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## Examining Crying Frequency and Duration in African American Women Dealing With Racism

Anika Fonson  
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# Walden University

College of Social and Behavioral Sciences

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Anika Fonson

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Walden University  
2021

Abstract

Examining Crying Frequency and Duration in African American

Women Dealing With Racism

by

Anika Fonson

MA, American College of Education, 2009

BS, Loyola University, 1995

Dissertation Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

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## Abstract

The research concerning adult crying is limited, and no studies have been conducted using African American women. The purpose of this quantitative non-experimental study was to explore if crying acts as a coping mechanism for African American women faced with racism and if crying is related to positive mental health outcomes. Past research has indicated that women experiencing racism may seek out support as described by the tend and befriend theory. Crying has been described as a form of release when people are in positions in which they find it hard to cope. A sample of 140 African American women were asked about their experiences with racism. Fifty-five percent reported that they had experienced racism in the previous 6 months. Of those women, 27% indicated that they cried during or after the incident. Women who did not cry reported better mental health than those who did cry. Women who reported higher use of the hypervigilance racism-related coping strategy were more likely to have lower mental health scores. The results demonstrated that although some African American women used crying as a coping mechanism, most of the African American women did not cry after their experience with racism. This study promotes positive social change because it presented some valuable information about the ways African American women cope with racism and provides a deeper understanding about how racism affects the emotional well-being of Black women. The results of this study can help experts in psychology understand the stress and pain that comes with racism and the trauma that is associated with it.

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## Dedication

I dedicate my dissertation work to my mother, Ms. Carolyn Fonson. My mother has been my biggest supporter during this 10-year process. There were many times when I wanted to give up. But my mother encouraged me to continue. Throughout this process, my mother has prayed with and for me. She has given me positive, uplifting words of encouragement. She would even cite some of the words of the songs that I used to sing when I was in the choir at my old church. I know that I would not have made it through without my mom and her unrelenting support.

I also dedicate my dissertation work to my aunt, Mary Alice Johnson. My aunt has always encouraged and motivated me. My aunt always reminds me that God and the Holy Spirit live within me and therefore I can do anything. She always managed to make me laugh during difficult times. My aunt always let me know that she was there if I needed her, and I could not have made it without her support.

I also dedicate my dissertation to the rest of my family and close friends. There are too many to name. Please know that if you took the time to complete my survey, check on me while I was enrolled in school, or gave me an inspirational message of support and encouragement, I love and appreciate you for doing so.

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Dr. Frierson became my committee member after another committee member had to withdraw. Dr. Frierson became interested after I explained my research and she joined the committee without any hesitation. She gave her insight whenever it was needed, and I greatly appreciate it.

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## Chapter 1: Introduction to the Study

### **Background of the Study**

Everett et al. (2010) reported that in 2000, about 6.4% of the U.S. population was African American, and that Black women represented more than half of these 36.4 million people. African American women juggle many different roles while being faced with racial adversity. One of these roles may include motherhood. Many African American women are the heads of their household, and they often work full time while raising their children. Often, they deal with racism while as employees. Linnabery et al. (2014) reported that Black women encounter different job demands than their White coworkers; often, they experience less control as well. Many African American women feel that they must prioritize those demands (Watson & Hunter, 2016). The roles of African American women are briefly discussed below. It is important to note that the terms Black and African American are used interchangeably throughout this dissertation.

### **The Roles of Black Women**

Hall (2018) reported that Black women are often oppressed because they are both Black and female; being both Black and female is not easily separated by some African American women. Despite the forces that continue to oppress them, Black women have maintained their important roles of mother and provider, in advancement of the Black community (Hall, 2018). Family has always been an important part of the Black community. Although the structure of many American families is shifting, Gilford and Reynolds (2011) reported that the importance of family remains constant in Black families. A significant transformation in the structure of African American families

occurred with the rise in the number of female-headed households (Boyd-Franklin, 1989). Women have an important role when it comes to the advancement and solidity of the African American family (Gilford & Reynolds, 2011).

African American women serve in a variety of roles at once, including mother, daughter, wife, employee, or business owner. Some may even be taking care of an ailing parent or raising a sibling or relative's child because of extenuating circumstances (Donovan & West, 2015). These are some of the daily responsibilities African American women juggle while they may be simultaneously dealing with health challenges and job stressors that may or may not include racism.

Black women have unparalleled racism and sexism experiences connected to their upbringing. Prejudice and sexism are stressors that add to elevated levels of psychosocial hazards among African American women (Clark et al., 1999; Utsey & Ponterotto, 1996). Analysts have discovered that African American women experience more noteworthy bleakness and mortality at more youthful ages from pressure and stress-related maladies than their European American counterparts (Schulz et al., 2000). African American women will generally have more negative encounters in the work environment than White people (Buchanan & Fitzgerald, 2008; Thomas & Alderfer, 1989). Racism is a common occurrence that causes psychological anguish for many African Americans (Brown et al., 2003; Clark et al., 1999).

African American women also have a distinctive set of core values that guide their thinking, behavior, and interactions with others. Black women have been raised to be strong, self-sustaining, and unbreakable (Shorter-Gooden & Jackson, 2000). This is

one reason they take on many tasks and roles. Because Black women are supposed to be strong, many feel that they are expected to handle many tasks without complaining (Watson & Hunter, 2016). Historically, the strong Black woman (SBW) persona has often been an integral part of being an African American woman (Settles et al., 2008; Shorter-Gooden & Washington, 1996).

The SBW ideology came into existence because of Black women's attempts to rebuke demeaning perceptions and comparisons of Black woman to negative characters such as mammy and Jezebel (Beauboeuf-Lafontant, 2003; Harris-Lacewell, 2001). A mammy is a U.S. stereotype for Black women slaves who served White families in the plantation home during the enslavement of African Americans. Although real mammies did exist during that period, they did not look or act like the anecdotal mammies presented in books and the media who were broad, dark skinned, and constantly eager to please with a grin (Donovan & West, 2015). A Jezebel is an attractive, attention seeking woman. She uses her looks to attract a member of the opposite sex and conceivably plots to use someone who is affluent to improve her life circumstances (Beauboeuf-Lafontant, 2003; Domingue, 2015; Harris-Lacewell, 2001).

Moody and Lewis (2019) reported that Black women are often treated in a manner that is associated with stereotypes. Black women have reported they have been treated as an angry Black woman or a hypersexualized Jezebel, have negative comments made about their natural hair and facial features, and are marginalized in professional setting (Lewis et al., 2016). To rebuke these stereotypes, African American women often believe they must be the SBW when they are faced with adversities. Mitchell and Herring

(1998) discussed the superwoman complex, which has developed into the SBW phenomenon—the belief that Black women are strong, self-sufficient, unselfish, and indestructible that leads them to believe that they can handle anything.

The SBW complex suggests that Black women believe they can and should be able to manage several tasks successfully, prevail over hardships, and be leaders in the family and community while also dealing with racism and sexism without a complaint (Beauboeuf-Lafontant, 2003; Harris-Lacewell, 2001). Juggling many responsibilities at one time can be difficult. Fulfilling the many roles means that the SBW often neglects herself because of the many tasks she undertakes. Trying to be strong while handling stressful tasks can cause some women to resist to address their emotional distress or need for social-emotional support and services (Gainor, 1992; Greene, 1994; Shambley-Ebron & Boyle, 2006; West, 1995). This is especially true for Black women who were raised to believe that a SBW should be able to juggle her many roles without asking for help. The SBW can feel inferior or powerless when she does not accomplish the tasks that she simultaneously embarks upon, especially if she must ask for help (Greene, 1994).

Black women might feel isolated, not entitled to a moment of weakness, or unable to relax (Greene, 1994). Black women are often viewed as mentally indestructible and emotionally sound (Romero, 2000). On the surface, it may appear that being a SBW helps them accomplish many tasks. The SBW role does not grant Black women the opportunity to reduce their stress (Beauboeuf-Lafontant, 2009; Harrington et al., 2010). This is because they feel the need to fulfill one demand after another while trying to juggle them successfully. But this can lead to a variety of negative health outcomes.



Evidence suggests a correlation between SBW and poor mental health, which can include feelings of depression and anxiety (Beauboeuf-Lafontant, 2009; Romero, 2000; Woods-Giscombé, 2010). It is important that SBWs realize that it is okay to ask for help and doing so does not make them a failure or weak.

Greer et al. (2009) explained that Black women are susceptible to stress that stems from racism. Greer (2011) found that Black women frequently encounter racism and are often confronted with negative stereotypes pertaining to their race and gender. Black women face challenges in the workplace because of their race and gender (U.S. Department of Labor, 2010). Researchers have suggested that Black women have higher rates of unemployment and often work in environments where chances of advancement are minimal (Hughes & Dodge, 1997; U.S. Census Bureau, 2006). Researchers have demonstrated that Black women are subjected to negative stereotypes in the workplace that could include the belief that they are mediocre and unintelligent (Holder et al., 2015; Sue et al., 2009). Bigotry and sexism are unmistakable stressors that contribute to the negative psychosocial well-being of African American women. Carter et al. (2016) revealed that early exposure to discrimination can drastically alter the body's regulatory systems and can increase the chances of long-term disease and depression. Therefore, racism has a negative effect on the physical and emotional state of Black women.

### **Racism and Black Women**

African Americans have dealt with discrimination and systemic racism for decades. Structural racism has kept African Americans from equal access to wealth, employment, and healthcare (Yearby (2018). Mendez et al. (2014) reported that research

(e.g., Lewis et al., 2016; Osypuk & Acevedo-Garcia, 2010) has found that redlining and segregation are features of American racial inequality.

Historically, there have been many disparities between African Americans and Whites. These disparities apply to insurance coverage, lack of healthier food choices in many African American neighborhoods, and unevenness in distribution of governmentally funded materials in neighborhood schools. African Americans are the most financially distraught socioeconomic groups in the nation (Bartholomew et al., 2018). Although there have been many advances in life circumstances of African Americans, they still experience illness at high rates and have a lower life expectancy than other ethnic groups.

Although African Americans are no longer enslaved and have the same legal rights as their White counterparts, they face stressful social injustices daily. Archibald et al. (2012) reported that African Americans have more incidents of daily social injustices than do Whites at any socioeconomic level. Moody and Lewis (2019) reported literature, both theoretical and empirical, on the association between perceived racism and health outcomes of African Americans (e.g., Paradies, 2006; Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Utsey et al., 2000). However, little research has been conducted on the effect of racism and sexism on the lives of African American women. Black women are faced with racism throughout their lifetime. They are often the target of racial discrimination in the workplace, public institutions, and major colleges and universities.

Racism can be blatant or subtle. Blatant racism is often referred to as macroaggressions that are overt, purposeful acts of racial discrimination. Blatant racism

often takes the form of direct verbal insults or degrading comments or jokes (D'Augelli & Hershberger, 1993). Subtle racism is often referred to as microaggressions. Sue and Sue (2007) defined microaggressions as “the brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group” (p. 5). Pieterse et al. (2012) and Utsey and Ponterotto (1999) reported that discrimination affects people of color and women from diverse ethnic backgrounds. Racism stressors are the cause of negative health-related issues and are greater in number for Black women than White women (Woods-Giscombé & Lobel, 2008). Psychological outcomes, including decreased self-esteem, have been connected to dealing with racism. (Jones et al., 2007). Constant exposure to racial prejudice is connected to an increased risk of cardiovascular problems (Versey & Curtin, 2016). Black women’s health disparities make them at higher risk for death after developing chronic illnesses (Bartholomew et al., 2018) and the lack of access to comprehensive health care affects their health (Prestes & Paiva, 2016).

Black women deal with distinctive stressors that are connected to both racial and gender discrimination. Black women frequently encounter racism and are often confronted with negative stereotypes pertaining to their race and gender (Greer, 2011). Stereotyping is a constant stressor that could be detrimental to their well-being (Hall et al., 2012). Racism can negatively affect the lives of African Americans both physically and mentally (Carr et al., 2014; Pieterse et al., 2012). The psychological discomfort

suffered by Black women because of sexual objectification and gendered racism can lead to depressive symptoms (Bartholomew et al., 2018).

