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LOMA LINDA UNIVERSITY  
School of Behavioral Health  
in conjunction with the  
Faculty of Graduate Studies

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Examining Resilience in the Lives of Black Women

by

Laurellé C. Warner

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A Dissertation submitted in partial satisfaction of  
the requirements for the degree  
Doctor of Philosophy in Social Policy and Social Research

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June 2019

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

\_\_\_\_\_, Chairperson  
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Colwick Wilson, Adjunct Professor of Basic Sciences

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## ABSTRACT OF THE DISSERTATION

### Examining Resilience in the Lives of Black Women

by

Laurellé C. Warner

Doctor of Philosophy, Graduate Program in Social Policy and Social Research  
Loma Linda University, June 2019  
Dr. Larry Ortiz, Chairperson

Challenges and adversity are ubiquitous, but there is differential distribution by sex and social location. Women have an increased likelihood of experiencing social and biological challenges with an even greater probability among Black women because of the enduring historical context of oppression, devaluation, and inequality. As a result, Black women experience stressful and chronic strains over their changing life course, requiring early and greater adaptation and evolving regulatory processes that can lead to stress proliferation and allostatic load. Despite hardships, however, many have demonstrated historical and contemporary patterns of adapting and flourishing. This is suggestive of resilience. Yet, the extant literature is not inclusive of Black women's conceptual understanding and perspectives of what resilience means and what it constitutes. This dissertation addresses the conspicuous gap.

Using a grounded theory approach rooted in social constructionism, this study explored middle and older adult Black women conceptual understanding of resilience and adaptive functioning, and examined their perspectives on pathways to resilience and processes used to navigate aversive circumstances. Increasing sensitivity to culturally determined meanings and indicators of resilience give greater precision, depth, and texture to current knowledge on resilience. The study used multi-methods of nine focus

groups and nine personal interviews with Black women residing in the South, East and West Coasts. From their conceptual understanding and perspectives, a unique model of resilience emerged that is Afrocentric, strengths-based, and congruent with a racial justice lens. In this model, resilience has an external and internal component and defines it as bouncing, snapping, popping or coming back, and moving forward, which occurs along a continuum. Integrated in the model are crucial features facilitating external and internal snap back, various culturally relevant pathways that lead to resilience, and mechanisms used to navigate adversity. For Black women, hardships induce changes with some effects yet undetermined. They are ever evolving within the changing landscape of life. Thus, resilience is ongoing. The model embodies the conceptualizations of groups of Black women who saw themselves as equivalent. Their shared legacy was more powerful than any existing variability in sociodemographic characteristics.



## **CHAPTER ONE**

### **INTRODUCTION**

In one of the bestselling and most widely distributed books of all times, the Bible, Jesus attested to the ubiquity of trials and tribulations. He asserted that, in this world there *will* be tribulations... (John 16:33 New King James Version). When the canvas of life is examined, it is apparent that, indeed, suffering, difficulties, and trauma in various forms (natural and man-made) are embedded and inherent aspects of the life course. They are such a part of life's fabric that literary arts and media capitalize on them. Human suffering, trauma, pain and challenges appear to be a prevailing focus of newscasts and seem to be one of the primary sources of inspiration for movies, poems, books, and music.

In spite of the fact that traumatic experiences, suffering, and difficulties are broad in scope, diverse in nature, and embedded in the fabric of life, Harvey (2007) suggested that they are not truly randomly distributed. Instead, she contended that certain sociodemographic factors, such as gender, age, income, race, class, and cultural contexts, contribute to the likelihood, degree, and nature of exposure; and they significantly influence who is at greater risk. This assertion has particular salience for the current study's focus of gaining a multilayered, more textured and nuanced understanding of resilience through an exploration of the lives of Black women, who experience significant risks and constraints largely due to the intersection of gender, race and class.

The assertion that there is differential distribution of threats, risks, and challenges gains validity when the lives of women are explored. Women, as a group, are embedded strongly in social contexts where they disproportionately

face inequities, experience discriminatory treatment, and are at increased risk for experiencing aversive situations directly linked to being females, such as gender-based violence and lower socioeconomic status (Holosko, Jean-Baptiste, Le, Eaton & Power, 2007). Yet, ordinary girls and women have been known to survive and transcend gender-based physical and sexual violence across the life cycle (O’Leary & Ickovics, 1995). Child sexual abuse represents one of the earliest forms of gender-based violence as it disproportionately affects females resulting in bio-psychosocial spiritual sequelae persisting into adulthood (Boughton & Street, 2007; Surgeon General Report, 1999). According to the Crimes Against Children Research Center, one in five girls compared to one in twenty boys experience child sexual abuse (Crimes Against Children Research Center [CCRC]). In adolescence and adulthood, women continue to be at risk for experiencing overt and subtle forms of gender-based violence, such as sexual harassment, intimate partner violence, and rape. According to the World Health Organization (2017), one in three women worldwide have experienced either physical, sexual intimate partner violence or non-partner sexual violence in their lifetime. Violence against women, especially sexual and intimate partner violence, is a major public health problem with short and long-term negative sequelae in physical, mental, sexual and reproductive health. Moreover, violence results in indeterminate social and economic costs for women, their children and families, and societies (World Health Organization [WHO]).

In addition to gendered violence, women are overrepresented amongst those living in poverty, especially those raising children alone. The term “*feminization of poverty*,” captures a woman’s increased likelihood of being poor. According to Berland and Harwood (2018), approximately one in eight women, age 18 and older, lived in

poverty during 2017, with six in ten employed in low-waged positions. A significant portion of women employed in low-waged occupations support children without the benefit of a spouse's income on which to rely (Tucker & Patrick, 2017). Furthermore, in comparison to families headed by unmarried fathers, the poverty rate for families headed by unmarried mothers was 34 percent compared to 16 percent (Berland & Harwood, 2018). Chonody & Siebert (2008) have noted that the poverty of women is a symptom of a more fundamental and structural issue relating to "the continued existence of economic and social inequalities between men and women" (p. 339).

Besides the macro issues of economic disparity and gender-based violence, women also have the potential to face personal and familial challenges or complications relating to reproductive and maternal health and birth outcomes. According to the Center for Reproductive Rights (2014), maternal mortality has become a human rights crisis in the United States due to the increasing maternal mortality ratio. Between 1990 and 2013, the United States more than doubled its incidents from 12 to 28 maternal deaths out of every 100,000 live births while the majority of countries significantly reduced their ratios. Additionally, one in nine women experience symptoms of postpartum depression after giving birth (Center for Disease Control and Prevention [CDC] Reproductive Health). These difficulties, which are a representative sampling of the differential gender distribution of sociocultural challenges, afford women greater opportunities to exhibit resilience in the face of adversity (O'Leary & Ickovics, 1995).

It is important to note that women are not a homogeneous group with monolithic experiences. The population of women constitutes of subpopulations that have a range of social identity markers and human diversity dimensions including class, race, ethnicity, sexuality, (dis)ability, and age. These identity markers and diversity dimensions intersect with gender in synergistic ways denoting specific social locations that converge and coalesce to mitigate, protect, precipitate, or exacerbate socio-structural conditions (Banks & Kohn-Woods, 2002; Russo & Tartaro, 2008). In essence, among the population of women, the intersection of social identities strongly influences the differential distribution of adversity or challenge (Banks & Kohn-Woods, 2002; Russo & Tartaro, 2008). For example, women who are Black have an even greater probability of facing sociocultural and biological challenges, threats, or adversity based on the intersection of gender, race, and economic position (Cole, 2009; Collins, 2000). For example, Black women have a greater health risk profile, i.e., higher prevalence of chronic diseases and mortality rates for heart disease, cancer, diabetes, and stroke even after adjusting for health behavior (Kochanek, Arias, & Anderson, 2013; William & Mohammed, 2009). Black women also experience significant disparities in income and almost every aspect of reproductive health and birth outcomes (Burriss & Hacker, 2017). These stressful experiences and chronic strains can lead to allostatic load<sup>1</sup> because of the required adaptation and regulation of psychological, emotional, and physiological systems.

### **Value of the Study**

Resilience is crucial to health outcomes and well-being because it helps individuals recalibrate biopsychosocial spiritually after disruptive or traumatic

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<sup>1</sup> The wear and tear of regulatory systems affecting their activities and efficiency in handling demands, challenges and aversive situations. Allostatic load is the cost of allostasis, which is adaptive actions that are intended to be protective in the face of change and challenge (McEwen, 2000, 2005, 2012)

experiences, fulfill core purpose/roles, and function with sustained sense of hope and meaning in the face of challenges (Harvey, 2007; Pooley & Cohen, 2010; Ungar, 2011). As such, it is an important area and worthy of study.

The process of resilience is particularly relevant for women who, as noted above, are at risk for myriad aversive and traumatic experiences beginning in childhood, and it is especially important for Black women in middle and older adulthood, who represent a subpopulation with multiple intersecting identities (Banks & Kohn-Woods, 2002; O’Leary & Ickovics, 1995; Russo & Tartaro, 2008). According to Ryff, Friedman, Fuller-Rowell, Love, Miyanoto, Morozink, Fadler and Tsenkova (2012), the lives of racial minorities in the United States provide an important lens on resilience, and their experiences with chronic social inequalities and discrimination coupled with acute life challenges or events are important contexts for its study. Thus, an examination of the lives of Black women, who are members of a racial minority group and considered among populations-at-risk, will provide an opportunity to explore the multi-dimensional and multi-layered features of resilience.

The American Psychological Association Taskforce on Resilience (2008) has also suggested that any meaningful dialogue or exploration of resilience requires a critical examination of the historical and contemporary ecological context of Black women’s lives. Within the ecological context of their lives, Black women experience a range of negative life circumstances, a plethora of stressors and adverse situations based on the intersectionality of their social location, gender, and identity as a racial minority (Cole, 2009; Collins, 2000; Crenshaw, 1989). The interaction of these multiple social inequalities predisposes them to differential exposure of serious stressors known to

undermine well-being (Adler & Rehkopf, 2008; Pasco & Richman, 2009; Perry, Harp, & Oser, 2013). Many of these stressors, including racial discrimination, inequality, and social disenfranchisement, do not have the qualities of being preventable or controllable through purposeful action because of how woven they are into society's infrastructure (Pearlin, Schieman, Fraizer, & Meersman, 2005).

In spite of having to deal with these stressors and significant disparities across time and space that could potentially add to their allostatic load, Black women have demonstrated historical and contemporary patterns of rebounding from adversity, positively adapting, and competently functioning (Keyes, 2009). Their adaptive pattern is significant and worthy of exploration to understand resistance, sensitization or steeling effects associated with exposure to stress or psychosocial risks (Rutter, 2012). One important indicator of their positive adaptation is the range of epidemiological studies with large probability samples that have found lower prevalence rates or lower lifetime risk of depression compared to Whites non-Latinx. These lower rates and lifetime risks are within the context of a constellation of stressors and significant vulnerabilities linked to their social location and racial identity (Lincoln, Chatters, Taylor, & Jackson, 2007; Lincoln & Takeuchi, 2010; Williams, Gonzalez, Neighbors, Nesse, Abelson, Sweetman, & Jackson, 2007).

Additionally, analyses of the nationally representative Midlife in the United States (MIDUS) study also substantiated African American's ability to maintain good mental health in the face of physical disease inequity and exposure to discrimination (Keyes, 2009). Data revealed that Blacks, not only have lower rates of several common mental

disorders (i.e., major depression, anxiety disorders, and alcohol dependence)<sup>2</sup>, but they also have greater rates of flourishing. One may understand flourishing as a positive state of mental well-being and the absence of mental illness. This greater level of flourishing among Blacks occurs despite exposure to significant social inequality and the resultant stress proliferation (Keyes, 2009). Moreover, on 13 facets of positive mental health (social coherence, social growth, social integration, self-acceptance, autonomy, environmental mastery, positive affect, positive relations with others, personal growth, social contribution, life satisfaction, purpose in life, and social acceptance), Blacks had lower levels on just one facet, social acceptance. For the other 12 facets, Blacks would have had even higher levels than Whites were it not for the fact that Blacks experience much more discrimination, which serves as a suppressor on all 12 dimensions of mental health. Thus, Blacks' levels of psychological well-being would be even higher than Whites were it not for discrimination (Keyes, 2009).

Furthermore, Black women, when compared to White males and females, have the lowest rates of suicide (“Health, United States, 2016,” n.d., Center for Disease Control [CDC]). The rates for Black women were 2.1 per 100,000 or 481 deaths in comparison to 24.6 per 100,000 or 30, 658, deaths and 7.2 per 100, 000 or 9, 138 deaths

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<sup>2</sup> Mental health services are more likely to be underutilized by Blacks due to poor quality of care and lack of access to culturally responsive care (American Psychiatric Association, 2017; Thurston & Phares, 2008). This underutilization could affect the accuracy of reporting. According to the American Psychiatric Association (2017) and the Surgeon General Report (2001), most racial/ethnic minority groups have similar prevalence rates of mental disorders as the general population but utilization rates for services are very low. However, Safran, Mays, Huang, McCuan, Phuong, Pham, Fisher, & Trachtenberg (2009), have asserted that any discussion of mental disorder or mental function disparities requires an awareness of the limits inherent in “what is measured, what is known, and how it is referred to,” especially when considering cultural and linguistic groups (p. 1964). This recognition of existing limitations is crucial given the historical predominance of Eurocentric worldview/perspectives on human behavior embedded in diagnostic systems and terms (Safran et al., 2009). Furthermore, there are important caveats relating to instruments used to arrive at diagnoses in various populations. For example, in using measurements there is always a premise of a reference or “normal” population. However, normality as it relates to mental health in one culture may not be congruent in another (Safran et al., 2009).

for White men and women, respectively (CDC). This seeming lack of suicidal tendencies among Black women researchers and others refer to as the black-white suicide paradox (Spates & Slatton, 2017). These findings are significant because Black women experience early and sustained disparities in important and pivotal life domains, yet many continue to have adaptive capacities and sustained competence in the face of risks that reach across time. It is, therefore, critical to understand the mechanisms, processes and pathways to resilience among Black women.

Coupled with the risks and stressors associated with their racial identity, Black women negotiating middle and older adulthood also must manage significant developmental transitions and stressors (Combs, 2002). Stressors of midlife are often related to the coordination and synchronization of multiple demanding roles, including work roles and caregiving responsibilities for children and aging parents, two generations with significantly different and, at times, competing needs (Klohn & Vandewater, 1996; Lippert, 1997). Midlife has been characterized as a shifting landscape and a time of turning points; as a result, it is considered a crucial period in the lifespan where the process of resilience has relevance (Ryan & Caltabiano, 2009; Wethington, Kessler, & Pixley, 2004). Middle and older adulthood may be pivotal times to examine the dynamic process of resilience due to the more pronounced variability in health and well-being and the heterogeneity of responses to developmental changes and stressors (Almeida & Horn, 2004; Klohn, Vandewater, & Young, 1996; Lippert, 1997; Ryan & Caltabiano, 2009).

Given the transitions and challenges of middle and older adulthood and the stressors faced by Black women, studying groups that hold simultaneous memberships/identities as Black women and persons in middle to late adulthood may



afford a deeper, more textured, and multilevel understanding of resilience, its processes, mechanisms, and pathways. Black women in middle and older adulthood may have resilient processes, mechanisms and pathways developed and honed across time and contexts that researchers and others might study to further deepen and give precision to the current understanding of resilience (Ryff, Keyes, & Hughes, 2004).

Being inclusive of age differences is an important aspect of diversity among ethno-racial groups, which is often ignored or neglected. Paying attention to age differences allows for comparison and contrast of subgroups leading to a deeper and more textured understanding of racial groups. In addition to overlooking age differences, there is a tendency to disregard the heterogeneity that exists within ethno-racial groups. To address this often-overlooked dimension, the study uses the racial categorization of “Black” to accentuate and acknowledge the heterogeneity that exists within the Black population except in certain instances when citing the results of studies in an attempt to respect the voice of the researchers. The Black American population has become more heterogeneous through intermarriages and migration largely from the Caribbean and Africa, and, as a diverse group, Black Americans, like Latinx represent different cultures, nationalities, and are inclusive of various socio-demographic profiles (Miranda, Siddique, Belin, & Kohn-Wood, 2005; Williams, et al, 2007).

### **Theoretical Underpinnings of the Study**

To explore and understand the resilience of Black women, the study uses the life course perspective and concepts from systems theory to help guide it. In combination, they offer an integrative theoretical foundation for understanding the variability and complexity of the lived experiences of Black women. These lived experiences of Black women include success and competent functioning that have a presence, which reaches

across time and place despite early and sustain adversity or risks in multiple and pivotal life domains.

Fundamentally, resilience requires exposure to significant risks or adversity, which is the main antecedent. Any aspect of adversity or risk, which includes challenges/difficulties, stressors, disruptions, or trauma must be experienced before resilience can occur (Earvolino-Ramirez, 2007). Having then experienced adversity or significant risks, individuals must demonstrate adaptation that is substantially better than expected (Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000; Masten, 2007; Masten & Wright, 2010; Rutter, 2012).

The basic elements and principles of the life course perspective and concepts from system theory offer a useful way to explore resilience in Black women's lives because they situate Black women within a contextual framework that is both multidimensional and dynamic in time and place. Important conceptual elements of the life course perspective include life pathways or social trajectories, life transitions, constraints and opportunities (Elder, 1998). Its corollary principles or themes are historical time and place, timing in lives, linked lives, and human agency. The study integrates an overview of the basic elements and principles with such concepts from system theory as system, input, output, feedback, entropy, role, and subsystem (Schoech, 2004; Sutphin, McDonough, & Schrenkel, 2013).

### ***Principle of Life Pathways/Social Trajectories***

Life pathways or social trajectories are paths relating to crucial life domains, such as education, work, and family that individuals choose to follow. These choices are representative of human agency, which involves exercising personal power to choose among a range of options thereby becoming an active participant in constructing one's

life course (Black, Holdith-Davis, & Miles, 2009; Elder, 1998). Choices, however, are contingent on the constraints and opportunities of the larger social structure and culture.

Black women's life pathways unfold within a system that systematically or institutionally limits their life opportunities (Collins, 1986). For example, the range and quality of inputs received from social institutions over time influence their educational and work trajectories. Beginning early in life, Black women's education is often constrained by the fact that Black families are likely to live in Southern or urban segregated areas, which tend to have limited resources to invest in education (Williams & Collins, 2001; Rothstein, 2013). As a consequence of this limited input of material and social resources, the educational systems in which they operate often have less qualified teachers and limited curricula leading to such potential outputs of lower achievement, diminished educational preparedness and skills, and higher levels of early school termination and teen pregnancy (Williams & Collins, 2001). The cycles of input and output can increase the likelihood of a negative feedback loop and stable/homeostatic patterns of disadvantage (Rothstein, 2013).

Moreover, these input-output cyclical patterns of low resource investment leading to lower achievement and less educational preparedness have the potential to place Black women on a pathway toward entropy, which may include diminished functioning, chaotic or disorganized lives, and premature death (Adler & Rehkopf, 2008; Collins, 1986). One possible manifestation of such a pathway toward entropy is truncated employment opportunities and socioeconomic mobility (Guerra, 2013; "Status of Women," 2018). Truncated opportunities for mobility and growth can precipitate a cascade of challenges

and difficulties that may increase the risk of morbidity and mortality (Schulz, Isreal, Williams, Parker, Becker, & James, 2000; Williams & Jackson, 2005).

Even with constraints, however, Black women can be agenic and make choices among options that construct their life course. Nevertheless, as noted previously, their choices are contingent on the constraints and opportunities of the larger social structure and culture. Black women's life pathways unfold within systems and institutions that restrict their life opportunities (Collins, 1986).

### *Principle of Historical Time and Place*

In addition to agenic behavior and structural constraints, the principle of historical time and place offers a lens from which to deepen understanding of factors that uniquely shape life trajectories. Historical time and place point to the fact that distinctive historical forces emerge within a given time period, era, or decade due to circumstances or activities of macro systems (Black et al, 2009; Elder, 1994). These actions differentially influence unfolding social trajectories through constraints and opportunities, which then influence development outcomes over time. Historical time and place also point to the fact that individuals' life courses are embedded in and shaped by historical times and places, and the impact is experienced over their lifetime. In essence, one's historical location can place an individual at more or less advantage or disadvantage (Pearlin et al., 2005).

Black women living in different decades, eras, or time-periods experience constraints or risks differentially, and they may have access to different constellation of resources or may use similar resources in different ways based on the changing nature of constraints (O'Connor, 2002). A discussion of four relevant historical event/forces follows. These events are relevant because they have occurred during the eras of the

lives of this study potential participants. Moreover, the events/forces influence their life course through the reshaping of opportunities and constraints. First, the Great Recession of 2007-2009, and the post recovery period are historical forces that shaped constraints and opportunities differentially for Black women compared to White non-Latinx women (“Poverty among women and families,” n.d., National Women Law Center [NWLC]). The disequilibrium of the economic/financial system had a greater impact on Black women and their families. Black women had to deal with higher rates of unemployment and poverty (“Poverty among women and families,” n.d., NWLC). This greater impact could be linked to the ongoing legacy of disenfranchisement, oppression, and discrimination that are outgrowths of their historical location, and it continues to have an insidious influence in their lives that is often reinforced by contemporary constraints and risks.

The second momentous historical event was the election and re-election of the nation’s first African American president. The relevance of President Barack Obama’s presidency (2008-2016) was the perception that it challenged the practice of holding sacrosanct the most powerful and public places for white males, and confronted the historically held belief that the best and preeminent spaces are the sole and exclusive domain of white privilege (Fishman, 2013). In addition, his presidency seemed to have interrupted the historically unquestioned acceptance of whiteness as an essential qualification for the chief executive office (Fishman, 2013). Furthermore, Barack Obama’s presidency was understood as bequeathing Blacks with a symbolic capital of hope and sense of greater personal agency because, in ascending to the nation’s most powerful position, President Obama shattered the proverbial glass ceiling and

transcended a psychological racial barrier (Teasley & Ikard, 2010). Moreover, Barack Obama's presidency is a permanent and tangible legacy that Black mothers can harness during the process of racial socialization, and they can now point their sons to a real and identifiable model (Teasley & Ikard, 2010).

Notwithstanding the triumphs and positive implications of Barack Obama's presidency for Blacks, there are also negative ones. President Obama's presidency has resulted in what Kaiser, Drury, Spalding, Cheryan and O'Brian (2009) have labeled an "ironic consequence." This ironic consequence is three-fold: a) significant decline in support for policies that address or mitigate racial injustice and inequity, b) reinforced belief that the United States is a meritocracy where the boundaries of race have been overcome, and c) Blacks can, therefore, through self-determination and hard work construct a successful personal destiny (Hutchings, 2009; Kaiser et.al., 2009; Lum, 2009). This ideological position, associated with the Protestant Work Ethic, summarily ignores institutional and structural inequities, prejudice, discrimination, and significant statistical disparities that have existed and continue to exist in core/important life domains of education, housing, labor, wealth, politics, law and justice, health, and interpersonal relations (Bobo & Charles, 2009; Kaiser et al., 2009; Lum, 2009).

The decline in support for policies that address or mitigate racial injustice and inequity has significant implications for Black women managing institutional and structural inequities and significant disparities. Within a contemporary political and social context of dwindling support for policies that mitigate ubiquitous experiences of injustice, Black women frequently face hyper-criminalization and disproportionate violence by law enforcement toward their Black male relatives, friends, and neighbors;

often resulting in extrajudicial killing. This disproportionate and disparate contact with and violence by law enforcement have been captured and made visible on social media; thus, providing prima facie evidence that post-racism is a myth (Hutchings, 2009; Ransby, 2015). Consequently, disproportionality and hyper-criminality with roots in “anti-blackness” led to the genesis of the #BlackLivesMatter Movement (Garza, 2014; Ransby, 2015), the third important movement or force with salience for Black women.

The creation of the #BlackLivesMatter Movement was in response to the posthumous trial of 17-year old Trayvon Martin and the subsequent not guilty verdict rendered for his death (Garza, 2014). According to one of its creators, the movement is an intervention specifically designed to address the anti-Black racism that permeates society (Garza, 2014). It is intended to build power and be a catalyst for broad and far-reaching transformative social change leading to the valuing of Black lives, eliminating anti-blackness, and unlinking the current association between Black males and crime and violence (Garza, 2014; Ransby, 2015).

Two additional movements, #MeToo and Time’s Up could also be considered historical events or forces. These have brought to the forefront the significant pervasive issues of sexual harassment and victimization of women, which have resulted in greater accountability. These movements have been an impetus for changes in sexual harassment policies and procedures and prosecution of wealthy and powerful men. Despite the value of the movements, however, there have been expressed concerns about the ways in which the voices and roles of Black women and other people of color are marginalized or ignored (Onwauachi--Willig, 2018).

The final historical event or force is the rise of populism evidenced by the election of Donald Trump as the nation's president, which has had a significant impact on policies designed to insulate and strengthen the United States. This openness to populism has been interpreted as heightened conservatism in response to increased liberalism and progressivism leading to a greater focus on values of economic competition and support for exclusionary practices. These values seek to reaffirm Whiteness and concomitantly decreased support for liberal values, such as equality and social reform (Azevedo, Jost, & Rothmund, 2017; Bobo, 2017). Diminished support for equality and social reform has significant implications for Black women given that the intersection of racial and gender inequality influences their social location.

The importance of considering and reflecting on the above historical forces is associated with the recognition that Black women's life courses are shaped and influenced by significant events that occur during the various time-periods or eras of their lives. The emergence of these forces and events affect their unfolding social trajectories through the dynamic reshaping and reorganizing of opportunities and constraints. Ultimately, they have implications for Black women's biopsychosocial outcomes and the individuals with whom their lives are linked.

### *Life Transitions*

Inherent in social trajectories are life transitions. Related to life transitions are the principle of timing in life, which focuses on the assumption, relinquishment, expansion, or contraction of important roles/statuses and timing of their occurrence (Elder, 1998). Black women's choices connected to the timing of important events, such as motherhood, significantly influence their life pattern, which gives form and uniqueness to their social trajectories (Hofferth, Reid, & Mott, 2001; Martinez, Daniels, & Chandra, 2012; Miller,



2011; Waite & Moore, 1978). These choices, however, are situated in changing economic, political, and social opportunity structures. For example, restricted material input in educational, communal, and familial systems coupled with early school termination and teen pregnancy may coalesce to create conditions where many Black young women have out-of-sequence or early transition into parental and work roles and statuses (Hofferth et al., 2001; Klepinger, Lundberg, & Plotnick, 1999; Miller, 2011). The assumption of these roles and statuses often result in premature foreclosure or contraction of other important developmental and social roles, and this result has implications for their life trajectories and life circumstances across time (Han, Ruhm, Waldfogel, & Washbrook, 2008; Klepinger et al., 1999; Miller, 2011). According to O'Connor (2002), when opportunities are truncated or denied, risks can be exacerbated.

Important developmental transitions include moving into and navigating developmental stages across the life course. The developmental stages most salient for this study are middle and older adulthood. Middle and older adulthood (aged 40-65 and 66 and over, respectively) are developmental periods in the life course characterized by significant biological, psychological, social and spiritual transitions and changes (Almeida & Horn, 2004; Wethington et al., 2004). It is a time of both contraction and expansion of roles, which require significant coordination and synchronization (Klohn et al., 1996; Lippert, 1997). For example, some women's parental role contracts as their adult children form their own intimate relationships and families. At the same time, women's roles may expand with grand parenting or needing to provide caregiving to aging parents while maintaining their ongoing work and family roles (Almeida & Horn, 2004; Wethington et al., 2004). Social milieu and ecological contexts affect these

developmental role changes and transitions. Given the range of potential social environments, there is significant heterogeneity in responses to the developmental changes and stressors, and there is more pronounced variability in health and well-being (Almeida & Horn, 2004; Klohnen et al., 1996; Lippert, 1997; Ryan & Caltabiano, 2009; Wethington et al., 2004).

Black women in middle and older adulthood have had exposure to unanticipated negative life experiences and a plethora of stressors and adverse circumstances based on their social location that could potentially affect their health and well-being (Kwate et al., 2003; Perry et al., 2013). Yet, through the exercise of agenic behavior, many display strength, fortitude, and perseverance as well as preserving adaptive capacity (Keyes, 2009; Ryff, Keyes, & Hughes, 2003; Ryff, Keyes, & Hughes, 2004). An apropos description of this capacity can be the ability to adapt to painful, stressful, challenging, disruptive, or traumatic life circumstances while fulfilling core purposes or functioning with a sense of meaning and forward momentum (Zolli & Healy, 2012).

### *Linked Lives*

This principle of linked lives emphasizes interdependence and reciprocal connectivity in relational networks and social contexts across time (Elder, 1998). These networks and contexts can have both supportive and regulating influences on behavior. For example, networks offer benefits through social support and, concomitantly, serve as a source of control through expectations, social regulations and rewards (Black et al., 2009; Elder, 1998; Pearlin et al., 2005).

Black women lives are linked inextricably to their families, communities and the broader society. Having transcended the often narrow and restrictive gender roles prescribed by dominant society, they assume multiple interlocking roles within and

outside of the context of the family (Hill & Bush, 2001). Through motherhood, a distinctive role played by women, their lives are linked to their children. The social trajectories of Black women and their children are interconnected and they mutually influence each other (Cabrera, 2013; Elder, 1998; Hill & Bush, 2001). For example, education serves as a crucial pathway to later occupational and economic status. The work and economic trajectories of Black women create either material or social advantages or disadvantages for their children (Pearlin et al, 2005). Their economic status has implication for choice of residence, which influences the quality of education that their children receive. This creates a potential negative or positive feedback loop where opportunities or hardships have the potential to be transmitted generationally (Cutrona, Wallace, & Wesner, 2001; Rothstein, 2013).

The trajectories of their children's lives also influence Black women lives. Black women may need to alter their lives in response to the evolving needs of their children across the life course (Hill & Bush, 2001). The assumption of this primary caregiver role often results in some degree of shrinkage in other avenues that tend to be more highly valued by society than that of the motherhood role (Lasswell, 2002).

Another significant area of their children's lives that has a substantial impact on Black women is racism faced by their children. This type of racism some researchers have conceptualized as vicarious racism (Nuru-Jeter, Dominguez, Hammond, Leu, Skaff, Egerter, Jones, & Braveman, 2008). Black mothers have to manage their children's inevitable experiences of racism and all the associative emotions and trauma reactions. Two specific subcategories of this type of racism is the disparate treatment in public spheres experienced by their children.

According to Crenshaw, Ocen, and Nanda (2014), Black girls receive disproportionately higher rates of in and out of school discipline, have an increased likelihood of receiving more severe dispositions within juvenile justice, and are least likely to grow up in environments that foster upward mobility. Moreover, Black girls, beginning at age five, are perceived as less innocent and more adult-like resulting in assignment of greater culpability for their actions (Epstein, Blake, & Gonzales, 2017). This phenomenon, referred to as adultification, does not offer the consideration of childhood as a mediating factor to the same degree as white children, and it reduces the privilege of innocence, diminishes opportunities for mistakes, and the benefits of growing and learning from them (Epstein et al., 2017). Adultification is thought to account for the significant disparities Black girls experience in public systems, such as educational and juvenile justice, which is based on the legacy of gender and race discrimination overlaying and enveloping their lives (Crenshaw et al., 2014; Epstein et al., 2017).

Additionally, their sons as young as 10 years of age are often mistaken as being older, experience police violence if accused of a crime, are more likely to be perceived as guilty and treated with callous dehumanization (Goff, Jackson, Allison, Di Leone, Culotta, & DiTomasso, 2014). Similar to Black girls, Black boys do not benefit from inherent assumptions relating to the nature of children, that is they are innocent and need protection, which are characteristics attributed to their White peers. Instead, Black boys are held responsible for their actions, categorized with a level of maturity based on an overestimation of their age and are dehumanized, which contrast with White boys who benefit from the assumption of innocence and the essential nature of children (Goff et al., 2014). Furthermore, Black women have to deal with the systematic targeting of their

males by law enforcement and the judicial system. Their sons and partners or spouses as well as other Black male neighbors, community friends or unknowns are all potential targets (Weatherspoon, 2004; Welch, 2007). Black women's lives are linked through these experiences of insidious traumas faced by their children that are affected by both historical and contemporaneous issues.

Within the context of the family, Black women's caregiving role extends beyond motherhood and encompasses marital and intimate partner relationships as well as aging parents. The social trajectories of partners, spouses, and aging parents influence the lives of Black women (Elder, 1998). For example, as adult children, Black women may have to modify work or family life to respond to the needs of a terminally ill parent. Caregiving absorbs a significant amount of time and effort, and when Black women are employed, it is a major contributor to stress (Chadiha & Fisher, 2002).

Finally, Black women are often embedded in faith communities and/or churches (Holt & McClure, 2006; Marks, Nesteruk, Swanson, Garnson, & Davis, 2005; Mattis, Fontenot, Hatcher-Kay, Grayman, & Beale, 2004; Taylor, Mattis, & Chatters, 1999). Within these contexts, their lives are linked with members, friends, family, and neighbors. Church congregations offer a context for the development of "support convoys" over a Black woman's life course (Ellison & Levin, 1998). Those who attend regularly often enjoy a larger and denser social network. Because of the communal nature of faith communities, Black women may feel cared for, valued, and integrated. Church congregations also may afford opportunities for reciprocity in socioemotional support to fellow congregants as well as opportunities to function in leadership and decision-making roles (George, Ellison, & Larson, 2002).

One may also understand going to church as a potential opportunity to prevent or inhibit entropy and degeneration because it may afford Black women a sacred place to refuel and experience regeneration by listening to the spoken Word, participating in the ministry of music and prayer, and engaging in shared worship experience with likeminded individuals (Mattis et al., 2004). According to George et al. (2002), church attendance most strongly is related to physical health, mental health, and mortality. This means that those who attend weekly or more frequently tend to have fewer illnesses, recover more quickly, and experience greater longevity compared with those who attend less frequently (George et al., 2002). Thus, participation and involvement in a faith community may foster health protecting and promoting behavior in Black women.

It should be noted that being embedded in a faith community is not always harmonious. A natural outgrowth of having any close relationships is negative interactions and conflicts, and these negative interactions and conflicts may likely occur within the context of faith communities (Lincoln & Chae, 2011). Persistent or intense negative experiences can be especially egregious and result in significant distress from which Black women may have to recover or rebound (Lincoln & Chae, 2011). The context, i.e., faith communities, that “should” support resilient functioning and be the conduit of resilient resources may inadvertently inhibit or impede a Black woman’s process of resilience due to disruptions in an important sacred space.

### **General Benefits of the Study**

There are significant benefits gained from the study examining and understanding resilience within the context of Black women lives. In general, Windle, Bennett and Noyes (2011) have noted that knowledge of resilience is one important key to understanding resistance to risk across the life span. Karoly and Ruehlman (2006) have

also suggested that a study of resilience helps to illuminate the nature of adaptation to adversity, difficulties, and challenges and facilitates the discovery of protective factors and dynamic processes, which may impart stress resistance to populations-at-risks. Further, an exploration and examination of a range of stressors, responses, and likely outcomes could deepen and enrich multilevel analysis and facilitate an understanding of integrative system processes related to resilient outcomes (Masten, 2007).

More specifically, insights into how Black women define and understand resilience, what they deem are criteria for adaptive outcomes and important elements or dimensions of their resilience could potentially offer treatment direction for practitioners (Jackson & Sears, 1992). These are areas of potential importance because examining groups with established evidence of significant challenges or risks could offer opportunities to understand better mechanisms and processes that underlie resilience (Ryan & Calabiano, 2009). The informal narrative about Black women's adaptive abilities to overcome, recover from, and transcend difficulties and aversive events while continuing to be engaged in and fulfilling important roles and responsibilities lend credence to the value of exploring their understanding of resilience as a construct and their processes and mechanisms that contribute to their adaptive outcomes. These benefits could be realized with an exploration and examination of resilience and adaptive processes from the perspectives of Black women.

### **Nature and Statement of the Problem**

Black women deal with differential exposure to serious and persistent stressors known to undermine well-being (Adler & Rehkopf, 2008; Pascoe & Richman, 2009; Williams et al., 1997). Many of the stressors, such as discrimination, segregation, and disparities in health and income with which Black women have to contend ongoing relate

to their identity as a racial minority. Furthermore, they are an outgrowth of a larger historical experience of enslavement, disenfranchisement, oppression, and institutional and structural racism (Adler & Rehkopf, 2008; Kwate et al., 2003; Nuru-Jeter et al., 2008; Pascoe & Richman, 2009; Williams & Mohammed, 2009; Williams et al., 1997). As such, these stressors are not always preventable through purposeful and agenic behavior, and they persist across time and place.

