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Examining Cultural Correlates of Active Coping Among African American Female Trauma Survivors

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Abstract

African American women are at a greater risk for exposure to multiple traumatic events and are less likely to seek mental health services than White women. Many women report avoidant and passive coping strategies placing them at an increased risk for lower psychological adjustment. Thus, the purpose of the current study is to examine the role of culturally relevant factors such as spirituality, self-esteem, and social support as significant correlates of John Henryism Active Coping among African American female trauma survivors. The study utilized secondary data from the B-WISE project (Black Women in a Study of Epidemics) with a sample of 161 community-based African American women with a self-reported history of trauma. Results indicate that participants with higher self-esteem and existential well-being were more likely to cope actively with daily life stressors. However, socio-demographics were not significant correlates of John Henryism Active Coping at the multivariate level. Implications for clinical practice are discussed along with the Strong Black Woman (SBW) ideology, which may explain over-reporting of positive attributes such as self-esteem and existential well-being. Limitations of the study and directions of future research are also discussed.

Keywords

Trauma; John Henryism; African American; Women

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Introduction

Research suggests avoidance and passive coping strategies are associated with increased risk for psychological maladjustment (Arata, 1999; Neville, Heppner, Oh, Spanierman, & Clark, 2004) among trauma survivors. African American women experience disproportionately higher rates of trauma (35% higher than White women) (Hampton & Gillotta, 2006; Rennison & Planty, 2003) and are less likely to receive professional mental health services than White women (Rosen, Tolman, Warner, & Conner, 2007). Given the high risk of exposure to traumatic life events among African American women, it is critically important to examine culturally relevant factors related to active coping. The purpose of the current study is to examine the influences of culturally relevant factors on active coping with psychosocial and environmental stressors among African American female trauma survivors.

Trauma and African American Women

African Americans living in urban areas are at high risk for exposure to traumatic life events (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008). Alim, Graves, Mellman, Aigbogun, Gray, Lawson and colleagues (2006) found a 65% rate of lifetime trauma exposure among African American primary-care patients. The coping literature suggests that economically disadvantaged African American trauma survivors report avoidance and passive coping strategies, and lower levels of spiritual well-being, social support and self-esteem (Arnette, Mascaro, Santana, Davis, Kaslow, 2007; Meadows, Nadine, Kaslow, Thompson & Jurkovic, 2005) and may be at an increased risk for psychological maladjustment (Neville, Heppner, Oh, Spanierman, & Clark, 2004).

There is a dearth of literature examining active coping strategies among African American women. Some suggests that passive and avoidant coping strategies can be linked to an increased risk of psychological maladjustment, understanding culturally relevant active coping strategies, such as John Henryism Active Coping (JHAC) may provide researchers and clinicians with important tools to work more effectively with African American female trauma survivors.

John Henryism Active Coping and African American Women

John Henryism Active Coping (JHAC) is defined as a self-perception that s/he must control and cope with psychosocial and environmental stressors through hard work and determination (James, Hartnett, & Kalsbeek, 1983). The underlying theoretical construct of JHAC (James, 1983) suggests that poor African Americans who are confronted with limited economic resources and chronic psychosocial stressors hold the belief that hard work and self-determination are required to cope with and overcome adversities. James (1994) posited that JHAC should not differ on the basis of gender, and that African American males and females would have shared experiences regarding the economic and psychosocial basis of the theory. However, the limited research on John Henryism Active Coping among African American women (Dressler et al., 1998; Light et al., 1995) may result in beneficial outcomes, whereas prior research focused on African American men indicate JHAC results in adverse outcomes. In a sample of 172 adults ($n = 71$ women; $n = 36$ African American

women), Light and colleagues (1995) found that women with high John Henryism and lower job status had significantly lower blood pressure levels compared to men. In a larger study of 600 African American men and women from the South ($n = 366$), Dessler and colleagues (1998) found that among African American women, as JHAC increases, risk for hypertension decreased, whereas for men as JHAC increased risk for hypertension increased. Dressler (1998) concluded that for African American women, maintenance of the family may be associated with cultural success, therefore meeting the goals associated with high-effort coping when encountering stressful circumstances. Furthermore, JHAC may be beneficial in certain contexts that require significant effort and resilience (Bennett et al., 2004), such as coping with traumatic events.