Black women cope with racism in many ways. Some Black women rely on God or their spirituality (Holder et al., 2015). Prayer and meditation are also practices implemented when coping with racism. Participating in physical activity, vacations, and spending time with family are also ways that help Black women cope with racism. Black women might also turn to mentorship or a trusted group of individuals to help them with self-empowerment when faced with racism in the workplace (Holder et al., 2015).

Although Black women have several ways that they cope with racism, it can still be detrimental to their mental well-being. Race-related stress is connected to negative psychological health for Black women (Greer, 2008). Poor psychological health might lead to a plethora of reactions including anxiety, depression, and crying episodes. This study investigated whether crying is one of the coping mechanisms Black women use to cope with racism. Crying is often seen as a coping mechanism and a cathartic process that could help some people while being unhelpful for others.

### **Crying**

Although crying is a widespread expression of emotion, studies in the field of psychology that address adult crying are minimal. Crying is an emotional expression that has not been studied in detail by psychological experts (Rottenberg, Bylsma, et al., 2008). Several studies about crying have increased our understanding about this universal phenomenon. Vingerhoets et al. (2000) reported that crying is a form of communication that conveys many different messages and is an extremely powerful expression of

emotion. Crying is one of the earliest and most basic mammalian vocalizations (Newman, 2007). Crying is an innate form of communication for humans. It is symbolic of a variety of emotions and people cry for different reasons. These reasons include but are not limited to feelings of sadness, depression, or anxiety.

Crying is often seen as a purgative process that helps some people overcome what is troubling them. Some features of crying are cathartic (Rottenberg, Bylsma, et al., 2008). The social support received when crying can bring a new understanding of the event and provide a catharsis (Rottenberg, Bylsma, et al., 2008). Vingerhoets et al. (2000) posited that crying has many purposes in different circumstances, which makes the connection between crying and coping very complicated. Powerlessness, helplessness, sadness, anger, fear, and disappointment can be triggered when comforted with a distressing event and can cause people to cry (Vingerhoets & Bylsma, 2016).

Few studies about adult crying have been conducted and most have been conducted with non-African American participants. Drenger et al. (2017) investigated attachment orientations and adult crying. Their sample size consisted of 121 Israeli participants. Rottenberg, Cevaal, et al. (2008) conducted a study that investigated if mood disorders are altered after crying. The participants for this study were from the Dutch population and did not include any African Americans. Laan et al. (2012) conducted a crying study with Dutch college students. The participants included 1,146 men (37.8%) and 1,886 women (62.2%) who responded to recruitment at the website of the Dutch National Radio. Laan et al. found that gender, personality traits, and social learning

should be considered when looking at adult crying. Although informative, the study contained no African American participants.

Bartholomew and Horowitz (1991) analyzed the connection between attachment style and crying frequency. Their study population consisted of same sex college friends that included only 4% Black participants. Bartholomew and Horowitz found that individuals with a dismissive attachment style were associated with a low crying frequency, while preoccupied participants had an increase in crying frequency. Although their study contains valuable information about crying, there few African American participants in the study. The present study is different because it focused on African American women crying about racism and the frequency and duration of the crying episode.

Much of the research addressing crying episodes has concentrated on Caucasian college students and adults (Bylsma et al., 2011; Choti et al., 1987; Cretser et al., 1982; Van Hemert et al., 2011; Vingerhoets et al., 1993). Research suggests that crying can be therapeutic and beneficial for one's psycho-emotional well-being (Cornelius, 1986, 2001; van Hemert et al., 2011). Racism can be detrimental to one's mental health and crying may be therapeutic. Therefore, this study looked at frequency and duration of crying in African American women faced with racism. A study that focuses on crying among African American women presented with racism has never been conducted before.

### **Problem Statement**

African Americans encounter racial discrimination multiple times during their lifetime (Seawell et al., 2014). Racism is the act of treating someone unfairly because of

their racial or ethnic background (Williams & Williams-Morris, 2000). Although media outlets tend to focus on racial injustices and discrimination surrounding African American men, African American women experience racial discrimination as well.

Moody and Lewis (2019) discussed the intersectionality of being Black and female. The researchers hypothesized that Black women do not experience sexism because they are female or encounter racism because they are Black but contend with a unique type of oppression that is at the intersection of being Black women. Racism can negatively affect the lives of African Americans physically and mentally (Carr et al., 2014; Pieterse et al., 2012). Discrimination can lead to a decline in mental health (Gibbons et al., 2014). Many Black women who face racism are left feeling frustrated and angry while trying to find a way to cope with the situation.

Studies have demonstrated a significant connection between a high frequency of microaggression and unfavorable health issues, which can include negative mood (Moody & Lewis, 2019). Race-related stress is connected to negative psychological health for Black women (Greer, 2008). Poor psychological health could lead to reactions including anxiety, depression, and possible crying episodes. People cry for many reasons that include but are not limited to feelings of sadness, depression, or anxiety. Greer (2008) explained that crying is often seen as a coping mechanism and a cathartic process that helps some people while is unhelpful for others.

Crying in response to racism is a topic that has not been explored among Black women. Little information is available about Black women and crying when they are faced with racism. This is disconcerting because Black women are often the mainstay of

their communities (Bronder et al., 2014). Black women are a marginalized group that has been overlooked in health research (Watson, Robinson, et al., 2016). I undertook this study to fill this gap in research.

### **Purpose of the Study**

The purpose of this study was to explore if African American women use crying as a coping mechanism when they are faced with racism and the frequency and duration of their crying. I also sought to determine if crying about racism is related to positive mental health outcomes. This study was important because it allows others to understand how racism affects the emotional well-being of Black women. The results of this study may provide insight into the various feelings Black women experience when crying about racism. This study allowed African American women the opportunity to contribute to the field of psychology. Much of the research concerning crying has focused on a population that consists mainly of Caucasian adults and college students. This research helps fill a gap by focusing specifically on African American women because there has never been a study about crying with an African American female population.

### **Research Questions**

Finding answers to four research questions guided the purpose of this study:

RQ1. Is crying one of the coping mechanisms that Black women use when confronted with racism?

RQ2. What is the frequency and duration of crying among African American women faced with racism?



RQ3. Is crying about racism related to positive mental health as measured by the Mental Health Inventory-18 (MHI-18)?

RQ4. What is the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the Racism-Related Coping Scale (RRCS)?

H<sub>0</sub>: Crying is not a coping mechanism for Black women exposed to racism and it is not related to positive mental health outcomes.

H<sub>A</sub>: Crying is a coping mechanism for Black women exposed to racism and it is related to positive mental health outcomes.

### **Theoretical Framework**

Bindra (1972) surmised that crying is a form of release when people are in positions in which they find it hard to cope. Bindra believed that crying was a type of coping mechanism, a biological process that was the result of dealing with difficult situations. The tears are like a release of the strain that a person is feeling. Bindra thought that crying happens when one's emotional mind frame is heightened to the point where typical coping management is too difficult. This is one of the theoretical frameworks that guided this study and was used to understand if crying about racism helps lead to positive mental health outcomes.

Another relevant theory that guided this study was the tend and befriend theory proposed by Taylor et al. (2000). The tend and befriend theory postulates that men and women are biologically built to handle stress in different ways. Black women often must be emotionally strong when dealing with a stressor such as racism. Black women are

likely to suffer from poor social-emotional health, low self-esteem, and stress that might lead to depression or episodes of crying. Taylor et al. posited the belief that women are likely to search for the company of others when they are dealing with stress. The tend and befriend theory postulates that women are likely to rely on their family and friends as a means of support when dealing with racism—a stressor. The tend and befriend theory can be used to help others understand how Black women often rely on the support of family, friends, or mentors when they face difficult situations such as racism.

### **Implications for Social Change**

Racism has deleterious repercussions on the mental well-being of African Americans (Clark et al., 1999; Franklin & Boyd-Franklin, 2000; Hudson et al., 2015). It is important to understand that the repercussions affect the cultural experience of African Americans. It is necessary to understand group cultural dynamics to analyze why Black women cry in response to racism (Vingerhoets & Bylsma, 2016). It is important to understand the stressors that regularly affect African Americans. Researchers have shown that African Americans experience psychosocial stressors that are connected to their ethnicity and socioeconomic status (Barksdale et al., 2009; James, 1994). The constant exposure to psychosocial stressors could cause a variety of emotions, especially frustration, powerlessness, and helplessness (Moody & Lewis, 2019).

Bryant-Davis and Tummala-Narra (2017) reported a lack of data surrounding issues of racism in psychological research. By allowing Black women to share their experiences with racism, people should acquire a deeper understanding of how racism negatively affects Black women. The experiences clarify how racism causes Black

women to put forth extra effort to thrive in a society that regards them as less than equal. Exposure to racism leads to poor social-emotional health and might result in crying.

Women who exhibit the superwoman complex believe that they can juggle many tasks simultaneously and satisfactorily (Mitchell & Herring, 1998). People might not realize the negative effect racism has on Black women, especially because they are often raised and taught to be the SBW. Although Black women often feel that they must be the SBW, the racism they face can have a negative effect on their physical and emotional state (Pascoe & Smart Richman, 2009; Pieterse et al., 2012).

Results from this study allow others to see how racism negatively affects Black women. This research also has positive social implications because of the gap in this area of study. Because much of the research about crying focuses primarily on Caucasians, this study helped close the gap and added valuable information to the field. This study is significant because it allows Black women the opportunity to contribute meaningful research to the field of psychology.

### **Summary**

Black women frequently encounter racism (Greer, 2011). This is disconcerting because Black women are often the mainstay of their communities. Vingerhoets and Bylsma (2016) stated that culture is a factor that needs to be considered when analyzing things that make people cry. African American men and women continue to face racism daily. Black women continue to deal with racism frequently, whether subtle or blatant. Racism has many psychological ramifications that have a negative effect on Black

women. Those who deal with racism might experience sadness, anxiety, and depression, which might also lead to crying.

The objective of this study was to explore the connection between racism and crying among Black women. This study is significant because it allows others to understand how racism affects Black women and their social-emotional well-being. This study also helped determine if crying is a coping mechanism that Black women use when they are faced with racism. This study also investigated the emotions present in Black women when crying occurs because of racism.

By specifically focusing on Black women, I hope to (a) help close the gap in the study of African American women and crying, (b) analyze the crying experiences of Black women exposed to racism, and (c) add value to the field of psychology as it relates to Black women. Because racism and discrimination are still prevalent today and can be traumatic, it is important to understand the effects of racism on the Black woman (Taylor, 2015). It is important to shed light on how they respond to racism and if crying is one of the coping mechanisms used to deal with this form of social injustice.

## Chapter 2: Literature Review

### Introduction

The purpose of this literature review is to present information about the research that is available on crying, racism, and the coping skills that African American women use to cope with racism. The tend and befriend theory is the theoretical framework that supports this research. This literature is organized by subject and a discussion of the tend and befriend theory lays the foundation for the study. Following the tend and befriend review is the discussion about the racism African American women experience and how they cope with intolerance. The primary databases used to gather available research for this literature review were Google Scholar and EBSCO Host, which concentrated on PsycINFO databases. Most of the literature was obtained from scholarly journals written between 2013 and 2018. The search boundaries were widened to encompass literature from the previous decade to help support how racism has affected the well-being of African American women for decades. Key search terms included *racism, discrimination, prejudice, mental health, coping, African American women, and Black women*.

### Tend and Befriend Theory

To better understand the tend and befriend theory, it is vital to understand the meaning of stress. Stress, coined and defined by Selye (1976), is “the non-specific response of the body to any demand for change” (p. 32). Anything that causes stress can be a stressor. Pearlin (1989) ascertained that discrimination is a stressor and one that might lead to mentally troublesome outcomes. Racism is a stressor and leads to several negative effects that leave African Americans with the task of finding ways to cope.

