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RUNNING HEAD: Stress and Coping among African American Women

And Some of Us Are Braver: Stress and Coping among African American Women

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And Some of Us Are Braver: Stress and Coping among African American Women

Abstract

African American women fulfill many roles within their family and community. Most notably, these women are often defined by their "strength" and rarely seen as "vulnerable". Many African American women demonstrate strength as they struggle to maintain employment, raise children, nurture spouses and extended family, but these same women are at-risk for a higher rate of health and emotional problems. In this paper, the authors use relational cultural-, stress and coping- and lifespan theories, along with black feminist thought to discuss the interlocking effects of race, gender, and class regarding the psychological well-being of African American women 18-55 years old. We conclude with a discussion of research, practice, and teaching implications.

Key words: stress, coping, lifespan, African American, women

And Some of Us Are Braver
Stress and Coping among African American Women

<u>Introduction</u>

Managing the interlocking effects of racism and sexism is a core theme in the daily life experiences of Black[1] women. The triangulation of race, gender, and socioeconomic status (SES) affect the psychological well-being of African American women. Similarly these and other relational factors impact a myriad of other cultural and demographic conditions (e.g. social, psychological) in their lives as well as health behaviors and access to health care.

This article proceeds on the premise that African American woman constitute a pivotal force within their own communities as well as, the larger society. The strengths that have made them so critical to their families and communities, not withstanding, Black women have unique needs that mitigate a special focus on their health and mental health. Their role as custodians, must address the daily, mundane life stressors that all women face in addition to racism. They exist within complex multilayered environments, and the nature and structure of forces operating within these environments exert significant influence on their development. We acknowledge at the outset that techniques which focus on systemic change are extremely valuable for the critical role they can play in empowering at-risk populations. This article does not intend to minimize the significance of the progress that has been made in the areas of empowerment perspectives and social justice movements that positively impact African American women. Nor does it intend to diminish the enduring resilience and adaptive strategies employed by Black women throughout their history. One of our aims is to focus on their adult development in context informed by relational cultural theory (Jordan, Walker & Hartling, 2004), stress and coping

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[1] The terms Black or African American are used interchangeably in this paper to describe people from South Asian, African and Caribbean backgrounds.

theory (Folkman & Lazarus, 1988) and lifespan development (Elder, 2006; Erikson, 1980; Lerner et al., 2007). We focus on because of the centrality of development within graduate and undergraduate human behavior curriculum. The other aim is to explicate how educators, practitioners and researchers can incorporate integrative conceptualizations of multiple theories into their work about and with African American women without marginalizing them. Our intent is not to establish a hierarchy of clinical techniques or approaches; but to reconsider the usefulness of theories that might seem inappropriate and misplaced with regard to this population of women. The developmental significance of age, gender, race, socioeconomic status and culture is emphasized. Our analysis assumes that there is a mutually influential relationship between African American women and multilevel and shifting ecological contexts (Jelicic et al., 2006).

Understanding the impact of race, gender, social class, stress and coping across the lifespan offers another perspective about the psychological well-being and mental health needs of Black women; while demographic patterns and themes deepen the discussion. According to the 2004, U. S. Census Bureau approximately 36.4 million Americans were African American, representing 12.9% of the population. About 18,198,005 of these were females and of that number 12,839,485 fell between the ages of 18 and over.

In 2002, 48 % of Black families consisted of married couples, women headed another 43% of Black families with no spouse present, and 9% were headed by men without a spouse present. Forty-six percent of Black children live in single parent families, 12% live with neither parent, and 13.1% live in grandparent-headed households (Anne E. Casey Foundation, 2003). In 2001, 23% (8.1 million) of Blacks were poor, compared to 8% (15.3 million) of Whites. Black women are more likely to be poor than Black men. Thirty percent of Black children under the

age of 18 are poor.   Twenty-two percent of Blacks 65 and over are poor, though Blacks are less

likely to live beyond the age of 65. In 2003, only 8% of Blacks were 65 or older compared to

14% of whites. Although the population over 65 is small in comparison to whites, the poverty

rate for Blacks 65 or older is 23.9%, which is more than twice the rate for the elderly in general.

Black women over 65 are especially vulnerable; almost 28% live below the poverty line. A

primary reason for the high poverty rate among older Blacks is that most (80%) rely on Social

Security as their primary and often only source of income.