There is a dearth of literature on determinants of JHAC among African American women. Researchers have called for the need to further investigate personality, social, and psychosocial factors that may influence JHAC, as opposed to simply examining the effects of JHAC (Bennet et al., 2004). The purpose of this article is to fill the existing gaps in research literature by addressing an underserved, understudied, and often hard to reach group of African American female trauma survivors. Furthermore, the study adds to the literature by examining three culturally relevant factors: spiritual wellbeing, self-esteem, and social support that could influence JHAC.

Culturally-Relevant Factors: Spirituality, Self-Esteem, and Social Support

Spirituality—Among African American women, spirituality has long been a significant culturally relevant aspect of daily living. Specifically, spirituality has been characterized as an “internalization and expression of key values” including acceptance, guidance, purpose, coping and managing adversity (Mattis, 2000; p. 115). Spiritual beliefs have been associated with positive mental health outcomes among African American women (Paranjape & Kaslow, 2010; Watlington & Murphy, 2006). Spirituality has also been found to be a significant coping strategy for African American trauma survivors. For example, in a qualitative study of 70 African American participants (50% female), Bryant-Davis (2005), found themes indicating spirituality is used as a culturally relevant factors to “make sense of the trauma or increase one’s feelings of efficacy in handling the effects of trauma” (p. 411). Spirituality has also been associated with fewer depressive and post-traumatic stress disorder (PTSD) symptoms in a sample of African American women survivors of domestic violence (Watlington & Murphy, 2006). More recently, Paranjape and Kaslaw (2010) found that increased spirituality was related to improved mental health, after controlling for family violence among a sample of African American women recruited from a community health care clinic.

Ellison (1983) defined spiritual well-being (SWB) as religious well-being, one’s relationship with God, and existential well-being, one’s sense of meaning in life. Religious well-being has been a consistent culturally relevant protective factor among African American female trauma survivors (Bryant-Davis, 2005; Bryant-Davis, Ullman, Tsong, & Gobin, 2011). However, there is a dearth of research on the protective nature of existential well-being among African Americans. Existential well-being refers to the sense of fulfillment, meaning, and purpose in life (Arnette et al., 2007). Among African American women, religious and

spiritual beliefs facilitate existential exploration, personal growth, recognition of purpose, and meaning making of life adversities (Mattis, 2002). Among at-risk African Americans, a sense of purpose in life is associated with resilience, trauma recovery, hopefulness, a sense of mastery, and lower levels of depression (Alim, et al. 2006; Rankin, Jost, & Waksak, 2009). The current study addresses a gap in the current literature on two constructs related to spirituality, the influence of religious well-being and existential well-being on active coping among African American female trauma survivors.

Self-esteem—African American women generally have higher self-esteem than White women despite racial, sexist, and economic oppression (Molloy & Herzberger, 2002; Twenge & Crocker, 2002). Patterson (2004) found that African American women are able to maintain high levels of self-esteem from sustained favorable social and familial ties. For African American women, self-esteem is fundamentally community-based, so that family and friendship ties contribute to building and maintaining self-esteem (DeFrancisco & Chatham-Carpenter, 2000). In addition, African American women tend to report higher self-esteem compared to other racial/ethnic minority groups (Adams, 2010), self-esteem has also been found to moderate the relationship between stress and mental health outcomes (Fischer & Shaw, 1999). Consequently, high self-esteem may be positively associated with active coping among African American trauma survivors.

Social Support—Social support is particularly relevant for African Americans who place greater value on interdependence and collectivism (Sue & Sue, 2008). Research suggests that among African American women with a history of interpersonal trauma, social support may serve as an essential source for emotional healing (Banks-Wallace & Park, 2004). Additionally, social support has been associated with recovery from trauma (Utsey et al., 2007), and may buffer against PTSD (Thompson, Kaslow, Short, & Wyckoff, 2002) among African American women. Research indicates (Rennison & Planty, 2003; Hampton & Gullotta, 2006) African American women tend to be at higher risk for exposure to traumatic events than White women. Therefore, social support may be a positive correlate in active coping in these women.

