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# Everyday Conflict and Daily Stressors: Coping Responses of Black Women

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# Everyday Conflict and Daily Stressors: Coping Responses of Black Women

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## Abstract

The purpose of this study was to explore how Black women cope with the impact of daily stressors in their lives. To understand stress and coping among Black women, it was necessary to explore the interlocking effects of race, gender, and social class on these stressors and their effects on the women's ability to cope with the consequences for their health and emotional and psychological well-being. An exploratory design with grounded theory methods was used to develop a midrange theory about stress and coping among Black women on the basis of the women's experience with sociocultural factors, namely, race, gender, and social class. The implications for practice of the findings underscore the continuing significance of racism and sexism in the everyday lives of Black women.

## Keywords

Black women, coping responses, racism, sexism, stress

Black women represent more than half of the 36.4 million African Americans in the country as of 2000, about 6.4% of the U.S. population (Terhune, 2007, p. 547; note that the terms *Black* and *African American* are used interchangeably in this article to describe people from African and Caribbean backgrounds). Black women are unique because their experiences cannot be explained solely through the isolated prisms of race or gender. Whereas racism or sexism represents significant aspects of the realities of Black women, other types of oppression set their experiences apart (D. Brown & Keith, 2003). Belle (1982), who studied depression among Black and White women, described the chronic stressors in the lives of Black women as those that "include an increased number of personal negative life events, a 'contagion effect' from exposure to the stressful life events of significant others and chronic stresses including exposure to painful incidents of discrimination in their daily lives" (p. 138). Managing the interlocking effects of racism and sexism is a core theme in the daily life experiences of Black women. The triangulation of race, gender, and socioeconomic status affect the psychological well-being of African American women. Similarly, these factors have

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an impact on a myriad of other cultural and demographic factors in these women's lives (e.g., social, cultural, and psychological), as well as their health behaviors and access to health care.

The purpose of the study presented here was to explore how African American women cope with the impact of daily stressors in their lives. To understand stress and coping among Black women, it was necessary to explore further the interlocking effects of race, gender, and social class on these stressors and their effects on the women's ability to cope with the consequences for their health and emotional and psychological well-being. An exploratory design using grounded theory methods was used to develop a midrange theory about stress and coping among Black women. Our theory of Black women's stress and coping was developed on the basis of the assumption that sociocultural factors, namely, race, gender, and social class, influence the stress experienced by these women and their ability to cope. Strauss and Corbin (1990) articulated a middle-level theory as an abstract representation of specific social phenomena that is grounded in the data. In our study, the collective voices of focus-group participants identified racism and sexism as critical aspects of their everyday lives. Three questions guided our research: What do Black women perceive to be the major stressors in their lives? How do these stressors affect their daily lives? How do the women cope, and what are the consequences? The study has significance in that it presents a theory grounded in the experiences of Black women who shared their perspectives of their stressors, coping habits, and the consequences.

## Stress and Coping

Pearlin, Menaghan, Lieberman, and Mullan (1981) described the process of social stress in terms of three main conceptual domains: the sources, the mediators, and the manifestations. Stressors are conceptualized as the problems, hardships, or threats that challenge the adaptive capacities of people. For example, D. Brown and Keith (2003) posited that for Black women, 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. Furthermore, the social support networks of low-income African American women may not buffer them against stress and may contribute to a "contagion of stress" if members of their networks are also experiencing a number of financially related life events and stressful ongoing conditions. Pearlin (1996) distinguished between two types of stressors: eventful stressors—events that surface at discrete points in time, such as home foreclosures, divorce, and death—and chronic stressors that surface repeatedly or maintain a presence over a considerable period.

Individuals are not passive targets of life's stressors; rather, they actively seek to avoid them, minimize their harmful effects, or ameliorate the pain that the stressors cause. Two coping methods, social supports and coping, are social and personal resources that can be mobilized to contain, regulate, or otherwise ameliorate the effects of the stressors. Pearlin and Schooler (1978) found that even if weaker coping responses are used, strong coping resources can moderate the consequences and lessen the influence of stress. Outcomes refer to the effects of the stressors that are observed after mediating resources are taken into account.