<u>Mental Health and Black Women</u>

It is well documented that data based on people receiving psychiatric treatment do not

accurately reflect the prevalence of mental illness in community-based populations (Brown, 1990;

Office on Women's Health, 2001). Because early data could not be generalized to non-

institutionalized community-based populations of African Americans, prevalence estimates of

mental disorders and mental health among African Americans were not reliable. Data on

African American women were non-existent because gender differences in mental disorders

were rarely the focus of analysis (Brown & Keith, 2003).

Most of the mental health research on Black women has focused on the forms of

psychological distress or mental health problems that generally exist in clinical psychiatric

symptoms that meet the criteria for a diagnosis of a major mental disorder (Brown, 1990).

Additionally, statistics regarding depression in African American women are either non-existent

or uncertain. Published clinical research on depression in African-American women has been

scarce (Barbee, 1992; Carrington, 1980; McGrath et al., 1992). This scarcity is, in part, due to

the fact that African-American women may not seek treatment for their depression, may be

misdiagnosed or may withdraw from treatment because their ethnic, cultural, and/or gender

needs have not been met (Cannon, Higginbotham, & Guy, 1989). On one hand, African American, African Latina and Caribbean women are portrayed as resilient, with relatively few mental health problems. On the other hand, these women experience lower incomes, higher rates of unemployment, have poor physical health, and are less likely to be married (Brown & Keith, 2003), which suggests that women of color may have a higher risk for a wide range of stress related problems.

Historically it has been difficult to understand and to respond to mental health problems among African American women. One reason is that some Black women tend to minimize the serious nature of their problems. "Most either believe that depression, or the "blues," is a necessary condition of life and must be endured, or they fear being labeled as insane and therefore do no seek professional help" (Office of Women's Health, 2001, p. 56). There also exists the stigma placed on mental health problems within the African American culture, that they are "a sign of weakness", not sickness (Office of Women's Health, 2001). Additionally, African American women tend to value relational supports rather than mental health services. There is a strong reliance on community, family support, and the religious community during periods of emotional distress. Black women seek mental health care less than White women; and when they do, it is usually later in life and at later stages of their illness. Part of this is due to the poor service they receive from mental health professionals who, historically, have consistently under diagnosed disorders like depression and over diagnosed disorders like schizophrenia in the African American community. Additionally, some mental health researchers believe that the stresses of racism and the attendant social undervaluing of the impact of racism can cumulatively increase negative outcomes—especially when there is inattention to resistance strategies (Barbee, 1992; Brown & Keith, 2003). Shorter-Gooden (2004) found that African American

women cope with racism and sexism by using ; a) internal coping strategies (e.g. resting on faith, relying on prayer and spirituality, standing on shoulders—drawing strength from African American ancestors, and valuing oneself—sustaining a positive self image; b) external strategies—leaning on shoulders or relying on social support; and c) role flexing—altering their outward behavior or presentation, avoiding, diminishing contact with certain people and situations, and standing up and fighting back directly challenging the source of the problem (Broman, 1996; Brown, 1990; Brown & Keith, 2003; Shorter-Gooden, 2004). The reluctance of some whites to admit the validity of Blacks' ongoing frustration about race relations contributes to an overall sense of emotional isolation among African Americans. And for Black women the great distance they see between themselves and the mental health community heightens this sense of isolation. Help seeking behavior is affected, especially when clinicians don't appear to value their appraisals about their reality

Conceptual Literature

Relational cultural theory[2] (RCT), Black feminist thought, stress and coping and life span theories are used to highlight the salient aspects of everyday stress and coping for African American women. Implications for future research, practice and social work education are drawn at the conclusion of the paper.

An assumption of RCT is that women's gender related experiences intersect with race, socioeconomic status and age, since people are situated in a socially stratified and hierarchical society (Jordan, Walker & Hartling, 2004). If we understand racism to be a pervasive system of advantage based on race, which has personal, cultural, and institutional implications for our daily

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[2] RCT is derived from Jean Baker Miller's work on women's development, the hallmark of which suggests that growth occurs in connection and that growth occurs through mutual empowerment and mutual empathy.

lives, then we must acknowledge its daily impact on black women's interpersonal relationships. Furthermore, this perspective stresses,

> that women thrive in connection…acknowledging the ongoing relational interplay between self and other, as primary to real growth and vitality. Thereby, suggesting a shift from a psychology of entities to a psychology of movement and dialogue. The goal of development is not the creation of a bounded entity with an independent internal psychic structure that turns to the outside world in a state of need. On the contrary, in the ideal pattern of development we move toward participation in relational growth. The full realization of relational development depends on the flow of mutuality. An individual must be able to represent her own experience in a relationship, to act in a way which is congruent with an "inner truth" and with the context (Jordan, 1997; Jordan, Walker & Hartling, 2004).