The framework for this study is developed around the tend and befriend theory. Taylor et al. (2000) believed that women often seek out friendships when they are stressed. The tend and befriend theory supports the premise that women watch over their children to maintain their safety and often associate with other people who might offer them support or reassurance. The tend and befriend theory postulates that these responses to stress are related to an increase in oxytocin (Alvares et al., 2010). The need for social support is also associated with the increase in oxytocin, a hormone formed by the hypothalamus and released by the pituitary gland. It is believed that oxytocin acts as a moderator for societal behaviors when empathy is needed (Kanat et al., 2014). When one feels threatened (i.e., stress coming from racism), there is a rise in oxytocin, which may indicate the longing for affiliation when under stress (Taylor, 2015). Therefore, when women feel stressed, they often look to form friendships with others who can console them or offer emotional support.

The tend and befriend theory supports the premise that people unite or seek out social support when they are under stress. This tendency to affiliate with others serves as a means of support or comfort. Research reinforces the premise that genuine and encouraging friendships are vital to one's well-being and help act as a safeguard when dealing with stressful situations in life (Alvares et al., 2010; Broadhead et al., 1983).

The tend and befriend theory postulates that men and women are biologically built to handle stress in different ways (Taylor, 2015). Historically, African American women are often raised to be emotionally strong and independent (Shorter-Gooden & Jackson, 2000). Therefore, they may feel that they must be emotionally strong when

dealing with racism. African American women dealing with racism might suffer from poor social-emotional health and low self-esteem (Griffith et al., 2009; Jones & Shorter-Gooden, 2003). Racism is a stressor, and stress might lead to depression or crying. According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), crying is often a symptom of depression. When faced with racism and social injustices, African American women often internalize the feeling of helplessness, which is a contributing factor of crying.

### **Racism**

Race is an important part of one's identity in the United States (Smiley & Fakunle, 2016). Racial discrimination involves the act of unfair treatment based on one's racial identity. Social persecution and bigotry are not just comprised of a single unjust act but are systemic in nature. Racial discrimination is institutionalized, whether conscious or unconscious, and leaves marginalized communities and vulnerable individuals powerless to protect themselves (Bryant-Davis & Tummala-Narra, 2017). Slavery and segregation no longer exist, but racism is still prevalent and continues to be a major stressor for many African Americans (Dole et al., 2004; Watkins et al., 2006; Williams et al., 2003)

Many women hold full time jobs outside of their home, and the U.S. Department of Labor (2009) reported that 47% of the U.S. workforce is composed of women. As reported by Catalyst (2013), 60% of Black women were a part of the labor force, and it was estimated that there would be an 18% increase of this population to the workforce between 2000 and 2020. Despite the expansion of the non-White individuals in the working environment, they are still underrepresented at the official levels in corporate

America. This is especially clear among proficient Black women, who make up just 1% of U.S. corporate officers (Taylor & Nivens, 2011).

African American women are distinct because of their cultural struggle and their social class in a predominately White world. They have unique stressors that are not solely viewed through just race or just gender (Everett et al., 2010). Research has shown that African American women are often confronted with discrimination based on gender and race (Hamilton-Mason et al., 2009). The U.S. Bureau of Labor Statistics (2010) reported that Black women encounter work-related impediments because of gender and race. Everett et al. (2010) concurred with the findings of the Bureau of Labor Statistics and surmised that African American women deal with the chronic stressor of discrimination at their place of employment. African American women experience the interwoven effects of racism, sexism, and low socioeconomic status daily. This combination affects their psychological well-being (Everett et al., 2010).

Brown and Keith (2003) reported that bigotry and sexism both have an influence in the occupations and salaries that African American women secure. Reynolds-Dobbs et al. (2008) reported that African American women deal with racism and are accosted with less than desirable stereotypes connected to their race and gender. Black women are often the target of racism that may come in the form of macroaggressions (i.e., overt, purposeful discrimination) or microaggressions (i.e., subtle, typically unconscious discrimination). This practice of discrimination may take place at institutions of higher learning, in the workplace, or during daily life routines (Holder et al., 2015).



African American women also experience racism at institutions of higher learning (Corbin et al., 2018). Donovan et al. (2013) examined racial microaggressions among African American women who were enrolled in a university where the population was predominately White. The sample population for this study consisted of 17 students who were either undergraduates, graduates, or professional students. The researchers used a dimensional analysis to conduct semistructured interviews. Donovan et al. found three prominent concepts: (a) an expectation of the Jezebel or angry Black woman, (b) a struggle for respect or becoming invisible, and (c) assumptions about communication style or aesthetics. Donovan et al. found that the microaggressions the women suffered at the hands of their fellow classmates were deep rooted in stereotypes pertaining to African American women.

Holder et al. (2015) analyzed the microaggressions that African American women endured and their coping strategies. Ten African American women participated in semistructured interviews. All the participants had previously worked in top senior management positions, and they confirmed that indirect racism takes place in the United States. Participants revealed that they had encountered situations where racism played a role at their place of employment. Holder et al. reported that the women had experienced microaggressions that ranged from stereotypes about Black women, invisibility, exclusion, and an assumed universality of the Black experience. Exposure to these racial stereotypes can have a negative effect on African American women's careers and their relationships with work colleagues (Reynolds-Dobbs et al., 2008)

Russell et al. (2018) proposed that racism not only occurs between people but can happen at group and societal levels. Schmitt et al. (2014) found that racial discrimination can affect one's ingress to life necessities, which may include places of employment, job upgrades, and favorable housing and educational choices. Racial discrimination may incite feelings of frustration and helplessness (Schmitt et al., 2014). Russell et al. studied how neighborhood racial discrimination effected the progression of major depression (MDD) among 499 African American women from Georgia and Iowa. The participants were shadowed for 9 to 11 years and they had no history of MDD. The researchers used neighborhood factors to help them with their study: social disorder in the community, degree of community cohesion, and community racism. Russell et al. also used individual characteristics such as personal outlook, negative affectivity, individual experiences with racism, financial strain, and religious involvement. These factors were used to help determine if the participants met the appropriate standards for MDD during that time. Results indicated that having good personal relationships can positively affect neighborhood-level discrimination. Participants were able to manage the effects of discrimination and thereby reduce the likelihood of depression (Russell et al., 2018).

### **Ramifications of Racism**

Since the 2012 killing of 17-year-old Trayvon Martin, publicized police killings of unarmed Black men and women have created sustained attention to racial bias in the United States (Leach & Allen, 2017). Racial bias can be manifested institutionally, structurally, individually, or internally (Anderson, 2010). Destructive attitudes and beliefs

toward certain racial groups are often the result of racism. This act of prejudice can be displayed by individuals as well as social institutions (Williams & Mohammed, 2013).

Hamilton-Mason et al. (2009) found an abundance of research that reveals that Black women are confronted with discrimination based on their race and gender. Watson, DeBlaere, et al. (2016) reported that women suffer more from post-traumatic stress disorder than men, and women of color often experience multiple forms of discrimination and oppression because of their disenfranchised race and gender identities. Essed (1991) conceived the phrase gendered racism to specify how racism and sexism, under certain circumstances, are interwoven to produce a singular, charged phenomenon. Lewis et al. (2016) analyzed racial and gender microaggressions among Black women at predominantly White institutions. Lewis et al. found that Black women were subjected to microaggressions that were based on stereotypes about their gendered racial group.

Research has shown how racial discrimination is present in numerous settings of American culture. Housing, job markets, the judicial system, and school systems are just a few areas of American culture where racial discrimination is present (Fix & Struyk, 1993; National Research Council, 2004). Likewise, much research supports the premise that racial discrimination has an adverse effect on African Americans. Holder et al. (2015) found that being subjected to racism or perceived discrimination results in a variety of psychological complications.

Research also shows that perceived racial discrimination is an indicator of negative psychological ramifications (Williams & Mohammed, 2013). Studies also show that perceived discrimination is connected to a high probability of abusing illegal

substances, including marijuana and cocaine in the adolescent population (Choi et al., 2006). Many teens who abuse drugs grow into adults who also use drugs. Research has shown that perceived discrimination has a direct correlation to violence, which includes violence toward one's domestic partner (Choi et al., 2006). The belief that perceived discrimination has a negative effect on minorities is supported by research (Keith et al., 2009; Pieterse et al., 2012; Utsey & Ponterotto, 1999; Watkins et al., 2010). Therefore, whether perceived discrimination or actual tangible acts of racial discrimination, the outcomes still have a negative effect on African Americans, male or female.

Many African American women who deal with racism experience stress as a direct result of the racism. The resultant stress–race-related stress—is defined as “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). Race-related stress arises when people feel like they are treated unfairly because of their race (Franklin & Boyd-Franklin, 2000). Woods-Giscombé and Lobel (2008) found that racial stress is strongly connected to negative health among African American women.

Research shows that African American women who are confronted with racism experience a host of negative psychological and physical effects. Pieterse et al. (2013) suggested that encounters with racism have been related to a variety of negative mental health issues, including diminished confidence. Hall et al. (2012) contended that racism is connected to harmful health issues among African American women that include among other issues depression, alcohol abuse, and other psychological hardships.

Williams and Mohammed (2013) studied the various ways bigotry can influence well-being and found evidence that demonstrates how perceived discrimination is connected to negative health outcomes such as hypertension. High blood pressure, depression, and psychological distress are also consequences of perceived discrimination. Racial discrimination also leaves African Americans feeling that they must work twice as hard as Caucasians to constantly prove their value. The constant struggle to prove one's value in society can be exhausting (Krieger, 1990; Landrine et al., 1995). This feeling is known as racial battle fatigue (Smith et al., 2007). Research shows that increased stress due to racial discrimination is a predictor of hypertension (Davis et al., 2005). Racial battle fatigue is the physiological and psychological stress or exertion that minorities are afflicted with because of racism. This syndrome leads to anxiety, low self-esteem, lack of trust toward Caucasians, doubting one's life purpose, and physical ailments such as high blood pressure and diabetes (Harrell, 2000; Pieterse et al., 2012; Williams & Mohammed, 2013). Gibbons et al. (2014) proposed that racial discrimination is connected to unfavorable moods, which in turn yields a downward spiral in mental well-being. This leaves African American women feeling distressed and trying to find a way to cope.

### **Coping With Racism**

An overarching consideration identified in this study is that racism brings about stress. Individuals fluctuate in how well they can adapt to pressure or stress. Only a few people have exceptional adapting styles that keep them from worrying about stress and letting it affect them in a detrimental manner. Hall et al. (2012) acknowledged that some people can apply coping techniques that allow them to avoid stress, while others have the

same or similar techniques but are unsuccessful dealing with stress, which yields negative outcomes such as low self-esteem and depression.

African American women cope with racism in different ways. Some rely on their family as a source of strength and support and others rely on God or their spirituality. Holder et al. (2015) examined racial microaggression experiences and coping strategies of Black women in corporate leadership. They found that African American women often turn to religion and spirituality when dealing with racial microaggressions at their place of employment. African American women commonly turn to prayer and meditation when coping with racism. Other coping strategies include support networks, sponsorship, mentorship, and self-care (Holder et al., 2015). Participating in physical activity, vacations, and spending time with family were also ways that African American women cope with racism. Holder et al. noted that African American women might turn to mentorship or a trusted group of individuals who can provide them with guidance, support, and self-empowerment when faced with racism in the workplace. Seeking out a mentor or someone who might be experiencing similar issues is connected to the tend and befriend theory.

Cobham and Patton (2015) studied five African American women who worked at institutions with predominately White employees. The research focused on the connection between the participants' level of self-efficacy and its connection to their success. The women reported that they relied on (a) values instilled in them when young, (b) remembering how they survived during stressful situations, and (c) how they knew

where to find support and resources. The act of seeking out support is also related to the tend and befriend theory.

Hall et al. (2012) examined work-related stressors that affect African American women and the techniques they used to cope. Participants in their study implemented various coping techniques to cope with the stressors. Some realized certain things were out of their control and adapted to the situation. Others learned how to relieve their stress instead of becoming overwhelmed. One interesting finding described how some women attempted to control the pace of the stressor. They believed maintaining some oversight on the situation gave them control over the stressor itself. And for some, knowing that someone else was also going through the same or a worse situation brought them solace—things could always be worse. The best way to cope is to maintain some sense of control over the stressors or the degree of the stress (Hall et al., 2012).