Little is known about culturally relevant coping styles used by African American female trauma survivors. The current literature suggests that active coping may be associated with beneficial outcomes for African American women (Bennett et al., 2004). Therefore, the current study is one of few that contributes to the literature by specifically examining potential determinants of John Henryism Active Coping (JHAC) among African American female trauma survivors. In fact, most of the literature focuses on John Henryism Active Coping as an predictor of physical health outcomes (Bohnam, Sellers, & Neighbors, 2004; Dressler, Bindon, Neggers, 1998; Jackson & Lucile, 1994, James, Lacroix, Kleinbaum, & Strogatz, 1984; James, Strogatz, Wing, & Ramsey, 1987; Wist & Flack, 1992). Since African American women are at an increased risk for traumatic life events, understanding culturally relevant factors that may influence active coping strategies is critical. Therefore, we hypothesize that increased levels of culturally relevant factors such as religious well-being, existential well-being, self-esteem and social support will result in higher active coping among the sample of African American female trauma survivors.

Methods

The current study uses secondary data to analyze B-WISE (Black Women in a Study of Epidemics)¹ data from a sample of 161 community-based African American women living in an urban area in a southern state with a self-reported history surviving one or more traumatic events. Study recruitment procedures included posting advertisements describing a women's health study in woman-specific local magazines as well as various shops and public transportation access points throughout the targeted urban area. Interested women were asked to call the research study office using a toll-free contact number. Research staff conducted a phone screening with potential participants and those eligible (e.g., over 18 years of age, racially self-identified as African American and female, able to speak English, and no current/ongoing criminal justice involvement) were scheduled for a private interview. All data were collected by trained African American female interviewers using Computer Assisted Personal Interviewing (CAPI) software. The study was approved by the Institutional Review Board and participants received \$20 for their participation in the interview. The African American women in this sample reported an average of 12.80 years of education (where 12 years equals a high school diploma or equivalent), and average age of 36.40 years, and a mean annual household income of \$20,850. Additionally, 13% of the women in this sample reported being married at the time of the interview and 70% reported having children. Finally, approximately 56% of respondents report working full-time or part-time, while 44% were unemployed. Descriptive characteristics of the sample and study variables are highlighted in Table 1.

The women in the current sample indicated having experienced at least one of five traumatic events from a modified version of the Traumatic Events Questionnaire (TLQ) (Kubany et al., 2000). Some women reported having experienced the events multiple times. Table 2 provides the frequencies of each traumatic event.

Measures

John Henryism Active Coping—the dependent variable, John Henryism Scale for Active Coping (James, 1996), measures an individual's propensity to actively cope with psychosocial stressors. The 12-item scale is specifically designed for African American populations and emphasize mental and physical vigor, commitment to hard work, and single-minded determination to achieve one's goals (James, 1996). Responses are on a five-point Likert scale from 1 = "Completely True" to 5 = "Completely False". Responses to all items were reversed coded and are summed so that higher scores indicate an increase in the propensity to cope actively. The responses ranged can range from 12.00-60.00. Sample items include: "It is not always easy, but I manage to find a way to do the things that I really need to get done" and "When things don't go the way I want them to, that just makes me work even harder." The John Henryism Scale for Active Coping has an alpha reliability of 0.76 for this study sample.

¹A stratified sampling procedure was used with 100 drug users and 100 non-drug users. The sample of trauma survivors in the current study consisted of 77 women who were non-drug users and 84 women who reported having used an illicit drug in the past year. A dummy variable for illicit drug use (1=yes; 0 = no) was included in all analyses and it did not change the results or substantive findings.

Three independent variables are: 1) Spiritual well-being measured using the religious well-being and existential well-being subscales 2) self-esteem and 3) perceived social support measured using the subscales assessing social support from family, friends, and significant other. Control variables were education level, age, household income, partner status and parental status.

