Big, Black, and strong: does identification with the strong Black woman archetype strengthen the association between racism-related stress and emotional eating?

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BIG, BLACK, AND STRONG: DOES IDENTIFICATION WITH THE STRONG BLACK WOMAN ARCHETYPE STRENGTHEN THE ASSOCIATION BETWEEN RACISM-RELATED STRESS AND EMOTIONAL EATING?

by
Shantel Lorraine Powell

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All praises to the universal architect! None of this would have been possible without the love and unfailing support of the Creator and my ancestors. When thoughts of quitting came across my mind, I am reminded that “the race is not given to the swift or strong, but the one who endures.” Ecclesiastes 9:11. The marathon continues.
Dedication

The decision to pursue a doctoral education was not an easy one. As a young Black woman living over 1,000 miles away from my immediate family presented more than its fair share of trials and tribulations. On a number of occasions, I’ve considered giving up and returning home to my loved ones. Still, I persisted. From an early age, my father instilled within me an undying passion for learning and education. My father taught me that the world, filled with darkness, is desperately seeking light and that I should dedicate my life to being the keeper of light. To this end, I have learned that I must attend to the light within myself. I’m every woman and it’s all in me. I must find the courage to speak the inconvenient truth:

Our inability as a society to address our racialized history inadvertently perpetuates racism both in America and abroad

For too long, Black America have been the source of scorn and animosity. Our presence, an unsightly reminder of a nefarious past and unspoken dialogue. Progress depends on first having the courage to acknowledge past failures and shortcomings. When I embarked upon this research project, I envisioned creating a document that would acknowledge and validate the psychological, social, and spiritual experiences of countless Black women; a document that would explore the cost of racism on the health and wellbeing of people of color. Increased knowledge gives way to our collective ability to reclaim our power. Our time to heal is past due. I dedicate this document to the supreme architect, my ancestors, my family, and all people of color across the globe. I see, feel, and acknowledge your pain. Black women, let this information serve as your pain medication. Your continued bravery gives me the strength and courage to stand as an unstoppable force against all seemingly immovable forces that stand in opposition to our progress as a people.
“The heights by GREAT [WOMBMAN] reached and kept were not attained by sudden flight, but they, while their companions slept, were toiling upwards in the night.” – Henry Wadsworth Longfellow
Table of Contents

Acknowledgments........................................................................................................... ii
Dedication ......................................................................................................................... iii
Abstract .............................................................................................................................. vii
INTRODUCTION .............................................................................................................. 1
   Racism-Related Stress and Emotional Eating................................................................. 4
   The Strong Black Woman Archetype ........................................................................... 6
   Hypotheses and Significance ....................................................................................... 8
METHOD ............................................................................................................................ 9
   Participants .................................................................................................................... 9
   Measures ...................................................................................................................... 9
   Procedure ................................................................................................................... 14
RESULTS ............................................................................................................................ 16
   Missing Data ............................................................................................................... 16
   Preliminary Analyses .................................................................................................. 16
   Major Analyses .......................................................................................................... 18
DISCUSSION ....................................................................................................................... 20
   Implications for Practice ............................................................................................ 22
   Strengths and Limitations ......................................................................................... 24
   Recommendations for Future Research ..................................................................... 25
References.......................................................................................................................... 27

List of Tables

   Table 1. Demographic Characteristics........................................................................ 41
   Table 2. Descriptive Statistics of Study Variables......................................................... 44
   Table 3. Results of the Hierarchical Linear Regression............................................... 45
Table 4. IRRS-B, PSS-4 and SBWAS: Results of Post-hoc Analysis................. 46

List of Figures

Figure 1. Theorized moderation model.......................................................... 47

Appendices

Appendix A. Index on Racism-Related Stress- Brief Version ......................... 48
Appendix B. Perceived Stress Scale (PSS-4) ...................................................... 50
Appendix C. Strong Black Woman Archetype Scale ...................................... 51
Appendix D. Emotional Eating Scale ............................................................... 55
Appendix E. Demographic Questionnaire ....................................................... 56
Appendix F. Recruitment Letter ..................................................................... 58
Appendix G. Recruitment Flyer .................................................................... 59
Appendix H. Informed Consent .................................................................... 60
Abstract

Despite extensive research on the adverse impact of racism related stressors on the health and well-being of people of color (Broman, Mavaddat, & Hsu, 2000; Carter, 2007; Klonoff, Landrine, & Ullman, 1999; Noh & Kaspar, 2003; Pieterse, Carter, & Ray, 2013; Utsey & Payne, 2000), little is known about the influence of racism related stressors on the eating behaviors of Black women. The present study extended the limited literature on this topic by examining the possible contribution of cultural attitudes associated with the Strong Black Women archetype on the relation between racism-related stressors and emotional eating behaviors.

A sample of self-identified Black women (N = 211) was recruited from various colleges and universities across the U.S. Participants completed one of three counterbalanced surveys, which included the Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999), the Perceived Stress Scale 4 (PSS-4; Cohen et al., 1983), the Strong Black Woman Archetype Scale (SBWAS; Woods, 2013), and the Emotional Eating Scale (EES; Arnow et al., 1995).

The full regression model, with weight and perceived level of stress as covariates, accounted for 4.0% of the variance in emotional eating behaviors, as measured by the EES. As a covariate, participant weight was the only significant predictor of emotional eating accounting for 3.5% of the variance. Contrary to prediction, racism-related stressors did not account for significant variance in emotional eating behaviors. Post-hoc analysis revealed a significant association between racism-related stress and perceived stress on identification with the SBW archetype. The implications for working therapeutically with Black women are discussed.
Introduction

“Communities and countries and ultimately the world are only as strong as the health of their women.” –Michelle Obama

“I think the number one thing Black women and all Black people should be paying attention to is our health.” -bell hooks

The history of America is marked by the forced subjugation of Africans by Whites under the institution of slavery. Although this institution has long been outlawed in America, the consequence of this strategic and insidious system continue to have a lasting impact on the lived experiences of African Americans today (herein also referred to as Blacks or Black American). One needs only to observe the health status of members within this community to be made vividly aware of the devastating aftershock that this traumatic institution has had on Black culture. Scholars and healthcare practitioners alike have become particularly interested in understanding the various mental, physical, and spiritual needs of this community and the factors that impact their health and well-being.

The present study addressed one topic that has received increasing attention, weight status and obesity (Broady & Meeks, 2015; Knox-Kazimierczuk., et al., 2018). In a study conducted by Romero, Romero, Shlay, Ogden, and Dabelea (2012), the authors examined the disparity of obesity and other cardiovascular disease risk factors among Whites, Blacks, and Mexican American men and women and found that Black women had the highest rates of obesity when compared to their counterparts. In fact, scholars estimated that approximately 80% of all Black women are either overweight or obese (Wang & Beydoun, 2007). Because being obese increases an individual’s risk for suicide attempts, and premature death (Stice & Shaw, 2002), the health status of Black women has become a public health crisis (Moody et al., 2018).
In an effort to reduce and address the notable health disparities among Black women, increased initiatives have been made for the conduct of culturally sensitive research among this population. To date, research related to obesity and eating disorders among Black women remains relatively sparse, limiting our understanding of factors that contribute to the inflated obesity rates in this population.

While there is no single cause for obesity, a number of factors are implicated in the rising obesity epidemic in America. One factor, *emotional eating*, defined as the tendency to eat in response to an emotional stimulus (Adam & Epel, 2007), has been identified as a contributing factor to obesity (Levitan & Davis, 2010). Research indicates that although individuals of average weight engage in occasional emotional eating behaviors, approximately half (57.3%) of overweight/obese adults engage in emotional eating behaviors with greater frequency and quantity (Peneau, Menard, Mejean, Bellisle, & Hercberg, 2013).