The transactional paradigm (Lazarus & Folkman, 1984), the framework adapted for this study, highlights conscious purposive cognitions and behaviors. Stressful experiences are construed as person-environment transactions, in which the impact of an external stressor is mediated by the African American woman's appraisal of the stressor and the psychological, social, and cultural resources at her disposal. Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Coping is what an individual thinks

and does in a situation to avoid, lessen, or ameliorate the impact of a stressor (Amodeo, Griffin, Fassler, Clay, & Ellis, 2007).

## **Methods**

Our multisite qualitative study was designed to explore the impact of social stressors on Black women's mental health and the coping strategies that the women used to deal with them. The research was conceptualized around the following questions: What do Black women across the life cycle perceive to be the major stressors in their lives? How do these stressors affect their mental health? What strategies do the women use to cope with these stressors? Accordingly, we used methods that are consistent with grounded theory. Grounded theory is derived from the study of the phenomenon it represents. Specifically, it is discovered, developed, and verified through systematic data collection and analysis (Strauss & Corbin, 1990).

### ***Sampling***

Two levels of convenience sampling were used to identify the site and to recruit potential participants. The project researchers identified specific geographic locations in Boston and Northampton, Massachusetts; Knoxville, Tennessee; and Brooklyn, New York, which were known to have Black women who fulfilled the inclusion criteria: race, age, socioeconomic status, and location. Women who were younger than 18 or older than 55 and who resided outside the aforementioned locations were excluded from the study. At the inception of the study, the only relevant data for emerging theory was from the literature and the researchers' experience as practitioners and researchers, which lead to the decision to sample women aged 18–55, who were from a wide range of socioeconomic statuses.

The methods that were used to recruit participants included posting flyers and announcements in student centers, college offices, newsletters of social clubs, and church bulletins with information about the nature of the study, its purpose, and how prospective participants could contact the researchers. Verbal descriptions of the study were presented at meetings of social clubs and church groups and in e-mail messages forwarded to student groups. The initial contact with prospective participants took place via telephone calls or face-to-face meetings. Once contact was established, the parameters of the study were described. A one-page screening form was used to determine whether the prospective participants met the sampling criteria. When an individual met the sampling criteria, she was contacted via telephone to invite her to the focus-group session. Prospective participants who were found ineligible for the study were contacted by telephone to let them know their status in the study.

### ***Nature of Participation***

The women were asked to participate in a 2-hr audiotaped focus-group session and to complete a brief demographic questionnaire. A series of six focus groups were conducted, two in Tennessee, two in Boston, one in Northampton, and one in New York. Five of the focus-group sessions took place on a college campus and were facilitated by one of the researchers, and one group session took place in an apartment building. The participants were informed of the purpose of the study and their rights as human subjects. They were asked to sign the informed consent document and a pledge of confidentiality that met the research compliance specifications of the three colleges/universities. The participants and the researcher each had a signed copy of the consent form.

A structured focus-group interview guide was used during these sessions. The interviewer posed several broad questions that were designed to elicit data that were rich in detail. These questions

encompassed a variety of topics. For example, the first question set the tone by asking, “In your day-to-day interactions, what and who demands the most amount of time?” Another question asked, “Do you sometimes feel overwhelmed with the demands of daily life; if so, which ones?” An eight-item demographic questionnaire was completed by each participant at the end of the focus group.

### *Data Analysis*

Grounded theory was used in analyzing the data, thus allowing categories to emerge from the data. Data from the interviews were first analyzed using open coding, whereby concepts were identified and labeled as they emerged from the data and across the focus groups. Then, the data were analyzed using a selective coding method in which the themes that were identified at the previous level of coding were compared and woven together to create coherence. Finally, axial coding was used to put the data back together in light of a coding paradigm. Although data were categorized initially, it was by similarity in this phase of analysis that the categories were further formed by their connections. Our inductive analysis resulted in indigenous concepts that were described by the participants as they defined their experiences and sensitizing concepts that we developed to represent patterns in the data (Patton, 2002).

To ensure the authenticity of the findings, investigator triangulation (Denzin & Lincoln, 1994) was used. Three researchers analyzed these data. Each developed initial codes in isolation and brought these codes for review by the others. One researcher did selective axial coding, and all the researchers reviewed the coding and her analyses and used the same scheme in their respective focus-group data. Although there were no discrepancies in coding, we had previously agreed upon processes to address inconsistencies so as to rule out discrepancies during the data analysis. The researchers came to a consensus easily, because each identified nearly identical codes. To increase the rigor of the study, the researchers used prolonged engagement, regular team debriefings, and peer consultation. Direct quotations were used to ground the findings and interpretations of the data.