Spirituality—A modified version (Staton, Webster, Hiller, Rostosky, & Leukefeld, 2003) of the Spiritual Well-being Scale (SWBS; Ellison & Paloutzian, 1992) was used to measure spirituality. For this study, subscales indicated religious well-being (i.e., belief in God and participation in religious activities) and existential well-being (i.e., sense of well-being based on life purpose and life satisfaction) were examined separately. Responses were on a 6-point Likert scale ranging from 1= “Strongly Disagree” to 6= “Strongly Agree”. Individual items are summed such that higher scores indicate greater religious and existential well-being. For each subscale, negatively worded items were reverse coded. The religious well-being scale consists of 12 items and responses can range from 12.00-72.00. The study sample responses ($M = 63.80$, $SD = 7.71$) and had an alpha reliability of 0.87. A sample item from the religious well-being subscale is “I have a personally meaningful relationship with a higher power.” The existential well-being subscale consists of 13-items and 12.00-78.00. The study sample responses ($M = 55.55$, $SD = 9.40$) and had an alpha reliability of 0.85. A sample item from the existential well-being subscale is “I believe there is some real purpose for my life.”

Self-esteem—The Rosenberg’s Self-Esteem Scale (1979) is a 10-item scale and assesses self-esteem by asking respondents how much they agree with statements pertaining to themselves. Responses were on a 4-point Likert scale, with 1= “Strongly Disagree” to 4 = “Strongly Agree” and can range from 10.00-40.00. Some questions required reverse coding and responses to all items are summed such that higher values correspond to more positive levels of self-esteem. Sample items for the self-esteem scale include: “On the whole, I am satisfied with myself” and “I feel that I am a person of worth, at least on an equal plan with others.” Responses from the study sample ($M = 32.43$, $SD = 5.21$) had an alpha reliability of 0.87.

Perceived Social Support—The three subscales of the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1998) were used to assess perceived social support from family, friends, and significant others. Responses were on a 7-point Likert scale from 1 = “Very strongly disagree” to 7 = “Very strongly agree”. The mean for each subscale is calculated such that higher scores indicate greater perceived social support. Each of the three domains consisted of 4-items with mean responses that can range from 1.00-7.00. For the subscale measuring perceived family support the study sample ($M = 5.39$, $SD = 1.61$) had an alpha reliability of 0.94. A sample item from the perceived family support subscale is, “I get the emotional help and support I need from my family.” For the subscale measuring perceived friends’ support, the study sample ($M = 5.40$, $SD = 1.48$) had an alpha reliability of 0.94. A sample item from the perceived friends’ support subscale is, “I can talk about my problems with my friends.” Lastly, the subscale measuring perceived social

support from significant ($M = 5.87$, $SD = 1.21$) had an alpha reliability of 0.88. A sample item is, “I have a special person who is a real source of comfort to me.”

Data Analytic Strategy

A series of descriptive, bivariate, and multivariate analyses were performed. Pearson correlation coefficients were used to examine the relationship between the dependent variable, independent variables, and control variables (education, household income, age, partner status, and parental status age) of the study. Based on the results of the bivariate relationships, variables that were significantly correlated with the dependent variable of interest were retained in further analyses. Multicollinearity was examined using tolerance and variance inflation statistics. There was complete data on all variables in the study.

To examine influences of John Henryism Active Coping, a hierarchical linear regression was conducted. Control variables significant at the bivariate level were entered in the model first, religious well-being and existential well-being were entered second, self-esteem was entered third, and social support from family, friends, and significant others were entered last. To further investigate significant correlates of the final regression model, a commonality analysis was conducted to examine the contribution of each variable with regard to their unique and shared variance in the model. Regression commonality analysis is useful in uncovering complex interrelationships in social science between variables that may be left undetected by only examining the beta weights (Nimon, 2010). All analyses were conducted using IBM SPSS 20.0. Results are displayed consistent with APA style 6th edition with unstandardized coefficients, standard errors, and standardized coefficients.