The concept of emotional eating originates in psychosomatic theory (Bruch, 1964). According to this theory, eating behaviors have an unconscious psychological meaning for some individuals. These individuals may turn to food as a way to feel secure and feel comforted, or experience some other positive affect when experiencing a negative emotion like anger, fear, anxiety, depression, boredom, loneliness, or stress (Arnow, Kenardy, & Agras, 1995; Spoor, Bekker, Van Strien, & van Heck, 2007). In this way, authors in the field of race relations have argued that Black women are particularly vulnerable to engage in dysregulated eating behaviors due in part by the stress of occupying, at minimum, two historically disenfranchised identities: race and gender (Beauboeuf-Lafontant, 2003; Myers, 1998; Talleyrand, 2001, 2006; Wangsgaard-Thompson, 1992). Pieterse and Powell (2016) argued that gender is likely to influence how Black women cope with stress, and these intersectional identities (being a Black
women) are likely to exacerbate a person’s experiences of stress. Thus, it would be remiss to investigate the eating behaviors of Black women without considering race and gender as relevant components of the Black woman’s experience.

*Racism-related stress* is defined as, “the race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing individual and collective resources or threaten well-being” (Harrell, 2000, p.44). Authors frequently cite racism-related stress as a source of both chronic (Harrell, 2000; Pieterse & Carter, 2007; Utsey, Ponterotto, Reynolds, & Cancelli, 2000), and daily (Sellers & Shelton, 2003) stress for people of color, contributing to a number of adverse health outcomes (Clark et al., 1999; Harrell, 2000; Pieterse, Carter, & Ray, 2013; Sue et al., 2007; Utsey & Constantine, 2008).

The current study seeks to explore culturally-informed strategies of coping with racism-related stressors among Black women and is rooted in the Lazarus and Folkman’s (1984) Transactional Model of Stress and Coping. This model was developed based on the reasoning that when a person is faced with a stressor, social and cultural resources interact to influence the ways in which the individual appraises and copes with the threat or stressor. According to this theory, Black women may respond differently to stress based on the context of their culture. Recently, scholars have begun to investigate Black women’s identification with the attitudes associated with the Strong Black Woman (SBW) archetype as a culturally informed strategy of coping (Beauboeuf-Lafontant, 2003; Donovan & West, 2014; Graham, 2013; Hamin, 2008; Harrington, Crowther, & Shipherd, 2010; Offutt, 2013; West, Donovan, & Daniel, 2016). The SBW archetype is a multidimensional construct that describes a Black woman’s possession of specific attitudinal and behavioral traits that are generally prized in the African American
community (Romero, 2000). In particular, the archetype describes a Black woman who is extraordinarily strong, independent, resourceful, selfless, and resilient, with emotional suppression and denial of personal needs as integral characteristics (Romero, 2000). The SBW archetype can be difficult to understand in that it can neither be regarded as wholly positive or negative. Although strength is often embraced as an integral component to Black womanhood, strong identification with this archetype has received empirical attention due to its association with harmful health outcomes (Beauboeuf-Lafontant, 2003; Donovan & West, 2014; Graham, 2013; Hamin, 2008; Harrington, Crowther, & Shipherd, 2010; Offutt, 2013; West, Donovan, & Daniel, 2016). Considering this, the SBW archetype will be examined from the perspective of having an adverse impact on the health of Black women.

**Racism-Related Stress and Emotional Eating**

Many scholars have cited racism-related stress as a significant determinant of health, describing the harmful effects of racism-related stress on the mental and physical health of African Americans (Carter, 2007; Clark et al., 1999; Harrell, 2000; Pieterse & Powell, 2016; Pieterse, Todd, Neville, and Carter., 2012; Williams & Mohammed, 2009). In particular, racism and racism-related stress are argued to impact health in three ways:

1. racial stereotypes and negative images can be internalized, denigrating individuals’ self-worth and adversely affecting their social and psychological functioning; 2. racism and discrimination by societal institutions have resulted in minorities’ lower socioeconomic status (SES) and poorer living conditions in which poverty, crime, and violence are persistent stressors that can affect mental health; and 3. racism and discrimination are stressful events that can directly lead to psychological distress and
physiological changes affecting mental health. (Department of Health and Human Services, 2001, p. 39)

The psychological impact of racism-related stress among African Americans include reduced quality of life (Noh & Kaspar, 2003; Utsey & Payne, 2000), decreased life satisfaction (Jackson et al., 1996; Williams, Yu, Jackson, & Anderson, 1997), increased depression (McNeilly et al., 1996; Thompson, 1996), trauma (Carter, 2007), and increased psychological distress (Broman, Mavaddat, & Hsu, 2000; Carter, Forsyth, Mazzula, & Williams, 2005; Klonoff, Landrine, & Ullman, 1999). On the other hand, the physiological impact of racism-related stress includes hypertension (Klonoff & Landrine, 2000; Peters, 2004), low infantile birth weight (Collins, David, Handler, Wall, & Andes, 2004), alcohol and illicit substance use (Borrell et al., 2010), cigarette smoking (Guthrie, Young, Williams, Boyd, & Kintner, 2002; Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003), weight gain (Vines et al., 2007), and excessive abdominal fat (Cozier, Wise, Palmer, & Rosenberg, 2009).

While evidence continues to support the adverse impact of racism-related stress on health and well-being, only a handful of empirical studies have investigated the relation between racism-related stressors and the eating behaviors of Black women (Connolly, 2011; Longmire-Avital, & McQueen, 2019; Mayo, 2012; Talleyrand, 2001). According to Spoor, Bekker, Van Strien, and van Heck (2007), emotional eating has been posited to be a maladaptive coping strategy to regulate one's emotion when dealing with psychological stressors. As such, the current study views emotional eating among Black women as a maladaptive strategy to cope with racism-related stressors. Connolly (2011), for example, explored relations among perceived racism, racial socialization, perceived stress, and overeating in a sample of 201 Black women. Results showed that perceived stress mediated the relation between perceived racism and
overeating. Longmire-Avital and McQueen, (2019) examined the relation between race-related stress and emotional eating among a sample of 149 collegiate Black American women. Results showed that race-related stress was significantly associated with emotional eating. That is, as women experienced greater racism-related stress, their emotional eating behaviors increased.

Mayo (2012) examined racism-related stress, racial identity, and eating behaviors among a sample of 184 African American women located in the northeastern section of the U.S. Results revealed that racial identity mediated the association between racism-related stress and emotional eating. Specifically, the author found the pre-encounter and immersion-emersion racial identity attitudes are predictive of emotional and compulsive eating behaviors. Similarly, Talleyrand (2001) investigated the association between racial identity schemas, perceived racial stressors, and disordered eating in a community-based sample of 127 Black women. Results suggested that Black women’s perceptions of racial stressors was significantly associated with compulsive and emotional eating behaviors. Unlike Mayo (2012), the author did not find that this association was mediated by racial identity.

Given the established relations between racism-related stress and eating behaviors, the need to examine moderating variables has been identified as an important step in furthering our understanding of discrimination and health (Lewis, Cogburn, & Williams, 2015). The Strong Black Woman archetype may be one such moderator. The following section summarizes the literature on the Strong Black Woman archetype.

The Strong Black Woman Archetype

In recent years, there has been an emergence of evidence to suggest that Black women’s identification with the SBW archetype may be associated with a variety of adverse health outcomes. For examples, two qualitative studies found that Black women who strongly endorse
attitudes of the SBW archetype described feeling limited in their ability to seek help and express negative emotions (Beauboeuf-Lafontant, 2009; Nicolaidis et al., 2010). Relatedly, Watson and Hunter (2016) found that Black women tend to report experiencing considerable pressure from the competing messages they receive from society and popular media sources regarding the ideals of the SBW archetype. Specifically, the authors found that the Black women in their sample often felt conflicted between being seen as physically and psychologically strong and adept on the one hand, while also experiencing ambivalence to engage in self-care behaviors out of concern that doing so might make them appear weak.