West et al. (2009) analyzed the relevance of perceived racial discrimination and symptoms of depression among African American female college students. West et al. examined the effects of avoidant and issue-centered coping methods and found that exercising problem-focused coping allowed the individual to look at the cause of stress in practical ways, which ultimately reduced the stress. The African American women who embraced this problem-focused coping diminished the two-fold bond of racial discrimination and depression. Those women who believed that their problem-focused coping abilities were low were unable to overcome the life experiences of racial discrimination and suffered from depression. West et al. (2009) concluded that having problem-focused coping abilities could influence the effects of perceived racial

discrimination and depression in a positive manner. Longmire-Avital and Robinson (2017) found Black women (52%) suffer more from major depressive disorder than do White women (22%). Longmire-Avital and Robinson also reported that Black women reported higher symptoms of persistent depressive disorder (57%) than White women (29%). This often results in the rate of Black women enduring multiple sources of strain (Jones et al., 2020).

Even though there is an assortment of adapting techniques that African American women use to manage bigotry, crying because of racial discrimination is a subject that has not been investigated. This is perturbing on the grounds that African American women are frequently the foundation of the African American community. African American women are an underrepresented population that has been overlooked in research. This study aims to fill the gap in this area and investigate if crying is a coping mechanism used when dealing with racism.

### **Crying**

Generally, the many studies that address the human phenomenon of crying have been conducted primarily with Caucasian participants; none have focused solely on African American women. This study addressed crying in response to racism among an African American population. Hendriks et al. (2008) reported that crying is an expression that signals to others that one is in distress or in need of help. Hendriks et al. examined how people feel when they react to people who cry. The participants read six vignettes portraying circumstances in which they came across an individual who may have cried, or an individual who did not cry. The participants revealed they would give more



compassion to an individual who was crying rather than one who was not. The researchers surmised that crying is a connection that inspires others to come to one's assistance. This study was conducted with a Dutch population that was comprised of participants who were first-year psychology students. Although this study was informative, it excluded the African American population.

Researchers have analyzed crying and the circumstances surrounding crying episodes in Caucasian college students (Balswick & Avertt, 1977; Choti et al., 1987; Frey et al., 1983). Lombardo et al. (1983) reported that women self-reported crying more frequently than men. They replicated this study in 1996 with 523 undergraduates (293 females and 230 males); 40% of the sample described themselves as Asian, 32% Anglo, 19% Hispanic, and 7% African American. These are studies that were conducted with college students and did not contain many African Americans in the samples.

Bylsma et al. (2011) examined the relationship between individual emotion characteristics and crying. The participants of this study were female college students from the Netherlands who were between the ages of 18 and 48. Bylsma et al. noted that the criers' mood was often low before and after crying episodes. However, one-third of the participants reported that after crying, their mood improved. Benefits of crying are often shaped by the criers' social environment and their emotional characteristics (Bylsma et al., 2011). Although the study was conducted using women participants, it did not focus on African American women. This study is important because it focused on African Americans crying about racism.

Crying is an innate form of communication for humans. Lund (1928) discussed the physiological and psychological processes that take place when people cry. Lund found that humans cry for a variety of reasons that include but are not limited to sadness, stress, or grief. African Americans experience constant environmental pressures, one of which is racism. The constant pressures that African American women experience charge them with the task of being strong—even in the face of racism.

Bindra (1972) provided information on the different reasons people cry as he explored the duration of weeping and the emotional states that preceded the crying. The participants completed a questionnaire that queried them about that last time they cried. Bindra theorized that crying is a form of release when people are in positions in which they are finding it hard to cope. He believed that crying was a type of coping mechanism—a biological process—that was the result of dealing with very difficult situations. The tears are like release of the strain they are feeling. Results from the study indicated that the intensity of emotions appeared to dissipate after the crying began (Bindra, 1972). This is one of the theoretical frameworks that guided this study and was used in connection with the tend and befriend theory.

### **Methodology**

Although slavery and segregation ended years ago, the aftermath of racial discrimination remains, to some degree, a prominent stressor that African Americans encounter today. Crying as a coping mechanism for racism is an area that has not been explored, especially among African American women. To help rectify the gap in this area of research, the scope of this study focused on African American women and whether

crying about racism helped them feel better, the frequency and duration of their crying, and if crying helped them cope with the stressor of racism.

The methodology chosen was a quantitative nonexperimental study that was correlational in design. The population was comprised of African American women. The sample size for the study was 140 African American women who varied in age and socioeconomic status. Descriptive statistics and the appropriate univariate and multivariate analyses were used to answer the research questions. The data for this dissertation came from the information collected from the survey completed by African American women who have dealt with racism. The survey contained questions pertaining to racism and coping with racism. The survey questions also collected information about how African American women feel after crying about racism and the frequency and duration of their crying episode. The design, population, instrumentation, and data collection procedures are presented in Chapter 3.

### **Summary**

The literature review highlights the fact that racism—subtle or blatant—is still present today and might come in the form of microaggressions. The literature review presented explains how detrimental racism is and how it has several negative ramifications for African American women. This literature review also sheds light on how many studies about crying have been conducted but without a fair representation of African American women.

When the tend and befriend theory is used to help understand how African American women cope with racism, it sheds light on how distressing racism can be.

Racism is a stressor that causes African American women to seek out social support as a means of coping. The tend and befriend theory supports the belief that women are likely to search for the company of others when they are dealing with stress—and racism is a stressor. This is an important theory that can be used to help understand how African American women often rely on the support of family, friends, or mentors when they are faced with difficult situations.

This study is vital because it may help expose (a) how racism is damaging, (b) how racism affects African American women, and (c) if crying is a beneficial coping mechanism among this population. I sought to determine if crying about racism leads to positive mental health outcomes. This study is important because it included a population that has been marginalized for many years. This study is significant because the results added to the existing studies by giving information pertaining to African American women—a population currently underrepresented in similar studies on crying. Chapter 3 contains a description of the research methods that were used to conduct the study.

## Chapter 3: Research Method

### **Introduction**

The purpose of this study was to explore relationships between crying, racism-related coping strategies, and the mental health of African American women when they are faced with racism. Moody and Lewis (2019) reported that although several studies support the connection between perceived racism and health outcomes for the African American community (e.g., Paradies, 2006; Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Utsey et al., 2000), there is a research gap on the effect of gendered racism on African American women. Research has demonstrated that racial discrimination is stressful and can create negative psychological ramifications (Carter, 2007; Paradies, 2006; Pascoe & Richman, 2009; Pieterse et al., 2012). Researchers have theorized that to better understand the effects of racism, it is important to measure the coping skills of those who experience racism. Although there is research about crying, this research centers on non-African American populations. This study focused on if crying is used as a coping mechanism and if it has mental health benefits. I also described the frequency and duration of African American women crying about racism.

### **Research Design and Rationale**

This quantitative, correlational study contains four variables: (a) encounter with racism, (b) crying as a coping mechanism, (c) racism-related coping strategies, and (d) mental health outcomes. Quantitative research is used to analyze numeric descriptions of the world (Yoshikawa et al., 2013) and the researcher is examining relationships between or among variables to test objective theories (Creswell, 2009). Questionnaire data as well

as biological or physiological data are often analyzed in quantitative research.

Questionnaires are appropriate for quantitative investigation because the information is given in numbers, making it easier to gather and assess a huge assortment of data (Creswell, 2009). Quantitative research helps assess, measure, and explain phenomenon by producing numerical data, and helps researchers understand the perspective of others by using data to help analyze trends in research. The quantitative research approach is effective in answering what or how of a given situation (Goertzen, 2017).

Determining if African American women who cry about their encounters with racism helps them cope was better understood using a quantitative approach. This quantitative study was implemented using a correlational design with Likert-type survey instruments. Variables that cannot be manipulated are used in correlational designs to examine relationships among them (Fitzgerald et al., 2004) and are used to answer specific research questions or predict results (Creswell, 2009). There is a relationship between the variables because the racism that African American women are faced with can have a negative effect on their mental health. The race-related strategies they use to cope may also affect their mental health. Crying can provide a feeling of relief when people are trying to cope with difficult situations (Bindra, 1972). The tears are a release of the strain they are feeling. Therefore, the research questions were as follows:

RQ1. Is crying one of the coping mechanisms that Black women use when confronted with racism?

RQ2. What is the frequency and duration of crying among African American women faced with racism?

RQ3. Is crying about racism related to positive mental health as measured by the MHI-18?

RQ4. What is the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS?

The most critical parts of research involve acquiring beneficial information from the questionnaires to make a logical connection between the statistical data and the research questions. It can be time consuming and needs a large sample population. One of the resource constraints I found was the lack of research about crying in the African American population. There is an abundance of research about crying in non-African American populations but none involving African Americans. This makes it challenging because there is little to compare to or draw upon to design a study to explore the relationships between crying, its frequency and duration, racism-related coping strategies, and the mental health of African American women when they are faced with racism.

Another resource constraint may be people's willingness to complete the questionnaire. Many people do not like completing questionnaires because they feel it can be time consuming. Best practices in questionnaire development make completing questionnaires easy and fast. Additionally, many potential participants participate when the researcher convinces them that the results will be used to make positive change.

Quantitative research focuses on describing things not providing insights into the motivations behind behaviors (Goertzen, 2017). Quantitative research cannot address why people are racist or why African Americans are still discriminated against; but by

focusing on the effects and on coping mechanisms, perhaps the answers may be addressed in future research. This quantitative study allowed me to make claims about my sample of African American women; therefore, allowing me to address the gap in the research. This study should help advance knowledge in the discipline because it addressed a marginalized population that has not been studied. If we want to live in a world where prejudice and discrimination do not exist, it is important for non-marginalized populations to listen to and understand African Americans.

## **Methodology**

### **Population**

The population of this study consists of African American women between the ages of 18 and 70 in the United States. Men, anyone under the age of 18 or over 70, and women who are not African American were excluded from the study.

### **Sampling Procedure**

Participants for the study were recruited via convenience sampling. A convenience sample is created when the researcher uses naturally formed groups or volunteers (Creswell, 2009). To ensure the participants in the study represented African American women from a variety of backgrounds, a social media appeal was made using an online questionnaire.

### **Sample Size**

The general rule for determining sample size is to establish the largest sample as possible from the population (Creswell, 2015; Polit & Beck, 2017). The determination of a large sample size reduces the possibility that the sample will be different from the



population. A power analysis using G\*Power (v3.1.9.2) determined sample size. Two types of statistical analysis were used to answer the research questions. Sample size for a two-tailed normal bivariate correlation using the population correlation coefficient of  $\rho = .30$ ,  $\alpha = .05$ , and power of .80 is 80. Sample size for  $t$  tests using a medium effect size of .50,  $\alpha = .05$ , and power = .80 is 128. Therefore, the appropriate sample size for this study was 128 African American women between 18 and 70 years old.

### **Procedure**

An online questionnaire was created using two instruments and a series of demographic questions. The first page of the questionnaire was an informed consent form that described the purpose of the study, the anonymity of the participants' responses, their right to stop at any time, and information the participant could use to contact the researcher and the university's institutional review board. Participants were asked to provide their implied consent by clicking *Yes, I want to participate in the study* at the end of the informed consent form. Only those who indicated by clicking on *Yes* were allowed to access the questionnaire.

An invitation to participate in the study was posted on social media through my personal Facebook and Twitter accounts and family, friends, and colleagues' social media accounts. The study was posted online for 4 weeks. Participants recruited online clicked on a link to a questionnaire via Survey Monkey. Access to the questionnaire was granted only to those who electronically completed the online informed consent form.

