>-0.630***</td>
<td>-0.596***</td>
<td>-0.492**</td>
<td>-0.702***</td>
</tr>
<tr>
<td></td>
<td>(0.193)</td>
<td>(0.237)</td>
<td>(0.161)</td>
<td>(0.158)</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>-0.333**</td>
<td>-0.153</td>
<td>-0.188</td>
<td>-0.277*</td>
</tr>
<tr>
<td></td>
<td>(0.249)</td>
<td>(0.305)</td>
<td>(0.207)</td>
<td>(0.203)</td>
</tr>
<tr>
<td>Black Mother</td>
<td>-0.142</td>
<td>-0.079</td>
<td>-0.091</td>
<td>-0.121</td>
</tr>
<tr>
<td></td>
<td>(0.143)</td>
<td>(0.176)</td>
<td>(0.119)</td>
<td>(0.117)</td>
</tr>
<tr>
<td>Racial Identity (belonging)</td>
<td>-0.149</td>
<td>-0.103</td>
<td>-0.045</td>
<td>-0.138</td>
</tr>
<tr>
<td></td>
<td>(0.070)</td>
<td>(0.085)</td>
<td>(0.058)</td>
<td>(0.057)</td>
</tr>
<tr>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
<td>Model 4</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Emotional Invulnerability/ Mask of Strength</td>
<td>Caretaking/Struggle/ Self-Sacrifice</td>
<td>Self-Reliance/ Strength</td>
<td>Overall SBW Internalization</td>
<td></td>
</tr>
<tr>
<td>Religion (ref: not at all important)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very important</td>
<td>0.120</td>
<td>0.129</td>
<td>0.183</td>
<td>0.167</td>
</tr>
<tr>
<td></td>
<td>(0.191)</td>
<td>(0.234)</td>
<td>(0.159)</td>
<td>(0.157)</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>0.185</td>
<td>0.089</td>
<td><strong>0.371</strong></td>
<td>0.250</td>
</tr>
<tr>
<td></td>
<td>(0.181)</td>
<td>(0.222)</td>
<td>(0.151)</td>
<td>(0.148)</td>
</tr>
<tr>
<td>Very important</td>
<td><strong>0.358</strong></td>
<td>0.215</td>
<td><strong>0.493</strong></td>
<td><strong>0.411</strong></td>
</tr>
<tr>
<td></td>
<td>(0.176)</td>
<td>(0.216)</td>
<td>(0.147)</td>
<td>(0.144)</td>
</tr>
<tr>
<td>Neighborhood Racial Composition (ref: very similar to me)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat similar to me</td>
<td>-0.149</td>
<td>0.121</td>
<td>0.021</td>
<td>0.009</td>
</tr>
<tr>
<td></td>
<td>(0.159)</td>
<td>(0.195)</td>
<td>(0.132)</td>
<td>(0.130)</td>
</tr>
<tr>
<td>Somewhat different from me</td>
<td>-0.179</td>
<td>0.104</td>
<td>0.076</td>
<td>-0.008</td>
</tr>
<tr>
<td></td>
<td>(0.169)</td>
<td>(0.207)</td>
<td>(0.141)</td>
<td>(0.138)</td>
</tr>
<tr>
<td>Very different from me</td>
<td>-0.006</td>
<td>0.126</td>
<td>0.239</td>
<td>0.144</td>
</tr>
<tr>
<td></td>
<td>(0.157)</td>
<td>(0.193)</td>
<td>(0.131)</td>
<td>(0.129)</td>
</tr>
<tr>
<td>School Racial Composition (ref: very similar to me)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat similar to me</td>
<td>0.025</td>
<td>0.013</td>
<td>-0.114</td>
<td>-0.002</td>
</tr>
<tr>
<td></td>
<td>(0.178)</td>
<td>(0.218)</td>
<td>(0.148)</td>
<td>(0.146)</td>
</tr>
<tr>
<td>Somewhat different from me</td>
<td>0.168</td>
<td>0.034</td>
<td>-0.082</td>
<td>0.066</td>
</tr>
<tr>
<td></td>
<td>(0.177)</td>
<td>(0.217)</td>
<td>(0.147)</td>
<td>(0.145)</td>
</tr>
<tr>
<td>Very different from me</td>
<td>0.053</td>
<td>0.017</td>
<td>-0.086</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>(0.173)</td>
<td>(0.211)</td>
<td>(0.144)</td>
<td>(0.141)</td>
</tr>
</tbody>
</table>