The broader history or historical experience continues to have significant implications related to access to opportunity structures and resource distribution (Collins, 2000; Crenshaw, 1989). More importantly, it has a substantial influence on the existence of pervasive racial disparities in multiple contexts including health, economics, education, and housing (Rothstein, 2013; William & Collins, 2001; Williams & Mohammed, 2009). Following is a brief review of these areas.

### ***Physical Health***

Black women have a shorter life expectancy (3.3 years lower life expectancy than White non-Latinx women), higher prevalence of chronic diseases, and higher death rates for heart disease, cancer, diabetes, perinatal conditions, and stroke when compared to the majority population in the United States (Kochanek, Arias, & Anderson, 2013). Even after adjusting for health behavior, they have a higher health risk profile (Williams & Mohammed, 2009). For example, Black women are at greater risk for hypertension and diabetes. According to the Office of Minority Health, African Americans are twice as likely to be diagnosed with diabetes as White non-Latinx and as of 2013, twice as likely to die from diabetes. Moreover, diabetes affects one in four Black women, ages 55 years and older.



Additionally, Black women have higher overall mortality rates from breast and cervical cancer. According to the Status of Black Women 2018, Black women have the highest mortality rate of breast cancer among all racial and ethnic groups (DuMonthier, Childers, & Milli, 2017). On average, five Black women die daily from breast cancer and their mortality rates for cervical cancer is twice that of White non-Latinx women (Guerra, 2013). Furthermore, Black women experience significant disparities in almost every aspect of reproductive health and birth outcomes (Burriss & Hacker, 2017). The Center for Reproductive Rights (2014) reported that over the last four decades, Black women's maternal mortality rate has been three to four times their White counterparts. Moreover, fetal deaths are twice as common among Black women compared with White women. Infants of Black women are twice as likely to be born low birth weight, have a 50 percent higher risk of being preterm, and are more than twice as likely to die in the first year of life (Burriss & Hacker, 2017). These disparities persist even after controlling for confounding medical histories and sociodemographic risk factors, including education and income. Equity in educational levels has not eliminated disparities in birth outcomes. The infant mortality rate of college educated Black women compared to their equivalently educated White counterparts was twice that of White infants. Similarly, income has not significantly reduced adverse birth outcomes for Black women. Affluent Black women birth outcomes are worse than poor White women (Burriss & Hacker, 2017).

### *Socioeconomic Status*

Racism intersects with sexism and inhibits Black women from gaining equal levels of opportunity and advantage as men and White non-Latinx women (Collins, 2000, 1986; Crenshaw, 1989). Racism and sexism result in proportionately less compensation

for equivalent performance or productivity and lead to limited access to high-ranking or prominent occupational, political, and decision/policy-making positions (Russo & Tartaro, 2008; Temple & Tucker, 2017). For example, Black women experience a wage gap at every education level, including graduate degrees (Temple & Tucker, 2017) as evidenced by their median weekly income for all occupations in 2017. Black women earned \$657 compared to the median weekly earnings of \$849 and \$903 for White non-Latinx and Asian women, respectively (Hegewisch, 2018).

Furthermore, Black women are less likely to work in professional and managerial jobs when compared to White and Asian American women (Hegewisch, 2018). In 2017, 23.2 percent of Black women were employed in service occupations with median weekly earnings of \$484, compared to 11.6 percent of White and 17 percent of Asian women who earned \$520 and \$515, respectively for similar positions (Hegewisch, 2018). Moreover, women of color, especially Black women, were overrepresented in three low-wage high growth jobs – personal care aides, home health aides, and combined food preparation/serving workers (Shaw, Hegewisch, Williams-Brown, & Gault, 2016). They proportionally represented 25 percent of workers in these industries, which is four times higher than their distribution in the overall workforce (6 percent). Within the context of these industries, the challenge of low earnings often co-occurs/coexists with lack of occupational benefits, such as employer or union-based affordable health insurance, predictable and stable work schedules, paid sick time, family and medical leaves (Shaw et al., 2016). All of which contributes to low resources in these families leading to an increased likelihood of poverty.

Even more noteworthy is the fact that the gender wage gap widened for Blacks and other women of color during 2017. According to Rossie (2018), Black women were paid 61 cents for every dollar paid to White non-Latinx men for compatible jobs, which represented a decrease of two pennies from the previous year (2016). A couple of pennies might seem insignificant; however, the cumulative annual effect is staggering. Black women annual income loss because of the widened 2017 wage gap equaled \$23,653 and, if the trend continued over the course of a 40-year career, they would lose \$946,120 (Rossie, 2018). This loss of pennies has tangible consequences, such as diminished resources for basic needs, asset or wealth building; further, the loss prevents Black women from experiencing economic mobility. Given existing systemic barriers to economic security, the magnitude of the loss cannot be overstated (Rossie, 2018).

As a cautionary note, Black women as a group do not share a monolithic experience. Therefore, not all Black women struggle with limited resources, economic disadvantage, or persistent economic uncertainty. There are diverse economic profiles; as such, socioeconomic disadvantage is not synonymous with being a Black woman.

### ***Housing/Residential Choice***

Residential segregation is an enduring legacy of racism. It is a distinctive and central mechanism in the maintenance of racial inequality and disparity (Williams & Collins, 2001; Williams & Jackson, 2005). Some have characterized racial segregation as the “cornerstone” on which black-white disparities have been built (Williams & Collins, 2001). Segregation structures socioeconomic conditions at individual, household, neighborhood, and community levels because it determines access to education and employment opportunities (Rothstein, 2013). It often truncates socioeconomic mobility because institutionalized discrimination in housing and real

estate policies systematically inhibits avenues for “spatial assimilation” (Massey, 2001; Rothstein, 2013). Thus, there is a strong correlation between community segregation and poverty (Williams & Collins, 2001).

Segregation is not limited to neighborhood or community levels. It occurs in systematic ways at regional levels as well. According to the Office of Minority Health, the Black population is highly concentrated in the South (58 percent compared to 35 percent of White non-Latinx) and those that live outside of the South are often concentrated in large metropolitan areas (Rastogi, Johnson, Hoeffel, & Drewery, 2011). Furthermore, the Institute for Women’s Policy Research has indicated that women who live in the South are most likely to be poor (“Status of Women” n.d., IWPR). This finding suggests that Black women, who are concentrated in the South or poorer sections of metropolitan areas, may experience greater constraints in accessing resources necessary to develop and maintain healthy lifestyles. Lack of access to needed resources, such as health care, recreational facilities, retail stores, reliable public transportation, or supermarkets can be a source of ongoing stress because of the additional navigational efforts required to procure items for daily needs (Cutrona et al., 2006).

In addition to the previously identified issues, residential segregation imposes further stress on the lives of residents, including low-quality housing, high traffic density, undesirable commercial operations, or fear of victimization (Cutrona et al., 2006). These contextual factors require adaptational and regulatory processes to ensure that Black women are functioning adequately in spite of the adverse circumstances in their social ecology. It is important to note that majority-Black neighborhoods are neither uniform nor static; rather, they are dynamic and diverse (Owen & Wright, 1998). Some may lack

important infrastructure and have a degree of instability, and others may have significant social capital and resources in the form of parks, churches, schools, community centers, local business and corporations (Owens & Wright, 1998).

### *Racism*

Black women experience racism both directly and vicariously. Direct racism occurs over their life course and it has a sustained presence. Often, the first experience occurs in childhood. These experiences usually involve negative reactions from others based on phenotypic characteristics and subtle or overt messages of being different (Nuru-Jeter et al., 2008; Brondolo, Brady, Pencille, Beatty, & Contrada, 2009). In adolescence, racism typically finds expression in exclusionary practices, subtle or overt messages about capabilities and potential in the future (Brondolo et al., 2009). These experiences persist into adulthood and racism finds expression through various other forms of microaggressions and social inequality, which influence access to opportunity structures (Nuru-Jeter et al., 2008).

Direct racism is a complex stressor that requires a range of differential responses and regulatory resources (Nuru-Jeter et al., 2008; Brondolo et al., 2009). Ultimately, it is a risk factor, which often increases physical or mental health vulnerability (Brondolo et al., 2009). Dealing with and refuting pervasive and entrenched “afro-negativity” (Black cultural racism) and “sista-negativity” (Black woman’s personal struggle against internalizing negative stereotypes and damaging attitudes about her personhood) require active and subtle psychic energy that involve a range of physiological systems. The work of Mohr and Jackson (2016), who used similar constructs to give voice to the experiences of gays and lesbians inspired these terms: afro-negativity and sista-negativity.

In addition to managing direct experiences of racism, Black women must address collective racism and vicarious racism, which is dealing with racism experiences of their children. According to Nuru et al (2008), vicarious racism is a major source of stress with the greatest impact. Black mothers have reported feeling an added weight of responsibility for protecting and shielding their children from racism, preparing them for how to deal with inevitable encounters, and helping to counter the internalizations of afro-negativity. They experience anxiety around this responsibility because they know and recognize that they do not have the absolute power to prevent current and future challenges relating to racism (Nuru et al., 2008). This anxiety is particularly high for Black women with sons. Law enforcement often targets Black young men, and Black young men experience disproportional and disparate contact with the judicial system either of which may result in potential negative or fatal outcomes.

These vicarious racism experiences have the potential to increase stress levels and add to the allostatic load of Black women, potentially increasing their vulnerability to ill health and disease (Nuru et al., 2008). A significant area of stress relating to racism is hypervigilance, which is a sense of needing to be prepared cognitively, behaviorally, emotionally, and affectively for the next personal or familial onslaught or encounter. Such hyperarousal can lead to physical and mental depletion (McEwen, 2012; Nuru et al., 2008).

Moreover, racism intersects with sexism and classism for many Black women resulting in multiple minority stress and ambiguous stress, which is the uncertainty of knowing whether one is being targeted because of race, gender or class (Bowleg, Huang, Brooks, Black, & Burkholder, 2003). For Black women, this issue is magnified because

of the physical visibility of their minority status, which serves as a “label of primary potency” (Allport, 1954 cited in Bowleg et al, 2003).

### *Life Challenges/Chronic Strains*

Besides the previously discussed aversive circumstances, the ecological context of Black women’s lives may also contain life challenges and chronic strains, such as single parenthood. Single parenting often requires the coordination of competing priorities and demands, which include caregiving, generating an income, and housework (Martinez et al., 2012). To give context to the significance of this challenge in the Black population, recent statistic suggests that 80 percent of first births to Black women were premarital (Martinez et al., 2012). In fact, Martinez et al. (2012) have reported that these first births for Black women are among the “never married” rather than “before first marriage.” This finding suggests that Black women are more likely to have children outside the context of a marital relationship and remain single (never married) rather than getting married at some point after the birth of their child (before first marriage).

Furthermore, a significant proportion of one-parent Black family groups live predominantly in the South compared to Asian and Latinx one-parent families who live predominantly in the West (Vespa, Lewis, & Kreider, 2013). As noted previously, living in the South predisposes women to poverty (Institute for Women Policy Research [IWPR]), which is a major stressor faced by a significant proportion of Black women. Additionally, the National Women’s Law Center has indicated that 21 percent of Black women struggled with poverty in contrast to 9 percent of White non-Latinx women in 2017 (Berland & Harwood, 2018). Moreover, the poverty rate for Black female-headed households was 37 percent.

Given the greater possibility of having less available resources, single Black families are more likely to reside in a multigenerational home, with extended or fictive kin, resulting in a matrix of interpersonal interdependence and connectivity (Vespa et al., 2013). These social contexts offer a range of resources for dealing with stressors and difficulties inherent to the combined statuses of singleness, motherhood, and “Blackness”. However, the risk of distress increases when the very contexts that are intended to assist with the coordination and synchronization of competing roles as well as buffer or function as a haven from insensitive/unresponsive social ecologies are themselves ongoing sources of negative interactions and unrealistic expectations (Lincoln et al., 2007).

Negative interactions are an outgrowth of membership and participation in informal support networks. Although conflict is a natural consequence, negative interaction is perceived as egregious and may precipitate emotional distress (Lincoln & Takeuchi, 2007; Lincoln et al., 2007). Furthermore, negative interactions may be a source of acute stress or chronic strain (Lincoln & Chae, 2011). They are perceived as one of the most distressing and hurtful stressors that family members experience with one another. Additionally, they are seen as having the potential to undermine and diminish health and well-being; i.e., negative interactions have been significantly associated with depressive symptoms and major depression among Black Americans (Lincoln & Takeuchi, 2007; Lincoln et al., 2007; Lincoln & Chae, 2011).

In summary, ongoing experiences of racialized treatment and discrimination combined with life challenges and strains increase the likelihood of distress, requiring various responses. Moreover, exposure to stressful experiences and chronic strains over



their changing life course can lead to stress proliferation and allostatic loads for Black women, which require the regulation of psychological, spiritual, emotional, and physiological systems (Gee, Walsemann, & Brondolo, 2012; Jackson, Knight, & Rafferty, 2010; McEwen, 2012; Pearlin et al., 2005). Yet, despite myriad stressors and multiple oppressive experiences, many Black women persist, display resourcefulness, recover, and define themselves as women of strength and survivors (Jackson & Sears, 1992). It would appear that, with each new disruption or demand, a significant portion of Black women make crucial modifications, gain new knowledge or skills, rebound, and live well (Ryff et al., 2004). This is suggestive of resilience. Kumpfer (1999) proposed that resilience can only be demonstrated when individuals experience stressors or challenges, and, with each subsequent challenge, they use evolving adaptive responses to facilitate the successful management of stressors that ultimately result in positive outcomes.

Based on the nature and context of their lived experiences, exploring and examining resilience and adaptive processes from the perspectives of Black women, who must negotiate intersecting identity statuses and the resulting proliferation of strains and stress over time and place (Collin, 2000), would be a valuable opportunity to gain a deeper more multilayered understanding of the construct. Perry et al. (2013) have suggested that women and ethno-racial minority groups experience social stressors, such as sexism and racism exclusively; however, Black women are unique because these stressors occur within an enduring historical context of oppression, devaluation, and social inequality (Collins, 2000; Crenshaw, 1989). As a result, Black women are

required to engage in greater adaptation and regulatory processes due to the threatening and deleterious nature of macro stressors compared to individual stressors.

In light of Black women's adaptational responses in navigating both severe and chronic stressors, and the uncontested image of persistence and resourcefulness in the face of acute and ongoing adverse circumstances, it is of concern that their definitional understanding and perspectives on the nature of resilience as well as their insights on adaptive outcomes have garnered limited attention in research on resilience (APA Taskforce, 2008; Tummala-Narra, 2007; Spates, 2012). As such, there is need for a commitment to address the gap in the resilience literature relating to Black women. This area is of importance and significance given the fact that examining populations or groups with established evidence of significant transitions, challenges, risks, and disruptions offer opportunities to understand better the features and characteristics of resilience. Additionally, examining the lives of Black women affords the opportunity to explore how the statuses of gender, class, and race intersect in the dynamic process of resilience.

### **Research Aim and Questions**

Although Black women experience a range of stressors and impingements due to the ecological contexts in which their lives are lived, many have lower prevalence rates of depression and flourish in spite of cumulative risk factors and stressors (Keyes, 2009). Given the paucity of information in the literature on Black women (Bowleg et al., 2003; Spates, 2012), and the suggestion that the lives of minority groups are important lens to gain a deeper, more nuanced understanding of resilience (Ryff, 2012); the study's aims and research questions are outlined. Beginning with the aims of the study, they are as follows:

1. To explore culturally relevant understanding of resilience and how healthy or adaptive outcomes are defined and achieved.
2. To examine their culture-specific pathways to resilience, and
3. To understand how Black women, who are structurally marginalized, navigate through life challenges and structural social inequalities to positive outcomes.

The aims of the study inform the research questions and they are as follows:

1) Questions related to the first stated aim: How do Black women in midlife and late adulthood understand resilience? What does it mean to them? Are there specific dimensions of resilience? What is their understanding of how healthy outcomes or positive adaptation are defined and achieved?

2) Questions associated with the second stated aim: What pathways lead to resilience, and are there specific resilient patterns, profiles, or trajectories? What is the role of and how is religiosity, spirituality or faith communities used as a pathway?

3) Questions connected to the third stated aim: What processes or mechanisms are valued by Black women in middle and older adulthood to help them push forward, bounce back, fulfill their core purpose/roles in the face of acute or ongoing stressors/adversity? What helps Black women in midlife and late adulthood function with sustained sense of hope and meaning or renewal despite exposure to risks, trauma or negative experiences?

### **Significance of the Problem**

This study is important for the following three reasons: 1) Voices and perspectives of Black women, whose understanding of adaptive outcomes are missing from the literature, are included regarding definition, meaning, or features of resilience.

2) Resilience research can shape social policies and it is important that the development of social policy integrated definitional assumptions and criteria for positive adaptation,

congruent with the lived experiences of diverse groups. 3) Investing in the knowledge base on resilience is fiscally responsible. This section will further explicated these three reasons.

First, there is a paucity of information on Black women's definitional understanding and perspectives on positive outcomes despite evidence of adaptive ability across time and place (Bowleg et al., 2003; Spates, 2012; Tummala-Narra, 2007). According to Ungar (2013), the literature on resilience tends to be representative of one "dominant ontological position: that of western cultural majorities" (p. 261). He further noted that understanding "local phenomena" associated with competent functioning in adversity helps broaden the understanding of indigenous patterns of adaptation and thus capture processes "invisible to cultural outsiders" (Ungar, 2011, p. 12). Furthermore, Ungar (2010) question, "*Whose definition of resilience is most privileged?*" has relevance on resilience with ethno-racial populations.

Complementing Ungar (2010, 2013) ideas are Bowleg et al. (2003) assertions that there is another reality about which little theory or research exists, and this reality is that people with multiple marginalized statuses demonstrate resilience in spite of minority stress. Many Black women do not succumb to distress in meeting life challenges, dealing with social disenfranchisement and discrimination nor do they show expected decrements in health. Rather, they demonstrate a capacity to regain equilibrium psychologically and in social relations in the face of stressors, adversity, and hardships (Keyes, 2009; Ryff et al., 2003). Thus, they are in a unique position to offer relevant insights on the nature and dimensions of resilience.

Focusing on Black women in middle and older adulthood adaptational and regulatory processes take on further significance because they represent an important proportion of the population. Black women make up 13 percent of the total female population and 52 percent of the total Black population in the United States (U.S. Census Bureau, 2013). Of the total population of Black women, approximately 53 percent fall within the developmental periods of middle and late adulthood (U.S. Census Bureau, 2013). As racial minorities in the United States experiencing discrimination and marginalization, Black women can provide an important lens on resilience because they deal with chronic life challenges and acute events, which researchers have identified as important contexts for the study of resilience (Ryff et al., 2012).

Second, Luther and Cicchetti (2000) have suggested that knowledge about resilience can play an important role in framing social policies relating to the promotion of well-being for individuals who are disadvantaged or high-risk. They have noted that it is far more “prudent,” to understand and promote resilience than to implement treatment strategies to address existing disorders within disadvantaged populations. However, Ungar (2012) has noted that the voices of individuals who are disadvantaged and marginalized tend to go unheard when it comes to the development of policies and the design of services that matter most to their resilience and wellbeing. To address this exclusionary practice, this study will seek to provide conceptual understanding of how Black women, as a marginalized group of individuals, define and understand resilience and adaptive outcomes as well as offer insights into how they navigate and negotiate through significant risks and constraints which can help shape policies that are culturally responsive.

Third, it is fiscally responsible to understand the resilience of vulnerable populations. Carver (1998) has contended that people with a greater degree of resilience cost the health care system (physical and mental) significantly less economically. This study is therefore significant because understanding resilience from the perspectives of Black women can potentially inform the discussion on health and contribute to improved quality of life and well-being. Making an investment in gaining an understanding of resilience through the lens of Black women is beneficial because of the role it can play in reducing the overall economic cost attached to treatment and care of physical and mental health conditions.

In addition to the overall significant, the three following arguments can be made.

#### *First Argument*

Meaningful dialogue about resilience is impossible without including an examination of historical and contemporary social contexts within which Black women live (APA Taskforce, 2008). According to Ungar (2010), to gain a true understanding of resilience, it is important to balance knowledge of generic processes with knowledge of the heterogeneity of culturally embedded pathways to and definitions of resilience. If only the general voice is understood and used, then the risk of ignoring the voice of the other is magnified. Moreover, Ungar (2010) noted that there is a need to acknowledge and appreciate the diversity of ways that resilient adaptation and outcomes are defined and achieved. To accomplish this, it is necessary to value the emic perspective of Black women in the conceptualization of culturally specific aspects of resilience. This will facilitate greater understanding of processes and pathways to resilience navigated by individuals and families structurally marginalized. For definitions to be worthwhile, they

must be inclusive of processes that are responsive to unique challenges embedded in the social ecologies of diverse individuals and families (Ungar 2010).

The necessity of having culturally responsive definitions and inclusive knowledge base on resilience takes on greater importance given the fact that current understanding and defining criteria of positive adaptation are controversial (Masten, 2001; Masten & Obradovic, 2006; Rutter, 2012). Kumpfer (1999), Luthar et al. (2000), Masten and Obradovic (2006) have suggested that the following two areas are major stumbling blocks/obstacles and controversies that need addressing in research on resilience. They are 1) lack of agreement on the conceptualization and operationalization of resilience, and 2) who decides or defines the criteria for good or positive adaptations (which historically have not been inclusive of gender, age, or culturally unbiased definitions). This study will address the identified lack of inclusiveness on the three dimensions, gender, age, and culture. The study further will explore perspectives of women who are Black and in the developmental periods of middle and later adulthood to add texture and dimension. The significance of this study lays in the potential that it has to increase understanding of and sensitivity to culturally determined indicators of resilience and articulated definitions of positive development/adaptation held by Black women and communities (Ungar et al., 2007).

Luthar and Cicchetti (2000) have also supported the need for including diverse cultural groups in resilient research. They indicated that understanding resilient adaptation of individuals from diverse racial, ethnic, and cultural backgrounds has become necessary given the increasingly diverse and global context of society. In addressing this issue, Ungar et al. (2007) have contended that many researchers do not

have an adequate understanding of “‘peoples’ own culturally determined indicators of resilience” (p. 288). Therefore, there is a need for researchers to be responsive to cultural definitions of positive adaptation; positive outcomes must be inclusive of values held by culturally diverse families and communities (Ungar et al., 2007). With this in mind, Ungar (2010) has proposed that researchers and others must ask the following important question, “*Whose definition of resilience is most privileged?*”

### ***Second Argument***

Black women represent an understudied population (Spates, 2012), and this study will add to the conceptual literature by examining how gender, race, and class statuses intersect in the dynamic process of resilience. According to Spates (2012), the only adequate solution for expanding the knowledge base on the experience of Black women relating to mental health and well-being is to allow, “Black women themselves to contribute the ‘taken for granted’ knowledge often excluded from the literature” (p.6). This is consistent with the primary focus of the study, which is to give voice to Black women’s understanding of resilience and their perspectives on pathways or processes culminating in resilient outcomes.

Furthermore, this research will address some of the recommendations for future inquiry outlined by Todd and Worell (2000), Utsey et al. (2007), and Keyes (2009). According to Todd and Worell (2000), there is a need to examine and portray the perspectives of persons other than the White middle class. Accomplishing this task would lead to an improved and more accurate understanding of the experiences and social contexts of minority groups, such as Black women, and how resilience is understood and operates in their lives. The recommendations of Utsey et al. (2007) have a similar tenor. They noted that it is important to gain a deeper appreciation of the



complexity and multidimensionality of African American resilience. They, therefore, have suggested that a qualitative or phenomenological design would offer the necessary flexibility to accomplish such a depth of understanding.

Finally, Keyes (2009) suggestion for future inquiry complements the line of recommendations offered by Todd and Worell (2000) and Utsey et al. (2007). He noted that an important direction for future research with Blacks in middle adulthood is obtaining the answer to the following crucial question: “*How, for that matter, are the Blacks, as featured in the nationally representative MIDUS [Midlife in the United States] study, able to flourish in the face of inequality and discrimination?*” Having posed the question, Keyes (2009) then offered five potential mechanisms of resilience that may have significance to Black middle-aged adults. He noted that these five mechanisms do not represent an exhaustive list; instead, researchers and others can understand them as important and interesting directions for future inquiry. The five mechanisms that he identified included: 1) religion and spirituality, 2) construction of life stories with frequent redemption sequences, 3) racial socializations and ethnic identification, 4) generativity and the legacy of ‘we shall overcome,’ and 5) direct rather than passive forms of coping as described in the construct of John Henryism.

The above stated suggestions and recommendations for further inquiry are in line and congruent with this study’s aims and focus. It will extend the previous work by qualitatively exploring the complexity and multidimensional nature of resilience in Black women in middle and late adulthood through an examination of their lived experiences. The study will capture the emic perspectives of Blacks who are middle and older adult women regarding the sociocultural meanings, nature, pathways to, and mechanisms of

resilience. As suggested by Keyes (2009), the mechanism of religiosity/spirituality will be explored; i.e., its role and function in protecting, mitigating, neutralizing, or altering the response to adversity or adverse life circumstances.

### *Third Argument*

Black women deal with the intersection of gendered experiences and socio-structural issues directly linked to their status as a racial minority (Collins, 2000, 1986; Crenshaw, 1989). As a result of the intersection of their social identity markers, the ecological context of their lives is often full of potential risks factors that research suggests increase vulnerability to or serves as predictors of ill health and distress (Jackson et al., 2010). Risk factors include various types of racism and discrimination (Clark, Anderson, Clark, & Williams, 1999; Kwate et al., 2003; Utsey et al., 2000), multiple roles with less available resources (Jackson & Sears, 1992; Watts-Jones, 1990), and increased risk of chronic medical issues such as diabetes (Keyes, 2009; Samuel-Hodge et al., 2000). Each stressor or combination of stressors has the potential to be disruptive and requires some type of negotiation, adaptation, or reintegration.

In spite of the constellation of these potential risk factors that synergistically interact with each other, a range of epidemiological studies with large probability samples have found lower prevalence rates or lower lifetime risk of depression compared to Whites non-Latinx (Lincoln et al., 2007; Lincoln & Takeuchi, 2010; Williams et al., 2007). Additionally, other research has found that Black women flourish in spite of aversive circumstances (Keyes, 2009), and they have one of the lowest suicide rates (CDC). As a result, Black women can provide an important lens on resilience. In qualitatively exploring their perspectives and examining their lives, the researcher can compare and contrast culturally responsive definitions and culturally determined

indicators of resilience to known general processes of resilience. This process will add texture and depth to the current theoretical and empirical literature.

### **Summary**

In summary, the process of resilience is thought to be important to well-being, quality of life, and hopefulness. Without the dynamic processes of resilience used by Black women, there would be greater adverse effects on families and communities. These could potentially precipitate a negative feedback loop and create more entrenched cyclical patterns of psychosocial problems and disadvantages. On a personal level, without these processes or mechanisms, a larger proportion of Black women could potentially succumb to debilitating psychosocial conditions or potentially increase risk-taking behavior, thereby impeding their capacity to engage in productive and meaningful work or activities (Budescu, Taylor, & McGill, 2011; Jackson et al., 2010).

Given its value and importance and the evident paucity of information focusing on ethno-racial groups' understanding of culturally determined indicators of resilience and definitions of positive development/adaptation, this study is warranted. Many Black women have been able to display remarkable adaptability in the face of lifelong trauma associated with having social statuses that are not valued. It is, therefore, important to explore the other unknown reality of resilience despite minority stress (Bowleg et al., 2003) and move away from the deficit-risk-focus paradigms that seem so ubiquitous.

## CHAPTER TWO

### CONCEPTUAL FRAMEWORKS AND LITERATURE REVIEW

Resilience, as a construct, has roots in the sciences of physics and mathematics. Originally, the use of the term was to describe the capacity of a material or system to return to equilibrium after a displacement or disruption. A resilient material, for example, bends and bounces back, rather than breaks, when stressed (Obrist, Pfeiffer, & Henley, 2010). The social sciences subsequently adopted it for use to describe human system functioning.

This construct has salience for Black women who experience a range of disruptive life circumstances, negative events, and adverse situations based on the intersectionality of their social location, gender, and identity as a racial minority (Collins, 2000, 1986; Crenshaw, 1989). The interaction of these multiple social inequalities may predispose them to differential exposure to serious stressors known to undermine well-being. Despite having to deal with acute and chronic stressors across time and space, many Black women, like resilient materials or systems, have demonstrated historical and contemporary patterns of rebounding from adversity, positively adapting, and competently functioning (Keyes, 2009). They have shown a capacity to bounce back, push forward, and maintain a sense of hope, purpose and meaning, which is important to healthy outcomes and well-being in spite of acute or ongoing challenges or risks (Ryff et al., 2003). To understand the construct of resilience and its salience for Black women, this chapter will review theoretical and empirical literature.

#### **Resilience Conceptualizations and Definitions**

As noted previously, adversity and/or significant stress are the main antecedent or catalyst of resilience. Challenges, stressors, disruptions, trauma, changes or difficulties

are necessary catalysts for resilience and must be experienced before the process of resilience can occur (Earvolino-Ramirez, 2007; Kumpfer, 1999; Richardson, 2002). Resilience, then, concerns variability of responses to adversity or adverse life circumstances. One can conceptualize it as a personal and unique process of negotiation, adaptation, reorganization and/or reintegration (Earvolino-Ramirez, 2007, Richardson, 2002; Ungar, 2010) with multiple pathways to adaptation or dysfunction (Masten & Obradovic, 2006; Ungar, 2011). The only constant is that it always begins with exposure to and impact of some type of challenge, negative event, or stressor and culminates with a possible trajectory or pattern of resilience (Bonanno, 2004; Kumpfer, 1999; Richardson, 2002; Zautra, 2010).

There are many conceptualizations of resilience. The emergence of these varied conceptualizations began with an examination of children in high-risk situations; later examinations integrated a focus on families and adults. In their work with children, Masten, Best and Garmezy (1990) and Luthar et al. (2000) gained the understanding of resilience as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances and as a dynamic process encompassing positive adaptation within the context of significant adversity.

More recently, the American Psychological Association Taskforce on Resilience (2008) has theoretically examined resilience in Black children and adolescents. The Taskforce conceptualized resilience as a dynamic, multidimensional construct that includes bidirectional interactions between individuals and their environments within contexts such as family and peer groupings, schools and communities. The Taskforce further understood resilience to be a fluid process that a catalog of protective factors does

not easily typify or describe; instead, interactions of strengths, resources, and risk factors within contexts across space and time best represented resilience (APA Taskforce, 2008).

Furthermore, the Taskforce (2008) has noted that understanding resilience among African American children and adolescents requires a prerequisite appreciation and acknowledgement of their historical and contemporary legacy of cultural oppression and discrimination that affect their lives. They give emphasis to valuing the context of a person's life, noting the dynamic interactions of opportunities and constraints across time and space. This focus is congruent with the life course perspective's systemic and contextual orientation.

Walsh (2008), who focused on resilience within the context of families, has also taken a systemic approach. She conceptualized resilience as the capacity of families to rebound from adversity strengthened and more resourceful. It is an active process of endurance, self-righting, and growth in response to crisis and challenge, and she further described it as the "ability to withstand and rebound from disruptive life challenges" (p.4). According to Walsh (1999), there are three crucial elements to families' resilience: 1) communication processes that are clear and inclusive of collaborative problem solving and open expression of emotions; 2) organizational patterns that have flexibility, connectedness, and resources; and 3) belief systems that include, positive outlook, making meaning of adversity, transcendence and spirituality.

### ***Conceptual Contributions from an International Perspective***

From an international lens, Obrist, Pfeiffer, and Henley (2010) have described resilience as protective mechanisms accessed by individuals to cope, negotiate, manage and/or adapt to the effects of severely stressful or potentially traumatic events or threats.

This includes the crucial ability of a person to seek out and access external resources that offer further support and protection.

Obrist et al. (2010) conceptual understanding of resilience appears consistent with the life course concept of personal agency. Choosing to act on one's own behalf by seeking out and accessing resources for support and protection appears to be crucial to resilience. Even in the midst of difficulties and when facing adversity, people can be agenic and make choices among options thereby playing an active role in the unfolding of their resilience competence over time. Choices are always present although they may be constrained by circumstances and, the pathway people choose to follow has implications for their life course trajectory.

This focus on agenic behavior is also inherent in Ungar's (2010, 2011, 2012) international conceptualization and definition of resilience, which give emphasis to two principles: navigation and negotiation. His categorization of resilience as a social ecological construct has embedded these two principles (which the chapter will describe later). He defines resilience as "both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways" (Ungar, 2008, p. 225).

As can be seen in his definition, Ungar's (2011) social ecological approach decenters the individual and gives primacy to social ecologies and interactions that occur within them. Moreover, his conceptualization is sensitive to and acknowledges powerful mezzo and macro factors; thus, it views resilience as systemic rather than individual-focused. This systemic focus is especially salient for marginalized individuals. Ungar

(2011) has contended that the capacity to cope and manage is not an individual problem; rather, experiences of injustice coupled with power dynamics that lead to oppression play significant roles in disfranchised people's capacity to navigate and negotiate for relevant and meaningful resources.

An important macro factor is culture or context. Culture strongly influences how individuals manage adversity and which strategies or techniques are valued (Ungar, 2010, 2011, 2012). For example, parents of children in particular contexts and cultures provide them with specific adaptive skills, beliefs, and knowledge that may not be generic to all families. Many processes and mechanisms are culturally embedded and contextually specific (Ungar, 2007, 2010). This holds true for Black children and adults, whose lives unfold within the context of key cultural themes that include spirituality/religiosity, communalism, racial socialization and identity as valued resources (APA Taskforce, 2008). Therefore, Ungar's (2012, 2013) questioning the appropriateness of applying standards of positive development from one culture to other cultures and contexts has validity.

### ***Adult Resilience***

More recently, studies on resilience to adversity and disruptions have expanded to include adults based on the understanding that resilience is not a static trait or attribute, but a dynamic process that undergoes changes and develops with life stages, transitions, contexts, and situations (Earvolino-Ramirez, 2007; Luthar et al., 2000; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007). The life course perspective supports this understanding in that it views people's lives as dynamic and influenced by historical time, forces, and contexts in which life transitions occur (Elder, 1998). People,



therefore, navigate these life transitions based on the degree of constraints and opportunity structures of the larger social environment (Gee et al., 2012).

In the examination of adult resilience, Zautra (2009) offered a two-part definition. He has suggested that “resilience domain” concerns both recovery and sustainability. Recovery focuses on how quickly people, which include individuals, families, communities and other collectives, bounce back and recover fully from challenging events. Sustainability, in contrast, is the capacity to endure and continue forward in the face of adversity, that is, how well people sustain health and psychological well-being in a “dynamic environment characterized by ongoing challenges that threaten to disrupt engagements that give life meaning and purpose” (Zautra, 2009, pp. 1935-1936).

An influencing factor on Zautra (2009) definition of sustainability is the work of Bonanno (2004), who conceptualized resilience as “the ability of adults...to maintain relatively stable healthy level of psychological and physical functioning,” in spite of highly stressful events (p.20). Unlike Zautra, who sees resilience as an inclusive construct with elements of both recovery and sustainability, Bonanno (2004) restricts the boundary of what he has included in resilience. For him, recovery and resilience are mutually exclusive pathways when faced with an aversive or potentially traumatic event. Individuals are either resilient or not.

This dichotomous viewpoint and the boundary that encompasses resilience involve controversy. On one hand are researchers like Bonanno (2004), who have restricted resilience primarily to the maintenance of stable healthy functioning in the face of highly stressful events, and Carver (1998) and Hobfoll (2009) whose conceptualizations of resilience only include rebounding or returning to one’s

homeostatic state after some decline in functioning following exposure to adversity. On the other hand are researchers, such as O’Leary and Ickovics (1995), Keyes (2009), and Harvey (2007), who have taken a broad and inclusive stance and have advocated for a range of potential resilient dimensions or outcomes, such as thriving, flourishing, and the coexistence of competent functioning with suffering and impairment. Resilience, they have argued, is so much more than returning to homeostasis, recovering, or rebounding to a previous state or condition.

Perhaps, one of the most inclusive conceptualization is by Harvey (2007), who, as noted above, has asserted that people can be complexly traumatized and complexly resilience simultaneously. Resilience is not an “all-or-none,” dichotomous process or phenomenon. Using trauma research, Harvey (2007) has conceptualized resilience as a multidimensional phenomenon that includes competent functioning in some life domains that co-occurs with suffering and impairment in other domains. This understanding has led her to view resilience as an active process of accessing/mobilizing strengths in various life domains in order to deal with vulnerabilities or facilitate /secure competence or recovery in others that may be impaired.