### **Findings**

Forty-one women, aged 18–55, participated in the study, 65% of whom were aged 40 and older. More than 95% of the women were heterosexual, and 46% were single. Less than a third of the women were married, and 17% were divorced; 63% reported having one to four children. The women’s income levels were evenly distributed, from a minimum of \$5,000 to a maximum of \$55,000 annually. The women were well educated; 26% had bachelor’s degrees, 39% had master’s degrees, and 9.8% had doctoral degrees in philosophy, law, or medicine. Of the 41 women, almost all identified a formal religious affiliation; the majority (41.5%) reported that they were Baptist.

### *Sources of Stress*

Across all six focus groups, multiple acute and chronic stressors were identified, the most salient of which were the stressors associated with time commitments in balancing work and family responsibilities, role strain, and financial stress. The amount and kind of stress were sometimes associated with the time of day, as one participant stated, “Probably the most stressful time is in the morning, getting them [the children] to the school bus. I think I have headaches and everything else.” Another woman, who operated on a tight daily schedule that sometimes made her feel overwhelmed when unexpected demands arose, said, “So I feel overwhelmed; sometimes I have to shift gears and think of something totally different.”

Although most of the participants struggled to balance work and family, some indicated that work was an outlet from other stressors in their lives. For example, one participant said,

I would say work takes up a lot of my time, but to me that's easier. Like, it [work] takes me away from the stuff—the mental stresses are my stress. Like I can do work, it's a task; you do it, you're done . . . I can fix this stuff here.

The majority of the participants talked about being emotionally overwhelmed by the role strains associated with their familial responsibilities. One participant said:

For me physically, it's [stressor], of course, my job, but mentally, it's my sister, and all the things related to that. So even though I'm physically at work and doing what I need to do, that's always there, and so then I'm always, you know, I might have to take time out to make phone calls, to do other things, so I have to say it's family.

Managing multiple caretaker roles was chief among the relationship stressors, as one participant described:

My brother and sisters live in another state, so I get up in the morning, get my family up and ready to face the day, and go to my mama's house and do the same thing. I go to work, worry about what I didn't get done . . . This has been my routine for the past three years. I don't have time to think about being stressed, but I know I am.

Others who were of a particular age found themselves among the “sandwich generation,” caretakers of members of their families of origin and/or primary caregivers for their aging parents. For these women, the stress of caregiving affected their career advancement and emotional well-being. One participant said:

I got tenure; shortly afterward, my dad had the stroke. So I would tell my husband, “You've got to do this. And when things had to change, that created a lot of stress and strain on that relationship, and then with my children. I've let my career suffer.

Another participant whose elderly parents were forced to evacuate New Orleans following Hurricane Katrina said:

So it's the end of the day, but there's no pleasure because it's taking care of the family and taking care of the parents who are now in need and all the family who are somewhat in need. Because my family is also in New Orleans, so it's this whole Hurricane Katrina need right now . . . It's still that my parents have aged, and I have to deal with them. So, at the end of the day, when I've been invited out to dinner, I'm going. I don't really want to go to dinner; I just really want to go to sleep. There's no pleasure in going out. I want to go to sleep. I don't want to hear a voice. I don't want to communicate anymore.

Saddled with responsibilities at work and at home, many participants were encumbered with having to be the “go-to person” for extended family members. The stress and strain of shifting among multiple roles and the tension associated with it were summed up by one participant, whose family members often came to her for advice: “Sometimes I just want to leave that role. Not that I want to leave the role, but I don't want to take on the responsibility of having to take care of everybody.” Another described it in these terms: “It went from my grandmother being the matriarch to me. And it's like, ‘Wait a second, mother. You should be, you need to be, the one stepping in to help.’”

Although income was evenly distributed in this sample, the participants cited finances as a stressor. For example, one participant stated, “Financial, I'm trying to save money . . . I would like to buy a house or a condo, and that's [finances] kind of a stressor right there.” Some participants

worked several jobs to make ends meet and still encountered obstacles to achieving their goals, as this participant described:

Financial, because right now, I'm trying to pay my tuition, . . . so I've got three jobs right now. I'm trying to work as much as I can to make sure that it's paid so I can continue, and then my car broke down yesterday, and its like things just keep coming up and I don't have the money.