Observations | 105 | 105 | 105 | 105 |

$R^2$ | 0.2817 | 0.2881 | 0.2544 | 0.3098

Standardized beta coefficients; Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$
SBW Internalization and Depression Scores

Since the broad focus of this study centers on the internalization levels of the SBW schema and its association with depressive symptoms, measured by CES-D scores, simple regressions were run to establish relationships between these two variables. Table 2 shows the standardized beta weight coefficients for each component of the SBW schema as well as the overall SBW internalization measure as predictors of participants’ depression scores. Each component exhibits statistical significance at the p<0.001 level. Emotional Invulnerability/Mask of Strength and Self-Reliance/Strength display moderate-to-strong positive effects on depression scores, while Caretaking/Struggle/Self-Sacrifice and overall SBW internalization display strong positive effects. Out of the variables tested in this study, there was no indication throughout the literature that pointed to any of them being directly associated with depression, aside from “low-income status,” thus giving rise to the use of simple regression for analysis. “Low-income” has been associated with depression (Norris and Mitchell 2014; Woods 2013) but since this survey did not account for family size in relation to household income, this variable was not included as a control in the analysis for predictors of depression scores.

Internalization of Emotional Invulnerability/Mask of strength accounts for 22.10% of the variation seen in depression scores, seen in model 1. Internalizing the Caretaking/Struggle/Self-Sacrifice aspect uniquely explains 31.01% of the variance in depression scores. On its own, Internalization of Self-Reliance/Strength accounts for 16.35% of the variation in depression scores. Overall SBW internalization explains 34.45% of the variance seen in respondents’ depression scores. This overall internalization measure acts as the strongest predictor of depression scores, demonstrated
by its $R^2$ value and its high standardized beta weight coefficient.

**Table 2. Simple OLS Regression Results displaying each SBW component as a predictor of Depression Scores.**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Invulnerability/Mask of Strength</td>
<td>0.470*** (1.536)</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Caretaking/Struggle/Self-Sacrifice</td>
<td>0.557*** (1.142)</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Self-Reliance/Strength</td>
<td>0.404*** (1.932)</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Overall SBW Internalization</td>
<td>0.587*** (1.667)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>107</td>
<td>107</td>
<td>107</td>
<td>107</td>
</tr>
<tr>
<td>$R^2$</td>
<td>0.2210</td>
<td>0.3107</td>
<td>0.1635</td>
<td>0.3445</td>
</tr>
</tbody>
</table>

Standardized beta coefficients; Standard errors in parentheses

*p < 0.05, **p < 0.01, ***p < 0.001

The scatterplots in Figure 1 graphically illustrate the story that the simple OLS regression in Table 1 tells. These scatterplots display the correlations between participants’ depression scores and each SBW component, as well as the overall SBW internalization variable. The fitted lines in these graphs represent the regression equation that gave rise to the values in Table 2. A reference line was inserted at $y=16$, the threshold for clinical significance of depressive symptoms, where we see that most respondents’ depression scores lie above this line. We see that a majority of respondents’ depression scores are above this line. R-values are displayed for each regression line, showing moderate to strong relationships.
Figure 1. Scatter Plots showing correlations of each SBW component and participants’ Depression Scores (reference lines at scores of 16)

- Correlation of Emotional Invulnerability and Depression Scores
  - $r = 0.4701$
- Correlation of Caretaking/Struggle and Depression Scores
  - $r = 0.5574$
Figure 1 (cont.) Scatter Plots showing correlations of each SBW component and participants’ Depression Scores (reference lines at scores of 16)
In sum, income and religious importance played a significant role in this sample, with the lowest income and more religious respondents reporting higher levels of SBW internalization. This sample of college-attending Black women also demonstrated that higher levels of internalization of the SBW schema, measured by averaged composite scores from the adapted SBWSS, were found to be strongly associated with more depressive symptoms, measured by their summed composite depression scores. This finding supports the hypothesized association between SBW internalization and the presence of depressive symptoms.

DISCUSSION

This study assessed whether there was an association between one’s level of internalization of the SBW schema and the presence of depressive symptoms in a group of college-attending Black women. This study also sought to establish potential contributing factors in the internalization of the SBW schema. Findings indicate a strong positive association between SBW internalization and depressive symptoms, measured by cumulative depression scores from the CES-D. Results also showed that religious importance and higher income levels hold significance in SBW internalization.