### ***Definitional/Conceptual Themes and Controversies***

When looking at the various definitions and conceptualizations, there are some common themes and terms. They include, but are not limited to, the following: *ability, capacity, outcome, process, multidimensional, protective mechanisms used to cope, manage, adapt, negotiate, navigate, withstand, endure, rebound, self-right, access and seek out in response to a threat, stressful event, trauma, adversity, disruption, challenge, and crisis*. Although there are some similarities and common themes, no true consensus exists regarding how to conceptualize and operationalize resilience. Further, most of the

definitions have been influenced by a Eurocentric lens and Western values (APA Taskforce, 2008; Ungar, 2011; Harvey, 2007). The necessity of having culturally responsive definitions and an inclusive knowledge base on resilience continues to be crucial.

Before continuing, it is important to note that the preferred language in scientific presentation is “resilience” rather than the other terms of resiliency or resilient (Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Brown, 2000; Masten, 1998). The reason for this preference is the connotations that are attached to resiliency and resilient. *Resiliency* connotes a stable personality characteristic or trait, which may inadvertently contribute to the perception that some individuals do not possess what it takes to overcome adversity (Luthar & Cicchetti, 2000; Luthar et al., 2000). In a similar manner, *resilient*, which is an adjective, focuses on the person and characterizes the individual in specific, discrete ways. As such, it suggests that the individual has the attribute indelibly implanted within. To minimize these potential interpretations, the recommendation is that the use of the term resilient occurs only in reference to describing adaptation, profiles, or trajectories (Luthar & Cicchetti, 2000; Luthar et al., 2000).

### ***Necessary Conditions and Phases/Stages***

As indicated earlier, implicit within the conceptualizations are two critical and necessary conditions for resilience. First, individuals must have experienced exposure to significant threat, adversity, challenge, crisis, stressor disruption or cumulative risks. Second, individuals must have achieved some type or degree of positive adaptation despite exposure to risk /negative stimulus or must have demonstrated a degree of success or function well in spite of the exposure (Kaplan, 1999; Luthar et al., 2000).

These two conditions are associated with two phases/stages of resilience (Fine, 1991; Flach, 1998).

In phase one, there is exposure and initial impact of a threat, challenge, stressor, or adversity, which can be sudden or unplanned, gradual or anticipated, and it can occur in any life domains (Fine, 1991; Flach, 1998). During this phase, individuals are usually trying to respond or manage the destabilizing impact (Fine, 1991; Flach, 1998).

According to the life course perspective, the timing of stressors significantly influences individuals life patterns and gives form and shape to their social trajectories (Elder, 1998). This means that adverse events or chronic stressors have differential impact at various life transitions and during specific historical times. For example, a Black middle-aged woman whose employment was terminated during a period of economic recession would feel that lost more acutely than during times of economic stability or growth. During both periods, the loss of employment would mean a contraction in and forced relinquishment of an important role leading to, at the very minimum, a loss of status. However, during times of recession, this transition would have increased significance and implications for the Black woman's personal and family life course given the significant reduction of opportunity structures.

Following this first phase of exposure and impact is the second phase classified as the "culminating" stage. It involves regaining equilibrium or engaging in a process of reorganization or reintegration, which can be adaptive or maladaptive (Fine, 1991; Flach, 1998; Kumpfer, 1999; Richardson, 2002). Between the first phase of exposure and the second culminating phase, individuals are usually engaged in some type of adaptive process, which could potentially include navigation and negotiation (Ungar, 2010).

Richardson (2011) conceptualized this period between the two phases as the “resilience or disruptive trough.” The time in the trough can be brief or prolonged depending on several variables, including the stressor’s impact on role functioning, level and accessibility of supportive resources, and/or previous experiences in the disruptive trough (Richardson, 2011). Thus, the elapse of time and the outcome are based on individual differences linked to personal agency in combination with constraints and opportunity structures within the social ecology (Fine, 1991; Flach, 1998). These differences lead to unique life pathways and specific resilient trajectories or profiles that unfold over time.

### *Categories, Components, Principles and Dimensions*

Resilience has been classified in two broad categories, reactive and proactive resilience (Henley, 2010; Obrist et al., 2010). Reactive resilience is the capacity to endure hardship or adjust to adverse conditions (Henley, 2010; Obrist et al., 2010). This category of resilience includes harnessing strengths to withstand adversity, functioning well in spite of trauma, demonstrating competence under stress or ongoing difficult circumstances, and bouncing back or healing (Henley, 2010; Obrist et al., 2010). In comparison, proactive resilience is the capacity to search for and create options in the midst of adversity. It includes creating and sustaining a life that has a sense of meaning and purpose while contributing to others within one’s social/relational matrix despite hardships or stressors (Henley, 2010; Obrist et al., 2010). It is the intentional creation and maintenance of a lifestyle filled with meaning and altruism or it is transitioning to a different state that is more adaptive and sustainable when faced with difficulty or challenge (Obrist et al., 2010).

In addition to the categorization of resilience as reactive and proactive, international researchers have identified two important components of resilience, resilient

attitudes and resilient actions (Henley, 2010), and two important principles of resilience, navigation and negotiation (Ungar, 2010). Furthermore, the APA Taskforce on Resilience in African American Children and Adolescents has delineated four crucial dimensions (i.e., critical mindedness, active engagement, flexibility, and communalism). An overview of the components, principles, and dimensions follows.

### **Two Components: Resilient Attitudes and Actions**

According to Henley (2010), resilient attitudes are internal values, skills or abilities shaped by one's social and cultural contexts. They can be present across the biopsychosocial spiritual developmental domains, and each are valued to varying degrees based on culture and context. For example, psychological or cognitive resilient attitudes include coping skills or competencies, moral reasoning and insight. Emotional resilient attitudes include having a sense of humor, empathy, and possessing the ability to restore self-esteem and maintain a degree of happiness vs. depression. Spiritual resilient attitudes might include religious faith or affiliation and a strong religious belief system that provides anchorage and stability in the face of challenging experiences (Henley, 2010; Kumpfer, 1999; Mattis, 2002; Ungar, 2010). Affiliation with a faith community may create a context for hopefulness, optimism, and perseverance (Kumpfer, 1999) and a robust belief system may be instrumental in giving meaning and contextualization to suffering (Mattis et al., 2004).

Resilient skills and attitudes, when considered through the life course perspective, are dynamic because of their potential to undergo modifications and alterations due to changes in constraints and opportunities. Moreover, they may be different or used in alternative ways from one time and place to another.

Internal resilient attitudes have a mutually reinforcing or reciprocal relationship with resilient actions, which are external behaviors and abilities for gaining access to mutually reciprocal social resources (Henley, 2010). Such actions might include seeking out and connecting with supportive, prosocial individuals, living by meaningful principles, and actively reframing adverse event into a situation with a more positive meaning (Henley, 2010; Kumpfer, 1999). Resilient actions might also include Ungar's (2010) principles of navigation and negotiation.

### **Two Principles: Navigation and Negotiation**

According to Ungar (2010), individuals and families must be able *to navigate* to necessary and required resources. They need the “know how” of accessing relational and structural supports. This ability to navigate is inextricably linked to and dependent on availability and accessibility of resources in the environment (Ungar, 2010). While individuals and families need personal agency in the process of navigating, personal agency is constrained, however, by whether the environment is facilitative and by its degree of enrichment with the necessary and needed resources. The better individuals and families are at navigating to what they need the more likely they are to experience themselves as managing well in stressful or aversive situations (Ungar, 2011, 2013).

Navigation works in concert with negotiation. Individuals and families must negotiate for meaningful resources. A significant component of negotiation is actively participating in social discourse that defines which resources are apportioned and valued as well as delineating which ones are culturally and contextually relevant and meaningful (Ungar, 2010). Becoming part of this social discourse is very important because there are competing voices and perspectives on what, how, and to whom resources should be

allocated (Ungar, 2011, 2013). There is a value hierarchy relating to the provision and allocation of resources necessary for psychosocial development that often is not reflective of those for whom the services or resources are intended (Ungar, 2010).

Another component of negotiation that works in tandem with active participation in social discourse is discursive resistance. Ungar (2010) has noted that those who are marginalized and in need of services must challenge and speak openly to those who would suggest that their capacity to manage difficulties or adversity is an intrapersonal problem. A facilitative environment, he has asserted, potentiates positive development. Individual factors are far less important than the quality of the social ecology (Ungar, 2011, 2013). Consequently, resilience to adversity may be increased or decreased depending on the degree of discursive resistance displayed as well as based on the types of services and resources that are apportioned (Ungar, 2010).

#### **Four Dimensions**

The APA Taskforce on Resilience in African American Children and Adolescents (2008) has proposed that a portrait of resilience needs to be inclusive of four reciprocal and dynamic dimensions or themes. These dimensions are contextual and cultural and familial mores influenced their use. The first dimension is critical mindedness. This dimension involves careful critique and evaluation of social conditions, which can serve as a protective mechanism against experiences of discrimination. A crucial aspect of this dimension is knowledge and awareness of historical and contemporary legacy of injustice and oppression (APA Taskforce, 2008). The second is active engagement, which speaks to having a proactive ability to create a positive impact on the social ecologies in which one is embedded. Inherent in this dimension is agenic behavior that is flexible and



discerning (APA Taskforce, 2008). The third is flexibility, which includes the ability to navigate and negotiate bi-culturally. It involves fluency, competence, and adaptation across multiple cultural contexts with potentially competing expectations, demands, and circumstances. Critical mindedness is important to bi-cultural fluency and competence (APA Taskforce, 2008). The fourth and final dimension is communalism, which promotes connectivity and conveys the fundamental value of interdependence and collective well-being. It includes the importance of social bonds and duties. Active engagement and flexibility are necessary to communalism (APA Taskforce, 2008). These dimensions seem consistent with the life course perspective and its principles of human agency, linked lives, time and place.

### ***Resilient Patterns, Trajectories, or Outcomes***

As noted earlier, exposure to adversity, disruptions, negative events, challenges, difficulties, risks or trauma activates the resilience process. Once exposed, there is a dynamic interaction between the person and environment. Contextual factors, such as risks, vulnerabilities and protective processes may interact to ameliorate, buffer, or interrupt the impact (Kumpfer, 1999; Rutter, 2012). There must be a balance between accumulated risks and protective factors for buffering, interrupting or prevention to occur. As this is occurring, the person may also be tapping into internal resilient attitudes and skills and engaging in resilient actions, which culminate in some type of adaptive or maladaptive pattern (Henley, 2010; Kumpfer, 1999; Rutter, 2012).

Based on internal attitudes and external actions that are in dynamic interaction with contextual factors, a potential course or trajectory unfolds (Henley, 2010; Kumpfer, 1999; Richardson, 2002, 2011). The particular resilient pattern, course, trajectory or outcome unfolds over time base on unique differences in responses, resources and

contexts (Richardson, 2011). The theoretical and empirical literature have identified and described a variety of theoretical models or perspectives; these describe patterns and trajectories. Seven theoretical models will be described and discussed beginning with ones proposed by Kumpfer (1999) and Richardson (2002) and culminating with one suggested by O’Leary and Ickovics (1995).

### **Kumpfer (1999) Model and Richardson (2002) Metatheory**

Kumpfer (1999) transactional model of resilience and Richardson (2002) metatheory of resilience and resiliency share a focus on reintegration after disintegration following an acute stressor, such as a traumatic event or chronic and adverse life situations. According to Kumpfer (1999) and Richardson (2002), following an acute event or the passaging of time in a chronic situation, reintegration occurs in one of four ways based on a balance of envirosocial supportive processes/resources and internal biopsychosocial spiritual mechanisms. The processes, resources and mechanisms help individuals address (consciously or unconsciously) the question, “What am I going to do?” Their answer to this question results in a specific reintegrative course that ranges from very adaptive to maladaptive (Kumpfer, 1999; Richardson, 2002).

The first possible reintegrative trajectory is resilient reintegration. It represents a stable pattern of sustained or improved positive functioning, or enhancement of strength pre crisis, stressor or adversity (Kumpfer, 1999; Richardson, 2002). With this trajectory, post-trauma growth and/or transformation occur and individuals may build or strengthen new structures and resilient qualities (Kumpfer, 1999; Richardson, 2002). The second possible trajectory is reintegration back to homeostasis. It begins with temporary symptoms or perturbations in normative functioning follow by healing and return to

previous state prior to exposure to the stressor or challenge (Kumpfer, 1999; Richardson, 2002). It essentially is a process of recovery and regaining equilibrium. The third possible trajectory is reintegration with loss. It also describes a pattern of recovery or return to homeostasis, but with some apparent loss. It seems that the demands of negotiating the disruption or trauma leave a toll resulting in diminished levels of motivation, hope, or drive (Kumpfer, 1999; Richardson, 2002).

The fourth and final trajectory is dysfunctional reintegration. Its course may involve the use of substances or other maladaptive behaviors as a means of dealing with adversity or stressor (Kumpfer, 1999; Richardson, 2002). Each potential trajectory one could understand as a representation of human agency constrained by availability of opportunity structures and facilitative environments.

This model of resilience has been used in doctoral dissertation research that examined working women, adult children of alcoholics, and college students (Kumpfer, 1999). It has also been applied to substance abuse, rehabilitation and medicine (Kumpfer & Bluth, 2004; Richardson, 2011). More recently, it was used as the theoretical framework for a study of middle childhood Black boys from South Africa (Mampane & Bouwer, 2006) and in a qualitative study on Black lesbians resilience to multiple jeopardy and minority stress (Bowleg, Huang, Brooks, Black, & Burkholder, 2003).

#### **Bonanno (2004) Prototypical Trajectories**

Bonanno (2004) and Hobfoll, Palmieri, Johnson, Canetti-Nisim, Hall, and Galea (2009) described theoretical models of resilience with multiple trajectories or patterns. Bonanno (2004) prototypical trajectory descriptions have been informed primarily by research on acute or crisis events such as interpersonal loss or potentially traumatic

events like physical or sexual assault and life threatening events. He differentiated four prototypical trajectories, which are resilience, recovery, chronic, and delayed dysfunction (Bonanno, 2004). According to Bonanno (2004), resilience is a distinct pathway from recovery. It represents individuals who managed acute stressors or crisis events with transient symptoms or minimal perturbations that did not interfere with or inhibit the completion of personal or social responsibilities (Bonanno, 2004). They maintained a sustained level of functioning and forward momentum.

In contrast, individuals who exhibited the recovery pattern experienced moderate symptomatology for several months and evidenced some difficulty performing normative responsibilities in the domains of home and work before returning to pre-loss/crisis functioning (Bonanno, 2004). Recovery may be relatively rapid or it may occur gradually over a period of one to two years (Bonanno, 2004; Bonanno & Mancini 2005).

The chronic disruption trajectory is distinct from the patterns of resilience and recovery. This trajectory was associated with persistent and disabling symptomatology and dysregulation that disrupted functioning in important life domains, impeding the performance of normative tasks (Bonanno & Mancini 2005). The fourth and final trajectory, delayed disruption, seemingly mirrored the beginning course of the resilience trajectory in that there was an initial period of mild distress and no significant impairment; however, over time the delayed disruption trajectory changed and there was an increase in symptomatology that negatively impact functioning (Bonanno, 2004).

### **Hobfoll et al (2009) Trajectory Patterns**

Similar to Bonanno (2004), Hobfoll et al (2009) examined four different trajectories in a longitudinal study of Jews and Arabs during a period of political unrest

and terrorism. The trajectories mirrored Bonanno (2004) except for the usage of different terminology to describe the patterns across time. What Bonanno (2004) labelled as *resilience* and *recovery* trajectories, Hobfoll et al, (2009) classified as *resistance* and *resilience*, respectively, and their chronic and delayed distress patterns closely paralleled Bonanno (2004) chronic and delayed disruption trajectories.

The resistant trajectory described behavior and functioning without any symptomology in the face of unrest and terrorism. These individuals evidenced the characteristic of stress-resistant (Hobfoll, et al., 2009). The resilience trajectory, in contrast, characterized an initial period of mild symptoms or distress in response to the unrest followed by a return to stable and sustained adaptive functioning within a reasonable amount of time (Hobfoll, et al., 2009).

The delayed distress pattern described an initial state of adaptive functioning or initial resistance to unrest/terrorism (functioning without symptomology); however, over time that resistant gave way to distress (Hobfoll, et al., 2009). In contrast, the chronic distress trajectory described a pattern of symptomatic behavior and less than optimal functioning. The initial experience of distress did not abate but remained stable over time. There were, however, differential levels of distress ranging from low to high (Hobfoll, et al., 2009).

### **Masten and Wright (2010) Patterns and Trajectories**

Masten and Wright (2010) four patterns and trajectories of resilience share some similarities with Hobfoll et al. (2009). Both identify a resistant pattern of resilience as well as trajectories that begin in one state then transitioned to another improved state. Masten and Wright (2010) four patterns and trajectories are resistant, recovery,

normalization, and transformation. The resistant trajectory describes functioning and behavior that are steady, positive, and adaptive in spite of significant threats (Masten & Wright, 2010).

The recovery pattern mirrors Hobfoll et al. (2009) resilience trajectory. It is characterized by an initial decline then a return to a sustained positive and adaptive level of functioning. The normalization trajectory, however, is unique to Masten and Wright (2010). It is characterized by a negative or aversive beginning that inhibited healthy outcomes; then, because of environmental changes, there are significant improvements or a realignment of the development trajectory. The fourth and final pattern, transformation trajectory, describes a pattern of growth and improvement in adaptive functioning following adversity. It seems similar to Kumpfer (1999) and Richardson (2002) resilience reintegration trajectory.

### **Zautra et al. (2010) Patterns of Resilience**

The final theoretical models of resilience reviewed in this section are by Zautra, Hall, and Murray (2010), Harvey (1996), and O’Leary (1995). Zautra et al. (2010) theoretical model identifies two patterns of resilience, recovery and sustainability. This conceptualization of resilience emerged out of work with patients suffering with chronic pain. Recovery seemed to be representative of how well people experience “healing of wounds” and rebound from challenges, stressors, and adverse circumstances. It involved the capacity to regain equilibrium psychologically, socially, and physiologically after challenges, stressful or negative events within a reasonable amount of time (Zautra et al., 2010).

In contrast, sustainability involved the ability to focus on important pursuits and the capacity for generativity in the face of risks and aversive situations. These include making progress toward established goals, preserving well-being and valuable engagements at work, in social relations, and play (Zautra et al., 2010). The essence of sustainability is living one's life based on personal reflections focusing on existential concerns, such as "how would I like to live, what would I like to accomplish, and which internal voice will take ascendancy and have the most influence" (Zautra et al., 2010). The "answers" become actualized during challenges, adversity, or trauma either consciously or unconsciously (Zautra et al., 2010). This focus on existential concerns requires a level of awareness about purpose and meaning that goes well beyond recovery and survival.

### **Harvey (1996, 2007) Theoretical Understanding of Resilience**

Harvey (1996, 2007) theoretical understanding of resilience also focuses on recovery, specifically recovery from trauma. Although she does not use the term sustainability, her recovery outcomes seem to have components of it, such as making progress toward goals and preservation of well-being in important domains. In conceptualizing recovery, Harvey (1996) has contended that it is a multidimensional phenomenon that can be evaluated by benchmarks of achievement in seven domains, which are: authority over the remembering process, integration of memory and affect, affect tolerance, symptom mastery, self-esteem and self-cohesion, safe attachment, and meaning making. Recovery is apparent whenever there is repair or a change from impairment in one or more domain to positive or enhanced functioning (Harvey, 1996).

According to Harvey (2007), individuals can be seriously impaired in one or more of these domains and yet demonstrate resilience, which is understood as having relatively unaffected domains following trauma and harnessing the strengths and capabilities in these domains to secure recovery or cope with vulnerabilities in impaired ones.

Resilience is an active process and requires agenic behavior because it involves accessing and mobilizing areas of strengths or capacities in relatively healthy domains to facilitate growth, recovery, repair, or sustain competence in domains that have impairments. Thus, for Harvey (2007), complex traumatization and complex resilience can coexist.

This coexistence is an important hallmark of her model, which is informed by an ecological framework. Similar to Ungar (2010), Harvey (2007) uses an ecological framework to understand conceptually distinctive recovery outcomes. Her pathways to recovery (as measured by outcome criteria in the domains identified above) involve the interaction of forces at micro, mezzo, and macro levels. One influence that she identified explicitly is the potential use of clinical interventions (Harvey, 2007).

The recovery outcomes proposed by Harvey (2007) include: 1) Recovery after receiving clinical care. In this outcome, clinical interventions may interact with other ecological influences to foster recovery. 2) No recovery even though individuals accessed and received clinical care. Rather than facilitating recovery, clinical interventions combined with other ecological influences intensify distress and impede recovery. Harvey (1996) has contended that treatment interventions that are culturally insensitive or that prematurely attempt to explore traumatic material can be contributing factors to this outcome. 3) Recovery without accessing or benefitting from clinical care. This outcome may result when individuals' social ecologies are rich with culturally and



personally, relevant resources and they are able to access and make use of these natural supports in combination with internal resources to facilitate growth or repair and sustain competence. 4) No recovery and no clinical care. This outcome may be representative of ecological deficits in the larger environment in combination with interpersonal isolation and/or reliant on maladaptive skills and resources resulting in persistent distress (Harvey, 2007).

### **O’Leary and Ickovics (1995) Theoretical Model**

The final model or conceptualization of resilience is one proposed by O’Leary and Ickovics (1995). This model is particularly relevant because it is unique in its focus on women and their differential responses to health related challenges and difficulties. O’Leary and Ickovics (1995) have suggested that this focus on women is crucial given the fact that women are more likely to face challenges or adversity based on their gender and location within the socio-structural hierarchy and this exposure to difficulties affords them greater opportunity to exhibit resilience.

Furthermore, O’Leary and Ickovics (1995) have contended that resilience can co-occur with physical recovery from illnesses. They have suggested that, even when not fully recovered or in the midst of physical deterioration, women can find new strength, gain new meaning in life, or achieve new insights or goals. Their beliefs have led them to propose that resilience is more than homeostasis, i.e., returning to baseline; instead, it can be inclusive of thriving, which comes as a result of mobilizing resources to lessen the impact of environmental risk or threat (O’Leary & Ickovics, 1995). The compatibility between their formulation and that of Harvey’s (1996, 2007) is remarkable.

As noted above, O’Leary and Ickovics’ (1995) model of resilience is inclusive of thriving, which is one of three ways that women can respond when confronted with specific health challenges. They have proposed that if women do not succumb, then they may survive, recover, or thrive. The first outcome, survival, was characteristic of women who continued to function but in an impaired manner following a significant traumatic event or health challenge. Recovery, which is the second outcome, is indicative of women who were able to resume daily life tasks and activities both professionally and personally in similar ways like before the onset of the illness or exposure to the traumatic event. The final possible outcome, thriving, is representative of transformation, growth, improvements and/or enhancements in psychosocial functioning. It is the “effective mobilization of individual and social resources in response to challenge” (p. 135).

O’Leary and Ickovics (1995) construct of thriving seems similar to Kumpfer (1999) and Richardson (2002) resilience reintegration and Masten and Wright (2010) transformation. It extends beyond these similar constructs, however, with a unique and important dimension of explicit acknowledgement of the added value/benefit that the active process of moving beyond one’s original baseline brings to an individual’s life.

In describing their model, O’Leary and Ickovics (1995) also explicitly recognized the significant role of socioeconomic status and resources in resilience especially in the lives of women. They have asserted that challenges and difficulties have a differential impact based on access and ability to mobilize financial resources. Women with greater socio-economic opportunities and benefits have more at their disposal and tend to experience stressors with a lesser magnitude than women who are not as economically privileged. Moreover, this ability to access and use resources is not static but a dynamic

process that changes across the life span given the fact that features of both individuals and environments evolve and change over time in parallel and interdependent ways.

### *Common Themes*

In spite of some unique nomenclature, there are commonalities to the patterns, outcomes or trajectories. For example, resilience reintegration, transformation, sustainability, and thriving seem to have a shared focus on reflection, growth, improvement, meaning and purpose beyond recovery or return to homeostasis. Similarly, chronic dysfunction, chronic distress, dysfunctional reintegration, and survival appear to address issues relating to unhealthy responses, ongoing symptomatology or impairment. Finally, reintegration back to homeostasis and recovery seem to be parallel processes of healing, regaining equilibrium and returning to previous functioning prior to aversive circumstances or loss.

Resilience, it should be noted, is not static and there is no one specific way to experience resilience. In fact, resilience is concerned with variability in response to risks, stressors, challenges, or adversity (Kaplan, 1999). Based on a range of variables, resilience becomes a personal negotiation through life. Thus, there are multiple pathways to adaptation and resilience (Masten & Obradovic, 2006). The outcome is never a permanent end state of being but a condition of, hopefully, becoming better (Ungar, 2010).

Table 1 below presents a summary of the various conceptualizations and/or models of resilience discussed above. While these conceptualizations have value, as previously stated, there is need for increased understanding of and sensitivity to culturally determined indicators of resilience, and articulated definitions of positive development/adaptation held by ethno-racial populations, such as Black women and communities.

**Table 1.** Conceptualizations/Models of Resilience

Authors	Trajectory Outcome, or Pattern	Research or Theoretical Foundation Informing Models	Definition or Assessment of Patterns or Outcomes	Population or Groups Used	Stressor
Kumpfer (1999) Richardson (2002) Inclusive of four trajectories	Resilience reintegration; Reintegration back to homeostasis; Reintegration with loss; and, Dysfunctional reintegration	Metatheory of resiliency; grounded in transactional processes and bio psychosocial spiritual contexts; it is a recursive model	<i>Reintegrate with resilience</i> assessed by post-trauma growth, sustained competence or improvement in functioning; <i>Reintegration back to homeostasis &amp; reintegration with loss</i> assessed by level of recovery and resumption of functioning & type of loss, i.e., hope, drive, motivation, optimism, etc. <i>Dysfunctional reintegration:</i> substances used, overwhelmed, succumb	Working women; adult children of alcoholics; college students; applied to rehabilitation, medicine, and substance abuse; Used in study of Black boys from South Africa and qualitative study on resilience of Black lesbians	Chronic and acute stress or experiences
Bonanno (2004) Mutually exclusive four trajectories	Resilience Recovery; Delayed/Chronic symptom	Research on loss, violent/ life-threatening events, and potentially traumatic events	Degree/number of PTSD symptom & amount of time exhibit symptoms; time symptom free or before emergence of symptoms, & time resume adaptive functioning	Bereaved spouses, parents, partners; survivors of disasters/ potentially life threatening events	Acute or discrete crisis events
Zautra et al. (2010) Inclusive of two outcomes	Recovery; Sustainability	Patients with chronic pain, & work with communities	<i>Recovery</i> assessed by speed & thoroughness of how well bounce back/recover.	Patients with chronic pain and communities	Acute stress linked to recovery; chronic stress

Authors	Trajectory Outcome, or Pattern	Research or Theoretical Foundation Informing Models	Definition or Assessment of Patterns or Outcomes	Population or Groups Used	Stressor
			<i>Sustainability</i> assessed by how well sustain health, psychological well-being. How well & to what degree preserve valuable engagements in life and social relations		linked to sustainability
Hobfoll et al. (2009)	Resistance Resilience Mutually exclusive four trajectories	Research on Jews and Arabs during ongoing mass casualties, political unrest and terrorism	Degree/number of PTSD & depressive symptom, amount of time exhibit symptoms, time symptom free or before symptoms emerge, & time elapse prior to resuming adaptive functioning	Jews and Arabs; informed by conservation of resource theory and works of Bonanno (2004), Layne et al. (2007); Norris et al. (2007).	Significant and disruptive aversive experiences that impact an entire nation
Masten & Wright (2010)	Resistant; Recovery; Normalization; Transformation	Cross-sectional and longitudinal research initially focusing on psychopathology later shifting to understanding resilience in development	<i>Resistant</i> : steady/positive adaptive behavior <i>Recovery</i> : return to positive level after decline in functioning <i>Normalization</i> : evidence of normative development with improvements in environ. <i>Transformation</i> : adaptive functioning improves in aftermath of adversity.	High risk children with significant variability in adjustment, including unexpected positive development	Chronic or long-term difficult aversive situations/conditions across development stages
Harvey (1996,	Inclusive & coexists with	Trauma research	<i>Resilience</i> having relatively	Individuals with	Traumatic

Authors	Trajectory Outcome, or Pattern	Research or Theoretical Foundation Informing Models	Definition or Assessment of Patterns or Outcomes	Population or Groups Used	Stressor
2007)	trauma recovery Outcomes <i>Recovery after receiving clinical care; No recovery even with clinical care; Recovery without accessing clinical care; No recovery and no clinical care</i>	using an ecological framework	unaffected domains and harnessing strengths to secure recovery/cope with vulnerabilities in impaired ones. <i>Recovery</i> evaluated by achievement in 6 domains. Recovery apparent when move from impairment to positive/enhanced functioning.	experiences of trauma, especially women	events and their sequelae
O'Leary & Ickovics (1995) Inclusive of three outcomes	If do not Succumb; Survive; or Thrive	Lifespan, socio-structural, & ecological approaches Gender studies	<i>Survival</i> functioning in impaired manner <i>Recovery</i> resumption of daily professional & personal tasks, activities <i>Thriving</i> : growth, transformation, enhancements in psychosocial functioning	Women	Trauma, difficulties, with physical health such as cancer, stroke, HIV

## Review of Literature

An examination of resilience in human functioning emerged because the differences in outcome among children and youth experiencing high-risk conditions predicted to result in unhealthy outcomes, yet who displayed appropriate developmental outcomes, adapted successfully, and functioned well in the face of negative life situations intrigued developmental psychologists. These developmental psychologists wondered

what factors accounted for this individual variability (Masten, 2011; Rutter, 2012). A paradigm shift then occurred; the focus moved from the identification of risk factors that led to psychopathology to the identification of protective factors that contributed to stress resistance or resilience. This paradigm shift began the first of four waves of research (Masten, 2011; Richardson, 2002; Ryff, 2012).

The first wave focused on identification and description of factors and phenomena associated with resilience. The second wave sought to examine processes and mechanisms that might offer potential explanations of the heterogeneity of responses. Having gained some understanding of the factors and processes, the third wave shifted focus to prevention, interventions, and policies that might enhance or promote resilience (Masten, 2011; Richardson, 2002; Ryff, 2012). The fourth wave continues to emerge with a focus on processes at multiple levels of analysis and on integrative adaptive systems (Masten, 2007).

An examination of characteristics of children and youth living in high-risk environments who demonstrated positive adaptation in spite of negative or aversive life circumstances has informed a large portion of the information on resilience. At the outset, resilience profiles were inferred or determined based on reports of adaptive functioning by adults in various developmental spheres (Masten, 2011; Rutter, 2012). More recently, studies on resilience to adversity and disruptions have expanded to include young and older adults based on the understanding that resilience is not a static trait or attribute, but a dynamic process that changes and develops with life stages, transitions, contexts, and situations (Earvolino-Ramirez, 2007; Luthar, Cicchetti, & Becker, 2000; Ungar et al., 2007).

In a review and examination of empirical and theoretical literature, resilience of Black Americans across the life cycle has garnered some attention (APA Taskforce, 2008). A report by the American Psychological Association Taskforce on Resilience and Strengths in Black Children and Adolescents (2008) represents a primary theoretical work. As previously noted, one of its significant contributions is the identification of four dimensions or themes crucial to resilience of Black children and adolescents which include critical mindedness, active engagement, flexibility, and communalism. These dimensions are culturally specific. For example, critical mindedness, as an important process to resilience, is a culturally embedded aspect not explicitly addressed by existing resilient models, profiles, or perspectives.

### *Empirical Literature*

The empirical literature has a few studies that specifically address resilience in Black populations, especially in Black women. A review identified twenty-nine empirical studies inclusive of quantitative, mixed methods and qualitative during the time-period of 1999 to 2016. These studies concentrated on psychological resilience of diverse Black women with two studies focusing on academic resilience within the context of a range of adverse circumstances/risks, clustered into the following seven categories:

- 1) Exposure to trauma (in childhood and adulthood).
- 2) Chronic medical condition (type 2 diabetes).
- 3) Risks/stressors relating to intersection among multiple identify statuses.
- 4) Difficult economic/life situations.
- 5) Race-related stress, socialization, and structural inequality.
- 6) Syndemic risks/vulnerabilities (homeless, HIV/AIDS, street-based sex workers).
- 7) Depression/depressive symptoms.

Within the context of these aversive situations, the studies assessed resilience using a broad diversity of definitions and measurements. Table 2 below gives a summary of these twenty-nine empirical studies



clustered by category of risk/adverse situation with the following four columnar sections:

1) Study/method, 2) Research focus, 3) Definition/operationalization, and 4) Valued factors/cultural resources.

**Table 2.** Categories of Adverse Circumstances

Study/Method	Research Focus	Definition/Operationalization	Valued Factors/Cultural Resources
Adult Trauma			
Alim et al (2008) Quantitative	Exposure to significant traumatic events	Absence of any lifetime history of DSM IV psychiatric disorders within context of having at least one significant traumatic event meeting criterion A1 in DSM-IV-TR. Resilience distinctive from recovery. Influenced by Bonanno (2004).	Resilient and recovered statuses not significantly different. Mechanisms protecting Black women from psychiatric disorders due to high impact trauma also involved in recovery: 1) Purpose in life, optimism, & supportive social ties; regaining sense of purpose central to recovery; having a sense of purpose predating trauma to resilience. 2) High emotional expression, low negative religious coping & frequent service attendance.
Alvi et al (2008) Quantitative	Intimate partner abuse	Physical/mental health statuses, personal and institutional social support = “elements of resilience.” Influenced by Werner-Wilson et al. (2000).	Higher levels of physical & mental health significant in minimizing likelihood of intimate partner abuse; self-efficacy the most powerful. Different elements of resilience predicted abuse among Hmong women.
Lee et al. (2009) Quantitative	Aftermath of Hurricane Katrina	<i>Looking ahead, do you think you will ever fully recover from the hurricane, or don't you think you will ever fully recover?</i> Informed by Walsh (2002).	Black women evacuees: 1) More psychological distress less resiliency. 2) Income-strongest effect on likelihood of recovery. 3) Human loss- strongest detrimental effect on sense of recovery (psychological resilience).

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
Zarly & Nyira-zinyoye (2010) Qualitative	Genocide-rape	Reviewed various definitions; no explicit one given. Sought to understand resilience through culturally relevant concepts.	Resilience patterned by three cultural-linguistic concepts: 1) Kwihangana, to withstand something you have experienced that has hurt your heart. 2) Kwongera kubaho, reaffirmation of life after death. 3) Gukomeza ubuzima, to continue living; or participation in one's own life.
Bailey et al (2013) Quantitative	Loss of child through gun violence	Connor-Davidson Resilience Scale (2003).	Social support & cognitive appraisal mediated stress-resilience process; cognitive appraisal-strongest predictor and mediator. Quality health care combined with social support & cognitive appraisal produced significant positive relationship with resilience.
Childhood Trauma			
Banyard & Williams (2007) Longitudinal mixed methods	Documented child sexual abuse	Definition informed by Luthar (2000). Measured by 12-item index, scored with either 0 or 1.	Resilience protective factor longitudinally. 1) Higher resilience scores at wave 2 related to less psychological distress; a protective factor for less trauma exposure between 2nd and 3rd waves. 2) Interviews corroborated resilience & recovery as dynamic; included turning points & second chances.
Phasha (2010) Qualitative	Child sexual abuse	Four elements: school completion, regular school attendance, satisfactory school behavior, and high educational or career aspirations.	Academic resilience informed by African values-4 processes: 1) Meaning/interpretation attached to abuse. 2) Determination to succeed & perseverance in school. 3) Adaptive school behavior.

