

THE STRONG BLACK WOMAN AND MARITAL SATISFACTION: A MEDIATION
MODERATION ANALYSIS OF MENTAL HEALTH AND RELIGIOSITY

by

Jessica Christine Wright

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Education

School of Behavioral Sciences

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Dissertation Committee Approval:

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ABSTRACT

The purpose of this study was to evaluate the relationship between endorsement of the Strong Black Woman (SBW) schema (stoicism and independence subscales), mental health (depression and anxiety), marital satisfaction, and the potential moderating effects of religiosity (negative and positive religious coping) on the strength and direction of this relationship. Participants consisted of four-hundred and thirty-nine married women who were recruited via Qualtrics. The women completed inventories to assess for SBW endorsement, marital satisfaction, depression, anxiety, and both negative and positive religious coping. The results indicated embracing characteristics of SBW-stoicism predicted decreased marital satisfaction and increased anxiety and depression. In contrast, embracing characteristics of SBW-independence was not correlated with marital satisfaction, anxiety, or depression. The mediation analysis indicated both anxiety and depression mediated the relationship between SBW-stoicism and marital satisfaction, but neither mediated the relationship between SBW-independence and marital satisfaction. When examining the moderating effect of religiosity, results revealed religiosity did not moderate the direct or indirect effects of SBW- stoicism or SBW-independence on marital satisfaction. Finally, the moderating impact race was investigated. The influence of race was examined to highlight potential racial differences. Race was not found to be a statistically significant moderator in this study. The results did not indicate a three-way interaction between SBW endorsement, religiosity, and race.

Keywords: strong Black woman, marital satisfaction, mental health, religiosity

Dedication

I dedicate this dissertation to God who is the source of strength, wisdom, and understanding. His Holy Spirit has been my guide throughout my life and graduate career. In moments when I felt like I could not make it, God reminded me to challenge my thoughts, so I could transform my response. In challenging my thoughts, I remembered God's word said I was more than a conqueror (Roman 8:37); I was strong because my strength came from Christ (Philippians 4:13); I was powerful, loved, and had an intelligent mind (2 Timothy 1:7).

I also dedicate this work to, LaShaun Wright, my loving husband. For 17 years you have stood by my side. Thank you for the emotional support and encouragement you gave as I navigated my educational journey. You have always been my biggest cheerleader, and I cannot thank God enough for allowing you to be a part of my life.

To my children, Jeremiah, Elijah, and Isaiah, your patience and understanding as I completed my graduate work has meant more to me than you could ever imagine. Instead of complaining about my busy schedule, you gave me love and encouragement. Even before I finished my coursework, you motivated me by calling me "Dr. Mommy." These words energized me and gave me the will to move forward.

To my parents, Glenn and Pamela Johnson, I am grateful for your love, continual support, and encouragement. I am where I am today because of your guidance and instruction. You taught me to keep God as the head of my life and never give up on my dreams. Thank you!

Finally, to my brother, friends, and church community who supported me throughout my doctoral journey, I am grateful for your love and support.

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List of Abbreviations

Strong Black Woman (SBW)

Depression Anxiety Stress Scales (DASS)

Depression Anxiety Stress Scales, Depression Subscale (DASSDEP)

Depression Anxiety Stress Scales, Anxiety Subscale (DASSANX)

Brief Religious Coping Scale (RCOPE)

Couple Satisfaction Index (CSI)

CHAPTER ONE: INTRODUCTION

Researchers indicated the marital relationship as a salient determinant of overall mental health and well-being (Bloch et al., 2014), which can be positively or negatively influenced by various factors, including communication patterns (Alipour et al., 2020), mental health (Gross, 2013), and external stress (Li & Wickerman, 2014). Emerging researchers identified prevalent aspects of these factors in the lives of many Black women, specifically those who endorse the Strong Black Woman (SBW) schema. Although data regarding these correlations have appeared in recent years, extending the research to evaluate the potential affect of SBW endorsement upon Black women's marital relationships has not been established and warrants further study.

The Strong Black Woman (SBW) schema is a concept grounded in Black culture, rooted in historical racism, and oppression, which Black women internalized to overcome stereotypes and unjustified systemic oppression (Donovan, 2011; Donovan & West, 2015; Watson-Singleton, 2017). To distance themselves from controlling stereotypes, many Black women embraced the persona of the SBW (Beauboeuf-Lafontant, 2005, Harris-Perry, 2011; Nelson et al., 2016). Although the creation of this persona helped Black women cope by offering them support and a sense of identity (Ashley, 2014), the endorsement of the SBW schema may be a harbinger for various detrimental outcomes, which include negative mental health effects (Donovan & West, 2015; Watson & Hunter, 2015), increased incidence of poor physical health (Abrams, 2015; Harrington et al., 2010), and diminished social functioning (Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Woods-Giscombé, 2010).

With an emphasis on independence, strength, self-sacrifice, and caregiving the Strong Black Woman schema dictates that Black women should embrace traditional feminine roles while displaying stoicism (Abrams et al., 2019; Watson & Hunter, 2015). Thus, Black women are expected to embrace feminine characteristic such as nurturing (Johnson, 2013), while displaying characteristics associated with masculinity such as strength and independence (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Black & Peacock, 2011; Watson & Hunter, 2015). The tension produced by attempting to maintain contradicting personas may produce a multitude of negative outcomes. The ideals of the SBW schema maintain Black women must suppress their emotions and minimize the distress they experience (Abrams et al., 2019; Woods-Giscombé, 2010), possibly resulting in adverse physiological and mental health consequences.

In addition, the SBW standard advocates self-reliance, and this shapes the way Black women function relationally. As a result, they do not receive encouragement to seek support or show vulnerability in relationships (Watson-Singleton, 2017; Woods-Giscombé, 2010). The desire to be independent or overly self-reliant may hinder some Black women's ability to accept interdependence in their relationships. While it is wonderful to be independent, self-reliant, and resilient, too much of these things can create issues. If a person believes they must do everything on their own, it may become difficult for them to connect with someone emotionally. This could prevent true intimacy, commitment, and trust from developing in the relationship. Of the many relationships that could be negatively affected by a woman being overly independent, the marital relationship is of particular interest.

Although there is no shortage of research exploring the determinants of marital satisfaction, much of this research focuses on Whites. Limited researchers have explored the marital relationship and marital satisfaction of Black people, and even less have examined the influence of embracing the SBW schema on marital satisfaction. I sought to fill this critical gap in salient literature.

Background

Throughout U. S. History Black women have encountered and endured laws and institutions designed to marginalize and oppress them. The dehumanization of Black women within the United States dates to the institution of slavery. Enslaved Black women experienced abuse and sexual violence at the hands of their White slave owners. The belief that Black women were not fully human, justified their subjugation and objectification in the eyes of White society. Characterizing them as physically and mentally stronger than their White counterparts, rationalized the White slave owner's desire for Black women to share in a workload equal to that of Black men. In addition, there was an expectation Black women should conceal their emotional response as they watched their family and friends receive harsh punishments for perceived violations of rules or expectations (Nelson et al., 2016). To prevent themselves from suffering a similar fate, they masked their reaction to the cruelty they witnessed (Nelson et al., 2016). In turn, Black enslaved women socialized their girls to embrace strength, so they would be prepared to face a life filled with violence and brutality (West et al., 2016). In 1865, the United States abolished slavery, however, Black women still endure the hyper-sexualization of their bodies (Anderson et al., 2018; Rosenthal & Lobel, 2016; Watson et

al., 2012), racism, prejudice, and discrimination. As a result, many look to the ideals of the SBW for comfort and validation.

Strong Black Woman (SBW)

The mistreatment and abuse experienced by Black women contributed to the creation of the SBW schema. As a coping mechanism, Black women stifled their emotions and adopted a mantle of strength to mask the psychological distress resulting from oppression and abuse. In response to negative stereotypes, including the Sapphire; the Jezebel; Mammy, and the Welfare Queen (Collins, 2000; West, 1995), Black women embrace the characteristics of the SBW. Living up to the ideals of the SBW serves as a way for Black women to distance themselves from these condescending characterizations. Black women who endorse the SBW schema engage in behaviors including caretaking, emotional regulation, and financial independence (Nelson et al., 2016). Additionally, the SBW schema operates as a mechanism Black women use to cope with the maltreatment, which has plagued them throughout history. Adjectives used to describe the SBW include strong, independent, hardworking, self-sacrificing, and emotionally suppressed (Nelson et al., 2016). In addition to using these references as a coping mechanism, the socialization of Black girls to be strong, a history of abuse, and the great emphasis placed on spiritual values (i.e., God giving Black women the strength to overcome any challenge without help) contributed to the development of the SBW schema (Oshin & Milan, 2019; Woods-Giscombé, 2010).

