

RACIAL DISCRIMINATION, CULTURAL COPING, AND MENTAL HEALTH AMONG
BLACK WOMEN

by

BRIANA NICOLE SPIVEY

(Under the Direction of Justin A. Lavner)

ABSTRACT

Racism is a chronic stressor that negatively impacts the well-being and health of Black Americans. This dissertation project aimed to further understand the impact of Black women's experiences of racism and the potential role of cultural coping in Black women's health outcomes. The first study examined whether there were indirect effects between experiences of racial discrimination and health (i.e., depression, sleep quality, and emotional eating) through John Henryism, a cultural coping response that emphasizes strength, among middle-aged Black women. Results indicated that discrimination was associated with sleep problems and emotional eating, but there were no indirect effects through John Henryism. The second study examined John Henryism as well as the Strong Black Woman (SBW) schema, a cultural expectation for Black women to exhibit strength, determination, emotional suppression, and excessive caregiving, as potential explanatory variables in the relationship between Black undergraduate women's experiences of gendered racism and health outcomes (i.e., depression, anxiety, stress, and sleep quality). Gendered racism was associated with depression, anxiety, and stress. There

were no significant indirect effects through John Henryism but there were through the SBW schema, such that with increased experiences of gendered racism, women endorsed more internalization of the SBW schema and increased depression and increased stress symptoms. Taken together, the results from these studies reveal the negative health outcomes associated with experiences of racial discrimination among Black women. Additionally, results from Study 2 highlight the significance of cultural coping responses such as the SBW schema among Black women in response to racial discrimination. More broadly, these studies underscore the need to use an intersectional approach to understand Black women's coping in response to race-based stress and the impact of racism on their health and well-being.

INDEX WORDS: Black women; racism; cultural coping; John Henryism; Strong Black Woman schema; resilience; health

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DEDICATION

“Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare”

–Audre Lorde

This dissertation is dedicated to all the Black girls and women who are taught to be strong. You are seen, you are loved, and I hope one day we all find the courage to be strong on our own terms.

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CHAPTER 1

GENERAL INTRODUCTION

Mental and physical health inequities among Black women remain a significant public health concern. Black women have higher rates of health conditions such as breast cancer and heart disease that have negative implications for their overall well-being (Taylor & Holden, 2009; Williams, 2002), as well as shorter life expectancies and higher rates of maternal mortality compared to other U.S. women (CDC, 2019; National Center for Health Statistics, 2019). Black women also endure chronic conditions such as anemia, cardiovascular disease (CVD), and obesity that significantly impact their lives at higher rates (Chinn et al., 2021). Similarly concerning patterns have been documented for Black women's mental health. For example, there has been a notable increase in suicide among Black women. Specifically, from 1999 to 2019, rates of suicide have increased from 2.5% to 4.3% among Black women (CDC, 2020). Compared to Black men (2.5%), Black women's rate of severe psychological distress is 4.7% (CDC, 2020). Research has also found that Black women experience higher levels of post-traumatic stress and those with a diagnosed anxiety disorder tend to report more acute and debilitating symptoms than their White counterparts (Erving et al., 2019; Himle et al., 2009).

As health inequities persist among Black women, there is a significant call to understand the impact of institutional, cultural, and individual level forms of racism on their health and well-being (Brondolo et al., 2009; Harrell, 2000). Racism is generally defined as the attitudes, beliefs,

and behaviors that are used as justification for the oppression of those deemed inferior based upon phenotypical characteristics (Clark et al., 1999; Neblett, 2019). Many scholars have worked to highlight the multilevel construct of racism and the ways in which it impacts institutions, culture, and individuals (Harrell, 2000; Sue et al., 2007). Several scholars have examined the relationship between experiences of racism and health outcomes among Black Americans (Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Utsey et al., 2000). Specifically, as Black Americans report more racist encounters, they report more psychological distress, posttraumatic symptoms, and anxiety and depression (Woods-Giscombé & Lobel, 2008).

Research has begun to utilize an intersectional lens to examine the unique discriminatory experiences faced by Black women. Gendered racism is a phenomenon that reflects the simultaneous and compounding effect of oppression as a result of Black women's race and gender (Essed, 1991; Lewis & Neville, 2015). Previous research has acknowledged the negative sequelae associated with experiences of gendered racism (Lewis & Neville, 2015; Szymanski & Lewis, 2016; Thomas et al., 2008; West et al., 2010). Through considering the importance of Black women's Blackness and femaleness, gendered racism provides more insight into the negative consequences associated with race and gender-based discrimination (Lewis et al., 2017).

In understanding these patterns, it is important to consider how Black Americans and Black women in particular respond to experiences of racism. Lazarus and Folkman (1984) developed the transactional stress model to highlight that in response to stressful events, individuals assess the event and then determine ways to cope. It is hypothesized that Black Americans may utilize different coping strategies in response to experiencing racism compared to when they experience more general life stress (Brown et al., 2011; Hoggard et al., 2012).

Clark and colleagues (1999) further developed the transactional stress model by highlighting the importance of coping when Black Americans experience racism. Their biopsychosocial model posits that there are different implications for health depending on whether an adaptive or maladaptive coping strategy is used. Specifically, if a Black American utilizes a maladaptive coping strategy, there is an increased likelihood for negative health outcomes. Conversely, with the use of an adaptive coping strategy, there is protection from negative health outcomes.

Few studies have examined the potential mediating role that coping may play in the link between discrimination and health outcomes among marginalized groups (Pascoe & Smart Richman, 2009). Additionally, much of the literature examining coping among Black women has considered racism or sexism separately; few studies have examined coping as a mediator between gendered racism and health outcomes among Black women (Lewis et al., 2013; Moody et al., 2023; Thomas et al., 2008; Volpe et al., 2023). More research is needed to examine the role of cultural constructs as coping strategies and the role of these strategies in linking racism (including gendered racism) to negative health outcomes among Black women.

To address these gaps in the literature, this dissertation will examine links between racial discrimination, two cultural coping mechanisms (John Henryism and the Strong Black Woman (SBW) schema), and health among Black women. Study 1 will use data from middle-aged Black women to examine associations between experiences of racism, John Henryism, and depression, sleep problems, and emotional eating. Study 2 will examine links between gendered racism, John Henryism, SBW, and depression, anxiety, stress, and sleep quality among college-aged Black women. Both studies will use structural equation modeling to test hypothesized indirect pathways from experiences of racial discrimination to health through cultural coping. The proposed studies will provide novel information about the role of cultural coping in linking

Black women's experiences of racism with their health, furthering efforts to better understand inequities in health among Black women.

References

- Brondolo, E., Gallo, L. C., & Myers, H. F. (2009). Race, racism and health: Disparities, mechanisms, and interventions. *Journal of Behavioral Medicine*, 32, 1-8.
<https://doi.org/10.1007/s10865-008-9190-3>
- Brown, T. L., Phillips, C. M., Abdullah, T., Vinson, E., & Robertson, J. (2011). Dispositional versus situational coping: Are the coping strategies African Americans use different for general versus racism-related stressors? *Journal of Black Psychology*, 37(3), 311–335.
<https://doi.org/10.1177/0095798410390688>
- Centers for Disease Control and Prevention. (2019). *Infographic: Racial/ethnic disparities in pregnancy-related deaths—United States, 2007–2016*.
<https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>
- Centers for Disease Control and Prevention. (2020). *National Center for Health Statistics, 2020*.
<https://www.cdc.gov/nchs/fastats/suicide.htm>
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805-816.
<https://psycnet.apa.org/doi/10.1037/0003-066X.54.10.805>
- Erving, C. L., Thomas, C. S., & Frazier, C. (2019). Is the Black–White mental health paradox consistent across gender and psychiatric disorders? *American Journal of Epidemiology*, 188(2), 314–322. <https://doi.org/10.1093/aje/kwy224>

- Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory* (Vol. 2). Sage Publications.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1), 42-57. <https://doi.org/10.1037/h0087722>
- Himle, J. A., Baser, R. E., Taylor, R. J., Campbell, R. D., & Jackson, J. S. (2009). Anxiety disorders among African Americans, Blacks of Caribbean descent, and non-Hispanic Whites in the United States. *Journal of Anxiety Disorders*, 23(5), 578-590. <https://doi.org/10.1016/j.janxdis.2009.01.002>
- Hoggard, L. S., Byrd, C. M., & Sellers, R. M. (2012). Comparison of African American college students' coping with racially and non- racially stressful events. *Cultural Diversity and Ethnic Minority Psychology*, 18(4), 329–339. <https://doi.org/10.1037/a0029437>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping* (1st ed.). Springer.
- Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the Gendered Racial Microaggressions Scale for Black women. *Journal of Counseling Psychology*, 62(2), 289–302. <https://doi.org/10.1037/cou0000062>
- Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, 64(5), 475-486. <https://doi.org/10.1037/cou0000231>
- Moody, A. T., Lewis, J. A., & Owens, G. P. (2023). Gendered racism, coping, and traumatic stress among Black women: The moderating roles of the Strong Black Woman schema

- and womanist attitudes. *Psychology of Women Quarterly*, 47, 197-212.
<https://doi.org/10.1177/03616843221143752>
- National Center for Health Statistics. (2019). *Health, United States, 2018*.
<https://www.cdc.gov/nchs/data/hus/hus18.pdf>
- Neblett, E. W. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, 25, 12-20.
<http://doi.org/10.1037/cdp0000253>
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554.
<https://doi.org/10.1037/a0016059>
- Szymanski, D. M., & Lewis, J. A. (2016). Gendered racism, coping, identity centrality, and African American college women’s psychological distress. *Psychology of Women Quarterly*, 40(2), 229–243. <https://doi.org/10.1177/0361684315616113>
- Taylor, S. & Holden, K. (2009). The health status of Black women. In R. L. Braithwaite, S. Taylor, and H. Treadwell, (Eds). *Health issues in the Black community, 3rd Edition* (pp. 55-72). Jossey-Bass.
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology*, 14(4), 307-314. <https://doi.org/10.1037/1099-9809.14.4.307>
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78, 72-80. <https://doi.org/10.1002/j.1556-6676.2000.tb02562.x>

- Volpe, V. V., Ross, J. M., Collins, A., Spivey, B. N., Watson-Singleton, N. N., Goode, R. W., Hoggard, L. S., & Woods Giscombé, C. L. (2023). Gendered racial microaggressions and emotional eating for Black young adult women: The mediating roles of Superwoman Schema and self-compassion. *Psychology of Women Quarterly*. Advance online publication. <https://doi.org/10.1177/03616843231182913>
- Williams, D. R. (2002). Racial/ethnic variations in women's health: The social embeddedness of health. *American Journal of Public Health, 92*(4), 588-597. <https://doi.org/10.2105/ajph.92.4.588>
- West, L. M., Donovan, R. A., & Roemer, L. (2010). Coping with racism: What works and doesn't work for Black women? *Journal of Black Psychology, 36*(3), 331-349. <https://doi.org/10.1177/0095798409353755>
- Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: A multidimensional approach to conceptualizing and measuring stress in African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(3), 173-182. <https://doi/10.1037/1099-9809.14.3.173>

**STUDY 1: RACIAL DISCRIMINATION, JOHN HENRYISM, AND HEALTH AMONG
BLACK WOMEN¹**

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Abstract

Racism is a chronic stressor commonly experienced by Black Americans (Lee et al., 2019). Experiences of racism have been shown to lead to negative health outcomes, such as depression and poor health status (Pieterse et al., 2012; Williams et al., 2003). Among Black women, experiences of racism are common and have negative implications for their well-being (Allen et al., 2019; Bronder et al., 2014). Clark and colleagues (1999) posit that a potential mediating factor between experiences of racism and health outcomes is coping. Black Americans utilize general and culturally-relevant coping responses. Therefore, the current study sought to examine whether there were indirect effects from experiences of racial discrimination to health (i.e., depression, sleep problems, and emotional eating) among 217 middle-aged Black women ($M_{age} = 42.55$) through John Henryism, a cultural coping response that prioritizes high effort coping. Results indicated that racial discrimination was significantly positively associated with sleep problems and emotional eating. Counter to hypotheses, however, there were no indirect effects through John Henryism, nor was there evidence that John Henryism moderated the aforementioned associations. These findings suggest that John Henryism may not serve as an explanatory nor moderating variable in the relationship between experiences of racism and worsened health outcomes, and call for further research into the role of cultural coping in response to race-based stress.

Introduction

Experiences of racism are common in the lives of Black Americans. Lee and colleagues (2019) reported in their sample of Black Americans that 69.5% experienced discrimination occasionally or frequently. Among another national sample of Black adults, 63% identified racism and 60% identified police brutality as the most significant problems for Black people in the United States (Pew Research Center, 2022). Racism exists across three interconnected levels: institutional, interpersonal, and cultural (Cénat, 2023; Jones, 1997). Institutional racism manifests in the form of policies and practices within institutions such as higher education and legislation that disproportionately impact the experiences of Black communities. Cultural racism stems from negative stereotypes (e.g., “lazy,” Mammy, Sapphire) that are portrayed about Black communities through outlets such as the media. Interpersonal racism is defined as behaviors by the “dominant racial group intended to harm and diminish members of racially marginalized groups” (American Psychological Association, 2021). Although there have been decreases in overt forms of interpersonal racism such as segregation and denying people of color’s right to vote (West et al., 2010), research has noted an increase in more subtle forms of interpersonal racism, known as covert racism. Covert racism includes forms of racial discrimination such as microaggressions, which are subtle, brief, everyday insults toward people of color due to their belonging in a racial minority group (e.g., saying someone is attractive for their race; Sue et al., 2007; Dovidio et al., 2002).

Experiencing racism is associated with negative sequelae. For example, Williams and colleagues (2003) reported that discrimination and racism are associated with poor health status, with the worst impact on mental health. A robust relationship between depression, anxiety, and

experiences of racism has been reported in the literature (Pieterse et al., 2012; Landrine & Klonoff, 1996). Specifically, Pieterse and colleagues' (2012) meta-analysis demonstrated that with greater exposure to and appraisal of racist events as stressful, there is an increased likelihood for reporting mental distress. Upon comparing the impact of racism on physical health and mental health, the relationship between racism and poor mental health is significantly larger than that between racism and poor physical health (Paradies et al., 2015).