Quantitative research on the topic has also reported similar findings. Donovan and West (2014), for example, investigated the relation between SBW endorsement, stress, and anxious and depressive symptoms in a sample of 92 Black female college students. The authors found that both moderate and high levels of SBW endorsement significantly increased stress arousal and depressive symptoms. Similarly, Harrington et al. (2010) investigated potential mechanisms through which trauma exposure and distress may be related to binge eating behaviors among 179 African American female trauma survivors. Results showed that stronger identification with the SBW archetype was associated with reduced emotional regulation and increased self-silencing. Specifically, SBW archetype mediated the association between trauma exposure and binge eating.

Theoretically, women who strongly endorse attitudes of the SBW archetype are more likely to suppress their emotions and avoid engaging in help-seeking behaviors (Romero, 2000). In this way, it has been argued that Black women who strongly identify with attitudes and behaviors of the SBW are at an increased vulnerability to engage in maladaptive and harmful coping strategies as a means of circumventing their negative emotions. Literature on the Strong
Black Woman archetype, through anecdotal qualitative and quantitative inquiry, suggests a deleterious association between strong identification with the SBW archetype and health outcomes.

Since this area of inquiry is still in its infancy, the present study was undertaken to provide a greater understanding of the consequences of identifying with the SBW archetype. It was reasoned that an examination of the moderating role of the SBW archetype on the association between racism-related stressors and emotional eating behaviors would contribute to a greater understanding of these constructs.

**Hypotheses and Significance**

The following hypotheses were tested:

1. Identification with the Strong Black Woman archetype will significantly moderate the relation between racism-related stress and emotional eating, controlling for weight and general stress, such that greater identification with the SBW archetype will strengthen the association between racism-related stress and emotional eating.

2. Racism-related stress will have a significant positive relation with emotional eating.

Black scholars have long recommended for the development of culturally-informed programs and interventions based on culturally specific research (Airhihenbuwa & Kumanyika, 1996; James, 2004; Webb et al., 2014). To date, no empirical study has simultaneously examined relations among racism-related stress, identification with the SBW archetype, and the emotional eating behavior of Black women (see Fig. 1).
Method

Participants

In order to determine an adequate sample size, an a priori statistical power analysis was conducted. It was determined that a sample of 199 participants would be needed to achieve .80 power with $\alpha = .05$ (Cohen, 1988). The initial sample consisted of 271 women, but 60 participants were removed. Thirteen individuals did not meet the race eligibility requirement, one participant did not indicate their gender, and the remaining 46 individuals failed to complete more than half of the survey.

As shown in Table 1, the final sample included 211 women who identified as Black, African American, or biracial (with one parent of African descent). Most participants were enrolled in a university (80.6%), as undergraduate (50.7%) or graduate (29.9%) students. Participants’ ages ranged from 18 to 66 years ($M_{\text{age}} = 26.47$, $SD = 9.22$). Their reported height ranged from 4'10" to 6'2" ($M_{\text{height}} = 5'4"$, $SD = 2.70"$), and their weight ranged from 99 to 360 pounds ($M_{\text{weight}} = 164.40$, $SD = 46.10$).

Measures

Index of Race-Related Stress – Brief Version. The Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999; see Appendix A) is one of the most widely-used measures of racism-related stress for African Americans. Shortened from the original 46-item IRRS scale (Utsey & Ponterotto, 1996), the IRRS-B is a 22-item, multi-dimensional scale that assesses race-related stress as a result of encounters with racism.

The original IRRS is based on Jones’s (1997) tripartite model of racism. According to this model, racism-related stress can potentially occur in three domains of African-American life:
individual, institutional, and cultural racism. Items for the original measure were developed by interviews with African Americans from various backgrounds, Utsey’s personal experiences as an African American man, and a review of relevant literature on racism.

The IRRS-B measures three subscales of racism-related stress. Cultural Racism (10 items; e.g., *You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal*), Institutional Racism (6 items; e.g., *You were passed over for an important project although you were more qualified and competent than the White/non Black person given the task*), Individual Racism (6 items; e.g., *While shopping at a store the sales clerk assumed that you couldn’t afford certain items*).

The IRRS-B was validated on a sample of 239 African American participants recruited from a private Catholic university in the northeast, a substance abuse program in an urban center, and the community (Utsey, 1999). Responses to each item are rated on a 5-point Likert-type scale, ranging from 0 (*this has never happened to me*) to 4 (*event happened and I was extremely upset*). The global racism score, which was used in the present analysis, is calculated by summing the total of the three subscales (possible range 0-88), with higher scores indicating greater race-related stress.

Reliability indices of internal consistency measured using Cronbach’s alpha has been reported in the literature as: \( \alpha = .78 \) (Cultural Racism), .69 (Institutional Racism), and .78 (Individual Racism) (Utsey, 1999). The IRRS-B subscales were significantly positively correlated with the Perceived Stress Scale (PSS; Cohen, Karmarck, & Mermelstein, 1983), supporting their construct validity. Adequate criterion-related validity has been demonstrated as evidenced by the measures ability to significantly discriminate between African Americans and
European Americans, suggesting that the scale successfully measures the unique racism-related experiences of African Americans (Utsey & Ponterotto, 1996). Chronbach’s $\alpha = .76$ (Cultural Racism), .63 (Institutional Racism), and .73 (Individual Racism) in prior research (Utsey, 1999).

In the current sample, Cronbach’s $\alpha = .86$ was obtained for the total score.

**The Perceived Stress Scale.** The Perceived Stress Scale 4 (PSS-4; Cohen et al., 1983; see Appendix B) is a 4-item, self-report measure of an individual’s appraisal of general life stress within the previous month. This measure was included to assess the contribution of racism-related stress above and beyond participant’s experiences of general life stress. Example items include, *In the last month, how often have you felt that you were unable to control the important things in your life”* and *In the last month, how often have you felt difficulties were piling up so high that you could not overcome them”.* Responses to each item are rated on a 5-point Likert-type scale, ranging from 0 (never) to 4 (very often). The scores for these items are summed to obtain a total score (possible range 0-16), with higher scores indicating greater perceived stress.

For the purposes of the current investigation, the 4-item version of the PSS was used. The PSS-4 is based on the psychometric properties of the original 14-item measure and is considered psychometrically sound. The four-item abridged version has adequate internal reliability ($\alpha = .60$) (Cohen & Williamson, 1988). In the current sample, Cronbach’s $\alpha = .78$ was obtained for the total score.

**The Strong Black Woman Archetype Scale.** The Strong Black Woman Archetype Scale (SBWAS; Woods, 2013; see Appendix C) is a 36-item instrument used to measure Black women’s identification with culturally normative behaviors and attitudes characteristic of the Strong Black Woman archetype. Woods developed the scale in order to improve the construct
validity, internal consistency, and cultural specificity of previous measures of the SBW archetype.

Specifically, the SBWAS scale measures three factors of the Strong Black Woman archetype (Mask of Strength, Care-Taking, and Self-Reliance/Strength) in eight subscales: Mask of Strength (15 items; e.g., *I try to always maintain my composure*), Perceived Strength (4 items; e.g., *Women of my race have to be strong to survive*), Physical Strength (7 items; e.g., *I can endure more physically than other women*), Caretaking (11 items, e.g., *People often expect me to take care of them*), Self-sacrifice (5 items; e.g., *I will let people down if I take time out for myself*), Emotional Invulnerability (5 items; e.g., *I have too many responsibilities to spend time feeling sorry for myself*), Struggle (8 items; e.g., *The women in my family are survivors*), and Self-reliance (8 items; e.g., *I believe that it is best not to rely on others*). Responses to each item are rated on a 5-point Likert scale, 1 (*strongly disagree*) to 5 (*strongly agree*). Item responses are summed to create subscale and total scores (possible range 36-180), with higher scores being indicative of greater identification with the SBW archetype.

Woods’s (2013) initial scale demonstrated validity with a sample of 234 Black and White female undergraduates. The scale yielded Cronbach alphas values ranging from .77 to .92 (Woods, 2013). The reliability of the measure was documented with an alpha coefficient of \( \alpha = .91 \) for the total scale (Woods, 2013). Similar alphas were documented for the three factors: \( \alpha = .88 \) (Mask of Strength), .79 (Care-Taking), .80 (Self-Reliance/Strength), and .90 (total score). In the current sample, Cronbach’s \( \alpha = .92 \) was obtained for the total score.