Often, African Americans with substantial incomes bear the financial responsibility for extended family members. A participant explained, "When somebody in the family needs something, especially money, I'm the one they come to."

McCallum, Arnold, and Bolland (2002), who studied 45 African American women who were living in low-income neighborhoods, reported that stress "came from situations and events that left them [the women] feeling a lack of control, were undesirable, or caused them to feel isolated or alienated from others" (p. 261). In this study, when the participants were asked how they managed stress, they said that they tried to control stress, let go of control, limit responsibility so as to not become overtaxed, control their reactions, accept what they could and could not control, control the pace of stress, or address the stress directly. For example, one participant said:

Certain things that happen in life—being struck with cancer or being terminated, laid off—those are things I couldn't help. They were very stressful, but they were things I couldn't help. To combat that, it would be, how I would react to that, rather than, it happened and let it destroy me.

However, managing the stress in their lives was complicated by the sociocultural context (i.e., a society in which racism and sexism are prevalent and pervasive).

### *Double Jeopardy: Racism and Sexism*

All the participants offered a complex description of both racist and sexist acts that they had experienced in the workplace. They all acknowledged that race, gender, education, or professional training did not guarantee progression in a career. One participant said:

I applied for the position and did not get it. The other person, of course, was White. She did not have near as much education, but she got the job. I went in the restroom, and I cried. This was a good lesson to learn: Even if you work and follow the rules, racism will keep you down.

Others described the difficulty of being themselves or being understood by coworkers. For example, one participant said, "I think a stressor, not just yesterday but everyday, is that I work with people who just don't get me." Another, commenting on what it was like to be the only Black person in her office, described how her White colleagues responded when another Black person visited her office:

And I swear. It's not a lie. They're quite comfortable with all the other White faces who come in and out all the time, but let a Black person come and sit in my office . . . I can go Wednesday, Thursday, Friday without seeing a Black person, and I can say that because on Monday, there's a Black woman in one project, and there's a Black woman in our project on Tuesday, so at least I'm guaranteed that I'll see one if they actually show up. So, if anybody of color comes and sits in my office, everybody wants to know, why they're there. What is it? I swear.

Another participant said: "I feel like I live in two worlds. I can very much get along and do the whole thing when I have to in certain settings, because unfortunately we do have to, but I'm clear about the

fact that I have to play different roles. And I can do that.” Another participant described the loneliness of being Black in a White society:

Noticing that you’re the only African person, African American, or of African descent is very stressful because that adds on an extra—I don’t know how to put [it], you have to show yourself that you’re worthy or prove it. I feel like I’m in a fishbowl and in a pressure cooker. We’re [Black women] the burden bearers. Is it because of what people expect or the position we have allowed them to place us in? It’s a lonely feeling.

And another woman commented, “My world is so unique and so different . . . I kind of get the pressures or the feeling of isolation from both sides, like you don’t necessarily fit in this one, and you don’t fit in the other one.”

The research by Jones and Shorter-Gooden (2003) showed 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 to cope with it all. Many of the women in their study found that to fit in, keep the peace, and move forward, they had to censor their conversations and funnel their ideas. For example, one participant in our study acknowledged how she dealt with work-related stress:

Many times, colleagues would ask a question, and I’d have the answer, but I didn’t dare let them [white colleagues] know that. I usually share my ideas in private, . . . but I just remember that I [do] have choice[s], even if I don’t like them.

The same participant described a method that is widely used by many African Americans to survive work-related stress, “So we [African American women] have to come in, be kind of fake, . . . talk the European or the correct English or whatever in order to advance.” The connection that this participant made between the limitations surrounding her preferred method of coping and the lack of available social support is also evident in her statement, “I think, exercise, laughter, a community of Black people where I can feel normal, and you really can laugh, real good, hearty belly laughs. And I don’t think it’s here [work environment].” Other participants acknowledged having to change not only their speech but their mannerisms to “fit in” at the workplace. C. Jones and Shorter-Gooden (2003) referred to this practice as “shifting.”

Besides racism, Black women must also contend with sexism in their work lives and their family lives. C. Jones and Shorter-Gooden (2003, p. 167) stated, “As it is true with racism, sexism in the workplace falls along a continuum, from demeaning and denigrating comments that get under the skin.” One participant in our study said:

One of my White colleagues told me, “Yeah, to us, you’re just like a White woman in a Black person’s body . . . I just sat there and thought about it. I kind of get pressures or feelings of isolation from both sides, like you don’t necessarily fit in this one and you don’t fit in the other one.”

