Mixed Methods Exploration of Low Points and Wellness in Black Women

Jessica Krukowski

Marquette University

Follow this and additional works at: https://epublications.marquette.edu/theses_open

Part of the Psychology Commons

Recommended Citation
https://epublications.marquette.edu/theses_open/693
MIXED METHODS EXPLORATION OF LOW POINTS AND WELLNESS IN BLACK WOMEN

by

Jessica L. Krukowski, B.A.

A Thesis submitted to the Faculty of the Graduate School, Marquette University, In Partial Fulfillment of the Requirements for The Degree of Master of Science

Milwaukee, WI

May 2022
ABSTRACT
MIXED METHODS EXPLORATION OF LOW POINTS AND WELLNESS IN BLACK WOMEN

Jessica L. Krukowski, B.A.
Marquette University, 2022

Introduction
Time and again the voices, experiences, and interests of Black women are systematically marginalized, overlooked or dismissed (King, 2019). In addition, and possibly because of this, Black women are consistently underrepresented and historically overlooked in research (Allen, 2008; Corker, 2010). It is imperative to allow the voices of Black women to begin to fill this scientific gap. Mixed-methods narrative research provides a strength-based framework to do so. This study explores how Black women talk about the lowest point in their life and how that relates to various outcomes of wellness.

Method
The low point response narrative from The Life Story Interview (McAdams, 2008) and various quantitative measures of wellness were collected from 82 Black women from Milwaukee, Wisconsin. From these, a representative sample of 20 low point responses from women varying in age and income were selected and used to explore common themes. The following themes emerged from this representative group: 1. Loss; 2. Forms of Coping; 3. Emotions; 4. Language Use; 5. Strong Black Women Stereotype; and 6. Trauma. Thematic scorings systems were created and subsequently applied to the remaining 62 low point responses. Independent samples t-tests were conducted to explore mean differences between the thematic scoring systems and quantitative measures of wellness.

Results
When describing their lowest point in life, Black women with the strongest wellness profiles mentioned self-care coping (lower anxiety), and faith as a coping mechanism (lower perceived stress and higher psychological well-being). These women used positive emotions during their low point responses (lower perceived stress and higher psychological well-being) and described putting others before one’s self (higher psychological well-being). Finally, Black women with the strongest wellness profiles recounted a life threatening or serious injury to a person close to them (lower perceived stress, and higher social well-being).

Discussion
These results may help mental health professionals pick up on important dynamics during conversation with Black women from Milwaukee that could inform appropriateness for treatment and/or intervention. These findings can also inform the allocation of strength-based resources for Black women in this community.
# TABLE OF CONTENTS

## CHAPTER

I. INTRODUCTION

   a. Statement of the Problem
   b. Milwaukee- A Salient Place to Explore the Lives of Black Women

II. METHOD

   a. Cultural Responsiveness and Sensitivity
   b. Reflexivity
   c. Participants
   d. Design
   e. Procedure

III. MATERIALS

   a. Life Story Interview: Low Point
   b. Outcome Wellness Measures
      i. Scales of Mental Health
         1. Perceived Stress Scale
         2. Depression Anxiety and Stress Scale (21-Items)
      ii. Scales of Well-Being
         1. Social Well-Being Scale
         2. Psychological Well-Being Scale
   c. Theme Identification and Scoring
      i. Theme: Loss
      ii. Theme: Coping
iii. Theme: Emotions................................................................. ........19
iv. Theme: Language Use.................................................... ........20
v. Theme: Strong Black Woman Schema.............................. ........22
vi. Theme: Trauma................................................................. ........25

IV. RESULTS......................................................................................... ........27
    a. Descriptive Statistics- Quantitative Measures......................... ........27
    b. Inferential Statistics- Quantitative Measures............................. ........27
    c. Comparing Themes to Outcome Measures........................................ ........28
       i. Loss.................................................................................. ........28
       ii. Coping............................................................................. ........30
       iii. Emotions........................................................................... ........32
       iv. Language Use..................................................................... ........32
       v. Strong Black Woman Schema.............................................. ........33
       vi. Trauma............................................................................... ........34

V. DISCUSSION....................................................................................... ........37
    a. Understanding the Thematic Scoring Systems...................... ........37
       i. Loss.................................................................................. ........37
       ii. Coping............................................................................. ........37
       iii. Emotions........................................................................... ........39
       iv. Language Use..................................................................... ........39
       v. Strong Black Woman Schema.............................................. ........40
       vi. Trauma............................................................................... ........40
       vii. Aggregated Psychosocial Portrait.......................................... ........41
viii. Limitations and Future Directions................................. 42

VI. BIBLIOGRAPHY........................................................................ 44

VII. TABLES.................................................................................. 51

VIII. APPENDICES.......................................................................... 65
  a. Appendix A: Loss................................................................. 65
  b. Appendix B: Coping............................................................. 67
  c. Appendix C: Emotions....................................................... 70
  d. Appendix D: Language Use............................................... 72
  e. Appendix E: Superwoman/Strong Black Woman Schema... 74
  f. Appendix F: Trauma.............................................................. 78
Introduction

Statement of the Problem

Black women live in an intersection between two marginalized identities: their Blackness and their womanhood (King, 2019). Oftentimes the challenges Black men and boys face become synonymous with the entire Black experience (Patton et al., 2015). As a result, solidarity becomes asymmetrical, and the lived experiences of Black women and girls become marginalized (Johnson, 2013). Black women encounter a similar asymmetry with sexism. Sexism as experienced by White women and by Black women is not equivalent. Because the Black women’s particular experience is not recognized, that experience of sexism is dismissed (Sesko & Biernat, 2010). Because the impact of racism and sexism have been historically explored separately, the unique intersectional forms of racist and sexist oppression Black women face are less understood and have remained invisible to larger social justice movements (e.g., civil rights, Black power, feminism/women’s liberation, worker’s rights, Me too, Black Lives Matter, etc.) (Coles, & Pasek, 2020; Hill Collins & Bilge, 2016). This invisible oppression has perpetuated the systematic silencing of Black female voices (Kota 2020). As a result, Black women have been consistently underrepresented and historically overlooked in research, leaving a gaping hole in the scientific literature (Allen, 2018; Corker, 2010). Methodologies exploring stress and trauma in Black women are no exception. Presently, the body of stress and trauma literature has found pervasive effects on the mental health (Turner & Turner, 2021; Williams, 2021) and well-being (Jones et al., 2020; Kinouani,, 2020) of Black people, but the methods employed have not been conducive to understanding the lived experience of Black women in particular. Thus, it is imperative for researchers to
provide the space for Black women to use their voices to guide future scholarship.

Raising the voices of Black women will help to close this gap, adding a strength-based and intersectional lens.

The following are excerpts of Black female voices responding to a research prompt asking them to describe their lowest point in life. The responses to this prompt speak to the tensions, stress, and trauma that exists in this sample. These stories also capture the strength and resilience of these women. It is these self-narratives that guided our inquiry. It is the voices of these Black women that energized our work.

Here is a response to the low point question that was told by a 26-year-old single mother of three:

*I remember taking a bath. He had a jet-it bathtub. So, I remember taking a nice little bubble bath there and then I remember going to sleep. Um the next thing I remember is my mother coming in the room and uh... something was wrong with her. I didn’t know what was wrong with her at the time but something. She was- she started nailing at the side of the bed and telling me to wake up like. “We gotta get out of here. He’s trying to kill me”. Um me, being a 10-year-old little girl, you know, I knew I didn’t know what was going on. Um the next thing I do remember, so I do remember that. And then the next I do remember is being walked outside by the police and a whole bunch of lights and, you know, uh things of that sort. Um [...] I don’t know who called the police um I just know that night I was taken um to my grandmothers. And then after that night, like we struggled um to get me into somebody’s custody because CPS took me from my mother. Um come to find out they were in the house doing drugs. I guess things just got out of control and he, I guess, flipped out on my mother. So, I think she did call the police. Um so yeah, that night I was taken from my mother. Um I was put through a bunch of legal custody battles. Uh I almost ended up in foster care. Um luckily I wasn’t. My dad stepped up and uh got custody of me. So even being a low point in my life, I feel like, you know, that was meant to happen because me going to live with my dad, um you know, changed my life very straight. You know how dads are – very straight – you know and make sure I go to school and didn’t deal with boys, had me in activities so.*
This second quote is from a 58-year-old married mother of one describing her lowest point in life:

My son was killed when I was staying in [redacted], ok? That.. that was 30 years ago that cops shot and killed him, cause...cause he was at the wrong place at the wrong time he got killed at 15 years old. I cry for 5 years, ok? So, I love my son, so he.. so the cops killed him. I was sad for a long time you know, I’m okay now but it was kind awful for me back then when I was staying in [redacted]. It was real bad. [...] It was on the news and all that stuff back then. [...] I’m okay now but I was real sad back then. His friends got killed behind him too.

Interviewer: Oh so multiple people got killed?
Participant: Mhmm, yeah, a lot of them got killed so you know that was really sad though.

Interviewer: What does that say about your life or who you are as a person?
Participant: I think it moves cause um people broke into my house and stole my furniture while I was out burying my son and I think it move. You know I think it keep on moving so I’ve lost too you know. I gotta try and rebuild myself and get a job you know lost a lot back then. I’m much better now.

One way to uplift these and other Black female voices, and to better understand their lived experience, is to conduct mixed methods research (Wisdom & Creswell, 2013). This can be done by linking qualitative narrative interviews, such as the previous excerpts, with quantitative outcomes of wellness including measures of mental health and well-being. Collecting a semi-structured narrative interview can be empowering to participants because it allows them to determine and share their most salient response to a given interview prompt (Elliott, 2005). One empowering methodology for qualitatively exploring stress and trauma is to focus on the low-point component of the Life Story Interview (McAdams, 2015). This prompt, given towards the beginning of the lengthy interview, asks one to tell the story of a life episode they perceive as the lowest within their overall narrative of self. Common themes that emerge in these responses, as told by Black women, can then be compared to quantitative scales of mental health and well-being. Using valid and reliable quantitative measures allow researchers to compare
results within their sample as well as duplicate methods in future research (Miller, 2020). By exploring the relationship between how Black women talk about their past and their current mental health and well-being, we begin the process of connecting one’s identity as manifested in a self-defined life story with one’s wellness. What we get from these data are a constellation of how this group of women’s voices relate to mental health and well-being.

**Milwaukee- A Salient Place to Explore the Lives of Black Women**

The present study takes place in Milwaukee, Wisconsin. To better understand this context, it is essential to examine the disproportionate stressors and trauma Black Milwaukeeans face. Although each Black woman from Milwaukee has a unique lived experience, there are a myriad of factors that make Milwaukee a particularly salient place to explore the challenging lives of Black women. When conceptualizing their experiences, it is important to consider the socioeconomic disparities and segregation experienced in Milwaukee. Milwaukee has been ranked as one of the worst cites in the United States for Black people to live (Hess, 2018). In 2019, the Milwaukee metropolitan region was ranked as the most segregated in the nation (Luthern & Mollica, 2019). Additionally, Milwaukee has the biggest gap in unemployment rates between Blacks (17.3%) and Whites (4.3%) and has a substantially lower median household income; $25,600 for Black people compared to $62,600 for White people (Vega, 2016).

In addition to socioeconomic inequities, some Black communities in Milwaukee are disproportionately affected by trauma and interpersonal violence (Luthern, 2019). Milwaukee is home to a Level I Trauma Center where a variety of injuries are treated. An examination of records from 2016 to 2020 reveal that individuals who are Black,
27.2% of Milwaukee’s population (United States Census, 2019), accounted for a disproportionate number of interpersonal injuries. Between 2016 and 2020, there were a total of 2,685 interpersonal injuries treated at Milwaukee’s Level I Trauma Center, and 2,012 (74.9%) of those injuries were sustained by individuals who are Black. A breakdown of those interpersonal injuries shows that of the 683 assaults treated at the Level I Trauma Center, 379 (55.5%) were people who are Black. Of the 492 stabbings, 290 (67.4%) were people who are Black, and of the 1,510 gunshot wounds, 1,141 (75.6%) were people who are Black (Medical College of Wisconsin, 2021). Black individuals are also disproportionately affected by homicides. Of the 473 homicides between 2005 and 2009, 366 (77.4%) of the victims were Black individuals, and 82% of the known perpetrators were Black people (Milwaukee Homicide Review Commission, 2010). Milwaukee also has the highest national incarceration rate of Black men. In Milwaukee County, approximately 40 percent of all Black men get locked up for low-level drug offenses (Corley, 2013). This places an additional burden on Black mothers, wives, sisters, and daughters. The cumulative effects of all the aforementioned disparities have impacted Black women’s physical, mental, and emotional health (Dennis, 2019). Pervasive, ongoing stress can cause mothers to experience pre-mature birth which is believed to be the largest contributor to the high and racially disparate infant mortality rates of Milwaukee’s Black infants (Michalski et al., 2017). Wisconsin has the highest infant mortality rate in the country, where non-Hispanic Black infants in Wisconsin are nearly three times more likely to die than White infants are (Mathews et al., 2018).
To understand how Black women from Milwaukee live healthy and productive lives despite this disproportionate trauma and stress we must begin by listening to their lived experiences. We believe that this mixed-methods examination will help to illuminate the unique experiences Black women from Milwaukee face. Understanding the relationships between the qualitative metrics obtained from the low point response themes and the quantitative output from the mental health and well-being scales will provide important culturally sensitive data that can be used by various community programs and interventionalists seeking to improve the quality of life for Black women living in Milwaukee. We are committed to converting these findings into actionable change via the community engagement relationships established with three non-profit agencies that primarily serve Milwaukee’s Black residents. This culturally sensitive data could be used to properly allocate mental health resources as well as provide racially conscious trauma informed care to Milwaukee’s Black women.
Method

Cultural Responsiveness and Sensitivity

To implement this research and ensure cultural responsiveness and sensitivity, we established a community academic partnership. This community partnership is comprised entirely of Black female community members including a mental health clinician, medical sociologist, and several non-profit leaders. They are part of our team because Marquette, the investigating university, is composed of dominantly White undergraduate and graduate students, faculty, and staff (Composition dashboard, 2020). We understand this may cause pause for some individuals in the Black community who may experience distrust that stems from institutional racism, and historical research abuse (Corker, 2010). To bridge this mistrust, we have used the expertise and resources from our Black female community partnerships to ensure cultural and racial sensitivity in every step of this process. These individuals are long-time scholarly and nonprofit colleagues in social justice of the project co-investigator. They have multiple partnerships and have successfully recruited Black women from Milwaukee for various other studies.