Among Black women specifically, experiences of racism are common and have been shown to have a significant negative impact on their well-being (Allen et al., 2019; Bronder et al., 2014). Black women report experiencing racism within institutions as well as culturally (Greer, 2010; West, 2004). However, much of the adverse psychological impact reported by Black women stems from experiences of interpersonal racism. For example, Greer and colleagues (2009) measured cultural (e.g., "You seldom hear or read anything positive about Black people on radio, TV, in newspapers, or history books"), institutional (e.g., "You were refused an apartment or other housing; you suspect it was because you're Black"), and interpersonal racism (e.g., "Whites/non-Blacks have stared at you as if you don't belong in the same place with them") and examined associations with mental health. Results indicated that as Black women experienced more instances of interpersonal racism, reports of anxiety and obsessive-compulsive symptoms increased; conversely, cultural and institutional racism were not significantly associated with mental health symptoms. Thus, it is important to attend to Black women's experiences of interpersonal racism.

Coping Responses to Racial Discrimination

Lazarus and Folkman (1984) describe coping as an individual's use of cognitive and behavioral resources to manage stressors within their environment. Coping exists along a

dimension ranging from adaptive to maladaptive (Nielsen & Knardahl, 2014). Adaptive coping (e.g., problem-solving) are behaviors and cognitions that help mitigate the impact of a stressor, whereas maladaptive coping (e.g., avoidance, rumination) are strategies that exacerbate the negative outcomes associated with a particular stressor.

Research on coping styles used by Black Americans has distinguished between dispositional coping and situational coping (Brown et al., 2011). Dispositional coping is defined as coping behaviors that are used to respond to general life stressors (e.g., death of a loved one, divorce), whereas situational coping is a coping style that is used within specific contexts and situations (David & Suls, 1999). In light of Black Americans' frequent exposure to racial stressors, there has been an increased focus on understanding how they respond to and cope with experiences of racial discrimination (i.e., a form of situational coping). For example, Clark and colleagues (1999) emphasized the significance of coping in their biopsychosocial model of racism, suggesting that maladaptive coping behaviors could be one potential mediating variable for the relationship between racism and negative sequelae. Black Americans' coping strategies include both general strategies (e.g., mindfulness) as well as culturally-relevant coping strategies (e.g., ritual-centered coping such as lighting incense; Utsey et al., 2000) that are typically passed from generation to generation as a result of similar experiences and societal contexts (James, 1994; Utsey et al., 2007).

John Henryism

One cultural style adopted by Black individuals is John Henryism. John Henryism is based on the folklore about the Black steel driver John Henry. In the folklore, John Henry defeats a steam-powered drill in a steel-driving race only to collapse upon his win (Williams, 1983). Thus, the story of John Henry highlights the relationship between high effort coping and

negative psychophysiological consequences. As a psychological construct, John Henryism is similarly defined as the high-effort psychological response to psychosocial stressors used in the face of constant exposure to stress, including racialized stress (James, 1994). We might thus expect that experiencing higher levels of racial discrimination would be associated with higher levels of John Henryism. Conceptually, John Henryism is related to the Strong Black Woman schema (Perez et al., 2023) in that it emphasizes the importance of strength in managing life stressors. The idea of strength for Black women is important for their identity development but simultaneously increases their vulnerability for experiencing adverse health outcomes (Beauboeuf-Lafontant, 2007; Jones et al., 2021; Woods-Giscombé, 2010).

Research examining the impact of John Henryism has highlighted it as both a risk and protective factor for Black Americans. A majority of the research examining the implications of John Henryism on physical health outcomes has been conducted with samples including both African American men and women (Angner et al., 2011; Cuffee et al., 2020; Hudson et al., 2016), with few studies having examined John Henryism among samples of only women (Bronder et al., 2014; Perez et al., 2023; Stevens-Watkins et al., 2016). Previous literature examining physical health outcomes among Black men and women has reported that the internalization of John Henryism leads to increased risk for hypertension and cardiovascular disease (Bennett et al., 2004; James et al., 1994; James et al., 1983). Conversely, upon examining mental health outcomes, previous research has highlighted that internalization of John Henryism may serve as a protective factor associated with better outcomes. For example, studies have reported that among Black Americans with elevated endorsement of John Henryism, there was improved mental health (Hudson et al., 2016; Kiecolt et al., 2009). Bennett and colleagues (2004) hypothesized that John Henryism encourages mental strength and perseverance which

could be helpful during stressful times. Bronder and colleagues (2014) found that among a sample of Black women, internalization of John Henryism was negatively related to depressive symptoms, such that women who internalized John Henryism reported significantly less depressive symptomatology. However, not all findings regarding mental health are consistent with these patterns. John Henryism was positively associated with psychological distress among a sample of 208 African American women (Perez et al., 2023). Additionally, Stevens-Watkins et al. (2016) found that higher scores on the John Henryism measure were associated with a reduced likelihood of participation in substance abuse treatment among a sample of Black women who used illicit drugs in the past year.

These mixed findings suggest that John Henryism can be a coping style associated with better health outcomes or one associated with poorer health outcomes. Arguably, due to the constant exposure of racism that Black women experience, there is a need for them to exert significant energy and attention in order to manage this stressor. According to the weathering hypothesis, the use of high-effort coping mechanisms in response to social or economic adversity increases the likelihood of early health deterioration (Geronimus et al., 2006). Thus, with heightened use of a high-effort coping strategy like John Henryism, it seems likely that Black women would report more negative health outcomes as they engage with this coping strategy.

Present Study

Further research is needed to elucidate the associations between race-related stress, cultural coping strategies, and health outcomes among Black women. Accordingly, the present study examines linkages between Black women's experiences of racial discrimination, John Henryism, and several health outcomes (depressive symptoms, sleep difficulties, emotional eating). I hypothesize the following:

- 1) Experiencing more racial discrimination will be associated with increased depressive symptoms, increased sleep difficulties, and greater emotional eating.
- 2) Experiencing more racial discrimination will be associated with more endorsement of John Henryism.
- 3) Greater endorsement of John Henryism will be associated with increased depressive symptoms, increased sleep difficulties, and greater emotional eating.
- 4) There will be a significant indirect effect from experiences of racial discrimination through John Henryism to negative health outcomes (depressive symptoms, sleep difficulties, emotional eating).

The present study will be the first to my knowledge to examine John Henryism as a potential mechanism linking racial discrimination and mental health outcomes among Black women.

Although I am hypothesizing that John Henryism will serve as a pathway through which racial discrimination predicts health, I will also conduct sensitivity analyses to examine whether John Henryism instead serves as a moderator that intensifies the association between racial discrimination and health (e.g., such that increased endorsement of John Henryism would strengthen the relationship between experiences of racial discrimination and negative health outcomes). An increased understanding of the role of cultural coping constructs such as John Henryism among Black women can inform interventions aimed at supporting their health and well-being.

Method

Participants and Procedures

Participants were a sample of 217 Black women ($M_{\text{age}} = 42.55$, $SD = 7.09$) from the Protecting Strong African American Families (ProSAAF) project, a randomized prevention trial

intending to reduce spillover effects of stress on African American families. The program was designed to examine and meet the needs of two-parent Black families in the rural South raising preadolescent and adolescent youth (see Barton et al., 2018 for more detail about ProSAAF). The ProSAAF program consisted of six sessions focused on couple functioning, coparenting, youth development, and parent-child relationship quality. Intervention condition did not significantly predict any of the variables used in the present study (all $p > .05$) and thus was not considered further in analyses.

The current sample comes from Wave 5 of the study, which is a six-year follow-up assessment, and the first time John Henryism was assessed. Participants completed the measures on laptop computers during home visits by project staff. At Wave 5, approximately 80% of the women in the sample reported currently being in a romantic relationship ($n = 175$). Of those in a relationship, 77% reported being in a relationship with a male, 3.7% with a female, and 19.7% did not report their partner's gender; 58.1% were married and living with their partner. Most (72.4%) of the women were currently employed. Just under half (47%) reported receiving government assistance. About one-third (31.3%) reported their highest level of education being a GED or high school graduate. This project was approved by the university's Institutional Review Board.

Measures

Racial Discrimination

Participants' experiences with perceived racial discrimination were assessed using 13 items adapted from the Schedule of Racist Events (SRE; Landrine & Klonoff, 1996). The scale asks participants to report the frequency for which they have experienced various racial stressors (sample items: "How often have you encountered people who are surprised that you, given your

race or ethnic background, did something really well?” “How often have the police hassled you just because of your race or ethnic background?”) in the past year. Responses were provided using a four-point Likert scale (1 = *never* to 4 = *frequently*) and summed such that higher scores indicated more frequent experiences of racial discrimination. Previous research utilizing the SRE has reported internal consistency values between 0.92 and 0.95 (Jones et al., 2007; Landrine & Klonoff, 1996). Cronbach’s alpha in the current study was excellent ($\alpha = .90$).

John Henryism

The John Henryism Active Coping Scale (JHAC-12; James, 1994) was used to assess John Henryism. The scale is 12-item self-report measure with responses on a five-point Likert Scale, where 1 = *completely false* and 5 = *completely true*. Sample items include “Hard work has really helped me get ahead in life” and “Once I make up my mind to do something, I stay with it until the job is done.” Scores are summed with higher scores indicating more internalization of John Henryism. Acceptable to good internal consistency estimates have been found for the measure across studies ($\alpha = 0.79-0.87$; Angner et al., 2011; Bronder et al., 2014). The current study established good internal consistency ($\alpha = 0.85$).

Depressive Symptoms

The Center for Epidemiological Studies Depression (CES-D; Radloff, 1977) was used to assess depressive symptoms. The CES-D is a self-report measure that examines the affective and somatic symptoms that have been linked to depression (sample items: “How often did you think your life was failure?”; “How often did you feel like not eating; had a poor appetite?”). The CES-D consists of 20-items rated on 4-point Likert scale ranging from 0 (*Rarely or none of the time*) to 3 (*Most or almost all of the time*). Scores can range from 0 to 60 with higher scores indicating greater depressive symptoms. Previous research has established good to excellent

internal consistency in samples of Black women ($\alpha = 0.91$, Abrams et al., 2019; $\alpha = 0.84$, Hawkins et al., 2015). Cronbach's alpha for the current study was 0.78.

Sleep Problems

Sleep difficulties were assessed using the Medical Outcomes Study (MOS) Sleep Scale (Spritzer & Hayes, 2003). The MOS Sleep Scale is a 12-item measure that assesses 6 domains of sleep: sleep disturbance (e.g., ability to fall and stay asleep), sleep adequacy (e.g., sleeping enough to feel restored and rested), sleep quantity (e.g., number of hours sleep), somnolence (e.g., daytime sleeping), snoring, and shortness of breath/headache. For each question there is a different response set. Sample items include "How often did you get enough sleep to feel rested in the morning" and "How often did you snore during the week?" Across each scale, higher scores indicate worse sleep problems; 9 items from the scale are used to create a sleep problems index. Previous research has reported the internal consistency of this measure ranging between 0.64-0.84 (Cappelleri et al., 2009; Rejas et al., 2007). Cronbach's alpha for the current study was 0.70.

Emotional Eating

Engagement in emotional eating was assessed using the Emotional Eating Scale (EES; Arnow et al., 1995). The EES assesses the intensity of people's mood and the relationship to eating using 11 items on a 5-point Likert scale. Items assess how much a specific feeling (e.g., frustrated, excited, and discouraged) made the respondent want to eat. The Likert scale ranges from 0 (*I have no desire to eat*) to 4 (*I have a very strong desire to eat*). Previous research has demonstrated good internal consistency ($\alpha = 0.81$, Arnow et al., 1995). The current study's Cronbach's alpha was excellent ($\alpha = 0.90$).

Analytic Plan

To test hypotheses 1-3, correlational analyses were conducted in SPSS (Version 29; IBM, 2023) to examine associations between racial discrimination, John Henryism, and the three mental health variables (depressive symptoms, sleep difficulties, and emotional eating). To test hypothesis 4, structural equation modeling (SEM) in R Studio (R Studio Team., 2023) was utilized to examine indirect effect pathways. Specifically, a path model was run examining experiences of racism as the predictor, John Henryism as the mediator, and the outcome variables of depressive symptoms, sleep difficulties, and emotional eating. The exploratory moderation analyses were conducted in SPSS using the PROCESS macro (Hayes, 2017).

Results

Descriptive statistics for and correlations among study variables are provided in Table 1. I first examined associations between racial discrimination and the various health outcomes. Correlational analyses revealed a significant positive relationship between experiences of racial discrimination and sleep problems ($r(176) = .21, p < 0.05$) and between racial discrimination and emotional eating ($r(215) = .15, p < 0.05$), indicating that with increased experiences of racial discrimination there was more difficulty sleeping and more emotional eating. There was not a significant association between racial discrimination and depression ($r(215) = .13, p = 0.055$), although effects were in the expected direction. Therefore, Hypothesis 1 was partially supported.

Next, I examined whether racial discrimination was associated with endorsement of John Henryism. Correlational analyses indicated these were not significantly associated ($r(215) = -.05, p = .48$), inconsistent with Hypothesis 2. I then examined associations between John Henryism and depression, sleep problems, and emotional eating. John Henryism was not significantly associated with any of these health outcomes (depression $r(217) = -.01, p = .87$; sleep problems $r(176) = -.13, p = .08$; emotional eating $r(215) = -.09, p = .21$), inconsistent with Hypothesis 3.

Hypothesis 4 was that there would be a significant indirect effect from racial discrimination to health (i.e., depression, sleep problems, or emotional eating) through John Henryism. However, path analyses revealed that there were not significant indirect effects for depression ($ab = 0.003$, $SE = 0.009$, 95% CI [-0.016, 0.21]), sleep problems ($ab = 0.015$, $SE = 0.001$, 95% CI [-0.017, 0.02]), or emotional eating ($ab = 0.006$, $SE = 0.012$, 95% CI [-0.019, 0.032]).