Another key aspect of RCT is the recognition that disconnections as well as opportunities for growth occur not only on the individual or familial level, but also occur at the sociocultural level. Societal practices of categorizing, stereotyping, and stratifying individuals have an enormous impact on peoples' sense of connection and disconnection (Walker, 1999, 2001; Walker & Miller, 2000). Similarly, the mutual interplay stressed by RCT is also consistent with the African American community's culture specific resources that influence how women cope with the stressors of sexism and racism. In particular, coping behaviors that reflect the values, attitudes and customs of a non- western world view recognizes spirituality, harmony, balances, and collective group orientation (Jones & Shorter-Gooden, 2003).

As Black women develop and grow, they simultaneously learn to redefine and differentiate their sense of self in relation to their concerns and feelings for significant others

(mothers, father, siblings, relatives, friend, and the Black community at larger). Autonomy and separation may not be valued in the traditional ways that practitioners have written and theorized about them (Turner, 1997). Accordingly, Turner states that

> A Black woman's connectednesses to family and ethnic identity usually have been a necessary source of love, strength, coping power, and stability which is vital and necessary for psychological health. She does not cut off those parts of herself if they have helped her to negotiate the complexities of living in two cultural worlds (1997, p.76).

As Black woman move through various developmental stages of childhood, latency, adolescents and adulthood, the issues around closeness, trust, self-worth, caretaking, industry, achievement, and sexual intimacy are bound together in different ways than for their white counterparts. A disturbed, devalued image of Black womanhood has been fostered too often in myths, stereotypes, as well as through legal, social and political sanctioning in our society (Turner, 1997).

Black Feminist Thought

"Intersectionality Theory" was first coined by Crenshaw in the 1970s (Crenshaw, 1991), and later reintroduced as part of sociologist, Patricia Hill Collins' analysis of Black feminism, from which the expression "Black feminist thought" was introduced and thereby increasing the general applicability of the theory to all women (Collins, 2000; Hill-Collins, 1990). Intersectionality theory seeks to examine the ways in which various socially and culturally constructed categories interact on multiple levels to manifest themselves as inequality in society. This theory posits that classical models of oppression within society, such as race/ethnicity, gender, religion, nationality, sexual orientation, class or disability, do not act independently of

one another; instead, these forms of oppression interrelate creating a system of oppression that reflects the "intersection" of multiple forms of discrimination.

Black feminist thought consists of theories or specialized thought produced by African-American women intended to express their standpoint. Black feminist thought draws on the multiple relationships among Black women needed to produce a self-defined Black women's standpoint. A core goal of Black feminist thought is to empower Black women by recognizing how gender, race and class intersect and are socially constructed.

Black women's work, family experiences and grounding in traditional African-American culture suggest that African-American women as a group experience a world different from that of those who are not Black and female. Moreover, these concrete experiences can stimulate a distinctive Black feminist consciousness concerning that material reality (Hill-Collins, 2000). In addition, Hill-Collins (2000) states that being Black and female may expose African-American women to certain common experiences, which in turn may stimulate a distinctive group consciousness, but this does not guarantee that such a consciousness will develop among all women or that it will be articulated by the group.

The commonplace, taken-for-granted knowledge shared by African-American women growing from our everyday thoughts and actions constitutes one level of knowledge. The ideas that Black women share with one another on an informal, daily basis about topics such as how to style our hair, characteristics of "good" Black men, strategies for dealing with white folks, and skills of how to "get over" provide the foundations for this taken-for-granted knowledge (Hill-Collins, 1990, 2000).

All African-American women share the common experience of being Black women in a society that denigrates women of African descent. This commonality of experience suggests that certain characteristic themes will be prominent in a Black women's standpoint (Hill-Collins, 1990). For example, one core theme is a legacy of struggle. The existence of core themes does not mean that African-American women respond to these themes in the same way. Diversity among Black women produces different concrete experiences that in turn shape various reactions to the core themes. A variety of factors explain the diversity of responses. For example, although all African-American women encounter racism, social class differences among African-American women influence how racism is experienced. Other factors such as ethnicity, region of the country, urbanization, and age combine to produce a web of experiences shaping diversity among African-American women. One feature of this struggle for a self-defined stand point involves taking advantage of sources of everyday, unarticulated consciousness that have traditionally been denigrated in white, male-controlled institutions. For Black women, the struggle involves embracing a consciousness that is simultaneously African centered and feminist. In contrast to RCT, Black feminist thought or intersectionality, places African American women at the center of the analysis by examining and making conscious how she copes with the "double jeopardy" in her everyday living and the resources and barriers to her success.