Reflexivity

An important part of cultural sensitivity is reflexivity. The following information is about the primary investigator and is intended to provide additional context regarding the lens with which this study will be analyzed.

I am a straight White female. I was born and raised in a rural town in Northern Wisconsin. There was very little diversity, however there was an abundance of overt and covert racism, sexism, and bigotry including from my own family members. Growing up there was very little talk about race, and a complete lack of insight about what it means to
be White. Most of the history I learned in school was Whitewashed and I had never heard the term White privilege until college. I was always uncomfortable when surrounded by oppressive language but was afraid to be ostracized or physically harmed if I were to speak up against it. Because of this fear, it took a long time to become a White ally.

My own experience with stress and trauma began early in my life. My parents divorced when I was two. I was raised by my mother and her same-sex partner. My father was allowed supervised visitations every other weekend. My mother was severely abused and neglected as a child. This caused a myriad of mental health concerns including post-traumatic stress disorder, dissociation, substance use, self-harm, suicide attempts, and psychosis. I was emancipated at the age of 15 following a house fire.

Having experienced traumatic events myself, and after witnessing first-hand the pervasive effects of trauma, my drive to further understand it has remained unwavering. To deepen my understanding, I became a Certified Medical Assistant where I cared for people in various stages in life including those who were traumatically injured. I continued my education and spent seven years working as a researcher in the Trauma Surgery Department at Froedtert and the Medical College of Wisconsin. There, I explored the physiological, neurological, and biological underpinnings of acutely injured trauma survivors. I have extensive experience collecting structured, semi-structured, and self-report quantitative data elucidating the effects of trauma. I am currently married, a mother of two, and a doctoral student in the clinical psychology program at a private university where I am learning to conduct therapy with traumatically injured clients.
In my role as a White ally and trauma professional I have learned that it is imperative to listen if there will be growth. Through this research, I vow to amplify voices of those oppressed before my own.

Participants

Prior to data collection, approval was obtained from Marquette’s institutional review board. Inclusion criteria for the study required that each participant be at least 18-years of age and self-identify as a Black/African American woman. Participants were recruited using social media posts, flyers, and verbal announcements, at the aforementioned nonprofit community partnership agencies as well as by participant word-of-mouth, which is snowball sampling. Participants were given cash for their participation: $25 for the interview and $35 for the survey completion. After screening, 103 women consented to complete the study. Of those 103 women, 21 had partial data (7 completed the interview only, 14 completed the survey only), and 82 completed both the interview and survey. All participants with partial data were excluded, thus the sample size was 82. While we strove to collect a diverse sample of Black women- varying in age and socioeconomic status, the constraining effects of COVID-19 forced us to stop our recruitment efforts. The final sample of Black women was more skewed toward lower income (M = $23,236.59, SD = $20,064.60) (see Table 1).

Twenty low point responses from women varying in age and income were selected for identifying common themes. Theses 20 participants were excluded from all analyses leaving a final sample size of 62 participants. No data were deleted; however, participants were allowed to leave answers blank. Thus, the sample sizes found in the subsequent tables are not all 62. Of these 62 participants, most were middle age (M =
44.48, SD = 15.82), identified as heterosexual (64.52%), were single (66.13%), had at least one child (64.52%) (M = 5.64, SD = 6.31), and identified as Christian (53.23%) (see Table 1 and Table 2). Ten women had some high school but no diploma, 13 graduated high school or received a diploma equivalent, 17 had some college credit but no degree, 2 had trade/technical/vocational training, 6 received an associate degree, 11 received a bachelor’s degree and 3 received a master’s degree (see Table 2).

**Design**

Research in the Black community has traditionally been conducted using a deficit model (Song and Pyon, 2008). To oppose this, our team developed a strength-based mixed methods study collaboratively designed by Black women to amplify the voices of Black women. This community-based advisory committee helped to identify culturally mindful quantitative scales of mental health and well-being. In addition to these scales, a modified version of the Life Story Interview (McAdams, 2008), was collected, audio recorded, and transcribed. The Life Story Interview (McAdams, 2008) has been used as a protocol in many studies, however, the core body of the literature reports the analytical results of mainstream Caucasian samples (E. de St. Aubin, personal communication, April 23, 2021). Exploring the various components from this scripted interview in a diverse sample of Black women provides a unique insight into the diverse lives of Milwaukee’s Black women and allows researchers to explore the participants’ past, present, and future while identifying the fundamental principles to use to categorize and analyze the collective group of narratives (McAdams, 2015). Upon recommendation from the advisory committee, all data were collected solely by female researchers with Black, African American, or African ancestry.
Procedure

Upon contact with research staff, an in-person meeting was scheduled with an interviewer at a convenient and accessible location chosen by the participant. These location options included a university office, non-profit collaborator site, or participant home/workplace. To ensure privacy, all locations were required to have a closable door. Written informed consent was obtained before completing a 90-minute, semi-structured, one-on-one life-story narrative interview with a Black/African American female researcher. Each researcher was trained in the interview protocol. All Life Story Interviews (McAdams, 2008) were audio recorded in real-time. Following the interview, participants were paid $35 then offered the opportunity to complete a 60-minute online survey battery for an additional $25. Surveys were administered using an anonymous Qualtrics link. Interview and survey data were linked by a randomized participant identification number. There were 82 participants with both interview and survey data. After data collection, all interviews were deidentified and transcribed verbatim. The low-point portion from each Life Story Interview (McAdams, 2008) was compiled. Other facets of the Life Story Interview (McAdams, 2008) were not considered for this project.
Materials

Life Story Interview: Low Point

The Life Story Interview (McAdams, 2008) asks participants to identify six key scenes in their life story: their high point, their low point, a turning point, a positive behavior, a relationship story, and a religious or spiritual experience. For this study, the second scene from the Life Story Interview (McAdams, 2008), the low point, was used. The low point prompt requests that the participant describes in as much detail as possible the lowest point in her life. These women were asked what happened, when and where it occurred, who was involved, and what they were thinking and feeling. Participants were asked to recount why this particular moment was so difficult and what the scene may say about them or their life (McAdams, 2015). This prompt qualitatively elucidates experiences of stress and trauma while empowering the participant with the sole discretion over her disclosure (Elliott, 2005).

Outcome Wellness Measures

In addition to the Life Story Interview (McAdams, 2008), this sample of Black women (N = 62) completed quantitative scales of mental health and well-being.

Scales of Mental Health

The scales that quantify mental health include the Perceived Stress Scale (PSS) (Cohen et al., 1983), and the Depression, Anxiety, and Stress Scale (DASS) (Lovibond & Lovibond, 1995).

Perceived Stress Scale

The PSS is a 10-item stress assessment instrument that uses a five-point Likert scale (0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often) to help
researchers understand how various situations affect a participant’s feelings and perceived stress over the last month. Perception is important to consider. It is possible that two people experience similar stressful events, but the perceived stress impact is entirely different (Cohen et al., 1983; Mitchell et al., 2008). Scores range from 0 to 40. Scores between 0 and 13 are considered low stress, scores ranging from 14 to 26 are considered moderate stress, and scores 27 to 40 are considered high perceived stress (Cohen et al., 1983). The PSS is an extensively used instrument that has demonstrated adequate reliability and convergent validity in diverse samples (Taylor, 2015).

**Depression Anxiety and Stress Scale (21-Items)**

The DASS is a widely used 21-item scale with three sub-scales designed to measure the emotional states of depression, anxiety, and stress. Each sub-scale has seven items that use a four-point Likert scale (0 = Did not apply at all, 1 = Applied sometimes, 2 = Applied often, 3 = Applied very much/most of the time). The DASS is a helpful assessment of disturbance because it can recognize considerable symptoms as high risk for future problems without requiring the participant to meet a clinical cut-off score. Normal, mild, moderate, severe, and extremely severe labels are established to define the degree of symptom severity relative to the population. Each sub-scale has a different symptom severity cut-off score. (Lovibond & Lovibond, 1995). In non-clinical samples, the DASS-21 has demonstrated adequate construct validity, internal consistency, and temporal stability (Henry & Crawford, 2005) showing similar internal consistency, and convergent and divergent validity in samples of Black women (Norton, 2007; West et al., 2010).
Scales of Well-being

Scales collected that quantify well-being include the Social Well-Being Scale (SWB) (Keyes, 1998), and the Psychological Well-Being Scale (PWB) (Ryff, 1989).

Social Well-Being Scale

The SWB scale is a 15-item instrument that explores quality of life as it relates to benefits gained through understanding of self as a social being and maintenance of stable social relationships. These items are rated on a six-point Likert scale (1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree). The scale is made up of five subscales: Social acceptance, social actualization, social contribution, social coherence, and social integration. Most studies simply report the total social well-being score, which is determined by summing all items in the measure to arrive at an overall score. Higher scores signify higher levels of social well-being (Keyes, 1998). This instrument has acceptable reliability, convergent and discriminant validity in various populations (Keyes, 1998; Li, et al., 2015; Hekmati, et al., 2014).

Psychological Well-Being Scale

The PWB Scale is a broadly used 18-item instrument based on the participant’s attitudes about themselves and others. The scale investigates quality of life as it relates to benefits gained through overall psychological health and stable self-concept. The 18 items are rated on a six-point Likert scale (1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree), and load on six subscales: Self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others. Most studies report the total
psychological well-being score which is calculated by summing all items in the measure to arrive at an overall score. Higher scores signify higher levels of psychological well-being (Ryff, 1989). Researchers have broadly used his instrument because of its strong psychometric properties across age, income, and ethnicity, including among Black women (Johnson & Carter, 2020; Ryff & Keyes, 1995; Ryff, et al., 2003; Gloria et al., 2009; Curhan et al., 2014).

**Theme Identification and Scoring**

Demographics from all 82 participants were organized and 20 participants varying in age and income were selected for thematic development. These 20 participants were broken into two groups of 10. Each group of 10 had similar ages and incomes. The low-point responses from the first group of 10 participants were carefully reviewed by the primary investigator (a White woman), co-investigator (a White man), and an Associate Professor in Marquette University’s College of Nursing specializing in racial/ethnic health disparities (a Black woman) to establish common emerging themes. Upon careful qualitative scrutiny of those 10 randomized representative low point responses, a number of emerging themes were identified by our team. These reoccurring themes include: 1. Loss; 2. Forms of Coping; 3. Emotions; 4. Language Use; 5. Strong Black Women Stereotype; and 6. Trauma. Individualized scoring systems were created for each theme. The second group of 10 low point responses were then used as we worked with two undergraduate research assistants (a White woman, and a White man) to refine and finalize the scoring systems.

To establish inter-rater reliability, 6 different undergraduate students (3 Black women and 3 White women) as well as two graduate students (a Multiracial woman, and
a White man) scored the second group of 10 low point responses. These students were blind to the first group of 10 low point responses. All categories from each theme scoring system had strong to near perfect agreement (McHugh, 2012) with Cohen’s kappa scores ranging between .80 and 1.0. After appropriate interrater reliability was established for all themes, the systems were then used to score the remaining 62 low point responses.

There were 6 common themes that emerged from a representative sample of 10 narrators that varied in age and income. Each theme contains dichotomous categories used to establish quantitatively whether the category was (present = 1) or (absent = 0) in the final analytic sample of 62 low point responses.

**Theme: Loss**

Loss was a recurring theme that emerged from the low point responses. This theme and its categories were completely conceptualized from recurring patterns in the low point responses. Loss has been operationalized to mean no longer having possession of something or the severance of a relationship with someone. While refining this recurrent topic, three sub-categories of loss were identified: 1. **Relationship Loss**, 2. **Material Loss**, 3. **Personal Loss**. Examples of relationship loss include loss of a spouse, significant other, parent, child, family member, or friend through death (including abortion or miscarriage), breakup, abandonment, end of important relationship/friendship, custody, or a person lost in life for any reason. An example of a relationship loss described in a low point response comes from a 75-year-old married mother of seven: “I was 19 years old. I lost my first child at 19 years old. And at that time, it was called cradle death. And I had check the baby about 3:00am. At 6:00, I got up again to check
him, he was cold. 19, I didn’t know what to do. I sent someone next door to my neighbors to get her, and she came back, and she told me she thought the baby was dead. She called the police, the police came, and at that time, they automatically suspected a 19-year-old with a baby, that I had did something.” Material loss is the loss of any materialistic item of monetary value such as a home, car, other material possession, job, or resource. Personal loss can be defined using these three examples of loss of freedom. The following lists of sources for an experienced loss of freedom, though extensive, are not inclusive. Loss of freedom may be experienced as the result of incarceration, hospitalization, or another form of externally imposed constraint of autonomy. The experience of freedom may be lost because of rape, other sexual violation, or any form of physical victimization. Loss of freedom may be experienced, though less intensely, when a barrier to progress or growth is imposed by external forces; an apt example is a circumstance that forces a withdrawal from school.