Terhune (2007) stated that Black women frequently rely on and replay the messages they received in their youth to guard against the toxicity of racism. Most of the women in our study felt that they had an obligation to succeed because family members made sacrifices, as one participant described, “My family has struggled to make sure that I am where I am, and so yes, but, then you know that is just adding more stress. I’m not getting much sleep.”

Comments regarding the stress of racism and sexism referred both to its constant nature and to lessons learned and those passed on. One participant talked about work expectations: “Just being a Black woman, you’re going to have to work harder because they [White people] are always going to expect you.” . . . The same message continues to be passed on:

I find myself teaching my kids the same thing that my mom taught me—you've got to be better than everybody. You have two strikes against you in society's eyes. Not in ours, but in society's eyes. You are Black, you're Black, and you're a woman.

Another participant said, "When you go out, you represent the family, and you represent Black people. Be clean. And act like you got some "home training." Always be respectful to your elders. These were the rules."

C. Jones and Shorter-Gooden (2003) indicated that racial socialization messages allow Blacks to "stand on the shoulders" of their cultural heritage and historical legacy of survival. One participant said, "My grandmother would tell me when we were little girls, my sister and I had to do better than White children." All the participants acknowledged the wisdom and support they received from female elders.

## Mediating Factors

Building and maintaining social support networks are essential mediating factors for African Americans. External support systems in the neighborhood, school, church, or community reinforce self-esteem and self-efficacy and provide a positive set of values to follow. A woman's support network provides protective barriers against the negative dynamics of racism and the structure required for the transmission of culture. K. Brown, Parker-Dominquez, and Sorey (2000) found that the perceived helpfulness of sources of support had a positive main effect on emotional and spiritual health and a buffering effect on depression. Like the women in their study, the participants in our study identified spouses, female family members, female friends, colleagues, Black female mentors, and church members as their primary sources of support. As one woman said:

Talking with other Black women that I feel close to. If you don't do that on a regular basis, know that there are others out there dealing with similar things and talk with each other about how to deal with it, then it really could do you in . . . . I think connections with other Black female friends [have] been so important to me.

One fairly common reference to the importance of other Black women in the lives of the participants was reflected in this statement: "I feel really blessed to have at different periods in my life women, and not always family members, who made themselves available to me."

Discrimination and ostracism occur often within racial/ethnic groups. As one participant suggested, institutional racism and intragroup racism are interrelated in that the effects of institutional racism are internalized. The participants readily described experiences of discrimination and ostracism in the workplace. One participant described an incident of intragroup racism that occurred at work and its effect on her: "My coworker suggested that I got my promotion because of my skin color. I was doubly hurt because I expected a sister to be happy for me. I thought if anybody in this place knew how hard I had to work to get this [promotion], she would." Another said, "I get a lot of flack from Black men in the workplace. I'm too aggressive, too independent. Its like give a sister a break." Intragroup racism directly assaults one's racial identity and self-esteem. It challenges the development of a healthy Black identity. According to Robinson (1996, p. 91), "The mainstream view of Black identity has a number of variants, but the basic model is that living in a racist White society where African Americans are viewed and treated as inferior leads African Americans to internalize negative beliefs and negative feelings about themselves and other Blacks." One participant noted, "I think Spike Lee did an excellent job with *School Daze* where they had the dynamics about good and bad hair . . . . I know that these issues are still playing out, what older people used to

call ‘color struck.’” The issue of intragroup racism surfaced in several of the focus-group sessions. For example, one light-skinned participant said:

I just want to feel at home with whomever I’m spending time with, whatever shade of person they are, because I know what it is like not to belong within either race . . . . Although people won’t let me be Black, I can say I am, but I better not say I’m biracial, you know. I still better say, I’m Black. I mean, this is very much my experience of intragroup racism.

Another participant stated, “I’m in a situation where I work around Caucasian people in one agency, but I also work with Black people in another agency. The criticism and judgment I get from Black people can also give you high blood pressure.” In the 1960s, African Americans projected a sense of racial pride that helped to combat the negative stereotypical beliefs regarding physical beauty. Nonetheless, all the women agreed with this participant, who said:

So light complexion, long hair, and obviously thin. That’s the other thing, but we also had conversations about “good” and “bad” hair. These are conversations we’ve had over the years about color, about hair texture, and all those things.