Stress and Coping

Researchers and practitioners have been interested in how coping moderates the relationship between everyday stressors and emotional and physical illness (Herrington et al., 2005). More recently, interest has shifted to factors contributing to resilience or resistance to illness in spite of high levels of stress (Amodeo et al., 2007). Theoretical approaches to the study

of coping have historically taken three forms. The first of these approaches conceptualizes coping as an ego process that operates to reduce emotional tension as argued by Folkman and Lazarus (1986). This conceptualization is problematic as it equates coping with mastery over stressful demand and the process of coping is confounded with the outcome. The second approach conceptualized coping as a trait (Conway & Terry, 1992). For example, the work of Valliant (1977) drew on a hierarchical approach to coping derived from psychoanalytic formulation. This approach, however, fails to take into account that stressful situations are not static events, and that individuals do not respond similarly to all stressful events (Lazarus & Folkman, 1984). The third conceptualization proposed by Lazarus & Folkman (1984), views coping as a dynamic process, specific not only to the presenting situation but also to stage of encounter.

In the late 1970s a major new development in coping theory and research occurred in which the hierarchical view of coping, with it trait style emphasis was abandoned in favor of a contrasting approach, which treated coping as a process, coping changes over time and in accordance with the situational contexts in which it occurs (Lazarus, 1992). Coping is a crucial process in stress resistance; for example, engaging in positive health practices can delay illness, and using social support and other constructive coping can reduce mental health symptoms and/or depression (Amodeo et al., 2007).

According to Folkman & Lazarus (1988) coping is not merely a response to tension. Psychological stress is viewed as a relationship between the person and the environment that is appraised as potentially dangerous to one's well being. Two critical perspectives mediate this person-environment relationship: (a) cognitive appraisal, which is an evaluative process that determines why and to what extent a particular transition between the person and the

environment is stressful; and (b) coping, the process through which the individual manages the demand of the person-environment relationship and the ensuing emotions generated from the situation (Lazarus & Folkman, 1984).

Coping is a set of strategies that are available to be implemented to match specific situations. Coping may take one of two forms: emotion-focused or problem focused. Emotion-focused strategies are focused on internal emotional states. Emotion focused coping is more likely to occur in those situations in which an appraisal determines that nothing can be done to modify a harmful, challenging or threatening environmental condition. Emotion-focused coping is directed toward altering the emotional response to a stressful situation. In contrast problem focused strategies alter the stressor by direct action. Problem focused coping is more likely when environmental conditions are assessed as being amendable to change. Most Black women use both forms of coping in response to stressful events.

The process oriented or the transactional model of stress and coping is used here as one framework for evaluating the processes employed by Black women to cope with stressful events. According to this model stress results from an imbalance between perceived demands and perceived resources (Herrington et al., 2005). Stressful experiences are construed as person-environment transactions, in which the impact of an external stressor, or demand, is mediated by the African American woman's appraisal of the stressor and the psychological, social, and cultural resources at her disposal (Folkman, 1997; Lazarus, 1991; Lazarus & Folkman, 1984). Developmentally, Black women are socialized to integrate traditional male roles of achievement, autonomy and independence with the more traditional female roles of caretaking and nurturing as a "norm". Black women expend substantial energy on managing the threat of racial and gender bias. Charisse Jones and Kumea Shorter-Gooden's (2003) research shows that in response to unrelenting oppression, many Black women find that they must spend significant

time, thought, and emotional energy watching every step they take, managing an array of

feelings, and altering their behavior in order to cope with it all. They state,

> …and so they [Black women] do what we call "shifting". African American women
>
> change the way they think of things or expectations they have for themselves. Or they
>
> alter their outer appearance. They modify their speech. They shift in one direction at
>
> work each morning, then in another at home each night. They adjust the way they act in
>
> one context after another…They deny their sadness and loneliness. They shift inward
>
> (Jones & Shorter-Gooden, 2003, p. 61).