Scholars previously noted that internalization of the SBW schema displays high prevalence in Black women (Beauboeuf-Lafontant 2007; West et al. 2016; Woods-Giscombe 2010), which was echoed by this study, where about 86% of participants (N=95) met the criteria for having internalized the overall SBW measure. Part one of the analysis, regarding SBW internalization, found that individuals with higher household income levels had lower levels of SBW internalization, in reference to respondents who
reported their household income as being less than $18,999. This means that something about being very low income contributes to college-attending Black women internalizing this schema. A possible explanation for this could be a lack of access to resources around mental health and coping skills, which falls in line with the literature around access via the social determinants of health (Link and Phelan 1995; Thoits 2010). These women may be at higher risk of looking to the SBW as a coping mechanism for the stress that comes along with being disadvantaged along the lines of race, gender, and class. Our results indicate that having a household income of $100,000-$149,999 serves as a protective factor against SBW internalization, due to the strong effect size illustrated by the Multiple OLS regression analysis. Drawing from the literature around the social determinants of health (Link and Phelan 1995; Thoits 2010), we can contextualize this “protection” culturally, where higher social class may disrupt the processes of socialization in the internalization of the SBW.

Religious importance also played a significant role in one’s internalization of the SBW schema. Those who define religion as being very important to them were found to have higher levels of internalization, across all components of the schema, except for Caretaking/Struggle/Self-Sacrifice. This tells an interesting story and could be explained by the nature of this sample. College-attending Black women could quite possibly not have to take care of others as much as the literature suggests. This could be due to the difference in the amount of caretaking that is possible between college-aged women and older groups. The lack of significance of religious importance in this component of the SBW schema could be partially explained by the community that religion affords. Because this study did not distinguish between religious affiliations, we cannot say that
any one affiliation contributes to SBW internalization, though the literature notes religion as being an important factor in coping mechanisms for stress and depression in this population (Beauboeuf-Lafontant 2007; Martin et al. 2013; Woods-Giscombe 2010). It could be that this caretaking aspect of the SBW is taken on by church/congregation members, relieving college-aged Black women of the internalization of this aspect. Along those same lines, self-reliance and emotional invulnerability may be what occurs when one “take[s] [her] troubles to Jesus, not no damn psychiatrist” (Beauboeuf-Lafontant 2007:34).

This sample did not display any significant effect of having a black mother on internalization of the SBW schema, going against what the literature suggested—that it is passed down through mothers (Beauboeuf-Lafontant 2007; Holmes et al. 2011; West et al. 2016; Wyatt 2008). This could be due to the age of this sample, as the literature notes Black mothers having significance in women’s concepts of their identification with the SBW in older groups of Black women. It is possible that when Black women start having kids and becoming mothers that they identify more with the SBW, especially in terms of caretaking and holding several responsibilities. Having a Black mother may only be significant in relation to certain aspects of the SBW that this population of college-aged women do not identify with. Also, important to note here is that this study used a small sample, with very few respondents not having Black mothers, influencing the ability to draw meaningful conclusions between these groups.

Though the literature noted that belonging in racial identity could protect against the negative outcomes of internalization of the SBW, no association was found in this
sample. Additionally, no association with age, year in school, and neighborhood/school racial composition were found with SBW internalization.

Part two of the analysis, regarding predictors of depression scores, found that each SBW component, along with the full measure of overall internalization, had a strong positive association with respondents’ depression scores. This means that as SBW internalization levels increase, so do depression scores. It is important to note here that the R² values for each model in Table 2 explain a significant amount of the variance seen in depression scores. Since about 93% (N=102) of this sample exhibited depression scores over the clinical significance threshold of 16, the large amount of variance that SBW internalization explains demonstrates the strength of the relationship between these variables. This falls in line with the literature around SBW internalization and negative health outcomes, but offers a quantitative approach that is lacking in this field of research.

A limitation of this study stood in the lack of standardization of income levels, where socio-economic statuses could not be assigned. Had family/household size been added into the survey, multiple regressions could have been run to determine how socio-economic status accounted for the variance seen in depression scores, since that is a well-known predictor of depression throughout the literature. Another limitation of this study was sample size, which could have contributed to inflated standard errors, bringing items into statistical significance when that may not actually have been the case. Future research should take the above limitations into account. Future research should also expand on religiosity as a factor in SBW internalization, as this showed significance in this sample but we cannot make any claims about which religious affiliation could be
partially responsible for the perpetuation of the SBW schema, or what about these affiliations could be allowing this to happen.