The Loss scoring system has seven categories used to identify and quantify loss. *(See Appendix A for the full Loss scoring system).*

**Theme: Coping**

Another theme that emerged after conceptualizing the recurring patterns of the low point responses was Coping. Coping was scored when a participant mentions a consciously deliberate method to reduce stress or anxiety to protect the self. This theme has six categories that are scored as 1 if present and 0 if absent. The examples given for each category are not exhaustive. There are many possible examples.

The first category is **Faith/God as Coping.** Examples from the low point responses that qualify “as present” are “My focus is on God.” Or “I find strength in
God’s guidance.” Category two **Professional Therapy as a form of Coping** was identified in the low point responses because of statements such as “My therapist has helped me through this.” **Self-care as a form of coping** is the third category. Examples include explicit mention of intentional acts to care for oneself such as “I asked for help with the kids so I could have some time to myself.” Or “I left my abusive husband.” A 54-year-old divorced mother of 5 describes self-care coping in her low point response following the deaths of her parents, two brothers, and two friends: “…I decided to take a trip. So, I took a trip. I went to Jamaica. And it was very healing. The sun, the water, the people, the getting away from this whole thing. And I came back. I stayed for about two weeks. I felt refreshed, renewed, rejuvenated. I felt like I got answers to my questions, and I felt like it just gave me a little more time to just heal and not feel it so much” Category four is **Social Coping** which is described as support or help provided from the participant’s social circle. Evidence of such support includes statements such as “I’m thankful for my son’s father. He has been such a blessing.” Social support is also provided by a support group such as a victim’s class, Alcoholics Anonymous, or Narcotics Anonymous. The fifth category, **Work/Strive for Success**, is coded as “1” present if the participant’s description included a statement such as: “I decided to go back to school to help others like me.” Finally, the sixth category is **Avoidance** which is coded as “1” present if the participant describes actions performed to avoid pain, anxiety, and/or stress. Instances of active avoidance are identified with explanations such as: “Since that car accident, I will go out of my way, so I don’t have to drive down the road it happened on.” Or “I haven’t thought about this in years.” Descriptions of a suicide
attempt or destructive drug use are also coded as an avoidance strategy. (See Appendix B for full Coping scoring system).

**Theme: Emotions**

The third theme that was completely conceptualized from recurring patterns was Emotions. It became clear that some women described their low point in different emotional tones – using positive and/or negative emotional tones when recounting their low point. While a particular emotionally valanced word may not be used by the participant explicitly, words such as “angry” or “happy”, it may have been implied with sentiments such as “I was so pissed at him” (negative) or “That moment was just so fabulous” (positive). The emotion or feeling must be attached to the sentiments of the participant and must be attached to the actual event in the moment of the event. Three YES/NO categories were identified, and a score of “1” is given if the category was present and a “0” if the category is not relevant to the response. The examples given for each category are not exhaustive. There are many possibilities.

The first category is **Positive Emotions**. A score of “1” is given if there were implied or described positive emotions such as joy, excitement, happiness, love, and/or affection. These declarations are examples of positive emotions, “I’m glad this painful experience happened.” Or “I’ve learned to love myself more because of this.” Here is an example from a 46-year-old single mother of ten: “You know, he was unfaithful, so I left him alone. And so, like I said, I still have my family. So, I was okay, back on the right track. It’s just, you know, have to, by me going through [this] experience, it helped me to grow to the person I am today.” Occasionally there are notes from the transcriptionist indicating the participant was laughing during the low point response. This is not
considered a positive emotion because it possible that laughing in this circumstance is not an expression of authentic joy. The second category identified is **Negative Emotions**. This is implied, described, or expressed negative emotion such as fear, disgust, anger, guilt, shame, and/or distress. Contrary to the transcriptionist’s note of the participant’s laughter, if the transcriptionist notes that the participant began crying, this category is scored as a “1”. Other examples of a negatively toned description include “I was seeing red I was so mad.”, “I was so scared.”, and “Looking back I thought the world was over.”. The third category is **Both Emotions** which is scored as “1” if both categories 1 (positive) and 2 (negative) are documented in the low point response. (See Appendix C for full Emotions scoring system).

**Theme: Language Use**

The final theme that organically emerged from the representative sample of low point responses was Language Use. This theme captures the variation in the amount of detail a participant includes when responding to the low point prompt. Two categories emerged: sensory language and evasive language.

Some narrators used sensory laden language when recounting their lowest point. A response is considered to have sensory language and would be scored as present, if the participant uses language that elicits two or more different senses: sight, smell, sound, touch, and taste. An excerpt from the low point responses that uses sensory language comes from a 31-year-old married mother of seven describing the loss of her son five months into her pregnancy. She says: “I smell my baby’s blood leavin’ from his body. How do I go back to my normal life? How do I fix it? … How can you replace it? …That feelin’ is the worst feelin’ in the world. You tellin’ me I can’t take my baby with
me? He gotta stay here?... That, that, that chewed me up, had to leave my baby at the hospital. And with them next three days, I see some on TV, and I just walk out, go in my room and I just bust out cryin’. I fell so, so, I was unbel- it’s unbelie, I couldn’t believe it.” Additional examples of sensory language include but are not limited to- Sight: “I saw him run away” or any language such as “saw, observed, or look.” Smell: “I can still smell her perfume.” Sound: “I heard a loud bang.” Or the use of a direct quote from a person in the story other than the narrator “My cousin said XXX.” Touch is defined as any type of physiological nerve reaction and may include statements such as “I could feel the sweat dripping down my face.” “He beat me.” “He grabbed my arm.” Or any mention of physical pain or discomfort. Taste: “The blood had a metallic taste.” If one or none of the senses were included, it would be scored as absent. Additionally, if the senses are not in reference to a particular experience or episode it would be scored as absent. For example: “I have seen and heard a lot of things in my day.”

There were a handful of participants that used evasive, reluctant, or intentionally dodging language when describing their low point. If this type of language was present it was given a score of 1. Evasive language may include “Wow, that’s kind or personal. It’s not something you really wanna tell somebody.” Reluctant language includes “This is confidential, right?” and dodging language includes: “I’m not sure I want to go into that right now.” If the participant appears to be hesitant, contemplating, or gathering her thoughts evasive language would be absent and scored 0. Examples of 0-point responses include: “Yeah let’s see… um hm hm hm… I’m trying to go with one of the first things that comes to mind, so we won’t have to prolong it.” Or “Oh my gosh there’s so many things.” (See Appendix D for full Language Use scoring system)
Theme: Strong Black Woman Schema

The Strong Black Woman Schema is another common theme that emerged from the low point responses of Milwaukee’s Black women. In discerning the appropriate categories that collectively capture this theme, we reviewed relevant scholarship.

The origin of the Strong Black Woman theme is rooted in the slavery experience during which women were expected to be psychologically androgynous to remain resilient in socially threatening situations (Allen, 2019). They were forced to embody both stereotypically feminine traits such as a nurturing caregiver (Watson, 2016) and with the stereotypically masculine traits of an independent, hard-working, self-reliant, assertive, and strong person (Robinson, 1983). To remain resilient, this schema has been donned as armor, a character trait that has been passed from one generation to the next (Allen et al., 2019). Today, being a strong Black woman is a double-edged sword. A position of strength projects resilience, drive, success, and devotion. Because these character traits have become both an internal and external expectation, when a Black woman is not strong, the Strong Black Woman Schema may be used against her; she may be perceived as weak.

The following scoring system incorporates the five expectations of strength established by Woods-Giscombe’s 2010 Superwoman Schema instrument (SWS). This instrument consists of 35-items representing five different sub-scales: 1. Obligation to present an image of strength; 2. Obligation to suppress emotions 3. Resistance to being vulnerable; 4. Intense motivation to succeed; 5. Obligation to help others (Woods-Giscombe, 2010; Steed, 2013). These five sub-scales were used to establish the categories in the theme we scored.
In our scoring system, there were five present/absent categories that emerged from the narratives; however, they are slightly different than the subscales of the instrument established by Woods-Giscombe, 2010. The first category that emerged directly overlapped with the SWS instrument—**the obligation to be strong**. This is not a show or display of strength per-say, but the internalized obligation to be strong. The Black woman’s obligation to assume a position of strength begins as a stereotype where the social energy resides external to the woman. For instance, Black women may assume their position of strength because “I have to be strong for everybody else.” An example of this category emerging from the narratives was “That was the point, I guess, that I realized I have to stay strong, and I have to work and provide for my kids.”

The second category that emerged from the narratives is the **obligation to suppress vulnerability**. This category combined “Obligation to suppress emotions” and “Resistance to being vulnerable” from the SWS instrument because they presented indistinguishably in the low point responses. The obligation to suppress vulnerability encompasses the obligation to suppress emotions, to be stoic and tough and not show weakness. The same suppression of vulnerability requires that a Black woman not show her vulnerability. Black women present themselves as self-sufficient; they can manage adversity on their own, and do not seek help from available psychological resources. This stance stems from an intrapersonal set of emotions and dynamics. An SWS instrument example is “My tears are a sign of weakness.” A quote that emerged from the narratives exemplifying this category is “I don’t want those around me to think less of me for being overly emotional.”
The third category that emerged from the participant’s stories is **others have it worse than me.** This category emerged independent of the SWS instrument. An example narrative in this category is “There’s no doubt my upbringing was tough. I can’t complain, though. My grandparents had it way harder growing up.”

The fourth category that appeared multiple times in the narratives is **succeed despite,** which overlapped with the SWS instrument’s intense motivation to succeed. This category captures the drive to succeed despite circumstances. For continuity in the scoring system, the study team defined success as: a desire to rise above what you are, despite challenges- not to simply maintain who you are. This definition of success includes a feeling of success, or self-recognition that a good place has been achieved despite negative circumstances, or the removal of negative circumstances. It can be thought of as an if/then statement where the “then” is a positive outcome (even though this happened, I was able to …). The following is a quote from a narrative: “It was not easy, but I am glad and grateful it happened. It was a low point, but I rebounded.”

Finally, the fifth category to the Strong Black Woman Schema that emerged was **others before self,** which is similar to the SWS instrument’s obligation to help others. This category encapsulates the conscious choice to put others before oneself. This is based on societal pressure and the personal obligation to meet the needs of those in their immediate circle. An example of this would be “I was not able to focus on what I needed because I was too consumed with the needs of those around me.” This category emerged from a 42-year-old single woman recalling, during her low point response, the repercussions of her mother’s death: “You know I look back; I should’ve saved more. I
should’ve planned more, but I did not. I put my family first (begins to tear up).” (See Appendix E for the full Strong Black Woman Schema scoring system).

**Theme: Trauma**

The final theme to have emerged from the narratives is Trauma. It is important to acknowledge that the low point response prompts do not explicitly probe for the description of a traumatic event: we believe when trauma is discussed organically it is more salient to explore. Trauma is an important mental and public health concern (Kleber, 2019). A common psychological repercussion from trauma is the development of post-traumatic stress disorder (PTSD). It is estimated that roughly 21% of traumatic injury survivors will develop PTSD within the first year following injury (deRoon-Cassini, 2020). Black people are particularly at risk for trauma and its pervasive effects. Black people experience higher levels of violent victimization (Rand, 2008; Harrell, 2007; Truman, 2011; Stevens-Watkins et al., 2014; Ghafoori, 2012), are at higher risk for PTSD, and have a higher lifetime prevalence of PTSD compared to White people (Roberts, 2011). In addition, women are more likely to suffer the effects of PTSD including longer symptom duration and increased sensitivity to trauma reminders (American Psychological Association, 2019). These factors predict that Black women are particularly at risk for PTSD.

The first step in diagnosing PTSD is to establish whether a traumatic experience fits the clinical definition of a PTSD diagnosis. To do this, mental health professionals typically use the Criterion A standards from the Post-Traumatic Stress Disorder diagnosis in the Diagnostic and Statistical Manual of Mental Disorders- 5th ed (DSM-5) (American Psychiatric Association [APA], 2013). Criterion A events are defined as ones in which a
person is exposed to actual or threatened death, serious injury, or sexual violence either directly, as a witness, from a loved one’s experience, or from repeated or extreme exposure to adverse (disturbing) details of a traumatic event; first responders collecting human remains or police officers exposed to details of child abuse fit into the Criterion A category of those who may be traumatized by exposure to adverse details. Criterion A does not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work related (APA, 2013). In order to compare the work presented here with the broader body of PTSD literature, we converted Criterion A parameters into a theme to be scored in the low point responses. A low-point response that describes a Criterion A event comes from a 53-year-old single Black woman describing her aunt being shot by her uncle: “And then, it went off an it literally blew her head off. And, he snapped because he thought that they would work things out, and then he just unloaded, because it was a shotgun, and shot her again but it was an abdomen area.” (See Appendix F for the full Trauma scoring system).
Results

One-hundred and three Black women consented to participate in this two-part study. The first part was the Life Story Interview (McAdams, 2008), the second part was a series of online quantitative measures of mental health and well-being. Upon completion, participants were paid $25 and $35 respectively. Twenty-one participants were excluded for having partial data (7 participants completed only the Life Story Interview (McAdams, 2008), and 14 participants completed only the online measures). Eighty-two women had both the Life Story Interview (McAdams, 2008), and the online measures. Of those 82 participants, 20 participants varying in age and income were chosen for scoring system creation leaving a final analytic sample of 62. See Table 1 and Table 2 for statistics describing this final sample of Black women. No data were deleted; however, participants were allowed to leave answers blank. Thus, the sample sizes vary.