Although process approaches, like the transactional model, are better able to encompass

specific coping thoughts and actions in different stressful contexts that require a coping response,

they have their own limitations. The most important one is that the measures used to understand

coping are usually formulated to link up to the whole person, who usually has a particular goal

and situational intention, belief system, and life pattern of plans and social connections. Little

attention has been given to the consequences or impact of stressors for Black women,

particularly in the areas of sexism and racism and how they contribute cumulatively over their

lives. Coping process measures for African American women would be more meaningful if we

knew more about the person whose thoughts and actions in specific contexts are being studied.

In the past, coping was treated within the rubric of decision-making, with its emphasis solely on

cognitive processes. However, it belongs equally within the realm of motivation and emotions.

Lifespan Theory

The lifespan and/or life course refers to a sequence of socially defined, age graded events

and roles that define in large measure the contours of biography (Elder & Shanahan, 2006). The

socio-cultural lens allows an appreciation of the social meaning of age. Birth, puberty, and death

are biological facts, but their meanings in the life course are social facts or social constructions. The developmental period of adulthood covers a large time span, beginning at age 18 to death. A variety of strategies for dividing this long period into shorter age-based periods have been recommended. For example, Erikson's (1980) theory of psychosocial development includes distinctive stages defined by personality developmental tasks; for example, young adulthood (the 20s) is characterized as a time of concern with identity and intimacy issues, whereas middle age (the 40s) is characterized as a time of concern with generativity. Older adulthood in Erikson's theory is characterized as a time of personality integration in which the key accomplishment is a sense of integrity. Theorists (Elder & Shanahan, 2006; Erikson, 1980; Lerner, 2002) have noted that these issues (identity, intimacy, generativity, and integrity) preoccupy adults to varying degrees at all ages, although they may be particularly intense during specific periods and may take different forms at different adult ages.

The lifespan theory suggests that many incidental and formal changes influence behaviors as well as behavioral changes. Developmental regulation may both facilitate and constrain opportunities for change. This change in individual contextual relation is not limitless, and the magnitude of change in a developmental trajectory occurs in relation to variation in contextual conditions that may vary across the life cycle (Elder & Shanahan, 2006).

By examining development, we begin to understand how each period of development and behavior has it own set of challenges and frustrations and how it relates to other periods of development as well as human behavior in general. In order to examine the impact of stress from a life course perspective, both normative (e.g. childbirth, aging, employment changes, etc.) and non-normative (e.g. discrimination, violence etc.) factors are considered as sources of stress.

Here it is assumed that stressors in the lives of African American women vary across the lifespan, a supposition that seems to be supported in the developmental and research literature.

For most developmental theories distinct considerations exist in childhood, adolescence, early adulthood, mid-life, and older adulthood. Erik Erikson's (1980) theory of psychosocial development describes the impact of social experience across the whole lifespan. Each stage in Erikson's theory is concerned with becoming competent in an area of life. If the stage is handled well, the person will feel a sense of mastery. If the stage is managed poorly, the person will emerge with a sense of inadequacy. In each stage, Erikson believed people experience a conflict that serves as a turning point in development. In Erikson's view, these conflicts are centered on either developing a psychological quality or failing to develop that quality. During these times, the potential for personal growth is high, but so is the potential for failure.

For most of its history, the study of individual development was conceptualized by classical stage theories that sought to describe generic human beings (Lerner, 2002). Within the context of these models, both individual and group differences-diversity- were of little interest, or regarded as either error variance or evidence for problematic deviation from (deficits) normative and idealized change (Lerner, 2004). With European American samples typically regarded as groups from which norms were derived-and as well, with male samples often set as the reference group for "normality" within the European population. Racial, ethnic and gender variation from these normative standards were regarded not just as differences. They were interpreted as developmental deficits (Leadbeater & Way, 2007).