**Emotional Eating Scale.** Participants’ levels of emotional eating was measured using the Emotional Eating Scale (EES; Arnow et al., 1995; see Appendix D), a 25-item, measure of the tendency to eat during negative mood states. Each item on the EES consists of an emotion (e.g.,
frustrated, shaky, sad) and the participant is asked to indicate the extent to which experiencing such an emotion makes him or her likely to eat. Responses to each item are rated on a 5-point Likert-type scale ranging from 1 (no desire to eat) to 5 (overwhelming desire to eat). The EES is comprised of three subscales (Anger/Frustration, Anxiety, and Depression) that assess the intensity of the relationship between various negative emotions and the urge to eat. Total scores are obtained by the sum of all responses (possible range 0-100), with higher scores being indicative of an increased likelihood of eating in response to negative emotions. For the present study, the extent of emotional eating is based on total scores (Arnow et al., 1995).

Reliability indices of internal consistency were \( \alpha = .78 \) (Anger/Frustration), .78 (Anxiety), .72 (Depression), and .81 (total score) (Arnow et al., 1995) using a sample of 47 obese women who met the *Diagnostic Statistical Manual of Mental Disorders-III-Revised* (DSM-III-R; American Psychiatric Association, 1987) criteria for bulimia nervosa. Waller and Osman (1998) investigated the internal consistency of the scale in a sample of 51 non-clinical participants and results yielded \( \alpha = 0.93 \).

The EES has been used in several other studies that examined the eating behaviors of Black women (Harrington et al., 2010; Mayo, 2012; Offutt, 2013), with \( \alpha = .95 \) for the total scale (Harrington et al., 2010). The current sample yielded, \( \alpha = .93 \) (total score).

**Demographic questionnaire.** Participants were asked to provide their age, gender, and race to determine if they met the inclusion criteria. The questionnaire was also used to describe the sample in terms of participant’s weight and height, sexual orientation, relationship status, and number of children. Participants were asked to indicate their highest degree sought, and for current students, their current year in school (see Appendix E).
**Procedure**

Black students, faculty, and staff were recruited for participation by email targeted at several colleges and universities across the U.S. Specifically, the researcher contacted African American sororities, clubs, and social groups and requested that the survey link be distributed (see Appendix F). Flyers with information regarding how to access the online survey were also posted on a mid-sized campus in the northeast (see Appendix G). Non-academic Black women were recruited via social media, word of mouth, and through a local hair salon that caters predominantly to Black women and men.

The data were collected on the password-protected site, psychdata.com. Before beginning the survey, participants were presented with an informed consent form which described the purpose of the study, Institutional Review Board (IRB) approval, and participants’ rights, including potential risk or discomfort, and contact information for the investigator, faculty supervisor, and the Office of Regulatory and Research Compliance at the University at Albany (see Appendix H and I). Participants were informed that their participation in the study was strictly voluntary and that they had the right to choose not to respond to any question of the survey or to withdraw from the study at any time. Also, information regarding the National Suicide Prevention Lifeline and Crisis Text Line, two free and anonymous support resources, were all provided in the informed consent.

Three questions regarding race, gender, and age were asked to assess whether the participants met the inclusion criteria. If an individual did not indicate being female, at least 18 years of age, and Black, the study survey would close. Consent for the survey was obtained by clicking “next,” signaling the survey to begin. The survey began with the demographic questionnaire. Following the questionnaire, the four measures were administered randomly. At
the end of the survey, participants were asked to forward the study link to other Black women who might be interested in participating.

As an incentive for participation, a drawing was offered. Participants were informed that by providing their email address or phone number, which the researcher kept separately from their survey responses, they would be eligible to receive one of 20 $25.00 Amazon gift certificates. To be eligible for the drawing, participants were required to complete the entire survey. To give participants the option to refuse to answer any question, the option “choose not to answer” appeared in every item of the survey.
Results

Missing Data

Although 271 individuals participated in the data collection for this study, an initial review of the data resulted in omission of 60 of these cases, leaving a final sample of 211 Black female participants. The majority of omitted participants (n = 46) were removed from the final dataset due to missingness—these participants had neglected to answer at least half of the survey questions. The remaining 14 participants were removed from the final sample because they did not meet the race eligibility requirement (n = 13), or failed to indicate their sex (n = 1). For the remaining 211 participants, less than five percent of the survey responses was omitted. Based on the recommendations of (Parent, 2013), missing values for cases missing less than 5% of data were replaced using the series mean which is an appropriate method when the number of missing items are low and the measures are internally consistent within the sample.

Preliminary Analyses

Test of assumptions. Regression diagnostics were performed on the data to assess whether the various assumptions for multiple regression were met (Cohen et al., 2003). No threats to the independence of data were assumed, based on the design logic and plots of the variables. Scatterplots of the residuals constructed for the study variables revealed that the assumption of linearity was met, since the residuals corresponded to the horizontal line where $y = 0.0$. The assumption of normality was also met, since all skewness and kurtosis scores were within the range of -2 to +2 (Tabachnick & Fidell, 2007). The normal probability plots (i.e., q-q plots) for the measure scores yielded straight diagonal lines, with slopes that roughly $= 1$. In terms of homoscedasticity, when the residuals were plotted against the predictor variables, the
data were evenly clustered about the line, where \( y = 0 \), indicating that this assumption was also met (Cohen et al., 2003).

**Outliers.** To identify outliers, leverage, shifts in the regression coefficients, discrepancy, and influential cases in the model were calculated. No cases exceeded the criterion for centered leverage (\( 3k/n = 0.064 \); Cohen et al., 2003), which indicates whether a given data point exerts undue influence on the model. No cases were identified that exceeded the DFBETA criterion of \( \pm 1.0 \), suggesting no changes in the relative influence of the predictor variables as a result of omitting cases. Influential cases assessed using Cook’s Distance showed that no cases exceeded values greater than the criterion of 1.0 (Tabachnick & Fiddell, 2006).

**Sample comparison tests.** Descriptive statistics were calculated for the whole sample as a first step (see Table 2). To assess for order effects and differences in demographic characteristics across study variables, a multivariate analysis of variance (MANOVA) was conducted. The MANOVA revealed nonsignificant effects for data group order (Wilks’s \( \Lambda = .82 \), \( F(8, 108) = 1.41, p = .199 \); income (Wilks’s \( \Lambda = .78 \), \( F(28, 196) = .504, p = .983 \); educational status (Wilks’s \( \Lambda = .65 \); \( F(20, 180) = 1.24, p = .226 \); relationship status (Wilks’s \( \Lambda = .78 \), \( F(20, 180) = .676, p = .847 \), and ethnicity (Wilks’s \( \Lambda = .94 \), \( F(4, 54) = .91, p = .464 \).

**Intercorrelations.** As the final step before conducting the major analyses, intercorrelations were examined among the four study variables and three of the demographic variables: age, height, and weight. Results (see Table 2) showed that scores on the IRRS were significantly, positively correlated with scores on the PSS (\( r = .27, p < .01 \)) and SBWAS (\( r = .43, p < .01 \)). In addition, the PSS was significantly correlated with SBWAS (\( r = .22, p < .01 \), and EES was significantly correlated with weight (\( r = .20, p < .01 \)).
**Major Analyses**

To test the two hypotheses, a hierarchal linear regression analysis was conducted with EES scores entered as the continuous dependent variable. The covariates identified for inclusion based on significant correlations with the outcome variable (weight, and PSS scores) were entered as continuous predictor variables in the first block. To address the first research question regarding whether adherence to the Strong Black Women archetype strengthens the association between racism-related stress and emotional eating, the interaction term, IRRS x SBW, was added to the regression model as a continuous predictor variable in the second block. Based on the recommendations of Frazier, Tix, and Barron (2004), the scores for the interaction terms were centered to account for multicollinearity.