As a final step and sensitivity analysis, I examined the possibility that John Henryism would instead serve as a moderator of the relationship between experiences of racial discrimination and the aforementioned health outcomes. These analyses indicated that John Henryism did not significantly moderate any of these associations (depression $R^2 = .018$, $\Delta R^2 = .001$, $F(1, 213) = .24$, $p = .62$; sleep problems $R^2 = .07$, $\Delta R^2 = .007$, $F(1, 174) = 4.25$, $p = .25$; emotional eating $R^2 = .29$, $\Delta R^2 = .002$, $F(1, 213) = .45$, $p = .50$).

Discussion

Along with mundane life stress, Black Americans experience an additional unique stressor, racism (Harrell, 2000), which has been linked to negative physical and mental health outcomes (Carter, 2007; Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Williams et al., 2019). According to the biopsychosocial model of racism, coping styles influence the “magnitude and duration” of responses to experiences of racial discrimination (Clark et al., 1999, p. 809). Specifically, Clark and colleagues (1999) argue that maladaptive coping responses exacerbate negative outcomes in response to racial discrimination whereas adaptive coping responses lessen negative outcomes. The current study sought to examine the role of one specific cultural coping mechanism—John Henryism—among Black women. Specifically, we examined

associations between experiences of racial discrimination, John Henryism, and several health outcomes (depressive symptoms, sleep difficulties, and emotional eating).

Racial discrimination was significantly positively associated with sleep problems and emotional eating, as predicted. Accordingly, women experiencing more discrimination reported more sleep difficulties and increased engagement in emotional eating. These findings are consistent with previous research highlighting that increased exposure to racial discrimination is associated with increased negative sequelae among Black women (Banks et al., 2006; Moradi & Subich, 2003). There was no support for the remaining study hypotheses. Analyses revealed no association between experiences of racial discrimination and John Henryism, indicating that women reporting more racial discrimination did not report higher (or lower) levels of John Henryism relative to women experiencing less racial discrimination. This result was inconsistent with our second hypothesis that women reporting higher levels of racial discrimination would report higher levels of John Henryism. Additionally, there were non-significant associations between endorsement of John Henryism and depression, sleep difficulties, and emotional eating, counter to our third hypothesis that with increased engagement in John Henryism there would be significantly increased depressive symptoms, emotional eating, and sleep difficulties. Given these patterns, there was also no evidence for my fourth hypothesis that there would be a significant indirect effect from elevated racial discrimination to poorer health outcomes through higher John Henryism.

There are several possible explanations for these non-significant findings. One potential explanation for the non-significant association between racial discrimination and John Henryism is that Black Americans use a variety of cultural coping responses after experiencing racism (Clark et al., 1999). There are two types of coping strategies that have been studied as responses

to general and race-related stress: dispositional and situational. Dispositional coping strategies are those that are used to manage general stressors whereas situational coping strategies are those that are utilized in specific stressful situations, such as in response to experiences of racism (Smith & Dust, 2006; Smith et al., 2008). Brown and colleagues (2011) reported that when coping with experiences of racism, Black women activate situational coping strategies (e.g., using religion or venting) instead of dispositional coping strategies (Moos & Holahan, 2003; Nuru-Jeter et al., 2009). John Henryism emphasizes the importance of strength and resilience in order to manage everyday psychosocial stressors (James, 1983), suggesting that it may be more of a dispositional coping strategy. Therefore, it is possible that the women in this sample relied on John Henryism as a dispositional coping strategy in response to everyday life stressors rather than as a situational-coping strategy in response to experiences of racial discrimination. This hypothesis should be tested in future research.

With regard to the unexpected non-significant associations between John Henryism and health difficulties, there have yet to be clear patterns in the literature regarding these associations. On one hand, John Henryism has been positively associated with high blood pressure and cardiovascular disease (Bennet et al., 2004; James et al., 1994; James et al., 1983), suggesting it is associated with worse physical health. On the other, some research has demonstrated that with increased internalization of John Henryism, there are improvements in mental health (Hudson et al., 2016; Kiecolt et al., 2009). For example, among a low SES sample, John Henryism was hypothesized to encourage mental strength and a determination to succeed, which can be helpful in stressful situations (Bennett et al., 2004). Further work is needed to understand under what circumstances John Henryism is associated with health among Black women.

As a final step and sensitivity analysis, I examined whether John Henryism instead functioned as a moderator of the association between experiences of discrimination and health outcomes. These analyses revealed no significant moderation, such that John Henryism did not strengthen or weaken the relationship between experiences of racial discrimination and health. These findings suggest that John Henryism did not intensify the effects of higher levels of racial discrimination on these women's negative health outcomes, nor did it buffer these effects. It may be that greater engagement in situational coping strategies such as relying on social supports and engaging in religious practices (Pieterse et al., 2010; Thomas et al., 2008) would instead mitigate the impact of racism on Black women's health. Future research should examine the role of situational cultural coping strategies utilized by Black women to manage the impact of racism and other situational stressors.

Limitations & Future Directions

The current study's findings should be considered within the context of its limitations. First, the study was cross-sectional. Future work should examine the potential role of John Henryism as a potential mediator and moderator over time using both short (e.g., daily diary) and long-term longitudinal designs to allow for a more robust analysis. Second, the various health indicators were all self-report measures in which women could have underreported or overreported their symptoms. Biomarker data would be useful for examining health outcomes and should be tested in future research. Third, the current study did not specifically examine John Henryism in response to race-related stress. Future research should examine coping mechanisms generally (as we did here) and within specific contexts (e.g., when experiencing racism). Finally, the John Henryism measure captures the strength component integral to Black women's socialization but does not capture the intersectional experience of Black women. Not

only are Black women expected to be strong, but they are also socialized to suppress emotions, rely on themselves, and engage in excessive caregiving in an effort to cope with stressors (Nelson et al., 2016; Woods-Giscombé, 2010). Therefore, it will be important for future research to utilize measures that capture high-effort coping in Black women and include both their cognitive and behavioral responses to stress using an intersectional lens (e.g., the Giscombé Superwoman Schema Questionnaire; Woods-Giscombé et al., 2019).

Conclusion

The current study provides further evidence of the negative health implications of experiencing racial discrimination among Black women, adding to a large body of research on the negative impact of racial discrimination on Black Americans' well-being. We found no evidence that this link arose due to higher endorsement of John Henryism, or that John Henryism moderated the effects of racial discrimination on health. Additional research is needed to examine the role of Black women's cultural coping responses as they contend with race-related stress, particularly through research that captures the intersectional identities of Black women. Such work can be used to inform intervention and prevention efforts that support Black women experiencing racism, ultimately promoting greater health equity.

References

- Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the Strong Black Woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among US Black women. *Sex Roles, 80*, 517-526. <https://doi.org/10.1007/s11199-018-0956-y>
- Allen, A. M., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed, T. C., Black, A. R., Dhabar, F. S., Marquez-Magaña, L., & Woods-Giscombe, C. L. (2019). Racial discrimination, the Superwoman schema, and allostatic load: Exploring an integrative stress-coping model among African American women. *Annals of the New York Academy of Sciences, 1457*(1), 104-127. <https://doi.org/10.1111/nyas.14188>
- American Psychological Association. (2021). *APA Resolution on harnessing psychology to combat racism: Adopting a uniform definition and understanding*. <https://www.apa.org/about/policy/resolution-combat-racism.pdf>
- Angner, E., Hullett, S., & Allison, J. J. (2011). “I’ll die with the hammer in my hand”: John Henryism as a predictor of happiness. *Journal of Economic Psychology, 32*(3), 357-366. <https://doi.org/10.1016/j.joep.2011.01.002>
- Arnow, B., Kenardy, J., & Agras, W. S. (1995). The Emotional Eating Scale: The development of a measure to assess coping with negative affect by eating. *International Journal of Eating Disorders, 18*(1), 79-90. [https://doi.org/10.1002/1098-108X\(199507\)18:1%3C79::AID-EAT2260180109%3E3.0.CO;2-V](https://doi.org/10.1002/1098-108X(199507)18:1%3C79::AID-EAT2260180109%3E3.0.CO;2-V)
- Banks, K. H., Kohn-Wood, L. P., & Spencer, M. (2006). An examination of the African American experience of everyday discrimination and psychological distress. *Community Mental Health Journal, 42*, 555-570. <https://doi.org/10.1007/s10597-006-9052-9>

- Barton, A. W., Beach, S. R. H., Wells, A. C., Ingels, J. B., Corso, P. S., Sperr, M. C., Anderson, T. N., & Brody, G. H. (2018). The Protecting Strong African American Families Program: A randomized controlled trial with rural African American couples. *Prevention Science, 19*, 904–913. <https://doi.org/10.1007/s11121-018-0895-4>
- Beauboeuf-Lafontant, T. (2007). You have to show strength: An exploration of gender, race, and depression. *Gender & Society, 21*(1), 28-51. <https://doi.org/10.1177/0891243206294108>
- Bennett, G. G., Merritt, M. M., Sollers III, J. J., Edwards, C. L., Whitfield, K. E., Brandon, D. T., & Tucker, R. D. (2004). Stress, coping, and health outcomes among African-Americans: A review of the John Henryism hypothesis. *Psychology & Health, 19*(3), 369-383. <https://doi.org/10.1080/0887044042000193505>
- Bonham, V. L., Sellers, S. L., & Neighbors, H. W. (2004). John Henryism and self-reported physical health among high–socioeconomic status African American men. *American Journal of Public Health, 94*(5), 737-738. <https://doi.org/10.2105%2Fajph.94.5.737>
- Bronder, E. C., Speight, S. L., Witherspoon, K. M., & Thomas, A. J. (2014). John Henryism, depression, and perceived social support in Black women. *Journal of Black Psychology, 40*(2), 115-137. <https://doi.org/10.1177/0095798412474466>
- Brondolo, E., Brady ver Helen, N., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine, 32*, 64-88. [https:// DOI.10.1007/s10865-008-9193-0](https://doi.org/10.1007/s10865-008-9193-0)
- Brown, T. L., Phillips, C. M., Abdullah, T., Vinson, E., & Robertson, J. (2011). Dispositional versus situational coping: Are the coping strategies African Americans use different for

general versus racism-related stressors. *Journal of Black Psychology*, 37, 311-335.

<https://doi.org/10.1177/0095798410390688>

Cappelleri, J. C., Bushmakina, A. G., McDermott, A. M., Dukes, E., Sadosky, A., Petrie, C. D., & Martin, S. (2009). Measurement properties of the Medical Outcomes Study Sleep Scale in patients with fibromyalgia. *Sleep Medicine*, 10(7), 766-770.

<https://doi.org/10.1016/j.sleep.2008.09.004>

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13-105. [https://DOI: 10.1177/0011000006292033](https://doi.org/10.1177/0011000006292033)

Cénat, J. M. (2023). Complex racial trauma: Evidence, theory, assessment, and treatment. *Perspectives on Psychological Science*, 18(3), 675-687.

<https://doi.org/10.1177/17456916221120428>

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805-816.

<https://psycnet.apa.org/doi/10.1037/0003-066X.54.10.805>

Cox, K., & Edwards, K. (2022, August 30). *1. Black Americans are pessimistic about their position in U.S. society*. Pew Research Center. <https://www.pewresearch.org/race-ethnicity/2022/08/30/black-americans-are-pessimistic-about-their-position-in-u-s-society/#black-adults-say-racism-and-police-brutality-are-extremely-big-problems-for-black-people-in-the-u-s>

Cuffee, Y. L., Hargraves, L., Rosal, M., Briesacher, B. A., Allison, J. J., & Hullett, S. (2020). An examination of John Henryism, trust, and medication adherence among African

- Americans with hypertension. *Health Education & Behavior*, 47(1), 162-169.
<https://doi.org/10.1177/1090198119878778>
- David, J. P., & Suls, J. (1999). Coping efforts in daily life: Role of big five traits and problem appraisals. *Journal of Personality*, 67(2), 265-294. <https://doi.org/10.1111/1467-6494.00056>
- Dovidio, J. F., Gaertner, S. L., Kawakami, K., & Hodson, G. (2002). Why can't we all just get along? Interpersonal biases and interracial distrust. *Cultural Diversity and Ethnic Minority Psychology*, 8, 88–102. <https://doi.org/10.1037/1099-9809.8.2.88>
- Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). “Weathering” and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health*, 96(5), 826-833. <https://doi.org/10.2105/AJPH.2004.060749>
- Greer, T. M. (2010). Coping strategies as moderators of the relationship between race and gender-based discrimination and psychological symptoms for African American women. *Journal of Black Psychology*, 37, 42-54. <https://doi.org/10.1177/0095798410380202>
- Greer, T. M. (2007). Measuring coping strategies among African Americans: An exploration of the latent structure of the COPE Inventory. *Journal of Black Psychology*, 33(3), 260-277.
<https://doi.org/10.1177/0095798407302539>
- Greer, T. M., Laseter, A., Asiamah, D. (2009). Gender as a moderator of the relation between race-related stress and mental health symptoms for African Americans. *Psychology of Women Quarterly*, 33, 295-307. <https://doi.org/10.1177/036168430903300305>
- Hawkins, M. A., Miller, D. K., & Stewart, J. C. (2015). A 9-year, bidirectional prospective analysis of depressive symptoms and adiposity: The African American Health Study. *Obesity*, 23(1), 192-199. <https://doi.org/10.1002/oby.20893>

- Harrell, S. (2000) A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70, 42-57. <https://doi.org/10.1037/h0087722>
- Hayes, A. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford.
- Henderson, C., Roux, A. V. D., Jacobs, D. R., Kiefe, C. I., West, D., & Williams, D. R. (2005). Neighbourhood characteristics, individual level socioeconomic factors, and depressive symptoms in young adults: The CARDIA study. *Journal of Epidemiology & Community Health*, 59(4), 322-328. <http://dx.doi.org/10.1136/jech.2003.018846>
- Hudson, D. L., Neighbors, H. W., Geronimus, A. T., & Jackson, J. S. (2016). Racial discrimination, John Henryism, and depression among African Americans. *Journal of Black Psychology*, 42(3), 221-243. <https://doi.org/10.1177/0095798414567757>
- IBM Corp. (2023). *IBM SPSS Statistics, Version 29.0.2.0*. IBM Corp.
- James, S. A. (1994). John Henryism and the health of African-Americans. *Culture, Medicine, and Psychiatry*, 18, 163–182. <https://doi.org/10.1007/bf01379448>
- James, S. A., Hartnett, S. A., & Kalsbeek, W. D. (1983). John Henryism and blood pressure differences among Black men. *Journal of Behavioral Medicine*, 6(3), 259-278. <https://doi.org/10.1007/BF01315113>
- Jones, H. L., Cross Jr, W. E., & DeFour, D. C. (2007). Race-related stress, racial identity attitudes, and mental health among Black women. *Journal of Black Psychology*, 33(2), 208-231. <https://doi.org/10.1177/0095798407299517>
- Jones, J. M. (1997). *Prejudice and racism* (2nd ed.). McGraw-Hill.