Developing a healthy Black racial identity is a lifelong process. As one participant said, “Things like this [intragroup racism] can destroy your self-esteem.” Another defined the struggle of the group by saying, “So we’ve got to deal with it from a standpoint of attracting the opposite sex and then being accepted within your own peer group.” The participants struggled to manage environmental and internal demands and conflicts. Even so, they coped.

### **Coping**

Moos (1992) suggested that approach coping reflects cognitive and behavioral efforts to master or resolve life stressors, while avoidant coping results in efforts to reject, diminish, or escape the stressful situation. The women in this study also described approach-coping responses to their problems by using positive appraisal or seeking guidance and support. One participant described her approach when confronted with a particularly stressful situation this way: “I had to use professional help first because some of the stuff that I was going through, people would just be like, ‘Oh girl, that’s just everyday life.’ or ‘You’re overexaggerating,’ and I’m just like no I’m not.” Others said: “I kind of like to get out and walk and have some quiet time by myself and kind of reflect on myself,” “Eat healthy and get enough rest,” and “Prioritize and be adequately prepared.” Finally, this participant’s coping mechanism provides insight into how most African American women manage stress: “I try to compartmentalize everything; that way, I manage the priorities. So I put things that are not so pressing on the back burner and sometimes just leave them there.”

Several studies have found that Blacks rely heavily on prayer and church attendance, both approach-coping methods, to deal with stressors. For example, Bacchus and Holley (2004) found that spirituality functioned as a resource for coping. The participants in our study talked about meditating, visualization, and getting spiritually focused during the day. Some common remarks from the participants were these: “I started out wanting to pray for about an hour, just to get myself spiritually focused and mentally prepared for the day”; “I was a little stressed in the sense that I didn’t get to spend as much time praying”; and “My foundation has been becoming . . . an active member of our church.”

Avoidance was also a common coping response among the participants. For instance, one participant stated, “I’m just avoiding . . . isolating, just being by myself, giving time to myself to watch TV. That’s how I have to unwind, and that happens like late at night.” The emotional responses to

work-related stress can be challenging, as this participant said: “I would get so angry I didn’t want to come into work. I would go home just angry all the time.” Thus, she was avoiding addressing her anger. Another said:

I just kind of push things to the side a lot. Because, I feel like what I’m going through, I’m sure someone else is going through a lot worse, so like why complain about it? Just get through it. It’s not really that big a deal. But what happens is, it starts to pile up.

Avoidant coping can be adaptive. Most of the participants agreed that ineffective coping responses were more stressful. Consequently, many of the participants decided, as did this one, “Making myself a priority, instead of living up to everyone else’s expectations” was a key ingredient to emotional and physical well-being. The participants agreed that implementing a variety of coping responses was the most effective way to minimize stress, as in the following comment: “I think it’s church. Sometimes it’s going to the gym, just working out, going for a walk or something. Sometimes it’s just talking to my mother.” It is interesting that a number of women described self-care as a coping response—a finding that has been identified in previous studies about Black women. The fact that it was mentioned by the participants in this study may be an artifact of their socioeconomic status. In the worst circumstances, the women were able to appraise the situation and respond effectively, as this participant said: “I’ve learned how to just let it go. When it’s overwhelming, just shut everything out. I mean like all the other stressors, they can wait.” Most of the participants used both forms of coping with stressful events. The effectiveness of a coping strategy depends on the extent to which it matches the situation. Often the coping response is defined by the environmental context, as one participant noted:

African Americans have established self-preservation or coping mechanisms that make us process situations very quickly, . . . but, because we’ve been labeled as aggressive or hostile or intimidating, we try to—or at least I try to—monitor what I say even though I can process it and have the answer . . . You don’t have to open your mouth, and you’re perceived as being hostile. I think that’s in every environment that I’ve been in, and it starts to wear on your psyche. You start questioning stuff. Am I really hostile?

Another participant said, “I’m just trying to pray on it. I swear. It’s the only way that I’ve dealt with the stressors that are in my face. And, other stressors, I just don’t deal with them.”

In short, the participants used approach-coping and avoidant-coping responses to manage stressful situations (e.g., family, work, time demands, significant others, and finances). They were more effective in dealing with stress when support was available from friends and family members and when incidents of intragroup racism were less frequently experienced.