Researchers confirmed the perceived benefits and costs associated with adopting the SBW schema. The possible benefits include nurturing and fostering positive self-esteem, commitment to the caregiving needs of one's family (Woods-Giscombé, 2010),

and the development of support and personal identity (Ashley, 2014). A belief exists that the schema also helps Black women survive in a society laden with oppression and an apparent inadequacy of resources (Woods-Giscombé, 2010). Even with the benefits provided by the SBW schema, a downside is also possible. Current researchers established the correlation between the SBW schema and aversive mental health outcomes (Donovan & West, 2015), causing some to question whether the costs outweigh the benefits. For example, Harrington et al. (2010) drew an association between embodying the SBW schema and unhealthy behaviors including smoking and binge eating. Researchers documented a link between increased anxiety and depression (Watson & Hunter, 2015), and several health problems (i.e., breast cancer, stroke, obesity, and high blood pressure) (Black & Woods-Giscombé, 2012; Etowa, et al., 2017; Longmire-Avital & Robinson, 2017) as products of the tension resulting from the almost impossible expectations placed on Black women as they try to live up to the ideals of the SBW.

Woods-Giscombé, (2010) reported how along with a myriad of health-related issues, internalizing characteristics of the SBW schema was thought to produce a strain on interpersonal relationships. The perceived obligation of self-reliance (i.e., reluctance to show vulnerability or appear dependent) promoted by the SBW schema contributed to the extreme difficulty Black women experience with displaying a level of vulnerability, which allows them to rely on another person in a way that establishes emotional closeness. Furthermore, an emphasis on self-reliance may make others in the relationship feel like they are unneeded and/ or unwanted. Based on the need to emotionally depend

on and connect with another person in a relationship, it is reasonable to assume adopting characteristics of the SBW could be damaging to relationship satisfaction.

Although there are many types of interpersonal relationships, the marital relationship is one of the most important. Researchers showed how married people improve their emotional, mental, and physical health (Grover, & Helliwell, 2019), but there is no guarantee of benefits. The success of a marital relationship requires continuous work and dedication. Both partners in the relationship must be willing to appreciate and depend on one another. This degree of social support within the marital relationship is associated with good marital functioning and marital satisfaction. Past researchers demonstrated a positive association between a spouse feeling supported and their level of marital satisfaction (Acitelli, 1996; Julien & Markman, 1991; Pasch & Bradbury, 1998). While there is an extensive amount of research exploring factors that play a role in marital satisfaction, I was unable to find studies regarding research on embracing characteristics of the SBW schema and marital satisfaction. Using data from the current study, I sought to contribute to filling this critical research gap.

Marital Satisfaction

Of all the relationships people cultivate in their lives, Bloch et al. (2014) suggested the marital relationship was by far the most important to a person's well-being. People desire to experience a happy and satisfying life. Therefore, it is reasonable to assume those who desire a marital relationship seek to find a person who will bring them joy, thereby enhancing their life. Carr et al. (2014), Joo et al. (2015), and Luhmann et al. (2013) produced empirical findings validating the correlation between marital satisfaction and life satisfaction. Researchers revealed how a person who experiences dissatisfaction

in their marriage may also feel decreased life satisfaction (Luhmann et al., 2013). Additional research results established how reduced marital satisfaction could cause distress in a relationship affecting a person's physical health and psychological well-being (Robles et al., 2014; Whitton et al., 2014; Woods et al., 2019). Considering the influence marital satisfaction has on overall health and wellbeing, it is important to investigate factors affecting the level of satisfaction within the marital relationship.

Researchers investigated various correlates of marital satisfaction. For example, they agreed communication skills are a major influence on how satisfied couples maintain their relationship (Alipour et al., 2020; Lavner et al., 2016). External stress from outside of one's relationship also affects marital satisfaction. Thus, the more negative life events a couple experiences, the more likely they are to feel less satisfied in their marriages (Li & Wickrama, 2014). Additionally, behaviors associated with relationship maintenance influence marital satisfaction. Couples describe being happier, more dedicated, and satisfied in their relationship when they engage in relationship maintenance behaviors, such as conflict management (Canary et al., 2002). Although numerous researchers explored factors that play a role in marital satisfaction, there remain limited studies on embracing characteristics of the SBW schema and marital satisfaction. Along with the potential effect adherence to the ideals of the SBW schema has on marital satisfaction, the link to depression and anxiety also exists. The connection between the SBW and mental health may be one way in which the SBW schema potentially influences marital satisfaction.

Mental Health

A person's mental health can affect many areas of their life. Difficulty expressing or regulating emotions can affect one's mind and body (Gross & Muñoz, 1995; Gross, 2013). In a study conducted by Chapman and colleagues (2013) they found those who suppressed their emotions, had a 30% greater chance of premature death from a variety of causes. In addition, their risk of cancer increased (Chapman et al., 2013). Along with the occurrence of negative physical health outcomes, difficulty regulating and expressing one's emotions can lead to psychological problems affecting their lives (Gross, 2013). For a person to understand how their emotions affect them, and the people around them, they need emotional regulation. The inability to regulate emotions can lead to depression or anxiety (Gross, 2013), and harm a marital relationship. Couples who struggle with emotional regulation in their relationship often experience decreased relationship satisfaction (Finney & Tadros, 2019) as well as reduced levels of intimacy (Tani et al., 2015). In contrast, positive emotional regulation is associated with well-being (Quoidbach et al., 2010), and marital satisfaction (Shahid & Kazmi, 2016). The findings from these studies further highlight the importance of emotional regulation in marriage.

Depression and Marital Satisfaction

Depression in one partner can affect their spouse and their relationship. A variety of studies examining cross-partner effects revealed the depressive symptoms displayed by one spouse affected the marital satisfaction of the other spouse (Maroufizadeh et al., 2018; Pruchno et al., 2009). Additionally, researchers found strong transversal links between marital satisfaction and depression and depressive symptomology (Davila et al., 2003; Karney; Proulx et al., 2007). Furthermore, higher levels of marital satisfaction

predicted decreased depressive symptoms and reduced psychological distress (Kamp Dush et al., 2008; Proulx et al., 2007; Whitton et al., 2014; Woods et al., 2019). While more studies examining the magnitude and directional path of causality between depression and marital satisfaction need to be conducted, the aforementioned studies validate the significant influence they have on each other.

Anxiety and Marital Satisfaction

There is an abundance of research highlighting the effect of anxiety on one's, emotional, mental, and physical health (Brenes, 2007; Niles & O'Donovan, 2019; Sareen et al., 2006; Trougakos et al., 2020). However, it is important to consider how anxiety affects the marital relationship. Worrying produced by anxiety can put an unnecessary strain on a relationship. People with anxiety may believe worrying is necessary to maintain their safety in a relationship. Unfortunately, this thought process might prevent them from being empathetic and vulnerable with their spouse. This, in turn, could influence marital satisfaction. Researchers confirmed a connection between a person's anxiety symptoms and their level of marital satisfaction (Whisman et al., 2004). The more anxious a person is, the more dissatisfied they are with their marriage (Whisman et al., 2004). Zaider et al. (2010) revealed cross-partner effects between anxiety and relationship quality, thereby indicating the interconnectedness of spouses. This implies that a person's level of anxiety can affect their own as well as their spouse's marital satisfaction.

Religiosity

Researchers involved in psychology and medicine indicated a relationship between religion, well-being, and physical health. Adamczyk et al. (2017), Brawner,

(2018), Grim and Grim, (2019); along with Johnson and Pagano, (2014) found religiosity decreases one's involvement in problem behaviors. Religiosity also influences well-being and overall quality of life (Diener, 1984; Dodge et al., 2012). This may be because people find hope in a higher power, and this hope is beneficial to their physical and mental health. While Exline, (2002), Mitchell et al. (2002), and Pargament, (2002) indicated how religious involvement may negatively affect health, other researchers demonstrated a positive relationship between faith, health, and well-being (Schoenthaler et al. 2018; Weber & Pargament, 2014; VanderWeele et al., 2016). This may be why religion plays such a big role in many countries around the world (Pew Research Center, 2018).

Although religion may be an integral part of many cultures and societies, it is significantly important within the Black community. More than any other group, Black people engage in greater religious practices (Taylor et al., 1996). Findings from a Pew Research study indicated nearly 80% of Black participants reported being a Christian (Pew Research Center, 2015). Considering there is a long tradition of religion playing a critical role in the lives of Black people (Billingsley, 1999; Carter, 2002; Taylor & Chatters, 2010), it is not surprising the ideals of the SBW schema incorporate religion and spirituality. It seems the SBW uses religion and spirituality to garner the strength she needs to live up to the standards of the schema (Woods-Giscombé, 2010). With God's help, women who internalize the SBW schema believe they can simultaneously support others and conquer any challenge without help from others (Woods-Giscombé, 2010). Along with reliance on religion and spirituality being a defining characteristic of the SBW schema, and religion playing a significant role in the lives of Black people, Aman et al. (2019), Goddard et al. (2012), and Li et al. (2018) determined religion also affects

marital satisfaction. For instance, increased marital satisfaction, commitment, and lower divorce rates have all been associated with measures of religiosity (Aman et al., 2019; Goddard et al., 2012; Li et al., 2018). While some researchers indicated a weak relationship between marital satisfaction and religiosity (Al-Othman, 2012; Fard et al., 2013; Gaunt, 2006; Orathinkal & Vansteenwegen, 2006), and others provide evidence for no association (Luo & Klohnen, 2005; Olson et al., 2016; Williams & Lawler, 2003), many advocate the positive influence of religion on the marital relationship (Davis et al., 2018; Fard et al., 2013; Jafar, 2019; Jafari et al., 2015). This alludes to the benefits of incorporating religion and religious practices into aspects of one's marriage. For this reason, the current research seeks to determine if religiosity attenuates the relationship between endorsement of the SBW schema and marital satisfaction.