- Jones, M. K., Harris, K. J., & Reynolds, A. A. (2021). In their own words: The meaning of the Strong Black Woman schema among Black US college women. *Sex Roles, 84*, 347-359. <https://doi.org/10.1007/s11199-020-01170-w>
- Jones, S. C. T., Brooks, J. H., Milam, A. J., Barajas, C. B., LaVeist, T. A., Kane, E., & Furr- Holden, D. M. (2019). Racial discrimination, John Henryism, coping, and behavioral health conditions among predominantly poor, urban African Americans: Implications for community-level opioid problems and mental health services. *Journal of Community Psychology, 47*(5), 1032-1042. <https://doi.org/10.1002/jcop.22168>
- Kiecolt, K. J., Hughes, M., & Keith, V. M. (2009). Can a high sense of control and John Henryism be bad for mental health? *The Sociological Quarterly, 50*(4), 693-714. <https://doi.org/10.1111/j.1533-8525.2009.01152.x>
- Landrine, H., & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22*(2), 144-168. <https://doi.org/10.1177/00957984960222002>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
- Lee, R. T., Perez, A. D., Boykin, C. M., & Mendoza-Denton, R. (2019). On the prevalence of racial discrimination in the United States. *PloS one, 14*(1), e0210698. <https://doi.org/10.1371/journal.pone.0210698>
- Matthews, D. D., Hammond, W. P., Cole-Lewis, Y., Nuru-Jeter, A., & Melvin, T. (2013). *Psychology of Men & Masculinity, 14*(1), 35-46. <https://doi.org/10.1037%2Fa0028436>

- Moos, R. H., & Holahan, C. J. (2003). Dispositional and contextual perspectives on coping: Toward an integrative framework. *Journal of Clinical Psychology, 59*(12), 1387-1403.
<https://doi.org/10.1002/jclp.10229>
- Moradi, B., & Subich, L. M. (2003). A concomitant examination of the relations of perceived racist and sexist events to psychological distress for African American women. *The Counseling Psychologist, 31*(4), 451-469. <https://doi.org/10.1177/0011000003254767>
- Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perceptions of the "Strong Black Woman" role. *Psychology of Women Quarterly, 40*(4), 551-563. <https://doi.org/10.1177/0361684316646716>
- Nielsen, M. B., & Knardahl, S. (2014). Coping strategies: A prospective study of patterns, stability, and relationships with psychological distress. *Scandinavian Journal of Psychology, 55*(2), 142-150. <https://doi.org/10.1111/sjop.12103>
- Nuru-Jeter, A., Dominguez, T. P., Hammond, W. P., Leu, J., Skaff, M., Egerter, S., Jones, C. P., & Braveman, P. (2009). "It's the skin you're in": African-American women talk about their experiences of racism. An exploratory study to develop measures of racism for birth outcome studies. *Maternal and Child Health Journal, 13*, 29-39.
<https://doi.org/10.1007/s10995-008-0357>
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*(4), 531-554.
<https://doi.org/10.1037/a0016059>
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLOS ONE, 10*(9), e0138511. <https://doi.org/10.1371/journal.pone.0138511>

- Perez, A. D., Dufault, S. M., Spears, E. C., Chae, D. H., Woods-Giscombe, C. L., & Allen, A. M. (2023). Superwoman Schema and John Henryism among African American women: An intersectional perspective on coping with racism. *Social Science & Medicine*, 316, 115070. <https://doi.org/10.1016/j.socscimed.2022.115070>
- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, 59(1), 1-9. <https://doi.org/10.1037/a0026208>
- Pieterse, A. L., Carter, R. T., Evans, S. A., & Walter, R. A. (2010). An exploratory examination of the associations among racial and ethnic discrimination, racial climate, and trauma-related symptoms in a college student population. *Journal of Counseling Psychology*, 57(3), 255-263. <https://doi.org/10.1037/a0020040>
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401. <https://doi.org/10.1177/014662167700100306>
- Rejas, J., Ribera, M. V., Ruiz, M., & Masramón, X. (2007). Psychometric properties of the MOS (Medical Outcomes Study) Sleep Scale in patients with neuropathic pain. *European Journal of Pain*, 11(3), 329-340. <https://doi.org/10.1016/j.ejpain.2006.05.002>
- Smith, M. C., & Dust, M. C. (2006). An exploration of the influence of dispositional traits and appraisal on coping strategies in African American college students. *Journal of Personality*, 74(1), 145-174. <https://doi.org/10.1111/j.1467-6494.2005.00372.x>
- Smith, V. J., Stewart, T. L., Myers, A. C., & Latu, I. M. (2008). Implicit coping responses to racism predict African Americans' level of psychological distress. *Basic and Applied Social Psychology*, 30, 264-277. <https://doi.org/10.1080/01973530802375110>

- Spritzer, K. L. & Hays, R. D. (2003). *MOS sleep scale: A manual for use and scoring, version 1.0*. Los Angeles, CA.
- Stevens-Watkins, D., Allen, K., Fisher, S., Crowell, C., Mahaffey, C., Leukefeld, C., & Oser, C. (2016). John Henryism active coping as a cultural correlate of substance abuse treatment participation among African American women. *Journal of Substance Abuse Treatment, 63*, 54-60. <https://doi.org/10.1016/j.jsat.2016.01.004>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Taylor, S. E., Sherman, D. K., Kim, H. S., Jarcho, J., Takagi, K., & Dunagan, M. S. (2004). Culture and social support: Who seeks it and why? *Journal of Personality and Social Psychology, 87*(3), 354-362. <https://doi.org/10.1037/0022-3514.87.3.354>
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women, *Cultural Diversity and Ethnic Minority Psychology, 14*(4), 307-314. <https://doi.org/10.1037/1099-9809.14.4.307>
- Utsey, S. O., Adams, R. P., & Bolden, M. A. (2000). Development and initial validation of the Africultural Coping Systems Inventory. *Journal of Black Psychology, 26*, 194-215. <https://doi.org/10.1177/0095798400026002005>
- Utsey, S. O., Bolden, M. A., Lanier, Y., & Williams, O. III (2007). Examining the role of culture-specific coping as a predictor of resilient outcomes in African Americans from high-risk urban communities. *Journal of Black Psychology, 33*(1), 75-93. <https://doi.org/10.1177/0095798406295094>

- West, C. M. (2004). Black women and intimate partner violence: New directions for research. *Journal of Interpersonal Violence, 19*(12), 1487-1493. [https://doi: 10.1177/0886260504269700](https://doi.org/10.1177/0886260504269700)
- West, L. M., Donovan, R. A., & Roemer, L. (2010). Coping with racism: What works and doesn't work for Black women? *Journal of Black Psychology, 36*(3), 331-349. <https://doi.org/10.1177/0095798409353755>
- Williams, B. (1983). *John Henry: A bio-bibliography*. Greenwood Press.
- Williams, D. R., Lawrence, J. A., & Davis, B. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health, 40*, 105-125. <https://doi.org/10.1146%2Fannurev-publhealth-040218-043750>
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208. <https://doi.org/10.2105/AJPH.93.2.200>
- Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20*(5), 668-683. <https://doi.org/10.1177/1049732310361892>
- Woods-Giscombé, C. L., Allen, A. M., Black, A. R., Steed, T. C., Li, Y., & Lackey, C. (2019). The Giscombé Superwoman Schema Questionnaire: Psychometric properties and associated with mental health and health behaviors in African American women. *Issues in Mental Health Nursing, 40*(8), 672-681. <https://doi.org/10.1080/01612840.2019.1584654>

Table 1. *Correlations between Racial Discrimination, John Henryism, and Health*

Measure	1	2	3	4	5
1. Racial discrimination	—				
2. John Henryism	-.05	—			
3. Depression	.13	-.01	—		
4. Sleep problems	.21**	-.13	.33**	—	
5. Emotional eating	.15*	-.09	.15*	.14	—
M	18.74	50.78	16.55	15.69	13.72
SD	5.89	6.64	7.57	5.13	9.35
Observed Range	13-38	12-60	0-54	15-48	0-44
Skewness	1.10	-1.30	1.43	.53	.94
Kurtosis	.59	4.58	4.90	.28	.97

**STUDY 2: GENDERED RACISM, CULTURAL COPING, MENTAL HEALTH, AND
SLEEP AMONG COLLEGE-AGED BLACK WOMEN²**

² Spivey, B. N., Beach, S. H., Shaffer, A., Watson-Singleton, N. N., & Lavner, J. A. To be submitted to a peer reviewed journal.

Abstract

Due to Black women's intersecting race and gender identities, they are susceptible to unique forms of oppression, known as gendered racism. As a result of frequent experiences of gendered racism, Black women have reported increased psychological distress. Lewis (2023) posits that cultural coping is a significant mediator linking Black women's experiences of gendered racism and their health outcomes. Among Black women a significant cultural expectation is to exude strength. Two cultural coping constructs—John Henryism and the Strong Black Woman (SBW) schema—emphasize strength and resilience, but few studies have examined the role of these constructs in the association between gendered racism and health. To address this gap, the current study utilized a sample of 199 Black college-aged women ($M_{age} = 20.48$) to test the indirect effects of the SBW schema and John Henryism using a parallel mediation model. Findings from the current study identified the SBW schema as a potential mediator for the relationship between gendered racism and depression and stress. Additionally, there was evidence for the SBW schema buffering the relationship between gendered racism and depression, anxiety, and stress. There was no evidence for John Henryism as a mediating nor moderating variable. The findings from this study suggest that cultural coping responses constructs that capture Black women's intersecting identities are important in understanding Black women's responses to chronic stressors such as gendered racism.

Introduction

Previous research has identified the harmful physical and mental health impact of experiencing racism for Black Americans (Pascoe & Smart Richman, 2009; Pieterse et al., 2012). However, the impact of gendered racism among Black women has received less attention. Gendered racism is defined as the intertwining of racism and sexism that combine into a hybrid phenomenon (Essed, 1991). For Black American women, gendered racism means that they are susceptible to unique experiences of oppression as a result of their simultaneous Blackness and femaleness. That is, rather than examining oppression from a “one-over-the-other” lens, studying gendered racism adopts an intersectional approach (Cole, 2009; Crenshaw, 1989) to acknowledge the simultaneous impact of these central identities on the experiences of Black women.

Greer and colleagues (2009) posit that as a result of experiencing this intersection of race and gender-based stressors, Black women experience psychological vulnerability. Consistent with this idea, research has established that experiencing gendered racism is related to greater psychological distress (Lewis & Neville, 2015; Thomas et al., 2008; Woods et al., 2009; Woods-Giscombé & Lobel, 2008). The effects of gendered racism remain after accounting for general life stressors (Stevens-Watkins et al., 2014; Woods-Giscombé & Lobel, 2008). Gendered racism has also been positively associated with experiencing more anxiety symptoms (Wright & Lewis, 2020) and more depressive symptoms (Williams & Lewis, 2019). Thus, research has clearly identified that there are negative implications for Black women’s health from gendered racism.

As research has documented the negative consequences of experiencing gendered racism, it has also examined mediational pathways that explain these linkages. For example, Nelson and

colleagues (2023) found that social isolation mediated the relation between gendered racism, gendered racialized stress, and anxiety and depression, such that as women experienced more gendered racism, they endorsed experiencing more gendered racial stress, which was associated with more social isolation, which was associated with increased depression symptoms. A similar pattern was observed for anxiety symptoms. Additionally, Jones and colleagues (2021) examined how social support mediated the relationship between gendered racism and depression in a sample of Black women. Results indicated that women experiencing more gendered racism reported less social support and subsequently more depression.

Coping is another important variable to consider when examining stress and coping among communities of color (Brondolo et al., 2009). Lewis (2023) posits that Black women exhibit a psychophysiological response as a result of experiencing gendered racism, and that coping responses mediate the relationship between gendered racism and health outcomes. There is some empirical evidence for this idea as well. Gendered racism has been indirectly linked to increased psychological distress via coping behaviors such as detachment and alcohol/drug use (Szymanski & Lewis, 2016; Williams & Lewis, 2019). Hill-Jarrett and Jones (2022) reported similar results, finding that disengagement was a mechanism through which older adult Black women's lifetime experiences with gendered racism were related to their subjective cognitive complaints. Other work by Thomas et al. (2008) found that using cognitive/emotional debriefing (i.e., adaptive efforts used to manage environmental stressors, "Hoping things will get better with time"; Utsey et al., 2000) partially mediated the relationship between gendered racism and psychological distress, but three other coping styles (i.e., spiritual-centered, collective coping, and ritual-centered) did not.