In this paper we focus on the developmental processes African American women between the ages of 18 and 55 with consideration of other variables that can exacerbate or assist the transition from one stage to another. Numerous theorists (Brown, 1996, Hill-Collins, 1990;

Shorter Gooden, 2004; Turner, 1997) suggest that socio-cultural factors such as race, gender, and social class shape the reality in which African American women experience their lives. And their lives differ from those of African American men and from those of women of other racial and ethnic groups (Brown, 1990). For example, in early adulthood, "intimacy vs. isolation" stage, it is vital that people develop close, committed relationships with other people. Oftentimes the individual struggles with juggling meeting the demands of personal and work environments. Particularly, individuals must integrate work/career, family/personal life, and perceptions of adult development. All can be stressful when race and gender are added to the equation. Being Black and being female in American society are two social statuses that are derogated and less valued than others; specifically, they are less valued than being Caucasian and being male. Occupying these two disadvantaged social statuses not only influences how Black women see themselves, but it shapes their perceptions, expectations, and responses of others towards them. Further, the female/male gap in level of educational attainment for Black women tends to influence the availability of eligible mates, the dynamics of Black female-male relationships, as well as family and marital stability. Brown & Keith (2003) reports that racism and sexism also play a part in the occupations selected, the income and benefits that African American woman receive. Nineteen percent of Black men and 27% of Black women are employed in service occupations, and 28% of Black men and 9% of Black women are likely to be employed as operators, fabricators, and labors (McKinnon, 2003). Twenty-six percent of Black women were in managerial and professional specialty positions; many of these Blacks are classified as being in the middle or upper classes. Many members of the Black upper-middle class live in predominantly White communities; hold professional positions such as doctors, lawyers, professors, engineers, and computer scientists; and often define themselves as bicultural or

acculturated.   For the most part, there are competing challenges and opportunities for working

class and middle class Black women who are employed because it increases the possibility of

being exposed to stressors directly related to employment.

<u>Early Adulthood, Middle Adulthood and Older Adulthood</u>

Sensitivity to the sociocultural context of the village/extended family is an important

factor in the everyday lives of Black women. During the developmental stage of intimacy vs.

isolation attending college or vocational school raises the stressors of maintaining study habits

and grades, peer relations, managing time, work, and emotional adjustment. Chiang, Hunter and

Yeh (2004) found that African American and Latino students reported concerns about school

grades, study skills, family relations, career choice, job search, and relationships with friends.

These authors note that while family and friends were helpful resources, they might also be

causes of stress among traditional and non-traditional students. Brown, Parker-Dominquez and

Sorey (2000) examined the relationships between life stress, perceived helpfulness of support

sources and well-being with a sample of 73 college-educated African American women, the

majority of whom were between 31 and 50 years of age. Surprisingly, these women identified

few "serious problems," but the top three areas of concern were stress at work, inadequate

finances and health problems in the family. These researchers found that life "stress was

negatively related to emotional and spiritual health and positively related to depression" (p. 67).

The sampled women identified female friends and female family members as the most helpful

sources of support. Perceived helpfulness of support sources had a positive main effect on

emotional and spiritual health and a buffering effect on depression. These studies offer some

insight into the stressors of adulthood.

McCallum, Arnold and Bolland's (2002) study of 45 African American female adults living in low income neighborhoods found that inadequate resources, role-functioning, relationship conflict with family and men, health concerns, loss (i.e., death, divorce of the loss of a job), racism, and work were identified as major stressors. Interestingly, these researchers report three common themes that emerged from the descriptions of stress given by these women: namely that "their stress came from situations and events that left them feeling a lack of control, were undesirable, or caused them to feel isolated or alienated from others" (McCallum, Arnold & Bolland, 2002, p. 261). Two underreported areas of stress were identified in this study: intergenerational role stress and the lack of health insurance.

Individuals continue during Erikson's seventh stage of development, "generativity vs. stagnation" to build their lives, focusing on career and family. Those who are successful during this phase will feel that they are contributing to the world by being active in their home and community. Those who fail to attain this skill will feel unproductive and uninvolved in the world. Pearlin (1996) posits financial stress, multiple role stress, romantic relationship stress, work stress and upward mobility stress as the major sources of stress that influence the mental health of Black women. Brown and Keith (2003) posit both acute and chronic stressors are linked to concerns about inadequate services and safety in neighborhoods. Chronic stressful environmental conditions such as poor housing and discrimination, as well as acute stressors such as crime and violence often accompany financial stress. Social support networks of low-income African American women may not buffer them against stress and may contribute to a "contagion of stress" if network members are also experiencing a number of financially related life events and stressful ongoing conditions. Studies have demonstrated that those with a poor

sense of self tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness, and depression.