Purpose Statement

The purpose of this study is to fill a critical research gap related to SBW schema endorsement and marital satisfaction. Therefore, I will: (a) explore the effect SBW endorsement has on marital satisfaction, (b) examine the potential mediating effects of mental health on the relationship between SBW endorsement and marital satisfaction, (c) expand the research connecting SBW endorsement with mental health outcomes, and (d) extend the research on the influence of mental health on marital satisfaction. Lastly, I will explore the possible moderating effects of religiosity on the relationship between SBW endorsement and marital satisfaction as well as the potential moderating effects of religiosity on the connection between SBW endorsement and mental health.

Significance of the Study

To date, there is limited research on the SBW construct. Of the available research, much of it focuses on gender role beliefs or perceptions of the SBW schema (Abrams et al., 2014; Nelson et al., 2015; Woods-Giscombe, 2010), identifying the contributing attributes of the schema (Beauboeuf-Lafontant, 2007, 2008; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Woods-Giscombe, 2010), and the psychological (i.e., stress, anxiety, and depression) as well as physical health outcomes that arise from internalizing the SBW schema (Donovan & West, 2015; Etowa, et al., 2017; Longmire-Avital & Robinson, 2017; Watson & Hunter, 2015; Watson-Singleton, 2017). While the areas addressed in the previous research are significantly important to the understanding of how the SBW schema shapes the lives of Black women, it is necessary to continue to examine the SBW as there are many enduring misunderstandings of various aspects of the schema. Consequently, after reviewing the literature, limited research on the influence of embracing the SBW schema and marital satisfaction was found. Much of the available research is qualitative (see Beaufont-Lefontant, 2007; Woods, 2013; Woods-Giscombé, 2010). The only quantitative research found examined SBW as a moderator in relationship satisfaction and mental health as it related to husband's pornography use (Guidry, 2019). The current study will address a gap in the research related to the potential effects of SBW endorsement on marital satisfaction.

Researchers continue to validate the importance of marital satisfaction. They found people may experience decreased life satisfaction, and depression if they are not satisfied in their marriage (Carr et al., 2014; Luhmann et al., 2013). The strong emotional bonds created in a satisfying relationship help to fulfill the intimacy needs of each

partner, and this may, in turn, enhance mental health. Furthermore, it seems marital satisfaction contributes to a general sense of happiness. Researchers demonstrated how couples with high-quality and satisfying relationships also have better subjective well-being (Ito et al., 2004; Merwe & Greeff, 2015). Considering the effect marital satisfaction has on overall health and wellbeing; it is important to investigate factors that influence this satisfaction.

Researchers agreed that communication skills are a major influence on how satisfied couples are with their relationship (Alipour et al., 2020; Lavner et al., 2016). Additionally, couples who engage in routine relationship maintenance (i.e., managing conflict) report feeling happier, more committed, and more satisfied with their relationship (Canary et al., 2002). Furthermore, income (Jackson et al., 2017), gender (Ng et al., 2000; Rostami et al., 2000), personality characteristics (Caughlin et al., 2000; Sayehmiri et al., 2020), and emotional health (Eslami et al., 2014; Ross et al., 2016) also influence a person's marital satisfaction. Although several researchers explored factors that play a role in marital satisfaction, research on embracing characteristics of the SBW schema and the effect this has on marital satisfaction remains almost nonexistent.

In addition to the limited research on the SBW construct and marital satisfaction, the mental health of Black women in the U.S. remains a highly understudied topic. Current researchers established how endorsing the SBW schema predicts greater symptomology of depression, anxiety, and other health-related concerns (Abrams et al., 2019; Black & Peacock, 2011; Donovan & West, 2015; West et al., 2016). One's mental health affects various aspects of people's lives. Therefore, it is critically important to understand the factors influencing mental health. Even with the available research

focusing on the SBW schema and mental health, conducting more analysis will identify the characteristics or behaviors encompassed within the SBW which affect Black women's mental health.

Lastly, many empirical researchers demonstrated the association between religiosity and positive marital and mental health outcomes for Black women (Brown et al., 2008; Cozier et al., 2018; Fincham et al., 2011). Some researchers documented how religiosity may be protective (Adamczyk et al. 2017; Akbari, & Hossaini, 2018, Brawner, 2018; Grim & Grim, 2019). Although previous researchers validated the positive influential power of religiosity, it does not answer one important question. Can religiosity moderate the influence of embracing the SBW schema on one's mental health and marital satisfaction? Using the current study, I sought to fill the critical gap in research related to how endorsing characteristics of the SBW schema may influence marital satisfaction and extend the research related to the SBW schema and mental health. I also examined whether religiosity moderated the relationship between endorsement of the SBW schema, mental health, and marital satisfaction.

Research Questions

As previously mentioned, evaluating the influence of embracing the SBW schema on marital satisfaction, determining the mediation effects of mental health on the relationship between SBW endorsement and marital satisfaction, and examining the potential moderating effects of religiosity were my primary aims for conducting this study. Thus, my goal was to determine the possible effects of endorsing the SBW schema on marital satisfaction, the mediating effects of mental health, and the moderating effects of religiosity. The independent and dependent variables in this study included the (IV)

Strong Black Women Schema, measured by the Multidimensional Strong Black Woman Scale (Chamberlin, 2019), (DV) marital satisfaction, measured by the Couple Satisfaction Index (Funk & Rogge, 2007), (IV) religiosity, as measured by the Beliefs into Action Scale (Koenig et al., 2015), and mental health outcomes (DV), which consists of depression and anxiety, as measured by the DASSDEP and DASSANX (Lovibond & Lovibond, 1995). The research question were as followed:

RQ1: How does adherence to the SBW schema positively or negatively affect female marital satisfaction?

RQ2: How does adopting the ideals of the SBW schema affect mental health outcomes?

RQ3: How does mental health affect marital satisfaction?

RQ4: Does mental health mediate the effect of SBW endorsement on female marital satisfaction?

RQ5: Does religiosity moderate the indirect effect of SBW endorsement on female marital satisfaction?

RQ6: Does religiosity moderate the direct effect of SBW endorsement on female marital satisfaction?

Definitions

Strong Black Woman Schema: A woman's conception of essential SBW characteristics such as resilience, independence, strength, self-sacrifice, and stoicism (Abrams et al., 2019; Donovan & West, 2014; Watson & Hunter, 2015)

Mental Health Outcomes: The level of anxiety and depression associated with embracing the ideals of SBW schema, as measured by the depression (DASSDEP) and anxiety (DASSANX) subscale of the depression and anxiety stress scale.

Marital Satisfaction: The attitude a person has toward their marital relationship (Fincham & Beach, 2010), as measured by the couple satisfaction index (CSI) (Funk & Rogge, 2007).

Religiosity: The degree to which a person participates or adheres to the practices and beliefs of religion (Mueller et al., 2001), as measured by the belief into action scale (Koeing et al., 2015).

CHAPTER TWO: LITERATURE REVIEW

Marital satisfaction is a widely researched construct affected by factors including income (Jackson et al., 2017), gender (Ng et al., 2000; Rostami et al., 2000), personality characteristics (Caughlin et al., 2000; Sayehmiri et al., 2020), emotional health (Eslami et al., 2014; Ross et al., 2016), and interdependence (Rusbult & van Lange, 2003). Of these factors, emotional health and interdependence were of particular interest to the current study. According to previous researchers, having the ability to understand others, express emotions, and see a situation from another person's perspective are important for protecting and predicting marital satisfaction (King, 1993; Long & Andrews, 1990; Rowan et al., 1995). In addition, proponents of the interdependence theory suggest as relationships develop, partners depend on each other to meet their needs, and this dependence leads to increased satisfaction and commitment (Dainton, 2015). Herein lies the potential influence of the SBW persona. The SBW is an ideal with deep roots in U.S. history and American society. This ideal encourages Black women to display strength, independence, emotional suppression, self-reliance, and resilience (Beauboeuf-Lafontant, 2005, 2007). With an emphasis on independence and emotional suppression, one area of life that could be potentially affected by adherence to the SBW schema is satisfaction within a marital relationship.