Culturally-Specific Coping: The Strong Black Woman (SBW) Schema and John Henryism

There has also been some attention to culturally-specific coping mechanisms. Harrell (2000) describes that as Black women experience increased stress as a result of gendered racism, they need to implement culturally-specific coping strategies in order to manage this intersectional stress. Allen and colleagues (2019) argue that displaying strength and suppressing emotion are used to manage daily race-related stressors. In particular, Black women have received socialization messaging emphasizing the importance of strength: a sense of responsibility to put on their “armor” in efforts to remain resilient and survive the perils associated with their doubly-marginalized identities (Woods-Giscombé et al., 2019). Therefore, embodying strength is recognized as a staple of Black womanhood which begins early in life and persists as a result of environmental reinforcement (Allen et al., 2019; Watson & Hunter, 2016; Woods-Giscombé, 2010).

The Strong Black Woman (SBW) Schema

One way that Black women exhibit this strength is through internalizing the Strong Black Woman (SBW) schema. The SBW schema identifies five dimensions consistent with Black women’s internalization of strength messages: 1) obligation to present an image of strength, 2) obligation to suppress emotions, 3) resistance to being vulnerable and dependent on others, 4) intense motivation to succeed despite limited resources, and 5) excessive caregiving. Internalizing the SBW schema has been recognized as a double-edged sword. Strength has been shown to increase Black women’s self-efficacy and self-esteem (Davis & Afifi, 2019; Watson & Hunter, 2016; Woods-Giscombé, 2010). However, internalization of the SBW schema has also been shown to be associated with increased psychological distress, perceived stress, depressive symptoms, emotional eating, and poor sleep quality (Abrams et al., 2019; Nelson et al., 2022; Volpe et al., 2023; Watson & Hunter, 2015; Woods-Giscombé et al., 2019).

In addition to its direct associations with health and well-being, SBW may moderate the association between experiences of racial discrimination and health. For example, Allen and colleagues (2019) examined the role of the SBW schema on the relationship between allostatic load and racial discrimination. They found buffering effects of internalizing strength and emotional suppression on the association between racial discrimination and allostatic load among a sample of 207 middle-aged Black women. Specifically, the association between racial discrimination and allostatic load was nonsignificant among women reporting higher levels of internalizing strength, and negative among women reporting higher levels of emotional suppression. In contrast, obligation to help others and the motivation to succeed exacerbated the effects of racial discrimination on allostatic load, such that women reporting moderate-to-high levels of racial discrimination and high levels of obligation or high motivation to succeed had the highest allostatic load. Further research is needed to examine SBW as a moderator of the relationship between experiences of gendered racism and health outcomes.

There is also some evidence that the Superwoman schema may stem from experiences of racial discrimination and mediate its effects of health and well-being. Specifically, one study using a serial mediation model found that gendered racial microaggressions were linked with emotional eating through increased endorsement of the Superwoman schema and reduced self-compassion (Volpe et al., 2023). This finding provides some evidence for the idea that the Superwoman schema acts as a mechanism for the association between intersectional stress and health among Black women (Woods-Giscombé, 2010).

Research has also begun to examine the meaning of the SBW schema in different cohorts of Black women. Specifically, Bailey (2018) reported that the SBW schema was more strongly endorsed and more significant to the identity of older Black women than to that of the younger

women in the sample, who expressed more reluctance to identify with the schema. Other studies have identified that college-aged samples of Black women tend to report either ambivalence, rejection, or a desire to redefine the schema (Nelson et al., 2016; Robinson et al., 2013; West et al., 2016). Although there were mixed feelings regarding endorsement of the schema, there was acknowledgement of the utility of this intersectional schema in managing adversity while recognizing the negative health outcomes (Nelson et al., 2016). Therefore, continued work examining the implications of the SBW schema for younger Black women is needed.

John Henryism

Another cultural construct that recognizes strength as important to coping with everyday psychosocial stressors is John Henryism. John Henryism is based upon a folklore about a man named John Henry who raced against a steam drill (James et al., 1983). Although John Henry was able to beat the steam drill, the overexertion he experienced in order to beat the steam drill resulted in his death. This story of John Henry is used as a metaphor to depict the constant drive to succeed and ability to persevere in the face of chronic daily stressors despite having limited resources (James, 1994; Nelson, 2006), and to highlight the negative health outcomes that can result from this prolonged high-effort coping in response to environmental stressors. This type of high-effort coping may be common among Black Americans as they have historically and are still currently experiencing racism.

Early research examined John Henryism among samples of African American men. For example, Bennett and colleagues (2004) reported that internalization of John Henryism was positively associated with depression, high blood pressure, and allostatic load. More recent research among African American women has revealed mixed findings about the mental health correlates of internalizing John Henryism. Bronder and colleagues (2014) found that, among a

sample of Black women, internalization of John Henryism was negatively related to depressive symptoms, such that women who internalized John Henryism reported significantly less depressive symptomatology. Conversely, John Henryism was positively associated with psychological distress among a different sample of 208 African American women (Perez et al., 2023).

The SBW schema and John Henryism both emphasize strength and resilience in an effort to manage adversity. However, there are significant differences between the two constructs. Specifically, the SBW schema is a specific sociohistorical phenomenon developed in response to experiences of gendered racism among Black women (Woods-Giscombé, 2010). The SBW schema captures the intersectional expectations of being Black and a woman. In contrast, John Henryism is not race- or gender-specific (although it is commonly studied among Black Americans). Rather, John Henryism is proposed to describe an individual's ability to meet the demands of their environment by hard work and determination (James et al., 1983). Additionally, the SBW schema recognizes women's suppression of negative emotions and their difficulty accepting support. John Henryism captures the importance of strength and determination to succeed but lacks the intersectional lens of expectations that are consistent with being a woman (e.g., excessive caregiving, resistance to being vulnerable, and postponement of self-care; Woods-Giscombé, 2010). Given these differences, further research is needed to examine how both types of coping responses may both serve to link experiences of gendered racism with negative health outcomes among Black women.

Present Study

The present study extends the literature by examining linkages between Black women's experiences of gendered racism, John Henryism and the SBW schema, and several health

outcomes (psychological distress and sleep quality) among a sample of college-aged Black women. I hypothesize the following:

- 1) Experiencing more gendered racism will be associated with more depressive symptoms, anxiety symptoms, stress, and worse sleep quality.
- 2) Experiencing more gendered racism will be associated with more endorsement of the SBW schema and John Henryism, respectively.
- 3) Greater endorsement of SBW and John Henryism will be associated with more depressive symptoms, anxiety symptoms, stress, and worse sleep quality.
- 4) There will be significant indirect effects from experiences of gendered racism through both the SBW schema and John Henryism to negative health outcomes (depression, anxiety, stress, and sleep quality).

The present study will be among the first to examine and compare the indirect effects of the SBW schema and John Henryism as parallel pathways of the relationship between gendered racism and mental health outcomes among Black women. Sensitivity analyses will also be conducted to examine whether the SBW schema and John Henryism moderate the association between gendered racial microaggressions and health (e.g., increased John Henryism and increased SBW endorsement would strengthen the relationship between gendered racial microaggressions and negative health outcomes). Through examining the implications of cultural coping mechanisms among Black women experiencing gendered racism, researchers and clinicians can begin to utilize a more intersectional approach to understand Black women's well-being.

Method

Participants

The sample originally had 199 Black women undergraduates from a Historically Black College in the Southeastern United States. However, twenty-one cases were deleted due to incomplete data on all measures, resulting in a sample size of 178. Participants ranged from 18-28 years old ($M_{age} = 20.48$, $SD = 1.38$), and were classified as first-years (8.7%), sophomores (12%), juniors (32.2%), and seniors (43.3%). Most participants identified as cisgender women (92.3%) and heterosexual (63%). When asked about their family's current class background, 4.3% of participants reported that their family was 'Poor' (e.g., family receives welfare/TANF/relief or are employed without benefits, etc.); 17.8% were 'Working Class' (e.g., family does manual labor or clerical/administrative jobs, etc.); 51% were 'Middle Class' (e.g., family has a professional or technical job, such as teacher, manager, accountant, social worker, small business owner, etc.); 22.6% were 'Upper Middle Class' (e.g., family are in a high paying profession such as doctor, lawyer, engineer, etc.); and 1% were 'Wealthy' (e.g., someone in your family is a CEO, manager/owner of a major financial institution or corporation, etc.).

Procedure

Recruitment occurred by emailing student listservs and posting flyers on campus. The study took place in a computer lab on campus. At the study's outset, a research assistant explained the study's goals (i.e., to investigate Black students' coping and well-being). Participants were then directed to the survey via a Qualtrics link. In order to progress through the survey, participants had to first affirm their consent via a Qualtrics survey. The study took approximately 30-45 minutes to complete. Participants received \$10 at the completion of the study. This study was approved by the university's Institutional Review Board.

Measures

Gendered Racial Microaggressions

In order to assess participants' frequency and appraisal of the stress associated with experiences of gendered racism, the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) was used. This 26-item scale examines negative nonverbal, behavioral, and verbal slights due to the intersection of Black women's race and gender. Using a 6-point Likert scale ranging from 0 (*never*) to 5 (*once a week or more*), women rated the frequency of gendered racism microaggressions experienced in their lifetime. Scores were summed, with higher scores indicating a greater frequency of gendered racial microaggressions ($\alpha = .92$).

Strong Black Woman (SBW) Schema

The SBW schema was measured via the 35-item Giscombé Superwoman Schema Questionnaire (G-SWS-Q; Woods-Giscombé et al., 2019). This measure captures the five characteristics of this schema: (1) an obligation to present an image of strength (6 items; Sample item: "The struggles of my ancestors require me to be strong"), (2) emotional suppression (7 items; Sample item: "I keep my problems to myself to prevent burdening others"), (3) resistance to being vulnerable (7 items; "I have a hard time trusting others"), (4) determination to succeed despite limited resources (6 items; Sample item: "The only way for me to be successful is to work hard"), and (5) extraordinary caregiving (9 items; Sample item: "When others ask for my help, I say yes when I should say no"). For each item, participants indicated their endorsement, or the frequency for which the item was true for them, on a scale from 0 (*this is not true for me*) to 3 (*this is true for me all the time*) and their appraisal, or the degree to which the statement bothered them on a scale from 1 (*this does not bother me at all*) to 3 (*this bothers me very much*). Participants were first instructed to complete the endorsement stem and to only complete the appraisal stem for items they endorsed (i.e., selected a 1 or higher). The current study will only assess the endorsement items to maintain consistency with the John Henryism Active Coping

Scale (described below). The current study examined the total score ($\alpha = .91$), with higher scores indicating more internalization of the SBW schema.

John Henryism

The John Henryism Active Coping Scale (JHAC-12; James, 1994) was used to assess John Henryism. The scale is 12-item self-report measure with responses on a five-point Likert Scale, where 1 = *completely false* and 5 = *completely true*. Sample items include “Hard work has really helped me get ahead in life” and “Once I make up my mind to do something, I stay with it until the job is done.” Scores are summed with higher scores indicating more internalization of John Henryism ($\alpha = .75$).

Depression, Anxiety, & Stress

The Depression, Anxiety, and Stress scale (DASS-21; Lovibond & Lovibond, 1995) was used to measure psychological distress. The DASS-21 is divided into three subscales to assess symptoms of depression (Sample item: “I couldn’t seem to experience any positive feeling at all”), anxiety (Sample item: “I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increasing, heart missing a beat)”), and stress (Sample item: “I found it hard to wind down”) over the past week. Responses are provided on a four-point Likert scale ranging from 0 (*Did not apply to me at all*) to 3 (*Applied to me very much or most of the time*). Scores on each subscale were summed and multiplied by two. Internal consistency of the depression ($\alpha = .89$), anxiety ($\alpha = .81$), and stress ($\alpha = .80$) subscales was good.

Sleep Quality

The Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989) was used to assess overall sleep quality. Seven components (i.e., subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime

dysfunction) are included to differentiate between “poor” and “good” sleep over the past month. A sample question asks about how often in the past month has the respondent had trouble sleeping because they could not get to sleep within 30 minutes. A global score was obtained by summing the component scores, with a higher score indicating worse sleep quality.

Analytic Plan

To test hypotheses 1-3, correlational analyses were conducted in SPSS (Version 29; IBM, 2023) to examine associations between gendered racism, the Strong Black Woman schema and John Henryism, and depressive symptoms, anxiety symptoms, stress, and sleep quality. To test hypothesis 4, structural equation modeling in R studio (R Studio Team, 2023) was utilized to run a parallel multiple mediator mediation model (Coutts & Hayes, 2022); see Figure 2. SBW and John Henryism were examined as parallel mediators for the relationship between gendered racial microaggressions and depression, anxiety, stress, and sleep quality. The moderation sensitivity analyses were conducted in SPSS using PROCESS macro (Hayes, 2017).

Results

Descriptive statistics for and correlations among study variables are provided in Table 2. Regarding aim 1, there were significant positive relationships between experiences of gendered racial microaggressions and depressive symptoms ($r(168) = .16, p = .036$), anxiety symptoms ($r(173) = .22, p < 0.01$), and stress ($r(171) = .30, p < .001$), indicating that experiencing more gendered racial microaggressions was associated with reporting more depressive symptoms, anxiety symptoms, and stress. There was not a significant association between gendered racism and sleep quality ($r(164) = -.10, p = .19$), although effects were in the expected negative direction. Therefore, hypothesis 1 was partially supported.

Next, I examined whether experiences of gendered racial microaggressions were associated with endorsement of John Henryism and with the SBW schema. There was not a significant association between gendered racial microaggressions and John Henryism ($r(173) = .01, p = .87$) but there was with the SBW schema ($r(173) = .26, p < .001$). This indicates that as women reported more experiences with gendered racial microaggressions, they reported more endorsement of the SBW schema, partially supporting Hypothesis 2.

I then examined associations between John Henryism and depression, anxiety, stress, and sleep quality, and between SBW and these health outcomes. Counter to hypotheses, John Henryism was significantly negatively associated with depression ($r(183) = -.23, p = .002$) and was not significantly associated with anxiety ($r(187) = -.07, p = .32$), stress ($r(186) = -.11, p = .14$), or sleep quality ($r(173) = -.02, p = .76$). Consistent with hypotheses, the SBW schema was significantly positively associated with depression ($r(183) = .18, p = .02$) and stress ($r(186) = .24, p = .001$), and significantly negatively associated with sleep quality ($r(177) = -.20, p = .008$). SBW was not significantly associated with anxiety symptoms ($r(190) = .13, p = .08$), though effects were in the expected direction. Thus, the correlational analyses partially supported Hypothesis 3.