Descriptive Statistics - Quantitative Measures

Table 3 describes the descriptive statistics for each quantitative measure of wellness and includes the number of respondents for each measure as well as the means, standard deviations, ranges, and minimum and maximum scores reported by the final analytic sample.

Inferential Statistics - Quantitative Measures

Pearson correlations were computed to assess linear relationships between each measure of wellness. Because this study is guided solely by the voices of Black women, no hypotheses were formed. All analyses are exploratory and two-tail significance was used where applicable. The measures of mental health; the PSS, DASS Depression, DASS Anxiety, and DASS Stress, were all positively correlated with each other at a
significance level of $p = 0.01$ (see Table 4). Each measure of mental health was significantly ($p = 0.01$) and negatively correlated with the PWB scale (see Table 4). The SWB scale is the only measure not significantly correlated with each of the other scales. There was a negative correlation between the SWB scale and the PSS, $r(60) = -0.40$, $p = 0.01$, and there was a positive correlation between the two scales of well-being; the PWB and SWB, $r(60) = 0.56$, $p = 0.01$ (see Table 4).

**Comparing Themes to Outcome Measures**

There were 6 thematic scoring systems used to score 62 low point responses: 1. Loss, 2. Coping, 3. Emotions, 4. Language Use, 5. Strong Black Woman Schema, and 6. Trauma. Each of these six thematic scoring systems have multiple dichotomous categories that score for the absence or presence in all 62 low point response. Descriptive statistics for each dichotomous category for all six thematic scoring systems were analyzed. If at least 20% of women endorsed either an absence or presence in their low point response (i.e., 20% absent, 80% present- or vice-a-versa) then, six exploratory two-tailed independent samples t-tests were conducted; one for each quantitative outcome measure of wellness: PSS, DASS Depression, DASS Anxiety, DASS Stress, PWB, and SWB. In total, 90 two-tailed independent samples t-tests were conducted. While it may seem that running 90 t-tests is a lot, this is appropriate given the exploratory nature of this project.

**Loss**

Of the 62 low points reviewed, 56 (90.3%) women described some type of loss. Of those 56 women, 17 women (27.4%) described a relationship loss only, 1 woman (1.6%) described a material loss only, 7 women (11.3%) described a personal loss only,
and 31 women (50%) described multiple types of loss. Of those 56 women, 25 (40.3%) described any one type of loss, 24 (38.7%) described any 2 types of loss, and 7 (11.3%) described all three types of loss.

Relationship losses were examined individually (M = 1.06, SD = .90); 17 women (27.4%) did not describe a relationship loss at all during their low point response, 30 (48.4%) described one relationship loss, 9 (14.5%) described two relationship losses, and 6 (9.7%) described three or more relationship losses. When relationship losses were explored dichotomously 17 women (27.4%) did not describe a relationship loss and 45 (72.6%) did.

Material losses were also examined individually (M = .29, SD = .64). When describing their low point, 48 women (77.4%) did not mention a material loss, 12 women (19.4%) described one material loss, nobody described two material losses, and 2 women (3.2%) described three or more material losses. When material losses were examined dichotomously, 48 (77.4%) did not describe a material loss and 14 (22.6%) did.

Finally, personal losses were assessed individually (M = .87, SD = .97). Twenty-five women (40.3%) did not describe a personal loss during their low point response, 28 (45.2%) of women described one personal loss, 1 (1.6%) described two personal losses, and 8 (12.9%) described three or more personal losses. When personal losses were broken into dichotomous variables, 26 (41.9%) did not describe a material loss and 36 (58.1%) did.

The total magnitude of loss was calculated (M = 2.23, SD 1.79). Of the 62 women, 6 (9.7%) did not describe any loss, 17 (27.4%) described one loss, 22 (35.5%) described two losses, 7 (11.3%) described three losses, 2 (3.2%) described four losses, 4
(6.5%) described five losses, 2 (3.2%) described six losses, 1 (1.6%) described seven losses, nobody had eight losses, and 1 (1.6%) described nine or more losses (see Table 5).

We compared the six scores of wellness with the scores from women who included the theme of loss in their low point response to those that did not include the theme of loss and found no significant findings (See Table 6, Table 7, and Table 8). These results demonstrate that there are no differences in mental health and well-being between Black woman who mention loss during her lowest point response and those who do not.

**Coping**

There are six dichotomous categories in the Coping scoring system: 1. Faith coping, 2. Therapy coping, 3. Self-care coping, 4. Social coping, 5. Work coping, and 6. Avoidance coping. Of the 62 low point responses examined, 45 women (72.6%) did not endorse faith as a coping mechanism and 17 women (27.4%) did; 56 (90.3%) did not endorse therapy as a coping mechanism, 6 (9.7%) did; 36 (58.1%) did not endorse Self-care as a coping mechanism, 26 (41.9%) did; 42 (67.7%) did not endorse Social coping, 20 (32.3%) did; 50 (80.6%) did not endorse Work as a coping mechanism, 12 (19.4%) did; 44 (71%) did not endorse Avoidance coping 18 (29%) did (see Table 9).

Independent samples t-tests were conducted to compare the 6 quantitative measures of wellness to the following categories with at least 20% endorsement: Faith coping (see Table 10), Self-care coping (see Table 11), Social coping (see Table 12), and Avoidance coping (see Table 13).

We compared the scores from women who included faith as a coping mechanism to those that did not with each of the six outcome measures. Only significant
independent samples t-tests are reported. See Table 10 for a summary of all results.

When examining the Perceived Stress Scale (PSS), those women who mentioned faith coping in their story ($M = 14.88$, $SD = 7.34$) scored significantly lower on the PSS than those who did not mention faith coping ($M = 18.91$, $SD = 5.510$); $t(59) = 2.33$, $p = 0.023$.

Additionally, when examining Psychological Well-Being (PWB) women who mention faith coping in their story ($M = 87$, $SD = 13.31$) scored significantly higher on the PWB scale than those whose stories do not include this theme ($M = 79.80$, $SD = 12.17$); $t(59) = -2.02$, $p = 0.048$. These results demonstrate that Black women who mention faith as a coping mechanism when describing their lowest point perceive less stress in their lives and have a greater sense of psychological well-being (see Table 10). We compared the scores from women who included Self-care coping in their low point response to those who did not with all six outcome measures. The DASS_Anxiety scale was the only outcome with significance. Those women who mentioned self-care coping in their low point response ($M = 3.99$, $SD = 3.85$) scored significantly lower on the DASS_Anxiety scale than those who did not describe self-care coping ($M = 6.87$, $SD = 5.805$); $t(59) = 2.19$, $p = 0.033$. These results demonstrate that Black women who describe self-care coping during their low point response report less anxiety in their life (see Table 11).

We compared the six scores of wellness with the scores from women who included the categories social coping and avoidance coping in their low point response to those who did not include social, and avoidance coping and found no significant findings (see Table 12 and Table 13). These results demonstrate that there are no differences in wellness between Black woman who describe either social coping or avoidance coping in her lowest point response and those who do not.
**Emotions**

There are three dichotomous categories in the Emotions scoring system: 1. Negative, 2. Positive, and 3. Both. Of the 62 low point responses examined, 62 women (100%) described their low point using implied, described, or expressed negative emotion. Thirty-eight (61.3%) did not use positive emotions, 24 (38.7%) did. The results for “Both” are the same as “Positive” emotions (see Table 14).

We compared the scores from women who included positive emotions to those who did not with each of the six outcome measures of wellness. Only significant independent samples t-tests are reported. When examining the Perceived Stress Scale (PSS), those women who expressed positive emotions in their low point response (M = 15.54, SD = 6.65) scored significantly lower on the PSS than those who did not express positive emotions (M = 19.24, SD 5.654) ; t(59) = 2.33, p = 0.023. Additionally, when examining Psychological Well-Being (PWB) women who expressed positive emotions in their low point response (M = 87.26, SD = 11.13) scored significantly higher on the PWB scale than those who do not express positive emotions (M = 78.27, SD = 12.71); t(59) = -2.83, p = 0.006. These results suggest that Black women who use positive emotions when speaking about their lowest point have less perceived stress and a greater sense of psychological well-being (see Table 15).

**Language Use**

There are two dichotomous categories in the Language Use scoring system: 1. Sensory Language, and 2. Evasive Language. Of the 62 low point responses examined, 33 (53.2%) did not use sensory language, 29 (46.8%) did. Sixty-one women (98.4%) did not use evasive language, 1 (1.6%) did (see Table 16).
We compared the scores from women who included sensory language in their low point response to those who did not with each of the six outcome measures of wellness and found no significant findings (see Table 17). This indicates that there are no differences in mental health and well-being between Black women who use sensory language during a low response and those who do not.

*Strong Black Woman Schema*

There are five dichotomous categories in the Strong Black Woman Schema scoring system: 1. Obligation to be strong, 2. Obligation to suppress vulnerability, 3. Others have it worse than me, 4. Succeed despite, and 5. Others before self. Of the 62 low point responses examined, 19 (30.6%) described the felt obligation to be strong, 43 (69.4%) did not; 9 (14.5%) described the felt obligation to suppress vulnerability 53 (85.5%) did not; 1 (1.6%) felt others had it worse than her, 61 (98.4%) did not; 14 (22.6%) described the feeling of needing to succeed despite, 48 (77.4%) did not; and 24 (38.7%) described the felt need to put others before self, 38 (61.3%) did not (see Table 18).

We compared the six scores of wellness with the scores from women who described the felt obligation to be strong and the need to succeed despite in their low point response to those who did not include the described the felt obligation to be strong and the need to succeed despite and found no significant findings (see Table 19 and Table 20). These results demonstrate that there are no differences in wellness between Black women who describe the felt obligation to be strong or to succeed despite in their low point response and those who do not.
We compared the scores from women who included the felt need to put others before self in their low point response to those who did not with all six outcome measures. The Psychological Well-Being (PWB) scale was the only outcome with significance. Those women who described putting others before themselves in their low point response (M = 86.48, SD = 11.96) scored significantly higher on the PWB scale than those who did not describe putting others before self (M = 78.98, SD 12.614); t(59) = -2.30, p = 0.025. These results demonstrate that Black women who describe putting others before themselves in their low point response have a greater sense of psychological well-being (see Table 21).

Trauma

Of the 62 low points reviewed, 38 (61.3%) women described a traumatic event that would qualify as Criterion A in the diagnostic manual for PTSD. To meet Criterion A, an individual must have experienced a life threatening or serious injury themself N = 9 (14.5%), or to someone close to them N = 31 (50%); or a sexually violent act toward themself N = 5 (8.1%), or against somebody close to them N = 1 (1.6%). Additionally, the individual must have described their experience in one of the following ways: isolated experience N =14 (22.6%), repeated experience N = 6 (9.7%), witnessed an isolated traumatic experience N = 9 (14.5%), witnessed a repeated traumatic experiences N = 2 (3.2%), learned about an isolated traumatic event happening to a close family member or friend N = 6 (9.7%), learned about repeated traumatic events happening to a close family member or friend N = 1 (1.6%), or exposed to aversive details as part of a job N = 0 (0%) (see Table 22).
We compared the six scores of wellness with the scores from women who described a Criterion A event to those who did not include a Criterion A event and found no significant findings (see Table 23). This suggests that there is no significant difference in wellness in Black women who describe a Criterion A event compared to those who do not.

We compared the scores from women who described in their low point response a life threatening or serious injury that happened to someone they care about to those who did not with all six outcome measures. The Perceived Stress Scale (PSS) and the Social Well-Being (SWB) scale were the only outcomes with significance. Those women who described a life threatening or serious injury that happened to someone they care about in their low point response (M = 16.06, SD = 5.65) scored significantly lower on the PSS than those who did not describe a life threatening or serious injury that happened to someone they care about (M = 19.57, SD 6.495); t(59) = 2.25, p = 0.028. Additionally, when examining Social Well-Being (SWB) women who described a life threatening or serious injury that happened to someone they care about in their low point response (M = 61.47, SD = 10.82) scored significantly higher on the SWB scale than those who did not describe a life threatening or serious injury that happened to someone they care about (M = 56.45, SD = 8.41); t(59) = -2.03, p = 0.047. These results suggest that Black women who describe life threatening or serious injuries that happen to others they care about during their low point interview have less perceived stress themselves and a greater sense of social well-being (see Table 24).

We compared the scores from women who described experiencing an isolated traumatic event in their low point response to those who did not with all six outcome
measures. The DASS Depression scale was the only outcome with significance. Those women who described experiencing an isolated traumatic event in their low point response (M = 7.86, SD = 6.20) scored higher on the DASS Depression scale than those who did not describe experiencing an isolated traumatic event (M = 4.70, SD 4.982); t(59) = -1.96, p = 0.054. While these results do not meet the p = 0.05 cutoff, there is a trend in these results that suggest that Black women who describe experiencing an isolated traumatic event during their low point response have greater levels of depression (see Table 25).
Discussion

Understanding the Thematic Scoring Systems

The voices of Black women in Milwaukee guided this mixed methods exploration of qualitative themes and quantitative outcomes of wellness. When the descriptive statistics from the themes that emerged from low point responses as well as the findings from the two-tailed independent samples t-tests are combined, they offer a unique insight into the commonalities and differences in how this diverse sample of Black women from Milwaukee talk about the lowest point in their life.