An examination of the full model indicated that the overall model was nonsignificant ($R^2 = .040, F = .099, p = .754$). That is, Strong Black Woman identification did not significantly moderate the relation between racism-related stress and emotional eating. Therefore, the moderation hypothesis was not supported (see Table 3).

Examining main effects, IRRS scores and SBW scores were entered as continuous predictors in the third block. Results indicated that racism-related stress ($B = 0.15, \beta = .12, t = 1.61, p = .11$), and Strong Black Woman identification ($B = -0.11, \beta = -.10, t = -1.30, p = .21$) did not account for any significant variance in emotional eating. Therefore, the second hypothesis was not supported (see Table 3). Perceived stress ($B = .03, \beta = .01, t = 0.10, p = .94$) was also found to be a nonsignificant predictor in explaining the variance in emotional eating. Participant’s weight, however, was the only variable to account for a significant amount of variation in emotional eating ($B = .08, \beta = .20, t = 3.00, p < .05$). That is, participants who weighed more reported greater emotional eating behaviors.
**Post-hoc analysis.** To address the patterns identified in the bivariate correlation analysis, a regression analysis was performed. SBWAS scores were entered into the regression model as the continuous dependent variable and IRRS-B and PSS-4 scores were added to the model as continuous predictor variables. Results (see Table 4) revealed that the overall model was significant ($R^2 = .25$, $F = 35.4$, $p < .01$). Specifically, racism-related stress and perceived stress accounted for 24.7% of the variance observed in Strong Black Woman scores. Significant unique effects were found for IRRS-B ($b = .361$, $p = .000$, $s = 0.121$) and PSS-4 ($b = .267$, $p = .000$, $s = 0.066$). These results indicated that as participants experienced more racism-related stress and perceived stress, their identification with the Strong Black Woman archetype increased.
Discussion

The current study extends the growing literature base as it relates to racism-related stress and identification with the Strong Black Woman archetype (Connolly, 2011; Mayo, 2012; Talleyrand, 2001). Strong Black Woman archetype was examined as a moderator of the relation between racism-related stress and emotional eating behaviors. Research of this nature is necessary in order to provide a greater understanding of the various racial and cultural factors that impact health and well-being in this vulnerable population.

Overall, the present findings are mixed. Contrary to prediction, the main effects between racism-related stress, Strong Black Woman archetype, and emotional eating were not supported. That is, neither racism-related stress nor the Strong Black Woman archetype was found to be significant predictors of emotional eating behaviors. However, weight was found to be a significant predictor, accounting for 3.5% of the variance in emotional eating in this sample. That is, participants reporting greater weight endorsed more emotional eating behaviors.

Inconsistent with previous research, racism-related stress did not demonstrate a statistically significant relation with emotional eating behaviors (Diggins, Woods-Giscombe, & Waters, 2015; Longmire-Avital & McQueen, 2019). In order to better understand this discrepancy, the author compared the mean scores of the two independent variables, IRRS-B and SBWAS, and the dependent variable, EES against similar studies to assess for scoring similarities and differences. Apart from emotional eating scores, the current sample scored similarly to previous studies with respect to IRRS-B (Bazelais, 2011; Robinson, 2013), and SBWAS (Young, 2018). However, the participants in the current study reported lower scores on the EES ($M = 33.62$) as compared to their counterparts $M = 49.36$ (Offutt, 2013), and $M = 45.96$. 
in other studies (Talleyrand, 2001). This finding seems to suggest that for the current sample, emotional eating was not a highly endorsed strategy of coping with racism-related stressors. It seems possible that there may be some alternative coping strategies used by these women that were not addressed in the current examination.

One possible explanation for the differential findings in emotional eating scores may be attributed to differences in the demographic profile of participants compared to women of similar studies (Mayo, 2012; Talleyrand, 2001). Specifically, the present participants were younger, more educated, and more likely to be enrolled in college. In fact, 80.6% of the women in the current study were enrolled in college.

According to research, race-based stress increases Black college women’s risk of engaging in high-risk drinking behaviors (Pittman & Kaur, 2018). Thus, it is possible that emotional eating behaviors are not the most developmentally relevant coping strategy for Black women with this specific educational and age profile. For this reason, exploring health behaviors other than emotional eating, such as alcohol and substance use, may prove to be more relevant for traditional college students.

Recently, scholars have brought under scrutiny the predictive and discriminative validity of emotional eating scales (Bongers and Jansen, 2016). That is, emotional eating measures cannot be assumed to accurately measure eating in response to emotions. Based on their meta-analysis, Bongers and Jansen argued that instead of measuring eating for emotional purposes, emotional eating measures may more accurately capture impulsivity and or an individual’s tendency to overeat more generally. In that way, the authors also argued that emotional eating scales may only be most helpful when individuals score in the extreme. Based on this reasoning, it is possible that the scale used in this current study was not sensitive enough to capture eating
disturbance in a nonclinical population, where the eating behaviors tend to be less extreme. In future research, including several measures of eating behaviors (i.e., binge-eating and compulsive eating) may yield a better understanding of emotional eating among Black women.

Although no statistically significant association was found between participants’ experiences of racism-related stress, identification with the SBW archetype, and emotional eating behaviors, racism-related stress and perceived stress were significantly correlated with identification the SBW archetype. These findings seem to suggest that identification with the SBW archetype may be a culturally informed coping strategy, such that, when under stress, Black women may respond in ways consistent with the SBW archetype in order to cope with both general and racism-related stressors.

To date, the current literature base has investigated the SBW archetype from the perspective of undermining the health and well-being of Black women, however, it is possible that this understanding is overly simplistic. Instead, researchers should consider the possibility of a curvilinear relation between experiences of stress and identification with the SBW archetype. From this perspective, identification with the SBW may have a zone of optimal functioning. If future research identifies such a zone, interventions can be designed to assist Black women to lead more adaptive and healthier lifestyles by way of increasing or decreasing their identification with the SBW archetype.

Implications for Practice

With respect to clinical practice, since both general and race-related stressors accounted for a significant amount of variance in Black women’s identification with the SBW (24.7%), clinicians should take particular care to familiarize themselves with this archetype. In particular, clinicians should go beyond exploring the theoretical and empirical findings on this construct
and be curious to explore the individual meaning and narrative that a client has constructed around the archetype and the role it serves not only in the client’s life but also in the lives of Black women who are close to her. In doing so, it is likely that the clinician will come to realize the complexity of this archetype and the various meanings, both positive and negative, that are ascribed to it. In this way, clinicians can work from a culturally-informed paradigm to assist Black women in fostering a healthier identification with the Strong Black Woman as well as assist clients in accessing more adaptive strategies of coping with racism-related stress.

The present findings underscore the importance of further investigation of culturally-relevant factors that may influence the eating behaviors of Black women. Despite the nonsignificant relation between participants’ experiences of racism-related stressors, identification with the SBW, and emotional eating behaviors, the obesity rates among this population seems to suggest that there is some unaddressed concern within this population. For this reason, it seems important that clinicians explore their client’s relation with food and feelings surrounding their weight. In doing so, clinicians may be able to identify cultural themes that further their understanding of clients and inform their use of culturally-sensitive interventions. Counselors may also explore how being overweight/obese may influence health on an emotional, physical and psychological level.

Additionally, since Black women of higher socioeconomic status are said to be particularly vulnerable to the development of restrictive forms of eating pathology (White, Hudson, and Campbell, 1985), practitioners are encouraged to make it a standard process to explore the eating behaviors of all Black women, particularly those who are upwardly socially mobile and might not readily appear to have any pathological eating behaviors. Practitioners are also encouraged to consider that many Black women may suffer from disordered eating
behaviors that are not classified by the DSM-5 (American Psychiatric Association, 2013). As such, discussion should remain open to assessing their client for pathological eating behaviors (Mulholland, & Mintz, 2001; Rodgers, Berry, & Franko, 2018; Root, 1990).