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			4) Education/career aspirations for upward mobility and a form of protection.
Sing et al (2012) Qualitative	Healing from negative sequelae of child sexual abuse	Recognized existence of multiple definitions noting may or may not be appropriate for Black women.	Resilient strategies: 1) Naming/understanding traumatic symptoms. 2) Resisting/externalizing racist/sexist stereotypes. 3) Negotiating/ navigating family relationships; reaching out for support, healing resources from community leading to truth-telling. 4) Transforming religion/spirituality into healing source. 5) Reclaiming sexuality. 6) Integrating multiple identities-questioning/resisting racist/sexist messages.
Van Rooij (2016) fMRI	Inhibition-related neural mechanisms, childhood trauma, & COMT genotype interaction	Connor-Davidson (2003) Resilience Scale.	COMT genotype moderated impact of early trauma on hippocampal recruitment; CD-RISC scores and left & right hippocampus activation correlated positively; hippocampal activation correlated negatively with PTSD & depression symptoms, & positively with trait resilience.
Type 2 Diabetes			
Steinhardt et al (2009) Intervention mixed methods	Diabetes Coaching Program (DCP) effectiveness and acceptability	Connor Davidson Resilience Scale (2003).	Intervention demonstrated feasibility & potential efficacy in affecting health outcomes of African Americans with type 2 diabetes, for example, improvements in diabetes empowerment/self-management, BMI, HbA1C, total cholesterol, LDL, and blood pressure

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			from pre to post. Interviews revealed social support as single most important benefit of participation.
DeNisco (2011) Quantitative	Type 2 diabetes	Wagnild and Young (1993) Resilience Scale. Participants found it long and had difficulty reading/ interpreting questions.	1) HbA1c levels significant negative correlation with resilience scores; resilience may influence glycemic control for this sample of Black women. 2) Income significant positive correlation with resilience scores. 3) Women reporting regular exercise had higher resilience scores.
Multiple Identity Statuses			
O'Connor (2002) Qualitative	Navigating race, gender, and class constraints on educational mobility	Informed by (Rigsby, 1994). It is the process by which individuals successfully adapt to constraints such that academic success is realized.	Educational resilience factors: 1) Early numeracy & literacy skills. 2) Valuing high academic achievements. 3) Monitoring academic & social activities by significant adult. 4) Degree of economic stability, relative economic advantage. 5) Having explicit & implicit evidence/testimony of Black human agency operating in midst of constraints. Themes: Context important; processes of resilience adaptive/ responsive to shifting constraints & opportunities; change from time-points & generation.
Bowleg et al (2003) Qualitative	Black lesbians multiple minority and ambiguous stress	Kumpfer (1999) Resilience Framework.	Cultural resources/factors: 1) Seeing lives as gift & blessing, focusing on uniqueness, conceptualizing happiness

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			<p>as freedom from restrictive gender role norms, etc.</p> <p>2) Seeking out works written by and for Black lesbians, traveling to Black lesbian events, in spite of expense, etc.</p> <p>3) Active &amp; direct confrontation of oppression, emphasizing self-definition, choosing not to bear burden of others bigotry.</p> <p>4) Supportive relationships that sustain especially during stress.</p>
Sorsoli (2007) Quantitative	Case study of prejudice, discrimination, racism, trauma	No explicit conceptualization offered. Recognized inherent complexity that definitions do not always capture. Multidimensional Trauma Recovery and Resiliency Interview integrated.	<p>Irrefutable signs of resilience not fitting neatly with mainstream criteria:</p> <p>1) Ability to mobilize resources &amp; move forward.</p> <p>2) Having a skill/passion offering strength across life course despite family's disdain of it.</p> <p>3) Ability to be touched emotionally in relationships, to empathize with &amp; reach out to others in similar situations.</p> <p>Illustrative of considerable resilience despite certain symptoms of psychological distress. Mainstream criteria would have eliminated when ecological context showed otherwise.</p>
Difficult Economic/ Life Situations			
Brodsky (1999) Qualitative	Black mothers raising school-aged daughters in high risk urban neighborhood	Key informants established criteria for resilient single mothers.	Making it substituted for resilience, a day-by-day process punctuated by attainment of goals & involved balancing stressors & resources in life domains. Skills in the process of resilience:

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			<p>1) Ability to appreciate resources &amp; successes, and reframe stressors to allow for contentment in current situation in ways that motivate rather than devastate.</p> <p>2) Ability to locate &amp; recognize resources or utilize progress from supportive domains to deal with demands in stressful domains and to set and strive for new goals. Other factors: spirituality, church, personal activities.</p>
Todd & Worell (2000) Mixed method	Psychological resilience to living in poverty	Summing four subscales of Ryff, (1989) psychological well-being instrument: Self-acceptance, Purpose in life, Personal growth, and Autonomy. Described to participants as, the ability to keep going in the face of hardship or to face difficult times in life and still do 'ok.'	Self-efficacy not significantly related to resilience. Lower number of problematic others in social network increased resilience; higher ratings of faring better (consequences of downward social comparison) on specific life domains assoc. with higher levels of resilience. Five common factors kept women going in the face of hardships: religious/spiritual beliefs, social support, "my children," determination to survive or prevail, and self-efficacy.
Banerjee & Pyles (2004) Qualitative	Low-income women dealing with requirements of welfare reform	No explicit definition. Recognized growing interest in spirituality as a source of strength/resilience in social work practice.	Spirituality = source of resiliency: 1) Coping source for stresses/oppressions. 2) Motivation to help others, persevere against life odds & through difficult times. 3) Sense of direction, protection, inner peace & self-esteem. 4) A tangible help & intangible guidance in dealing with difficult personal and social lives. Spirituality directed,

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			helped, & inspired changes
Schilling (2008) Qualitative	Young woman's challenging journey into adulthood	No definition explicitly articulated. Review and critique of definitional trends, emphasizing import of understanding resilience processes in context and honoring personal perspectives/meanings while moving beyond the constricting normative models.	Resilience evidence: 1) Despite teenage pregnancy, lack of support, inconsistent school attendance, persisted & obtained HS diploma in graduation ceremony; earned CNA. 2) Continued to set goals and remained committed to "being & doing more." 3) Committed to children and a strengths-based, positive oriented parental context. 4) Street competence & ability to navigate independently government systems. 5) Protective factors: individual characteristics, staying connected to something/someone bigger, and to a lesser degree extended family support.
Structural Oppression			
Utsey et al (2007) Quantitative	Stressful life events and race-related stress	Influenced by (Masten, 1994, 2001). Measured on three dimensions: cultural and traditional predictors, and resilient outcomes-WHO Quality of Life-Brief.	Traditional & cultural predictors of resilience important to resilient outcome. Higher levels of spiritual & collective coping, plus family cohesiveness/adaptability predicted higher resilient outcome scores. Cultural factors significantly predicted quality of life over and above effects of risk and traditional factors.
Brown (2008) Quantitative	Racial socialization and forms of social support	CD-RISC (Connor & Davidson, 2003).	Black college students' resiliency positively assoc. with racial socialization messages and perceived special person & family support. Confirmed cultural factors have

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			important role in African American ability to overcome adversity
Keyes (2009) Quantitative	Racial disparity, Black-White paradox in health	Resilience = the ability to maintain good mental health in the face of physical disease inequality and exposure to discrimination.	Data revealed: 1) Blacks had higher rate of complete mental health, flourishing & free of mental illness, and lower rates of common mental disorders than Whites in spite of greater levels of social inequality. 2) Black women exhibited better overall mental health than White males and females.
Baldwin et al (2011) Quantitative	Racial stress/distress	Block & Kremen (1996) Ego-Resiliency Scale.	Black elders: 1) Scoring high on ego resiliency had significantly more positive future expectations, greater total optimism, less somatization, generalized anxiety, & lower global distress. 2) Exposed to individual racism negatively impacted ego resiliency whereas cultural racism tended to strengthen it.
Van Wormer et al (2011) Qualitative	Structural oppression	Resilience is both a psychological and a sociological phenomenon for individuals growing up in a racially hostile environment.	Resilience themes: 1) Respect for family and elders. 2) Community bonding. 3) Traits of optimism, self-efficacy and moral integrity. 4) Strong religious faith. 5) Valuing education. 6) Resistance to oppression/maltreatment in ways that were emotionally satisfying without getting into trouble.
Syndemic Risks			
Moxley et al (2012)	Homeless older African	Resilience not explicitly conceptualized. Only	Resilience transactional, i.e., connecting to & being



Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
Qualitative	American women	study with Black women unique definitions explicitly invited.	with others esp. those who fortify and with whom identify. Resilience = co-creation. Sources of co-creation: 1) Forming a proto-family. 2) Observing/ invoking memories of powerful role models. 3) Aural reception of adaptive knowledge. 4) Using folk wisdom. 5) Maintaining practice of faith & spirituality. 6) Psychological stores & shared memories of Black cultural survival and triumph.
Buttram et al (2013) Quantitative	Street-based African American female sex workers	Personal Mastery Scale (Pearlin & Schooler, 1978).	Expression of resilience related to lower syndemic risk and positively assoc. with protective factors of education, social support and transportation access.
Dale et al (2015) Quantitative	HIV positive and at risk for HIV	Connor-Davidson Resilience Scale-10 item (2007).	Resilience buffers impact of CSA on depressive symptoms. Higher resilience significantly related to lower depressive symptoms and higher health related quality of life (HRQOL). Women high in resilience less susceptible to depressive symptoms or respond more adaptively.
Smith et al (2015) Qualitative	Enduring burden of HIV or AIDS status	No explicit definition or discussion.	Journey from discovery to surviving 1) Understanding personal experiences leading to HIV & pathways to infection 2) Dealing with discovery & diagnosis, progressed through fluid stages of shock with denial or panic, anger, devastation, depression; denial, and moving into acceptance. 3) Managing lives post diagnosis with strategies

Study/ Method	Research Focus	Definition/ Operationalization	Valued Factors/Cultural Resources
			incl., journaling, keeping patient, good self-care, safer sex, use of support & sources of strength.
Depression/ Depressive Symptoms			
Wingo et al (2010) Quantitative	Presence/severity of depression following trauma exposure	10-item Connor-Davidson Resilience Scale (2007).	Childhood abuse and other trauma exposure contributed to depression, resilience mitigated it. Resilience moderated depression severity both as main effect and as an interaction with other trauma exposures.
Holden et al (2013) Quantitative	Depressive symptoms	Connor-Davidson Resilience Scale (2003).	Mental health diagnosis & unemployment status had significant positive assoc. in predicting depressive symptoms, inversely related to resilience. Resilience buffers depressive symptoms.

## Conceptualization and Measurement

A careful exploration of the methods studies used to conceptualize and measure resilience revealed significant variability. Five studies used the original Connor-Davidson Resilience Scale (CD-RISC) and two studies used the refined Campbell-Sills & Stein (2007) 10-item instrument, modified to address concerns about the CD-RISC factor structure. The original scale was found to have an unstable structure across demographically equivalent samples (Wingo et al., 2010). The remaining studies operationalized resilience with other instruments, e.g., Personal Mastery Scale (1978),

four (4) subscales of Ryff (1989) Psychological Well-being, Ego-Resiliency Scale (1996), and Wagnild and Young Resilience Scale (1993). Researchers found that many participants thought the Resilience Scale too long, had difficulty reading and interpreting the questions, and sought help answering the questions. In addition to the used of standardized scales, a group of studies used uniquely specific ways to measure resilience and these ways included: 1) Absence of a lifetime history of DSM IV psychiatric disorders. 2) 12-item index. 3) Physical & mental health statuses and types of social support. 4) Response to one question that invited future self-assessment of ability to recover. This diversity of measures offered evidence of the identified “stumbling block” related to lack of agreement on operationalization and measurement noted in the literature.

Similarly, various mainstream definitions informed and grounded the conceptual understanding of resilience in the qualitative studies. However, many challenged the relevance and appropriateness of these definitions to Black women, openly questioning assumptions and criteria. The expressed concerns were related to the degree in which traditional criteria would have erroneously evaluated Black women as lacking resilience when irrefutable evidence in their ecological context demonstrated otherwise. Implicitly these studies were asking, “*Whose definition of resilience is most privileged?*” and, ultimately, contesting the arbitrary, inflexible assumptions of mainstream knowledge.

Only a limited number of qualitative studies solicited definitions or criteria from Black women participants. For example, Brodsky (1999) used criteria of resilient single mothers offered by key informants, responsible for nominating single Black mothers as participants. Key informants conceptualized resilient single mothers as having positive

attitudes and doing well, having basic parenting building blocks, civic mindedness/ generativity, receptive and responsive to others; instilling/encouraging high education and life achievements in children. Moreover, resilient mothers had children who were also doing well; they used prosocial behaviors, were happy, responsible, and school leaders. Additionally, the women chose to substitute resilience with “making it” to describe achieving or approaching success out of unlikely or risky circumstances. “Making it,” the women saw as a day-by-day process punctuated by attainment of goals along the way.

Similarly, in seeking to gain insight into the risk, vulnerability, and resilience of older homeless African American women, Moxley et al (2012) did not use an explicit conceptualization. Instead, as part of the research process, each woman shared what constituted resilience for them, and the following definitions emerged: 1) Survival in the face of overwhelming odds, which required grace and the presence of God. 2) A way of keeping going even when things brought me down. 3) Creativity – of creating new options when others had closed down, of creating new ways of thinking and discovering self as an artist. 4) Something formed among two or more people undertaking the hard work of coping, struggling, surmounting and eventually transcending.

### **Psychosocial Factors**

As can be seen, the studies identified a diverse set of factors or sources that contributed to resilient processes or outcomes, and acknowledged biopsychosocial stressors that resilience affects in specific ways. In analyzing the factors, a few common ones emerged irrespective of the category of adverse circumstances. Identifying a common group of factors that the studies consistently named was an important endeavor

as this was a crucial, albeit, a missing piece in the compendium of information. Alim et al (2008) had called for a careful and precise identification of consistent psychosocial factors linked to resilience in African Americans.

Resilient factors or sources most frequently identified across clusters of risks and adverse circumstances included: 1) religion/spirituality, 2) cultural resources, 3) social support, 4) valuing education and gaining understating/meaning, (5) optimism and perseverance/determination, and (6) income. They are summarized in Table 3. The factors were not mutually exclusive; rather, they were often interconnected. For example, studies viewed religion/spirituality as cultural resources (Utsey et al., 2007) used as sources of support (Brodsky, 1999; Dale et al., 2015), and the prism through which women gain understanding, meaning and inspiration (Banerjees & Pyles, 2004; Phasa, 2010). Additionally, religion/spirituality facilitated healing, optimism and perseverance through prayer, meditation, spiritually oriented songs and verse, and guiding beliefs (Moxley et al., 2012; Phasha, 2010; Sing et al., 2012).

In addition to conveying the religious/spiritual orientation of Black women, the studies seemed to suggest that Black women tend to be differential in their reactions and resources during adversity; they connect with and activate sources that they find potentially helpful in managing, negotiating, or maneuvering through a range of challenging life circumstances. Some sources could be understood as contextually specific. Black women appear to evaluate implicitly and explicitly resources and skill sets that they could flexibly use for adaptation and, directly or indirectly, select based on conditions or contexts (O'Connor, 2002; Sorsoli, 2007). For example, within the context of intimate partner abuse (Alvi et al., 2009), self-efficacy, belief or feeling that one is

capable and competent, seemed to serve as a powerful protective factor against all forms of abuse for low-income Black women residing in public housing. The more competent and capable Black women felt the healthier they reported themselves to be, which significantly decreased the likelihood of experiencing abuse and sexual assault. In contrast, self-efficacy did not emerge as significant within the context of resilience to poverty for low-income employed African American women. The former context is more interpersonal in nature whereas the latter context is linked to macro-structural issues that have historically influenced economic location and positioning for poor Black women and are often experienced as not being preventable or controllable through purposeful action.

The differential use of specific resources within varying contexts was also true for social support. Social support, i.e., supportive ties and networks, was an essential resilience mechanism to: 1) Black lesbians navigating multiple marginalized minority identities (Bowleg et al., 2003). 2) Black women managing high impact traumatic events (Alim et al., 2008). 3) Black college students (Brown, 2008). 4) Homeless older African American women (Moxley et al., 2012), and 5) Black women healing from a history of child sexual abuse (Sing et al., 2012). Supportive networks also mediated Black Canadian mothers' traumatic stress induced by loss of child through gun violence (Bailey et al 2013). However, social support was not seen as valuable by single African American mothers raising school-aged daughters in high risk urban neighborhood (Brodsky, 1999), low-income employed Black women (Todd & Worell, 2000), nor low-income Black women dealing with intimate partner violence and living in public housing (Alvi et al., 2009).

This is another example of how ecological contextual factors shape the resources that Black women find useful in managing adversity. It was suggested that the social networks of low-income Black women may lack breadth and variability and may constitute one among limited forms of support. Poor Black women are often excluded from dominant society; hence, their options of support may be restricted to immediate personal networks with limited opportunities for expansion (Alvi et al. 2009) and problematic social interactions may be experienced with a greater intensity (Todd & Worell, 2000). Therefore, within this context, prizing independence and isolation may be seen as adaptive and protective (Brosky, 1999) and supportive others sought only during times of life crises and when an acute need for support arises (Todd & Worell, 2000). Dispositional characteristics of optimism, perseverance and determination were significantly interwoven with social support, purpose in life, spirituality, and positive expectations for the future (Alim et al., 2008; Baldwin et al., 2011; Banerjee & Pyles, 2004).

Cultural resources were also identified as important and distinctive resilient mechanisms in the lives of Black women across the lifespan. For example, racial socialization was positively associated with resilience for Black college students and early adult survivors of child sexual assault in South Africa (Brown, 2008; Phasha, 2010). Moreover, it was confirmed that cultural factors significantly predicted resilient outcomes over and above effects of risks and traditional factors when dealing with high impact trauma (Utsey et al., 2007).

Two noteworthy cultural resources that emerged across several contexts of risks/adverse circumstances were: 1) Active/direct confrontation of oppression or

resisting/externalizing racism in ways that were emotionally satisfying. 2) Witnessing or evoking evidence/ testimony of Black human agency operating in the midst of constraints (Moxley et al., 2012; O'Connor, 2002; Van Wormer et al., 2011). These resources give voice to the systemic and sociological issues that are part of Black women's realities. Black women's life situations are complex given that they occur within interlocking oppressive systems of race, gender, and class requiring the activation of resources helpful in surmounting socio-structural challenges and constructing protective environments. Active and direct confrontation of oppression or resisting racism, which may entail choosing not to bear the burden of other's bigotry, were seen as crucial avenues (Bowleg et al., 2003; Sing et al., 2012; Van Wormer et al., 2011).

The final factors of valuing and achieving educational mobility and income were also important sources of resilience across a range of contexts. Education emerged as an important resilient factor for managing the syndemic risks of being street-based sex workers and navigating life with HIV/AIDS, and dealing with the sequelae of child sexual abuse (Buttram et al., 2013; Dale et al., 2015; Pasha, 2010). Beyond traditional academic achievements, mechanisms of gaining and seeking understanding/meaning about hardships and adversity were also identified as potent sources of resilience (Bailey et al., 2013; Sing et al., 2012). Similarly, income, economic stability, and relative economic advantage were underscored as necessary for resilience within diverse contexts, including exposure to trauma, navigating intersection of multiple identity statuses, and dealing with difficult economic/life situations, chronic medical conditions, and syndemic risks. As income increased, Black women's scores on resilient measures also increased (Dale et al., 2015; DeNisco, 2011).



### *Unique Focus*

Of the group of studies, a few had unique foci. One study utilized a unique approach focusing on gene-environment interaction. Several others examined the effects of resilience on biopsychosocial stressors rather than identify mechanisms or factors that contributed to resilience and a final one examined the impact of cultural resources (types of racial socialization messages & forms of support) on the resilience of Black students attending a large Midwestern university instead of within a traditional aversive context. An overview of these studies are offered. Van Rooij (2016) employed functional magnetic resonance imaging (fMRI) to examine the inhibition-related neuro-circuitry of Black women in order to understand resilience to childhood trauma. Black women, with a history of childhood trauma, were differentiated into Val/Val or Met genotypic groups considered COMT gene variants. Several important findings emerged from the data.

First, the COMT genotype was an important moderator of the impact of early-life stress on hippocampal recruitment during inhibition, which is related to psychiatric risk or resilience. Second, resilience score on CD-RISC correlated positively with activation in the left and right hippocampus. To cope successfully with childhood trauma, increased hippocampal activation might enable successful emotional and behavioral regulation in later life. Third, hippocampal activation correlated negatively with PTSD and depression symptoms and positively with trait resilience.

Fourth, childhood trauma load in Val/Val carriers was associated with increased hippocampal activation, which mediated the relationship between childhood trauma and resilience, suggesting that Val/Val subjects may develop a mechanism to cope with the high levels of early stress by relying more on hippocampal (contextual) information to

regulate behavior. Whereas, Met carriers showed reduced hippocampal activation with increasing childhood trauma load. Reduced hippocampal recruitment during response inhibition could indicate a decreased ability to learn from contextual cues, decreased dynamic working memory responses, or decreased memories of salient stimuli, which might set one at risk for psychopathology. Finally, a COMT genotype alone does not define psychiatric risk; interactions with environmental factors are crucial in determining who may be at risk for which disorder.

Besides this study, several other studies, as noted earlier, did not identify psychosocial factors or mechanisms that contributed to resilient outcomes in Black women; rather, they examined the effects of resilience on specific biopsychosocial stressors. For example, resilience measured on the Wagnild and Young (1999) Resilience Scale and HbA1c levels were negatively correlated, suggesting that resilience influences type 2 diabetes (DeNisco, 2011). In addition, resilience measured on the 10-item CD-RISC (2007) moderated the relationship between child sexual abuse and depressive symptoms (Dale et al., 2016) and moderated depression severity both as main effect and interaction within the context of childhood abuse and other trauma exposure (Wingo et al., 2010). Similarly, resilience measured on the original 25-item CD-RISC served as a buffer for depression within the context of a mental health diagnosis and unemployment status (Holden et al., 2013). Finally, high resilience scores on a 12-item resilience index were related to fewer symptoms of psychological distress and a protective factor for less trauma exposure between two waves, a period of seven years.

The studies seem to suggest that Black women high in resilience may be less susceptible to biopsychosocial stressors, such as type 2 diabetes, depressive symptoms,

depression severity, and trauma, or may respond more adaptively. Furthermore, resilient functioning at one point in time may contribute to decrease risks of re-traumatization and mental health issues later in the life course. Thus, resilience may protect against psychological distress and re-traumatization longitudinally.

The remaining study examined the impact of types of racial socialization messages measured on the 40-item Teenager Experience of Racial Socialization (Stevenson et al., 2002) and forms of social support on resilient functioning/levels of Black students attending a large Midwestern university. Resilience was measured on the original 25-item CD-RISC (2003). Receipt of greater racial socialization messages, specifically cultural pride reinforcement and cultural coping with antagonism, in conjunction with perception of more support from family and a special person were positively associated with resilience. Cultural coping with antagonism conveyed messages about the importance of struggling successfully through racial hostilities and the role of spirituality/religion in that coping, e.g., “Only God can protect against racism.” Whereas cultural pride reinforcement concentrated on teaching pride and knowledge of African American culture, e.g., “You should be proud to be Black” (Brown, 2008).

Although the information from the empirical literature has value, it has to be acknowledged, without equivocation, that it is derived from instruments that lack uniformity in conceptualizing and operationalizing resilience. Notwithstanding the imperfections of the derived knowledge, it could potentially play an important role in framing social and treatment policies or procedures relating to the promotion of resilient outcomes, health, and well-being for disadvantaged and at-risk women groups.

**Table 3.** Consistently Identified Factors

Factors	Contexts of Risk	Specific Mechanism/ Source or Skill
Religion/ Spirituality	High risk urban neighborhood (Brotsky, 1999)	Relationship with God, set of values, faith
	Poverty (Todd & Worell, 2000)	Religious/spiritual beliefs identified in interviews
	Time of welfare reform (Banerjee & Pyles, 2004)	Belief or faith in higher power; prayer most salient
	Stressful life events and race-related stress (Utsey et al., 2007)	Spiritual coping
	Exposure to high impact traumatic events (Alim et al., 2008)	Low negative religious coping & service attendance
	Challenging journey into adulthood (Schilling, 2008)	Staying connected to something/someone bigger
	Child sexual abuse & assault (Phasha, 2010)	Using religious beliefs as a prism for meaning
	Structural oppression post slavery (Van Wormer et al., 2011)	Strong religious faith, church attendance
	Homelessness in older Black women (Moxley et al., 2012)	Practice of faith & spirituality-prayer most salient
	Healing from history of child sexual abuse (Sing et al., 2012)	Transforming religion/spirituality, prayer, meditation
Cultural Resources	Constraints on educational mobility (O'Connor, 2002)	Evidence/testimony of Black human agency in midst of constraints
	Multiple marginalized identity statuses (Bowleg et al., 2003)	Active/direct confrontation of oppression, not bearing burden of others bigotry, resources for Black lesbians...
	Dealing with welfare reform	Spirituality to cope with oppression
	Stressful life events and race-related stress (Utsey et al., 2007)	Collective coping
	African American young adults attending college (Brown, 2008)	Racial socialization messages
	Challenging journey into adulthood	Street competence & ability to independently navigate government systems
	Child sexual abuse & assault	African racial socialization, values, worldview, philosophy
	Genocide-rape (Zarly & Nyirazinyoye, 2010)	Three cultural-linguistic concepts
	Structural oppression post slavery	Witnessing older generation getting through day of hard labor, resisting in ways emotionally satisfying
	Homelessness in older Black women	Using folk wisdom-fund of knowledge in Black community;

Factors	Contexts of Risk	Specific Mechanism/ Source or Skill
	Healing from history of child sexual abuse	shared memories of cultural survival and triumph Resisting/externalizing racist & sexist stereotypes; unlearning racism & sexism; integrating multiple identities
Social Support	High risk urban neighborhood	Material support from church; church-based friendships
	Poverty	Social support --identified in interviews
	Multiple marginalized identity statuses	Maintaining supportive relationships that sustain
	Exposure to high impact traumatic events	Supportive social ties
	African American young adults attending college	Special person and family support
	Challenging journey into adulthood	Extended family support
	Structural oppression post slavery	Community bonding and supportive relationships
	Homelessness in older Black women	Forming a proto family
	Traumatic stress induced by loss of child through gun violence (Bailey et al., 2013)	Social support mediated stress-resilience process
	Street-based sex workers (Buttram et al., 2013)	Social support positive relationship with resilience
	HIV positive and women at risk for HIV (Dale et al., 2015)	Faith community and church source of support
Valuing Education Understanding/ Meaning	High risk urban neighborhood	Ability to reframe stressors to allow for contentment in current situation & in ways that are motivating
	Constraints on educational mobility	Instilling high academic achievements; being educated about Black activists & African American triumphs
	Multiple marginalized identity statuses	Understanding happiness as freedom from restrictive gender role norms; seeing lives as Black lesbians as gift & blessing
	Challenging journey into adulthood	Persisted in face of difficulty & obtained traditional diploma
	Child sexual abuse & assault	Meaning/interpretation viewed through religious prism facilitating optimism; valuing education-a form of protection
	Structural oppression post slavery	Education-valued as important to survival & most important thing

Factors	Contexts of Risk	Specific Mechanism/ Source or Skill
	Homelessness in older Black women Healing from history of child sexual abuse Street-based sex workers	to have Aural reception of adaptive knowledge = listen and learn Naming/understanding traumatic symptoms & impact Education--positive relationship with resilience
	Traumatic stress induced by loss of child through gun violence	Appraisal/meaning attached to loss strongest mediator of stress-resilience relationship
	HIV positive and women at risk for HIV Enduring burden of HIV or AIDS status (Smith et al., 2015)	Education positively related to resilience Understanding personal experiences leading to HIV and pathways to infection
Optimism, Perseverance Determination	High risk urban neighborhood  Poverty  Dealing with welfare reform  Exposure to high impact traumatic events Challenging journey into adulthood  Dealing with aftermath of Hurricane Katrina (Lee et al., 2009) Child sexual abuse & assault  Genocide-rape  Racial stress/distress in Black elders (Baldwin et al., 2011) Structural oppression post slavery	“Making it” a day-by-day process punctuated by attainment of goals along the way; set & strive for new goals Determination to survive or prevail identified in interviews Spirituality encouraged perseverance against life odds & through difficult times Optimism highly correlated--social support & purpose in life Continued to set goals/committed to being & doing more Optimism & ability to work through emerging difficulties  Determination to succeed/persevere linked to African values To withstand something experienced/ to continue living Positive expectations for the future & optimism Optimism important to survival
Income & Resources	High risk urban neighborhood  Constraints on educational mobility Prejudice/discrimination, racism & trauma Dealing with aftermath of Hurricane Katrina Type 2 diabetes in medically	Ability to locate & recognize resources Degree of economic stability or relative economic advantage Maintaining ability to mobilize resources & move forward Income underscoring-- necessary for psychological resilience Income positively correlation

Factors	Contexts of Risk	Specific Mechanism/ Source or Skill
	underserved (DeNisco, 2011) HIV positive and women at risk for HIV	with resilience Income positively related to resilience

The diversity of risk categories, varied mechanisms and sources of resilience (reflected in the studies and summarized in Table 3 above) may be illustrative of the inherent complexity and multidimensionality of resilience in Black women. Further evidence of the complexity and the need to be responsive to it was seen in the notable frequency of recommendations to evaluate existing assumptions, expand defining criteria, and approach with greater flexibility the resilience of Black women. For example, O'Connor (2002) observed that resilience is not an "individually determined phenomenon;" rather, institutions and structured relations play a significant role in the creation of success and failures. Van Wormer et al. (2011) supported this perspective noting that resilience is both a psychological and a sociological phenomenon for people having to manage structural oppression.

Moreover, Sing et al. (2012) asserted that understanding the ways racism and sexism and other oppressions influence the lives of African American women is crucial to obtaining a fuller picture of their resilience. Additionally, Schilling (2008) and Sorsoli (2007) offered compelling data about the restrictiveness of conventional criteria of resilience, which would have eliminated Black women who did not demonstrate traditional markers or profiles. For example, one participant evidenced vulnerabilities and risks in three reciprocal levels, individual, relational and societal levels. Individually, she found it difficult to modulate emotions of anger and sadness, which disrupted

relational interactions. This was coupled with distress relating to her skin color that she felt contributed to loss relationships exacerbating negative feelings. Despite these vulnerabilities, resilience was substantiated by the existence of critical resources. One critical resource was having a skill and passion that continued to offer sources of strength across the life course in face of family's open disdain. A second was maintaining the capacity to be touched emotionally in relationships, and exhibiting the ability to empathize with and reach out to others in similar situations (Sorsoli, 2007). Similarly, another participant became a teen mother in high school, had inconsistent school attendance, has limited opportunity for upward mobility and history of depression, yet she obtained a traditional diploma, participating in graduation ceremony. She continued to set goals and fulfill her commitment to being and doing more, i.e., remaining committed to her two children and strengths-based positive oriented parental context. Moreover, she evidenced having assets and adaptive skills such as street competence, which is the ability to access resources and navigate complex, bureaucratic public social systems. In both of these examples, resilience was confirmed through cultural and contextual prisms distinctive from traditional criteria that allowed observation/discovery of key resilient resources despite the manifestation of a range of risks and vulnerabilities (Schilling, 2008; Sorsoli, 2007). When criteria of resilience considered the Black women's ecological milieus in cultural contexts, distinctive from dominant society, the presence of key resources clearly illustrated considerable resilience despite the manifestation of emotional or psychological distress symptomatology (Schilling, 2008; Sorsoli, 2007).



## **Conclusion**

The empirical literature has provided evidence that there is limited uniformity in conceptualizing, defining, and measuring resilience. Many view this diversity of definitions and conceptualization as a challenge relating to the operationalization of resilience and to the defining criteria of positive adaptation. A significant concern is the basis, foundation on which criteria is established and the degree to which it currently includes culturally unbiased definitions. Definitional assumptions not inclusive of Black women perspectives of what resilience means and what it constitutes were the basis of the various definitions and measurements used in the studies to assess resilience across the range of risks and adverse circumstances.

Furthermore, many of the instruments measure personal qualities/abilities that facilitate positive outcomes, and arbitrary, predetermined criteria, i.e., mastery/competence are often the basis of assessment of positive outcomes (Anderson, 2006). Implicit in defining resilience as competency-based is consigning or designating individuals in categories of success/resilient if doing well, or dysfunctional/failure if having problem-situations or struggles (Anderson, 2006). These individually derived constructions often ignore or fail to acknowledge powerful systemic, ecological, and contextual factors, leading to a diminished understanding of how and why resilience develops (Anderson, 2006).

Thus, there is a need for the inclusion of social dynamics of oppression, marginalization and abuse (Anderson, 2006) in systematic and explicit ways. Moreover, DeNisco (2011) noted the necessity for an instrument that is linguistically and culturally sensitive to the unique needs of African Americans, and it would be important to integrate cultural and sociological influences as well as factors or resources consistently

found to have salience in their lives. Furthermore, Ungar et al (2007) have asserted that there is a need for researchers to be responsive to cultural definitions of positive adaptation, which must be inclusive of values held by culturally diverse families and communities.

To address effectively the necessity of having culturally responsive definitions and an inclusive knowledge base on resilience, existing studies have suggested the use of qualitative approaches. Qualitative studies would help ensure that the complexity and the richly textured perspectives of Black women are fully explored and captured. Utsey et al. (2007) have recommended that researchers conduct a “qualitative or phenomenological design” study because it offers the flexibility necessary for a deeper understanding of the complexity of African American resilience (p. 90). Additionally, Todd and Worell (2000) pointed out that using qualitative methods ensure that studies fully tap into and explore people’s personal perspectives and experiences. Finally, Bowleg et al. (2003) have indicated that qualitative methods facilitate the exploration of “rich contextual data”.

Thus, this study aims to explore Black women’s culturally relevant understanding of resilience and their perspectives on how healthy or adaptive outcomes are defined and achieved; examine their culture-specific pathways to resilience; and understand how they navigate through disruptive and aversive life circumstances to positive outcomes. In order to meet these aims, the following sets of research questions guide the study:

1) How do Black women in midlife and late adulthood understand resilience? What does it mean to them? Are there specific dimensions of resilience? What is their understanding of how healthy outcomes or positive adaptation are defined and achieved?

2) What pathways lead to resilience and are there specific resilient patterns, profiles, or trajectories? What is the role of and how is religiosity, spirituality or faith communities used as a pathway?

3) What processes or mechanisms are valued by Black women in middle and older adulthood to help them push forward, bounce back, fulfill their core purpose/roles in the face of acute or ongoing stressors/adversity? What helps Black women in midlife and late adulthood function with sustained sense of hope and meaning or renewal despite exposure to risks, trauma or negative experiences?

## CHAPTER THREE

### METHODS

This chapter describes the research methodology used in qualitatively exploring resilience in the lives of middle and older adult Black women. In conducting the qualitative study, performed within the context of grounded theory, the researcher remained guided by two important realities: 1) Studying Black women and resilience required a consideration of contextual and cultural factors and a recognition that they are embedded in matrices of relationships. 2) Influences in Black women's larger social ecology and their position in the social world dually shape their beliefs and perceptions.

In addition to these realities, three assumptions influenced the development and implementation of the research plan. These assumptions were understood as realistic expectations of what the researcher believed to be true but there was limited or inadequate evidence to give support or verification. The first assumption was that resilience is important and valuable because, in general, having flexibility, competently functioning in the midst of adversity, and/or transforming hardships and challenges are all important to well-being (Ungar, 2013, 2004). In addition, resilience was assumed to be culturally and contextually informed and influenced (Ungar, 2013, 2010).

The second assumption was that the experiences of Black women provide an important context for gaining a multilayered, richer, and more nuanced understanding of resilience. The basis of this assumption was that Black women's historical and contemporaneous legacy of rebounding from and/or transcending adversity. Despite having a "known" propensity for well-being within an aversive context of socio-structural risks, their perspectives on and conceptual understanding of this propensity

seem to be undervalued and understudied (Bowleg et al., 2003; Spates, 2012; Tummala-Narra, 2007).

It was further assumed that a multilayered and richer understanding of resilience is possible because as a heterogeneous group with a range of shared experiences yet embedded in variable contexts, Black women are positioned to provide valuable perspectives from which a more textured understanding of resilience can become known. In affording Black women opportunities to qualitatively share their experiences (inclusive of aspects that are both unique and common); a nuanced and richer understanding of resilience can emerge.

The third assumption was that the historical and contemporary importance of religiosity/spirituality may play a significant role in the resilience of Black women, which is understood as neither static nor dichotomous (resilient vs. not resilient); rather, it is emergent and dynamic. These assumptions served as valuable starting points because they provided a foundation upon which to develop conceptual understanding; also, they shaped the research process. Given these realities and assumptions, the chosen approach of qualitative grounded theory enabled a holistic and in-depth understanding of resilience through the perspectives of Black middle and older adult women, and afforded a process by which patterns, themes, and a culturally relevant theoretical model of resilience emerged from the data through the continuous processes of collection and analysis (Charmaz, 2008).

The foci of the chapter are threefold: restatement of the research aims and questions, discussion of the appropriateness and applicability of qualitative grounded theory through a social constructionism lens, and presentation of the research

plan/process used to explore middle and older adult Black women conceptual understanding of resilience.

### **Research Aims and Questions**

To develop a culturally relevant model of resilience, the formulated research aims and corresponding questions were explored. They are restated here:

- 1) To explore Black women's culturally relevant understanding of resilience and how healthy or adaptive outcomes are defined and achieved. Questions related to the first stated aim: How do Black women in midlife and late adulthood understand resilience? What does it mean to them? Are there specific dimensions of resilience? What is their understanding of how healthy outcomes or positive adaptation are defined and achieved?
- 2) To examine Black women's culture-specific pathways to resilience. Questions associated with the second stated aim: What pathways lead to resilience and are there specific resilient patterns, profiles, or trajectories? What is the role of and how is religiosity, spirituality or faith communities used as a pathway?
- 3) To understand how Black women, who are structurally marginalized, navigate through life challenges and structural social inequalities to positive outcomes. Questions connected to the third stated aim: What processes or mechanisms are valued by Black women in middle and older adulthood to help them push forward, bounce back, fulfill their core purpose/roles in the face of acute or ongoing stressors/adversity? What helps Black women in midlife and late adulthood function with sustained sense of hope and meaning or renewal despite exposure to risks, trauma or negative experiences?