## **Data Collection**

Data were collected via the online questionnaire. After indicating willingness to participate in the study, the participants were asked three screening questions. Potential respondents who indicated that they are not female, African American, or between the ages of 18 and 70 years were directed to the end of the questionnaire. There, they were told that they do not meet the inclusion criteria and they were thanked for their willingness to participate in the study. Built-in components of the survey process were used to prevent those individuals from accessing the questionnaire again. Additionally, those individuals who did complete the questionnaire were not allowed to access the questionnaire again. No IP addresses were collected from the participants. After 4 weeks, the data stored online were downloaded to SPSS (v. 27).

## **Instrumentation**

Participants in the study were asked to participate in a survey that contained instruments selected to determine how they cope with encounters with racism and to measure their mental health. Participants were also asked to complete a set of demographic questions so the researcher could provide a description of the sample. They were also asked if they have ever been a victim of racism and if crying was one method of coping with their racism experience(s).

## **Mental Health Inventory**

The MHI-18 is a shortened version of the original MHI-38 developed by Veit and Ware (1983) to assess psychological symptoms and well-being in the general population. The MHI-18 is a self-administered 18-item instrument. It contains five subscales (see

Table 1). The MHI-18 asks respondents to reflect on how they have felt in the previous 4 weeks and to rate each of the 18 items on a 6-point Likert Scale that ranges

**Table 1**

*Scales on the Mental Health Inventory (MIH-18)*

| Scale                            | # items | Items  |
|----------------------------------|---------|--|
| Anxiety                          | 5       | 4. Have you been a very nervous person?<br>6. Have you felt tense or high-strung?<br>10. Were you able to relax without difficulty?*                                       |
|                                  |         | 11. Have you felt restless, fidgety, or impatient?<br>18. Have you been anxious or worried?  |
| Depression                       | 4       | 2. Did you feel depressed?<br>9. Have you felt downhearted and blue?<br>12. Have you been moody, or brooded about things?<br>14. Have you been in low or very low spirits? |
| Behavioral/<br>emotional control | 4       | 5. Have you been in firm control of your behavior, thoughts, emotions, feelings?*  |
|                                  |         | 8. Have you felt emotionally stable?*  |
|                                  |         | 16. Did you feel you had nothing to look forward to?<br>17. Have you felt so down in the dumps that nothing could cheer you up?  |
| Positive affect                  | 4       | 1. Has your daily life been full of things that were interesting to you?*  |
|                                  |         | 7. Have you felt calm and peaceful?*   |
|                                  |         | 13. Have you felt cheerful, light-hearted?*  |
|                                  |         | 15. Were you a happy person?*  |
| Interpersonal ties               | 1       | 3. Have you felt loved and wanted?*  |

\* Reversed items

from 6 (*all of the time*) to 1 (*none of the time*). For the current study, the participants were asked to reflect on how they felt during and after their encounter with racism that occurred in the previous 6 months. The scale scores range from 1 to 6, with higher scores corresponding to better mental health. A total mental health score is an average of all 18 items. The MHI-18 has outperformed the General Health Questionnaire and the Somatic

Symptom Inventory in detecting psychological and affective disorders. The MHI-18 was also deemed a more superior tool than the shorter 5-item MHI in detecting a range of affective disorders (Berwick et al., 1991). Whittaker and Neville (2010) found a high correlation between the MHI-18 and the original 38-item measure. A sample of African Americans yielded an alpha coefficient of .87 for total mental health score (Consortium of Multiple Sclerosis Centers Health Services Research Subcommittee, 1997).

### **Racism-Related Coping Scale**

The RRCS was developed by Forsyth and Carter (2014) to assess the strategies used by African Americans to cope with encounters with racism. The RRCS contains 59 items measured on a 4-point Likert scale from 0 (*did not use/does not use*) to 3 (*used a great deal*). The RRCS was created using Black respondents in the United States who represented different social classes and demographic diversity. Higher scores correspond to higher use of the coping strategy.

A factor analyses revealed eight domains of coping with racism-related issues (see Table 2). Forsyth and Carter (2014) reported that reliability and validity were assessed with a sample of 307 Black participants using correlations with the Black Racial Identity Attitudes Scale (Helms & Parham, 1996), the Africultural Coping Systems Inventory (Utsey et al., 2000), and regression analyses with symptom scales of the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). RRCS domains were correlated with Racial Identity Status Attitudes, Africultural Coping, and psychological symptoms (Forsyth & Carter, 2014). The RRCS was selected for use because it was designed specifically for African Americans. Greer (2011) and Thomas et al. (2008) noted that

**Table 2***Description of Racism-Related Coping Scales and Items Related to Each*

| Scale                   | Description  | Sample items   |
|-------------------------|--|--|
| Racial conscious action | Actions aimed at enhancing connectedness with one's racial-cultural group membership   | I worked to educate others about racism.<br>I sought out relationships/alliances with other people of color who are not Black. |
| Empowered action        | Aimed at solving problems without direct confrontation of people involved in the situation, by using formal channels.  | I took legal action.<br>I got other people involved who could help.  |
| Constrained resistance  | Behaviors that are both passive (muting one's reactions) and active (using emotional response to demonstrate strength or power) responses to cope with encounters with racism. | I got revenge.<br>I exaggerated my anger in order to intimidate the person(s) involved.  |
| Confrontation           | Direct communication with perpetrator, including expressing anger and attempts to defend oneself.  | I tried to defend myself in some way.<br>I talked about it with the person(s) involved in order to educate them.               |
| Hypervigilance          | Increased awareness and caution when interacting with people who are not Black and avoidance of potential racially evocative encounters.                                       | I became more cautious around people in positions of authority.<br>I withdrew from people.                                     |
| Bargaining              | Cognitive process of making sense of the interaction that may be indicative of denial or self-blame.   | I tried to understand the perspective of the perpetrator.<br>I looked for an explanation other than racism.                    |
| Spiritual coping        | Soliciting support through religious institutions and practices.   | I prayed about it.<br>I tried to stay positive no matter what.   |
| Anger regulation        | Approaches that use fantasy and humor to moderate feelings of anger when coping with incidents of racism.  | I fantasized about getting revenge.<br>I reacted with humor or sarcasm or mocked the person(s) involved.                       |

other studies have described gendered racism and mental health using the Africultural coping scale but have not explored race-related coping.

### **Additional Questions**

The participants were asked if they had an encounter with racism in the previous 6 months. If they answer *Yes*, they were asked if they cried after the racism encounter occurred. If the participants indicated they had cried, they were asked how often and for how long they cried. Finally, the respondents were asked to provide demographic information (see Appendix) about themselves (age, relationship status, number of dependent children, level of education, and household income).

### **Appropriateness of Instruments Selected**

There is an abundance of research that shows that racism and discrimination is stressful and can bring about negative psychological ramifications. Because racism causes many negative feelings, it is likely that African American females use crying as a coping mechanism when confronted with racism. Forsyth and Carter (2014) designed the RRCS to measure strategies Blacks use to deal with and resist racism. The results from this survey may provide insight to how the participants handle stress in general. Because racism is often a stressful situation, the results from this study may reveal how the participants may respond when dealing with the stress of racism.

A growing number of empirical studies have examined how Blacks respond to racial discrimination and race-related stress (e.g., Barnes & Lightsey, 2005; Scott, 2003; Smith et al., 2008; Thompson, 2006; Utsey et al., 2000). Yet, these studies have relied on the use of generic coping measures developed and validated on predominantly White

samples in response to nonracially motivated life events (e.g., divorce, marital conflict, loss of employment). Researchers have suggested that generic coping measures cannot adequately capture the range of specific, culturally relevant strategies Blacks employ to cope with racism (e.g., Brondolo et al., 2009; Harrell, 2000).

### **Operational Definitions**

The data collected were used to answer four research questions. The independent variable was crying when confronted with racism (0 = *did not cry*, 1 = *did cry*). The dependent variables are racism-related coping strategies and mental health.

**Encounter with racism.** The participants were asked if they have experienced a racism encounter in the previous 6 months. Each participant's response was used to categorize her into one of two groups—1 (*yes*) and 0 (*no*).

**Crying when confronted with racism.** The participants were asked if they cried the last time they were confronted with racism. Each participant's response was used to categorize her into one of two groups—1 (*yes*) and 0 (*no*).

**Frequency and duration of crying.** If the participants indicated that they cried when confronted with racism, they were asked how many times (1, 2, 3, 4, 5 or more times) they cried after the incident and for how long (less than 5 minutes, 5–15 minutes, 16–30 minutes, 31–60 minutes, or more than 60 minutes).

**Mental health.** The mental health of the participants was defined by their responses to the 18-item MHI-18. The scores on five scales (anxiety, depression, behavioral/emotional control, positive affect, and interpersonal ties) and total mental health score range from 1 to 6, with higher scores corresponding to better mental health.

**Racism-related coping strategies.** The racism-related coping strategies of the participants were defined by their responses to the 59-item RRCS. The scores on eight domains (racial conscious action, empowered action, constrained resistance, confrontation, hypervigilance, bargaining, spiritual coping, anger regulation) range from 0 to 3, with higher scores corresponding to higher use of the coping strategy.

### **Data Analysis Plan**

Data from the online survey process was downloaded into SPSS software (v. 27). The completeness of the data was assessed and those participants who did not complete the questionnaire or did not qualify to participate in the survey were deleted. The data were screened for assumptions of *t* test, correlation, and multivariate analysis of variance. Tests for normality, homogeneity of variances, and linearity were used to assess the fitness of the data to answer the research questions. Reliability of the scales was assessed using Cronbach's coefficient alpha.

### **Research Question 1**

Is crying one of the coping mechanisms that African American women use when confronted with racism?

Descriptive statistics were used to illustrate the number of women who indicated that they cried when confronted with racism. The number and percentage of women in two groups (*they cried* or *they did not cry*) are reported.

### **Research Question 2**

What is the frequency and duration of crying among African American women faced with racism?



This research question was answered using data from only those African American women who indicated that they had been confronted by racism in the previous 6 months and that they had cried after the incident. Descriptive statistics were used to report how many times and how often the women cried.

### **Research Question 3**

Is crying about racism related to positive mental health as measured by the MHI?

The independent variable is cry (0 = *did not cry*, 1 = *did cry*) when confronted with racism). The dependent variables were scores on five scales (anxiety, depression, behavioral/emotional control, positive affect, and interpersonal ties) and total mental health score of the MHI-18. A multivariate analysis of variance (MANOVA) was used to determine if women who cry when confronted with racism and women who do not cry when confronted with racism differed on the five scales of mental health. A *t* test was used to determine if the two groups of women (*did not cry*, *did cry*) differed on the total mental health score

### **Research Question 4**

What is the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS?

This research question was answered using data from only those African American women who indicated that they had been confronted by racism in the previous 6 months. A correlation matrix was created to show the relationship between the eight domains of coping on the RRCS, the five mental health scales and total mental health

score on the MHI-18, and whether they cried or not. The relationships between mental health and coping strategies were assessed using Pearson's  $r$ , while the relationships between crying (*did not cry, did cry*), mental health, and coping strategies were assessed using point-biserial  $r_{pb}$ . Pearson's correlation coefficient ( $r$ ) measures the statistical relationship, or association, between two continuous variables (mental health scales and coping strategies). A point-biserial correlation ( $r_{pb}$ ) is used to measure the strength and direction of the relationship that exists between one continuous variable (mental health scales or coping strategies) and one dichotomous variable (*did not cry, did cry*).

### **Threats to Validity**

Threats to internal validity include history, maturation, testing, instrumentation, statistical regression, selection of subjects, experimental mortality, selection-maturation interaction, and the Hawthorne effect. These internal validity threats apply to studies with participants who are assigned to control and experimental groups and are tested before and after an experiment; therefore, they do not apply to the current study.

A threat to external validity of a study is selection bias or volunteer bias. All participants in research are volunteers. The sample of African American women who volunteered to participate in my study may not be a true representation of the population I am studying and could threaten my ability to generalize about the study's results to the true population of African American women. However, the social media appeal I made should have provided women of different ages, educational levels, and socioeconomic backgrounds; thus, improving my ability to generalize the results to the population.

Inadequate power or violation of the assumptions of statistical tests can create a problem

with statistical conclusion validity (Creswell, 2009). To minimize the threat of statistical conclusion validity, I tried to make sure that I had enough participants in my study because that would help me recognize any statistical discrepancies.