Finally, it seems important for clinicians to explore Black women’s susceptibility to societal pressures and influences regarding weight and eating behaviors, especially for upwardly socially mobile Black women at predominantly white institutions. If clinicians can assist these students in understanding the impact of receiving unrealistic and harmful expectations from society, they might be able to minimize the internalization of these messages and assist the client in defining a more healthy and realistic narrative surrounding her own weight, and eating behaviors.

**Strengths and Limitations**

A limitation of the current study is mono-method bias. That is, only one measure was used to assess each variable. Because no single measure is able to encapsulate all dimension of any phenomenological construct, providing multiple means of assessment would allow for multiple perspectives on each variable. In that way, the construct validity could be strengthened.

One strength of this study was the a priori determination of statistical power in selecting an appropriate sample. Second, there was adequate theoretical explanation of the constructs in the study and a detailed explanation of the hypothesized relation between the constructs. The statistical conclusion validity was maximized by use of reliable measures and examination of the data to ensure that the assumptions of multiple regression analysis were met.

Because empirical research relating to the health outcomes among Black women is still relatively limited, another strength of this study was its contribution to the sparse literature with respect to culturally informed research. Also, because participants were not randomly selected, a
limitation of this study was the potential for self-selection bias; that is, it would be difficult to identify factors that distinguish women who choose to participate in the study compared to those who chose not to participate. Moreover, an ex-post facto design does not permit inference of causality.

Finally, the generalizability of the study is limited since the demographic characteristics of the sample are not representative of the larger Black women population. Specifically, the average participant was young, educated, single, and approximately 85% of the sample reported being childless. Future research should replicate this study with different subgroups.

**Recommendations for Future Research**

It is important to highlight that many of the previous studies that examined racism-related stress used the Schedule of Racist Events (Landrine. & Klonoff, 1996; Jones, Cross, & DeFour, 2007; Pieterse, Carter, & Ray, 2013; Talleyrand, 2001). Considering the increased empirical support for this measure, future studies on this topic might seek to use this scale. Additionally, research in this area might consider using the Jackson Hogue Phillips Contextualized Stress Measure (Jackson, Hogue, & Phillips, 2005). This measure was specifically developed to capture the experiences of both racial and gender stress among African American women and thus might provide a more specific and nuanced understanding of the racism-related experiences of Black women.

Because technological advancements are being made at such a rapid rate, it is possible that our current psychological measures are outdated and could benefit from technological integration. In this way, scholars are now urging that psychologists adopt a transdisciplinary approach and collaborate with scholars, innovators, and leaders from all disciplines in the aim of science (Neblett, 2019). Popular social media platforms like Instagram explicitly encourage
scholarly collaboration. Technology use in psychological research may lend itself well to the use of implicit measurement. Considering that survey measures are susceptible to social desirability bias, a burgeoning line of research is beginning to employ the use of implicit measures to examine racial bias (Nosek, Greenwald, & Banaji, 2005) and eating behaviors (Bongers et al., 2013). It has been argued that implicit measures are superior to survey measures since they capture both unconscious and conscious processes (Chae et al., 2017). That is, implicit measures do not directly ask individuals to report their attitudes but instead indirectly measure attitudes by using some form of priming paradigm or dual judgment task (Uhlmann et al., 2012). In this way, implicit measures are thought to override many forms of response bias such as social desirability.

Furthermore, research in this area might also benefit from examining specific subcultures within the Black women community. In this way, scholars begin to highlight the many narratives that reflect Black womanhood, shifting our collective understanding of not only Black women but also providing a greater understanding of the larger Black female experience. To this regard, qualitative research might prove as an invaluable point of inquiry as it gives voice and thereby power for participants to name their specific experience.

Finally, in order to develop culturally-informed preventative and therapeutic interventions that are holistic in nature, a greater understanding of the experiences of Black women is necessary. There are a number of other factors at play that could be studied in a replication and extension of this study, particularly social support (Chang et al., 2008; Thornton et al., 2006), cultural practices (Markey, 2004), and racial identity (Shelton & Sellers, 2000). Considering the general lack of research on Black women, particularly as it relates to eating behaviors, continued study of this population is strongly encouraged.
References


Table 1

Participants’ Demographic Characteristics

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<thead>
<tr>
<th>Variable</th>
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<tr>
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<td>Senior</td>
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<td>Associate degree</td>
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<td>Master's degree</td>
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<td>Income Range</td>
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<td>Percentage</td>
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<td>----------------------</td>
<td>-------</td>
<td>------------</td>
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<tr>
<td>$9,000- $14,999</td>
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</tr>
<tr>
<td>$15,000- $19,999</td>
<td>11</td>
<td>5.2%</td>
</tr>
<tr>
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<td>7.1%</td>
</tr>
<tr>
<td>$25,000- $29,999</td>
<td>13</td>
<td>6.2%</td>
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<td>$40,000- $49,999</td>
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<tr>
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<td>8.5%</td>
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<tr>
<td>I prefer not to answer</td>
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<td>4.7%</td>
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Table 2

Descriptive Statistics of the Study Variables

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<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
<th>Skewness</th>
<th>Kurtosis</th>
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<td></td>
<td></td>
<td>26.47</td>
<td>9.22</td>
<td>18-66</td>
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<td>2. Weight</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>164.40</td>
<td>46.10</td>
<td>99-360</td>
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<td>3.74</td>
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<tr>
<td>3. Height</td>
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<td>.38**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>5'4&quot;</td>
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<td>4'10&quot;-6'3&quot;</td>
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<td>.02</td>
<td>.02</td>
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<td></td>
<td></td>
<td></td>
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<td>15.30</td>
<td>14-84</td>
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<td>0.135</td>
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<td>5. PSS</td>
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<td>.27**</td>
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<td></td>
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<td>-.540</td>
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<td>6. EES</td>
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<td>.20**</td>
<td>.01</td>
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<td>.03</td>
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<td></td>
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<td>18.51</td>
<td>2-85</td>
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<td>-.474</td>
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<td>7. SBWAS</td>
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<td>.01</td>
<td>-.08</td>
<td>.43**</td>
<td>.37**</td>
<td>-.05</td>
<td></td>
<td>129.02</td>
<td>17.38</td>
<td>90-168</td>
<td>-.278</td>
<td>-.402</td>
</tr>
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</table>

\[ \alpha \]

\[ .86 \quad .78 \quad .93 \quad .92 \]

Note. \( N = 211 \). Age; Weight; Height; IRRS-B = Index of Race-Related Stress-Brief Version (Utsey, 1999); PSS-4 = Perceived Stress Scale 4 (Cohen et al., 1983); EES = Emotional Eating Scale (Arnow et al., 1995); SBWAS = Strong Black Woman Archetype Scale (Woods, 2013).
### Table 3

**Results of the Hierarchical Linear Regression Analysis**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>( \beta )</th>
<th>( t )</th>
<th>adj. ( R^2 )</th>
<th>( \Delta R^2 )</th>
<th>( p )</th>
</tr>
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<tbody>
<tr>
<td>Weight</td>
<td>0.200</td>
<td>3.000</td>
<td>0.040</td>
<td>0.004</td>
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<td>PSS-4</td>
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<td>0.081</td>
<td>0.010</td>
<td>0.004</td>
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</tr>
</tbody>
</table>

Step 2

| \( \Delta F(1, 203) = 0.099, p = 0.754 \) |

<table>
<thead>
<tr>
<th>Step 2</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( \Delta R^2 )</th>
<th>( p )</th>
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</thead>
<tbody>
<tr>
<td>IRRS-B</td>
<td>-0.022</td>
<td>-0.314</td>
<td>0.010</td>
<td>0.754</td>
</tr>
<tr>
<td>x SBWAS</td>
<td>-0.022</td>
<td>-0.314</td>
<td>0.010</td>
<td>0.754</td>
</tr>
</tbody>
</table>