### **Methodology Selected and Rationale**

A qualitative method was chosen for this study. It is an appropriate choice for this particular study because the research aims and corresponding questions sought to

explore, describe, and interpret the experiential understanding of resilience from the perspective of middle and older adult Black women in context-specific ways.

Additionally, qualitative methods are ideally suited to elicit emic perspectives on the construct of resilience, i.e., culturally responsive definitions and culturally determined indicators or criteria of resilience as they provide a fuller picture of diverse participants' lives under adversity (Ungar, 2004). Moreover, qualitative methods give primacy to participants' subjective experiences, perceptions, and understanding, and these methods value multi-dimensionality, multivocality, and layers, which are portrayed in their varied and different forms.

Furthermore, Ungar (2003) has suggested that qualitative methodology is singularly appropriate for and relevant to the study of resilience because of the following:

- a) Unnamed protective processes relevant to diverse participants could be discovered.
- b) It provides rich contextual descriptions and increases power to minority voices that offer localized definitions or criteria of positive outcomes; and c) Qualitative research approach supports inclusiveness and facilitates transferability of results instead of generalizations (Ungar, 2003, p. 85). Finally, the study required engaging Black women as experts of culturally determined information on resilience, which standardized instruments or surveys with predetermined categories used in quantitative methods would not effectively or satisfactorily access.

### ***Grounded Theory Methodology***

The qualitative study used a grounded theory approach to address the research aims and corresponding questions, as they are congruent with the overall criteria of grounded theory. The study's aims were oriented toward process, addressed a topic area that is complex and changeable, and invited diversity and uniqueness (Burck, 2005; Daly,

2007; Goulding, 1998). Additionally, research questions in grounded theory studies deal with concepts that have not been identified or explored, or whose relationships are poorly understood or conceptualized (Goulding, 1998; Tan, 2010). The research aims and questions have had limited inquiry. There has been limited focus on understanding culturally relevant definitional or conceptual understanding of resilience through the perspectives of Black women.

Moreover, the grounded theory approach presumes it is possible to discover patterns in social life or basic social processes, and it focuses on theory generation (Goulding, 1998; Guba & Lincoln, 2008; Tan, 2010) that is self-correcting, which means adjustments are made to the theory based on the interpretation of new data that are obtained (Burck, 2005; Charmaz, 2008). All of these elements supported the use of grounded theory.

The grounded theory approach for this study was rooted in social constructionism, which postulates that reality exists but it is inextricably connected to what it means to the people who are part of it (Charmaz, 2008; Daly, 2007). In essence, there is an external reality but it is subjectively perceived and understood through interactive processes (Charmaz, 2008; Daly, 2007). Meaning, then, is constructed in the course of interactions over time, and it is in relation to social structures, contexts, and resources, which suppress or support socially available, shared understanding of reality (Burck, 1998). As a consequence of appreciating meaning-making and subjective perception, social constructionism values breadth and plurality of interpretive options that can be generated about social reality that are contextually and structurally influenced (Charmaz, 2008; Daly, 2007).



In using the social constructionism lens, the researcher focused on gaining an interpretive understanding of resilience that was inclusive of social contexts and interactively built (Burck, 1998; Charmaz, 2008). Moreover, the researcher remained committed to the viewpoints of middle and older adult Black women, fully incorporating a plurality of voices and perspectives and privileging them throughout the process of discovery.

### **The Researcher**

The researcher is a Black woman in midlife who shares a common historical reality with the study participants and has had to manage a range of stressors, difficulties, and adverse circumstances. This commonality had salience for many participants who inquired of the researcher's racial heritage vis-à-vis them and the study's focus. The researcher's orientation, which can be classified as closer to the insider pole along the outsider—insider continuum, was important to the process of seeking out and forming relationships with Black women who have insights relating to the phenomenon of resilience under study.

Being accepted as an insider enabled a greater degree of engagement with study participants, and it facilitated unrestricted sharing and open exploration of answers to research prompts or questions posed. This depth of engagement was crucial, as an important research aim was to elicit middle and older adult Black women's definitional and conceptual understanding of resilience and offer an alternative that honors their Afrocentric perspectives. This led to the researcher's choice of using the grounded theory approach.

An important step in conducting this qualitative grounded theory study was the researcher's engagement in the process of theoretical sensitivity. The researcher fostered

theoretical sensitivity by reviewing existing concepts, theories, and the empirical literature relating to resilience, more specifically, resilience in the lives of Black women. As recommended by Charmaz (2006) and (Daly, 2007), these sensitizing concepts and disciplinary perspectives were starting points and not an ending place.

Furthermore, the researcher is a licensed clinical social worker and engaged in a review of basic group facilitation skills, therapeutic factors, group dynamics and process as another form of theoretical sensitivity. All this preparation served to limit risks of negative or unpleasant interactions and minimized reactivity during the focus groups. Instead, it encouraged a sense of universality, that sense of sharing similar life experiences, as well as altruism which offered the women opportunities to be of benefit to each other.

Finally, the researcher is embedded in professional and social networks that were cognizant of the area of study and regular updates were offered as major transitions and significant achievements were met, e.g., class work, proposal defense, institutional review application and approval, etc. Thus, knowledge of the intended study permeated the networks with various members offering suggestions and advice as well as brainstorming potential avenues for data collection. The ongoing support and interest through informal conversations were helpful for recruitment and data collection.

### **Data Collection and Sampling**

Approval from the Institutional Review Board (IRB) was sought from Loma Linda University. Once the IRB granted approval in August 2017, the researcher's professional and social networks were informed and flyers disseminated. Additionally, the process of linkages became more formalized as various network members connected

potential participants to researcher. Two types of sampling strategies and data collection methods that are congruent with the study's grounded theory approach were used.

### *Sampling*

The primary sampling strategies used were purposive in conjunction with snowball sampling and theoretical sampling. Purposive sampling established criteria for inclusion and exclusion. The participants were Black women in midlife (aged 40-65 yrs.) and later adulthood (aged 66 yrs. and over). They self-identified as Black or African American, spoke English as their primary language, gave consent, maintained confidentiality requirements, and independently engaged in the interview process. Black women with Latinx heritage, ethnicity, or national affiliation were excluded.

In conjunction with purposive sampling, snowball sampling was used. The commitment to convey a fundamental message about the nature of the research as a joint collaborative between Black women and the researcher in a quest for knowledge informed the choice of snowball sampling. Additionally, it was important to the researcher that Black women come to value their crucial role and contribution to the sampling process as they had a voice in and a measure of control over the sampling (Noy, 2008). The researcher used four different snowball-sampling techniques as recruitment strategies.

One method included making contact directly with an initial seed or source. Through the ongoing sharing about what was seen as a valuable and unique study among professional and social networks, the researcher was linked to several initial seeds in the Huntsville and Hartford areas who subsequently made connections to similar members of their social networks through a semi-directed chain-referral recruiting mechanism, which was both pragmatic and culturally competent.

Following the lead and having an emergent process also informed the recruitment strategy of snowball sampling. The researcher responded to and followed the lead of participants to members of their social networks as they directed the researcher to other potential participants. It was through this process of following the lead of participants that the locations for personal interviews became open and inclusive. The researcher had anticipated the possibility of needing to de-emphasize, adjust, or change any one criterion as the study unfolded in the research protocol.

A second method of snowball sampling was through formal or informal community gatekeepers or representatives who gave implicit or explicit approval (Sadler et al., 2010). For example, the president of the Greater Huntsville Interdenominational Ministerial Fellowship (GHIMF) and Hartford Community Renewal Team (CRT) Director of Planning, Research, and Communication allowed a personal presentation and then shared flyer and information to other members, clients, and professionals. Moreover, the president of the GHIMF invited researcher to make a presentation at his church and CRT used its social media to share about the research study, which increased exposure and expanded potential pool of participants.

A third method was through the debriefing process of focus groups. Although no deception was involved, at the end of the focus group, the researcher afforded participants opportunities to reflect and share. Participants engaged in a meta-question process (Tomm, 2012) where they reflected on the questions asked, considered if there were additional information they would like to share, and offered suggestion of potential individuals who may have an interest in the research. Questions such as, *Who else might be able to or may be interested in giving their perspectives? Whom might you*

*recommend to help me gain a deeper or different perspective? Who else might find this experience meaningful or relevant?*

The final method of snowball sampling that the researcher used was advertisements. Flyers were posted on community bulletin boards, in libraries, senior centers, beauty shops, or clinics frequented by Black women, etc. Flyers were also handed out in a range of retail stores, community and social service organizations, and churches. Specific organizations where recruitment occurred included Robert “Bob” Harrison Wellness and Advocacy Center in Huntsville, Public Social Services, Huntsville Retired Workers, Oakwood University Church Senior Group, Greater Hartford Alliance of Black Social Workers, Muhammad Islamic Center of Hartford, etc. The process of recruitment unfolded over months and personal visits to each location.

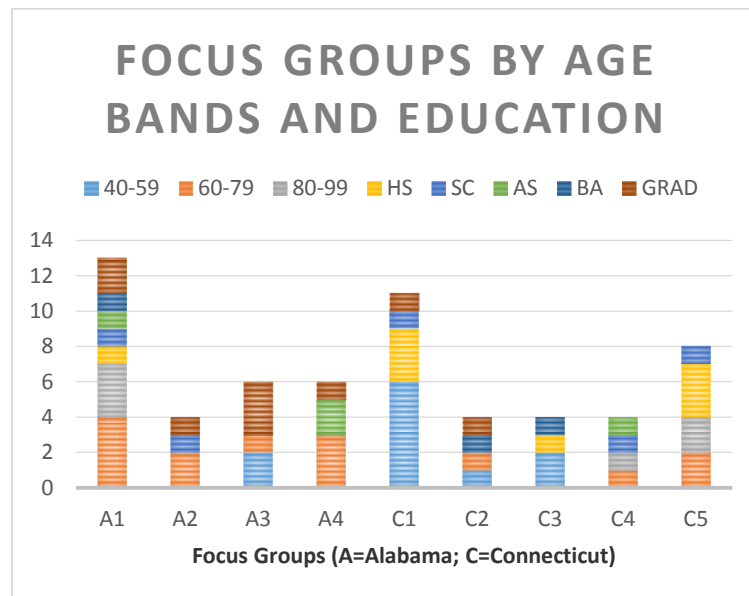
Theoretical sampling, which is foundation to grounded theory emergent design, was also an integral aspect of the study sampling strategy. Theoretical sampling could be understood as the selection of participants according to the needs of emerging analysis (Charmaz, 2008). In this study, theoretical sampling involved evaluating what was known about concepts or categories of resilience that emerged from the data during analyses of initial personal interviews and focus groups conducted in Huntsville. Following this evaluation, the researcher made choices about other voices to include, where to look for additional meaningful information to increase understanding of concepts and categories that emerged about middle and older adult Black women’s understanding of resilience. From the preliminary analyses, it became apparent that the researcher needed to theoretically sample for negative cases, e.g., where religiosity/

spirituality may not be viewed as relevant or important or where the belief systems to which Black women subscribe were other than the Judeo Christian perspective.

Including these voices became a challenge because Black women are primarily Christian, Protestants. According to the Pew Research Center, Black Americans are more likely to be Christian than the overall United States population; 8 in 10 Black Americans identify as Christian, with more than half of all Black adults (53%) classified as members of the historically Black Protestant tradition (Masci, Mohamed, & Smith, 2018). Moreover, there is limited religious diversity beyond Christian faiths among Blacks, e.g., Black women are significantly less likely to identify their religious affiliation as Muslim (1%). They are also significantly less likely to be Catholic (only 5%), compared with 21 percent of the overall United States population, including 19 percent of Whites, 48 percent of Hispanics and 17 percent of Asian Americans (Masci et al., 2018). Finally, Blacks are less likely than the overall United States population to identify as religiously unaffiliated, that is as atheist, agnostic or “nothing in particular” (Masci et al., 2018).

Despite these challenges, the researcher understood that negative cases had the potential to offer alternative and contrasting perspectives. As a result, the final focus group and individual interviewee sample included one middle adult Black woman who identified as agnostic but did subscribe to Buddhist principles, an older Black woman of the Baha’i faith tradition, and one who was denominationally unaffiliated but drew from her mother’s Christian faith. In addition, the researcher sought out Black women residing in shelters, and those whose income and education were lower and not as advanced. Greater variability of education, income, and age was important because a significant

number of study participants in Huntsville stated that they had attended college, with 50 percent identifying graduate education as their highest level, most reported income in the range of \$25-74, 999, and approximately 60 percent were over 66-yrs. In Hartford, the researcher was able to include a greater number of Black women in midlife (57%), more than 50 percent reported income in the range of \$0-24, 999, and approximately 40 percent identified completing high school as their highest level. The chart below gives a visual representation of age bands and education levels.



**Figure 1.** Comparison of Alabama and Connecticut Groups

Theoretical sampling continued until the researcher was satisfied that no new theoretical insights on resilience relating to Black women emerged or were revealed.

### ***Methods of Data Collection***

Two primary data collection methods of focus groups and personal interviews were used. Focus groups participants were geographically limited to the population of

Black women in middle and older adulthood residing in Madison County, Alabama and Hartford County, Connecticut. The fact that the South has a significant population of Black Americans influenced the choice of Huntsville, Alabama. According to the Office of Minority Health, the Black population is highly concentrated in the South. Moreover, Huntsville has two Historical Black Colleges and Universities, and, anecdotally, it has a significant portion of Black octogenarians and nonagenarians. Hartford, Connecticut was chosen as a geographical point of contrast to the South. Additionally, Hartford has a concentration of Blacks from various regions in the United States and the Caribbean. Furthermore, the researcher is intimately familiar with this region, and has extensive professional and social networks that served as referral and linking sources.

Unlike the focus groups, personal interviews had no geographic constraints and some occurred during the same time-period of the focus groups while others were conducted at the conclusion of all the focus groups. Initially, it was planned that personal interviews would occur in locations other than where focus groups were conducted and would be sequential rather than concurrent. However, in following the lead of participants and the emerging data, adjustments were made in response to the chain linked referral process, participants' preferences, and emerging data. For example, a personal interview was held after a potential focus group participant arrived at the end of the scheduled focus group. Rather than attempt to reschedule for a different group, she chose to complete a personal interview, as she was present and available.

Originally, the research plan included at least six focus groups (three in each geographical location of Huntsville, Alabama and Hartford, Connecticut) with each having approximately eight to ten participants. Additionally, there would be eight



personal interviews from varying geographical location. In reality, however, the researcher had four focus groups in Madison County, five in Hartford County with the number of participants ranging from two to six. Moreover, there were nine personal interviews with women residing in the South, East and West Coasts. Interview conversations occurred in-person and by telephone based on participants' accessibility and preferences. With participants directing the researcher to other potential participants, the aforementioned final sample emerged.

Personal interviews and focus groups allowed the researcher to explore the multidimensionality of resilience and this multi-method approach ensured triangulation of methods. Additionally, the diversity of participant characteristics also guaranteed the triangulation of personal characteristics. Triangulation was important because it helped to ensure that data collected and generated are rich and well-developed as well as robust and comprehensive (Lincoln & Guba, 1985). Triangulation also ensured a deeper understanding of the phenomenon, which a single method cannot truly accomplish.

### **Procedures**

Once the IRB emailed its final approval in August 2018, as noted earlier, flyers were disseminated and telephone communications began with initial seeds, potential participants, and various religious, civic, community organizations that were suggested through the chain-linked referral process. Additionally, a Facebook page was developed. It took months to build relationships, alliances and schedule first visit to Alabama. It was later discovered that one factor that inhibited telephone response was the researcher's unfamiliar area code. Another factor that had a major impact at the beginning of the process was the weather. At the time of the first scheduled visit to Alabama in January, there was an unexpected ice storm, which resulted in the closure of the city and many

businesses as the roads conditions were deemed hazardous. Most residents were housebound and unwilling to risk travelling. Although, the researcher was unable to hold any focus groups, many personal introductions occurred and the link between face, name, and study was made. Additionally, the researcher made new plans for a return date in late March, coinciding with warmer temperatures.

Four focus groups were conducted during the period of March 27-30, 2018, and several personal interviews were held in Huntsville, Alabama. The focus groups were held at several different venues, i.e., a community center, church, and university campus. Focus groups conducted in Huntsville, Alabama were classified as A1, A2, A3, and A4, representing their sequential order. A1 was comprised of older adult Black women within the age range of 71 to 90-yrs., who were primarily widows with varying levels of educational achievements and most income had income in the category of \$0-24, 9999. This focus group was held at a local church with seven participants but one was unable to stay for the full time.

A2 had two participants, representing both middle and older adulthood, and it was held at a local community center. Whereas, A3 focus group was held at a university with Black women having varying roles and positions. Three of five potential participants attended the focus group. A fourth member came at the end due to a meeting extending beyond its scheduled time. A personal interview therefore was conducted. All had graduate education with income in the higher categories, and they were all in middle adulthood. Of the three, only one was married and the other two were divorced.

Finally, A4 was a group of three older adult Black women in their 70's. It was discovered that they were all retired nurses. Two had associate degrees and one

completed a terminal degree in nursing. In addition, four personal interviews were held with Black women in middle and older adulthood at various venues, e.g., offices, book store/coffee shop. The majority of personal interviews and focus groups were recorded using a voice activated digital recorder application downloaded to an iPad requiring a secure and personal log in for access. A professional transcription company that signed a confidentiality statement transcribed most of the audio files.

During the focus group sessions, the researcher facilitated social conversations among Black women participants by asking an initial, open-ended question, which invited them to share their definition and understanding of resilience. Their responses then shaped the unfolding conversations. Please see Table 4 below for linkages between the research study’s aims, questions, and prompts.

**Table 4.** Linkage: Research Aim, Question, & Prompts

	I	II	III
Problem or Issue	Criteria for good or positive adaptations lack inclusiveness relating to gender, age, and culturally unbiased definitions	There is a need for gaining an understanding of specific psychosocial factors, cultural resources, processes or mechanisms that play a contributory role in the resilience of Black women. Efforts need to be extended to understand resilience more precisely both within and across racial and ethnic groups	Black women tend to be differential in their reactions, responses and resources during difficulties, and activate what they find potentially helpful in managing challenging life circumstances. Acknowledgement of the diverse pathways to resilience taken by ethno-racial groups and appreciation of how they perceive and achieve positive adaptation is needed
Research Aims	To explore culturally relevant understanding of resilience and how healthy or adaptive	To understand how Black women, who are structurally marginalized, navigate	To examine Black women’s culture-specific pathways to resilience

	I	II	III
	outcomes are defined and achieved	through life challenges and structural social inequalities to positive outcomes	
Research Question	How do Black women in midlife and late adulthood understand resilience? What does it mean to them? Are there specific dimensions of resilience? What is their understanding of how healthy outcomes or positive adaptation are defined & achieved?	What processes or mechanisms are valued by Black women in middle and older adulthood to help them push forward, bounce back, fulfill their core purpose/roles in the face of acute or ongoing stressors/ adversity? What helps Black women in midlife and late adulthood function with sustained sense of hope and meaning or renewal despite exposure to risks, trauma or negative experiences?	What pathways lead to resilience and are there specific resilient patterns, profiles, or trajectories? What is the role of and how is religiosity, spirituality or faith communities used as a pathway?
Prompts	What does the term resilience mean to you? How do you define it? How is resilience best understood by Black women in general? What are important elements to resilience? What are specific aspects or dimensions of resilience? What are the features of resilience? How might you identify resilience in yourself, and in other Black women? What would you look for? Are there different “things” you would look for at different points in life?	Generally speaking, what are some challenging life situations/experiences that Black women and each of you specifically have had to manage? On a day to day basis, how do Black women in general and each of you deal with the challenges or difficulties? What are unique ways that Black women respond to or manage challenges? Describe any changes or adjustments in your responses/ reactions to challenges or difficulties over time. What helps Black women accomplish what is needed in spite of difficulties? What helps or contributes to their resilience? The “things” that are helpful; in what	How do Black women become resilient? What does it take? How does resilience happen? Are there particular ways that Black women come to be resilient? How does resilience emerge or unfold in the lives of Black women? Does it look the same for all Black women? Think of resilience in terms of cooking or baking and walk me through the “recipe” from beginning to end. What are potential outcomes if ingredients are missing, placed out of order or directions are ignored/ changed? What role does involvement in a faith community play in the resilience in Black women historically and currently? Has its role

I	II	III
ways have they changed or stayed the same over your life?	changed from the past to now? How does spirituality and participation in a faith community contribute to resilience in Black women? What does it offer that other “things” do not? If Black women did not have spirituality or faith as options, what would their lives be like?	

The focus groups became intimate spaces that stimulated a depth of discussions and, the study participants synergistically responded and reacted to each other’s thoughts and ideas. When focus group members shared their experiences and conceptual understanding, they served as a catalyst for further self-disclosure and deeper shared understanding. The focus group members created a joint understanding of resilience, its nature, processes, and pathway; they extended each other’s perceptions, offered alternative conceptualizations and, at times, challenged and wrestled with what was stated. The researcher allowed participants to determine the course of conversations as it unfolded. As a result, the order and use of prompts and questions were unique to each group’s unfolding dynamics.

Similarly, there was flexibility in the conversational process with personal interviews, which is also consistent with the principles of an emergent design. Each interview began with the same initial open-ended question asked of focus group members. Interview participants were invited to share their definition and understanding of resilience. An important advantage of personal interviews was that it allowed participants the freedom to lead the researcher into areas that had significance for them.

As a result of this inherent flexibility, interview participants engaged in their own processes of discovery and elaboration of ideas or concepts. They were afforded opportunities to pursue ideas or respond with greater breadth and depth in their discussion of resilience.

At the beginning of each focus group and personal interview, verbal and written consent processes were used. At the time of the initial telephone or in-person contact with prospective participants, once introductions were made, the researcher shared the study's purpose, gave an overall description of what is expected, e.g., procedures, potential risks and benefits, rights, confidentiality, etc. After providing an overview, the researcher clarified any questions and asked for an initial verbal consent. Then, at the time of the scheduled focus group or personal interview, once welcome and introductions were made and informed consent and demographic forms disseminated, the researcher explained all pertinent information such as, purpose, procedures, risks, benefits, rights and confidentiality etc. using the consent document as a guide. Questions or concerns were clarified in a meaningful exchange ensuring that every member understood and sufficient time was given to read and obtain signed agreement. Once written consent was given, the researcher invited participants to complete a short demographic form. Verbal consent for personal interviews also followed a similar process, with the exception that, when interviews were conducted by phone, participants gave verbal consent, which was document on the IRB approved verbal, and consent script form.

At the end of focus groups and interviews, participants were invited to engage in a meta-question process (Tomm, 2012) where they reflected on the questions asked, e.g., What else would you like to share that could help me more fully understand your

perspectives or ideas about resilience? Who else might be able to or may be interested in giving their perspectives? Whom might you recommend to help me gain a deeper or different perspective? Who else might find this experience meaningful or relevant? In wrapping up, the researcher ensured that participants had contact information if any additional questions or concerns about the study emerged.

The above procedures were also instituted during data collection in Hartford, Connecticut, which occurred from May 24-June 15, 2018. Five focus groups and personal interviews were held in various settings and locations, private conference room at places of employment and housing complex, personal homes, shelters, and by phone.

A similar classification was adopted for the focus group in Connecticut that the researcher used in Alabama. The focus groups were classified as C1, C2, C3, C4, and C5. C1 and C3 were held with Black women in sheltered living. Six participants agreed to the C1 focus group session. Of the six, only three remained for the duration as the other residents had responsibilities requiring their attention. The second focus group, C3, held at the shelter had two participants. Most of the women were in middle adulthood and single. Their highest education level completed was high school with a small minority having some college or a bachelor's degree. Those who were employed had incomes primarily in the \$0-24, 999 range. C2 had two participants who were helping professionals in middle adulthood with college and graduate degrees. Their income was among the higher levels and both were single, with one having never married and the other divorced.

The final two focus groups, C4 and C5 were comprised of older adults. C4 had two older Black women living in privately owned homes. One lived with adult children

and the other lived with a spouse. In contrast, the C5 group encompassed older adult Black women living in a subsidized low to moderate housing facility. Many of the women exercised the option of providing limited to no demographic information. Two personal interviews were held with Black women residing in Connecticut with a final two with women living in California. The women were in middle and older adulthood. In the analysis, findings, and discussion, direct quotations from focus groups were coded with the above classifications whereas the quotations from personal interviews were designated with unidentified initials.

### **Data Analysis**

The outcome of analysis was to generate a model of resilience informed by the perspectives of Black women in middle and older adulthood. Analysis began after the first focus group and personal interview were held in Huntsville, Alabama. The researcher listened to the audio file of the interviews reacquainting herself with participants, their thoughts, ideas, and perspectives. Following this initial listening to the audio file, the researcher re-listened making preliminary notes on an interview response form that had the research aims and questions. Once the interview transcription was completed, the researcher listened to the audio file while reading the transcribed interview to ensure accuracy and completeness, making modification or edits where necessary. Once this process of checking for accuracy line-by-line was completed, open coding began.

The aforementioned processes of becoming reacquainted with participants' perspectives, followed by listening and making initial notes, and then listening while reading the transcription were ongoing occurrences throughout data collection. They helped the researcher engage in constant comparative analysis, gain an ever evolving



depth of understanding of concepts and categories of resilience, and shaped theoretical sampling. Additionally, they set the context for coding which enabled the researcher to identify relevant and important concepts and categories that were emerging from focus group and individual interviews with Black women in middle and older adulthood.

Analysis occurred in four stages and was a recursive process with data collection.

### ***Stage 1 Open Coding and the Creation of Concepts***

Once the first focus group and personal interview were transcribed and the above process completed, open coding began. The researcher read the transcripts through line-by-line, writing codes that honored the language and expressions of participants. For example, initial codes included, bounce back, snap back, come back, standing still, learning lessons, survival, overcoming, ingrained and hereditary, mothers and other historical Black women as examples or images of resilience, just being a Black woman as a major challenge, and a significant number of religious/spiritual codes. Discussion about God, faith, belief systems was often organic, spontaneous, and interwoven throughout the interview conversations.

The open coding process afforded the researcher another opportunity to interact with participants through reading the transcriptions, studying their statements, and then inquiring, probing, and eliciting responses to such questions like, *What is the meaning to them? Are the definitions and meanings the same or different within and across focus groups and interviews? How and in what ways are they the same or different for various participants and various situations? What concepts are repeated and emerging?* The answers to questions asked of the data were often used as content for notes and memos. For example, the researcher wrote a note/memo stating that resilience seems to be related to having the courage to do. Additionally, the emerging definition brought to mind the

song, “I feel like going on, though trials come on every hand, I feel like going on.”

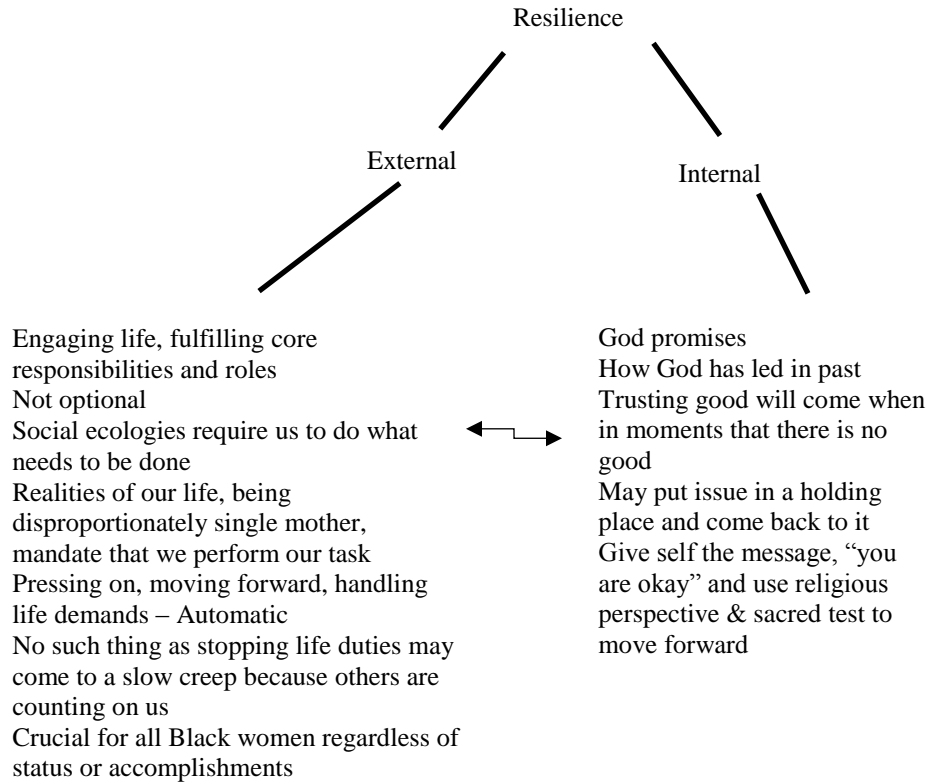
During the initial collection and analysis process, the responses were considered provisional and guided what the researcher examined and pursued in subsequent data transcripts.

Open coding continued as each interview was transcribed; in addition to line-by-line coding and asking questions of the data, constant comparative analysis became an inherent aspect of the process. Statements, thoughts, and ideas were compared in a multidimensional manner, i.e., within the same interview, across interviews, and with earlier and later interviews. For example, in an earlier focus group held in Alabama, internal and external resilience were identified as conceptual components of resilience in the lives of Black women. Then, in a later personal interview with an individual participant residing in Connecticut, inner and outer elements were described as relevant to resilience. Moreover, another focus group in Connecticut extended the conceptualization of external resilience to include a continuum of role and tasks performance. As coding and comparative analysis were occurring, memo writing continued. In memo writing, the researcher began commenting on data, paying attention to thoughts and feelings. One comment the researcher noted related to the emerging data was resilience is rooted in faith.

### *Stage 2 Creating Categories*

This stage involved the process of synthesis. The researcher grouped concepts, leading to the emergence of categories and began mapping on paper related codes and various categories that were emerging. Below is an example of a map created by the researcher about the emerging categories of external and internal resilience. Additional

categories included features of resilience, standing still that has several important properties, profiles of exemplars of resilience, etc.

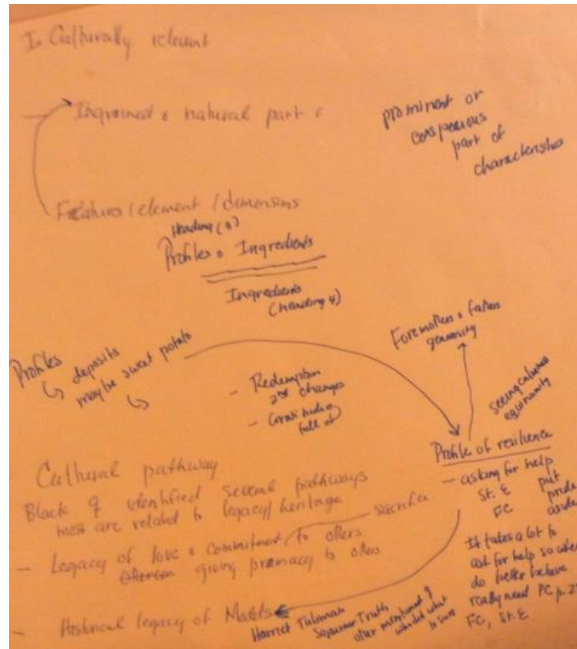


**Figure 2.** Mapping mutually influencing definitional categories

### *Stage 3 Making Linkages in the Data*

During this stage, the researcher brought together parts, showing how they worked. For example, the concept of standing still was linked with internal resilience. Initially, standing still and moving forward seemed opposite elements. However, as the researcher began to review the data more deeply and questioned, how were they related and what are the properties, an assessment of relationships within and between categories began to unfold. Multiple diagrams were used to help integrate relevant categories, to

organize and reassemble data in new ways. Below is a picture diagram of one of the many diagrams sketched out by the researcher.



**Figure 3.** Sketched diagram-organizing and reassembling data

#### **Stage 4 Creating the Theoretical Story Line**

In the final stage, the researcher developed a conceptual formulation about the experiences and stories that the Black women participants shared about their understanding of resilience. This formulation highlighted key definitional components, salient features and dimensions as well as demonstrated their interrelationship. The final two chapters are devoted to describing and discussing the model that emerged from the recursive process of data analysis and collection.

#### **Maintaining Trustworthiness and Credibility**

To maintain trustworthiness, quality, and credibility, the researcher ensured that specific conditions and criteria were part of the research process. They included having

clarity of purpose, instituting a reflexive process that involved discussing thoughts and ideas with Committee members and writing memos about reactions and feelings during data collection and analysis, and thinking carefully about the implication of decisions made throughout the research process.

Additional ways that the researcher achieved credibility and trustworthiness included triangulation, constant comparative methods, and inclusion of negative cases that do not fit the pattern. Moreover, the researcher used focus groups and personal interviews as member validation check and as a method of triangulation in research study. Using focus groups and personal interviews afforded the researcher opportunities to approach research concerns through multiple methods. Furthermore, the combination of focus group and individual interviews allowed the researcher to test preliminary analysis with participants, and subsequent data gained resulted in the elaboration of concepts and categories, which ensured constant comparison.

## **CHAPTER FOUR**

### **FINDINGS**

The purpose of this study was to explore and examine culturally relevant definitions and features of resilience, cultural pathways to resilience, valued mechanisms used to navigate through challenges, and culturally determined criteria of positive adaptation held by Black women in middle and later adulthood. The thought was that Black women could provide an important lens on resilience because they deal with chronic life challenges and acute events, which have been identified as important contexts for the study of resilience (Ryff et al., 2012).

Moreover, there is a necessity of having a culturally responsive and inclusive knowledge base on resilience. Furthermore, increasing the understanding of and sensitivity to culturally determined meanings and indicators of resilience would allow for comparison and contrast of known general processes and articulated definitions of positive development or outcomes, thereby adding texture and depth to the current theoretical and empirical literature.

In qualitatively exploring middle and older adult Black women's perspectives, the study's aims and corresponding research questions were to: 1) Explore Black women's culturally relevant understanding of resilience and how healthy or adaptive outcomes are defined and achieved. Questions related to the first stated aim included: How do Black women in midlife and late adulthood understand resilience? What does it mean to them? Are there specific dimensions of resilience? What is their understanding of how healthy outcomes or positive adaptation are defined and achieved?

2) Examine Black women's culture-specific pathways to resilience. Questions associated with the second stated aim included: What pathways lead to resilience and are there specific resilient patterns, profiles, or trajectories? What is the role of and how is religiosity, spirituality or faith communities used as a pathway?

3) Understand how Black women, who are structurally marginalized, navigate through life challenges and structural social inequalities to positive outcomes. Questions connected to the third stated aim included: What processes or mechanisms are valued by Black women in middle and older adulthood to help them push forward, bounce back, fulfill their core purpose/roles in the face of acute or ongoing stressors/adversity? What helps Black women in midlife and late adulthood function with sustained sense of hope and meaning or renewal despite exposure to risks, trauma or negative experiences?

The first three chapters introduced the salience of resilience in the lives of Black women, a review of the literature and conceptual frameworks, and the methodological design employed for the study. This chapter presents the findings that emerged from the qualitative analysis of the data within the context of the above-restated three research aims. It will describe generative themes for each aim and include ways in which they intersect and are interconnected.

### **Positioning and Orientation**

The researcher's epistemological and ontological positions influenced data analysis. As previously noted, an interpretive paradigm guided the researcher's positions, which gives primacy to the subjective experiences, perception, and understanding of participants. Within an interpretivist position, variability and diversity of understanding or defining resilience become valued because it views reality as socially constructed through individual or collective definition (Few, Stephens, & Rouse-Arnett, 2003).

Researchers embedded in this contextual frame are cognizant of the fact that the constructs or issues explored have many dimensions and layers and, therefore, are committed to representing them in their many unique and varied forms.

The specific framework used within the interpretivist paradigm was social constructionism within a grounded theory tradition. This study was consistent with grounded theory studies as the questions are often ambivalent or changeable, and usually invite diversity and uniqueness (Burck, 2005; Daly, 2007; Goulding, 1998).

Additionally, grounded theory studies deal with concepts that others have not identified or explored or have poorly understood or conceptualized their relationships (Goulding, 1998; Tan, 2010). Moreover, the social constructionist framework was appropriate for the current study because it encouraged an understanding of resilience informed by contexts, social structures, and resources. The study invited Black women in middle and later adulthood to share their subjective perceptions about resilience within the context of their social reality that is influenced contextually and structurally. They co-constructed and extended responses of sister participants offering greater breadth, depth or alternative viewpoints.