Loss

Of the 62 women reviewed, 90.3% of them described some form of loss with an average of 2.23 losses per person (see Table 5). This frequency and magnitude of loss in these responses are a prominent and poignant theme from this group of women. However, when comparing the means of the mental health and well-being measures between Black women who mention loss during their low point response with those who do not, no significant differences emerged. Together, these results demonstrate that this sample of Black women from Milwaukee describe a great deal of loss when recounting their lowest point but there are no differences in wellness between those who mention wellness and those that do not. It is possible that the lack of significant findings is due to a ceiling effect. We have identified that loss is so prevalent in this group of Black women that we aren’t able to distinguish who is doing well and who is not.

Coping

Methods for coping were never solicited in the Life Story Interview low point prompt (McAdams, 2008), however 41.9% of the Black women sampled explicitly
mentioned an intentional act to care for oneself (see Table 9). The Black women from this sample who describe self-care coping during their low point response report less anxiety (see Table 11). While these results are unsurprising, they provide culturally sensitive empirical evidence for this connection. Perhaps this information may be appropriate to inform those from our community partnerships, responsible for allocating resources, that funding programs that support self-care for Black women may be advantageous for decreasing levels of anxiety.

Another salient category was Faith coping, which demonstrated that the Black women from this sample who mention faith as a coping mechanism when describing their lowest point have less perceived stress and a greater sense of psychological well-being (see Table 10). Again, while these results are unsurprising, they provide culturally sensitive empirical evidence for these connections.

Therapy as a coping strategy was statistically unexplored because less than 20%, only 9.7%, of the Black females in this study described utilizing professional therapy as a coping mechanism during her low point response. Nonetheless, it was compared to the national average, of 9.5%, of adults who reported that they received counseling or therapy from a mental health professional. In that sample, women (11.7%) were more likely than men (7.2%) to seek professional treatment, and non-Hispanic Black people (8.1%) were significantly (p < 0.05) less likely than non-Hispanic White people (10.9%), and significantly (p < 0.05) more likely than Hispanic people (6.6%) to seek treatment (Terlizzi & Zablotsky, 2020). When conceptualized collectively, the presence of these unsolicited coping strategies reported during the low point prompt may be a potential testament to the strength and resilience of this group of Black women from Milwaukee.
Emotions

One hundred percent of the 62 Black women sampled described their low point with implied, described, or expressed negative emotions. This is unsurprising, given we are explicitly asking them to describe their lowest point in life in as much detail as possible. Of those 62 women, however, 46.8% also implied or described a positive emotion during their low point response (see Table 14). These women who describe both positive and negative emotions during their low point response have less perceived stress and a greater sense of psychological well-being (see Table 15). This ability to describe positive emotions while recounting their lowest point in life may be another testament to the strength and resilience of this group of Black women.

Language Use

When exploring the variation in detail used to describe their low point, 46.8% of women used language that elicited two or more senses: sight, smell, sound, touch, and taste. (see Table 16). No significant differences emerged when comparing the means of the wellness measures between Black women who use sensory language during their low point response and those who do not (see Table 17). Counter to trends seen during the creation of the evasive language category in the Language Use scoring system, only 1 woman in the final analytic sample used evasive or reluctant language with the intent to dodge the question (see Table 16). While this was not consistent with trends seen when this scoring system was created, it gives testament to the quality of the interviews we assessed. This may imply that this sample of women felt generally comfortable disclosing and discussing their lowest point with the interviewer, a female researcher with Black, African American, or African ancestry.
**Strong Black Woman Schema**

When exploring the Strong Black Woman Schema, the most commonly endorsed category was putting others before self which was described by 38.7% of the Black women sampled (see Table 18). Those women from this sample who describe putting others before self in their low point response have a greater sense of psychological well-being (see Table 21). This may suggest that this category of the Strong Black Woman Schema, others before self, is not always damaging to the individual. This particular category may be better explained by altruism which is the selfless concern for the welfare of others. Prior research links altruistic attitudes with increased psychological well-being (Erikson, 1968; Midlarsky & Kahana, 1994; and Kahana et al., 2013).

When exploring the collective results between women that describe the Strong Black Woman Schema in her low point response to those that do not, we were surprised there was not a greater impact on wellness. Prior research has shown a significant influence on the experience of stress for Black women who employ the Strong Black Woman role (Woods-Giscombé, 2010). In this sample, it is possible that the Strong Black Woman Schema was not activated during the low point response prompt. Perhaps if this sample of Black woman were explicitly asked to describe how the internal or external expectations outlined in the Strong Black Woman Schema were used against her, we may see greater changes in quantitative wellness scores.

**Trauma**

A trauma that would qualify as a Criterion A event in the diagnostic manual for PTSD was described unsolicitedly by 61.3% of the Black women whose low points were reviewed (see Table 22). However, there were no significant differences when we
compared the mean differences in mental health and well-being scores between the women who described a traumatic event to those who did not (see Table 23). Taken together, this may imply that although more than half of the Black women from Milwaukee who were sampled described a Criterion A trauma, the degree of mental health and well-being repercussions are no different statistically than those women who did not describe a Criterion A traumatic event.

When this group of Black women described life threatening or serious injuries that happened to people close to them while recounting their lowest point, they reported less perceived stress themselves and a greater sense of social well-being (see Table 24). It is possible this finding is explained by downward social comparison, which is a self-evaluative defensive strategy in which a person compares themselves to someone else who has it worse than them (Wills, 1981). Prior research shows there is a preponderance of downward comparisons among people experiencing threat (Affleck, et al., 1987; Schulz & Decker, 1985). While it may be easy for clinicians to assume deficits in wellness, practicing clinicians working with Black women from Milwaukee need to be mindful that there may not be an increase in their client’s stress, or decrease in their social well-being when talking about life threatening or serious injuries that happened to people close to them.

*Aggregated Psychosocial Portrait*

By combining all of the findings, we present an aggregated psychosocial portrait of how a Black woman with a strong wellness profile tells the story of her lowest point in life. These are women who are more likely to mention self-care coping (scored lower on anxiety) and faith as a coping mechanism (scored lower on perceived stress and higher on
psychological well-being) during her low point response. Additionally, these women are more likely to use positive emotions during her low point response (scored lower on perceived stress and higher on psychological well-being) and describe putting others before herself (scored higher on psychological well-being). Finally, the women with the strongest profile of wellness recounts a life threatening or serious injury to a person close to them (scored lower on perceived stress and higher on social well-being) when describing her lowest point in life. While no one woman in this study described all of these things in her low-point response, this aggregated psychosocial portrait can be used in a clinical setting. These results may help mental health professionals working with Black women in Milwaukee pick up on important dynamics during conversation and inform appropriateness for treatment and/or intervention.

**Limitations and Future Directions**

The final analytic sample of 62 lacked an even distribution of relevant demographic variables, particularly income. Black women are a diverse group of individuals, yet this sample did not have sufficient variation regarding income, sexuality, education, religion, or marital status. A larger and more diverse sample may elucidate important differences based on these factors. An additional limitation is that the time between the described low point and the time the questionnaires were completed was not defined. It is possible the described low point happened the week prior to completing the wellness questionnaires or 30-years before completing the wellness questionnaires. It may be beneficial to track this time difference in future research. Another future direction for this research would be to examine racial and gender centrality. It is possible results may vary depending on the salience of one’s race or gender.
Furthermore, a study comparing Black women from Milwaukee to Black women from cities with thriving upper and middle-class Black communities, such as those from Atlanta or Los Angeles, may illuminate areas for improving the lives of the Black women from each community. Additionally, this study broke down the DASS into its 3 subscales: depression, anxiety, and stress. While we had an additional measure for stress, the PSS, similar studies conducted in the future may benefit by using specific measures for depression and anxiety to tease apart thematic categories. The DASS subscales for depression and anxiety are each 7 items. While the DASS is a suitable tool to measure depression (Lovibond & Lovibond, 1995), the Beck Depression Inventory, a 21-item measure, does a better job at capturing the complex nature of depression by including items such as weight loss, insomnia, somatic preoccupation, and irritability (Lovibond & Lovibond, 1995). While the DASS is also a suitable tool to measure anxiety (Lovibond & Lovibond, 1995), the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA) may be a better choice for capturing the complex dimensions of anxiety. The STICSA measures state (in the moment) and trait (general) levels of cognitive and somatic symptoms of anxiety (Ree et al., 2008).

Despite these limitations, this is a really unique sample of Black women from which we learned about the meaningful ways they talk about their lives. It has been a privilege to allow their voices to guide this research.
BIBLIOGRAPHY


Medical College of Wisconsin. (2021). Trauma and Acute Care Surgery Injury Breakdown by Race. [Data file]. Retrieved from Nathan Emerson & Terri deRoon-Cassini


Table 1

Age, income, and number of children of participants

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>62</td>
<td>44.48</td>
<td>15.817</td>
<td>19</td>
<td>75</td>
<td>56</td>
</tr>
<tr>
<td>Income</td>
<td>54</td>
<td>$23,236.59</td>
<td>$20,064.60</td>
<td>$600</td>
<td>$100,000</td>
<td>$99,400</td>
</tr>
<tr>
<td>Number of children</td>
<td>62</td>
<td>5.64</td>
<td>6.31</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 2

Demographics of participants

<table>
<thead>
<tr>
<th>Category</th>
<th>N = 62</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>40</td>
<td>64.52</td>
</tr>
<tr>
<td>Lesbian</td>
<td>8</td>
<td>12.90</td>
</tr>
<tr>
<td>Bisexual</td>
<td>6</td>
<td>9.68</td>
</tr>
<tr>
<td>Pansexual</td>
<td>1</td>
<td>1.61</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>8.06</td>
</tr>
<tr>
<td>Missing or unreported</td>
<td>2</td>
<td>3.23</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>41</td>
<td>66.13</td>
</tr>
<tr>
<td>Married or domestic partnership</td>
<td>10</td>
<td>16.13</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
<td>4.84</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>11.29</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>1.61</td>
</tr>
<tr>
<td>Missing or unreported</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Number of children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>22</td>
<td>35.48</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>11.29</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>14.52</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>12.90</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>11.29</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>4.84</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>1.61</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>4.84</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>1.61</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>1.61</td>
</tr>
<tr>
<td>Missing or unreported</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Highest education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some high school, no diploma</td>
<td>10</td>
<td>16.13</td>
</tr>
<tr>
<td>High school graduate, diploma or the equivalent</td>
<td>13</td>
<td>20.97</td>
</tr>
<tr>
<td>Some college credit, no degree</td>
<td>17</td>
<td>27.42</td>
</tr>
<tr>
<td>Trade/technical/vocational training</td>
<td>2</td>
<td>3.23</td>
</tr>
<tr>
<td>Associate's degree</td>
<td>6</td>
<td>9.68</td>
</tr>
</tbody>
</table>
### Bachelor's degree
- Count: 11
- Mean: 17.74

### Master's degree
- Count: 3
- Mean: 4.84

### Doctorate degree
- Count: 0
- Mean: 0.00

### Missing or unreported
- Count: 0
- Mean: 0.00

#### Religion

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheist/Agnostic</td>
<td>3</td>
<td>4.84</td>
</tr>
<tr>
<td>Christian (Catholic, Lutheran, Methodist, etc.)</td>
<td>33</td>
<td>53.23</td>
</tr>
<tr>
<td>Muslim</td>
<td>2</td>
<td>3.23</td>
</tr>
<tr>
<td>Spiritual but not religious</td>
<td>13</td>
<td>20.97</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>17.74</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Table 3

**Descriptive Statistics - Quantitative Measures**

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS_TOTAL</td>
<td>61</td>
<td>17.79</td>
<td>6.28</td>
<td>1</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>DASS_DEPRESSION</td>
<td>61</td>
<td>5.43</td>
<td>5.40</td>
<td>0</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>61</td>
<td>5.64</td>
<td>5.23</td>
<td>0</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>61</td>
<td>7.72</td>
<td>5.46</td>
<td>0</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>61</td>
<td>81.81</td>
<td>12.81</td>
<td>55</td>
<td>108</td>
<td>53</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>61</td>
<td>58.92</td>
<td>9.92</td>
<td>40</td>
<td>81</td>
<td>41</td>
</tr>
</tbody>
</table>

### Table 4

**Pearson Correlation Coefficients - Quantitative Measures**

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PSS_TOTAL</td>
<td></td>
<td>.629**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. DASS_DEPRESSION</td>
<td></td>
<td></td>
<td>.848**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. DASS_ANXIETY</td>
<td></td>
<td>.469**</td>
<td></td>
<td>.777**</td>
<td></td>
</tr>
<tr>
<td>4. DASS_STRESS</td>
<td></td>
<td>.640**</td>
<td>.811**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. PWB_TOTAL</td>
<td></td>
<td>-.570**</td>
<td>-.515**</td>
<td>-.337**</td>
<td>-.408**</td>
</tr>
<tr>
<td>6. SWB_TOTAL</td>
<td></td>
<td>-.396**</td>
<td>-.233</td>
<td>-.131</td>
<td>-.219</td>
</tr>
</tbody>
</table>