Step 3

| \( \Delta F(2, 201) = 1.558, p = 0.213 \) |

<table>
<thead>
<tr>
<th>Step 3</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( \Delta R^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRRS-B</td>
<td>0.124</td>
<td>1.61</td>
<td>0.055</td>
<td>0.110</td>
</tr>
<tr>
<td>SBWAS</td>
<td>-0.102</td>
<td>-1.30</td>
<td>0.055</td>
<td>0.210</td>
</tr>
</tbody>
</table>

*Note. N = 211. Step 1 \( \Delta F(2, 204) = 4.23, p < 0.05 \); Step 2 \( \Delta F(1, 203) = 0.099, p = 0.754 \); Step 3 \( \Delta F(2, 201) = 1.558, p = 0.213 \); IRRS-B = Index of Race-Related Stress-Brief Version (Utsey, 1999); PSS-4 = Perceived Stress Scale 4 (Cohen et al., 1983); EES = Emotional Eating Scale (Arnow et al., 1995); SBWAS = Strong Black Woman Archetype Scale (Woods, 2013).*
Table 4

*IRRS-B, PSS-4 and SBWAS: Results of Post-hoc Analysis*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$\beta$</th>
<th>$t$</th>
<th>adj. $R^2$</th>
<th>$\Delta R^2$</th>
<th>$p$</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.247</td>
<td>.254</td>
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<tr>
<td>IRRS-B</td>
<td>.361</td>
<td>5.81</td>
<td></td>
<td></td>
<td>.00</td>
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<tr>
<td>PSS-4</td>
<td>.267</td>
<td>4.30</td>
<td></td>
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<td>.00</td>
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</tbody>
</table>

*Note. N = 211.*
Figure 1.

Theorized Moderation Model
Appendix A

Index on Racism-Related Stress- Brief Version

This survey questionnaire is intended to sample some of the experiences that Black people have in this country because of their “Blackness.” There are many experiences that a Black person can have in this country because of his/her race. Some events happen just once, some more often, while others may happen frequently. Below you will find listed some of these experiences, for which you are to indicate those that have happened to you or someone very close to you (i.e., a family member of loved one). It is important to note that a person can be affected by those events that happen to people close to them; this is why you are asked to consider such events as applying to your experiences when you complete this questionnaire. Please circle the number on the scale (0-4) that indicates the reaction you had to the event at the time it happened. Do not leave any items blank. If an even has happened more than once, refer to the first time it happened. If an event did not happen circle 0 and go on to the next item.

0=This never happened to me.
1= This event happened, but did not bother me.
2= This event happened & I was slightly upset
3= This event happened & I was upset
4= This event happened & I was extremely upset.

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</thead>
<tbody>
<tr>
<td>1</td>
<td>You notice that crimes committed by White people tend to be romanticized,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>whereas the same crime committed by a Black person is portrayed as savagery, and the</td>
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<tr>
<td></td>
<td>Black person who committed it, as an animal.</td>
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<tr>
<td>2</td>
<td>Sales people/clerks did not say thank you or show other forms of courtesy and respect</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(e.g. put your things in a bag) when you shopped at some White/non Black owned business.</td>
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</tr>
<tr>
<td>3</td>
<td>You notice that when Black people are killed by the police, the media informs the public</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>of the victims’ criminal record or negative information in their background, suggesting</td>
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<td></td>
<td>that they got what they deserved.</td>
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<tr>
<td>4</td>
<td>You have been threatened with physical violence by an individual or group of White/non-</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Blacks.</td>
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</tr>
<tr>
<td>5</td>
<td>You have observed that White kids who commit violent crimes are portrayed as “boys,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>being boys,” while Black kids who commit similar crimes are wild animals.</td>
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<tr>
<td>6</td>
<td>You seldom hear or read anything positive about Black people on radio, TV in newspapers,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>or history books</td>
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<td></td>
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<tr>
<td>7</td>
<td>While shopping at a store the sales clerk assumed that you couldn't afford certain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>items.</td>
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<tr>
<td>8</td>
<td>You were the victim of a crime and the police treated you as if you should just accept</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>it as part of being Black.</td>
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<tr>
<td>9</td>
<td>You were treated with less respect and courtesy than Whites and other non-Blacks while</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>in a store, restaurant, or other business establishment.</td>
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<tr>
<td>10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task.</td>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
<tr>
<td>11. Whites/non-Blacks have stared at you as if you didn’t belong in the same place with them; whether it was a restaurant, theater, or other place of business.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
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<tr>
<td>15. You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race.</td>
<td>0 1 2 3 4</td>
<td></td>
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<tr>
<td>16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up their deeds falsely reported that a Black man was responsible for the crime.</td>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
<tr>
<td>17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18. You have heard racist remarks or comments about Black people spoken with impunity by White public officials or other influential White people.</td>
<td>0 1 2 3 4</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>19. You have been given more work, or the most undesirable jobs at your place of employment while the White/non-Black of equal or less seniority and credentials is given less work, and more desirable tasks.</td>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
<tr>
<td>20. You have heard or seen other Black people express a desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22. You were refused an apartment or other housing; you suspect it was because you're Black.</td>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix B

Perceived Stress Scale (PSS-4)

Instructions: The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an “X” over the square representing HOW OFTEN you felt or thought a certain way.

1. In the last month, how often have you felt that you were unable to control the important things in your life?
   _____ Never _____ Almost Never _____ Sometimes _____ Fairly Often _____ Very Often

2. In the last month, how often have you felt confident about your ability to handle your personal problems?
   _____ Never _____ Almost Never _____ Sometimes _____ Fairly Often _____ Very Often

3. In the last month, how often have you felt that things were going your way?
   _____ Never _____ Almost Never _____ Sometimes _____ Fairly Often _____ Very Often

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
   _____ Never _____ Almost Never _____ Sometimes _____ Fairly Often _____ Very Often
Appendix C

Strong Black Woman Archetype Scale

Instructions: Please read the following items and either fill in the blank or rate how often you think that each of the following statements applies to you.

1. I feel pressured to appear strong, even when I’m feeling weak.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

2. I do not let most people know the “real” me.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

3. Women of my race have to be strong to survive.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

4. I do NOT like to let others know when I am feeling vulnerable.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

5. I will let people down if I take time out for myself.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

6. I am often expected to take care of family members.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

7. I am always helping someone else.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

8. I have difficulty showing my emotions.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

9. I try to always maintain my composure.
   _____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always
10. I am overworked, overwhelmed, and/or underappreciated.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

11. It is difficult for me to share problems with others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

12. I feel uncomfortable asking others for help.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

13. If you have a problem, you should handle it quietly and with dignity.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

14. I do not want others to know if I experience a problem.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

15. I find it difficult to ask others for help.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

16. If I fall apart, I will be a failure.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

17. I tell others that I am fine, even when I am depressed or down.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

18. As I become an adult, it is important that I become financially independent and not expect a boy/girlfriend or husband/wife to support me financially.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

19. At times I feel overwhelmed with problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

20. In order to feel good about myself, I need to feel independent and self-sufficient.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always
21. It is easy for me to tell other people my problems.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

22. People think that I don’t have feelings.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

23. The women in my family are survivors.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

24. Often I look happy enough on the outside, but inwardly I feel overwhelmed and unhappy.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

25. I take on more responsibilities for others than I can comfortably handle.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

26. I feel guilty when I put my own needs before the needs of others.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

27. I believe that it is best not to rely on others.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

28. I often take on other people’s problems.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

29. I am strong.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

30. I cannot rely on others to meet my needs.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

31. I need people to see me as always confident.
_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

32. I am independent.
33. It is important for me to feel strong.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

34. I expect to experience many obstacles in life.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

35. Women of my race are stronger than women of other races.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

36. People often expect me to take care of them.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always
Appendix D

Emotional Eating Scale

We all respond to different emotions in different ways. Some types of feelings lead people to experience an urge to eat. Please indicate the extent to which the following feelings lead you to feel an urge to eat by checking the appropriate box.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>No desire to eat</th>
<th>A small desire to eat</th>
<th>A moderate desire to eat</th>
<th>A strong desire to eat</th>
<th>An overwhelming urge to eat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resentful</td>
<td></td>
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<tr>
<td>Discouraged</td>
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<tr>
<td>Shaky</td>
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<tr>
<td>Worn out</td>
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<tr>
<td>Inadequate</td>
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<tr>
<td>Excited</td>
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<tr>
<td>Rebellious</td>
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<td>Blue</td>
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<tr>
<td>Jittery</td>
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<td>Sad</td>
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<td>Uneasy</td>
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<td>Irritated</td>
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<td>Jealous</td>
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<td>Worried</td>
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<td>Frustrated</td>
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<td>Lonely</td>
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<td>Furious</td>
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<td>On edge</td>
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<td>Angry</td>
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<td>Guilty</td>
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<td>Bored</td>
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<td>Helpless</td>
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<td>Upset</td>
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Appendix E
Demographic Questionnaire

Please answer each of the following questions. If you cannot respond to one of the questions, please write N/A in the space provided.