Additionally, social constructionism directed the researcher to fully incorporate and give privilege to a plurality of voices, perspectives, and viewpoints of middle and older adult Black women throughout the process (Charmaz, 2008; Daly, 2007).

Furthermore, using social constructionism as a framework guided the researcher to engage in continual reflection and reflexivity on the analytic process and on the dynamic tension between insider/outsider poles. More specifically, it promoted self-reflection in which the researcher engaged through writing memos, maintaining heightened sensitivity



to capturing, as authentically as possible, the women's meanings, perspectives, and viewpoints, and by reflecting on the process with Committee members.

Another challenging and ongoing tension that was a crucial part of analysis, and required awareness and reflection, was honoring the unique expressions and perspectives of the diverse group of middle and older adult Black women while simultaneously attempting to derive general and overarching themes that accurately represented a commonality of understanding. The recursive process of data collection and analysis, inclusive of theoretical sampling and ongoing engagement with the data through open, axial, and selective coding, helped with the preservation of uniqueness embodied within general themes. Moreover, this dynamic engagement with the data, facilitated by line-by-line in vivo coding, involving multiple reviews and constant comparisons of audio interview files, notes, and transcripts also allowed for distinctiveness, generalizations, and divergent perspectives to emerge and the researcher to integrate them as valuable. The integration of these three classes of information added texture and multi-dimensionality to the analysis.

### **Overview and Demographics**

This qualitative study used multi-methods of focus groups and personal interviews consistent with the principles of an emergent design. There were in total nine focus groups with a range of two to six participants. Four of the focus groups were held in Madison County, Alabama and the remaining five conducted in Hartford County, Connecticut. Participants were recruited from a wide variety of venues including, religious and social service organizations, churches, mosques, educational settings, community centers and organizations, book clubs, libraries, beauty shops, and various businesses. Within many of the organizations, gatekeepers were identified and they

facilitated introductions. Additionally, Black women served as conduits to others in their personal, professional and social networks. There were also nine personal interviews with Black women residing on the East and West Coasts and in the South.

Demographically, Black women participants were all in middle (aged 40-65 yrs.) and older adulthood (aged 66-yrs. and over). The older adult women represented diversity in age as they included octogenarians and nonagenarians. There was also diversity in income (\$0-9,999 to over \$100,000), educational level (high school completion to graduate education), marital (single, widowed, divorced, married), and employment (employed, retired, pending layoff, unemployed) statuses. The participants' life situations also had variability including: 1) Housing (temporary residence versus permanent, home ownership versus rental) i.e., women living in shelters due to homelessness or recovering from addiction, retired seniors living in their own homes and others living in low to moderate income subsidized housing as described by the organization. 2) Occupation, i.e., social workers, university and court personnel. 3) Caregiving role that span the continuum of care, i.e., caring for biological and foster children, adult children, and older parents. 4) Geography, i.e., women residing in the South and in the Northeast who were originally from these geographic areas or who migrated to them from various parts of the United States and Caribbean.

During the focus groups, Black women were able to reflect on their understanding of resilience with each other. They extended and expanded ideas shared, offered alternative or divergent perspectives and, ultimately, engaged in the process of co-construction. The focus groups stimulated deeper discussions and, as these discussions

exposed participants to other members' experiences, they served as a catalyst for self-disclosure and for shared understanding (Morgan, 1996; Morgan & Spanish, 1984).

As noted previously, focus groups are congruent with the oral and relational culture of Blacks and they offered Black women in middle and older adulthood opportunities to engage in social conversations and interactions while creating a joint understanding of resilience, its nature, processes, and pathways. This co-construction of meaning in focus groups was congruent with the epistemological and ontological positions that inform the research process, that is, social constructionism.

In order to increase trustworthiness and credibility, nine personal interviews were held with women in various geographical locations as follows: southern, eastern and western parts of the United States. Participants in focus groups served as sources of referrals for personal interviews as well as individuals in the researcher's personal and professional networks. These nine personal interviews served as member validation check and as a way to integrate triangulation in the research process. Using focus groups and personal interviews ensured that this researcher was approaching Black women's conceptual understanding of resilience through multiple methods. Furthermore, the combined use of focus groups and individual interviews ensured the process of constant comparison.

The findings of the study emerged from constant comparative analysis of responses and narratives within and among group participants from Alabama and Connecticut, across individual interviewees from the South, East and West Coasts, and among groups members and individuals participants. These narratives have been organized into three overarching thematic categories that correspond with the stated

research aims: 1) Culturally relevant definition and understanding of resilience and culturally-determined criteria of healthy/adaptive outcomes. 2) Culture-specific pathways to resilience. 3) Processes or mechanisms used to navigate through life challenges and structural inequality.

### **Theme IA: Culturally Relevant Definition and Understanding**

A significant proportion of participants across focus groups and personal interviews used the terms, bounce back, snap back, come back, pop back up or pop back out to define resilience. The intent of this language was to stimulate imagery of a toy that would invariably pop or come back up even when it “got” pushed, knocked, or punched down. Participants used all these terms interchangeably; generally meaning that in the midst of hardships, adversity or difficulties, Black women in middle and later adulthood picked themselves up and moved forward. Even when they had “taken a hit and gotten knocked down,” (A2 Group; CO) they did not give up or in; they pressed through or on, kept it going, persevered, prevailed, or went through and survived. It was the consensus that, in whatever way a Black woman bounced, snapped, came or popped back, she was not the same; life had undergone changes.

There were also other definitions used as adjuncts to the primary ones or independent of them in the focus groups and personal narratives of individual interviewees, which included: 1) Staying power, staying the course. 2) Being flexible or bend with the flow. 3) Staying focused and maintaining one’s purpose in difficulties. 4) Having a sense of purpose to resolve problems. 5) Choosing to make decisions. 6) Fighting through struggles, having determination and focus. 7) Letting go. 8) Having that capacity to get to the other side of whatever. 9) Surviving and prospering even in the

face of traumatic or adversarial situations with the potential to affect overall functioning.

10) Having own beliefs, ways of thinking, perceptions and self-acceptance.

Participants interwove many of the definitions throughout various themes, which the study findings will strive to capture. These definitional conceptualizations were a common theme among Black women study participants irrespective of their geographical location or sociodemographic characteristics. This shared understanding emerged from a collective sense of sisterhood that had greater power and potency than the heterogeneity of demographic profiles.

The myriad definitions demonstrated the Black women's implicit and explicit descriptions of dialectic process between inner/outer, internal/external or physical/mental. These classifications are emic and participants in focus groups and personal interviews across locations and the age spectrum used them to conceptualize two important components of resilience operating in the lives of Black women. Additionally, a dynamic tension between inner and outer emerged in their descriptions of challenges and hardships that were part of the landscape of their lives.

Within the context of hardships, trauma or adversity, inner represented challenges or trauma in or with the body. Such challenges or trauma, as articulated by the Black women, encompassed cancer, health challenge, diagnosis, diminished health or capacity, terminal illness. Whereas, outer denoted two clusters of hardships: a) macro structural and, b) interpersonal/social relational issues. One focus group participant's definition captured the essence of the tension between internal and external resilience. She described it as, "Getting through trials and tribulations of what been through without letting it destroy you or take you to a whole other level to where you are depressed or you

don't want to have that will of living...resilience is wanting that will to live and wanting that will to move on and be stronger" (C1 Group).

***Components of Resilience: External/Outer (Physical) and Internal/Inner (Mental)***

Black women in middle and older adulthood living in various locations and contexts and having diverse sociodemographic profiles similarly conceptualized resilience as having external/outer (physical) and internal/inner (mental) components. They thematically interwove the dialectic between inner and outer in their conceptual understanding of resilience.

**External**

The outer or external component was described as having three mutually influencing dimensions: a) an unfolding difficult or challenging situation/experience with no identifiable clear path or end point; b) engaging in core life roles, responsibilities, tasks, etc.; and in conjunction, 3) doing "the things" needed to navigate through or resolve the evolving adversity, stressor or difficult circumstance. Two participants' statements captured the essence of external resilience. They described it as, "Being ready to recover immediately from struggles or difficulties and all sort of things we come across every day...up and ready to go on, to go to work" (C5 Group); "the underlying driving force that keep you going when the odds might be against you, when the days are cloudy" (A3 & C2 Groups).

Most of the participants noted that external resilience occurred fairly quickly. They engaged in life, pressing forward, fulfilling and accomplishing life tasks and responsibilities, performing expected and normative roles with the added "things have to do to resolve the issue" (A2 Group). Some examples of the added things included dealing with a change of status and expansion of roles, having to incorporate exercise or

physical therapy, finding a job, etc. The continued or immediate re-engagement in life was associated with the fact that others depended or counted on them in conjunction with needing economic resources or occupational benefits to ensure life necessities.

Therefore, participants noted that they could not say, “I can’t handle it, or this is too much for me” (A3 Group; C5 Group). As one participant noted, Black women do not have the luxury of not functioning externally. They cannot postpone or interrupt crucial role performance, tasks or responsibilities because of the ecological context of our lives. Within their social ecologies, their lives are linked inextricably with others, and some did not have sufficient available financial capital to sustain the daily essentials of family and household.

Thus, this component of resilience the Black women often saw as having immediacy. In spite of difficulties, challenges, or stressors, participants described continuing and pressing on, frequently, without exposing inner turmoil or doubts in various contexts. They may be walking or moving forward in pain and uncertainty, nevertheless walking. For some, however, they needed to be okay internally in order to move forward externally while others required a more concurrent process, suggesting some inter-individual differences. To accomplish “being okay,” Black women participants engaged in intrapersonal conversations and made imperative, declarative, or motivational statements that conveyed present and future expectations, such as “do not succumb to the negativity, you will be alright, you have to be alright, I can do this, I must do this.” In their intrapersonal conversations, participants evoked their belief in a power bigger than they are with whom they engaged in prayer. Detailed findings related to the internal/inner will be forthcoming.

Most noteworthy is the fact that Black women participants had this unified conceptualization of resilience, regardless of economic or occupational status, age, geographical location, or current life situation, this. Engagement in life through the performance of roles and responsibilities was a crucial conceptual element in their understanding and definition of resilience. Choosing to be present and engaged was a form of success and representative of hope. It did not matter whether the study participant lived in a shelter, held the position as a judicial officer, or was a professor or director at a university; all conceptualized resilience as having an external component in the lives of Black women.

External resilience the Black women also understood as multilevel or on a continuum from one to nine:

- 8-9 Engaging in and taking care of all or most daily activities and regular business
- 5-6 Engaging in and taking care of some aspects of daily living or regular business
- 1-2 Performing just the bare minimum

For middle and older adult Black women, the external component of resilience overlapped with themes relating to culturally determined criteria of adaptation. In sum, external resilience was performing tasks and responsibilities, whether limping or crawling. As one participant expressed, allowing the internal/mental state to cause immobility was not a viable option. Engaging in life and performing daily activities continued; staying the course was an imperative.

This emphasis on engaging in life older retired Black women also stressed. The importance of staying engaged in life infused their retrospective and current



understanding of resilience. It was crucial for them that internal struggles did not immobilize them and, it was essential to perform personal daily activities. One participant noted that, in this season of life, accomplishing activities of daily living was important, e.g., showering. In the midst of challenges, it was important to get up and engage in life through personal self-care (A2 Group).

### **Internal**

The internal component of resilience is “the unseen.” One participant conceptualized it as, completing daily functions without “breaking down or succumbing to whatever is outside of you that may be causing some kind of trauma, pain, or hardship” (WF). In order not to succumb, Black women went to an internal space and came to terms with what was occurring outside. In this internal space, they declared intrapersonal messages. These declarative statements were one important source of bouncing back, which this section will discuss in the upcoming paragraphs.

The process of not internally succumbing by finding an internal space, where acceptance occurs of whatever outside is causing hardship, was seen as open-ended. Many of the participants expressed that the length of time to bounce, snap, or come back internally contrasted significantly with the immediacy of the external come back. For most of the participants, there was no expected timeframe. As one personal interviewee noted, “part of resilience is not looking at timeframes” (CO). This sentiment was re-echoed across several focus groups where the women noted that time and patience are central ingredients to resilience. Just as in cooking, “don’t do things rushing; it will not come out right” (C1 Group).

During this open-ended time, internal resilience evolved from several important sources. These sources had significant intersections with the second theme, cultural pathways to resilience. The first source was intrapersonal messages Black women in middle and later adulthood gave themselves. One participant described this internal process as, “Going through hard struggles and you tell yourself, I have to make it. It’s hard but you have to survive for you and some of your family” (C5 Group). Another participant shared that tears, being afraid, and questioning, “Can I do this?” were all part of the process (CAG). However, these doubts or fears could not serve as inhibitors. It was necessary, a prerequisite to fight through the struggle “pick yourself up, deal with it, and keep it moving” (A3 Group). In the midst of doubts and fears, prayer and the power of sacred texts were counteracting agents. Sacred texts, prayer, songs and hymns Black women viewed as tools to recondition and renew their minds.

These intrapersonal messages, punctuated with imperative, declarative, and motivational dicta, participants understood as a dynamic process unfolding through a series of stages, which were not necessarily sequential. Initially, there was some questioning and a sense of being or feeling emotionally bruised or battered. They felt knocked down and needed a moment, which resulted in just doing the motions of life’s daily tasks. Participants described it as staying the course, yet determined to eventually feel okay and be okay. Their intrapersonal messages included, “I must do this. I have to go to work. I have to take of...” (A2, C2, & C5 Groups).

Having persisted through doing the motions of engaging in life responsibilities, (while speaking and encouraging themselves) an increasing sense of confidence emerged. This increased level of confidence study participants related to a dawning awareness of

knowing that they will feel and be okay eventually. Potential intrapersonal messages, at this point, incorporated language, such as, “I know I am going to be okay.” Finally, there was an increasing awareness that, indeed, they had performed life tasks and duties, and there was evidence of prevailing and persevering through them. Now, they imbue the content of intrapersonal messages with, “I am getting things done. I am okay.” “Then one day the sun is out” (A2 Group). Throughout this process, there appeared to be a dynamic tension between the inner and outer, each one mutually reciprocal and reinforcing.

Religious and spiritual beliefs infused many of the intrapersonal messages, which is the source next described. The use of religious experiences or beliefs, reciting Biblical promises and sacred texts were sources that helped with the internal snap, come, or bounce back. A significant number of participants noted that reflecting on or remembering how God had led and worked previously in their lives served to increase their degree of confidence about overcoming because they had a repertoire of historical reference points.

In looking back, there was a clear body of evidence, which gave the assurance that God will hear and help them make it through again. Additionally, claiming Biblical promises as a personal pledge was extremely helpful to internal resilience. Participants from various focus groups recited sacred text that offered promises of hope, blessings, and strength. For example, “After he (referring to Abraham) patiently endured, he obtained the promise;” “I can do all things through Christ that strengthens me;” “All things work together for good,” and portions of the Shepherd’s Psalm (A1, A3, A4, C2, C3, C4 Groups). The sacred texts and scriptures had personal meaning and significance

for many members of various groups. The promises participants understood as personal messages from a covenant-keeping God, and, as noted previously, they renewed and reconditioned their minds, assuaging doubts and fears.

The second source was interpersonal conversations and sharing. Black women come from an oral history tradition and they frequently engage in a range of conversations within their relational matrix. Those with whom they converse might include: a) Family and intimate friends who helped with processing through struggles, and were resources on which to lean. For example, one participant noted, “I have that group that I know if I have to vent or get information from I know I can go... having that foundation underneath” (RN). Also important was having people willing to shepherd, guide, or extend a hand. b) Others who share a common experience with them, either currently or previously. Knowing and speaking with others with a common experience decreased their sense of aloneness and uniqueness. Regarding this option, one participant stated, “you understand that you are not going through whatever you are going through by yourself; you are not alone” (SP). c) Older women mentors were also important options for interpersonal conversations in that they ensured, “I did not have to go through some of the kinds of things that they could share with me” (BOU). These conversations incorporated religious themes, messages or references.

The final source was divine conversations that were personal and collective, private and public. Most of the participants practiced praying to God and believed in a higher power to lead, help, and guide. One participant offered another option than praying to God and expressed that it was important to call on something bigger or “call on ancestors” (A2 Group).

Additionally, a small minority of participants in middle adulthood incorporated the option of seeking out professional relationships as a potential source. They noted, however, that it would be important to know and believe that they would obtain the needed help. This option of seeking professional help did not emerge from any of the groups of older Black women participants. Their primary choices and preferences were connecting with people within their networks and reaching out to a higher power.

Internally, there was also a dialectical process between what was labeled the “eternal survival tactic” or the underlying driving force that compels Black women to “never give up even when you have stoppage...sometimes finding another way to same goal” (A3 Group; CO) or “going on no matter what”(A3 Group) and the seemingly opposite choice of standing still. According to several participants, standing still was as important to internal resilience as the eternal driving force of moving into action and accomplishing core responsibilities.

Several participants identified important properties of standing still. First, standing still involved reflexive listening and responding. In taking a moment to stand still, Black women reduced the risk of, “reacting to what is happening. And stand still long enough for the voice inside of you to give you a clear understanding of everything that is happening around you....You don’t want to react, You want to respond....The voice within is going to lead where God wants me to go” (RN). Another participant referred to standing still as perusing the land like a surveyor in a non-reactive way and figuring out a strategy.

Second, in moments of reflexive listening, there was a need for quietness to minimize the impulse of ruminating on obstacles or barriers that could potentially prevent

Black women from doing what was required. Combined with quietness and listening was reflexive waiting, which participants described as being present with an openness to receive something. In these moments, things just seem to happen. Standing still also had the element of abiding in a supreme being, which entailed giving the situation to God, letting go of it, and harnessing the power and strength of the divine to accomplish whatever they needed to do. This was inclusive of everyday activities as well as significant or overwhelming tasks.

Finally, it was the consensus that there is not a singular process of bouncing, snapping, coming or popping back internally. There was not a universal course or progression to snap or come back internally for Black women in middle and later adulthood. There were differences and, in many situations, their implicit or explicit choices determined their course. Going through adversity did not feel good, but participants noted that there were choices in how to handle or manage the circumstances. These choices emerged directly or indirectly from the responses to questions, such as *“How am I going to handle this? Do I wallow in self-pity or do I pick myself up, deal with it and move on?”* (A3 Group).

The choices existed along a continuum between two polar opposites. On one hand was choosing to be reshaped, refocused, better, and stronger through tools like the Judeo Christian worldview or Buddhist principles, which helped reframe difficult situations. On the other hand was choosing negativity, bitterness, or pessimism linked to being unable to move beyond, “why me?” For those who chose the former, life became better because they had actively explored, learned, and absorbed lessons. Furthermore, they conceptualized difficulties or hardships as important mechanisms for purging things

that needed changing in order to induce growth. Through this process of removal, transformation and a greater sense of enlightenment occurred. One participant described the choice to live life better as “when you snap back, you look back, see what happened and what learned from it. And, you move to another level” (A2 Group).

When moving to another level, participants used the empowering tool of believing that all things work together for good, which is an important tenet of the Judeo Christian perspective. When the Judeo Christian perspective informed Black women’s understanding, it helped them believe that God has something personal for them. Some good was going to come because all things work together for good. The good was yet unseen in this situation, which situation was not a good one, but God, was going to use it for good.

Although most of the participants shared this Judeo Christian perspective, a small minority had different ones. For example, one participant expressed using Buddhist principles as her frame despite being agnostic. Therefore, in the midst of hardships, she remembered that things happen to human beings and everybody experiences trauma and tragedy. Moreover, there was nothing that can occur from which people cannot survive.

In addition to the choices between these polar options, participants identified four other alternatives that Black women encountered when choosing how they bounce, snap or come back internally. One alternative involved recognizing that it was not possible to address currently the internal repercussion of the adversity or challenge nor was change achievable in the present moment. Therefore, it was necessary to accept their current functioning, and the unlikelihood of adequately dealing with any emotional consequences or aftershocks. The best available option was to compartmentalize – i.e., entrust to the

capable hands of deity with the intention of moving on and, when feel strengthened, return to the internal issues.

The second alternative that confronted Black women related to their level of believing and knowing, that is, how much did they believe and know that it was possible to prevail or preserve through stressors or challenges? Coupled with this was the level of their internal confidence that they would get over the hardship, and their ability to see clearly that they were getting through the struggle. One participant noted that Black women were at increased risk for succumbing when they did any of the following:

a) Struggle with believing and knowing or with getting up and seeing clearly that it was possible to overcome, b) Lack confidence that they were going to get through, and c) Did not see how crucial and essential it was to keep going even if not feeling 100 percent.

These could potentially lead to suicide or other unhealthy options.

A third possibility in handling stressors or adversity was using substances. Participants viewed this option as a misguided method that caused more problems because it focused on numbing feelings rather than dealing with stressors or challenges. Finally, Black women had the option of examining and absorbing lessons learned from difficulties or adversity. If they chose not to absorb life lessons, there was a greater risk of repeating unproductive cycles and, thus, staying the same.

### **Features or Aspects of Resilience**

Not only was resilience multicomponent, middle and older adult Black women across focus groups and personal interviews, irrespective of age and location, also identified several interrelated features and aspects of resilience. These features and aspects were part of their conceptual understanding of resilience, which included:



a) Awareness and knowing that hardships and tragedies were embedded in the fabric of life, b) Harnessing prior or past experiences, c) Witnessing others navigate struggles or traumas, d) Keeping dreams or goals, and e) Tuning in and being cognizant of an intrinsic and ingrained repertoire.

### ***Awareness and Knowing about the Nature of Difficulties/ Tragedies***

One prominent feature of resilience was having awareness and knowing that hardships and difficulties were ongoing. Struggles are a part of life. This was not being pessimistic rather it was a clear recognition of life's reality and a source of preparation for the inevitability of life, especially for Black women. Things will happen, some of which are not of one's choosing. As several participants stated, "You will take a hit, get knocked down" (A2, A3, & C2 Groups). An example of the inevitability of Black women's life was dealing with the visibility and invisibility of Black women presence. Visibility of Black women presence relates to the inequity of perception and treatment in every day and professional spaces based on physical characteristics. Participants noted that Black women must be prepared to deal with subtle or overt behavioral reactions, which required them to move through and forward from the targets of biases and assumptions. Challenges of racial visibility are ongoing. In contrast, invisibility of Black women presence is associated with being ignored or overlooked and relegated to receive services last even when first, or receive subpar services that are not comparable.

Given the fact that, on any day, challenging or adverse incidents can happen, many participants felt that resilience was not an end-point. Black women always have something, some difficulty that they have to come back from. One participant said, "I can say I am resilient but can never say I'm done because there is always something."

Something out there that will help you become a bit more resilient. Something you can learn” (CAG).

### ***Prior or Past Experiences***

According to participants across focus groups and personal interviews, when adversity or trauma happens in the present, an important feature of Black women’s resilience was having an experiential catalogue that they can peruse which served as living reminders and testimonies. Their prior life experiences were important reference points and a place of knowing. There were two types of prior life experiences.

First were experiences of others who previously had gone through. They pioneered the way and demonstrated that it was possible to survive and move forward. These testimonies became evidentiary; they were building blocks of knowing that coalesced into case files that Black women drew on during current experiences. Participants viewed the collection of files as precedents that affirmed this experience was not new. Thus, former experiences of others strengthened and helped Black women to come back better because these experiences became materials integrated into internal self-messages.

The second type of prior life experiences were personal ones. For this particular feature to have potency, Black women had to have a willingness to look back, remember, and realize the providential move of God, i.e., how God answered their prayers and how their Supreme Being had worked historically. Recalling how God has led in the past, coupled with knowing and believing that they can make it through current difficulty by tapping into confidence linked to previous performances brought encouragement and sustained them. This specific feature of resilience had special relevance for many older

participants, who expressed the conviction that life experiences brought wisdom. Life experiences have taught lessons including: a) Anything can happen and surviving was possible. b) It was important to look back and see how God has worked, which precipitates a cascade of strength, trust and confidence. c) It was essential to move forward with life because nothing lasts forever. d) It was crucial to remember hardships and stressors that they have endured because they gained strength through overcoming and these trials led to a greater knowing and believing in the power of God.

### ***Witnessing Struggles or Traumas of Others***

Another aspect of resilience, which shared similar features to prior life experiences, was being aware of and seeing someone else struggle with or navigate through hardships, traumas or tragedies. Many of the participants shared that witnessing the ways other Black women navigated hardships or trauma often served as inspirations and models irrespective of the kind of relationship they shared. It could have been an intimate or peripheral one. For most, mothers or grandmothers, family members or family friends were among their first models.

### ***Retaining or Keeping Dreams and Goals***

Retaining or keeping dreams and goals despite doubts of others, obstacles, or life constraints was an important aspect. Similar to the open-ended conceptualization of internal resilience, accomplishing dreams and goals had no time constraints or timeframes. The most important element was keeping dreams and goals regardless of whether Black women had achieved them through a direct path, detour, or series of paths. The process and time period for achieving goals or dreams had less significance than

keeping them in view and fulfilling them at some point. Not losing sight of them had the greater priority.

Many of the participants described their journey filled with obstacles and struggles, but understood that achieving their dreams or goals would happen in God's time. Furthermore, in reflecting on the value of holding on to dreams, many shared personal and professional goals that they had hoped to accomplish during young adulthood and believed that the time and opportunity had passed, but later they happened. This happening later served as reinforcement that the fulfillment of dreams or goals does not have an expiration date.

Coupled with keeping dreams or goals in one's purview was giving privilege to one's own perception of self and abilities. Participants shared racialized experiences in academic settings where their career path or professional goal as well as their capability were questioned. In moving through these experiences, participants noted that it was important to separate the negative racialized perceptions from their self-perception and identity, ultimately, giving privilege to their self-definition. Thus, in contexts where they experienced overt inequity of perception and treatment, it became essential to retain and fulfill goals as well as be the author/narrator of their own self-definition. One focus group participant summed up the importance of constructing one's own self-definition. She noted, "Just being a Black woman we go through so many different challenges...you have a woman, as myself, who has been through the system. So, I've got this label but see I don't claim that label cause you can't tell me who I am, you really can't...So at the end of the day just because that's how you look at me, that's not who I am (C1 Group).

Additionally, it was important for Black women to refocus on and remember the reasons for accomplishing their goals, which was unrelated to other people's perceptions of who they were or their abilities. Moreover, as they navigated through these experiences, they gained strength and, the experiences fortified them to move forward and disprove the erroneous and biased assumptions. Retaining and fulfilling dreams and goals had value beyond personal satisfaction. Many participants noted that an important aspect was the role modeling for younger generation. One older adult expressed that, like salt, she was preserved through difficulties and obstacles to be a role model for others to show them that they can accomplish their goals as well.

### ***Intrinsic and Ingrained***

Most participants across focus groups and personal interviews noted that a significant feature of Black women's resilience was its intrinsic nature. They asserted that it was deep-rooted, firmly fixed and established by the long continuance of trauma, hardships, inequity during and post slavery into current times. The fact that their foremothers survived unbearable conditions and unspeakable treatment was a testament to the inveterateness of their resilience.

Many expressed the belief that there were pre-existing internal resources that came/showed up enabling Black women to survive personal assaults and cruelty of forceful disruptions of relational bonds with children and husbands. In the midst of such indescribable pain, the resources inside showed up allowing Black women to keep going and move forward. Then, by means of intergenerational transmission, direct and indirect socialization processes exposed subsequent generations of Black women to the repertoire of behavioral, cognitive, spiritual responses and skills. These responses and skills have

become ingrained and have become hardwired to such an extent that Black women have conceptualized them as automatic and conditioned.

Furthermore, another way participants described the ingrained repertoire was as the eternal survival tactic and underlying driving force predicated upon generations of Black women who moved forward, kept it going in spite of unimaginable odds. One participant classified it as a trigger. “It’s like when you come up against something and it knocks you back, you don’t just always fall and say, ‘I’m done.’ A lot of times you will fall and take a hit and then something just kind of triggers, ‘Oh, I’m not dead. I can get back up’” (CO).

### **Theme IB: Culturally Determined Criteria of Healthy Outcomes or Adaptation**

Black women definitional understanding was inclusive of and interwoven with their culturally defined criteria of adaptation and their cultural pathways to resilience. For example, bounce, come, or pop back was a definitional understanding of resilience; also, these terms were inclusive of the process of resilience.

#### ***Healthy Outcomes and Adaptation***

Adaptation participants understood not as a one-point in time event; rather, they regarded it as ongoing with an open-ended timeframe. This was similar to the participants’ conceptualization of internal resilience. As one participant expressed, “Nobody is that perfect that you are just going to get up and bounce back immediately. But you give your mind time to heal just like you give your body time to heal from being hurt or cut. You’re going to bandage; you are going to leave it where it can heal. That’s what you have to do to the mind” (RN). Additionally, participants expressed that they did not bounce or snap back from adversity or difficulties the same. They challenged the

belief that there was a return to homeostasis. For them, life underwent permanent changes in multiple domains. Furthermore, there were persistent sequelae that may be short-term or enduring.

One participant's candid and insightful response to the questions, "*How would you know that a Black woman has achieved a healthy or an adaptive outcome after a difficulty or after a trauma? What would a healthy or adaptive outcome look like?*" challenged the inherent presuppositions and assumptions embedded in the questions which the researcher had not examined. "Your question," the participant stated, "sort of suggests that trauma ends or that there's a completion date....every day I raise my children by myself so is it ever over? Stuff comes up. I don't think that there is an end date for the way people experience trauma and hardship" (WF) The participant further asserted that there were consequences attached to the hardship that were both current and future, many of which were yet unknown. Moreover, the consequences then become interwoven into life's landscape. Another participant also conveyed this idea of permanence; she compared experiences of hardship and trauma to childbirth. Even when it was over, there continued to be permanent reminders, e.g., scars and stretch marks representing each child.

In addition to challenging the assumption and presupposition that trauma and hardship end or have endpoints, participants stimulated the reconsideration of the criteria for success and failure. One participant shared that for some Black women, failure would be deciding to check out and not be here. Given that they were here, that was a measure of success, which was a clear representation of hope.

## **Adaptive Milestones**

After engaging in a thoughtful reflexive process, the researcher came to recognize that the questions had embedded Western majority cultural assumptions about trauma as a discrete event with clearly identifiable beginning and ending. With this new realization, and, to represent more closely the participants' conceptualizations, the researcher chose the term milestone as a substitute. It more accurately reflected the changing landscape of life with the multiple transitions that Black women must navigate over time in response to significant adversity or trauma.

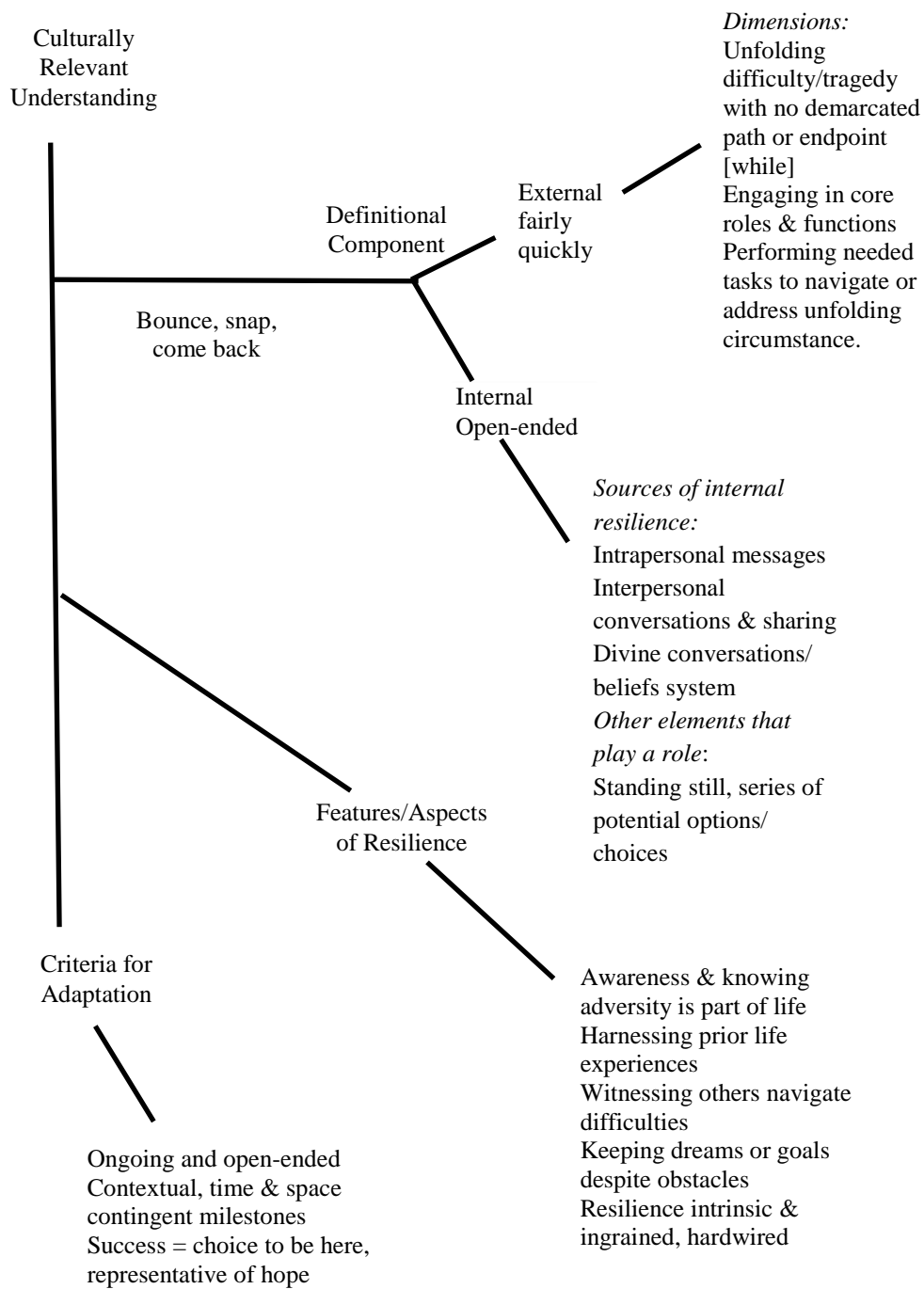
Through the process of maneuvering through difficulties, challenges and adversity, participants identified *milestones* that were time, space and context specific. For example, within the context of residing in a shelter, adaptive milestones for this time and space included, 1) "Getting back to normal" (C3 Group) as evidenced by managing and fulfilling regular business and daily living activities. 2) Demonstrating forward momentum evidenced by not staying in the same place with limited to no measurable achievements. 3) Having concrete plan and moving towards goals. 4) Gaining stability by having one's own place, living independently. Once the individual transitioned out of sheltered living, there will be other milestones. Living independently also may be a milestone for navigating an unexpected divorce where clearly demarcated traditional roles were part of the marriage. Additionally, adopting and expanding roles to include both expressive and instrumental ones were also a milestone.

For dealing with employment disruptions due to restructuring and layoffs, participants had varying milestones for the immediacy of the circumstance. On the one hand, participants stressed standing still, which meant not reacting but being ready and



open to receive what God had next. On the other hand, the necessity of meeting essential elements of life combined with having dependent family members required moving into immediate action. When dealing with current grief and loss of close friends or family members, participants noted two important milestones: 1) Honoring the legacy and gifts of the person by reflecting on the question, “How can I honor the life that she lived in front of me?” (C2 Group). 2) Using the person’s life as an example to improve the quality of life for oneself, family and friends.

Across all types of difficult situations and trauma, however, the ability and willingness to share these experiences so that others could benefit participants considered universal evidence of healthy adaptation. One participant described it as reaching back to help others and conveying to them, “I have walked where you are walking” (SP). When sharing, participants emphasized that difficulties, pain, and doubts needed to be part of the story’s narrative and not just the triumphs. Sharing was also an important source of internal resilience. Figure 4 on the following page is a visual presentation of the participants’ conceptual and definitional understanding of resilience.



**Figure 4.** Multicomponent definition and conceptualization of resilience

## **Theme II: Culture-Specific Pathways to Resilience**

Besides the aforementioned components, features, and criteria that informed participants' conceptual understanding of resilience, cultural pathways emerged from constant comparative analyses among responses of participants in the focus groups and from personal interviews. Participants' awareness and understanding of historical and contemporary stratification of Black women in society influenced these pathways and, the construction of cultural pathways was from the broader Black cultural and familial narratives. Most participants, regardless of age and geographical location, identified that "just being a Black woman was a significant challenge" (All Groups). They described challenges related to racial visibility (i.e., the inequity of perception and treatment in every day and professional spaces based on physical characteristics). Their voices coalesced to share these experiences, "In the United States, you are always different and different again" (A3 Group); "Even living in the skin we are in, we are treated differently based on the 'complexion of our blackness' (C2 Group) the texture and style of our hair. "We are denigrated" (A2 Group) "a not generally respected population" (WF) and "there is ongoing inequity of perception and treatment" (C2 & C5 Groups; CO).