Results

Results of the initial bivariate correlations (Table 3) revealed that all of the hypothesized independent variables were significantly correlated with John Henryism Active Coping (JHAC) except religious well-being and certain demographic variables. Specifically, education level, age, partner status, nor parental status, nor were significantly related to JHAC and were therefore not included as main effects in subsequent analyses. In addition, as expected, the individual level (self-esteem, religious well-being and existential well-being) and interpersonal level (perceived social support from family and significant others) protective factors were all significantly positively correlated with JHAC. Perceived social support from friends was not significantly correlated with JHAC. The results indicate that as hypothesized culturally relevant protective factors tend to increase active coping with stress. Of concern at the bivariate level was the significantly strong positive correlation with self-esteem and existential well-being ($r = .73$, $p < .01$). Tolerance and variance inflation statistics (VIF) statistics were examined in each linear model and were found to be well under the acceptable cut-offs (tolerance < 1.00 and VIF < 10 ; Kutner, 2004), indicating no issues regarding multicollinearity between independent variables.

The results of the hierarchical linear regression model examining the relationship between culturally relevant factors and JHAC are displayed in Table 4. The final model (Model 4) was significant ($F(6, 161) = 14.58$, $p < .001$) and accounted for 25% of total variance. Household income was significant as a control variable in the first model ($\beta = .16$, $p < .05$).

Results revealed African American female trauma survivors with higher income were more likely to cope actively with stress. However, income did not remain a significant correlate when accounting for existential well-being. In the second model, household income nor religious well-being were significant and were dropped from additional models. Existential well-being was significant ($\beta = .47, p < .001$) and added 20% of variance to the second model. Self-esteem emerged as significant in the third model ($\beta = .30, p < .01$) adding 4% of variance and existential well-being remained significant ($\beta = .26, p < .01$). In the final model both existential well-being and self-esteem remained significant however, perceived support from family or significant others were not significant in the model. Furthermore, results indicated that the women with higher existential well-being and higher self-esteem tend to cope actively with stress. Perceived social support from family and significant others was not significantly associated with active coping among the women in our sample.

To further examine the relationship between existential well-being and self-esteem on JHAC we examined each variable as potential mediators. Results were not significant. We conducted a commonality analysis (Nimon, 2010) to determine the amount of predicted variance that was shared among and unique to existential well-being and self-esteem (See Figure 1). The total variance explaining JHAC with existential well-being and self-esteem in the equation was 27%. Results from the commonality analysis indicated that the two variables shared 20% of the variance in JHAC. Existential well-being uniquely explained 3% of the variance and self-esteem uniquely explained 4% of the variance indicating each variable accounted for little unique variance, but together both variables accounted for the majority of variance in JHAC with our sample of African American female trauma survivors.

Discussion

The current study adds to the literature on John Henryism Active Coping (JHAC) among African American female trauma survivors and is one of few studies that have examined potential determinants of JHAC. Reliance on avoidance and passive coping and strategies have been linked to lower levels of overall psychological adjustment (Arata, 1999; Neville, Heppner, Oh, Spanierman, & Clark, 2004). Given African American women's increase risk for trauma (Hampton & Gillotta, 2006; Rennison & Planty, 2003) and decreased likelihood to initiate mental health services (Rosen, Tolman, Warner, & Conner, 2007), understanding culturally relevant factors that could assist these women with active coping with life stressors is necessary for researchers and clinicians.

As hypothesized, self-esteem and existential well-being were positively associated with active coping with daily stressors. While spirituality has been consistently found to be a culturally relevant coping strategy among African Americans (Mattis, 2000; Paranjape & Kaslow, 2010; Watlington & Murphy, 2006), the concept of existential well-being, a component of the Spiritual Well-being Scale has been understudied. Existential well-being refers to having a sense of purpose in life and may be related to prior studies that conceptualize a 'sense of purpose' as an aspect of resiliency among African American trauma survivors (Alim et al., 2008). Furthermore, results of the current study indicate higher self-esteem was related to more active coping among African American female

trauma survivors. Prior research has linked low self-esteem with avoidant coping strategies among female rape survivors (Neville, Heppner, Oh, Spanierman, & Clark, 2004). Perceived social support from family and significant others was positively associated with active coping at the bivariate level but was not significant when accounting self-esteem and existential well-being at the multivariate level. Social support has consistently been found to serve as a protective role for trauma survivors (Bryant-Davis, 2011; Coker et al., 2002; Schumm et al., 2006). Therefore, based on the current study, African American women trauma survivors may rely on their own intrapersonal resources, such as self-esteem and existential well-being initially over reliance on others when coping with daily stressors.