### **Ethical Procedures**

The American Psychological Association expects all researchers and future psychologists to follow the Ethical Principles of Psychologists Code and Conduct (Campbell et al., 2010). I applied to the institutional review board at Walden University for permission to conduct the study. My application was accepted, and I received a notification of approval (IRB Approval Number 01-12-21-0232365).

All participants were treated with dignity and respect. Upon completion of the online questionnaire, the participants were directed to another screen where they read a debriefing statement. After data are collected, the researcher has a responsibility to debrief the participants (Ramjan, 2016). Debriefing ensures that participants are fully informed about the purpose of the study and helps ensure that the participants feel fine at the end of the experiment. The debriefing statement thanks them for their participation and explains why the study was conducted, provides information about the topic, and describes positive ways to handle racism in the future. Debriefing is a vital part of any research study that includes human subjects (Ramjan, 2016).

Beneficence is another ethical concern that surrounds research. All participants were assured that they would not be harmed in any way. African American women have been dealing with racism for years, so I do not anticipate any adverse reactions from the participants. The information provided by the participants is confidential. All participants

knew and should expect that confidentiality is a top priority and their information was not compromised or misused in any way. The data used for this study were not archival data. All data were information gathered from participants when they completed the questionnaire. All data are stored in a password-protected computer. I will be the only one who will have access to the data. All data will be destroyed 5 years after the study has been completed.

### **Summary**

The purpose of this quantitative, correlational study was to explore the relationships between crying, racism-related coping strategies, and the mental health of African American women when they are faced with racism. This chapter contains a description of the research design, the population, sampling procedures, and sample size needed to conduct the study. The instruments used to assess the strategies used by African American women to cope with encounters with racism and the psychological symptoms and well-being of the participants are described. A data analysis plan was presented to answer the research questions. Descriptive statistics, correlational procedures, multivariate analysis of variance, and a *t* test were used to answer the research questions. The results of the analysis are presented in Chapter 4.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to explore the relationships between crying, racism-related coping strategies, and the mental health of African American women when they are faced with racism. The results of the analysis plan are presented in this chapter.

Descriptive statistics, correlational procedures, multivariate analysis of variance, and a *t* test were used to answer four research questions.

### **The Sample**

Complete responses to the online survey were received from 143 participants. A search for multivariate outliers found three outliers. After removal of the outliers, responses from 140 individuals were used to answer the research questions.

### **Description of the Respondents**

Table 3 contains frequencies and percentages to describe the sample. More than 70% of the women were between 31 and 50, with a mean age of 44.5 years. Forty percent of the women reported that they lived with a partner. Two thirds of the participants had completed some graduate work. Almost 60% reported that their household income was more than \$100,000. Sixty percent of the women reported having no dependents.

### **Reliability of Scales**

Cronbach's alpha was used to obtain reliability values for subscales of the MHI and the RRCS and for total MHI (Table 4). The values obtained in this sample of African American women were like those found by Meybodi et al. (2011). Six of the eight scales of the RRCS are similar to those found by developers Forsyth and Carter (2014). A

**Table 3***Description of the Respondents*

| Characteristic                           | <i>n</i> | %    |
|--|----------|------|
| Age ( <i>M</i> = 44.5, <i>SD</i> = 8.42) |          |      |
| 27–30                                    | 5        | 3.6  |
| 31–40                                    | 45       | 32.0 |
| 41–50                                    | 57       | 40.7 |
| 51–60                                    | 28       | 20.0 |
| 61–70                                    | 5        | 3.6  |
| Relationship status                      |          |      |
| Living with a partner                    | 55       | 39.6 |
| Not living with a partner                | 84       | 60.4 |
| No response                              | 1        |      |
| Level of education                       |          |      |
| High school                              | 1        | 0.7  |
| Some college                             | 9        | 6.5  |
| College graduate                         | 35       | 25.2 |
| Graduate work                            | 94       | 67.6 |
| No response                              | 1        |      |
| Household income                         |          |      |
| Under \$25,000                           | 6        | 4.3  |
| \$25,000–\$49,999                        | 20       | 14.5 |
| \$50,000–\$74,999                        | 30       | 21.7 |
| \$75,000–\$100,000                       | 40       | 29.0 |
| Over \$100,000                           | 42       | 30.4 |
| No response                              | 1        |      |
| Number of dependents                     |          |      |
| None                                     | 85       | 60.7 |
| 1–2                                      | 46       | 32.9 |
| 3–4                                      | 7        | 5.0  |
| 5 or more                                | 2        | 1.4  |

seventh scale, empowered action, was lower ( $\alpha = .70$ ) than found by Forsyth and Carter, but still within acceptable values for reliability (Nunnally, 1978). However, the alpha value ( $\alpha = .48$ ) found for the eighth scale, constrained resistance, is lower than the acceptable value of  $\alpha = .60$  (Nunnally, 1978). An investigation of the six items of the scale found disparate corrected item-total correlations ranging from  $-.045$  to  $.662$ .

**Table 4***Reliability of the Subscales*

| Instrument/subscale          | Number of items | Cronbach's alpha<br>( $\alpha$ ) | Values obtained by<br>developer or other<br>researcher |
|------------------------------|-----------------|----------------------------------|--|
| Mental Health Inventory      |                 |                                  |  |
| Anxiety                      | 5               | .86                              | .84*   |
| Depression                   | 4               | .84                              | .83  |
| Behavioral/emotional control | 4               | .78                              | .63  |
| Positive affect              | 4               | .76                              | .85  |
| Interpersonal ties***        | 1               | ---                              | ---  |
| Total mental health          | 18              | .93                              | .93  |
| Racism-Related Coping Scale  |                 |                                  |  |
| Racially conscious action    | 9               | .84                              | .88**  |
| Empowered action             | 9               | .77                              | .90  |
| Constrained resistance       | 6               | .48                              | .80  |
| Confrontation                | 8               | .90                              | .87  |
| Hypervigilance               | 11              | .89                              | .90  |
| Bargaining                   | 6               | .83                              | .78  |
| Spiritual coping             | 7               | .91                              | .87  |
| Anger regulation             | 3               | .61                              | .70  |

\* Meybodi et al. (2011)

\*\*Forsyth & Carter (2014)

\*\*\*Ties has only one item. Cronbach's alpha cannot be calculated on scales with fewer than 2 items.

Deletion of an item would not have boosted the alpha value above .53. Therefore, results involving the constrained resistance should be interpreted with caution.

### Description of the Variables in the Analyses

Table 5 contains a description of the variables used to answer Research Questions 3 and 4. The participants reported mental health means ranging from 4.26 to 4.99 (on a scale of 1 to 6). Use of racism-related coping strategies ranged from 0.10 to 1.57 (on a scale of 0 to 3). The most used coping strategies in this sample of women were racially conscious action ( $M = 1.57$ ) and spiritual coping ( $M = 1.49$ ).

**Table 5***Variables in Analyses (n = 140)*

| Instrument/scale                   | <i>Min</i> | <i>Max</i> | <i>M*</i> | <i>SD</i> |
|------------------------------------|------------|------------|-----------|-----------|
| <b>Mental Health Inventory</b>     |            |            |           |           |
| Anxiety                            | 1.40       | 6.00       | 4.32      | 0.97      |
| Depression                         | 2.50       | 6.00       | 4.69      | 0.80      |
| Behavioral/emotional control       | 2.75       | 6.00       | 4.99      | 0.78      |
| Positive affect                    | 2.25       | 6.00       | 4.26      | 0.83      |
| Interpersonal ties                 | 2.00       | 6.00       | 4.59      | 1.17      |
| Total mental health                | 2.44       | 5.89       | 4.55      | 0.74      |
| <b>Racism-Related Coping Scale</b> |            |            |           |           |
| Racially conscious action          | 0.22       | 2.89       | 1.57      | 0.65      |
| Empowered action                   | 0.00       | 2.56       | 0.40      | 0.45      |
| Constrained resistance             | 0.00       | 0.83       | 0.10      | 0.18      |
| Confrontation                      | 0.00       | 3.00       | 0.65      | 0.71      |
| Hypervigilance                     | 0.00       | 3.00       | 0.73      | 0.65      |
| Bargaining                         | 0.00       | 2.67       | 0.76      | 0.65      |
| Spiritual coping                   | 0.00       | 3.00       | 1.49      | 0.95      |
| Anger regulation                   | 0.00       | 3.00       | 0.40      | 0.59      |

\* Higher scores correspond to better mental health (on a scale of 1 to 6) or higher use of the coping strategy (on a scale of 0 to 3)

## Results of the Analyses

### Research Questions 1 and 2

RQ1: Is crying one of the coping mechanisms that African American women use when confronted with racism?

Sixty-one percent of the women reported that in the previous 6 months they had been treated unfairly because of their race (Table 6). However, only 77 (55%) of the women reported that they felt that racism was behind the event. Of those 77 women, 21 (27%) indicated that they cried during or after the incident.

RQ2: What is the frequency and duration of crying among African American women faced with racism?



**Table 6***Racism Incident and Crying*

| Question  | <i>n</i> | %    |
|---|----------|------|
| Treated unfairly because of your race in previous 6 months? |          |      |
| Yes   | 85       | 60.7 |
| No  | 55       | 39.3 |
| Do you feel racism was behind the event?                    |          |      |
| Yes   | 77       | 90.6 |
| No  | 8        | 9.4  |
| Did you cry during or after the incident?                   |          |      |
| Yes   | 21       | 27.3 |
| No  | 56       | 72.7 |
| How often did you cry after the incident?                   |          |      |
| Only 1 time   | 9        | 42.9 |
| 2 times   | 2        | 9.5  |
| 3 times   | 3        | 14.3 |
| 4 times   | 1        | 4.8  |
| 5 or more times   | 6        | 28.6 |
| After the incident, how long did you cry each time?         |          |      |
| Less than 5 minutes   | 6        | 28.6 |
| 5–15 minutes  | 12       | 57.1 |
| 16–30 minutes   | 2        | 9.5  |
| 31–60 minutes   | 1        | 4.8  |
| More than 60 minutes  | 0        | 0.0  |

More than 40% (42.9%) reported that they cried only once after the incident (Table 6). However, almost one third (28.6%) reported they cried five or more times. A majority of the 21 women (57%) reported that they cried between 5 and 15 minutes each time they cried. Fewer than one third (29%) reported that they cried less than 5 minutes.

**Research Question 3**

Is crying about racism related to positive mental health as measured by the MHI-18?

The independent variable is cry (0 = *did not cry*, 1 = *did cry*) when confronted with racism. The dependent variables were scores on five scales (anxiety, depression, behavioral/emotional control, positive affect, and interpersonal ties) and total mental health score of the MHI. A multivariate analysis of variance (MANOVA) was used to determine if women who cry when confronted with racism and women who do not cry when confronted with racism differed on the five scales of mental health. A *t* test was used to determine if the two groups of women (*did cry* and *did not cry*) differed on the total mental health score.

The 140 cases were screened to determine if the data met the assumptions of MANOVA:

- Observations are randomly and independently sampled from the population.
- Each dependent variable has an interval measurement.
- Dependent variables are multivariate normally distributed within each group of the independent variables (which are categorical).
- The population covariance matrices of each group are equal.

The first two assumptions were met. The independent variable was categorical (0 = *did not cry*, 1 = *did cry*) and the sample sizes for each group were greater than 20 (*did not cry*,  $n = 56$ ; *did cry*,  $n = 21$ ). The multivariate central limit theorem suggests that the sampling distributions of these sample sizes approach normality; therefore, the assumption of multivariate normality holds (Tabachnick & Fidell, 1996). The test of equality of covariance matrices was not significant (Box's  $M = 13.3$ ,  $p = .68$ ). Therefore, the data used to answer Research Question 3 met the assumptions of the MANOVA.

Table 7 contains the means and standard deviations of the two independent groups (those who cried and those who did not cry when confronted with racism). The five subscales of the MHI-18 were used to determine if there were significant differences in the mental health of the two groups of women. In each case, women who did not cry reported better mental health.