Hypothesis 4 was that there would be an indirect effect from gendered racial microaggressions to health (i.e., depression, anxiety, stress, and sleep quality) through John Henryism and the SBW schema. Path analyses revealed that there were no significant indirect effects through John Henryism for the paths between gendered racial microaggressions and depression ($ab = -0.001, SE = 0.005, 95\% CI [-0.013, 0.008]$), anxiety ($ab = -0.0003, SE = 0.002, 95\% CI [-0.006, 0.004]$), stress ($ab = -0.00, SE = 0.003, 95\% CI [0.076, 0.332]$), and sleep quality ($ab = 0.00, SE = 0.001, 95\% CI [-0.012, 0.0023]$). However, there were significant indirect

effects through SBW for the paths between gendered racial microaggressions and depression ($ab = 0.012$, $SE = 0.006$, 95% CI [0.0017, 0.025]) and stress ($ab = 0.010$, $SE = 0.005$, 95% CI [0.002, 0.022]). There were no significant indirect effects through the SBW schema for the paths between gendered racial microaggressions and anxiety ($ab = .005$, $SE = 0.005$, 95% CI [-0.0029, 0.015]) or sleep quality ($ab = -.005$, $SE = 0.003$, 95% CI [-0.011, 0.0002]). Direct effects were significant for anxiety ($b = 0.027$, $SE = .017$, 95% CI [0.0063, 0.071]) and stress ($b = 0.048$, $SE = 0.014$, 95% CI [0.019, 0.076]). No significant direct effects were observed for depression ($b = 0.027$, $SE = 0.017$, 95% CI [-0.0081, 0.062]) or sleep quality ($b = -0.0037$, $SE = 0.0075$, 95% CI [-0.019, 0.011]). Accordingly, Hypothesis 4 was partially supported.

As a final step and sensitivity analysis, I examined the possibility of John Henryism and the SBW schema instead serving as moderators of the between experiences of gendered racial microaggressions and the aforementioned health outcomes. These analyses indicated that John Henryism did not significantly moderate any of these associations (depression $B = -.0001$, $SE = .0028$, $p = .98$; anxiety $B = -.0044$, $SE = .0025$, $p = .081$; stress $B = .0001$, $SE = .0023$, $p = .97$; sleep quality $B = -.0006$, $SE = .0011$, $p = .57$). However, the SBW schema significantly moderated the association between gendered racial microaggressions and depression ($B = -.0029$, $SE = .0009$, $p = .0015$), anxiety ($B = -.0028$, $SE = .0008$, $p = .0007$), and stress ($B = -.0023$, $SE = .0007$, $p = .0013$). The SBW schema did not significantly moderate the association between gendered racial microaggressions and sleep quality ($B = .0001$, $SE = .0004$, $p = .072$).

I probed the three significant interactions, examining associations at high (+1 (SD), average (mean), and low (-1 (SD)) levels of the SBW schema. Across all three outcomes, the pattern was such that as the endorsement of the SBW schema increased, the association between gendered racism and health became weaker. Specifically, for stress, the association was

significant and positive at low levels of the SBW schema ($B = .099$, $SE = .021$, $p < .001$), positive and weaker at the mean ($B = .049$, $SE = .014$, $p < .001$), and not significant at high levels of the SBW schema ($B = -.0001$, $SE = .02$, $p = .99$). Similarly, for anxiety, the association was significant and positive at low levels of the SBW schema ($B = .10$, $SE = .024$, $p < .001$), significant but less positive at the mean ($B = .041$, $SE = .016$, $p = .011$), and not significant at high levels of the SBW schema ($B = -.019$, $SE = .023$, $p = .41$). For depression, the association was significant only at low levels of the SBW schema ($B = .089$, $SE = .026$, $p = .001$) but not at moderate ($B = .026$, $SE = .018$, $p = .14$) or high levels ($B = -.036$, $SE = .026$, $p = .17$).

Discussion

Black women exist at a unique intersection of gender and race that increases the likelihood of their experiencing negative health outcomes (Lewis & Neville, 2015; Thomas et al., 2008). As a result of their intersectional identities, Black women experience gendered racism which, according to Lewis's (2023) biopsychosocial model of gendered racism, is a chronic stressor that produces a heightened stress response. One potential mediator for the relationship between experiences of gendered racism and stress responses are culturally-specific coping responses (Lewis, 2023). Thus, the current study examined the associations between experiences of gendered racism, two cultural coping responses [John Henryism, a coping response defined by persistent, high-effort, active coping in response to stress (James, 1994; James et al., 1983), and the SBW schema, a multidimensional intersectional construct that emphasizes Black women's responsibility to be strong, self-sacrificing and assume multiple roles (Woods-Giscombé, 2010)], and health (depression, anxiety symptoms, stress, and sleep quality).

Gendered racism was significantly positively associated with depressive symptoms, anxiety symptoms, and stress symptoms. Therefore, as women reported more experiences of

gendered racial microaggression they experienced more depression symptoms, anxiety symptoms, and stress symptoms. These findings are consistent with previous research highlighting how experiences of gendered racism are associated with negative health outcomes among Black women (Cole, 2009; Paradies, 2006; Paradies et al., 2015; Pieterse et al., 2012; Thomas et al., 2008). The association between gendered racial microaggressions and sleep quality was not significant.

The pattern of findings regarding the association between experiences of gendered racial microaggressions, John Henryism, and the SBW schema was mixed. Consistent with hypotheses, there was a significant positive relationship between experiences of gendered racial microaggressions and the SBW schema, indicating that as women reported more experiences of gendered racism, they endorsed more internalization of the Strong Black Woman schema. On the other hand, the association between gendered racism and John Henryism was not significant. These contrasting associations could be explained by differences in how the SBW schema and John Henryism function as culturally-compelled coping responses (Brownlow, 2023). Brownlow (2023) describes culturally-compelled coping strategies as those that emphasize high levels of emotional and behavioral suppression, and increased vigilance during instances of chronic race-based stressors informed by cultural context. Due to both John Henryism and the SBW schema emphasizing the need for high inhibitory control, emotional suppression, and high distress tolerance when encountering stressors, some scholars have hypothesized that both constructs are used to regulate responses to experiences of racism (Woods-Giscombé, 2010). However, in the context of experiencing gendered racism, the SBW schema captures the intersectional nature of Black women's experiences and is viewed as necessary for Black women's survival (Mullings, 2006; Woods-Giscombé, 2010), whereas John Henryism places a significant emphasis on

strength and hard-work but was not conceptualized as a construct for only Black people or marginalized groups (James et al., 1983). As such, John Henryism likely does not capture the nuance of Black women's suppression of negative emotion and difficulty utilizing social supports. This distinction in the function of John Henryism and the SBW schema is further demonstrated with the correlational and indirect effect analyses.

John Henryism was significantly negatively associated with depression, which indicates that women endorsing higher levels of John Henryism reported lower levels of depressive symptoms than women endorsing lower levels of John Henryism. This pattern was counter to hypotheses and suggests that John Henryism may sometimes serve as a promotive factor for Black women. While the mental health and physical health implications of internalizing John Henryism have been mixed, previous research has highlighted positive outcomes for Black women internalizing John Henryism (i.e., reduced psychological distress and reductions in depression symptoms; Bronder et al., 2014; Kiecolt et al., 2009). Therefore, it is possible that internalization of strength and increased determination to succeed can sometimes be associated with improved mental health. However, John Henryism was not significantly associated with anxiety, stress, or sleep quality. Due to the inconsistent findings about John Henryism and health outcomes among Black Americans, and specifically among Black women, further research is needed to examine these associations.

Associations between SBW and the health outcomes were more robust. The SBW schema was significantly positively correlated with depression and stress, thus demonstrating that increased endorsement of the SBW schema was associated with increased depression and stress symptoms. Additionally, SBW was significantly negatively associated with sleep quality, such that women reporting more endorsement of the SBW schema reported worse sleep quality.

There was not a significant association between endorsement of the SBW schema and anxiety symptoms. These findings add to an emerging literature showing that the SBW schema is often associated with worse mental health outcomes (Abrams et al., 2014; Allen et al., 2019; Castelin & White, 2022; Glenn, 2020; Watson & Hunter, 2016; Wood-Giscombé et al., 2019). These patterns may arise due to the SBW schema emphasizing persistent strength to overcome stressors and encouragement to inhibit emotions and not appear “weak,” which may make the SBW schema a liability for Black women’s emotional expression and result in their experiencing negative health outcomes (Black & Peacock, 2011; Watson & Hunter, 2016).

Finally, I considered whether there were significant indirect effects from gendered racial microaggressions to worse health through endorsement of John Henryism and SBW. There was no indirect effect through John Henryism, which was expected given the associations described above but inconsistent with hypotheses. For SBW, path analyses revealed significant indirect effects for the association between gendered racial microaggressions and depression and stress. This indicates that the SBW schema is a significant cultural coping response utilized for Black women when managing experiences of gendered racial microaggressions and that this response explains, at least in part, the association between gendered racial microaggressions and some health outcomes. At the same time, there were not significant indirect effects through the SBW schema for gendered racial microaggressions and sleep and anxiety. Thus, hypothesis 4 was partly supported.

Exploratory analyses examined whether John Henryism and the SBW schema functioned as moderators of the association between experiences of gendered racial microaggressions and health outcomes. The analyses revealed no significant moderation by John Henryism, such that John Henryism did not strengthen or weaken the relationship between experiences of gendered

racial microaggressions and health. Thus, it appears that John Henryism may not function as a risk factor that exacerbates these associations, or as a protective factor buffering against the effects of higher levels of experiences of gendered racial microaggressions on negative health outcomes. The SBW schema was hypothesized to be an exacerbating factor on the relationship between gendered racism and health outcomes. However, results indicated that the SBW schema actually buffered several of the associations between gendered racism and health, such that as endorsement of the SBW schema increased, the association between gendered racism grew weaker. These findings further support the potential benefits (i.e., increased self-esteem and preservation of self-image) associated with internalizing the SBW schema (Woods-Giscombé, 2010). The strength of the SBW schema internalized by Black women emphasizes Black women's resilience, survival, and survival of their communities (Abrams et al., 2014; Harrington et al., 2010) which is important as they encounter significant stressors (i.e., gendered racism).

Limitations

This study's findings must be interpreted in the context of its limitations. One of the primary limitations of this study is its cross-sectional design, which cannot speak to causality or directionality (Maxwell et al., 2011; O'Laughlin et al., 2018). Accordingly, I cannot assert that more experiences of gendered racial microaggressions cause more endorsement of the SBW schema and subsequently worse health outcomes. It is possible that negative health outcomes (i.e., more depressive symptoms, increased stress and anxiety, and worse sleep quality) contribute to more endorsement of the SBW schema. Longitudinal research is needed to better assess directionality and how these variables relate to each other over time. Second, I did not consider the various ways that other intersecting identifies (i.e., ethnicity, sexual orientation, disability status, religion) could affect participants' experiences. It will be important for future

studies to examine constructs that examine other intersectional identities salient to Black women to capture a more nuanced perspective of their lived experiences. Another limitation of the current study is the measure used to assess depression, anxiety, and stress symptoms. While the measure provides a glimpse of women's depression, anxiety, and stress related symptoms, this measure is not typically used to make clinical judgments. Thus, it will be important to examine health outcomes utilizing measures (e.g., Patient Health Questionnaire- PHQ-9; Beck Anxiety Index (BAI), Perceived Stress Scale) that have been normed and validated with Black women to assist with the clinical assessments of Black women's symptomatology.

Future Directions and Implications

Notwithstanding these limitations, the current study's findings can be used to provide recommendations for clinical practice and research that highlights the impact of systemic oppression on Black women and to promote culturally relevant considerations and care. Based upon the present results, the SBW schema appears to buffer the effect of gendered racism on health outcomes while simultaneously being a link between experiences of gendered racism and mental and physical health outcomes. Thus, clinicians should begin to consider the nuance of strength among Black women. For example, clinicians may be able to engage in dialogue about how to reframe the use of strength to reduce negative outcomes and improve help-seeking behaviors more broadly by acknowledging the complexity of strength for Black women (i.e., functioning as a double-edged sword; Spivey et al., in press). By considering the socialization messages regarding strength that Black women receive from childhood through adulthood, clinicians can begin to understand Black women's beliefs about seeking support and the ways in which strength messages become integral to their coping practices and health outcomes. Clinicians would also benefit from adapting current treatment modalities to acknowledge

systemic oppression while creating space to discuss the liabilities and benefits of strength for Black women's survival.

It is also important for researchers to further examine the various ways that the socialization messages Black women receive subsequently influence their responses to chronic stressors such as gendered racism. Researchers can utilize daily diaries to capture the impact of experiences of gendered racial microaggressions in the moment and coping behaviors utilized Black women to manage these experiences. Researchers would also benefit from further examining experiences of gendered racism at varying levels of exposure (i.e., institutional and community-level) and across diverse groups of Black women. Specifically, by researchers examining within-group diversity, more information can be obtained about similarities and differences in Black women's experiences of gendered racism and coping responses. Doing so would further elucidate the complexity of gendered racism and increase the need for more inclusive practices to work toward reducing health disparities among Black women.

More generally, there is a need for increased advocacy as experiences of gendered racism are a result of systemic oppression and lead to significant negative health outcomes among Black women. By advocating for increased federal funding for areas that disproportionately impact Black women (e.g., employment, housing, reproductive healthcare, and academic institutions) psychologists can utilize social justice advocacy to protect the well-being of wellbeing of Black women (Lewis, 2023).