This common and universal experience was a unifying theme in the study that forged a bond of sisterhood transcending sociodemographic characteristics. The Black women study participants did not convey any sense of differences amongst themselves; they did not differentiate between economic or occupational statuses. These characteristics and statuses that often are seemingly important to others and function as distinguishing elements did not carry the same significance for the Black women study participants. As Black women professionals working in the judicial and university systems noted, "Even if you rise to the top of your field, you are still a Black woman in

this country...who experiences the things that Black women experience” (WF; A3 Group).

### *Pathways*

Given the social reality of all Black women irrespective of achievements, a central resilience pathway was “the Black cultural God narrative” (A3 Group) that offered an alternative narrative to the destructive and pejorative dominant discourse. It was another cultural story that encouraged a very different understanding of Black women by refuting the pervasive negativity and inequity of perception. It challenged the denigration of Black women and declared, “Do not believe those misconceptions and stereotypes” (A3 Group).

Moreover, the Black cultural God narrative asserted that Black women are created in God’s image, which opposed and countered the negative and stereotypic images society projects. Additionally, the God narrative offered a compelling remedy for the innumerable odds, barriers, and obstacles that Black women must navigate. It invites Black women to believe that there is a deity, who is able to do the impossible. With situations that seem humanly impossible, there is a greater power who is able, and who gives strength and fortitude to overcome, prevail and persevere.

Four other related pathways emerged from comparative analyses. One, awareness of and valuing the shared history and experiences stored in Black women. The shared history and experiences had created a sense of sisterhood. Thus, Black women had a support network that could be classified as inherent and automatic. They are part of a fabric of other Black women. Black women know sisters who had gone through challenges and this knowledge reinforced sisterhood, minimized the sense of aloneness, and fueled determination or strength to move forward. As one participant noted, “On the

days that I don't have the strength, I know I'm connected to you and I can connect to your strength" (CO).

Two, shared legacy of inferior treatment, inequity, and injustice. In gaining an understanding of how this shared legacy served as a pathway, one participant noted, "There is already this establishment of, I have survived this or so much, or have seen so many Black women survive these kinds of circumstances, so I know it can be done.... We come from a long line of women that have overcome great hardships and survived really tragic, horrible living situation from slavery on to being at the bottom of the pit. We clearly are resilient" (WF). This shared legacy facilitated an inherent sense of knowing.

Three, transmission of behavioral repertoire and guiding principles through explicit and implicit socialization, direct and indirect modeling. Many focus groups and personal interviews participants shared experiences of observing mothers and grandmothers, or close family friends navigate difficult situations or hardships. Others discussed direct lessons taught by older generations. For example, one participant shared a lesson taught by her mother, "When you get out there in the world do not expect everybody is going to say something nice to you or going to like you..." (A4 Group). Another participant expressed hearing her mother and grandmother state, "The struggle won't last always. Things will get better" (SP). These messages participants recalled during challenging times. Several participants expressed their belief that, over generations, Black women's learnt behavior has had an influence on their DNA.

Four, a cultural narrative of generosity, selflessness, and sacrifice. Generosity participants saw as contributing to resilience in a bi-directional way for the giver and

recipient. By being generous, Black women's resilience was strengthened and refueled. A significant portion of participants spoke about the value of investing and depositing in others because they themselves were the products of such investments. The investments and deposits received and from which they benefitted were not intended to be "hidden in jars of clay" (SP); rather, they were to be reworked, recycled and shared with others, especially during situations of hardships and adversity.

### **Religiosity, Spirituality and Faith Community as a Pathway**

Every participant ascribed to a set of spiritually oriented principles, tenets, or overarching worldviews irrespective of their personal classification vis-à-vis a religious or non-religious identity and affiliation. These religiously or spiritually based principles informed their understanding of adversity or difficulties, and offered a path through them. Most participants subscribed to Judeo-Christian beliefs with a small minority to Baha'i Faith and Buddhist principles. One participant who used Buddhist principles found them meaningful especially in difficult and challenging times although she identified as agnostic. Some of the principles included things happen to human beings, all of them, everybody experiences trauma and tragedy; generally, you can get through, and there is nothing that can happen to you from which you cannot survive (WF).

It was the consensus that these belief systems offered unexplainable benefits and provided something on which to depend confidently during times of hardships and struggle. The principles and beliefs were especially instrumental in helping Black women with their internal resilience, which in turn influenced their external resilience. The content of their intrapersonal messages (one important source for their internal resilience) were often permeated with elements or references from their beliefs systems,

e.g., I can do all things through Christ which strengthens me, or God will supply all my needs including giving me the strength, courage, faith, and whatever is needed to get through.

For many Black women participants, the value of the tenets and sacred texts increased exponentially when no visible person was available or when doubts assailed. In these moments, mobilizing the power of the teachings or principles imbued them with hope and encouragement, such that their spirits were elevated and they had renewed strength to keep moving forward. One older participant of the Baha'i faith tradition expressed the importance of guiding principles or standard in this manner, "resilience has to do with life experiences but a lot of it has to do with your standards and how connected you are with them...your standards are your main support, your guidance for navigating different things and situations" (C4 Group). Moreover, it was one's standards and principles that build up inner strength to know how to deal with oppression or to frame a response to oppression, i.e., love one another, pray for those who despitefully use you, they know not what they do, etc. (C4 Group).

Although the teachings, principles, and tenets were very valuable, participants' personal connection to God or deity had the greatest significance. Many asserted that the primary focus was not a religion but a relationship; instead, a relationship with God, who is all powerful, almighty and, ultimately, responsible for life and the universe. When there was a relational connection to God, there was increased assurance that everything will "come out alright" because there was an available collection of historical evidence. Thus, faith/belief in God most participants identified as a central pathway to resilience and described it as the anchor in storm, the key to strength, and the foundation on which

to stand during times of adversity or trauma. In sharing her journey through hardships and difficulties, one focus group participant noted, “If you see something different in me and it’s beautiful, it’s because of God. It ain’t nobody but God that did the change in me” (C3 Group).

Faith in God participants also understood as an important historical legacy. “Black women were stripped of everything but the one thing that they could never be stripped of was the connection to the God and to worship” (A2 Group). Prayer was one of the primary ways that many participants across focus groups connected to God. Participants understood praying as an almost natural pathway. Participants described observing a heritage of prayer through several generations of great-grandparents, grandparents, and parents, who prayed for strength to overcome obstacles, for guidance in challenging circumstances, and comfort for dealing with tragedies. Ultimately, participants embraced the practice and continued the legacy by instilling its importance in their children thereby offering it as an intangible inheritance.

Connecting to God through prayer was crucial because it helped maintain a sense of acceptance and peace with what was occurring outside in life, and brought a sense of inner calm. One participant described prayer as that “calming thing that wraps itself around your mind and your heart at the same time” (CO). Another participant shared that prayer led her to a different mindset, motivated her to do life differently, and made her stronger. Participants in every focus group expressed the value and effectiveness of prayer. Older Black women described answers to prayers over their life course. They had a repertoire of testimonies that demonstrated prayer works. Praying helped them



press through adversity or hardships, gave them direction and guidance, and helped them build their faith and connection to God.

Finally, participants discussed what life would be like without the options of faith, God, spirituality or a faith community. The majority found this inconceivable because they regarded God as inextricably connected to their resilience. For them, life would be hopeless, miserable, more difficult, etc. Members from a focus group suggested that life as it is now represented this reality. Clear boundaries, basic values, and accountability have diminished resulting in behavioral and interaction patterns that were once unthinkable. Other members of a focus group asserted, “If you did not have faith or any spiritual connection there will be no inner peace because there’s already no outer peace. So just imagine you soul in torment” (C1 Group). However, a small minority felt that Black women would be okay without these options because they are resourceful thinkers. Thus, they would create what they needed just as they have done in other areas of their lives. Yet, another participant contended that there was no adequate substitute. With God, there was ubiquitous evidence of deity’s creative works, enough to give credence to a belief in a higher power. Furthermore, if the other options included reliance on each other or others outside the cultural reference group, she could not envision confidently relying on them as alternatives.

### **Profiles and Ingredients of Resilience**

Black women also used profiles and ingredients as pathways through hardships and stressors. The narratives of Black women across focus groups and personal interviews were filled with profiles of resilience. The profiles emerged from actions, values or attitudes of historical and contemporary Black women who participants could

consider as exemplars of resilience. Mothers, grandmothers, and other maternal figures were amongst those most frequently identified as exemplars of resilience. They epitomized the profile of resilience based on choices or attitudes they exhibited and because they transcended significant hardships, obstacles, and challenges. For example, one participant described the image of her mother holding her younger sister who died while waiting for a doctor to see her. This incident occurred during a time when Blacks received medical attention only after medical professionals had addressed all health concerns of Whites. The medical profession triaged medical needs by color and not by the severity of symptoms presented by Blacks.

Additionally, mothers and maternal figures participants saw as embodying spiritually oriented principles taught by previous generations that they sought to teach their children. Some of the principles included: being compassionate toward others, sharing with one another, turning the other cheek, being the person God has made you to be, forgiveness, etc. These standards guided behavior and interactions especially during challenging times. One participant shared witnessing her mother's challenges and hardships and her ultimate willingness to forgive those who were involved. Through her mother's modeling, she learned about forgiveness. Moreover, many participants pointed to these maternal exemplars' prayer habits. They categorized them as praying people who passed on a heritage of prayer to them. One focus group participant shared that even when she was out in the streets (a reference to pre-recovery life) she prayed. This was a testament to her family's legacy of prayer. Furthermore, participants across focus groups and personal interviews conveyed admiration for their mothers and grandmothers' resourceful thinking and creativity. Participants described them as knowing how to make

things work. Having observed a range of maternal figures' actions and values, participants would remember and use them as a path through pain, obstacles, or hardships.

Besides maternal figures, participants identified several historical women, such as Lena Horne and Dorothy Dandridge, because they represented trailblazers and pioneers who had to surmount significant barriers. They had to assess situations, handle them to the best of their ability, and survive in spite of circumstances. For participants, these women were reminders of surviving, of the way that the eternal survival tactic compels Black women to do what is necessary to survive.

Other women also exemplified the profile of resilience based on demonstrable attitudes, actions, and values in response to adverse circumstances or challenges. For example, Harriet Tubman and Sojourner Truth demonstrated an authentic profile of resilience. They are within a special class of Black women who did what was required, e.g., leveraged resources or voices to ensure expanded opportunities notwithstanding personal cost. They sought to achieve overall improvements through personal efforts for the good of the group even if they sacrificed potential life prospects.

Participants also identified current examples of women exemplifying a profile of resilience: the mothers who collectively confronted the issue of police shooting in the midst of their grief, Tarana Burke who initiated MeToo, creators of #BlackLivesMatter. For many participants, a profile of resilience had to encompass mobilization, advocacy, and activism in response to personal or vicarious pain, hardships or injustice. In the midst of pain and tragedy, the women evidenced a willingness to bounce/pop out of their own difficulty and adverse circumstance in order to help others. These women reworked

and recycled adversity and became a blessing. A central action/value of all the profiles was reaching back and investing in others in spite of one's pain, hardships or tragedies. They were willing to make deposits and investments in others or be transparent about their struggles.

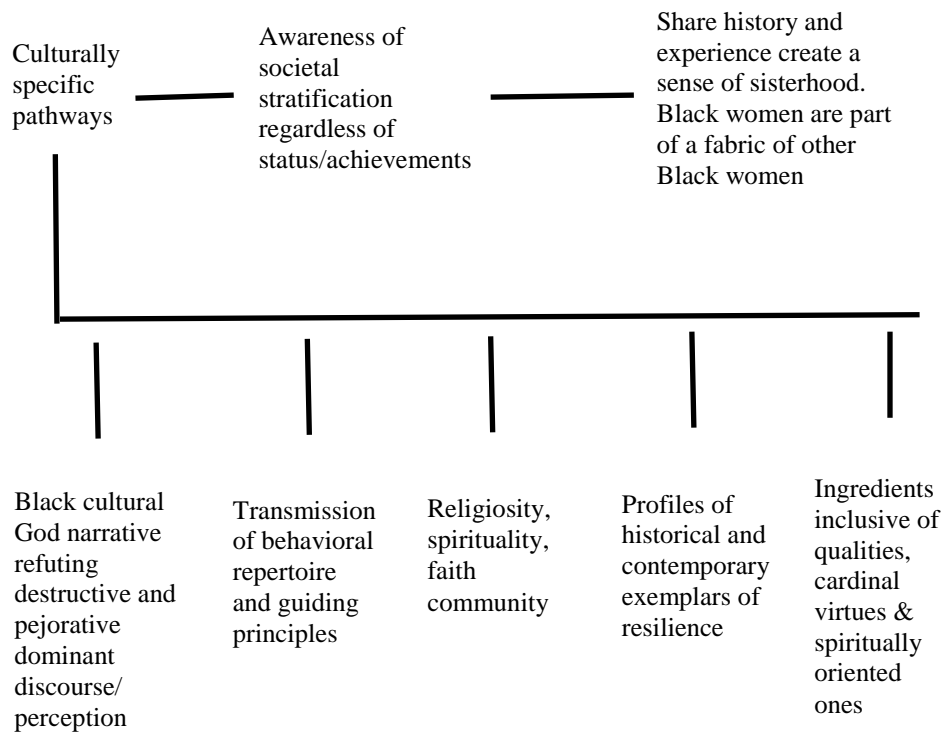
Finally, profiles of resilience were not limited to specific women; it was inclusive of broad sets of choices or attitudes. For example, participants across focus groups and personal interviews named choices or attitudes, such as asking for help and willingness to want, which a participant summed as “there are things that you have to want today to get to where you need to be” (C3 Group). This may involve overcoming embarrassment to get what one needs or going through what is necessary in order to have more. Another important attitude was willingness to make investments and deposits in others. These included second chances, to make wrongs right within one's familial and personal networks by fully participating, being present and investing in people's life that they previously disappointed or hurt. These current deposits and investments participants regarded as redemptive and restorative. Finally, calmness or equanimity was important to a profile of resilience.

### ***Ingredients***

Culturally specific pathways to resilience were also understood through a metaphor of ingredients. Participants offered a range of ingredients with a few common ones. The consistently identified ingredients were love, compassion, kindness, patience, strength, determination, drive, staying the course/consistency, plus a group of spiritually-oriented ones—prayer, faith, belief, Jesus, God, trusting in God, hope. Participants of one focus group also conceptualized ingredients as every historic and contemporary

significant experience (positive or negative); *all* of their life circumstances mixed together worked together for good, which then, must be reworked, recycled, and deposited in the next generation.

Finally, a sweet potato cake recipe was used to illustrate how adding ingredients transformed a basic sweet potato into a cake. In its transformation from sweet potato to cake, through the process of altering its original form and combining ingredients, the longevity and sustainability increased exponentially. As a cake, it can be *frozen* and stored for up to a year; when thawed, it can handle *heat* in an oven and maintain its form and texture. By itself, a sweet potato would lose its integrity if it underwent the extreme conditions of cold to hot. Figure 5 below offers a visual representation of the pathways.



**Figure 5.** Pathways that lead through adversity and challenges

### **Theme III: Valued Mechanisms or Processes**

In addition to offering definitions and identifying pathways to resilience, participants across focus groups and personal interviews identified a range of processes or mechanisms that they used to navigate adversity, hardships or stressors. These mechanisms coincided with cultural pathways. During the process of comparative analyses, the researcher discovered four overarching mechanisms. First, reconfiguring, reshaping, and reworking adversity or hardships by changing perspective about them. In order to navigate through hardships, participants had to develop perspectives that propelled them forward. New thoughts about the adversity might include, “this happened so I can come alongside you and ensure that the tears I have cried you won’t have to cry” (SP, BOU, C2 Group). These new thoughts led to opportunities to rework and reshape experiences so that they could be helpful to others currently struggling.

Two, the heritage of creativity and resourcefulness. Many participants offered stories describing grandparents, parents, and their own resourcefulness in using what they had to make what was needed. They conveyed that Black women are resourceful thinkers who creatively use what is available; they know how to make it work. They figure out and creatively use resources. Things get recycled, reused and reworked. This mechanism was helpful and valued irrespective of economic status and is part of the profile of resilience.

In describing this resourcefulness, many participants discussed the classification of being poor. Without exception, the women, especially the older adults, summarily rejected this particular designation noting, “We were not poor because we had everything we needed” (LN; C5 Group). They co-constructed a narrative of their lives that did not include the descriptor or identity of being poor. Instead, the dominant theme was having

the knowledge of how to make things work and possessing creative and resourceful abilities to live their lives. This process of honoring and privileging their own self-perceptions and identity, as previously identified, is an important feature of resilience. For the study participants, it was extremely important to separate other's stigmatizing perceptions from their own self-definitions and identity. As one focus group participant noted, "you can't tell me who I am...just because that's how you look at me, that's not who I am" (C1 Group).

Three, use of songs, hymns, and music. Participants shared that words and song lyrics brought peace and calmness in the midst of "their storms," and, as mentioned previously, they renewed and reconditioned the mind. A range of songs were identified, including, "His Eye is on the Sparrow", "Calm Me, Lord, and Keep Me Calm", "Go down Moses", "How Great Thou Art", etc. Coupled with the use of songs and music was faith and belief in God. One participant's statement captured the essence of this valued mechanism well, "If Black women didn't have her faith you couldn't survive... The way to survive is through faith and prayer" (C5 Group).

Four, navigating inequity of perception and treatment. In navigating through these inequities, several crucial processes emerged. First, learn who has the power and resources. Second, figure out "what is the dance you have to do to get through" (C2 Group). Third, develop the gift of discernment and the ability to decide how to respond in ways least likely to have negative personal repercussions. Fourth, be safe in handling situations, which may include collaborating with those of the majority culture and allowing them to occupy prominent positions when racism and racial rhetoric require addressing. This process becomes especially important when those of the majority

culture invalidated or denied the truth of Black women experiences when it is a known truth. During these times, it may become necessary to step back from the fight of injustice and allow others to be on the front line. It means being wise enough to know when to afford Whites the opportunity to “speak the truth of your experience” (CO). The final process, get together as a group of Black women, discuss, offer support, strategize and find a solution.

### **Changes or Adjustments over Time**

It was the consensus that time seemed to improve resilience. Older participants reflected on the ways they managed or navigated difficulties or adversity when younger and the changes they have noticed as they have advanced in years. First, most participants shared that as they have gotten older, hardships or trials seemed to have less of an impact because they have been through “some stuff” and have gained strength. Having dealt with a range of struggles, it had become less challenging to deal with current ones. Many attributed that to their faith and connection to God, which have grown and strengthened over time. As faith and relationship with God deepened, they got through things better. Resilience, they noted, developed with life experiences, which afforded an abundant of opportunities to practice. Coupled with this was their ability to be retrospective, that is, to look back and review all the ways God had led in the past. This life review was an important factor in making it easier to press on and move forward.

Second, several participants noted that there had been a shift in the questions they ask during adversity. Initially, they would ask, “Why?” (BOU, C2 Group). One participant shared her plans to interrogate God about the reasons. However, she had come to a place/level of acceptance, noting that knowing the reasons “why” is no longer a



priority. This change emerged due to her increased confidence that God knows and understands. Another participant also described her shift from the question, “why” to “since this has happened...” (C2 Group).

Third, participants also noted that they used to “stress and fret” (RN; A 4 Group) during challenges or difficulties but now, they have come to realize that all the worrying and anxiousness were unnecessary. Over time, they learned to rest confidently in God’s will having seen His providential care. This reduction in stressing and fretting was associated with another adjustment, being more differential with their energy expenditures. They have gained wisdom in determining how much energy they will need to handle certain life challenges. They prioritized their energy usage, knowing when it was time to expend and how much.

Fourth, a significant adjustment was becoming cognizant of the value of skills, strategies, and principles modeled by older family members. These skills and principles were always present; they were inherent, but unexamined aspects of life. However, as they got older and had to manage adversity and challenges, these taken for granted strategies and principles moved to a level of awareness, and an appreciation and recognition of their significance emerged.

Finally, the process of adjustments was summed up in the following manner by focus group members who articulated the developmental unfolding of resilience over time: during late teenage years and early twenties (the college years), when an aversive circumstance occurred, the methods used were some type of immediate relief or disengagement from life and the struggle. In the decades of 20’s and 30’s, the way they dealt with adversity was to focus on looking good and being externally successful, which

were manifested in the superior performance of responsibilities to earn respect of others or gain financial status. However, as they got older and had “come through some things,” they came to realize that the external façade was meaningless on its own. At present, they have a level of acceptance, an ability to flow when issues or challenges come (because they will come) and their response is, “now that this circumstance is here (it is happening), what am I going to do with this issue? How will I manage?” (C2, C4, A2, & A3 Groups).

### **Conclusion**

The findings across focus groups and personal interviews in this qualitative study focusing on resilience in middle and older adult Black women were interwoven inextricably, which made it challenging to hold to the three thematic categories in a discrete and mutually exclusive manner. The significant interrelatedness may be representative of inclusivity and holism in Afrocentric thinking in comparison to the dichotomous nature of Western thought.

The three thematic categories were culturally relevant definition and understanding of resilience and culturally determined criteria of healthy/adaptive outcomes, culture-specific pathways to resilience, and mechanisms used to navigate through life challenges and structural inequality. There were two mutually reinforcing and dynamic components that emerged from the participants’ definitions—external and internal resilience. External primarily involved performing and fulfilling core roles and responsibilities; whereas internal resilience represented participants’ ability to withstand what was occurring in life without succumbing or breaking down internally. “Withstanding” required participants to use sources, such as intrapersonal and interpersonal communication as well as religious, spiritual experiences and sacred text.

Of note was the overarching sense of connectedness and relatedness shared among the study participants irrespective of sociodemographic characteristics. Although there were differences in age, income, occupational status, educational level, etc., the variances among these sociodemographic characteristics did not have the degree of significance as anticipated. Instead, the shared experiences of “just being a Black woman” transcended demographic characteristics and profiles. The shared history and continuing experiences of inferior treatment, injustice and inequality created a sense of sisterhood and recognition that even if one ascends to the pinnacle of achievement “you are still a Black woman.” It is this knowledge that fuels a sense of equivalency and has a power more potent than social or economic status.

Notwithstanding participants’ shared experiences of injustice, marginalization, and disenfranchisement, which forged a sense of sisterhood surpassing heterogeneity of sociodemographic characteristics and social positioning, there were several areas of inter-individual differences. First area related to the preeminence of external resilience. While external resilience had immediacy, for a small group of participants in middle adulthood, they needed to “be okay” internally as a prerequisite to moving forward externally. Second area was using professional relationships as an option for interpersonal conversation/sharing, which participants identified as one of three important sources to internal resilience. Only a very small minority of participants in middle adulthood saw this as a viable alternative. Third area was the diversity of faith traditions. Most participants subscribed to the Christian Protestant belief systems with a small group who subscribed to Buddhist principles and Baha’i faith. The final area was life without options of faith, God, or a faith community. The majority of participants found this

inconceivable and unimaginable. However, a small minority of middle and older adult participants noted that Black women would be okay because they would use their creativity and resourcefulness to create something. Additionally, there was an option to call on ancestors during times of difficulties.

## CHAPTER FIVE

### DISCUSSION AND CONCLUSION

This qualitative study examined resilience within the context of Black women lives. More specifically, the study explored how Black women in middle and older adulthood defined and understood resilience, what they considered criteria for adaptive outcomes, as well as features, mechanisms, and pathways to resilience. It used multi-methods of personal interviews and focus groups to achieve three aims: 1) to explore Black women's culturally relevant understanding of resilience and their perspectives on how healthy or adaptive outcomes are defined and achieved; 2) to examine their culture-specific pathways to resilience; and 3) to understand how they navigate through disruptive or aversive life circumstances to positive outcomes.

Using personal interviews and focus groups permitted the researcher to explore the multidimensionality of resilience and facilitated triangulation of methods. Triangulation ensured that the data collected and generated are rich and well developed as well as robust and comprehensive (Lincoln & Guba, 1985). Throughout the process, the researcher adopted a stance of deliberate naiveté (Kvale, 1996) allowing the women's ideas to converge or diverge organically. Such convergence and divergence of ideas is a reflection of complexity.

As the research aims are process oriented and the construct that the study examined is complex and ambivalent or changeable (Burck, 2005; Daly, 2007; Goulding, 1998), the study used grounded theory, specifically from a social constructionism lens. Grounded theory is appropriate because the study focused on definitional conceptualizations of resilience through the perspectives of Black women, which others

have not fully explored, understood, or conceptualized. Privileging the plurality of middle and older adult Black women's voices, perspectives, and viewpoints is a hallmark of social constructionism.

In addition to using social constructionism as a lens for data collection and analysis, life course and system theories served as theoretical frames for this research. Their acknowledgement of the contextual development of individuals within social ecologies underpinned the choice of these theoretical systems. These theoretical systems also recognize that individuals' larger ecology and position in the world shape their beliefs or perceptions of social reality.

Moreover, the theories support the perspective that Black women speak from and about their own experiential location and their experiences of reality are personal. Furthermore, the basic elements and principles of the life course perspective and concepts from system theory offer a useful way to explore resilience in Black women's lives. They are useful because they situate Black women within a contextual framework that is both multidimensional and dynamic in and across time and place.

This final chapter summarizes and discusses the major findings and implications for resilience research and practice. It also draws connections to the existing literature and concludes with strengths/limitations of the study and recommendations for future research. The model that emerged for understanding resilience through the perspectives of Black women in middle and later adulthood is multilayered and multidimensional and has three overarching themes: 1) Culturally relevant understanding of resilience and culturally determined criteria of healthy/adaptive outcomes; 2) Culture-specific pathways

to resilience; and 3) Mechanisms used to navigate through life challenges and structural inequality.

### **Summary of Findings**

The three overarching themes can be considered the frames of the model for understanding resilience in the lives of Black women. The themes are dynamic, multilayered, and multidimensional in nature, and incorporate inter-individual and contextual differences. The following section describes each theme.

#### ***Culturally Relevant Definition and Understanding of Resilience***

The findings suggest that Black women in middle and later adulthood conceptualize resilience as bouncing, snapping, popping, or coming back, which generally means to pick oneself up and move forward. It is inclusive of prevailing, persevering, pressing on or through, keeping moving, and going through. These descriptions are representative of middle and older adult Black women's definitional understanding; also, they are incorporated in the process of resilience. Unlike the traditional understanding of these terms (returning to homeostasis), Black women participants expressed that exposure to trauma or adversity led to differences; they asserted that they are not the same and that life had undergone some irrefutable changes.

Participants also offered other definitions, such as staying focused and maintaining one's purpose in difficulties, fighting through struggles, having the capacity to faithfully get to the other side of whatever, surviving and prospering in the face of traumatic or adversarial situations, etc. These additional definitions closely embody the same meaning.

For Black women in middle and later adulthood, resilience is multicomponent. It is inclusive of two reciprocal and dynamic components classified as external/outer

resilience and internal/inner resilience in honor of the Black women participants' voices. These two components the Black women participants also incorporated in their understanding of hardships, trauma, or difficulties. Adversity or trauma has an inner dimension, meaning challenges with or in the body, and an external dimension, representing difficulties relating to macro structural and interpersonal/social issues.

Although there is heterogeneity of demographic characteristics, i.e., differences in age, income, occupational status, educational level, and living situations, etc., the shared experiences of “just being a Black woman” appear to transcend demographic profiles. Their shared history and common experiences of injustice and inequality have created a sense of sisterhood that is more powerful and potent than social, occupational, or economic status. Therefore, their socio-demographic differences did not result in significant or noteworthy variability in their understanding or conceptualizations. In fact, they did not seem to shape distinctive perspectives.

### **Definitional Components**

The external component of resilience involves three mutually influencing dimensions that include: a) engaging in core life roles and responsibilities [while] b) experiencing stressors or difficulties that create an unfolding challenge without a clear/demarcated path through or a definitive end-point, [while] c) doing the “needed things” to navigate through or resolve the unfolding circumstance. Although internal and external resilience are dynamic and reciprocal, for some Black women external resilience is foremost when navigating adversity or trauma, and it is not necessarily contingent or dependent of the internal component. Whereas, for others, “doing okay” internally is an essential prerequisite for external resilience or it needs to occur concurrently.



Irrespective of this inter-individual difference, external resilience is compulsory and occurs fairly quickly. The immediacy of external resilience is related to the ecological contexts of Black women's lives. Within their social ecologies, their lives are linked with others who depend and count on them. Others include dependent children, aging parents, or adult children. Furthermore, for some, their existing financial resources may not include adequate capital to sustain life necessities for their households. Thus, they cannot interrupt or postpone crucial roles or responsibilities.

External resilience, however, is important irrespective of income or occupational status. Engagement in life through the performance of roles and responsibilities is a crucial conceptual element in their understanding and definition of resilience. Choosing to be present and engaged, participants understood as a form of success and representative of hope. Regardless of current life situations, whether residing in a shelter, functioning as a judicial officer, professor, or program director, all conceptualized resilience as having an external component in the lives of Black women.

Engaging in the performance of core functions occurs at varying levels along a continuum from 1-9: at the highest level is fulfilling all or most of their core roles and daily responsibilities (8-9); the intermediate level is fulfilling some aspects (5-6); and, at the lowest level is performing just the bare minimum (1-2). Thus, there is diversity in the accomplishment of life functions. The key, however, is moving forward whether walking in pain or limping. It is necessary to engage in life and keep moving on guided by the thought sequence of knowing and believing that life gets better.

The immediacy of external resilience also might be related to the eternal survival tactic, that underlying driving force which compels Black women to move forward and

keep it going in the midst of hardships or stressors. This theme of continued engagement in life remained important for the study participants, including older retired Black women. It emerged in their retrospective and current understanding. Retrospectively, they reflected on past responsibilities that did not afford them opportunities to suspend performance of core roles and tasks. In this season of retirement, accomplishing daily activities continued to be important even in the midst of challenges. For example, older Black women highlighted the importance of not becoming immobilized by hardships and not allowing their internal mental state to stop them. Rather, they needed to engage in life through personal self-care, such as getting up daily and showering.

In contrast, internal resilience represents withstanding the pain and hardships that are outside by not succumbing to them internally. It requires finding an internal space of acceptance and peace regarding the external hardship or stressor. The process of internal resilience is open-ended unlike the immediacy of external resilience. In order to bounce, snap, pop, or come back internally, time and patience are critical. Three sources facilitate internal resilience: intrapersonal messages, religious or spiritual beliefs, and interpersonal conversations/sharing. Each source has a reciprocal and mutually influencing impact on one another. The sources are also representative of inner-outer dynamics. For example, internal resilience requires inner and outer conversations, which are inclusive of religious/spiritual beliefs and punctuated with declarative, imperative and motivational statements.

Another inner dynamic tension identified is standing still and the seemingly opposite compelling, driving force that thrusts them into action, i.e., moving forward. Standing still is inclusive of reflexive listening, responding, and waiting. Internally,

Black women are listening and responding to that voice within, which gives understanding about what is happening while waiting and perusing the situation. There is also a quieting of the mind from distractions and limiting thoughts about obstacles or barriers while being present and open to receive. Standing still minimizes reactionary behavior and choices, and gives emphasis to thoughtfulness and intentionality.

Personal agency plays a role in how Black women bounce, snap or pop back from adversity or hardships because there are inherent choices that they need to make implicitly or explicitly. These choices highlight inter-individual differences in the process of bouncing, snapping, or coming back from adversity, hardships or stressors. Participants articulated six potential options available to Black women in the process of bouncing, snapping, or coming back from adversity, hardships or stressors that include:

- 1) Choosing to come back better, stronger, refocused or reshaped through a spiritually oriented worldviews as a reframing empowering tool.
- 2) Focusing on “why me?” and becoming bitter, negative or pessimistic.
- 3) Recognizing one’s inability to currently address any internal impact and, therefore, entrust it to a deity with the plan of moving forward and then returning when strength increases.
- 4) Using substances to numb feelings rather than directly deal with stressor or adversity.
- 5) Choosing to either examine or absorb lessons from difficulties or not learn from the experience, which exponentially increases the risk of repeating unproductive cycles.
- 6) Believing and knowing that it is possible to overcome hardships or stressors while

having confidence that one is getting through. This ultimately keeps forward momentum even if not operating optimally.

If, however, Black women are unable to believe, know, or have confidence and move forward regardless of their level of functioning, then it creates a potential context for suicide or other unhealthy options or cycles.

In addition to resilience being multicomponent, Black women in middle and later adulthood conceptualized resilience as having five interconnected features or aspects:

a) Having awareness that embedded in the life course are hardships, stressors and tragedies. b) Scanning prior or past experiences as in an experiential library, which serve as reminders and testimonies of past successes and God's providential care. c) Observing how others navigate through hardships or stressors and using their methods as a model or inspiration. d) Retaining goals and dreams despite racialized doubts by others, life constraints, or obstacles. e) Using the intrinsic, ingrained repertoire of behavioral responses and skills transmitted inter-generationally. An element of the ingrained repertoire is the hardwired eternal survival tactic or the underlying driving force that compels Black women to move forward. This eternal survival tactic and underlying driving force are predicated upon generations of Black women who have pressed on and through in spite of ongoing trauma, hardships, and what appeared to be unbeatable odds.

### ***Culturally Determined Criteria of Healthy/Adaptive Outcomes***

Regarding the criteria for healthy adaptation and success, Black women in this study challenged the "taken for granted" assumptions about the discrete nature of outcomes and adaptation. In place of the traditional understanding, they offered three broad culturally determined criteria. First criterion, adaptation is ongoing, with an open-ended timeframe. This criterion is similar to the conceptualization of internal resilience.

The open-ended criterion is associated with the participants' recognition and keen awareness that there are short and long-term sequelae that may persist and change over time, becoming interwoven into the changing landscape of life as transitions occur. Furthermore, there are consequences attached to hardship or tragedy that are unknown and these become interwoven in their unfolding life course. Therefore, there is a degree of permanence to hardships or tragedies.

A second criterion identified by the study participants is that adaptation is contextual and time and space contingent. For example, participants shared distinctive adaptive milestone within the context of residing in a shelter compared to managing employment disruptions or navigating through grief and loss of intimate friends and family members. However, they considered interpersonal sharing about one's experiences with hardships or stressors as an important adaptive milestone across all contexts and challenges. A willingness to share interpersonally is also an identifiable feature of resilience.

As a substitute for outcomes, the researcher used the term, milestones, because it seems more reflective of evolving developmental changes across the indefinable course of trauma or hardships. Finally, the third measure of success, for some Black women, is deciding to still be here, to be present, which has an element of hope.

### ***Culture-Specific Pathways to Resilience***

In conjunction with the components and features, Black women in middle and late adulthood discussed pathways to resilience. These pathways are informed by the hierarchical and stratified positions of Black women in society that are both historical and contemporaneous. As a result, a central pathway for participants is the Black cultural God narrative. This narrative offers an alternative discourse to the dominant pejorative

messages about Black womanhood and is a potent remedy for managing the obstacles, barriers, stressors, and hardships that are part of the social ecologies of Black women's lives. The narrative emphasizes connecting to deity who is able to do the impossible and who is able to give strength to overcome.

In addition to this God narrative, participants identified another cultural narrative of generosity, selflessness, and sacrifice. This narrative communicates that investments and deposits received are not intended to be hidden or hoarded. Instead, they are to be reworked, recycled and shared freely with others, especially during difficult and challenging periods. Generosity effects are bi-directional. Both the giver and recipient's resilience are strengthened and replenished. This narrative reflects the inner-outer dynamics of resilience for Black women. Black women obtain inner regenerating resources that they recycle outwardly toward others; what is within, they reworked and shared externally. There is an ongoing process of infilling with deposits and recycling out into other people's lives.

Other cultural pathways to resilience include: a) appreciating the sense of sisterhood that comes from the shared history and legacy of mistreatment, inequity and injustice, and b) using inter-generationally transmitted guiding principles and behavioral repertoire.

Besides the above stated pathways, participants identified religiosity, spirituality, and faith communities along with specific profiles and ingredients as pathways. Every participant described a set of spiritually oriented principles or worldviews irrespective of their religious or non-religious identity and affiliation. Spiritually based principles inform and shape their understanding of adversity and structure how they navigate

through them. Moreover, their belief systems provide a range of benefits including something on which to depend confidently during times of hardship and struggle. Black women also rely on prayer in times of difficulty and adversity. It serves as a conduit to God or deity; it helps Black women maintain a level of acceptance and peace relating to what is occurring in their lives. In the midst of living with no outer peace, prayer brings inner peace.

Black women in middle and later adulthood also use profiles of resilience and ingredients as a path through hardships and stressors. Participants identified Black women who they considered exemplars of resilience. Their profiles of resilience are based on their action/choices, attitudes/values. Mothers, grandmothers and maternal figures are some of the primary exemplars. Conversely, participants described a profile of characteristics only that they found admirable which they did not necessarily link to a specific person.