**p = 0.01 (2-tailed); N = 61**
Table 5

Descriptive Statistics - Theme: Loss (N=62)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is loss described?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>56</td>
<td>90.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>9.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of loss</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = none</td>
<td>6</td>
<td>9.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Relationship</td>
<td>17</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Material</td>
<td>1</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Personal</td>
<td>7</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 = Multiple</td>
<td>31</td>
<td>50.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Distinct categories of loss described</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = none</td>
<td>6</td>
<td>9.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Any 1 type of loss described</td>
<td>25</td>
<td>40.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Any 2 types of loss described</td>
<td>24</td>
<td>38.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = All 3 types of loss described</td>
<td>7</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of RELATIONSHIP losses described</strong></td>
<td></td>
<td></td>
<td>1.06</td>
<td>.903</td>
<td>0 to 3</td>
</tr>
<tr>
<td>0 = none</td>
<td>17</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = one time</td>
<td>30</td>
<td>48.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = two times</td>
<td>9</td>
<td>14.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = three plus times</td>
<td>6</td>
<td>9.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIP losses were absent</td>
<td>17</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one RELATIONSHIP loss was present</td>
<td>45</td>
<td>72.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of MATERIAL losses described</strong></td>
<td></td>
<td></td>
<td>.29</td>
<td>.637</td>
<td>0 to 3</td>
</tr>
<tr>
<td>0 = none</td>
<td>48</td>
<td>77.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = one time</td>
<td>12</td>
<td>19.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = two times</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = three plus times</td>
<td>2</td>
<td>3.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATERIAL losses were absent</td>
<td>48</td>
<td>77.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one MATERIAL loss was present</td>
<td>14</td>
<td>22.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of PERSONAL losses described</strong></td>
<td></td>
<td></td>
<td>.87</td>
<td>.966</td>
<td>0 to 3</td>
</tr>
<tr>
<td>0 = none</td>
<td>25</td>
<td>40.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = one time</td>
<td>28</td>
<td>45.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = two times</td>
<td>1</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = three plus times</td>
<td>8</td>
<td>12.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL losses were absent</td>
<td>26</td>
<td>41.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one PERSONAL loss was present</td>
<td>36</td>
<td>58.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total magnitude of loss</strong></td>
<td></td>
<td></td>
<td>2.23</td>
<td>1.79</td>
<td>0 to 9</td>
</tr>
<tr>
<td>0 = none</td>
<td>6</td>
<td>9.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = 1</td>
<td>17</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = 2</td>
<td>22</td>
<td>35.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = 3</td>
<td>7</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 = 4</td>
<td>2</td>
<td>3.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 = 5</td>
<td>4</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 = 6</td>
<td>2</td>
<td>3.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note: For ease of dissemination, the order of categories that appear here is different than what is seen in the Loss scoring system.

Table 6

Independent Samples Test- Theme: Loss; Category: Relationship Loss

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Relationship Loss Absent</th>
<th>Relationship Loss Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>17</td>
<td>19</td>
<td>6.78</td>
<td>44</td>
<td>17.32</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>17</td>
<td>6.76</td>
<td>6.53</td>
<td>44</td>
<td>4.91</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>17</td>
<td>7.12</td>
<td>6.56</td>
<td>44</td>
<td>5.07</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>17</td>
<td>9</td>
<td>6.19</td>
<td>44</td>
<td>7.23</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>17</td>
<td>80.6</td>
<td>11.22</td>
<td>44</td>
<td>82.28</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>16</td>
<td>57.5</td>
<td>9.61</td>
<td>45</td>
<td>59.42</td>
</tr>
</tbody>
</table>

Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. *p ≤ 0.05 (2-tailed)
Table 7

**Independent Samples Test**  
**Theme: Loss; Category: Material Loss**

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Material Loss Absent</th>
<th>Material Loss Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS_TOTAL</td>
<td>48 17.54 6.41</td>
<td>13 18.69 5.95</td>
<td>-0.58</td>
<td>0.562</td>
<td>-0.18</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>48 5.71 5.75</td>
<td>13 4.38 3.84</td>
<td>0.78</td>
<td>0.438</td>
<td>0.24</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>48 6.15 5.57</td>
<td>13 3.77 3.19</td>
<td>1.47</td>
<td>0.147</td>
<td>0.46</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>48 8.04 5.58</td>
<td>13 6.54 5.01</td>
<td>0.88</td>
<td>0.383</td>
<td>0.28</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>48 81.63 12.69</td>
<td>13 82.48 13.73</td>
<td>-0.21</td>
<td>0.834</td>
<td>-0.07</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>47 59.17 10.39</td>
<td>14 58.07 8.45</td>
<td>0.36</td>
<td>0.719</td>
<td>0.11</td>
</tr>
</tbody>
</table>

*Note.* Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. *p < 0.05 (2-tailed)*

Table 8

**Independent Samples Test**  
**Theme: Loss; Category: Personal Loss**

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Personal Loss Absent</th>
<th>Personal Loss Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS_TOTAL</td>
<td>25 16.88 7.48</td>
<td>36 18.42 5.32</td>
<td>-0.94</td>
<td>0.352</td>
<td>-0.24</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>25 5.96 6.38</td>
<td>36 5.06 4.66</td>
<td>0.61</td>
<td>0.548 a</td>
<td>0.17</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>25 5.45 5.26</td>
<td>36 5.77 5.28</td>
<td>-0.23</td>
<td>0.816</td>
<td>-0.06</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>25 7.56 6.19</td>
<td>36 7.83 4.98</td>
<td>-0.19</td>
<td>0.849</td>
<td>-0.05</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>25 80.61 15.09</td>
<td>36 82.64 11.10</td>
<td>-0.57</td>
<td>0.569 a</td>
<td>-0.16</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>25 60.12 9.15</td>
<td>36 58.08 10.47</td>
<td>0.79</td>
<td>0.435</td>
<td>0.21</td>
</tr>
</tbody>
</table>

*Note.* aLevene’s test is significant (p < .05), suggesting a violation of the equal variance assumption. *p ≤ 0.05 (2-tailed)*
Table 9

Descriptive Statistics - Theme: Coping (N=62)

<table>
<thead>
<tr>
<th>Category</th>
<th>Absent</th>
<th>%</th>
<th>Present</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith coping?</td>
<td>45</td>
<td>72.6</td>
<td>17</td>
<td>27.4</td>
</tr>
<tr>
<td>Therapy coping?</td>
<td>56</td>
<td>90.3</td>
<td>6</td>
<td>9.7</td>
</tr>
<tr>
<td>Self-care coping?</td>
<td>36</td>
<td>58.1</td>
<td>26</td>
<td>41.9</td>
</tr>
<tr>
<td>Social coping?</td>
<td>42</td>
<td>67.7</td>
<td>20</td>
<td>32.3</td>
</tr>
<tr>
<td>Work coping?</td>
<td>50</td>
<td>80.6</td>
<td>12</td>
<td>19.4</td>
</tr>
<tr>
<td>Avoidance coping?</td>
<td>44</td>
<td>71.0</td>
<td>18</td>
<td>29.0</td>
</tr>
</tbody>
</table>

Table 10

Independent Samples Test - Theme: Coping; Category: Faith Coping

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Faith Coping Absent</th>
<th>Faith Coping Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>44</td>
<td>18.91</td>
<td>5.51</td>
<td>17</td>
<td>14.88</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>44</td>
<td>5.77</td>
<td>5.68</td>
<td>17</td>
<td>4.53</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>44</td>
<td>5.76</td>
<td>5.68</td>
<td>17</td>
<td>5.34</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>44</td>
<td>8.02</td>
<td>5.63</td>
<td>17</td>
<td>6.94</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>44</td>
<td>79.8</td>
<td>12.17</td>
<td>17</td>
<td>87.00</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>44</td>
<td>58.07</td>
<td>9.81</td>
<td>17</td>
<td>61.12</td>
</tr>
</tbody>
</table>

Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p ≤ 0.05 (2-tailed)
### Table 11

*Independent Samples Test - Theme: Coping; Category: Self-Care Coping*

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Self-care Coping Absent</th>
<th>Self-care Coping Present</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>t</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>35</td>
<td>16.97</td>
<td>6.78</td>
<td>26</td>
<td>18.88</td>
<td>5.48</td>
<td>-1.18</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>35</td>
<td>6.49</td>
<td>6.18</td>
<td>26</td>
<td>4.00</td>
<td>3.78</td>
<td>1.94</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>35</td>
<td>6.87</td>
<td>5.81</td>
<td>26</td>
<td>3.99</td>
<td>3.85</td>
<td>2.19</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>35</td>
<td>8.80</td>
<td>5.69</td>
<td>26</td>
<td>6.27</td>
<td>4.85</td>
<td>1.83</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>36</td>
<td>80.14</td>
<td>11.97</td>
<td>25</td>
<td>84.2</td>
<td>13.81</td>
<td>-1.22</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>36</td>
<td>58.28</td>
<td>9.85</td>
<td>25</td>
<td>59.84</td>
<td>10.15</td>
<td>-0.60</td>
</tr>
</tbody>
</table>

*Note.* Levene’s test is significant (p < .05), suggesting a violation of the equal variance assumption. * p ≤ 0.05 (2-tailed)

### Table 12

*Independent Samples Test - Theme: Coping; Category Social Coping*

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Social Coping Absent</th>
<th>Social Coping Present</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>t</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>41</td>
<td>18.34</td>
<td>6.40</td>
<td>20</td>
<td>16.65</td>
<td>6.03</td>
<td>0.99</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>41</td>
<td>5.73</td>
<td>5.74</td>
<td>20</td>
<td>4.80</td>
<td>4.70</td>
<td>0.63</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>41</td>
<td>6.17</td>
<td>5.70</td>
<td>20</td>
<td>4.55</td>
<td>3.99</td>
<td>1.14</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>41</td>
<td>7.68</td>
<td>5.63</td>
<td>20</td>
<td>7.80</td>
<td>5.23</td>
<td>-0.08</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>41</td>
<td>80.88</td>
<td>12.55</td>
<td>20</td>
<td>83.70</td>
<td>13.44</td>
<td>-0.81</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>41</td>
<td>59.34</td>
<td>9.77</td>
<td>20</td>
<td>58.05</td>
<td>10.41</td>
<td>0.47</td>
</tr>
</tbody>
</table>

*Note.* Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p ≤ 0.05 (2-tailed)
Table 13

Independent Samples Test - Theme: Coping; Category Avoidance Coping

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Avoidance Coping Absent</th>
<th>Avoidance Coping Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS_TOTAL</td>
<td>44 17.91 7.09</td>
<td>17 17.47 3.57</td>
<td>0.32</td>
<td>0.751^</td>
<td>0.07</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>44 5.23 5.40</td>
<td>17 5.94 5.54</td>
<td>-0.46</td>
<td>0.647</td>
<td>-0.13</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>44 5.10 4.97</td>
<td>17 7.05 5.77</td>
<td>-1.31</td>
<td>0.194</td>
<td>-0.38</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>44 7.61 5.77</td>
<td>17 8 4.70</td>
<td>-0.25</td>
<td>0.807</td>
<td>-0.07</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>43 81.47 13.83</td>
<td>18 82.61 10.26</td>
<td>-0.32</td>
<td>0.753</td>
<td>-0.09</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>43 59.35 9.10</td>
<td>18 57.89 11.87</td>
<td>0.52</td>
<td>0.604</td>
<td>0.15</td>
</tr>
</tbody>
</table>

Note. ^Levene’s test is significant (p < .05), suggesting a violation of the equal variance assumption. *p ≤ 0.05 (2-tailed)

Table 14

Descriptive Statistics - Theme: Emotions (N=62)

<table>
<thead>
<tr>
<th>Category</th>
<th>Absent</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Negative emotions?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Positive emotions?</td>
<td>38</td>
<td>61.3</td>
</tr>
<tr>
<td>Both?</td>
<td>38</td>
<td>61.3</td>
</tr>
</tbody>
</table>
Table 15

Independent Samples Test- Theme: Emotions; Category: Positive Emotions

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Positive Emotions Absent</th>
<th>Positive Emotions Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>37</td>
<td>19.24</td>
<td>5.65</td>
<td>24</td>
<td>15.54</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>37</td>
<td>6.68</td>
<td>6.05</td>
<td>24</td>
<td>3.50</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>37</td>
<td>6.63</td>
<td>5.77</td>
<td>24</td>
<td>4.12</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>37</td>
<td>8.73</td>
<td>5.49</td>
<td>24</td>
<td>6.17</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>37</td>
<td>78.27</td>
<td>12.71</td>
<td>24</td>
<td>87.26</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>38</td>
<td>58.08</td>
<td>9.63</td>
<td>23</td>
<td>60.30</td>
</tr>
</tbody>
</table>

Note. *Levene’s test is significant (p < .05), suggesting a violation of the equal variance assumption. * p ≤ 0.05 (2-tailed)
Table 16

Descriptive Statistics - Theme: Language Use (N=62)

<table>
<thead>
<tr>
<th>Category</th>
<th>Absent</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Sensory Language?</td>
<td>33</td>
<td>53.2</td>
</tr>
<tr>
<td>Evasive Language?</td>
<td>61</td>
<td>98.4</td>
</tr>
</tbody>
</table>

Table 17

Independent Samples Test - Theme: Language; Category: Sensory Language

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Sensory Language Absent</th>
<th>Sensory Language Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  M  SD</td>
<td>N  M  SD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>32  18.72  6.79</td>
<td>29  16.76  5.60</td>
<td>1.22</td>
<td>0.226</td>
<td>0.31</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>32  5.75  5.98</td>
<td>29  5.07  4.76</td>
<td>0.49</td>
<td>0.627</td>
<td>0.13</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>32  5.70  5.56</td>
<td>29  5.58  4.93</td>
<td>0.09</td>
<td>0.931</td>
<td>0.02</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>32  7.84  5.27</td>
<td>29  7.59  5.75</td>
<td>0.18</td>
<td>0.856</td>
<td>0.05</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>32  79.66  12.90</td>
<td>29  84.18  12.50</td>
<td>-1.39</td>
<td>0.171</td>
<td>-0.36</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>33  58.42  10.16</td>
<td>28  59.5  9.77</td>
<td>-0.42</td>
<td>0.677</td>
<td>-0.11</td>
</tr>
</tbody>
</table>

Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p ≤ 0.05 (2-tailed)
Table 18

*Descriptive Statistics - Theme: Strong Black Woman Schema (N=62)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Absent</th>
<th>%</th>
<th>Present</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligation to be strong?</td>
<td>43</td>
<td>69.4</td>
<td>19</td>
<td>30.6</td>
</tr>
<tr>
<td>Obligation to suppress vulnerability?</td>
<td>53</td>
<td>85.5</td>
<td>9</td>
<td>14.5</td>
</tr>
<tr>
<td>Others have it worse than me?</td>
<td>61</td>
<td>98.4</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Succeed despite?</td>
<td>48</td>
<td>77.4</td>
<td>14</td>
<td>22.6</td>
</tr>
<tr>
<td>Others before self?</td>
<td>38</td>
<td>61.3</td>
<td>24</td>
<td>38.7</td>
</tr>
</tbody>
</table>

Table 19

*Independent Samples Test - Theme: Strong Black Woman Schema; Category: Obligation to be Strong*

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Obligation to be Strong Absent</th>
<th>Obligation to be Strong Present</th>
<th>t</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>42</td>
<td>17.76</td>
<td>7.05</td>
<td>19</td>
<td>17.84</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>42</td>
<td>5.69</td>
<td>6.03</td>
<td>19</td>
<td>4.84</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>42</td>
<td>6.17</td>
<td>5.59</td>
<td>19</td>
<td>4.47</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>42</td>
<td>7.69</td>
<td>5.85</td>
<td>19</td>
<td>7.79</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>42</td>
<td>81.39</td>
<td>13.17</td>
<td>19</td>
<td>82.74</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>42</td>
<td>58.48</td>
<td>10.45</td>
<td>19</td>
<td>59.89</td>
</tr>
</tbody>
</table>

*Note.* Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. *p* ≤ 0.05 (2-tailed)
Table 20

*Independent Samples Test*  Theme: *Strong Black Woman Schema; Category: Succeed Despite*

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Succeed Despite Absent</th>
<th>Succeed Despite Present</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>47</td>
<td>18.09 6.11</td>
<td>14</td>
<td>16.79 6.96</td>
<td>0.68 0.501</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>47</td>
<td>5.77 5.68</td>
<td>14</td>
<td>4.29 4.30</td>
<td>0.90 0.372</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>47</td>
<td>6.17 5.58</td>
<td>14</td>
<td>3.86 3.37</td>
<td>1.47 0.147</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>47</td>
<td>8.02 5.72</td>
<td>14</td>
<td>6.71 4.51</td>
<td>0.78 0.436</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>47</td>
<td>80.64 12.23</td>
<td>14</td>
<td>85.71 14.36</td>
<td>-1.31 0.196</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>47</td>
<td>58.79 9.89</td>
<td>14</td>
<td>59.36 10.38</td>
<td>-0.19 0.852</td>
</tr>
</tbody>
</table>

*Note.* Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p ≤ 0.05 (2-tailed)

Table 21

*Independent Samples Test*  Theme: *Strong Black Woman Schema; Category: Others Before Self*

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Others Before Self Absent</th>
<th>Others Before Self Present</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>38</td>
<td>18.63 6.37</td>
<td>23</td>
<td>16.39 6.00</td>
<td>1.36 0.179</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>38</td>
<td>6.26 6.10</td>
<td>23</td>
<td>4.04 3.71</td>
<td>1.77 0.082a</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>38</td>
<td>6.14 5.71</td>
<td>23</td>
<td>4.82 4.31</td>
<td>0.96 0.343</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>38</td>
<td>8.18 6.00</td>
<td>23</td>
<td>6.96 4.44</td>
<td>0.85 0.399</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>38</td>
<td>78.98 12.61</td>
<td>23</td>
<td>86.48 11.96</td>
<td>-2.30 0.025a</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>37</td>
<td>57.38 8.52</td>
<td>24</td>
<td>61.29 11.55</td>
<td>-1.43 0.162a</td>
</tr>
</tbody>
</table>

*Note.* aLevene’s test is significant (p < .05), suggesting a violation of the equal variance assumption. * p ≤ 0.05 (2-tailed)
Table 22

Descriptive Statistics - Theme: Trauma (N=62)

<table>
<thead>
<tr>
<th>Category</th>
<th>Absent</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Criterion A met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life threat or serious injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life threatening or serious injury to SELF?</td>
<td>53</td>
<td>85.5</td>
</tr>
<tr>
<td>Life threatening or serious injury to OTHERS?</td>
<td>31</td>
<td>50.0</td>
</tr>
<tr>
<td>Sexual violence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual violence SELF?</td>
<td>57</td>
<td>91.9</td>
</tr>
<tr>
<td>Sexual violence OTHERS?</td>
<td>61</td>
<td>98.4</td>
</tr>
<tr>
<td>Exposure type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced ISOLATED</td>
<td>48</td>
<td>77.4</td>
</tr>
<tr>
<td>Experienced REPEATED</td>
<td>56</td>
<td>90.3</td>
</tr>
<tr>
<td>Witnessed ISOLATED?</td>
<td>53</td>
<td>85.5</td>
</tr>
<tr>
<td>Witnessed REPEATED?</td>
<td>60</td>
<td>96.8</td>
</tr>
<tr>
<td>Learned about happening to close family or friend ISOLATED?</td>
<td>56</td>
<td>90.3</td>
</tr>
<tr>
<td>Learned about happening to close family or friend REPEATED?</td>
<td>61</td>
<td>98.4</td>
</tr>
<tr>
<td>Exposed to aversive details ISOLATED?</td>
<td>62</td>
<td>100</td>
</tr>
<tr>
<td>Exposed to aversive details REPEATED?</td>
<td>62</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 23

Independent Samples Test - Theme: Trauma; Category: Criterion A met?

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Criterion A Absent</th>
<th>Criterion A Present</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>23</td>
<td>18.43</td>
<td>6.61</td>
<td>38</td>
<td>17.39</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>23</td>
<td>5.57</td>
<td>5.53</td>
<td>38</td>
<td>5.34</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>23</td>
<td>6.49</td>
<td>5.73</td>
<td>38</td>
<td>5.13</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>23</td>
<td>7.70</td>
<td>4.95</td>
<td>38</td>
<td>7.74</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>24</td>
<td>81.71</td>
<td>13.17</td>
<td>37</td>
<td>81.87</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>24</td>
<td>58.50</td>
<td>9.15</td>
<td>37</td>
<td>59.19</td>
</tr>
</tbody>
</table>

Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p ≤ 0.05 (2-tailed)
Table 24

Independent Samples Test- Theme: Criterion A for PTSD; Category: Life threat or serious injury to OTHERS

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Injury to Others Absent</th>
<th>Injury to Others Present</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>30</td>
<td>19.57</td>
<td>6.50</td>
<td>31</td>
<td>16.06</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>30</td>
<td>5.53</td>
<td>5.07</td>
<td>31</td>
<td>5.32</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>30</td>
<td>5.81</td>
<td>4.91</td>
<td>31</td>
<td>5.48</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>30</td>
<td>7.87</td>
<td>5.21</td>
<td>31</td>
<td>7.58</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>31</td>
<td>79.04</td>
<td>13.72</td>
<td>30</td>
<td>84.67</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>31</td>
<td>56.45</td>
<td>8.41</td>
<td>30</td>
<td>61.47</td>
</tr>
</tbody>
</table>

*Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p < 0.05 (2-tailed)*

Table 25

Independent Samples Test- Theme: Criterion A for PTSD; Category: Experienced an ISOLATED trauma

<table>
<thead>
<tr>
<th>Quantitative Measure</th>
<th>Experienced an Isolated Trauma Absent</th>
<th>Experienced an Isolated Trauma Present</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>PSS_TOTAL</td>
<td>47</td>
<td>17.34</td>
<td>6.61</td>
<td>14</td>
<td>19.29</td>
</tr>
<tr>
<td>DASS_DEPRESS</td>
<td>47</td>
<td>4.70</td>
<td>4.98</td>
<td>14</td>
<td>7.86</td>
</tr>
<tr>
<td>DASS_ANXIETY</td>
<td>47</td>
<td>5.28</td>
<td>5.41</td>
<td>14</td>
<td>6.85</td>
</tr>
<tr>
<td>DASS_STRESS</td>
<td>47</td>
<td>7.28</td>
<td>5.49</td>
<td>14</td>
<td>9.21</td>
</tr>
<tr>
<td>PWB_TOTAL</td>
<td>47</td>
<td>82.51</td>
<td>12.96</td>
<td>14</td>
<td>79.43</td>
</tr>
<tr>
<td>SWB_TOTAL</td>
<td>48</td>
<td>59.10</td>
<td>9.41</td>
<td>13</td>
<td>58.23</td>
</tr>
</tbody>
</table>

*Note. Levene’s test indicated that variances are not significantly different, therefore homogeneity of variance assumption was met for these variables. * p < 0.05 (2-tailed)*
Loss

For the context of this scoring system, we have operationalized loss to mean no longer having: possession of something or a relationship with

- Loss is divided into 3 sub-categories:
  - **Relationship** (e.g., spouse, significant other, parent, child, family member, or friend)
    - Death (Including abortion or miscarriage)
    - Breakup
    - Abandonment
    - End of important relationships/friendships
    - Custody
      - Person lost in life for whatever reason
  - **Material** (e.g., home, car, other material possessions, job, or resources)
  - **Personal**
    - Loss of freedom
      - Such as but not limited to incarceration or hospitalization
    - Loss of autonomy
      - Such as but not limited to rape or sexual violation or any form of physical victimization
    - Barrier to progress or growth, which may be less intense than the other examples
      - Such as but not limited to having to leave school

1. **(loss_present)** Using the 3 sub-categories of loss as described above, does the participant focus on some type of loss when describing her “low point?”
   a. 1 = YES
      i. Please complete questions 2-7 below
   b. 0 = NO
      i. If no, mark “0” for 2a, 3a, 4a, 5a, 6a, & 7a in the master excel
         ii. please move on to the next low-point reading

2. **(quant_relationship_loss)** How many relationship losses does the participant report?
   a. 0 = none
   b. 1 = once
   c. 2 = twice
   d. 3 = three or more

3. **(quant_material_loss)** How many material losses does the participant report?
   a. 0 = none
   b. 1 = once
c. 2 = twice  
d. 3 = three or more

4. **(quant_personal_loss)** How many **personal** losses does the participant report?
   a. 0 = none  
   b. 1 = once  
   c. 2 = twice  
   d. 3 = three or more

5. **(type_loss)** What type of loss(es) does the participant describe? Please note that you do not need to score the story for this. Please look at scores from #2, 3 and 4.
   a. 0 = None  
   b. 1 = Relationship (choose 6b below)  
   c. 2 = Material (choose 6b below)  
   d. 3 = Personal (choose 6b below)  
   e. 4 = Multiple (describes more than one type of loss) (Differentiated in 6c & 6d below)

6. **(quant_distinct_loss)** How many distinct categories of loss (Relationship, Physical & Personal) were described in the low point? Please note that you do not need to score the story for this. Please look at scores from #2, 3 and 4.
   a. 0 = None  
   b. 1 = Any 1 type of loss described (if answered 5b, 5c, or 5d)  
   c. 2 = Any 2 types of loss described (if answered 5e)  
   d. 3 = All 3 types of loss were described (if answered 5e)

7. **(quant_magnitude_loss)** What was the magnitude of loss? To calculate this, add numbers from 2abcd, 3abcd, 4abcd
   a. 0 = None  
   b. 1 = 1  
   c. 2 = 2  
   d. 3 = 3  
   e. 4 = 4  
   f. 5 = 5  
   g. 6 = 6  
   h. 7 = 7  
   i. 8 = 8  
   j. 9+ = 9
Appendix B

**Coping**

Coping is scored when a participant mentions a *conscious mode of reducing stress/anxiety* – a way of protecting the self. This theme has 6 categories: 1) Faith/God; 2) Therapy; 3) Self-Care; 4) Social Support; 5) Work/Success Striving; and 6) Avoidance.

The examples given for each category are not exhaustive. There are many possible examples.

- For each of these, score a 1 if present and a 0 if absent in the response.

1. *(faith_coping) Faith/God as Coping*
   - Examples for present (1) include:
     - “My focus is on God”
     - “God brought/guides me through”
     - “I find strength in God’s guidance”
   - These would be scored as absent (0) as they are not directly related to coping:
     - “Thank God/the Lord.”
     - “Thank you, Jesus.”

2. *(therapy_coping) Professional Therapy as a form of Coping*
   - Examples for present (1) include:
     - “My therapist has helped me through this.”
     - “I’ve talked about this in therapy.”
   - This would be scored as absent (0) as they are not directly related to professional therapy:
     - “Gardening has been very therapeutic”

3. *(self_care_coping) Self-care as a form of coping*
   - Examples for present (1) include: Explicit mentions of intentional acts to care for oneself.
     - “So I took time to reflect on the situation.”
     - “It was good for me to just be on my own.”
     - “I asked for help with the kids so I could have some time to myself.”
     - “I knew if I started to date, I wouldn’t be able to focus on what’s important.”
     - Taking care of oneself physically
     - Leaving an abusive relationship
   - These would be scored as absent (0) as they are not directly related to actual coping:
     - “I wished I would have talked to someone.”
“In hindsight, I should have gotten help.”
“T’m not the crying type of person, but I cried a lot.”