Conclusion

The current study provides further evidence that experiencing gendered racism is associated with negative mental and physical health among young adult Black women. Additionally, the current study highlights that these associations may arise, at least in part,

because experiencing more gendered racism increases the internalization of the SBW schema, which is associated with negative health outcomes. There was no evidence that John Henryism served a similar role, suggesting that cultural coping responses that capture the intersectionality of Black women's identity may prove to be most significant as they respond to gendered racism. Future research should continue to examine the socialization and internalization of intersectional cultural coping responses to better understand Black women's health and to inform intervention and prevention efforts to enhance their well-being.

References

- Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the Strong Black Woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among US Black women. *Sex Roles, 80*, 517-526.
<https://doi.org/10.1007/s11199-018-0956-y>
- Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. (2014). Carrying the world with a grace of a lady and the grit of a warrior: Deepening our understanding of the “Strong Black Woman” schema. *Psychology of Women Quarterly, 38*(4), 503-518.
<https://doi.org/10.1177/0361684314541418>
- Allen, A. M., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed, T. C., Black, A. R., Dhabar, F. S., Marquez-Magaña, L., & Woods-Giscombe, C. L. (2019). Racial discrimination, the Superwoman schema, and allostatic load: Exploring an integrative stress-coping model among African American women. *Annals of the New York Academy of Sciences, 1457*(1), 104-127. <https://doi.org/10.1111/nyas.14188>
- Angner, E., Hullett, S., & Allison, J. J. (2011). “I’ll die with the hammer in my hand”: John Henryism as a predictor of happiness. *Journal of Economic Psychology, 32*(3), 357-366.
<https://doi.org/10.1016/j.joep.2011.01.002>
- Bailey, V. (2018). *Stronger: An examination of the effects of the Strong Black Woman narrative through the lifespan of African American women*. Dissertation retrieved from https://scholarworks.gsu.edu/communication_theses/119/
- Bennett, G. G., Merritt, M. M., Sollers III, J. J., Edwards, C. L., Whitfield, K. E., Brandon, D. T., & Tucker, R. D. (2004). Stress, coping, and health outcomes among African-Americans:

- A review of the John Henryism hypothesis. *Psychology & Health*, 19(3), 369-383.
<https://doi.org/10.1080/0887044042000193505>
- Black, A. R., & Peacock, N. (2011). Pleasing the masses: Messages for daily life management in African American women's popular media sources. *American Journal of Public Health*, 101(1), 144-150. <https://doi.org/10.2105/AJPH.2009.167817>
- Bronder, E. C., Speight, S. L., Witherspoon, K. M., & Thomas, A. J. (2014). John Henryism, depression, and perceived social support in Black women. *Journal of Black Psychology*, 40(2), 115-137. <https://doi.org/10.1177/0095798412474466>
- Brondolo, E., Gallo, L. C., & Myers, H. F. (2009). Race, racism and health: disparities, mechanisms, and interventions. *Journal of Behavioral Medicine*, 32, 1-8.
<https://doi.org/10.1007/s10865-008-9190-3>
- Brownlow, B. N. (2023). How racism “gets under the skin” An examination of the physical-and mental-health costs of culturally compelled coping. *Perspectives on Psychological Science*, 18(3), 576-596. <https://doi.org/10.1177/17456916221113762>
- Buysee, D. J., Reynolds III, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh sleep quality index: A new instrument for psychiatric practice and research. *Psychiatry Research*, 28(2), 193-213. [https://doi.org/10.1016/0165-1781\(89\)90047-4](https://doi.org/10.1016/0165-1781(89)90047-4)
- Castelin, S., & White, G. (2022). “I’m a strong independent Black woman”: The Strong Black Woman schema and mental health in college-aged Black women. *Psychology of Women Quarterly*, 46(2), 196-208. <https://doi.org/10.1177/03616843211067501>
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805-816.
<https://doi.org/10.1037/0003-066X.54.10.805>

- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170–180. <https://doi.org/10.1037/a0014564>
- Coutts, J. J., & Hayes, A. F. (2022). Questions of value, questions of magnitude: An exploration and application of methods for comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 1-14. <https://doi.org/10.3758/s13428-022-01988-0>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, (1), 139–167. <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>.
- Davis, S. M., & Afifi, T. D. (2019). The Strong Black Woman collective theory: Determining the prosocial functions of strength regulation in groups of Black women friends. *Journal of Communication*, 69(1), 1-25. <https://doi.org/10.1093/joc/jqy065>
- Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory* (Vol. 2). Sage Publications.
- Glenn, S. (2020). *Superwoman schema as a moderator of the relationship between exposure to trauma and depression in African American female veterans* (Doctoral dissertation, Adler University).
- Greer, T. M., Laseter, A., & Asiamah, D. (2009). Gender as a moderator of the relation between race-related stress and mental health symptoms for African Americans. *Psychology of Women Quarterly*, 33, 295-307. <https://doi.org/10.1177/036168430903300305>
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1), 42-57. <https://doi.org/10.1037/h0087722>

- Harrington, E. F., Crowther, J. H., & Shipherd, J. C. (2010). Trauma, binge eating, and the “strong Black woman.” *Journal of Consulting and Clinical Psychology, 78*(4), 469–479. <https://doi.org/10.1037/a0019174>
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford.
- Hill-Jarrett, T. G., & Jones, M. K. (2022). Gendered racism and subjective cognitive complaints among older Black women: The role of depression and coping. *The Clinical Neuropsychologist, 36*(2), 479-502. <https://doi.org/10.1080/13854046.2021.1923804>
- James, S. A. (1994). John Henryism and the health of African-Americans. *Culture, Medicine, and Psychiatry, 18*, 163–182. <https://doi.org/10.1007/bf01379448>
- James, S. A., Hartnett, S. A., & Kalsbeek, W. D. (1983). John Henryism and blood pressure differences among Black men. *Journal of Behavioral Medicine, 6*(3), 259-278. <https://doi.org/10.1007/BF01315113>
- Jones, M. K., Hill-Jarrett, T. G., Latimer, K., Reynolds, A., Garrett, N., Harris, I., Joseph, S., & Jones, A. (2021). The role of coping in the relationship between endorsement of the Strong Black Woman schema and depressive symptoms among Black women. *Journal of Black Psychology, 47*, 578-592. <https://doi.org/10.1177/00957984211021229>
- Kiecolt, K. J., Hughes, M., & Keith, V. M. (2009). Can a high sense of control and John Henryism be bad for mental health? *The Sociological Quarterly, 50*(4), 693-714. <https://doi.org/10.1111/j.1533-8525.2009.01152.x>
- Larche, C. L., Plante, I., Roy, M., Ingelmo, P. M., & Ferland, C. E. (2021). The Pittsburgh Sleep Quality Index: Reliability, factor structure, and related clinical factors among children,

adolescents, and young adults with chronic pain. *Sleep Disorders*, 5546484.

<https://doi.org/10.1155/2021/5546484>

Lewis, J. A. (2023). Contributions of Black psychology scholars to models of racism and health: Applying intersectionality to center Black women. *American Psychologist*, 78(4), 576-588. <https://doi.org/10.1037/amp0001141> <https://doi.org/10.1037/amp0001141>

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for Black women. *Journal of Counseling Psychology*, 62(2), 289–302. <https://doi.org/10.1037/cou0000062>

Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, 64(5), 475-486.

<https://doi.org/10.1037/cou0000231>

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales*. Psychology Foundation.

Maxwell, S. E., Cole, D. A., & Mitchell, M. A. (2011). Bias in cross-sectional analyses of longitudinal mediation: Partial and complete mediation under an autoregressive model. *Multivariate Behavioral Research*, 46(5), 816-841.

<https://doi.org/10.1080/00273171.2011.606716>

Moody, A. T., & Lewis, J. A. (2019). Gendered racial microaggressions and traumatic stress symptoms among Black women. *Psychology of Women Quarterly*, 43(2), 201-214.

<https://doi.org/10.1177/0361684319828288>

Nam, S., Whittemore, R., Jung, S., Latkin, C., Kershaw, T., & Redeker, N. S. (2018). Physical neighborhood and social environment, beliefs about sleep, sleep hygiene behaviors, and

- sleep quality among African Americans. *Sleep Health*, 4(3), 258-264.
<https://doi.org/10.1016/j.sleh.2018.03.002>
- Nelson, S. R. (2006). *Steel drivin' man: John Henry, the untold story of an American legend*. Oxford University Press.
- Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perceptions of the "Strong Black Woman" role. *Psychology of Women Quarterly*, 40, 551–563. <https://doi.org/10.1177/03616843166646716>
- Nelson, T., Brown, M. J., Garcia-Rodriguez, I., & Moreno, O. (2023). Gendered racism, anxiety, and depression: The mediating roles of gendered racialized stress and social isolation. *Ethnicity & Health*, 28(1), 12-28. <https://doi.org/10.1080/13557858.2021.2002826>
- Nelson, T., Ernst, S. C., Tirado, C., Fisse, J. L., & Moreno, O. (2022). Psychological distress and attitudes toward seeking professional psychological services among Black women: The role of past mental health treatment. *Journal of Racial and Ethnic Health Disparities*, 9(2), 527-537. <https://doi.org/10.1007/s40615-021-00983-z>
- Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, Stress, and Coping*, 20(3), 253-265.
<https://doi.org/10.1080/10615800701309279>
- O'Laughlin, K. D., Martin, M. J., & Ferrer, E. (2018). Cross-sectional analysis of longitudinal mediation processes. *Multivariate Behavioral Research*, 53(3), 375-402.
<https://doi.org/10.1080/00273171.2018.1454822>
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554.
<https://doi.org/10.1037/a0016059>

- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35(4), 888-901.
<https://doi.org/10.1093/ije/dyl056>
- Paradies, Y. Ben, J., Denson, N. Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, 10(9), p. e0138511. <https://doi.org/10.1371/journal.pone.0138511>
- Perez, A. D., Dufault, S. M., Spears, E. C., Chae, D. H., Woods-Giscombé, C. L., & Allen, A. M. (2023). Superwoman Schema and John Henryism among African American women: An intersectional perspective on coping with racism. *Social Science & Medicine*, 316, 115070. <https://doi.org/10.1016/j.socscimed.2022.115070>
- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, 59(1), 1-9. <https://doi.org/10.1037/a0026208>
- Robinson, S. J., Esquibel, E., & Rich, M. D. (2013). "I'm still here:" Black female undergraduates' self-definition narratives. *World Journal of Education*, 3, 57–71. <https://doi.org/10.5430/wje.v3n5p57>
- Spivey, B. N., Abrams, J. A., Watson-Singleton, N. N., & Metzger, I. W. (in press). “I can do bad all by myself”: Indirect effect of social support beliefs on the Strong Black Woman schema and depressive symptoms. *Cultural Diversity and Ethnic Minority Psychology*.
- Stevens-Watkins, D., Perry, B., Pullen, E., Jewell, J., & Oser, C. B. (2014). Examining the associations of racism, sexism, and stressful life events on psychological distress among African-American women. *Cultural Diversity and Ethnic Minority Psychology*, 20(4), 561–569. <https://doi.org/10.1037/a0036700>

- Szymanski, D. M., & Lewis, J. A. (2016). Gendered racism, coping, identity centrality, and African American college women's psychological distress. *Psychology of Women Quarterly, 40*(2), 229–243. <https://doi.org/10.1177/0361684315616113>
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity & Ethnic Minority Psychology, 14*(4), 307-314. <https://doi.org/10.1037/1099-9809.14.4.307>
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development, 78*, 72-80. <https://doi.org/10.1002/j.1556-6676.2000.tb02562.x>
- Volpe, V. V., Ross, J. M., Collins, A., Spivey, B. N., Watson-Singleton, N. N., Goode, R. W., Hoggard, L. S., & Woods Giscombé, C. L. (2023). Gendered racial microaggressions and emotional eating for Black young adult women: The mediating roles of Superwoman Schema and self-compassion. *Psychology of Women Quarterly*. Advance online publication. <https://doi.org/10.1177/03616843231182913>
- Watson, N. N., & Hunter, C. D. (2016). “I had to be strong”: Tensions in the Strong Black Woman schema. *Journal of Black Psychology, 42*(5), 424–452. <https://doi.org/10.1177/0095798415597093>
- Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology, 21*(4), 604-612. <https://doi.org/10.1037/cdp0000015>

- West, L. M., Donovan, R. A., & Daniel, A. R. (2016). The price of strength: Black college women's perspectives on the Strong Black Woman stereotype. *Women & Therapy, 39*(3-4), 390-412. <https://doi.org/10.1080/02703149.2016.1116871>
- Williams, M. G., & Lewis, J. A. (2019). Gendered racial microaggressions and depressive symptoms among Black women: A moderated mediation model. *Psychology of Women Quarterly, 43*(3), 368–380. <https://doi.org/10.1177/0361684319832511>
- Woods, K. C., Buchanan, N. T., & Settles, I. H. (2009). Sexual harassment across the color line: Experiences and outcomes of cross versus intraracial sexual harassment among Black women. *Cultural Diversity and Ethnic Minority Psychology, 15*(1), 67–76. <https://doi.org/10.1037/a0013541>
- Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20*(5), 668–683. <https://doi.org/10.1177/1049732310361892>
- Woods-Giscombé, C. L., Allen, A. M., Black, A. R., Steed, T. C., Li, Y., & Lackey, C. (2019). The Giscombé Superwoman Schema questionnaire: Psychometric properties and associations with mental health and health behaviors in African American women. *Issues in Mental Health Nursing, 40*(8), 672–681. <https://doi.org/10.1080/01612840.2019.1584654>
- Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: A multidimensional approach to conceptualizing and measuring stress in African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(3), 173–182. <https://doi.org/10.1037/1099-9809.14.3.173>

Wright, L. N., & Lewis, J. A. (2020). Is physical activity a buffer? Gendered racial microaggressions and anxiety among African American women. *Journal of Black Psychology*, 46(2-3), 122-143. <https://doi.org/10.1177/0095798420929112>