**Table 7**

*Mental Health by Cry or Did Not Cry When Confronted With Racism (n = 77)*

| Mental health subscales      | Cry when confronted with racism |           |             |           |
|------------------------------|---------------------------------|-----------|-------------|-----------|
|                              | Yes (n = 21)                    |           | No (n = 56) |           |
|                              | <i>M</i> *                      | <i>SD</i> | <i>M</i>    | <i>SD</i> |
| Anxiety                      | 3.73                            | 0.95      | 4.40        | 0.97      |
| Depression                   | 4.26                            | 0.87      | 4.86        | 0.76      |
| Behavioral/emotional control | 4.71                            | 0.79      | 5.09        | 0.71      |
| Positive affect              | 3.68                            | 0.80      | 4.45        | 0.90      |
| Interpersonal ties           | 4.24                            | 1.22      | 4.77        | 1.19      |
| Total mental health          | 4.08                            | 0.74      | 4.69        | 0.75      |

\* Higher scores correspond to better mental health

Table 8 contains the results of the MANOVA to determine if significant mental health differences existed between women who cry and women who do not cry when confronted with racism. The multivariate analysis was significant ( $F = 2.58, p = .034$ ), indicating a significant difference between the two groups on at least one of the subscales. The univariate results in Table 8 indicated significant differences existed in all the subscales except interpersonal ties. The partial  $\eta^2$  is an effect size that was interpreted by Richardson (2011) and Cohen (1969) as .01 (small), .06 (medium), and .14 (large).

**Table 8***Results of Multivariate Analysis*

| Source                       | <i>df</i> | <i>F</i> | <i>p</i> | <i>Partial η<sup>2</sup></i> |
|------------------------------|-----------|----------|----------|------------------------------|
| Multivariate                 |           |          |          |                              |
| Wilks' Lambda                | 5, 71     | 2.58     | .034     | .15                          |
| Univariate                   |           |          |          |                              |
| Anxiety                      | 1         | 7.23     | .009     | .09                          |
| Depression                   | 1         | 8.55     | .004     | .11                          |
| Behavioral/emotional control | 1         | 4.10     | .046     | .05                          |
| Positive affect              | 1         | 11.89    | .001     | .14                          |
| Interpersonal ties           | 1         | 2.98     | .088     | .04                          |

A *t* test was conducted using the women's total mental health scores. The results showed that women who cried had significantly higher mental health scores than women who did not cry ( $t(75) = 3.16, p = .002, d = .81$ ). Cohen (1992) defined effect size *d* as .2 (small), .5 (medium), and .8 (large).

**Research Question 4**

What is the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS?

Research Question 4 was answered using data from African American women who indicated that they had been confronted by racism in the previous 6 months ( $n = 77$ ). Table 9 was created to show the relationships between racism-related coping and mental health. The most significant relationships were between hypervigilance, a racism-related coping strategy, and the subscales of mental health and the total mental health score. These relationships produced negative and moderate correlations. Hypervigilance is

**Table 9**

*Relationships Between Racism-Related Coping and Mental Health in Women Confronted With Racism in Previous 6 Months (n = 77)*

| Racism-Related Coping subscales | Mental Health Inventory subscales |            |                              |                 |                    | Total MH |
|---------------------------------|-----------------------------------|------------|------------------------------|-----------------|--------------------|----------|
|                                 | Anxiety                           | Depression | Behavioral/emotional control | Positive affect | Interpersonal ties |          |
| Racially conscious action       | -.16                              | -.09       | -.01                         | .03             | -.09               | -.10     |
| Empowered action                | -.01                              | -.02       | .13                          | .10             | -.01               | .04      |
| Constrained resistance          | -.11                              | -.16       | -.09                         | -.13            | -.31**             | -.15     |
| Confrontation                   | -.04                              | .02        | .15                          | .16             | -.08               | .06      |
| Hypervigilance                  | -.42***                           | -.44***    | -.36***                      | -.49***         | -.42***            | -.49***  |
| Bargaining                      | -.14                              | -.26*      | -.12                         | -.15            | -.32**             | -.20     |
| Spiritual coping                | .02                               | .00        | .01                          | .11             | -.05               | .03      |
| Anger regulation                | -.15                              | -.17       | -.05                         | -.13            | -.24*              | -.16     |

*Note:* Higher scores correspond to better mental health or higher use of the coping strategy

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

characterized by increased caution and sensitivity in interactions with persons who are not Black in “an effort to evade future racially charged interactions” (Forsyth & Carter, 2014, p. 636). The significant correlations indicate that those women who use the hypervigilance coping strategy are more likely to have lower mental health. Additional significant relationships were found between interpersonal ties and three racism-related coping strategies: constrained resistance ( $r = -.31, p < .01$ ), bargaining ( $r = -.32, p < .01$ ), and anger regulation ( $r = -.24, p < .05$ ). In each case, the correlations were low and

negative, indicating that those who use the three coping strategies are more likely to have lower scores on the mental health subscale of interpersonal ties.

The point-biserial correlations between the racism-related coping strategies and whether a woman cries cry (*yes* = 1, *no* = 0) are presented in Table 10. One significant correlation was found. Women who cry are more likely to use hypervigilance as a racism-related coping strategy ( $r = .39, p < .001$ ).

**Table 10**

*Relationship Between Racism-Related Coping and Crying in Women Confronted With Racism in Previous 6 Months (n = 77)*

| Racism-Related Coping scales | Cry when confronted with racism |
|------------------------------|---------------------------------|
| Racially conscious action    | .17                             |
| Empowered action             | .15                             |
| Constrained resistance       | -.11                            |
| Confrontation                | -.04                            |
| Hypervigilance               | .39***                          |
| Bargaining                   | .13                             |
| Spiritual coping             | .17                             |
| Anger regulation             | .10                             |

*Note:* Cry is a dichotomous variable that is coded 0 (*did not cry*) and 1 (*did cry*). Higher scores correspond to higher use of the coping strategy

\*\*\*  $p < .001$

The point-biserial correlations between mental health and whether a woman cries (*yes* = 1, *no* = 0) are presented in Table 11. As found in Research Question 4, women who cry are more likely to have better mental health: anxiety ( $r = -.30, p < .01$ ),

**Table 11**

*Relationship Between Mental Health and Crying in Women Confronted With Racism in Previous 6 Months (n = 77)*

| Mental health scales         | Cry when confronted with racism |
|------------------------------|---------------------------------|
| Anxiety                      | -.30**                          |
| Depression                   | -.33**                          |
| Behavioral/emotional control | -.23*                           |
| Positive affect              | -.37***                         |
| Interpersonal ties           | -.20                            |
| Total mental health          | -.34**                          |

*Note:* Cry is a dichotomous variable that is coded 0 (*did not cry*) and 1 (*did cry*) and higher scores correspond to better mental health

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

depression ( $r = -.33, p < .01$ ), behavioral/emotional control ( $r = -.23, p < .05$ ), positive effect ( $r = -.37, p < .001$ ), and total mental health ( $r = -.34, p < .01$ ).

### Summary

A sample of 140 African American women successfully completed an online questionnaire to determine the relationships between their crying, racism-related coping strategies, and mental health. Seventy-seven women (55%) reported a racist incident in the previous 6 months. Twenty-one women (15%) reported having cried during or after the incident. A significant difference in mental health was found between the two groups of women (those who did not cry and those who did cry). In the case of total mental health and each subscale (except interpersonal ties), women who did not cry reported better mental health. Women who reported higher use of the hypervigilance racism-

related coping strategy were more likely to have lower mental health scores than women who did not use that coping strategy. A discussion of these results, conclusions drawn from those results, implications for practice, and recommendations for future research are in the next chapter.



## Chapter 5: Discussion, Recommendations, and Conclusions

### **Introduction**

The purpose of this quantitative study was to explore the relationships between crying, racism-related coping strategies, and the mental health of African American women when they are faced with racism. Williams and Williams-Morris (2000) reported that racism is the act of treating someone unfairly because of their racial or ethnic background. Although there have been many social changes in today's world, African Americans continue to face racism. The racial injustice toward African Americans is deep rooted in American history and slavery. The American Slave Trade was more than just a sinister goal of creating a free labor pool. The history of Black people in the United States is manifested in the traumatic experiences of discrimination and racism (Taylor, 2015). Although African Americans are no longer enslaved and have the same rights as their White counterparts, there are still many stressful social injustices that African Americans face daily, and they are still often the target of discrimination. Although the media tend to focus on racial injustices and discrimination surrounding African American men, African American women experience racial discrimination as well.

According to Hodson et al. (2021), African American women are members of two disadvantaged groups—being a woman and being an African American—which is known as intersectionality, a term coined by Crenshaw (1989). The term intersectionality is used to define the overlap or intersect of characteristics like race and gender. Research has shown that Black/African American women are faced with more negative experiences due to their race and gender than their white female counterparts (Settles et al., 2006).

Spates et al. (2020) informed readers that gendered racism has negative physical and mental health consequences for African American women. African American women deal with many stressors in their daily lives (La Belle, 1982). Additional research has demonstrated that that African American women report dealing with racism at work, school, and in the health care system (Greer, 2011; Ortiz & Roscigno, 2009). The racism that African American women are faced with can have a negative effect on their physical and emotional state. Although African American women often feel that they must be the SBW, some of them often cry behind closed doors.

### **Overview of the Study**

The literature review addressed the fact that racism is still a stressor that African Americans are faced with daily. Some instances where African Americans experience racial discrimination include but are not limited to the workplace and when being pulled over or detained by the police (Apugo, 2017; Bentley-Edwards & Chapman-Hilliard, 2015). When African Americans experience racism, it causes many negative psychological ramifications (Bronder et al., 2013; Russell et al., 2018).

Although the media often focus on discriminatory acts toward Africa American men, African American women are also often faced with racism throughout their lifetime (Greer, 2011; Ortiz & Roscigno, 2009; Watson & Hunter, 2015). Racism can have a negative physical and mental effect on African American women, which can lead to poor mental health (Pieterse et al., 2012). Generally, however, African American women do not use psychological services to manage their distress (Watson & Hunter, 2015). Several studies suggested that African American women adapt to prejudice related encounters in

a variety of ways. This study was designed to address the gap in research to address if African American women use crying as a coping mechanism when faced with racism.

### **Overall Results**

A sample of 140 African American women completed the online questionnaire to analyze if crying about their encounter with racism led to better mental health outcomes. The results of this study indicated that women who did not cry about their encounter with racism reported better mental health. Four research questions were answered in this study.

RQ1. Is crying one of the coping mechanisms that Black women use when confronted with racism?

RQ2. What is the frequency and duration of crying among African American women faced with racism?

RQ3. Is crying about racism related to positive mental health as measured by the MHI-18?

RQ4. What is the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS?

H<sub>0</sub>: Crying is not a coping mechanism for Black women exposed to racism and it is not related to positive mental health outcomes.

H<sub>A</sub>: Crying is a coping mechanism for Black women exposed to racism and it is related to positive mental health outcomes.

Research Question 1 asked if African American women use crying as a coping mechanism to cope with racism and research question number two inquired about the frequency and duration of the crying about racism. The findings from this study indicated that 61% of the women reported that in the previous 6 months they had been treated unfairly because of their race. Although many women indicated that they had been untreated fairly because of race, only 27% attested to crying after the situation.

Research Question 2 inquired about the frequency and duration of the crying. The results from this study indicated that more than 40% (43%) reported that they cried only once after the incident. However, almost one third (29%) reported they cried five or more times. A majority of the 21 women (57%) reported that they cried between 5 and 10 minutes each time they cried. Fewer than one third (29%) reported that they cried less than 5 minutes.

Research Question 3 addressed whether crying about racism was related to positive mental health as measured by the MHI-18. This assessment evaluates mental health based on the following five scales: anxiety, depression, behavioral/emotional control, positive affect, and interpersonal ties. The higher the scores, the better the individual's mental health. There were two groups: women who did cry and women who did not cry. Women who did not cry were more likely to have better mental health.