### *Health and Mental Health Consequences*

The participants were aware of the physical and mental consequences of stress. One said, “I’ve learned how not to let those stressors just attack my body. I do the things that I need to do to stay healthy,” while another said, “Sleep deprivation. I think not having enough rest also affects my ability at home with family, in terms of patience.” Often the participants were so busy taking care of everyone else that they neglected themselves. As one participant said, “And we’re sort of like the last one to get our needs met.” African Americans rarely seek mental health services, and, as one participant stated, “My gynecologist said, ‘You’re not crazy.’ He said, ‘You need to see someone professional to tell you how to balance your life because your husband is busy.’” Another participant agreed, “I’m glad to hear somebody else say that they went to a therapist because like you said, we [African Americans] don’t usually admit we need help.”

More than half the participants experienced physical problems that were stress related. One participant said, "My hair fell out, so I started wearing an Afro wig." Another said, "I developed a severe case of hypertension and anxiety attacks. I had it [mental and physical problems] all." Another participant described emotional eating, "I never used to eat to reduce stress. But I find, in the past six months, that I am, and I don't like that." The participants noted both emotional and physical health concerns. As one said, "I'm in my early 20s, and I'm just trying to stay healthy. That's a struggle for me." The participants acknowledged the potentially damaging effects of stress on their physical and mental well-being and were making significant changes in the way they responded to stress. Even the simplest strategy of finding space to be alone worked for this participant: "Finding a quiet place to disarm the anger or whatever's gotten me to a point where I really feel like I'm angry works." In the final analysis, all the participants agreed with one participant's comment, "I like who I am and being who I am . . . I really just love me."

The participants used a variety of coping responses to manage stress. They attempted to control their reactions to stress by walking away, shifting, or simply praying. Many of them accepted what they could and could not control. In some instances, they faced stressors head on; in other situations, they were resigned to control the pace of the stressors.

## **Discussion**

We developed a midrange theory of Black women's stress and coping on the basis of the hypothesis that sociocultural factors, namely, race, gender, and social class, influence the stress experienced by these women and their ability to cope. This theory postulates that "racism and sexism are critical aspects of the social context" (D. Brown & Keith, 2003, p. 2) in which Black women experience increased demands on their time, role strain, and struggle to balance work and family and finances. Across all six focus groups, in spite of geographic location, racism and sexism emerged as a salient theme; the participants expressed powerful accounts of the consequences and dynamics of racism, as well as intragroup racism. Conceptually, the following themes: sources of stress, double jeopardy: racism and sexism, mediating factors, and coping are interrelated and were grouped into a theory of how the participants experienced and coped with everyday stressors. Racism and sexism, as contextual factors, directly affect the socioeconomic status of Black women, their access to resources, their opportunities for self-actualization, and the manner in which they manage stress—all of which may have detrimental effects on mental health (Hamilton-Mason, Hall, & Everett, in press). In this study, educational and socioeconomic status did not buffer the experiences of racism and sexism. Although similar findings have been noted in previous studies, the women who participated in this study were in many ways privileged; they had high levels of education and were middle-aged and middle class. No doubt, the socioeconomic status and educational level of these participants influenced their ability to evaluate a stressor adequately; the strategies that these women used to manage stressors were similar to those used by Black women who are less privileged.

It is interesting that when the participants were asked who or what demanded most of their time, they responded by describing people or things that were emotionally demanding, rather than the things that demanded more of their chronological time. Many also acknowledged that family and friends were major supports in their lives and often generated more stress as well. For some women, the interconnectedness among other Black women was a central component for moderating the effects of stress.

A surprising finding was that intragroup racism was both a moderating factor and a stressor. There is some evidence to suggest that attitudes toward racial identity that attribute racism to external factors protect against the negative impact of race-related stressors (Jones, Cross, & DeFour, 2007). Jones et al. 2007 found that multicultural identity attitudes reduce the impact of racist stressors on negative mental health. Conversely, intragroup racism can be stressful in that it challenges

one's right to be accepted by a racial peer group and one's racial identity and self-esteem. The negative effects of intragroup racism are perpetuated and reinforced by the larger society through the media's representation of the standards of beauty for women.