1. What is your age? Drop down select option with “prefer not to answer” option_______.
2. What is your sex (prefer not to answer/female/male/intersex/other)?____________
   a. Other (specify:________________________)
3. What is your race?
   A. Prefer not to answer
   B. White
   C. Black or African American
   D. Biracial (with one parent of African Descent)
   E. American Indian, Alaska Native, Native Hawaiian, or Pacific Islander
   F. Asian
   G. Other (specify:________________________)
4. Think of which ethnic subgroup best describes you
   A. African
   B. African American
   B. Caribbean American
   D. Black Hispanic
   E. Other (specify:________________________)
5. What country were you born in?_____________________________
   ____________________________________________________________
6. If you were not born in the U.S., how many years have you lived in the
   US?________________________
6. What is your sexual orientation?_______________________________
8. What is your marital/relationship status?
   A. Single
   B. In a relationship
   C. Engaged
   D. Married
9. Do you have any children (circle one) YES  NO
   If yes, how many children do you have? ________________

10. If you are currently in college, what is your classification? (if not in college go to 12)
    Freshman  Sophomore  Junior  Senior  Graduate student

11. What is the highest education degree that you have obtained?
    A. None
    B. High school diploma
    C. Associate degree
    D. Vocational degree (e.g. cosmetology school, etc.)
    E. Bachelor’s degree
    F. Master’s degree
    G. Ph.D., J.D., M.D., etc.

12. Which number comes closest to the range of your total household income last year?
    Under $9,000
    $9,000- $14,999
    $15,000- $19,999
    $20,000- $24,999
    $25,000- $29,999
    $30,000- $39,999
    $40,000- $49,999
    $50,000- $79,999
    $80,000- $99,999
    $100,000 or more
    I don’t know
    I prefer not to answer

13. How many people, including yourself, are supported by your household income? __
14. How many people in your household are children (under the age of 18 years)?____
15. What is your height? ____________________________________________
16. What is your weight? ____________________________________________
Appendix F

Recruitment Letter

Greetings,

My name is Shantel Powell and I am writing to ask for your participation in my dissertation study, which, broadly speaking has to do with the cost of racism on health outcomes among Black women. Specifically, this study seeks to examine how Black women’s experiences of racism-related stress, and endorsement of culturally-relevant attitudes impact eating behaviors among this group. The survey has been reviewed and approved by the Institutional Review Board at the University at Albany.

As an appreciation for your time, a drawing will be done and participants who complete the survey will be eligible to win one of 20 $25.00 Visa gift cards. You are eligible to fill out this survey if you are: female, identify as Black or African American, and are at least 18 years of age or older.

Your responses will be kept confidential and password protected. At any time throughout the survey, you have the ability to withdraw from the study. The survey is not expected to cause any harm or adverse psychological impact. If interested, participants can email the researcher to have the final data and findings distributed to them.

If you agree to take part in the study, you will be asked to complete a brief, anonymous survey measuring your experiences of racism-related stress, endorsement of SBW cultural attitudes, and emotional eating behaviors. In total, these measures, including demographic questionnaire, should take no more than 15 minutes to complete.

As a final reminder, you may choose to withdraw from the study at any time and may choose not to answer any questions of the survey.

In order to see the survey, please click on the following link:

http://bit.ly/2poPOqG

Thank you in advance for your time.

With gratitude,
Shantel Powell
Shantel L. Powell, B.S.
Doctoral Candidate
Division of Counseling Psychology
Department of Educational and Counseling Psychology
University at Albany, State University of New York
Albany, NY 12222
PARTICIPANTS NEEDED:  
Personal Experiences of African American Women

Eligibility Requirements:
✓ 18 years of age of older
✓ Identify as an African American or Black woman?

This online research study examines the personal experiences of African American & Black women

Participants who complete the survey can enter a drawing to earn 1 of 20 $25 Visa gift cards. To complete the survey, please visit:

This study is being conducted by Shantel Powell, PhD candidate in the Department of Educational & Counseling Psychology at the University at Albany/SUNY under the supervision of Dr. Alex Pieterse, Professor. Questions or concerns please contact:
Appendix H

Informed Consent

Greetings!

My name is Shantel Powell, and I am a doctoral candidate in the Department of Educational and Counseling Psychology at the University at Albany, State University of New York. I am writing to invite you to participate in my dissertation research study concerning the eating behaviors of Black women. This study has been approved by the University of Albany’s Institutional Review Board (IRB). I am aware that your time is very valuable so I would like to thank you in advance for your time and participation in my study. To express my gratitude and appreciation, a drawing will be done and participants who complete the study will be eligible to receive one of 20 $25.00 Visa gift card. To enter the drawing, you must provide your email address at the end of the survey. Your email address will be stored separately from survey responses to ensure confidentiality.

This study seeks to better understand the various lived experiences of Black women in America. The following questionnaire packet includes measures that examine experiences of racism-related stress, cultural attitudes, and eating behaviors. In total, these measures should take approximately 15 minutes to complete.

Participation in the study is voluntary and your responses will be kept confidential. You may choose to withdraw from the study at any time without penalty. You may also omit responses to questions you prefer not to answer. Continuing to the online survey will indicate your consent to participate.

As a participant in this research, you should read and understand the following statements:

- To be eligible for participation, you should be at least 18 years of age, identify as Black, and be born a biological woman.
- Participation in this research is VOLUNTARY. You are free to withdraw from the study at any time without penalty.
- Your responses will be kept CONFIDENTIAL to the best extent possible.
  - To help protect your confidentiality, any information you provide will only be reported as grouped data with other participants’ responses.
  - None of the responses you provide or coding that is used in your responses will be able to identify you as an individual.
  - You should close your Internet browser after responding to the survey so that an outside party cannot press “back” and view your responses.
  - You should not leave your computer until you have responded to the survey and closed the browser, or another party may be able to view your responses while your station is unattended.
Anticipated risks associated with participation in this study are minimal. The only foreseeable risk is the unlikely event that you will experience minor psychological discomfort when recalling your experiences of racism. In the event that the survey causes severe psychological distress, please contact the National Suicide Prevention Lifeline at 1800-273-8255 or the Crisis Text Line at 741-741. Both provide free, anonymous support 24 hours a day, seven days a week.

**Contact Information**
This project has been approved by the University at Albany’s Institutional Review Board. Approval of this project only signifies that the procedures adequately protect the rights and welfare of the participants. If you have any questions about this research, please contact me at slpowell@albany.edu or my faculty advisor, Alex Pieterse, Ph.D., at apieterse@albany.edu.

**Your Rights as a Research Participant**
If you have any questions concerning your rights as a research participant that have not been answered by the investigator or if you wish to report any concerns about the study, you may contact the University at Albany’s Office of Regulatory Research Compliance at 518-437-3850 or orrc@uamail.albany.edu or compliance@albany.edu.

**DIRECTIONS:**
By moving to the next page and answering the survey questions, you will be:

(a) Consenting to participate in the study
(b) Indicating that you identify as a Black female
(c) Indicating that you are at least 18 years of age or older

With gratitude,

**Shantel L. Powell**

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