Implications

This study found that there was a strong positive association between SBW internalization and depressive symptoms. If we want to figure out how to better the mental health of Black women, we must, like Link and Phelan (1995) who looked toward at distal factors, as opposed to proximal, look for clues in determining the cause of illness. The current study allows us to frame this schema, which starts off as a stereotype that becomes a subjective lens through which one sees the world and acts within it, as a distal factor that directly relates to the health of Black women. If we want to change the rates of depression and mental illness that we see in the population of Black women, we should target a fundamental cause of this illness: the SBW. We now know that religiosity and lower income levels influence the internalization of this schema and should turn to those areas to establish change at the foundational level. By reshaping the ways in which Black women see, understand, and internalize this schema, we could possibly lessen the prevalence of these depressive symptoms and other negative health outcomes.

This cannot happen until we educate Black women on the detrimental aspects of this schema that they so highly praise and aspire to embody. Going into churches, youth groups, girls’ camps, after-school programs, and community centers in Black communities to teach Black women about the dangers of this schema is how we start to make this change. It may not be possible to override the schema as a whole, but by re-shaping the idea of strength that so many Black women hold onto may allow for broader
changes to happen. By reframing the traditional model of strength so that it becomes founded on reaching out when one needs help or is having a hard time, on learning to be vulnerable and expressing one’s emotions, and on the practice of consistent self-care, we can act to disrupt this dangerous aspiration. Another way to approach this is to have Doctors’ visits include the SBWSS in routine paperwork for Black women, since this schema acts as a risk factor for depression. Just as some clinics and primary-care facilities have started including depression scales in yearly checkups and wellness visits, this scale should be considered a useful tool in effectively treating the causes of illness in patients, rather than just the symptoms.

CONCLUSION

This study sought to contextualize the issue of depression in the population of Black women, which goes largely un-diagnosed and untreated. By looking at a small sample of college-attending Black women, this study found that depression scores can be partially explained by the internalization of the SBW schema. This schema, that is found to be internalized largely by the broader population of Black women in the United States because it is thought to be positive and respectable, binds these women to the confines of emotional invulnerability, self-reliance and sacrifice, and caretaking, neglecting their needs and exacerbating negative health outcomes by ignoring them. Internalization of the Strong Black Woman schema, according to the results of this study, is significantly related to one’s religiosity and one’s level of income. In order to subvert the dangers and negative health outcomes that this schema has for Black women, this schema should be
ruled as a risk factor for depression and religious organizations should work to instill a different definition of "strength" in their congregants.
REFERENCES


35


APPENDIX

SBW and Depression - Survey

Health and Well-Being of College Attending Black Women Consent Form
Zora Jackson-Bartelmus
Wade Roberts
Colorado College Department of Sociology
zora.jacksonbartelmus@coloradocollege.edu
(719) 227-8220

You are invited to take part in a research study of the health and well-being of Black women at four-year undergraduate colleges and universities in the United States. Your participation will require approximately 10 minutes and is completed online at your computer or on a mobile device.

There are no known risks or discomforts associated with this survey. Possible benefits may involve the institution of changes to the mental health support system at your college/university based on the results of this study. These changes would constitute more effective aiding in the assessment and treatment of Black women who experience emotional difficulties.

Taking part in this study is completely voluntary. If you choose to participate in this study, you can withdraw at any time without consequences of any kind. Participating in this study does not mean that you are giving up any of your legal rights. Your responses will be anonymous and digital data will be stored in secure computer files.

Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified. If you have questions or want a copy or summary of this study’s results, you can contact the researcher at the email address above. If you have any questions about whether you have been treated in an illegal or unethical way, contact the Colorado College Institutional Research Board chair, Amanda Udis-Kessler at 719-227-8177 or audiskessler@coloradocollege.edu. Please feel free to print a copy of this consent page to keep for your records.

Clicking the “Next” button below indicates that you are 18 years of age or older, and indicates your consent to participate in this survey.
Please indicate your level of agreement with each of the following statements as it applies to you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel pressured to appear strong, even when I'm feeling weak.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Women of my race have to be strong to survive.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I do not like letting others know when I am feeling vulnerable.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will let people down if I take time for myself.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am always helping someone else.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have difficulty showing my emotions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I try to always maintain my composure.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am overworked, overwhelmed, and/or under-appreciated.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is difficult for me to share my problems with others.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I have a problem, I feel like I should handle it quietly and with dignity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I fall apart, I will be a failure.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I find it difficult to ask others for help.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I tell others that I am fine, even when I am depressed or down.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am expected to be financially independent.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At times I feel overwhelmed with problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In order to feel good about myself, I need to feel independent and self-sufficient.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is easy for me to tell other people about my problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The women in my family are survivors.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I often look happy enough on the outside, but on the inside I feel unhappy.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I feel guilty when I put my own needs before the needs of others.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I believe that it is best not to rely on others.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I often take on other people's problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am strong.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I cannot rely on others to meet my needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
I need people to see me as always confident. | ○ | ○ | ○ | ○ |
I am independent. | ○ | ○ | ○ | ○ |
It is important for me to feel strong. | ○ | ○ | ○ | ○ |
I expect to experience many obstacles in life. | ○ | ○ | ○ | ○ |
Women of my race are stronger than women of other races. | ○ | ○ | ○ | ○ |
People often expect me to take care of them. | ○ | ○ | ○ | ○ |