### ***Valued Mechanisms***

The final theme relates to valued mechanisms, which completes the model. Black women use valued mechanisms to navigate hardships including, reconfiguring personal adversity by seeing it through an alternative redemptive perspective. Participants expressed that it is important to come to realize that one's hardship has meaning and purpose. This realization often emerges during the unfolding hardships or difficulties of others. Other mechanisms identified are: a) Using the heritage of creativity and resourcefulness to make what is needed out of available resources. b) Tuning into words and song lyrics and hymns to bring peace and calmness. c) Surviving through faith and prayer. d) Navigating inequity of perception and treatment collaboratively, safely, and with discernment.

Black women in middle and older adulthood reflected on their resilience over time and the consensus is that it seems to improve. Life experiences, they all agreed, are one of the best teachers because there are inherent opportunities to practice over the life course. Additionally, with age comes wisdom and a repertoire of experiences that offer a compelling body of evidence that they have made it through hardships.

Moreover, having dealt with stressors and challenges, they are more differential about how to expend energy and what strategies to use, including shifting from focusing on “why” in response to stressors and challenges to stating, “since it is here, what will I do, what can I learn...” Finally, over time, hardships and trials are less impactful because Black women in middle and older adulthood have been through difficulties, have gained strength, and know that nothing lasts forever.

### **Discussion**

From the findings, a unique model of resilience emerged that is strengths-based and congruent with a racial justice lens. The study’s model materialized from the conceptual understanding of resilience through the perspective of Black women. The language and terminology are theirs, and the conceptualizations privilege their voices and honor their unique and common expressions. Thus, these findings have addressed one of the major “stumbling blocks” and controversies in the extant literature on resilience—definition and criteria for good or positive adaptations, which historically have not been inclusive of gender, age, or culturally unbiased definitions. Moreover, the study’s model has attended to Ungar et al (2007) assertion that there is need for researchers to be responsive to cultural definitions of positive adaptation, which must be inclusive of values held by culturally diverse families and communities. Furthermore, the study’s model addresses the need for having definitions and criteria that are significant and



worthwhile by ensuring that they are inclusive of and responsive to the unique challenges in the social ecologies of diverse individuals and families (Ungar, 2010).

### ***Resilience Model Honoring Black Women Perspectives***

The model, which one could understand as originating from an Afrocentric and racial justice lens, defines resilience as bouncing, snapping, popping or coming back and moving forward. The study participants chose terminology intended to stimulate imagery of a toy that gets push or hit down but invariably comes back up. This imagery suggests a degree of elasticity and flexibility, which is congruent with one of the definitional adjuncts used by Black women, “bend with the flow” (C4 Group).

The vocabulary of the definition also conveys a sense of resistance, defiance, struggle, which intersects with other definitional adjuncts, such as staying the course and maintaining one’s purpose, having a sense of purpose to resolve problems, fighting through struggle, and having determination and purpose. The language used by Black women in middle and older adulthood has a dialectic tension between flowing and malleability vis-à-vis resisting, struggling and fighting.

Integrated in the model’s conceptual understanding of resilience are five crucial features or aspects of resilience in addition to the defining terms. The five features include: 1) Awareness of the nature of difficulties. 2) Recognizing the value of prior life experiences. 3) Using other’s experiences of hardship to serve as a model and as inspiration. 4) Retaining and holding on to dreams, which are open-ended. 5) Valuing the inherent and intrinsic repertoire of behavioral, cognitive, and spiritual skills and resources transmitted inter-generationally. These features inform and influence the definitional components of external and internal resilience and add layer and dimension to the conceptual understanding.

A final element in the study's conceptual understanding is the criteria for adaptation. This model does not frame the criteria for adaptation as linear with discrete time points or universal outcomes. In the lives of Black women in middle and older adulthood, adaptation evolves and, it is time, space, and context contingent. Thus, the term adaptive milestones is used as a substitute because of its closer alignment to the Black women's perspectives. Additionally, the model measures success as deciding to be here, to be present in life, which is seen as having an element of hope.

Black women in middle and older adulthood, therefore, understood resilience as having complexity, dimensionality, texture, nuance, and that it is ongoing and evolving. The dialectic between struggle and flowing undergoes changes as more difficulties or unanticipated consequences from past or current hardships flow into life's landscape. As a result, resilience of Black woman in middle and older adulthood is a life long journey of moving forward with the knowledge that "nothing lasts forever and trouble won't last always" (A1 & C5 Groups). Moreover, every adversity, hardship, trauma or difficulty changes and reshapes Black women and their life's landscape; thus, the traditional definitional understanding of bouncing back is not congruent with their experiences.

### **Dynamism and Dialectic Tensions**

As noted earlier, this model has a dialectic tension embedded in the definition; there is bending with the flow and resistance. Similarly, there are other dynamic tensions between inner and outer permeating the model, which are mutually influencing and reciprocal. Thus, there is dynamism within the model. The following paragraphs highlight several tensions between inner and outer.

First, in conceptualizing trauma or hardships, Black women in middle and older adulthood classify them as: 1) Difficulties and challenges with or in the body (inner), e.g., health challenges, diagnosis, terminal illness, diminishment of capacities. 2) Difficulties and challenges related to macro structural and interpersonal/social issues (outer), such as inequity of perception and treatment, loss of employment, economic, food, or housing insecurity, death of family and friends, interpersonal transitions and difficulties- separation, divorce, violence, etc. These classes of challenges often happen simultaneously.

Second, dynamic tension involves inner and outer thought and behavioral sequences, which are the two definitional components. Externally, Black women are bouncing, snapping or popping back and moving forward, which involves engaging in life roles and responsibilities along a continuum of performing most or all (highest level), engaging in some aspects (moderate level) and doing just the bare minimum (lowest level). The performance levels intersect with three internal sources of intrapersonal conversations, interpersonal sharing, and belief system.

Thought sequence, full of imperative, declarative, and motivational dicta, are part of the intrapersonal source. Black women in middle and older adulthood understand thought sequence to be an unfolding dynamic process through a series of stages that is not necessarily sequential. It may begin with a sense of being, feeling emotionally bruised, knocked down, questioning, and needing a moment due to what is happening outside. Within the context of the thought sequence, description of the initial response is going through the motions of performing life roles and responsibilities in conjunction with handling tasks related to current stressor or challenge. This ability to engage in life

and complete emergent tasks, despite getting knocked down, could be the result of the internal trigger that serves as a reminder of true status, “you got knocked down, but you are not dead” (CO). Thoughts, at this point, are filled with imperatives about what Black women have to do, and must do.

As Black women are staying the course, maintaining focus on doing what is required, life moves forward and there is a growing confidence related to knowing and believing that they will feel and be okay eventually. Related thoughts are “I am going to get through this. I know I am going to be okay” (WF).

Then, at some undefined point, there is a dawning awareness that they are getting life roles and responsibilities done and the emergent tasks they are accomplishing. Now, thoughts are full of, “I am getting things done.” “I am okay” (A3 Group). Informing their intrapersonal thought sequence are their interpersonal conversations/sharing and belief systems.

The thought sequence also shapes and influences the choices that Black women make regarding how they will handle challenges, difficulties or hardships. The options or alternatives that they choose have a mutually reciprocal and influencing feedback system amid the thought sequence and the level of external resilience. There are five options. One, choosing how to come back. Two, recognizing one’s inability to address currently the internal impact and, thus, entrust it to deity with the plan of moving forward and then returning when strength increases. Three, using substances to numb feelings rather than deal with the stressors or adversity. Four, believing and knowing that it is possible to overcome and having confidence that one is getting through even if not optimally functioning. The final option is choosing to learn lessons from difficulties.

Third dynamic tension is the internal tension among standing still, looking back, looking around, and looking forward. These can occur concurrently, sequentially, chronically over time, with each one having a mutually informing and influencing role. They could be rapid or protracted. Standing still is important. It helps Black women not to react, but to be open to the voice inside, be present to receive what is available and/or is coming. Concomitantly, they look back at historical reference points that serve as reminders and inspirations of past triumphs. They also look around to survey what is going on, to gain an understanding, and potentially strategize. Finally, they look forward, quieting the mind from ruminating on obstacles, barriers, or difficulties. There is not a fixed sequence. All elements are dynamic and they influence and shape each other.

A final dynamic is the receiving in and giving out sequence related to the cultural narrative of generosity and sacrifice. For Black women participants, it was universally important for them to take what they have, i.e., deposits, rework and reshape them then recycle to others and the next generation. This emphasis on pouring out is linked to knowing that blessings are invariably flowing in and these deposits or blessings are not intended to be hoarded or placed in jars of clay, but to be reinvested because they are regenerative. Even in the midst of struggle, it was emphasized that there may be unwanted opportunities to momentarily pop out of one's current struggle to attend to someone else who is in greater need. There are always, however, bi-directional benefits for the giver and recipient.

### **Multiple Pathways and Mechanisms to Resilience**

This study's model has various pathways that lead to resilience and a series of mechanisms that can be used to navigate challenges or adversity. The multiplicity of

alternative routes and mechanisms represents the blending of the unique expressions and perspectives of the diverse group of middle and older adult women while simultaneously deriving general and overarching processes that accurately represent a commonality of understanding. It also is an acknowledgement that there are multiple paths to the same end, and each person is uniquely qualified to determine which path is best suited to her needs. The metaphor of a recipe speaks to this diversity. As one participant noted, many people bake macaroni and cheese with a common set of basic ingredients, but the process and the outcome are uniquely theirs.

In the model, a central pathway is the Black cultural God narrative offering another story that counters and opposes the pejorative discourse about Black womanhood. Additional pathways to resilience include having an awareness of actions, attitudes, or values demonstrated in the profiles of exemplars of resilience, which can be sources of motivation and inspiration that they could use as models during difficulties or hardships. Further pathways to resilience involve using a set of characteristics to create one's own profile that may be inclusive of asking for help when needed, maintaining a sense of equanimity in the midst of challenges, soliciting and developing qualities from an identified series of religious and cardinal virtues.

Finally, the model outlines a group of mechanisms used to navigate through stressors, hardships or adversity. These valued mechanisms include: a) Reconfigure and rework adversity so that it can be beneficial for others. b) Come to see the personal redeeming value of adversity. c) Harness the heritage of resourcefulness and creativity. d) Use songs, hymns, music to renew and recondition the mind. e) Utilize faith and belief in God. f) Pray and mobilize sacred texts. e) Navigate inequity of perception and

treatment with safety, collaboration, discernment, and appropriate/effective actions and responses.

### **Summary and Value of Model**

The model of resilience that emerged from the study is multifaceted. It offers culturally relevant definitional terms with two primary components and a set of internal sources and broader features that inform understanding of resilience through the perspective of Black women. The model represents the Black women participants' shared historical and current experiences of injustice, marginalization, and disenfranchisement, which have forged a sense of sisterhood that appears to supersede heterogeneity of sociodemographic characteristics and social positioning.

The study participants seemed to pay more attention to the commonality of experience rather than social location because, as they noted, even if one ascends to the pinnacle of achievement “you are still just a Black woman.” Therefore, the model embodies the conceptualization and perspectives of Black women who saw themselves as equivalent. Their shared legacy has a power more potent than social, occupational, or economic status.

In addition, the model identifies adaptive milestones that are time, space, and context contingent predicated on the knowledge that effects, consequences, and impact of hardships or trauma are undetermined and evolving. Thus, there are not identifiable endpoints; so, the term milestone lends itself to the evolving nature of trauma and hardships throughout the life course.

Moreover, the model offers multiple potential pathways that leads to resilience and a group of valued mechanisms used to navigate through difficulties. All these facets of the model are interrelated and mutually influencing, honoring and valuing the

complexity and breadth of resilience in the lives of middle and older Black women. At the same time, there is flexibility in conceptualizing and using it. This means that when attempting to understand the resilience of Black women in middle and older adulthood, it is crucial to be cognizant of the fact that they will already have existing mechanisms, pathways, or aspects, as their resilience is ever evolving and undergoing improvements.

Given the dynamic nature of resilience, not every element described in the model must be present and operating simultaneously in the lives of Black women. There are inter-individual differences in choices relating to the way Black women snap or come back internally. Furthermore, the model is strengths-based, honors a racial justice perspective, and gives primacy to action and movement externally and internally. Externally, there is doing, performing, engaging, and moving forward in fulfilling life roles and responsibilities. In a similar manner, internally, there is speaking, declaring, remembering, deciding, believing and knowing, etc. Believing and knowing are crucial elements in the thought sequence described in the internal component of the model. All dimensions of the model are important to study participants irrespective of age, geographic location, income, occupation or life circumstances.

There is also a relational premise that is weaved throughout the model. The relational matrix includes opportunities for human and/or divine connection. Moreover, in describing ingredients of resilience, participants chose ones that can only occur within a relationship context. The ingredients invite investment, deep interest in, and the personalizing of people. Some of the chosen ingredients are love, kindness, patience, and compassion, which focuses on tuning into others' pain or co-suffering.



This resilience model can be used to understand middle and older adult Black women's capacity for having a life with meaning and purpose in spite of stressors, hardships, challenging and difficult circumstances. This capacity would be linked to whether and how they have bounced, snapped, or popped back. Meaning have they picked themselves up and moved forward? Have they evidenced a will to live and be stronger?

In bouncing or snapping back, a mutually reciprocal external—internal dynamic process occurs, and evolves over time. The external is the component accomplished relatively quickly along a continuum of performance, i.e., high, moderate, or low. This process, shaped by a set of important sources (intrapersonal messages and thought sequence, belief system, interpersonal conversations/sharing, etc.) that minimizes the risks of succumbing internally, combines with a group of features that facilitates both the internal and external resilience, i.e., prior life experiences. Through their past exposure to difficult life situations, middle and older adult Black women have access to a diversity of regenerative and flexible resources to facilitate renewal and reconditioning that contribute to ongoing internal resilience. It would be important to determine the degree to which they are accessing these regenerative sources. Important in this equation is their personal agency in deciding, how will they handle the challenge?

Additional resources available are their belief system and cultural narratives, which could be considered internal deposits from which to draw, and/or interpersonal conversations. All these resources can reframe perspectives about difficulties and recondition the mind by challenging doubts. These resources could be understood as dynamically reshaping Black women and their experiences. This reshaping may

potentially have influencing effects across interconnected biopsychosocial systems. For example, cognitive changes could lead to emotional changes, such as an increased sense of hope, faith, and altruism. Cognitive and emotional changes can then become mutually reinforcing and they can precipitate changes in physiological systems, such as neuroendocrine, which regulate stress responses (McEwen, 2012; Rutter, 2012). As can be seen, this model can be used flexibly to understand resilience by considering the various element and noting what are important to the Black woman's profile.

Finally, the model offers a valuable and culturally responsive way to conceptualize resilience in studies with Black women; and, within the research context, it can answer unequivocally Ungar (2010) proposed question, "*Whose definition of resilience is most privileged?*"

### **Implication for Theory and Research**

Chapter Two reviewed the literature on resilience and described several models of resilience. This section will discussed the ways in which those models intersect and diverge with the resilience model that emerged in this study.

Models proposed by researchers, such as Bonanno (2004), have restricted resilience primarily to the maintenance of stable healthy functioning in the face of highly stressful events. Individuals are either resilient or not (Bonanno, 2004). Similarly, Carver (1998) and Hobofoll (2009) restrict resilience to the exclusive definition of rebounding or returning to one's homeostatic state after some initial decline in functioning following adversity. Collectively, they see resilience as a mutually exclusive outcome when faced with an aversive or potentially traumatic event (Bonanno, 2004; Carver, 1998; and Hobofoll, 2009).

The results of this study are not congruent with this dichotomous and mutually exclusive perspective. Black women in middle and late adulthood did not confirmed the dichotomy. The study's model, instead, conceptualizes resilience as operating on varying levels and evolving over time. Furthermore, the ability to engage in life, i.e., performing crucial and core roles and fulfilling tasks and responsibilities, are the hallmark of external resilience. Black women performance of roles and functions occurs on a continuum from completing most activities (highest level) to just doing the bare minimum (lowest level). The model does not arbitrarily disqualify Black women if their degree of functioning is not at the highest level; it does not subscribe to an all or nothing conceptualization. Instead, the key element is forward momentum irrespective of the way that Black women in middle and late adulthood accomplish moving forward, i.e., with or without a struggle. The diversity in accomplishing forward momentum is representative of the varying levels of functioning on the continuum exhibited by Black women. The continuum acknowledges that there are various profiles of resilience.

Another point of divergence is the conceptualization of returning to homeostasis. The study's model did not supported a return to homeostasis. Black women asserted that difficulties or hardships induce changes with some effects still undetermined and, the vicissitudes are ever evolving within the changing landscape of life. Finally, the study's model accounts for more than highly stressful events and does not incorporate symptoms criteria to determine resilience. Black women's lives are inclusive of "events," but there are ongoing hardships that they have to navigate due to the intersections of racial and gender statuses. Moreover, criteria for adaptation in this model is time, space, and context contingent. It focuses on what adaptive milestones that the Black women have

achieved instead of focusing of problems situations like traditional medical models. This focus on adaptive milestones is a function of the inherent strength-based perspective of the model.

Other researchers, such as Kumpfer (1999), Richardson (2002), O'Leary and Ickovics (1995), and Harvey (2007) have taken a broad and inclusive stance noting a range of potential resilient trajectories, patterns, dimensions or outcomes. They have conceptualized resilience to be much more than returning to homeostasis, recovering or rebounding. Resilience, Kumpfer (1999) proposed, can only be demonstrated when individuals experience stressors or challenges; and, with each subsequent challenge, they use evolving adaptive responses to facilitate the successful management of stressors that ultimately result in positive outcomes.

Kumpfer (1999) and Richardson (2002) metatheory of resiliency, grounded in transactional processes and bio psychosocial spiritual contexts, is a recursive model inclusive of four resilient trajectories: resilience reintegration, reintegration back to homeostasis, reintegration with loss, and dysfunctional reintegration. This conceptualization is in alignment with the result of this study. Black women in middle and late adulthood make adjustments in how they manage and navigate through stressors and hardships. These changes occur due to experiencing a range of hardships over their life course, which results in a collection of historical experiences that they use to inform and shape current stressors or difficulties and, ultimately, influence which pathway is best. Moreover, all of the trajectories represent varying levels of resilience, which is congruent with this model's levels of external resilience, and the dysfunctional reintegration trajectory shares the model's internal resilience language of succumbing.

Additionally, the biopsychosocial spiritual contexts share similarities within thematic aspects of the study's model, especially a focus on spiritually oriented resources and cognitive components. One significant difference between the two models is that the study's model is strengths-based as reflected in its language. The focus is on Black women's behavioral and thought sequences without classifications that have implicit value-based labels. Furthermore, the definitions and conceptualizations are representative of the women's voices and emic perspectives.

O'Leary and Ickovics (1995) model has relevance because of its unique focus on women and their differential responses to health related challenges/difficulties. In their model, O'Leary and Ickovics (1995) have contended that resilience can co-occur with physical recovery from illnesses. Even when not fully recovered or in the midst of physical deterioration, women can find new strength, gain new meaning in life, or achieve new insights or goals. They have proposed that resilience is more than homeostasis, i.e., returning to baseline; instead, it can be inclusive of thriving, which comes as a result of mobilizing resources to lessen the impact of environmental risk or threat (O'Leary & Ickovics, 1995).

Their model explicitly recognizes the significant role of socioeconomic status/resources in resilience within the lives of women, which is not static but a dynamic process that changes across the life course given the fact that features of both individuals and environments evolve and change over time in parallel and interdependent ways. In their model, if women do not succumb, then they may survive, recover or thrive. The first outcome, survival, is characteristic of women who continue to function but in an impaired manner following a significant traumatic event or health challenge. Recovery is

indicative of women who are able to resume daily life tasks and activities both professionally and personally in similar ways as before the onset of the illness or exposure to the traumatic event. Thriving is representative of transformation, growth, improvements and/or enhancements in psychosocial functioning,

O'Leary and Ickovics (1995) model has significant similarities with this study's model. First, both models emerged from an exclusive focus on women, and they integrate macro structural issues. O'Leary & Ickovics (1995), however, did not offer demographics about their sample. Notwithstanding the absence of this information, the results of their study confirm that women's resilience is not necessarily connected to their health status and it expands beyond returning to homeostasis. Black women expressed that their experiences result in changes that are ever evolving and indeterminate. Additionally, this study's findings supports the conclusion that even when managing the internal sequelae of adversity or hardship, Black women are able to bounce back and move forward with performing life tasks. Furthermore, the descriptions of functioning (survive, recover, thrive) have similarities to the levels of external resilience that categorize resumption of daily activities and life tasks that emerged in the study's results.

Unlike O'Leary & Ickovics (1995) model, this study's model includes definitional terms and conceptual understanding of resilience through the perspective of Black women. The language and terminology are theirs, and the conceptualizations honor their unique and common expressions. Furthermore, this study's model incorporates valued mechanisms identified by Black women that they use to navigate through difficulties as well as potential pathways that leads to resilience.

Finally, Harvey's (2007) conceptualization is one of the most inclusive; she has asserted that people simultaneously can be complexly traumatized and complexly resilient. Resilience is not an "all-or-none," dichotomous process or phenomenon. Rather, resilience is a multidimensional phenomenon that includes competent functioning in some life domains, co-occurring with suffering and impairment in other domains. This understanding has led her to see resilience as an active process of accessing/mobilizing strengths or capacities in relatively healthy life domains to facilitate growth, recovery, repair or sustain competence in domains with impairments or vulnerabilities (Harvey 2007).

Harvey (2007) theoretical perspective has relevance for examining resilience in the lives of Black women and intersects well with the results of this study. As noted previously, the study's model of resilience disconfirms the view of resilience as dichotomous. Moreover, it supports the complexity and multidimensionality of resilience. Black women demonstrate resilience externally even when they may not have achieved internal resilience, which is ongoing and open-ended.

The models diverge in a few ways. First, Harvey (2007) model specifically focuses on recovery from trauma. This study's model incorporates a wider range of issues that may or may not be attached to trauma. Second, one explicit source for resilience that is incorporated in Harvey (2007) model is the use and role of professional counseling. Only a very small minority of Black women in this study discussed this source as a potential avenue. Third, Harvey (2007) model has established benchmarks whereas most of the adaptive milestones in the study's model are contextual with the

exception of interpersonal sharing. Black women saw interpersonal sharing as an important adaptive milestone irrespective of time, space or context.

### *Empirical Literature*

In examining the empirical literature, only two studies included Black women's understanding and conceptualization of resilience. The first is Brodsky (1999) qualitative study that focused on Black mothers raising school-aged daughters in high-risk urban neighborhoods. The women substituted resilience with "making it," which was understood as a day-by-day process punctuated by attainment of goals, and it involved balancing stressors and resources in life domains. Her study also used criteria of resilient single mothers offered by key informants, responsible for nominating single Black mothers as participants. Key informants conceptualized resilient single mothers as having positive attitudes and doing well, having basic parenting building blocks, civic mindedness/ generativity, receptive and responsive to others, instilling/encouraging high education and life achievements in children. Moreover, resilient mothers had children who were also doing well; they used prosocial behaviors, were happy, responsible, and school leaders.

The second study was Moxley et al. (2012) qualitative study of homeless older African American women. Each woman shared what, for them, constituted resilience and the following definitions emerged: 1) Survival in the face of overwhelming odds, which required grace and the presence of God. 2) A way of keeping going even when things brought me down. 3) Creativity – of creating new options when others had closed down; of creating new ways of thinking and discovering self as an artist. 4) Something formed among two or more people undertaking the hard work of coping, struggling, surmounting and eventually transcending.



These Black women did not use the primary conceptualizations of bouncing, popping, or snapping back. However, the meanings of the chosen vocabulary and the definitional adjunct that middle and older adult Black woman used overlap with the understanding of resilience described in the previous studies. Moreover, the criterion of generosity used in Brodsky (1999) study is an important element in this study's model.

The uniqueness of this study is that it invited Black women to explore, describe and develop their own conceptual understanding of resilience. They co-constructed a multidimensional model of resilience that honors their experiences and perspectives. It is inclusive of their worldview, assumptions and values and shaped by the holism of Afrocentric thinking. Therefore, it is not categorical and discrete; instead, the themes are dynamic, inextricably interwoven, reciprocal and mutually reinforcing.

### *Application of Study's Theoretical Underpinnings*

To understand the value of resilience in the lives of Black women, the life course perspective and concepts from system theory served as the study's theoretical foundation. In combination, they offer an integrated frame for understanding the complexity of the lived experiences of Black women. Furthermore, they situate Black women within a contextual framework that is both multidimensional and dynamic across time and place.

To recap, important conceptual elements of the life course perspective include life pathways/social trajectory, life transitions, constraints and opportunities. There are also corollary principles or themes of time and place, timing in lives, linked lives, and human agency. Concepts from system theory include system, input, output, feedback, entropy, and role. The following paragraphs highlighted three conceptual elements and corollary principles of the life course perspective in conjunction with

concepts from system theory to demonstrate applicability and relevance to the study's findings.

One of the conceptual element applicable to the study's findings is life pathways or social trajectories, which are paths individuals choose to follow representing human agency. Agency means having personal power to choose among options thereby actively constructing one's life course (Black et al., 2009; Elder, 1998). However, choices are contingent on constraints and opportunities of the larger social structure and culture.

Within this study, most of the participants, regardless of age and geographical location, identified "being a Black woman" as a societal constraint and a substantial challenge with significant implications for their social trajectories. Their shared social reality, which includes an awareness of their historical and contemporary stratification in society that results in significant life constraints, permeated their definitional and conceptual understanding of resilience. In countering the inequity of perception and treatment that inevitably leads to significant constraints on their lives, the Black women in middle and older adulthood identified "the Black cultural God narrative" as a central resilience pathway through these inequities and the many other difficulties, hardships, or trauma associated with their identity status. It offers a narrative that challenges the denigration of Black women and refutes pervasive misconceptions and stereotypes by encouraging another cultural story about Black womanhood and privileging alternative positive perceptions.

Another prominent feature of the participants' conceptualization of resilience with applicability to social trajectories is recognizing the inevitability of dealing with

both visibility and invisibility of their presence in everyday and professional spaces based on their phenotypic characteristics. This recognition of the inevitableness of these experiences as part of a Black woman's life is not pessimism but a clear acknowledgement of their life's reality and a source of preparation. Notwithstanding the structural constraints that restrict and limit their life opportunities, personal agency plays a role in middle and older adult Black women's conceptual understanding of resilience. They articulated the fact that there is no singular process of bouncing, snapping, coming or popping back nor is there a universal course to picking oneself up and moving forward. Rather, implicit or explicit choices determine their course and trajectory. For example, they delineated options between two polar opposites of choosing to be reshaped, refocused, better, and stronger through tools like religious-spiritual worldviews and principles or choosing negativity, bitterness, or pessimism, which hinders movement beyond, "why me?"

In addition, they outlined a set of other potential options including compartmentalizing, using substance, choosing whether to absorb or learn lessons, and choosing whether to believe and know it is possible to overcome while having confidence about getting through regardless of current functioning. Personal choices would then facilitate social trajectories that unfold with upward forward momentum of performing, doing, and engaging in life roles in crucial domains or they could create life contexts with unhealthy input-output cyclical patterns leading to a downward spiral of entropy and disorganization.

A second life course principle with significance and relevance for this study's findings is linked lives, which emphasizes interdependence, reciprocal connectivity,

relational networks and social contacts across time (Elder, 1998). In their conceptualization of resilience, study participants described interrelated pathways to resilience relating to social contacts across time. One such pathway is their shared history and experiences, which create a sense of sisterhood transcending time, place and space. Participants expressed that they are part of a fabric of other Black women. Each one knows sisters who had gone through challenges, and this knowledge reinforces sisterhood, minimizes the sense of aloneness, and fuels determination or strength to move forward. One participant captures the essence of linked lives, “On the days that I don’t have the strength, I know I’m connected to you and I can connect to your strength” (CO).

Moreover, the shared historical and current experiences of injustice and marginalization forged a greater sense of sisterhood and connectivity that superseded heterogeneity of sociodemographic characteristics and social positioning. Thus, their conceptualization and perspectives are representative of a dynamic, reciprocal, and interactive process of co-construction through social conversations with equals.

Furthermore, there is a relational premise interwoven in their understanding of resilience that includes opportunities for human and divine connections. Through these social contacts and connections, Black women in middle and older adulthood receive regenerative deposits that they, ultimately, rework, reshape, and recycle out to others, including the next generation. Receiving in and giving out create another input-output pattern that offers beneficial resources, ultimately supporting the performance of core roles and functions.

A third and final conceptual element with applicability to the study's findings is life transitions, which focuses on changes and the timing of their occurrences (Elder, 1998). For Black women in middle and older adulthood, time improves resilience. Their joint reflections about the ways they navigated and managed hardships and adversity when younger revealed significant changes as they aged. For example, many shared that as they have advanced in age, difficulties and trials seem to have less impact because they have dealt with a range of struggles. They have an experiential catalogue that they can peruse which offers evidence of what they have been through and it serves as a living testimony and source of inspiration and strength. As a result of dealing with a diversity of past challenges, it is less difficult to manage current ones. Thus, resilience develops with life experiences; and over time, there are many opportunities to practice.

Another change is the reduction in stressing and fretting. As participants matured, they have come to realize that worrying is unhelpful; instead, they trust confidently in God's will and providential care. They have multiple historical reference points that they can look back on where God came through for them. A final change is moving from asking, "why or why me" in hardship or adversity. For some, this included an additional shift from "why" to "since this has happened...."

In summary, the theoretical underpinnings of the study have demonstrable applicability to the findings, which emerged from and are grounded in the narratives of Black women in middle and older adulthood. The study's resilience model has multiple systems of interrelated thoughts representing the products of their co-construction, emic perspectives, and terminology.

### **Implication for Practice**

The differential, yet flexible, use of varied pathways, mechanisms and sources emphasizes the prominence of context for Black women and is illustrative of the inherent complexity and multidimensionality of their resilience. There are several practical implications.

First, in working with Black women and designing programs relating to resilience, an appreciation and valuing of their worldview, built on strong religious/spiritual beliefs, cultural narratives, behaviors, and practices are important. In times of hardship and adversity, these resources facilitate adaptive responses (Utsey et al., 2007).

Second in measuring resilience, it would be important to incorporate elements that are of significance to Black women. Therefore, it is important to re-evaluate existing measures to determine the degrees to which they are congruent with elements, features, components, etc. that Black women have identified as important to their resilience. DeNisco (2011) noted the need for an instrument that is linguistically and culturally sensitive to the unique needs of African Americans. It would be important to integrate cultural and sociological influences as well as factors or resources consistently found to have salience.

Third, interpersonal conversations seem to hold great significance in the resilience of Black women. Across all types of difficult situations and traumas, the ability and willingness to share experiences, in order that others could benefit they considered a universal criterion of adaptive milestones. Investing in and sharing have bidirectional benefits for the giver and recipient. Thus, in planning programs, incorporating opportunities for sharing and conversations amongst Black women is an important

program design well worth considering. This sharing offers the opportunity to redeem one's pain and struggle. Adversity and difficulties become more meaningful when Black women have occasions to rework, recycle, and offer them as inspiration and support.

Fourth, Black women internal resilience is linked to their intrapersonal messages that they communicate to themselves. These messages are imperative, declarative and motivational. Given the frequent use of cognitive messages, it may be helpful to infuse this aspect into any therapeutic work with Black women. Rather than suggesting alternative messages, Black women could be invited to share and examine taken for granted statements, differentiating the ones they use to bounce, snap or come back.

Finally, this study's model has potential implications for child welfare in that Black children experience disproportionate and disparate levels involvement in the child protective services (CPS) system. Of importance is the foster care and the increasing number of kinship care foster homes. This model would help inform the lens through which CPS staff evaluates middle and older Black women who have invaluable resources that they could deposit in the next generations. Moreover, with the implementation of Family First legislation, this model could potentially offer elements that CPS could incorporate with the major prevention shift of keeping children out of foster care and staying safely in the home.

### **Strengths and Limitations of the Study**

There are several strengths and limitations of this study. First, the size of focus groups is small. However, the intent was to gain a depth and richness of information that the small focus groups accomplished. The small size of the focus groups created a sense of intimacy among participants, which gave them the freedom to share and to challenge each other's perspectives and viewpoints. The intimacy of the focus groups fostered the

process of co-constructing meaning and understanding about resilience through their perspectives as Black women. Additionally, the shared commonality of race and historical experiences of the researcher with study participants served as a point of connection and relatedness, which helped to facilitate transparency and openness about challenges associated with being a Black woman.

Second limitation is the potential for social desirability. People often strive to present the best image possible and offer the responses that present them favorably. Given the intimacy of the focus groups, due to their size, it is conceivable that members may have adjusted or censored responses. It did appear, however, that any attempts to present the most desirable image diminished considerably as the women began sharing and co-constructing together. At varying times and during many moments, they actually spoke among each other, synergistically responding and developing ideas and the researcher became an unobtrusive observer in those moments. These moments occurred as a result of the taken for granted experiential understanding related to being Black women coupled with the researcher's insider status, fostering the everyday pattern of organically sharing and co-constructing meaning.

Third, there were questions relating to healthy and adaptive outcomes with pre-existing assumptions that one participant challenged. It raises concerns about whether other participants experienced implicit biases in other questions or prompts. Researcher was able to shift and change the language of outcome to mirror the women's understanding of adaptive milestones. For the women, resilience was a developmental process rather than discrete outcome. Fourth, although the religious affiliation of most of the Black women in the study was Judeo Christian (Christian Protestant), this ratio of



affiliation is representative of the population of Blacks and Black women in the United States. According to Pew Research Center, Black women were significantly less likely to say that they are Muslim (i.e., only 1% of Black women said that they were Muslim). Furthermore, Blacks were less likely to identify themselves as religiously unaffiliated (i.e., atheist, agnostic or “nothing in particular”), Catholic, other faiths, and other world religions (Masci et al., 2018). Thus, the study’s final sample represented the overall trend of religious affiliation in the Black American population

Finally, the researcher conducted the focus groups in two primary geographic locations, Northeast and South. Therefore, the researcher would need to exercise caution in making inferences to the general population of Black women in middle and older adulthood. Given the small geographic areas, the study’s findings may have limited generalizability. It is important to note, however, that the study participants originated from different parts of the United States so they represented a wider area than the two geographic areas where the focus groups were conducted.

### **Recommendations for Future Research**

Several areas for future research could add to the findings of this study. One important area is gaining a better understanding of inter-individual differences. For some Black women participants, external resilience is foremost when navigating adversity or trauma, and it is not dependent on the internal component. Whereas, for others, “doing okay” internally is an essential prerequisite for external resilience. Similarly, when bouncing or snapping back internally, several choices are available. These include: coming back better, stronger, refocused or reshaped through the use of spiritually-oriented worldviews as a reframing empowering tool; focusing on “why me” and becoming bitter, negative or pessimistic; recognizing one’s inability to address currently

the internal impact and entrust it to deity with the plan of moving forward and then returning when strength increases, etc. What accounts for choosing difference options?

Another direction for future research would be broadening the age range and comparing and contrasting Black young adult women's understanding of resilience to those in middle and later adulthood. How congruent are the retrospective reflections with those of young women currently experiencing these stages?

A third potential area for future study is testing the model that emerged in this study more broadly by interviewing larger groups of Black women from other geographical locations, age groups, occupational and economic levels, faith traditions, and non-religious, etc. in order to confirm, extend, or modify the model.

Yet another area for future research would be examining how this model might be utilized within the contexts of child welfare (i.e., child protective services) and juvenile justice. A significant percent of the cases involve Black mothers and their children; the data clearly depicts disproportionate and disparate contact with these families. How might this Afrocentric model of resilience shape and inform practice methods and improve treatment outcomes? Additionally, how might this model support primary, secondary and tertiary prevention? How might practitioners use this resilience model in conjunction with a racial justice lens to shape and inform practice and policy for Black women and their families?

A final area of future study would be exploring emergent themes of a willingness to want and forgiveness. For some women, in the midst of hardships or difficult life circumstances, resilience involves wanting – wanting that will to move on and be stronger, wanting that will to live, wanting more/striving, which serves as motivation to

“go through what you have to go through” (C3 Group). Furthermore, wanting is also inclusive of declaring what one wants to be, “I want to be...” and recognizing that there are things “you have to want, today, to get you to where you need to be” (C1 & C3 Groups).

Forgiveness is another theme that requires further exploration. Forgiveness includes witnessing/seeing it modeled by parental figures within the context of difficult relational issues as well as pronouncing it over those who caused personal harm. It is not about others, but letting go, which is forgetting those things that are behind and moving forward (C1 & C5 Groups). An important aspect of forgiveness is differentiating who stays within one’s inner circle while keeping problematic persons at a distance.

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