Strength is one major defining feature of the SBW (Abrams et al., 2014). The SBW uses this strength as a source of empowerment amidst adversity and oppression (Nelson et al., 2016), resulting from the intersectionality of race, gender, and ethnicity. Although the persona of the SBW serves as a defense mechanism against racism and sexism (Harris-Lacewell, 2001), the unrealistic expectations it embodies encourage Black

women to perpetuate a facade of strength in various areas of their lives (Romero, 2000; Woods-Giscombé, 2010). Beauboeuf-Lafontant, (2007), Watson and Hunter (2015), and Nelson et al. (2016) viewed this strength as a foundational characteristic of Black womanhood, although upholding this mantel could prevent Black women from accepting interdependence in their relationships.

Religiosity is an additional component consistently highlighted as foundational in the lives of many Black women and serves as a protective factor utilized to manage stress and adverse mental health symptoms (Avent-Harris, 2019; Harris et al., 2013; Reed & Neville, 2013). Although the relationships between marital satisfaction and mental health have been studied (Maroufizadeh et al., 2018; Randall & Bodenmann, 2009, 2017; Du Rocher Schudlich et al., 2011), a dearth of literature evaluating religiosity and marital satisfaction remains. Further, despite the emerging data on the impact of SBW endorsement, a lack of studies focusing on its influential nature on the behavioral and psychological outcomes of Black women remains. While the SBW schema has been the subject of recent research studies, there is limited research exploring the effect of SBW endorsement on marital satisfaction. A possible correlation exists between SBW endorsement and marital satisfaction. Hence, it may be useful to begin to look at possible interactions between variables such as mental health and religiosity, which may attenuate or strengthen the link between marital satisfaction and SBW endorsement. Based upon the noted gaps in the literature, there is a need to study and evaluate the inter-relational influence of variables upon marital satisfaction.

Understanding the ideals encompassed within the SBW warrants an exploration of what current researchers found about the SBW schema. In addition, this literature review

highlighted the current research on the effects of marital satisfaction and dissatisfaction on one's life. I also explored correlates and determinants of marital satisfaction to construct a clear picture of what researchers believe contributes to both marital satisfaction and dissatisfaction. In addition, considering I hypothesized in this study that endorsement of the SBW schema impacts marital satisfaction by way of emotional health, this literature review expounded on the impact of one's emotional health on marital satisfaction. In conclusion, I discussed religiosity and its potential moderating effects.

Conceptual Framework

Although there have been several terms used to describe the SBW such as ideology (Harrington et al., 2010); mask (Abrams et al., 2019; Beauboeuf-Lafontant, 2007, 2009), and schema (Woods-Giscombé, 2010), I used schema to define SBW. The SBW schema is a blueprint, encompassing beliefs and cultural expectations, related to how Black women should interact and function across multiple types of relationships (i.e., family, romantic, platonic, and occupational relationships). Resilience, independence, strength, self-sacrifice, and caregiving are among the behaviors and characteristics used to describe Black womanhood (Abrams et al., 2019; Watson & Hunter, 2015). The SBW schema emphasizes that Black women should embrace stoicism and appear physically and emotionally strong regardless of the obstacles they face. With the pressure to live up to the ideals of the SBW, the requirement of strength may hinder rather than empower Black women. The ideal image perpetuated by the SBW creates and maintains a social schema requiring Black women to deny experiencing or expressing distress while minimizing the daily struggles they face. As a result, Black women

experience emotional and physical exhaustion (Beauboeuf-Lafontant, 2005). Despite this grim reality, many people view the SBW as a woman who can handle any type of stress or trauma she may encounter (Donovan & West, 2015). Therefore, seeking support, expressing emotional needs, and displaying vulnerabilities is not an option (Watson-Singleton, 2017; Woods-Giscombé, 2010). The SBW is a person who can suppress her own emotional needs to take care of her responsibilities, as well as the needs of others (Romero, 2000).

One major responsibility of the SBW is their role as caregivers. Traditionally a woman's primary responsibilities centered on maintaining the home and caring for the family (Carter et al., 2016). This expectation, rooted in the ideals of the SBW, dictates how a woman must be self-sacrificing, always willing to put the needs of others before her own (Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010; Harrington et al., 2010). If she is a mother, she supports her children, while also being a mother figure to others by offering spiritual and emotional support to those in her community (Beauboeuf-Lafontant, 2009; Harrington et al., 2010; Romero, 2000). These more challenging roles ascribed to the SBW vary from the traditional roles assigned to other women. The difference rests in the expectation of SBW to assume the traditional role of caregiver, while simultaneously providing care for the needs of her community (Beauboeuf-Lafontant, 2007, 2009; Collins, 2000; Harrington et al., 2010; Townsend-Gilkes, 2001). Prior researchers asserted how ethnic minority caregivers provide more care and hold stronger beliefs regarding familial obligations than White caregivers (McCann et al., 2000; Pinguart, & Sörensen, 2005). Furthermore, compared to their White counterparts,

Black caretakers are more likely to report caregiving as an expectation (Haley et al., 1996; Lawton et al., 1992).

The provision of care for one's community is also consistent with Black cultural norms. Historically, the socialization of Black women focusses their attention on the needs of their family, and the needs of the community. Following the Civil War, the idea of "race uplift" became a central ideal within the Black community (Perkins, 1983). Although the idea of "race uplift" was the responsibility of all educated Black people, the women assumed the primary responsibility (Perkins, 1983). This sent a clear message the affairs of community rested with Black women. As a result, uplifting one's community became a central part of Black womanhood.

As traditional roles changed, more women entered the workplace (Balswick & Balswick, 2014). Dow (2015) indicated how in addition to caregiving, the SBW schema created a cultural expectation for mothers to work outside the home. Some women believe the SBW produced a perception that they must balance working outside of the home with their caregiving responsibilities to be considered an authentic African American (Dow, 2015). Employment outside of the home often left insufficient time for women to carry out their customary role of homemaker. In addition, women who attempted the role of superwoman, suffered from anxiety and stress as they attempted to balance motherhood and career (Balswick & Balswick, 2014). Unfortunately, married Black women, who try to alleviate this stress by choosing to relinquish their traditional 9 to 5, are met with criticism, and characterized as lazy, despite being responsible for providing the primary childcare. This resulted from the expectation to successfully balance home and work simultaneously. As Black women attempted to fulfill their

responsibilities at work and home, they ended up suffering emotionally. Comprehending this different standard requires understanding Black womanhood from a historical context.

Historical Context of Black Womanhood and the SBW

Rooted in slavery, the “strong Black woman” persona traces back to Black women displaying strength and resilience necessary for them to endure systemic enslavement and oppression, which ended almost 200 years ago (West, 1995). To justify and rationalize the mistreatment, abuse, and sexual violence against Black women, White slave owners characterized them as physically and mentally stronger than their White counterparts (Harris-Lacewell, 2001; Harris-Perry, 2011; Wyatt, 2008). One theory contributing to the perception of Black women being strong resulted from their ability to work in the fields alongside Black men during slavery. Despite traditional ideals that women were incapable of receiving the same training or producing ideas as profound and broad as men (Allan, 1869), the institution of slavery perpetuated the notion of Black men and women as equals (Davis, 1972). The perception Black women could bear a physical workload equal to the Black man, painted the picture that Black women could easily endure pain and survive harsh conditions. This negated their femininity and skewed the definition of womanhood for Black women.

The end of slavery did not put a stop to the differential standards placed on Black women. As previously mentioned, the socialization of Black women focused on their ability to attend to the needs of their family, and the community. The idea of “race uplift” became a central ideal within the Black community (Perkins, 1983). This charged Black men and women to demonstrate the intelligence and morality of the race (Perkins, 1983).

This was another instance in which Black women bore a responsibility equal or possibly greater than that of Black men. Black women encouraged and sustained their educational efforts to correct the public misconception of the character of Black people (Perkins 1983). While the education of White women focused on traditional domestic views such as being a good wife and mother, the purpose of educating Black women was to help liberate their race from oppression. White women learned the concept of “true woman” accentuated innocence, devotion, purity, decorum, submissiveness, and domesticity (Perkins, 1893). In contrast, Black women adopted strength and independence to overcome oppression. Consequently, the actualization created a different definition of true womanhood for Black women, possibly giving birth to the SBW.

Historically, embracing the SBW schema allowed Black women to distance themselves from the condescending and controlling images and ideas supported by figures such as Mammy, Sapphire, and Jezebel (Beauboeuf-Lafontant, 2005, Harris-Perry, 2011; Nelson et al., 2016; West, 1995). Embracing the ideals of the SBW schema was a way to cope with the negative influences these images produced (Davis, 2015; Nelson et al., 2016). One could therefore assume the SBW schema represented a positive guiding force in the lives of Black women. Black feminist writers pursue changing this perspective. They argued the SBW promotes an idealized image of Black women and emphasized the power of recognizing one’s limitations and vulnerabilities (Springer, 2002). Other feminists highlighted the SBW ideal as a controlling image hindering Black women from establishing their own identity (Wilkins, 2012).