Stage eight, "integrity vs. despair", occurs during old age and is focused on reflecting back on life. Those who are unsuccessful during this phase will feel that their life has been wasted and will experience many regrets. The individual will be left with feelings of bitterness and despair. Those who feel proud of their accomplishments will feel a sense of integrity. Successfully completing this phase means looking back with few regrets and a general feeling of satisfaction. These individuals will attain wisdom, even when confronting death. In old age Black women face coping with the physical changes of aging and the effects of chronic diseases; issues associated with death and dying; work and retirement issues; grandparent and senior adult roles; physical and cognitive changes; widowhood, and issues related to bereavement and grief. Older Black women, who might have developed effective coping strategies with regard to many of the family, economic, and physical health issues, might confront ageism. The relationship of age to mental well-being may depend on one's stage in the life cycle, the sociocultural context and socioeconomic status (Brown & Keith, 2003). African American elderly women face "double jeopardy", discrimination based on both race and age. The general problems that the elderly face are intensified for Blacks. They tend to be poorer, experience more frequent illnesses, and are less likely to get their illnesses treated. Unfortunately, many African American women after living on limited income during their working years must spend their golden years in poverty, for their retirement and social security barley cover their expenses.

Weitzman et al., (2001) explored the everyday conflict and stress among older African American women in a qualitative study of 30 African American women aged 60 years and older who were recruited from a senior center and community service organization located in inner-

city Boston. These women reported feeling stressed about the loss of functional abilities (i.e.

mobility) and worries about transportation. Conflicts with a family member especially adult

children and grandchildren and neighbors and peers were particularly troublesome to these elders.

To cope with the everyday conflict and stress in their lives, these women tended to use avoidance

strategies and self-distraction. Others (Brown & Keith, 2003; Dilworth-Anderson, 1999) have

found older Black women rely on their spiritual and religious beliefs to cope with the stressors of

aging and caregiving.

Racism and Sexism

Several authors (Broman, 1996; Feagin & Sikes, 1994; Krieger, 1990; Shorter-Gooden,

2004) have studied how African American women manage the stress of racism and sexism.

Using data from the National Survey of Black Americans, Broman (1996) found that the type of

coping response among African Americans varied depending upon the problem encountered (i.e.

interpersonal vs. financial). After interviewing 209 middle-class, Black men and women

throughout the United States Feagin and Sikes (1994) described a number of responses to racial

discrimination that included: making a careful assessment before acting, withdrawal and

avoidance, verbal confrontation, resigned acceptance, physical confrontation, and taking legal

action. The authors did not explore gender differences in coping with racism or responses to

gender bias. In 1983, Lykes using oral histories of 35 successful women studied Black women's

coping responses to racial and gender discrimination. Results indicate that for African American

women working in predominately white institutions ignoring experiences of personal prejudice

or finding alternative means to achieve their ends were successful coping strategies. Lykes

(1983) also concluded that African American women were flexible in their coping styles and

used more than one coping strategy. Similarly Krieger (1990) using a structured phone interview

with a sample of 101 randomly selected women, found that a majority of Black women responded to unfair treatment by taking action or talking with others. Black women, however, were significantly more likely than white women to accept unfair treatment and keep quiet about it. These same Black women "were more likely to report hypertension than those who acted or talked to others" (Shorter-Gooden, 2004, p. 411). Findings from Shorter-Gooden's study of 196 African American women indicate Black women used an array of coping strategies to manage the stress of racism and sexism, including three internal resources such as resting on faith, standing on the shoulders of their heritage, and valuing oneself, reliance upon resources outside oneself as an external resource. Specific coping strategies for dealing with racism and sexism included role flexing, avoidance, and standing up and fighting back.

Research, Practice, and Teaching Implications

A review of empirical studies on black women's stress and coping suggests several different areas of future research. It appears few if any studies examine stress and coping responses from a developmental perspective, which leaves one with the impression that Black women experience the same stressors and use the same coping responses irrespective of stage of development. This may in fact be true however it seems reasonable to assume that certain stressors and coping responses are more salient at certain times across the life span. What types of stressors and coping responses are more likely prevalent among Black women during adolescence, young adulthood, adulthood, and old age?