Research Question 4 addressed the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS. The RRCS is a tool that evaluates the various techniques that African Americans use to handle racism. The women who cried

were more likely to use hypervigilance as a racism-related coping strategy. Women who reported using the hypervigilance coping strategy also had lower mental health scores than did women who did not use that strategy.

### **Interpretation of Findings**

Research Question 1 asked if African American women use crying as a coping mechanism to cope with racism and question number two inquired about the frequency and duration of the crying. My study indicated that only 27% of the African American women who had been untreated fairly because of race cried after the situation. People cry for many reasons. It is important to understand that crying does not indicate a sign of weakness. Everett et al. (2010) analyzed how African American women handle daily life stressors and reported that it was important to explore and understand the connection between race and gender and how this affects the women's psychological well-being. One of the participants in their study reported the following:

I applied for the position and did not get it. The other person, of course, was White. She did not have near as much education, but she got the job. I went in the restroom, and I cried. This was a good lesson to learn: Even if you work and follow the rules, racism will keep you down. (Everett et al., 2010, p. 35)

African American women cope with racism in a variety of ways. However, the above situation demonstrates that some women do use crying as a coping mechanism when faced with racism. Tears signal distress in adult criers (Zeifman & Brown, 2011) and racism causes much distress. Adults who cry are responding to physical and emotional pain (Vingerhoets et al., 2000). Therefore, it can be surmised that the 27% of women who

cried in this study were overwhelmed with the emotional turmoil of dealing with racism. It is important to understand that the women who cried in this study have been exposed to racism and that is a stressor that has many negative psychological ramifications. Racism is a stressor that affects people in different ways, and 27% of the women in this study used crying as a coping mechanism.

Research Question 2 inquired about the frequency and duration of the crying about racism. The results from this study indicated that 43% of the women reported that they cried only once after the incident. The results also indicated that some women cried five or more times. Some reported that they cried between 5 and 15 minutes while some cried less than 5 minutes. This indicates that some women may have been more traumatized than others. It can be surmised that severity of the incident is what affects the frequency and duration of the crying.

Crying is a phenomenon that has not been studied by many researchers (Rottenberg, Bylsma, et al., 2008; Vingerhoets et al., 2000). Many African American women rely on spirituality, religion, and their support system to cope with racism. Spiritual coping has been positively correlated with well-being and negatively associated with distress, anxiety, and depression (Nelson et al., 2020). It can also be surmised that their support system may influence the crying frequency and duration. Perhaps through their tears, the women were able to find support, especially from those around them, which correlates with the tend and befriend theory. It is also important to note that African American women are known for their resiliency and ability to be strong (Liao et al., 2020; Watson & Hunter, 2016). There is also research that shows that not only do

African American women pride themselves on their capacity to conquer their challenges, but they also tend to understand that dealing with different challenges is a part of being an African American woman (Beauboeuf-Lafontant, 2007; Nelson et al., 2016).

Therefore, racism is another thing that they must overcome—by any means necessary.

Whether they lean on their support system, pray, or cry one or many times, they will get through it. African American women may gain strength from their spirituality and their relationships with their extended families and with their communities (Nelson et al., 2016). Therefore, even the few women who indicated that they cried in this study have probably done so while leaning on and/or venting to their community/support system, which tend to be other Black women, thus supporting the tend and befriend theory proposed by Taylor et al. (2000). The tend and befriend theory is a gender-based theory that postulates that women are likely to rely on their family and friends for support in times of trouble.

Research Question 3 addressed if crying about racism was related to positive mental health as measured by the MHI-18. The results of this study indicate that the women who did not cry reported better mental health. African American women have different ways to cope with racism. The women who did not cry may have other ways of dealing with racism that allow them the opportunity to relieve some psychological distress, leading them to have better mental health. This finding is similar to that found by Spates et al. (2020), who reported gendered racism has caused Black women to develop coping strategies to alleviate their feelings of distress.

African American women tend to use their support system of family and friends to deal with life challenges, such as racism (Spates et al., 2020). This support system may include their church family. Spates et al. also reported that African American women use religion and spirituality to help them cope with racism. This usually incorporates praying, meditational practices, and the faith that a higher power can improve their situation. The African American women who use religion do so because it helps them cope with racial discrimination and other oppressive situation. Thomas et al. (2008) reported that prayer is one of the most important coping techniques that African American women use when dealing with racism. This is also supported by other researchers (Bacchus & Holley, 2005; Banks-Wallace & Parks 2004; Mattis, 2002). Using all these coping techniques, it can be surmised that due to the presence of a strong support system that includes family, friends, and fellow church members, many African American women rely heavily on their support system instead of crying about racism, which is indicated by the results from this study.

Research Question 4 addressed the relationship between crying, African American women's mental health, and the strategies used by them to cope with encounters with racism, as measured by the RRCS. The results from the study indicate significant relationships between interpersonal ties and three racism-relating coping strategies: constrained resistance, bargaining, and anger regulation. This shows that those who used those coping strategies are more likely to have lower mental health scores.

It is important to note that hypervigilance coping is also connected to Research Question 4. Results indicated that the women who cried were more likely to use



hypervigilance as a racism-related coping strategy. Hypervigilance means that an individual may exercise increased caution and sensitivity when interacting with people who are not Black to avoid negative interactions rooted in racism in the future.

The results from the study indicated that women who use the hypervigilance coping strategy are more likely to have lower mental health. One coping strategy that may be linked to hypervigilance is a phenomenon known as *shifting*. Jones and Shorter-Gooden (2003) reported that shifting is about representation. It is about behaving in a different way to protect themselves from being the target of negative stereotypes, like Jezebel and Mammy. Because some African American women use hypervigilance as a coping mechanism, they may feel the need to implement shifting. Shifting involves altering speech or appearance when around Caucasian people versus letting their guard down and being more relaxed and informal when around other African Americans. Hypervigilance is often connected to anxiety and PTSD, which would explain the lower mental health scores because racism can be traumatic and bring about anxiety and other psychological ramifications. Because African American women have implemented shifting to deal with racism, that can be a stressful and traumatic practice.

Many times, African American women feel as if they are representing the whole race, especially in the workplace because they are being over scrutinized at their place of employment. Because society has made them feel inadequate, many African American women feel that if they make a mistake, their coworkers or boss will judge the entire race. Unfortunately, many times, that is the case. Having the weight of the entire race on your shoulders, because of racism, is traumatic and can lead to anxiety and PTSD

symptoms. Many studies support the fact that discrimination leads to anxiety (Beauboeuf-Lafontant, 2009; Romero, 2000; Woods-Giscombé, 2010).

### **Theoretical Foundation**

One of the theoretical frameworks for this study was based on Bindra's (1972) theory that people cry when they are trying to cope with difficult situations. Bindra theorized that the tears symbolized a release of the built-up emotional strain that the individual is feeling. The second theoretical framework for this study was based on the tend and befriend theory proposed by Taylor et al. (2000). Taylor et al. surmised that women tend to rely on their support system when trying to cope with a difficult situation, like racism or any other traumatic situation.

Results from this study indicated that racism is traumatic, which is supported by research. This was also demonstrated by the African American women in this study who experienced racism and cried about it. This means that they found the experience overwhelming enough to cry about it. The results from this study indicate that some women did cry after their experience with racism, which supports Bindra's theory that crying symbolizes the emotional strain that accompanies racism.

The results from this study showed that 77 of the 140 women indicated that they felt racism was behind their incident. However, only 21 indicated that they cried after the incident. This means that more African American women who experienced racism did not cry about the incident. Rottenberg, Bylsma, et al. (2008) reported that crying is often seen as a cathartic process that may help some people while unhelpful for others. The women who did not cry help support the validity of the tend and befriend theory. African

American women generally lean on their support system when trying to cope with difficult situations, which sometimes include racism.

### **Limitations**

There were some limitations in the study. This study depended on self-report from the sample population. Self-reporting charges the participant to remember and reflect upon past situations and if the categories are applicable to them. Self-report techniques may require the participants to make a judgement about themselves and they may be unable to evaluate themselves with precision. Baumeister et al. (2007) reported that depending solely on self-report questionnaires can be risky because there may be a contrast between real behavior and self-reported behavior. Response bias is another limitation of the study. Due to the sensitive nature of the study, some participants may have been inclined to provide responses that may be seen as more socially appropriate (Levin-Aspenson & Watson, 2018).

### **Recommendations for Future Research**

Racism is an extremely delicate subject matter. Because slavery ended years ago, many Americans believe that racism does not exist. However, African Americans have been the object of racial discrimination for a long time. Research demonstrates that racial discrimination has numerous mental repercussions that have an adverse effect on African Americans (Archibald et al., 2012; Walker et al., 2014). Taylor (2015) revealed that the historical backdrop of African Americans in America is vigorously set apart by the horrible encounters of prejudice and segregation.

This study is unique because it focused specifically on African American women. It is also unique because it investigated if African American women used crying as a coping mechanism when they are faced with racism, and if that was equated with better mental health. Further research needs to be completed to determine what factors influence why some women cry and why some women do not cry after their experience with racism.

Another recommendation for further research would be to conduct this same study but using African American males. Just like African American women, African American males also experience racism, and may begin to do so at earlier ages than women (Kogan et al., 2014). Future research that focuses on African American males would allow the researcher to compare how the men differ in crying about racism and if they had better mental health than the women who cry or do not cry about racism. It would also allow the researcher to describe the different coping mechanisms African American males use when faced with racism and if the tend and befriend theory applies to them as well.

### **Implications for Social Change**

This study illustrates how the many social injustices that African Americans face daily cause trauma. This study served to address the gap in research about how racism affects African American women. This study also served to address the gap in research about how African American women must put forth extra effort to thrive in a society that regards them as less than equal. This study also provides an understanding of the

different ways that African American women cope with racism, which could lead to crying in some cases.

This study may help understand the Black experience and understand the complexity of the psychological well-being of African American women. Recently, there has been much focus on therapists being culturally competent. Davis et al. (2015) reported that negative perceptions of therapists are barriers to treatment retention of African Americans. A common complaint is that therapists lack relevant cultural knowledge. The findings from this study can help future therapists understand the trauma associated with racism and all the emotional baggage that their African American female clients are bringing to therapy. This in turn can help increase the effectiveness of implementing culturally relevant techniques when treating African American women.

### **Conclusion**

Spates et al. (2020) stated that African American women in the United States are familiar with the physical and psychosocial stressors that accompany racial discrimination. The purpose of this study was to examine if African American women use crying as a coping mechanism when they are faced with racism and the frequency and duration of their crying. The study also investigated if crying about racism is related to positive mental health outcomes. The results of the study demonstrated that although some African American women used crying as a coping mechanism, most of the African American women in this study did not cry after their experience with racism. The results are beneficial because they demonstrate that there is a small percentage of African American women who may cry when faced with racism. This study is also beneficial

because it presented some valuable information about the ways that African American women cope with racism and provides a deeper understanding about how racism affects the emotional well-being of Black women. The results of this study can help experts in psychology understand the stress and pain that comes with racism and the trauma that is associated with it.

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## Appendix: Demographic Information

In the previous 6 months, have you experienced a troubling situation where you feel that you were treated unfairly because of your race?

- Yes  
 No

If YES, did you cry during or after the incident?

- Yes  
 No

If YES, how often did you cry after the incident?

- Only 1 time  
 2 times  
 3 times  
 4 times  
 5 or more times

After the incident, how long did you cry each time?

- Less than 5 minutes  
 5–15 minutes  
 16–30 minutes  
 31–60 minutes  
 More than 60 minutes

What is your age?

\_\_\_\_\_

What is your relationship status?

- Living with a partner  
 Not living with a partner

How many dependents (children under 18 or older adults) do you have living with you?

- None  
 1–2  
 3–4  
 More than 5

What is your level of education?

- High school  
 Some college  
 College graduate  
 Graduate work

What is your household income?

- Under \$25,000  
 \$25,001 to \$50,000  
 \$50,001 to \$75,000  
 \$75,001 to \$100,000  
 More than \$100,000