Parental status was not significantly related to JHAC at the bivariate level. With regard to parental status, the current study is inconsistent with Dressler and colleagues (1998) conclusions that motherhood and maintenance of the family may be associated with JHAC. However, from a cultural and historical perspective, African American women shoulder the responsibilities of the family structure not only for her own children but also for extended relatives and fictive kin (Dominguez & Watkins, 2003), which was not assessed in the current study.

Clinical Implications: John Henryism Active Coping among African American Female Trauma Survivors

Results from our study indicate that higher self-esteem and existential well-being together may contribute significantly to active coping among African American trauma survivors. When working with these women, assessing self-esteem in addition to sense of purpose in life may be beneficial in determining how they cope with daily stress. Focusing on self-perceptions and utilizing a strength-based approach and highlighting aspects of resiliency may enhance active coping and subsequently reduce risk for psychological maladjustment. However, clinicians and researchers are cautioned to take these results in context with previous studies indicating that African American women tend to deny vulnerability (Beauboeuf-Lafontant, 2007) and hold to the cultural expectations of the portrayal of strength despite adversity. Furthermore, there is limited research on JHAC suggesting beneficial physical health outcomes for African American women (Dressler, 1998; Light, 1995). In one of the first studies that assessed JHAC on mental health outcomes, Matthews and colleagues (2012) found that African American men ($n = 478$) with higher JHAC reported fewer depressive symptoms when confronted with stress from racial discrimination. Given their increased risk for trauma and associated stress, there is a need for further research that examines the long-term mental health impact of JHAC specifically among African American women.

The current study is one of first to examine potential determinants of JHAC among African American women, therefore it could be possible that the constructs examined may have confounding properties from a cultural conceptualization. For example, our sample could have over-reported positive attributes of self-esteem and existential well-being despite being survivors of multiple traumatic events (Harrington, Crowther, & Shipherd, 2010), linking the results to the Strong Black Woman (SBW) ideology, whereas African American women adopt a selfless position (Collins, 2004; Wyatt, 2008) in their families and communities, in

order to appear strong for others around them (Black & Peacock, 2011). While African American culture tends to be collective (Sue & Sue 2008), with regard to social support, trauma and coping, Keith and Brown (2010) propose that African American women who seek social support for dealing with chronic trauma may be viewed as problematic by others; thus, reducing the likelihood of future support (Keith & Brown, 2010). Some researchers suggest that African Americans are socialized in the model of John Henryism, to persist despite adversity, and may sacrifice their own mental health in order to avoid burdening those around them (Johnson & Crowley, 1996; Hunn & Craig, 2009). Therefore, there is a need to further examine culturally relevant factors related to John Henryism Active Coping and mental health outcomes among African American women. Specifically, to further study if JHAC is associated with beneficial mental health outcomes.

Limitations of the current study include being cross-sectional and a non-representative sample. The use of cross-sectional data limits inferences about causal relationships and the ability to determine if the constructs measured can predict active coping among African American female trauma survivors. Future longitudinal studies and representative samples are needed to further examine actual determinants of JHAC in addition to the long-term impact of psychological adjustment. While the focus of the current study was on examining culturally relevant factors associated with JHAC, future studies should extend culturally relevant models to include psychological adjustment among African American trauma survivors. In addition, the alpha coefficient for JHAC was acceptable, but the measure was specifically designed for African American men. Future studies could specifically examine the factor structure of the measure with a representative sample of African American women to further test the applicability of the measure for women.