The identity being forced on Black women is grounded in comparing Black women to the female gender norms of their white middle-class counterparts (Beauboeuf-

Lafontant, 2007). Describing Black women as strong, outspoken, and independent contradicts mainstream gender roles of submissive, passive, and sensitive. Many Black women believe they must meet both standards. Therefore, they feel the need to be independent, self-sacrificing, resilient in response to psychological or physical hardships, yet nurturing and submissive (Johnson, 2013), while yet still displaying emotionless strength through self-silencing (Abrams, 2019). Even with the confidence afforded by the strong and independent image depicted by the SBW, the expectation to maintain this balancing act also creates a burden. The realization of one's failure or inability to toggle between cultural and mainstream expectations could contribute to the development of depressive symptoms, while the pressure and stress to meet both standards may lead to anxiety.

Strong Black Woman and Mental Health

The perception that one must be strong, even in the face of adverse or traumatic experiences, can result in stress that may undermine a person's physical and mental health. Researchers found a connection between the SBW schema anxiety, depression, and binge eating (Donovan & West, 2015; Harrington et al., 2010; West et al., 2016). These negative health outcomes may result from toxic and unhealthy behavioral practices. The SBW schema encompasses behavior such as emotional suppression (Abrams et al., 2019; Woods-Giscombé, 2010), reluctance to seek help (Watson- Singleton, 2017; Woods-Giscombé, 2010), and postponement of self-care (Black & Peacock, 2011). All these behaviors could produce negative health outcomes.

Emotional Suppression (Stoicism)

One mechanism through which Black women suppress their emotions is through self-silencing. Self-silencing is the diminution of self-expression within a close relationship (Jack, 1991). According to this theory, women inhibit self-expression to maintain relationships and prevent conflict or alienation (Jack & Deal, 1992). The act of self-silencing has been linked to depression, anxiety (Ussher & Perz, 2010), binge eating (Harrington et al., 2010), low self-esteem (Lubow, 2009), and a loss of self (Jack & Ali, 2010; Jack, 1991). Of particular interest is the link between self-silencing and depression. Jack (1991) maintained the self-silencing paradigm undergirds depression as psychosocial because women must relinquish self or submerge self under relationships that society deems are important. The development of depressive periods in a women's life correlated with feeling broken and the silencing of her voice (Beauboeuf-Lafontant, 2007). Current empirical researchers supported the link between self-silencing and depressive symptomology. Abrams and colleagues (2019) found self-silencing to be the vehicle through which perceived obligations to maintain strength led to depressive symptomology. In an effort to appear strong and protect their image of strength and independence, Black women engage in self-silencing. This attempt to silence one's authentic self can lead to physical and psychological problems (Abrams et al., 2019; Jack & Ali, 2010).

Jack and Ali (2010) noted one behavior characteristic of self-silencing is the divided self. The divided-self presents a discrepancy between real and displayed emotions (i.e., women wear a mask of submission, despite feeling inward anger and hostility). Although all women may engage in this behavior, Black women adopt this

characteristic as an escape from assuming the label of angry Black woman. Ashley (2014) suggested the *Angry Black Woman* stereotype depicts all Black women as aggressive and hostile despite the circumstance. As maintained by Ashley (2014) Black women are described as overbearing, aggressive, bitter, mean, and unfeminine. The media perpetuates this portrayal of Black women in their reporting (Jones, 2004). To distance themselves from these images, Black women often suppress their anger and minimize the influence it has on their lives (Ashley, 2014). The suppression of one's true emotions over time can result in grave consequences. A review of empirical research findings conducted by Patel and Patel (2019) validated the connection between emotional suppression and certain mental disorders (i.e., depression). Considering Black women who endorse the SBW schema are likely to engage in emotional suppression, it could also place them at greater risk for developing depressive symptoms.

Independence and Strength

Independence is a fundamental characteristic of the SBW. Many women who identify as an SBW believe they must independently support themselves because of the lack of other options. Unfortunately, the choice to solely depend on self and maintain independence can come at a cost. Black women who adopt a stance of self-reliance or independence frequently do not seek help and support from others when they experience stressful situations (Black & Peacock, 2011). Although expected to provide support for others, these women resist seeking or accepting help regardless of the obstacles they encounter. According to the ideals of the SBW, responding to the stressors and challenges of life with self-reliance is the essence of Black womanhood (Amankwaa, 2003). Thus, endorsement of the SBW limits one's ability to requisition needed help

because it signifies possible perceptions of weakness. When Black women do not receive the support they need, they continue adopting the multiple roles of caregiver, head of household, and cornerstone of the community (Romero, 2000). The pressure of juggling multiple roles creates feelings of overwhelming stress. It does not matter if it is a Black women's inability to ask for help, or an unwillingness of others to offer because they believe she can and/or should do it all, a lack of support could lead to negative physical and mental health consequences.

In addition to independence, women who adhere to SBW ideals must display strength. Researchers proposed adopting strength as essential to the identity of Black women (Nelson et. al., 2016; Watson & Hunter, 2016). Upholding the projected image of strength confirms the expectation of the capability of Black women to handle anything without caving under the pressure. The SBW perpetuates the idea of true Black women being able to negate their own needs to provide assistance to their family and friends. Thus, Black women do not have the luxury to stop and care for their own needs. In a qualitative analysis designed to explore Black women's perceptions of the SBW schema, Watson and Hunter (2016) found that one strongly represented belief was women should refrain from engaging in well-ness behaviors, such as attending counseling. Many of the women in the study believed if they engaged in well-ness behaviors, they would lose their ability to manage their responsibilities (Watson & Hunter, 2016). This suggested Black women put on a façade of strength rather than seek counseling. Sadly, the efforts made to protect the projected image of strength can lead to many Black women experiencing negative psychological outcomes, such as depression (Donovan & West, 2015), and anxiety (Watson & Hunter, 2015).

Marital Satisfaction

Fincham and Beach (2010) described marital satisfaction as the attitude a person has toward their marital relationship. A person's attitude toward marriage shapes the degree to which they find their marriage rewarding and worth preserving. Whether a person feels their marriage is fulfilling and worth keeping rests on how they assess the level of benefits and cost the relationship produces. Social exchange theory suggests people determine relationships by evaluating the benefits and subtracting the cost (Cook et al., 2013). When the benefits outweigh the cost, people view their relationship as good. Thus, the more benefits a person feels a relationship produces, the more satisfied they are with their spouse and their relationship. In contrast, the more cost involved, the less satisfied a person is with their relationship. The ratio of benefits and cost determines, which direction the scale leans, thereby indicating if one's relationship will produce positive or negative life outcomes. Thus, examining factors that potentially influence marital satisfaction takes on importance because the level of marital satisfaction influences a person's quality of life. In addition, understanding the factors that correlate with marital satisfaction could help couples improve their marriage and enhance the overall quality of their life.

Correlates of Marital Satisfaction

Researchers spent a considerable amount of time investigating the effect of various correlates of marital satisfaction. Although this review does not include an exhaustive list, it does identify many factors influencing marital satisfaction. The factors reviewed included demographic characteristics (i.e., income and gender),

communication, conflict resolution, personality, sexual intimacy, children, and external stress.

Income. Although marriage remains an important goal at all income levels, researchers revealed that marital interactions fluctuate across different levels of socioeconomic status. This is because the kinds of challenges experienced by couples as they try to reach marital happiness differ across income levels. Lower-income couples experience a higher level of stress based on needing to deal with financial hardships, resulting in their reporting greater mental health issues when compared to their higher-income counterparts (Maisei & Karney, 2012). In addition, higher-income couples reported communication and chores as a significant problem, while lower-income couples believed finances and abuse of substances were major issues affecting their relationship (Jackson et al., 2016; Trail & Karney, 2012).

Although researchers established more severe challenges occur among lower-income couples, this does not equate to lower-income couples reporting less satisfaction with their relationship. Longitudinal researchers reported minimal differences in the marital satisfaction of lower or higher-income-earning couples (Jackson et al., 2017). The primary difference existing between the two groups was the variability of satisfaction over time. Lower-income couples experienced more fluctuations in their marital satisfaction over time (Jackson et al., 2017). This could be due to the ups and downs related to daily stress (i.e., finances, living in disadvantaged neighborhoods, and lack of job security).

Gender. Previous studies of gender differences in marital quality suggested men reported more satisfaction in their marriage compared to women (Jose & Alfons, 2007;

Ng et al, 2009; Rostami et al., 2014; Shumm et al., 1998). One explanation as to why gender differences exist was men greatly benefited from the social support provided by their wives (Coombs, 1991; Gurung et al., 2003). Past researchers found perceptions of social support was more strongly correlated with marital satisfaction for women than men (Acitelli & Antonucci, 1994). Other researchers did not note a difference between social support and the marital satisfaction of women and men (Rostami et al., 2013). However, women frequently acted as support providers (Rostami et al., 2013).