The coping strategies that the participants used, although categorized as either approach or avoidant, as theorized by Lazarus and Folkman (1984), included a number of self-improvement (i.e., education), self-care (i.e., date nights and exercising), approach (i.e., prayer), and avoidant strategies. Of particular significance were the findings regarding self-care in the form of exercise, because studies have already shown that there is a relationship between exercise and the reduced risk of physical ailments, such as hypertension and cardiovascular disease (D. Brown & Keith, 2003). Like other studies of Black women, spirituality or prayer was cited regularly as a coping response. Even avoidant coping can be an effective coping response for certain stressors, as Pearlin and Schooler (1978) reported. Regardless of the coping response, these women recognized the potential consequences of stress on their health, psychological well-being, and emotional stability.

## Limitations and Implications of the Study

Generalizability is considered a limitation of qualitative studies; however, the use of focus groups in three different locations and the sample size resulted in rich, experience-near data. It was this cohesion and sense of support that added credence to the findings. Another limitation was that the sample was skewed toward highly educated, middle-aged, and middle-income Black women. Finally, the lack of a comparative analysis across geographic sites may be considered a limitation.

The implications for practice of the findings underscore the continuing significance of racism and sexism in the everyday lives of Black women. Working with Black women in clinical settings requires cultural competence to minimize barriers to the use of effective treatment, to facilitate the development of trust and rapport, to increase open communication regarding culturally based cues, and to establish effective therapeutic alliances with Black women. Clinicians must be willing to explore how Black women interpret the pervasive subtleties of racism that are imposed by society, as well as within racial groups, and their effects on the women's mental health. They must also be able to assess the women's help-seeking behaviors, use of familial resources and other female mentors, and the degree to which these support networks help or hinder the development of positive mental health outcomes. Practitioners must be willing to acknowledge and support the various forms of the resilience exhibited by their Black female clients. Future research could examine the extent to which socioeconomic status is a protective factor for Black women and whether the types of stressors vary among Black women across the life cycle.

## Declaration of Conflicting Interests

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## References

- Amodeo, M., Griffin, M., Fassler, I., Clay, C., & Ellis, M. (2007). Coping with stressful events: Influence of parental alcoholism and race in a community sample of women. *Health and Social Work, 12*, 247-257.
- Bacchus, D., & Holley, L. (2004). Spirituality as a coping resource: The experiences of professional black women. *Journal of Ethnic & Cultural Diversity, 13*, 65-84.
- Belle, D. (1982). *Lives in stress: Women and depression*. Beverly Hills, CA: SAGE.
- Brown, D., & Keith, V. (Eds.). (2003). *In and out of our minds*. NY: Columbia University Press.

- Brown, K., Parker-Dominguez, T., & Sorey, M. (2000). Life stress, social support, and well being among college-educated African American women. *Journal of Ethnic and Cultural Diversity in Social Work, 9*, 55-73.
- Denzin, N., & Lincoln, Y. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: SAGE.
- Hamilton-Mason, J., Hall, J. C., & Everett, J. (in press). And some of us are braver: Stress and coping among African American women 18–55 years of Age. *Journal of Human Behavior in the Social Environment*.
- Jones, C., & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America*. NY: HarperCollins.
- Jones, H., Cross, W., & DeFour, D. (2007). Race-related stress, racial identity attitudes, and mental health among black women. *Journal of Black Psychology, 33*, 208-231.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. NY: Springer.
- McCallum, D., Arnold, S., & Bolland, J. (2002). Low-income African-American women talk about stress. *Journal of Social Distress and the Homeless, 11*, 249-263.
- Moos, R. (1992). Stress and coping theory and evaluation research: An integrated perspective. *Evaluation Review, 16*, 534-553.
- Patton, M. (2002). *Qualitative evaluation and research methods* (3rd ed.). Thousand Oaks, CA: SAGE.
- Pearlin, L. (1996). Some conceptual perspectives on the origins and prevention of social stress. In H. Kaplan (Ed.), *Psychosocial stress: Perspectives on structure, theory, life-course, and methods* (pp. 157-191). San Diego, CA: Academic Press.
- Pearlin, L., Menaghan, E., Lieberman, M., & Mullan, J. (1981). The stress process. *Journal of Health and Social Behavior, 22*, 337-356.
- Pearlin, L., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19*, 2-21.
- Robinson, L. (1996). *Psychology for social workers: Black perspectives*. NY: Routledge.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: SAGE.
- Terhune, C. (2007). Coping in isolation: The experiences of black women in white communities. *Journal of Black Studies, 38*, 547-564.

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