Despite these limitations, the current study adds to the literature by further examining cultural correlates of JHAC and specifically the roles of self-esteem and existential well-being among African American trauma survivors. In addition, the current study revealed a shared variance in self-esteem and existential well-being associated with active coping among African American female trauma survivors. Lastly, the current study is one of a few which examines potential factors that may influence John Henryism Active Coping among African American female trauma survivors. The results and clinical implications can be useful for understanding and assessing the coping style of African American trauma survivors. It is also imperative that clinicians consider ways in which cultural factors influence each individual.

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Figure 1. Commonality Analysis of Unique and Shared Variance for John Henryism Active Coping

Table 1
Descriptive sample characteristics (BWISE Community Sample Interpersonal Trauma Survivors, N=161)

	<i>M</i>	<i>SD</i>	Range	α	%
John Henryism Active Coping	50.14	5.98	33.00-60.00	0.76	
Socio-demographics					
Education (years)	12.79	2.26	3.00-20.00		
Household income (thousands)	21.06	21.72	2.50-87.50		
Age (years)	37.22	14.13	18.00-68.00		
Partner Status (1 = yes; 0 = no)					13
Parental status (1 = yes; 0 = no)					74
Spiritual Well-being (SWB)					
Religious Well-being	64.20	7.69	31.00-72.00	0.87	
Existential Well-being	54.98	10.00	22.00-72.00	0.85	
Self-Esteem	32.18	5.47	21.00-40.00	0.87	
Perceived Social Support (MSPSS)					
Family Support	5.28	1.68	1.00-7.00	0.94	
Friends Support	5.28	1.52	1.00-7.00	0.94	
Significant Other Support	5.82	1.28	1.00-7.00	0.88	

Table 2
Frequency of Lifetime Traumatic Events Reported (N = 161)

Traumatic Event	Once (%)	Twice (%)	Three or more (%)
While growing up, you were physically punished in a way that resulted in bruises, burns, cuts, or broken bones	6	3	15
Before age 18, you had unwanted/unconsenting sexual contact (i.e., rape)	15	3	11
You were severely assaulted by an acquaintance or stranger	19	6	19
You were physically abused by a boy/girlfriend, partner/significant other	17	11	36
As an adult, you had unwanted/unconsenting sexual contact (i.e., rape)	15	6	7

Table 3

Correlation Matrix Among Study Variables (N = 161)

	1	2	3	4	5	6	7	8	9	10	11
1) John Henryism Active Coping	-										
2) Education	.09	-									
3) Household Income	.16*	.29**	-								
4) Age	-.14	.04	.09	-							
5) Partner Status ^a	-.02	.00	.24**	.18*	-						
6) Parental Status ^a	-.03	-.16*	.11	.41**	.18*	-					
7) Religious Well-being	.26**	.22	.15	.10	.06	.10	-				
8) Existential Well-being	.48**	.25**	.23**	-.07	.03	-.10	.56**	-			
9) Self-esteem	.49**	.31**	.22**	-.18*	.03	-.05	.57**	.73**	-		
10) Family Support	.21**	.29**	.20**	.01	-.01	.00	.33**	.40**	.39**	-	
11) Friends Support	.15	.19*	.24**	.02	.04	-.05	.26**	.48**	.40**	.49**	-
12) Significant Other Support	.21**	.11	.17*	-.11	.11	-.04	.29**	.42**	.39**	.55**	.51**

^a note = Spearman Rho coefficients reported;* = $p < .05$;** $p = .01$ (two-tailed test)

Table 4
Summary of Hierarchical Linear Regression of John Henryism Active Coping Among African American Female Trauma Survivors (N = 161)

Variable	Model 1			Model 2			Model 3			Model 4		
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Household Income	.00	.00	.16*	.00	.00	.00	.06					
Religious Well-being			-.01	.07			-.01					
Existential Well-being			.28	.05			.47***		.15	.06	.26**	.06
Self-Esteem							.33	.11	.30**	.11	.34	.11
Family Support									-.02	.30		.31**
Significant Other Support									-.11	.40		-.02
R ²	.03		.23		.27		.27					
F for change in R ²	4.33*		21.00***		29.46***		14.58***					

Note. Adjusted R² = .25;

* p < .05.
** p < .01.
*** p < .001