Communication. Researchers underscored the influence of communication on marital satisfaction. For example, interpersonal communication was predictive of marital satisfaction (Lavner et al., 2016). Current researchers continue validating the link between effective communication and positive relationship outcomes. Alipour et al. (2020) researched pregnant women to evaluate the effect of couple-focused communication skills training on marital satisfaction and psychological symptoms. Along with their husbands, the women in the intervention group participated in a couple-focused communication training program. Prior to the program, they assessed their levels of anxiety, depression, and marital satisfaction. Using a questionnaire, they tested the levels again one and three months after the intervention. The results indicated that compared to the period prior to intervention, the level of marital satisfaction increased, and the levels of depression and anxiety decreased significantly in the group who received the intervention. Learning and utilizing more effective ways to communicate was a substantiated factor helping to increase a couple's marital satisfaction.

Conflict Resolution. Utilizing conflict resolution skills assisted with creating a successful marriage and contributed to marital satisfaction (Gottman, 1994). According to

Balswick and Balswick (2006), the absence of conflict was not what signified stability in a family. Rather than the lack of conflict, the successful management of conflict when it occurred showed the solidity of the familial relationship (Balswick and Balswick, 2006). One study examining how couples navigated conflict found that while couples may argue about the same broad topics, stable couples used a different approach during conflict than couples who dissolved their relationship (Rauer et al., 2019). While happy couples used a goal-directed approach, unhealthy couples pointed fingers and engaged in blaming each other (Rauer et al., 2019). Researchers supported a positive link between utilizing goal-directed management strategies in one's relationship and marital satisfaction (Wagner et al., 2019). This is because constructive conflict management promoted resolution and moved a couple toward a goal.

Personality Characteristics. McCrae et al. (2012) viewed personality as the personal characteristics that demonstrate one's fixed pattern of thoughts, feelings, and behaviors. In recent years, the five-factor model became one of the most prominent models used to study personality. This model contains five broad areas of personality. These traits include extraversion, neuroticism, agreeableness, openness, and conscientiousness (McCrae et al., 2012). According to some researchers, neuroticism is one of the strongest predictors of marital dissatisfaction (Fisher & McNulty, 2008; Sayehmiri et al., 2020). Researchers found neuroticism had an inverse relationship with marital satisfaction (Caughiln et al., 2000; Sayehmiri et al., 2020). This indicated high neuroticism predicted levels of marital satisfaction. Longitudinal researchers confirmed the negative correlation between neuroticism and the level of satisfaction within a marriage. For example, Fisher and McNulty (2008) found following one-year, high levels

of neuroticism predicted decreased levels of marital satisfaction. One reason for the negative relationship between neuroticism and marital satisfaction could result from people high on neuroticism utilizing a negative attribution theory. As a result, they may interpret an ambiguous event as negative (Finn et al., 2013). In addition, they may place more emphasis on negative life events (Abbasi et al., 2018).

Along with neuroticism, other personality traits affected marital satisfaction (Stroud et al., 2010). For example, agreeableness positively correlated with marital satisfaction (Lavner et al., 2018; Stroud et al., 2010). Weidmann et al. (2016) found agreeableness was consistently associated with the life and relationship satisfaction of both partners in a relationship. Considering the relationship between agreeableness, emotional regulation, positive communication, and secure attachment it is easy to understand why it correlates with marital satisfaction (Weidmann et al., 2016). Conscientiousness is another personality characteristic found to contribute to relationship satisfaction (Claxton et al., 2012; Rosowsky et al., 2012; Sayehmiri et al., 2020; Weidmann et al., 2016).

Sexual Intimacy. Sex is an important aspect of a marital relationship. From an evolutionary perspective, it is vital to procreation and is a means by which genes are passed down to future generations. Although the fore mentioned benefits of sex are important, they are not the only benefits sex brings to a marital relationship. Some researchers believe sex helps the creation of bonding between two people (Birnbaum & Finkel, 2015; Birnbaum & Reis, 2019; McNulty et al., 2019). Current researchers continue to substantiate the notion that frequent sex positively influences relationships over time (McNulty et al., 2017; Meltzer et al., 2017; Yeh et al., 2006). Thus, if both

partners enjoy being sexually intimate with each other, it is likely to fortify their bond and enhance their relationship satisfaction. Meltzer et al. (2017) conducted a study to determine if the frequency of sex helped sustain two people's positive connection (i.e., bond) between periods of sexual activity and enhanced long-term relationship satisfaction. The researchers found sexual activity not only linked to same-day sexual satisfaction, but it also produced an "afterglow" that remained for 48 hours. These findings remained even after controlling for several possible confounding variables. Couples who experienced a stronger afterglow were more likely to state they had greater marital satisfaction within 4-6 months (Meltzer et al., 2017). Therefore, the increased bond that forms during sexual activity may lead to greater marital satisfaction.

Children. One major factor influencing marital satisfaction may be the number of children. A meta-analysis conducted by Twenge et al. (2003) found a negative correlation between the number of children in a family and marital satisfaction. Dillon and Beechler (2010) replicated the findings in a meta-analysis examining the effect of children on marital satisfaction in fifteen communal cultures. Although some agreed children harmed marital satisfaction, others argued there was evidence suggesting happiness came with having children (Kim & Hicks, 2016). The outcomes of the research were possibly mixed because parenthood is a process people continuously adapt. Therefore, its relationship with well-being is contingent on many fluctuating variables (Nelson et al., 2014). Some of these factors include co-parenting behaviors and external stress (Bradbury et al., 2000).

External Stress. Minor everyday stressors related to work, balancing a career and family, and or/ being a parent can have a profound influence on one's marital

relationship. Couples who experienced a higher level of stress in their life were more likely to report they felt less satisfied in their marriages (Li & Wickrama, 2014). This could result from stress affecting how people function in their relationships. For example, stress can lead to couples spending less time together and produce a higher risk of physical and psychological problems (i.e., depression, and sleep disorders) (Kiecolt-Glaser & Wilson, 2017). In addition, Randall and Bodenmann, (2009) noted an increased likelihood of husbands and wives expressing negative personality traits toward each other (i.e., anxiety, hostility, and rigidity) when stress was present. This expression of negative personality traits could cause one or both spouses to remain in a negative emotional state. Increased levels of neuroticism (i.e., negative affect) correspond with an increased level of marital dissatisfaction (Abbasi et al., 2018). When one or both spouses have a negative thought process, they have the propensity to respond to their spouse negatively. Laboratory researchers found that one spouse responding to their spouses' negative affect with negative affect correlated with relationship dissatisfaction (Gottman, 1994). Conversely, couples demonstrating a high percentage of positive to negative interactions during a conflict reported greater marital satisfaction (Gottman & Levenson, 1992).

Another way in which stress affects marital satisfaction is through stress spillover. Researchers determined high amounts of stress produced by external situations correlate with decreased satisfaction within a relationship (Bodenmann, 1997; Randall & Bodenmann, 2009; Randall & Bodenmann, 2017). According to the stress-divorce model, external stress originating outside of a relationship can spill over into the relationship (Randall & Bodenmann, 2009). Various researchers documented the effect of stress spillover. They consistently showed how stress in one area of a person's life can bubble

over into their interpersonal relationship and cause tension (Buck & Neff, 2012; Cooper et al., 2019; Falconier, et al., 2015; Ledermann et al., 2010). Falconier et al. (2015) found external stress (i.e., conflicts with friends, financial problems, and long work hours) flowed into the marital relationship of respondents. The more stressful situations participants faced outside the home, the more stress they had in their relationship and the less fulfilled they felt in the relationship. The external stress of women was particularly detrimental because it contributed to their and their husband's relationship dissatisfaction. Similarly, Timmons et al. (2017) examined how day-to-day stressors (i.e., issues related to work, financial burdens, or stress deriving from family members) are associated with marital discord. To examine this relationship researchers tested links between couple's total reported daily stress and the marital conflict they experienced that day. In addition, examiners tested links across days and the relationship between the amount of stress a wife and a husband experienced to ascertain whether marital conflict increased on days when both spouses reported elevated levels of stress. The findings showed a relationship between spillover of daily marital conflict and same-day wife and husband stress. Thus, marital conflict was likely when both spouses experience high stress. The researchers in the aforementioned studies highlight the effect external stress can have on the marital relationship. It could then be argued a successful relationship partially depended on couples learning to navigate the expected stress associated with the normal trajectory of the family life cycle along with external stress produced from outside of the family unit.

Researchers previously confirmed stress is created as families move from one stage of life to the next (George, 1993; Holmes & Rahe, 1967; Osborne et al., 2012). According to Balswick and Balswick (2014), positive (i.e., the birth of a child, marriage,

launching of adolescents), as well as negative events (i.e., death of a spouse, divorce, or separation), can create stress within a family. They found each new transition ushered in emotional and physical changes requiring remediation (Balswick & Balswick, 2014). Although all families experience stress associated with the life cycle, marginalized family members contend with additional stress. For example, the racism and discrimination experienced by Black couples may create additional strain within the family unit (Doyle & Molix, 2014; Lincoln & Chae, 2010). These families must utilize resources to affirm their sense of cultural and social and identity while providing the needed emotional support for members to develop healthy self-esteem. Unfortunately, the additional toll on family resources may influence a family's (i.e., couples) ability to adequately function.