4. (social_coping) Support coming from their social circle (Help provided from participant’s social circle)
   • Examples for present (1) include:
     o “I’m thankful for my son’s father. He has been such a blessing.”
     o “I called, and had my sister come pick up the kids.”
     o Attending support groups would count here
       ▪ Victims class
       ▪ AA or NA
   • These would be scored as absent (0) as they are not directly related to coping:
     o “I asked for help, but people dismissed me”
     o “Nobody took me serious.”
     o “I have to do this all alone.”
     o “I always do things for everyone else, but when I need something nobody helps.”

Coping is scored when a participant mentions a conscious mode of reducing stress/anxiety – a way of protecting the self. This theme has 6 categories: 1) Faith/God; 2) Therapy; 3) Self-Care; 4) Social Support; 5) Work/Success Striving; and 6) Avoidance.

The examples given for each category are not exhaustive. There are many possible examples.

   • For each of these, score a 1 if present and a 0 if absent in the response.

5. (work_coping) Work/strive for success
   • Examples for present (1) include:
     o “I just worked very hard to get where I am today.”
     o “I decided to go back to school to help others like me.”
     o “My kids have to focus on their education, so they can stay out of trouble.”
   • These would be scored as absent (0) as they are not directly related to coping:
     o “I am so fortunate I have a job/housing/food.”
     o **She doesn’t explicitly mention having to work/strive for those things

6. (avoidance_coping) Avoidance
   • A story describes doing something to avoid having to deal with pain/anxiety/stress.

   • Examples for present (1) include:
“Since that car accident, I will go out of my way, so I don’t have to drive down the road it happened on.”
“I haven’t thought about this in years.”
“Please, let’s move on.”
Suicide attempt
Destructive drug use
Appendix C

Emotions

- This theme captures the emotions a participant reveals when recounting her Low Point within the Life Story Interview.
- Sometimes there are notes from the transcriptionist that tell the reader that the woman can be heard crying (or laughing) while recounting the low point narrative. We do not consider laughing as a positive emotion but a note about crying would score for negative emotion.
- For this theme we are scoring for positive and negative emotions. While a particular emotionally valanced word may not be used (such as angry or happy), it may be implied such as “I was so pissed at him” (negative) or “That moment was just so fabulous” (positive).
- The emotion or feeling must be attached to the sentiments of the author and must be attached to the actual event in the moment of the event.
- For each of these, score a 1 if present and a 0 if absent in the response.

Emotions are divided into **three** categories:

1. **(emotions_positive)** This is implied or described POSITIVE emotion (joy, excitement, happiness, love, and affection)
   - **YES = 1**
     - “I’m glad [this painful experience] happened.”
     - “I’ve learned to love myself more because of this.”
   - **NO = 0**
     - If the transcriptionist notes that the participant laughs, this is not considered a positive emotion. This likely does not express authentic joy.
     - “I was so happy I had a cell phone at the time.”
     - “In the absence of my migraines I was able to be more productive”
     - “It offset the badness of my low-point”
     - Sarcasm or Double Meaning does not score “The teacher got after me, so that made me super happy.”

2. **(emotions_negative)** This is implied, described or expressed NEGATIVE emotion (fear, disgust, anger, guilt, shame, distress)
   - **YES = 1**
     - If the transcript includes that the participant starts crying, then this should be counted as a “YES = 1”
     - “I was seeing red I was so mad.”
     - “I was so scared.”
"I was so pissed at him”
"Looking back, I thought the world was over.”
When describing the attack, she said “I began to hyperventilate”

- NO = 0
  - "She was angry at me”
  - Sarcasm or Double Meaning does not score “I forgot something at the store, so that was the end of the world.”

3. (emotions_both) Both Emotions- There is no need to re-score the entire low-point.

- YES = 1
  - The response is scored 1 if both “emotions_positive” and “emotions_negative” have answers of “YES = 1”
- NO = 0
  - If only one (positive OR negative) was answered “YES = 1” or if NEITHER were answered “YES =1” (i.e. they were both answered “NO = 0”).
Appendix D

Language Use

This theme captures variation in the amount of detail a participant includes when responding to this question.

(sensory_language) Sensory language is used when describing the participant’s response
- A response is considered to have sensory language and would be scored 1 if the participant uses language that elicits two or more different senses: sight, smell, sound, touch, and taste.
  - Examples include:
    - Sight
      - “I saw him run away.”
      - Saw, observed, look,
    - Smell
      - “I can still smell her perfume.”
    - Sound
      - “I heard a loud bang.”
      - Use a direct quote (not a paraphrase) from a person in the story other than the author “My cousin said XXX”
    - Touch (any type of physiological nerve reaction)
      - “I could feel the sweat dripping down my face.”
      - “He beat me”
      - “He grabbed my arm”
      - Mentions physical pain or discomfort
    - Taste
      - “The blood had a metallic taste.”
  - It receives a 0 if there are 1 or none of the senses included.
    - “I have seen and heard a lot of things in my day.” The senses must be in reference to a particular experience or episode

(evasive_language) Uses evasive/reluctant/dodging the question (intention to skirt the question)
- Look for evasive language, such as
  - “Wow, that’s kind of personal. It’s not something you really wanna tell somebody”
- Look for moments of reluctance, such as
  - “This is confidential, right?”
- Look for dodging language, such as
  - “I’m not sure I want to go into that right now.”

If such language exists, the response receives a 1 for this category.
If there is no such language, score it a 0.
• Score “NO” if it appears the participant is gathering their thoughts (hesitant)
  o “Yeah let’s see… um hm hm hm… I’m trying to go with one of the first things that comes to mind so we won’t have to prolong it.”
  o “Oh my gosh there’s so many things.”
  o Any indication of contemplation of which point in their life was the lowest
Appendix E

Superwoman/Strong Black Woman Schema


- Any low point narrative can score for multiple categories, but any one quote cannot. In other words, a particular phrase can only score for one category.
- Being a strong Black woman is a double-edged sword: on one end, being strong shows resilience, drive, success, and devotion. On the other end, because this has become an expectation, when a Black woman is not strong, she may be perceived as weak. The following coding system focuses on five expectations of strength.
- While you are looking at specific incidences it is important to take the context of the entire story into consideration.
- For each of these, score a 1 if present and a 0 if absent in the response.

Superwoman/Strong Black Woman Schema is divided into five categories:

1. (obligation_strong) Obligation to be strong is not a show of physical strength per-se, but the felt obligation to be strong. This begins as a stereotype where the social energy resides external to the woman. **NOTE: See category #5**“others_before_self” below if a narrative describes any stereotypical situation in which the mother feels obligated to protect the children or to meet the needs of those in her immediate circle.
   - YES = 1
     - “I try to present an image of strength”
     - I’m a tough little girl” (Tough image not a behavior)
     - “That was the point I guess that I realized I have to stay strong and I have to work and provide for my kids”
     - “I had to be strong for everybody else”
     - “I started to realize it takes a strong woman to do that”
     - “Although it wasn’t the true me, I felt like I had to show everyone a positive confident person”
     - “Despite people being able to tell I was being physically abused, I still had to go to work and get the bills paid on time.”
     - Making the decision to do more than expected, vs. to do what is expected
     - The world sees these other Black women as strong (Harriet Tubman, Michelle Obama, Rosa Parks) thus, I need to be strong like them
       - Following in the lineage of the strong Black woman
     - “I had no choice but to follow in the footsteps of my ancestors.”
• “This might score as BOTH obligation_strong and obligation_suppress: But, since one sentence cannot score for two things, the coder has to choose. In this circumstance one would choose “obligation_strong”

• NO = 0
  o “I built the kitchen addition all on my own.”
  o This shows strength, but does not show felt obligation.

2. (obligation_suppress_vulnerability) This is the obligation to suppress emotions; to be stoic and tough and not show weakness. This is also a sense of responsibility that a Black woman should not show their vulnerability. They portray that they can do this on their own, and do not seek help from available psychological resources. This stems from an intrapersonal set of emotions and dynamics.
  • YES = 1
    o “My tears are a sign of weakness.”
    o “It’s hard to compartmentalize my emotions, like who can I appropriately be angry at?”
    o “I don’t feel like I deserve a pat on the back to continue on with my life”
    o “Asking for help is difficult for me”
    o “I had nobody to rely on but myself, so it was just like I had to be very cautious and careful with everything”
    o “I kept so busy working that I didn’t get to think about the full effect until later.”
    o “My mother was always so loving. But even so, I didn’t tell her how I felt because I feared breaking down.”
    o “I did not want those around me to think less of me for being overly emotional.”
    o “I only cried when I was alone.”
  • NO = 0
    o “I felt awful, it was the most depressed I ever was in my life”
      ▪ That in itself is not suppression
    o “When he asked me, I did not provide him an answer.”
    o “I became very angry with him, so I ignored him for the rest of the day.”
      ▪ If they are Ignoring or not indulging in the direct behavior it would be coded “NO”
      ▪ Ignoring the person is not the same as being not vulnerable.
    o Circumstance does not dictate whether you are being vulnerable or not
      ▪ Having to go for a rape kit

3. (worse_than_me) Others have it worse than me
  • YES = 1
    o “I feel like people go through worse with their parents”
    o “There’s no doubt my upbringing was tough. I can’t complain, though. My grandparents had it way harder growing up.”
• “I am very blessed in many ways. I know people who have been through far more.”
• NO = 0
  o “Although it skipped me, clinical depression is genetic in my family.”
  o “I know this seems like it is not a big deal.” (Without comparing herself to someone else)

4. (succeed_despite) This is a drive to succeed despite circumstances. Success is defined as: a desire to rise above what you are- not to simply maintain who you are despite challenges. This includes a feeling of success, or that you are in a good place despite negative circumstances or the removal of negative circumstances. Think of it as an if/then statement where the “then” is a positive outcome (even though this happened, I was able to …)
• YES = 1
  o “No matter how hard I work, I feel like I should do more.”
  o Despite losing several of my children, I was resilient and went through with the pregnancy
  o “I hit the ground running. And then I just worked very, very hard and put myself, and put her to school”
  o “I’m a strong black woman. I got it goin’ on and I can conquer anything”
  o “It was not easy but I am glad and grateful it happened. It was a low point but I rebounded.”
  o “No matter how hard I work, I feel like I should do more.” The odds were against me. But I still got my degree.”
  o “All I could do was move on and focus on better things.”
  o “I was having trouble focusing on school due to the consuming thoughts, but I still did well.”
• NO =0
  o “We broke up while I was in college, but I still succeeded in school.”
    ▪ The time connection in this statement is too vague
  o “After losing my mom I took a few weeks off then just finished the semester. It was almost over anyways.”
  o “I had a personal victory while this negative thing occurred.”

5. (others_before_self) Conscious choice to put others before self. This is based on societal pressure and the personal obligation to meet the needs of those in your immediate circle.
• YES = 1
- Any stereotypical situation where the mother feels obligated to protect the children
- A man is insufficient in his parenting activities in some way, so the woman is obligated to step up.
- “I put everyone else’s needs before mine”
- Even though I was hungry, I knew my children had to eat first.
- “I was not able to focus on what I needed because I was too consumed with the needs of those around me.”
- “It’s more than just me. I had to take a role of mother first, then wife”
- “I made sure she got everything she needs or wanted while she was with dad”
- “I knew if I didn’t keep my mind straight, I wouldn’t be able to provide for them and I knew if I started dating and I wouldn’t spend all of my time with them”
- “I took care of everybody else and nobody cared about me”
  - NO = 0
    - “I let all 20 of them cut me in line. I had to step away and take an important call and it was loud in there.”
      - Not a conscious choice to put them before herself
    - “I wanted to support my friend because I felt it would make her happy.”
      - There is not an obligation to support her friend; she wanted to.
Appendix F

Trauma

Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. **Directly experiencing** the traumatic event(s).
2. **Witnessing**, in person, the event(s) as it occurred to others.
3. **Learning** that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme **exposure to adverse details** of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

**NOTE:** Criterion A does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

For each of these, score a **1 if present** and a **0 if absent** in the response

Criterion A has **seven areas** with a total of **13 categories** to be scored:

1. **(Life Threat Serious Injury)** (woman describes the presence of a weapon regardless of if used, verbal threat, physical injury, or descriptive language such as beaten, struck, or hit)
   a. A = Self
      i. YES = 1
      ii. NO = 0
   b. B = Others
      i. YES = 1
      ii. NO = 0

2. **(Sexual Violence)** (rape, sexual assault, grope, fondle)
   a. A = Self
      i. YES = 1
      ii. NO = 0
   b. B = Others
      i. YES = 1
      ii. NO = 0

3. **(Type Experienced)**
   a. Isolated Incident
      i. YES = 1
ii. NO = 0
b. Repeated Exposure to trauma—not a particular event (all the time, multiple times, when I was a kid)
   i. YES = 1
   ii. NO = 0

4. (Type_Witnessed)
   a. Isolated Incident
      i. YES = 1
      ii. NO = 0
   b. Repeated Exposure (all the time, multiple times, when I was a kid)
      i. YES = 1
      ii. NO = 0

5. (Type_LearnedAbout)
   a. Isolated Incident
      i. YES = 1
      ii. NO = 0
   b. Repeated Exposure (all the time, multiple times, when I was a kid)
      i. YES = 1
      ii. NO = 0

6. (Type_Exposed_to_Adverse_Details)
   a. Isolated Incident
      i. YES = 1
      ii. NO = 0
   b. Repeated Exposure (all the time, multiple times, when I was a kid)
      i. YES = 1
      ii. NO = 0

7. (Criterion_A_met) (“YES” to 1.a., 1.b., 2.a., or 2.b. AND “YES to 3.a., 3.b., 4.a., 4.b., 5.a., 5.b., 6.a., or 6.b.)
   a. YES = 1
   b. NO = 0