Please indicate **how often over the past week** you have experienced the following:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>1-3 days</th>
<th>4-5 days</th>
<th>6-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was bothered by things that usually don't bother me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I did not feel like eating. My appetite was poor.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that I could not &quot;shake off the blues&quot; even with help from my family or friends.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that I was as good as other people.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I had trouble keeping my mind on what I was doing.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt depressed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that everything I did was an effort.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt hopeful about the future.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I thought my life had been a failure.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt fearful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My sleep was restless.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I was happy.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I talked less than usual.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt lonely.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>People were unfriendly.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I enjoyed life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I had crying spells.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt sad.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that people disliked me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I could not get &quot;going.&quot;</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
In terms of race/ethnic group, you consider yourself to be: ____________________

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a clear sense of my ethnic background and what it means to me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am happy that I am a member of the group I belong to.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have a strong sense of belonging to my own ethnic group.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I understand pretty well what my ethnic group membership means to me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have a lot of pride in my ethnic group.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel a strong attachment towards my own ethnic group.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel good about my cultural or ethnic background.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Which gender do you identify with?
- Female
- Non-Binary/Genderqueer
- Transgender
- Other: ____________________

What is your age? ________________

What is your year in school?
- First-year
- Sophomore
- Junior
- Senior
- Other: ____________________

What College/University are you currently attending? (please type in full name of school)
______________

Were you born in the United States?
- Yes
- No

Condition: No Is Selected. Skip To: How old were you when you came to liv....Condition: Yes Is Selected. Skip To: In general, how would you describe th....
How old were you when you came to live in the United States? ____________

In general, how would you describe the racial composition of the neighborhood(s) you lived in while growing up?
- Very different from me
- Somewhat different from me
- Somewhat similar to me
- Very similar to me
- I don't know

In general, how would you describe the racial composition of the school(s) you attended while growing up?
- Very different from me
- Somewhat different from me
- Somewhat similar to me
- Very similar to me
- I don't know

How important is religion to you?
- Very important
- Somewhat important
- Not very important
- Not at all important

This next section will ask you about the demographics of your parent(s)/guardian(s).

Which category best estimates the household income level of your parent(s)/guardian(s)?
- Less than $18,999
- $19,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 or more
What is the race/ethnicity of parent/guardian 1? (click all that apply)
- Asian/Asian-American/Pacific Islander
- Black/African-American/African/Afro-Caribbean/West-Indian
- Hispanic/Latino
- Native American/American Indian
- White/Caucasian
- Other: ____________________

What is the gender of parent/guardian 1?
- Female
- Male
- Non-binary/Genderqueer
- Transgender
- Other: ____________________

Please indicate the highest education level achieved by parent/guardian 1.
- Less than high school
- High school graduate
- Some college
- Associate degree/technical degree
- 4 year college degree
- Some graduate school
- Graduate degree
- Professional degree
- Doctorate degree

Do you have a second parent/guardian?
- Yes
- No

If Yes Is Selected, Then Skip To What is the race/ethnicity of parent/...If No Is Selected, Then Skip To End of Block

What is the race/ethnicity of parent/guardian 2? (click all that apply)
- Asian/Asian-American/Pacific Islander
- Black/African-American/African/Afro-Caribbean/West-Indian
- Hispanic/Latino
- Native American/American Indian
- White/Caucasian
- Other: ____________________
What is the gender of parent/guardian 2?

- Female
- Male
- Non-binary/Genderqueer
- Transgender
- Other: ____________________

Please indicate the highest education level achieved by parent/guardian 2.

- Less than high school
- High school graduate
- Some college
- Associate degree/technical degree
- 4 year college degree
- Some graduate school
- Graduate degree
- Professional degree
- Doctorate degree