Marital Satisfaction among Black Couples

Although there is an abundant amount of research examining marital satisfaction among White couples, there remains limited research dedicated to understanding the marital relationship of Black couples. A large portion of the existing research focuses on demographic information (Bryant et al., 2008). Researchers who go beyond demographics indicate that when compared to White couples, Blacks report lower levels of marital satisfaction and are more likely to think about divorce (Broman, 1993, 2002, 2005; Bulanda & Brown, 2007; McLoyd et al., 2000; Timmer & Veroff, 2000). Researchers dedicated to understanding why Blacks report lower marital satisfaction focused on the effect of income level, and community poverty on marriage (Timmer & Veroff, 2000). These past efforts to understand what contributes to lower marital satisfaction among Black couples neglected to include the effect of racial discrimination on relationship quality and functioning.

Limited researchers focused on the social effects of racial discrimination and minority stress on Black couples (Clark et al., 2002). The minimal existing research indicated that daily experiences of racial discrimination contributed to emotional distress (Harrell et al., 2003) and impaired physical health (Pavalko et al., 2003). Since researchers continue to validate the association between marital quality and health outcomes (Bennett-Britton et al., 2017; Margelisch et al., 2017; Robles et al., 2014), it is plausible to hypothesize the negative emotional and physical distress caused by racial discrimination could affect the marital relationship. Current researchers supported the detrimental nature of racial discrimination on marriage. For instance, a research study consisting of Puerto Ricans, Dominicans, Mexicans, and African Americans, found perceived racial discrimination to be negatively associated with relationship quality (Doyle & Molix, 2014). In other studies, focusing on African Americans, researchers indicated racial discrimination was associated with relationship satisfaction and stability (Lincoln & Chae, 2010; Murry et al., 2001). Their findings indicated that the stress (i.e., anger, frustration, fear) resulting from perceived discrimination can spill over to the marital relationship.

Intersectionality. As previously mentioned, minor everyday stress related to work, and/ or balancing a career and family can spill over, putting pressure on a relationship. In addition to the above-mentioned types of external stress, issues related to gender, race, class, and/ or sexual orientation can produce stress in the lives of marginalized groups. Based on a theory known as intersectionality, individuals whose identities overlap with several marginalized social classes- such as race, gender, and/ or ethnicity face multiple threats of discrimination (Nakhid et al., 2015). The theory of

intersectionality proposes that oppressions such as racism, sexism, homophobia, ableism, and classism do not act in isolation, rather they are interconnected and continuously influence the lived experiences of individuals (Nakhid et al., 2015). In other words, intersectionality theorists consider the overlapping identities and experiences of marginalized groups and individuals to understand the extent of the prejudices they encounter. For example, the lived experiences of Black women include the interlocking effects of racism and sexism. Therefore, intersectionality theory posits that understanding Black women requires looking at them as their own intersecting culture (Crenshaw, 1989), while recognizing their lived experiences include stressful situations. Woods-Giscombé and Lobel (2008) described how both race and gender contributed to the stress experienced by Black women.

The stressors affecting the lives of Black women relate to the historical and societal position of these women. Therefore, Black women experience discrimination and other forms of oppression because of their race, gender, and social status (Jones et al., 2007). It is evident, the stressors Black women experience differ from both Black men and White women (Jones & Shorter-Gooden, 2003). Both racism and sexism are factored into a Black women's job selection, compensation level, and employment benefits (Brown & Keith, 2003). Furthermore, some Black women feel they experience increased work-based stress because of stereotypes held by employers and coworkers (Hall et al., 2012). These women believe negative stereotypes make it difficult for them to become employed or be promoted, because of unnecessary scrutinization at work (Hall et al., 2012). The synthesis of racism and sexism creates inequities for Black women at work and in the larger society.

Discrimination based on race and gender can produce chronic stress for Black women. Unfortunately, the additional level of external stress experienced by Black women adds to the potential of stress spilling over into their marital relationships. In comparison to other racial groups, Black couples experience higher levels of instability or dissolution of marriage (Raley et al., 2015). Lavner et al. (2018) hypothesized that race-related external stress led to this grim statistic. For example, straight African American men who reported experiencing greater levels of racial discrimination also described increased levels of marital distress. Additionally, in their examination of the association between self-reported discrimination, aggression, and marital satisfaction in African American couples, Lavner et al. (2018) found men reported high levels of psychological aggression and women reported increased physical aggression when they experienced elevated instances of racial discrimination. Their research highlighted the potentially damaging effects of racial discrimination on the relationship functioning of Black couples. Findings from their research indicted a negative association between racial discrimination and relationship functioning (Lavner et al., 2018).

Marriage and the SBW

When comparing the ethnic differences in marital trends, researchers found that compared to other racial and ethnic groups, Black couples detailed lower marriage rates (Raley et al., 2015). Consequently, a smaller portion of Black women marry by the age of 40 years old (Raley et al., 2015). Fewer than 60% of Black women reported being married by the time they were in their 40's compared to 90% of White and Asian/Pacific Islander women, 80% Hispanic women, and over 75% of American Indian/Native Alaskan women (Raley et al., 2015). It is possible that embracing the ideals central to the

SBW schema influence the marital trends of Black women. As previously stated, Black women are expected to be strong and independent, yet submissive and passive.

According to Watson and Hunter (2016), the merging of both masculine and feminine gender roles causes tension for Black women. They asserted Black women were required to adopt traditional gender roles, yet they were denied the benefits of femininity (i.e., support). As a result, some women felt they must choose between embracing the feminine norm of dependency, which makes it easier for them to connect with the opposite sex or adopt the masculine norm of independence, and fulfill their caregiving responsibility (Watson & Hunter, 2016).

Regrettably, when Black women embrace the SBW schema, they must choose independence because adopting the ideals of the SBW means they cannot look to others for help and support (Watson-Singleton, 2017; Woods-Giscombé, 2010). The lack of reliance on others may limit the SBW's development of a healthy dependency in a relationship. Women who endorse the SBW may view dependency as a weakness, but a healthy dose of dependence has a place in one's relationships. Bornstein (1998) sought to "depathologize" dependency, thereby inviting couples to share their burdens and develop intimacy. Women who endorse the SBW may still hold a pathological view of dependency, thereby impeding their ability to rely on their spouse for emotional support.

In addition to lower marriage rates and the later age of their first marriage, Black women also experience greater instability in their marriages (Raley et al., 2015). This is possibly explained by the behaviors produced by enacting the ideals encompassed in the SBW schema. For a marriage to be successful, couples must develop an interdependent relationship. If one person in the relationship believes they must stand on their own two

feet, they may not count on their partner for help. One reason people get married is to have someone they can lean on; thus, independence is in stark contrast to the interdependence desired in marriage. When a person is interdependent, they understand the importance of creating emotional intimacy while maintaining a healthy sense of self in the relationship (Rusbult, & van Lange, 2003). Therefore, attaining interdependence occurs when an individual learns to successfully balance the level of emotional intimacy needed in their relationship with their personal goals, values, and ideas. This means a person cares about their self-worth while embracing a commitment to meet the emotional needs of their partner. A person's failure to relinquish their independence can make it challenging for them to develop the interdependence needed for a successful marital relationship.

Marital Satisfaction and Well-being

Interest in the causes and correlates of subjective well-being is gaining increased interest. Over the last few years, researchers identified many outcomes that correlated with measures of well-being such as better physical health and longevity (Diener et al., 2017). A well-supported finding documented in current research is the relationship between marital status and subjective well-being. Various researchers found the marital relationship to be a predictor of a person's subjective well-being (Bierman, 2014; Carr et al., 2014; Diener et al., 2000; Kaufman & Taniguchi, 2010). In addition, they established a positive association between the marital relationship and subjective well-being and supported the idea that better subjective well-being is found in couples with high-quality and highly satisfying relationships (Ito et al., 2004; Merwe & Greeff, 2015). In contrast, individuals who experienced dissatisfaction in their marriage may experience depression

and diminished life satisfaction (Luhmann et al., 2013). Carr et al. (2014) found in couples aged 50 and over, marital satisfaction correlated with life satisfaction and moment-to-moment happiness in their daily life. This association does not differ by gender. However, when a man's wife reported being happy in their marriage, the relationship between his marital quality and life satisfaction was sustained. Conversely, the relationship deflated when the wife reported poor marital quality (Carr et al., 2014). The researchers highlighted how marital satisfaction affected a person's overall feelings and attitudes about their life.