Relational cultural theory strengthens our focus on stress and coping among Black women, because of its increased sensitivity to the sociocultural context of mutual connection by recognizing that all female experience is marginalized in patriarchy, and often the ways in which women and girls find strength are undervalued and under researched (Freedberg, 2007). The

model establishes that women cannot be understood outside of the sociocultural context. A major assumption of the theory is that women's gender related experiences intersect with socioeconomic status, race, ethnicity, and other forms of difference that situate people in a socially stratified and hierarchical society and becomes a powerful determinate of the quality of their lives (Jordan, 1997). There is ample evidence in the literature to suggest that race, SES and gender are confounding factors affecting psychological and emotional distress and coping. For example, Rudolph (2002) notes that adolescent girls invest much more in relationships and are more concerned about negative evaluations by peers than boys. Girls are therefore particularly vulnerable to deficits in self-esteem and anxiety. Yet few studies have addressed the interactional effects of race-linked, socioeconomic status linked and/or gender-linked stress in the lives of African American women. To what extent do contextually based factors have cumulative effects on stress levels? Are they perceived as acute versus chronic stressors or a combination of both? Is it possible that these contextual factors gain prominence during certain developmental stages? And if so, which developmental stages? Still another contextual factor should be considered, namely geographic region of the country. Are there differences in the types of stressors and coping responses across regions?

While Folkman & Lazarus (1988) argue that coping consists of a set of strategies that are used to match specific situations, coping is also a learned process. Girls, irrespective of socioeconomic status, race, or gender learn coping strategies from their parents, family members, peers, mentors and others. If examined across the life span are the same or similar coping responses likely to be reported? Or as reported in the studies reviewed in this paper, are flexible coping responses reported by African American women across the life span? Or was Broman (1996) correct in reporting that coping responses varied by the type of problem encountered?

Finally, most studies of stress and coping among African American women are conducted with small non-represented samples and make use of cross sectional research designs. Given that this paper emphasizes the importance of the life span perspective, a longitudinal research design is suitable for addressing these issues. The findings from these studies can be used to determine the most effective interventions to improve the psychological welfare of African American women.

Factors such as racism, sexism, and classism can negatively impact the psychological well-being and coping mechanisms of African American women. Many have limited economic opportunities; inadequate income carries over into other aspects of daily life that impact health and mental health. Effective practice interventions must be geared toward helping individuals manage their concrete problems and the psychological distress. According to the Office on Women's Health (2001) structural barriers, such as poverty and the lack of opportunities to improve one's socioeconomic situation, contribute to and exacerbate psychosocial and physical dispositions.

Practitioners should cultivate an environment in which the person feels understood, appropriately diagnosed and appropriately treated. It is important to understand how African American women conceptualize mental disorders. Effective intervention strategies and techniques for working with women of color should include an assessment of employment and financial stressors, experiences of racism and sexism, coping mechanisms, and religious/spiritual beliefs.

Much has been written about the role of social networks in facilitating the adjustment of African Americans. The availability of social resources found in African American families and communities, is a critical factor for maintaining emotional well-being and in coping with life.

Good practice should begin with examining personal, family, and community support networks and cultural strengths. Strengths might include support from kin and fictive kin networks. African American women have developed unique strengths and characteristics as an adaptive mechanism in the face of a history of race-related injustices (Hill, 1999). They tend to have wider circles of social support, embracing relatives and community members as extended family and developing strong ties to the church as a source of spiritual, psychological, and social support (Taylor et al., 1997). African American women's strength also includes their ability to organize and promote self-help. The practitioner should note how the person managed to overcome obstacles and the coping mechanisms utilized to improve and maintain positive self-esteem and self- efficacy. Armed with this insight educators have the responsibility of providing social work students with the necessary tools to develop culturally relevant services.

The pedagogical importance of this content on African American women in Human Behavior courses is essential to developing an awareness of how all experience is shaped by culture, by social forces of privilege and oppression, and by individual systems of meaning-making. Not only is human behavior understood as produced, in part, by cultural and social forces, but also the theories we study are, themselves, products of particular cultural and organizational forces. Students need to learn to "see through" the models and theories in both senses: to use them for perceiving and analyzing behavior, and to perceive their limits and constraints. The curriculum has a dual focus: on the world of African American women as seen through theory, and on the world of theory, itself, which is accountable to empirical findings, the values and purposes of social work, and the lived experience of clients and clinicians. We believe that by using content about African American women students are able to see diagnostic

categories as a system for organizing human behavior, which, like all such systems, is fallible, value-based and politically influenced.

Conclusion

Social work and social workers must recognize ways in which Black women differ from white women and men of color. Too often have social workers recognized the powerlessness of women of color while ignoring the role of gender inequity in influencing the life chances of black women. Racism and sexism can produce negative consequences for African American women across the lifespan. These factors increase the likelihood of poor health and emotional problems for this population. In this paper we have attempted to offer evidence based on a review theoretical and empirical literature that may be used to develop effective research, practice, and teaching models for social work profession.

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