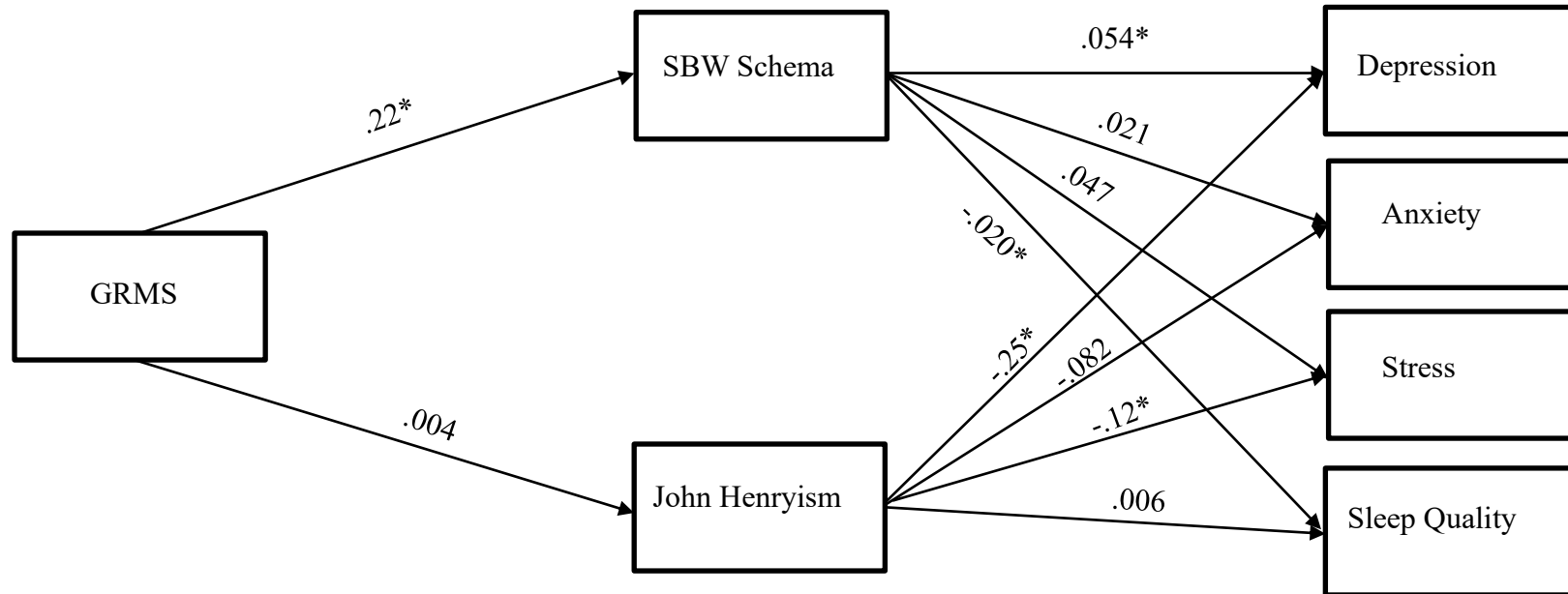
Zhang, C., Zhang, H., Zhao, M., Li, Z., Cook, C. E., Buysse, D. J., Zhao, Y., & Yao, Y. (2020). Reliability, validity, and factor structure of Pittsburgh Sleep Quality Index in community-based centenarians. *Frontiers in Psychiatry*, 11, 573-530. <https://doi.org/10.3389/fpsy.2020.573530>

Table 2. *Correlations Between Gendered Racism, Cultural Coping, and Health*

Measure	1	2	3	4	5	6	7
1. Gendered Racial Microaggressions	—						
2. Strong Black Woman Schema	.26**	—					
3. John Henryism	.01	.22**	—				
4. Depression	.16*	.18*	-.23**	—			
5. Anxiety	.22**	.13	-.07	.66**	—		
6. Stress	.30**	.24**	-.11	.72**	.71**	—	
7. Sleep quality	-.10	-.20**	-.02	-.26**	-.25**	-.36**	—
M	56.62	102.93	45.68	15.58	15.69	17.61	4.96
SD	24.68	21.42	6.26	5.66	5.13	4.69	2.14
Observed Range	7-114	20-142	26-60	7-28	7-28	7-28	0-10
Skewness	.02	-1.14	-.41	.30	.29	-.10	-.07
Kurtosis	-.57	1.99	.22	-.82	-.68	-.43	-.09

* $p < .05$. ** $p < .01$.

Figure 1. *Parallel Mediation Analyses Examining Indirect Effects from Gendered Racism to Health through John Henryism and the Strong Black Woman (SBW) Schema*



Note. GRMS = gendered racial microaggressions. Coefficients represent standardized values. Direct effects (not shown) were estimated between GRMS and depression ($B = .027, p = .13$), anxiety ($B = .039, p = .012$), stress ($B = .048, p = .001$), and sleep quality ($B = -.0037, p = .62$).

* $p < .05$.

GENERAL DISCUSSION

Black women in the United States experience high levels of racial discrimination, contributing to significant health inequities (Brondolo et al., 2011; Lewis et al., 2014; Pieterse et al., 2013). The biopsychosocial model of racism and gendered racism posit that Black Americans' coping responses are a key mechanism linking their experiences of racial discrimination with health (Clark et al., 1999; Lewis, 2023). This dissertation included two studies that examined whether cultural coping responses (i.e., John Henryism and the Strong Black Woman Schema) served as explanatory linkages in the relationship between experiencing racism and health outcomes, such that experiencing higher levels of racial discrimination would be associated with endorsing higher levels of John Henryism and/or the Strong Black schema, which in turn would be associated with worse health.

Study 1 utilized data from middle-aged Black women to examine associations between experiences of racism, John Henryism, and depression, sleep problems, and emotional eating. John Henryism is a cultural coping mechanism made up of a high-effort psychological response to psychosocial stressors (James, 1994). Results revealed that racial discrimination was associated with increased sleep difficulties and emotional eating. Unexpectedly, there was no significant relationship between John Henryism and experiences of racism, and John Henryism was not significantly associated with any of the health outcomes. As a result, there were no significant indirect effects from experiences of racism to health through John Henryism.

Study 2 built on Study 1 by examining links between gendered racism, two cultural coping mechanisms (i.e., John Henryism and the SBW schema), and several health outcomes (i.e., depression, anxiety, stress, and sleep quality) among college-aged Black women. The SBW schema is a cultural coping mechanism that emphasizes Black women's responsibilities to display an image of strength, suppress their emotions, have an intense drive to succeed, be resistant to depending on others, and engage in excessive caregiving (Woods-Giscombé, 2010). Both John Henryism and the SBW schema emphasize strength and resilience in the face of external stressors. While similar, a notable difference between the SBW schema and John Henryism is the degree to which they consider the intersectional expectations placed among Black women in response to their sociohistorical context. That is, the SBW schema captures the nuances of what it means to be Black and a woman (Mullings, 2006), whereas John Henryism is a construct that was not developed for any one demographic group (James et al., 1983).

Results from Study 2 underscored the value of applying an intersectional lens to study Black women's experiences. Gendered racism was significantly associated with depression, anxiety, and stress, such that with more experiences of gendered racism there were worsened health outcomes. Gendered racism was also significantly associated with endorsement of the SBW schema, which was associated with increased depression, stress, and worse sleep quality. Together, these patterns resulted in a significant indirect effect between gendered racial microaggressions and depression and stress through the SBW schema. Additionally, exploratory analyses revealed that SBW schema significantly moderated the relationship between gendered racial microaggressions and depression, anxiety, and stress, with higher levels of SBW weakening this association. Accordingly, the SBW schema appears to be a complex cultural coping response that has the potential to both protect Black women from some of the effects of

gendered racism while also serving to partly explain the relationship between gendered racism and negative health outcomes.

Results for John Henryism were less robust. There was no significant relationship between experiences of gendered racial microaggressions and John Henryism. Additionally, counter to the pattern observed for SBW, there was an indication that John Henryism may sometimes serve an adaptive role for Black women as evidenced by the negative relationship between John Henryism and depression. There were also no significant indirect effects through John Henryism, nor did John Henryism moderate the association between gendered racial microaggressions and health. Due to John Henryism not capturing the intersectional experiences of Black women, Black women in the sample may not have found John Henryism a salient coping response.

Across the two studies, John Henryism was not associated with Black women's experiences of racial discrimination and was not linked to their health outcomes. Therefore, John Henryism may not serve as a significant cultural coping response for Black women, a claim made stronger by the samples reflecting two different age groups. In contrast, Study 2 provides some support for the significance of the SBW schema to Black women's identities and their coping behaviors. Therefore, it will be important for future work to consider the intersectional experiences of Black women to understand the impact of their experiences and behaviors associated with coping with those experiences.

Future research should work to develop culturally-relevant treatments that highlight the role of cultural constructs such as the SBW schema in Black women's lives, while also using these constructs to promote better health outcomes. Examples of this could be clinicians utilizing client-centered techniques that examine the role of perfectionism, strength, and self-silencing,

which are aspects associated with the SBW schema, and helping clients engage in adaptive forms of resilience (i.e., developing pros and cons of using the SBW schema in varying contexts; Spivey et al., in press). Through considering context, clinicians and clients can begin to understand the protective nature of the SBW schema, and the harms associated with internalizing the schema and use this discussion to retain helpful beliefs and replace harmful characteristics. Future research should also build on intersectional measures such as the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015) and Giscombé's Superwoman Schema Questionnaire (Woods-Giscombé et al., 2019) to better understand the role of intersectional identities in Black women's experiences of stress and health.

There are a number of other valuable directions for future research. Further research should be utilized to examine the development of the SBW schema longitudinally. Current literature suggests that socialization with the SBW schema begins at an early age and changes over time (Brown et al., 2017; Jones et al., 2021). Therefore, it would be important to examine the course of development and whether Black women's connection with the SBW schema changes with age. Study 2 also raises the possibility for the SBW schema to be related to positive outcomes (e.g., joy, flourishing, positive self-concept) due to its buffering effect on the relationship between gendered racism and health outcomes. Additionally, future research could begin to examine the role of activism as a potential cultural coping response to experiences of racial discrimination. As experiences of racial discrimination continue to negatively impact the health of Black women and are a result of systemic oppression, Black women may utilize activism as a way to combat those experiences. Finally, the samples in both studies were predominantly heterosexual women ranging in socioeconomic status. Therefore, it would be important for future research to examine the salience of cultural constructs such as the SBW

schema for Black women with varying intersectional identities (i.e., Black trans women, non-US born Black women) as this can provide more information about the salience of the SBW schema among diverse Black women.

In conclusion, this dissertation emphasizes the significance of using an intersectional lens to understand Black women's health outcomes associated with experiences of racial discrimination. The results suggest that cultural coping responses such as the Strong Black Woman schema that depict what it means to be Black and a woman can function as both protective and harmful factors in health outcomes among Black women. Future research should continue to examine the use of cultural coping in response to chronic stressors such as racial discrimination and incorporate cultural coping into treatment interventions to reduce health disparities and promote well-being among Black women.

References

- Brondolo, E., Love, E. E., Pencille, M., Schoenthaler, A., & Ogedegbe, G. (2011). Racism and hypertension: A review of the empirical evidence and implications for clinical practice. *American Journal of Hypertension*, *24*(5), 518-529. <https://doi.org/10.1038/ajh.2011.9>
- Brown, D. L., Blackmon, S. K., Rosnick, C. B., Griffin-Fennell, F. D., & White-Johnson, R. L. (2017). Initial development of a gendered-racial socialization scale for African American college women. *Sex Roles*, *77*, 178–193. <https://doi.org/10.1007/s11199-016-0707-x>.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805-816. <https://doi.org/10.1037/0003-066X.54.10.805>
- James, S. A. (1994). John Henryism and the health of African-Americans. *Culture, Medicine, and Psychiatry*, *18*, 163–182. <https://doi.org/10.1007/bf01379448>
- James, S. A., Hartnett, S. A., & Kalsbeek, W. D. (1983). John Henryism and blood pressure differences among Black men. *Journal of Behavioral Medicine*, *6*(3), 259-278. <https://doi.org/10.1007/BF01315113>
- Jones, M. K., Harris, K. J., & Reynolds, A. A. (2021). In their own words: The meaning of the Strong Black Woman schema among Black U.S. college women. *Sex Roles*, *84*, 347-359. <https://doi.org/10.1007/s11199-020-01170-w>
- Lewis, J. A. (2023). Contributions of Black psychology scholars to models of racism and health: Applying intersectionality to center Black women. *American Psychologist*, *78*(4), 576-588. <https://doi.org/10.1037/amp0001141>

- Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for Black women. *Journal of Counseling Psychology, 62*(2), 289–302. <https://doi.org/10.1037/cou0000062>
- Mullings, K. (2006). Resistance and resilience: The Sojourner Syndrome and the social context of reproduction in Central Harlem. In A. J., Schulz & L. Mullings, (eds.), *Gender, race, class, and health* (p. 345-370). Jossey-Bass.
- Pieterse, A. L., Carter, R. T., & Ray, K. V. (2013). Racism-related stress, general life stress, and psychological functioning among Black American women. *Journal of Multicultural Counseling and Development, 41*(1), 36-46. <https://doi.org/10.1002/j.2161-1912.2013.00025.x>
- Spivey, B. N., Abrams, J. A., Watson-Singleton, N. N., & Metzger, I. W. (in press). “I can do bad all by myself”: Indirect effect of social support beliefs on the Strong Black Woman schema and depressive symptoms. *Cultural Diversity and Ethnic Minority Psychology*.
- Woods-Giscombé, C. L. (2010). Superwoman schema: African American women’s views on stress, strength, and health. *Qualitative Health Research, 20*(5), 668–683. <https://doi.org/10.1177/1049732310361892>
- Woods-Giscombé, C. L., Allen, A. M., Black, A. R., Steed, T. C., Li, Y., & Lackey, C. (2019). The Giscombé Superwoman Schema questionnaire: Psychometric properties and associations with mental health and health behaviors in African American women. *Issues in Mental Health Nursing, 40*(8), 672–681. <https://doi.org/10.1080/01612840.2019.1584654>