In addition to underscoring the influential nature of marital satisfaction, the findings from current research suggested interdependence among people in marital relationships can be both beneficial and detrimental. In an interdependent relationship, partners can influence one another's feelings, thoughts, and behaviors because of their shared experiences and daily interactions (Herzberg, 2013). Those agreeing with the shared interaction assumption speculated how a spouse's mood, behavior, health, and coping strategies to daily stressors affected both partners (Kiecolt-Glaser & Wilson, 2017). Therefore, it is plausible to postulate the interaction in a marital relationship influenced the quality of life of both spouses. For example, in a two-year longitudinal study, researchers found a positive relationship between baseline marital adjustment and life satisfaction two years later (Be et al., 2013). In addition, a spouse's baseline marital adjustment positively predicted their spouse's marital adjustment at follow-up (Be et al., 2013). Interestingly, changes in one's partner's life satisfaction predicted a person's baseline life satisfaction, thereby indicating the interconnectedness of spouses. These

researchers highlighted the importance of the marital relationship and supported the idea that subjective well-being and life satisfaction transmits from one spouse to another.

Mental Health

A person's mental health is an important part of their well-being and can affect several areas of their life. One aspect of life influenced by mental health is the way in which one's emotional needs affect thoughts and actions. The ability to manage and express emotions appropriately is an essential skill. Difficulty expressing or controlling emotions can lead to a person feeling overwhelmed. As a result, feelings can surface unexpectedly, at inappropriate times. This, in turn, could cause a person to adopt unhealthy coping strategies such as abusing substances or overeating. Researchers established the importance of emotional regulation. Positive emotional regulation is linked to well-being (Quoidbach et al., 2010). Cote et al. (2010) found that people who know how to modify their emotionally driven behavior have greater well-being, more disposable income, and higher socioeconomic status. In addition, Cote et al. (2010) found positive emotional regulation improved health outcomes. Gross (2013) discussed the importance of emotional regulation by highlighting the link between emotional regulation, physical health, and psychopathology. Empirical findings support the idea that mental disorders involve emotional dysregulation (Gross, 2013). Failure to regulate one's emotions resulted in emotional states such as anxiety or mood disorders (i.e., depression) (Gross, 2013). Regarding the effect of emotional regulation on the lives of individuals, it is clear the inability to properly regulate emotions negatively influences a person's quality of life. Individuals who fail to properly regulate emotions are at a greater risk for health and psychological related issues. Depression and anxiety exemplify two

psychological issues involving the dysregulation of emotions, both of which affect marital satisfaction.

Depression and Marital Satisfaction

Several researchers validated a relationship between psychopathology and marital satisfaction (Davila et al., 2003; Kouros & Cummings, 2011; Whisman & Uebelacker, 2009). Although researchers cannot demonstrate a cause-and-effect relationship, there is a strong correlation between clinical depression and marital discord. Husbands and/or wives in marriages with a lot of marital discord (i.e., arguments, tension) are 10 to 25 times more likely to experience depression (Fink & Shapiro, 2013). Even with the treatment of depression, the detrimental influence marital dysfunction has on the expression of depressive symptomology does not disappear (Weeks & Hof, 2015). Thus, isolated treatment of depression will possibly be ineffective when marital discord is high (Weeks & Hof, 2015). Atkins et al. (2009) argued that combined treatment (i.e., individually treating depression along with couples counseling) has better results. This is because depression has been shown to negatively affect many of the variables associated with marital satisfaction, such as emotional regulation (Holley et al., 2018), and communication skills (Gabriel et al., 2010; Harper et al., 2009; Rehman et al., 2008; Tse & Bond, 2004). Considering researchers indicated a synergistic relationship between depression and marital dysfunction (Weeks & Hof, 2015), couples must acquire the skills needed to manage relationship difficulties. Proper management and maintenance of a relationship may help produce increased marital satisfaction and reduce depressive symptomology.

Evidence exists concerning the association between higher marital satisfaction and decreased depressive symptomology. Several researchers confirmed how higher levels of marital satisfaction predict decreased depressive symptoms and reduced psychological distress (Beach et al., 2003; Kamp Dush et al., 2008; Whitton et al., 2014; Woods et al., 2019). In addition, there is a clear link between a husband's marital satisfaction and his wife's depression. Researchers discovered that decreased marital satisfaction in husbands linked to greater levels of depression in wives (Maroufizadeh et al., 2018). This may be because lower levels of marital satisfaction correlate with a lack of support and a diminished connection between husband and wife. In marriages with depression, a lack of support from a partner and a loss of a romantic relationship is predictive of an increased risk for major depression (Rehman et al., 2015).

Anxiety and Marital Satisfaction

Researchers documented how marital strain, distress, dissatisfaction, and poor marital functioning correlated with generalized anxiety (Stokes, 2017; Whisman, 2007; Whisman et al., 2000). Whisman et al. (2004) found a link between a person's marital satisfaction and their symptoms of anxiety. Other researchers also noted cross-partner effects. For example, Zaider and colleagues (2010) discovered cross-partner effects between anxiety and relationship quality. In their sample, they looked at the day-to-day mood and relationship quality for couples where the wife received a diagnosis of an anxiety disorder (Zaider et al., 2010). Their findings were in line with other studies citing an association between anxiety and marital distress. The results indicated the association occurred daily. The daily symptoms of anxiety experienced by wives correlated with their husbands' distress. Cross-partner effects showed on days where the wives suffered from a

heightened level of anxiety, their husbands reported a reduction in relationship quality (Zaider et al., 2010). Lastly, data collected from daily reports also indicated wives believed their husbands played a part in causing or exacerbating their anxiety (Zaider et al., 2010).

In addition to cross-partner effects, researchers have also identified bidirectional effects. In a study of 114 older married couples, researchers found the anxiety symptoms of both husband and wife correlated with one another (Stokes, 2017). Thus, a person experiences greater anxiety symptoms of their own when they have an anxious spouse. Further, researchers found perceived marital strain was associated with a person's anxiety symptoms (Stokes, 2017). This suggests anxiety results from incidences when a spouse feels their partner has not lived up to their marital expectations.

Several researchers explored the effects of various aspects of emotional health on marital satisfaction. However, the existing studies fail to adequately address the factors contributing to emotional health. Therefore, there is a need to conduct more research investigating the factors that affect emotional health. For example, it is possible endorsement of the SBW schema influences emotional health. The emotional pressure produced as one attempts to live up to the ideals of the SBW schema could lead to poor emotional regulation and maladaptive coping skills.

Religiosity

The concepts of religiosity and spirituality are often used interchangeably. Although they have a lot in common, there are theoretical and empirical differences that make them uniquely different (Piedmont, 2004). While related, they each represent distinct aspects of human experience and behavior (Koenig et al., 2001). According to

Mueller et al. (2001), religiosity is the extent to which a person participates in or follows the practices and beliefs of a religion. Hence, religiosity includes the rituals and practices of a religion, while spirituality is determined personal and experiential (Rusu, & Turliuc, 2011). Those who identify themselves as spiritual seek to connect with a higher power. Their quest to connect with something greater than themselves often takes place in a religious context, but spirituality can also manifest itself outside of religion (Rusu, & Turliuc, 2011).

Researchers in psychology and medicine support a relationship between religion, well-being, and physical health. Several researchers established religiosity as a protective factor for decreased involvement in problem behaviors. For example, an association exists between religious involvement and diminished participation in behaviors such as crime, illegal drug use, and alcoholism (Adamczyk et al. 2017; Brawner, 2018; Grim & Grim, 2019; Johnson & Pagano, 2014). There is additional research indicating a reduction in involvement in addictive behaviors, such as gambling (Feigelman et al., 1998; Ghandour & El Sayed, 2013; Mutti-Packer et al., 2017; Uecker & Stokes, 2016). Based on these empirical findings, researchers have suggested religiosity may be protective.

Religiosity and Well-being

Diener (1984) and Dodge et al. (2012) defined subjective well-being as a term that relates to one's evaluation of the level of happiness and satisfaction within their life. Cognitions and emotions represent internal factors influencing a person's level of subjective well-being (Diener, 1984; Diener et al., 2018; Luhmann, 2017). One's cognitive appraisals influence long-term levels of happiness associated with a person's

overall assessment of their quality of life (Villani et al., 2019). Therefore, subjective well-being depends on the balance between positive and negative affect (Villani et al., 2019). It appears those who have a more positive life outlook, tend to have higher subjective well-being. Pleeing et al. (2019) determined the potential cause rests on the relationship between cognitive and emotional hope and subjective well-being. Many people gain hope from the faith they have in God or a higher power, and this could potentially benefit their health. Although some researchers provided evidence that religious involvement may negatively affect health (Exline, 2002; Mitchell et al., 2002; Pargament, 2002), several other empirical studies underscored the positive influence faith has on a person's health and well-being (Schoenthaler et al., 2018; Weber & Pargament, 2014; VanderWeele et al., 2016).

While people adhere to many different religions and take various avenues to seek God or demonstrate their connection to a higher power, researchers found spiritual or religious people use their spirituality or religion to cope with life's challenges (Akbari, & Hossaini, 2018). For instance, in a study examining the relationship between belief in God and treatment outcomes for patients with depression, researchers established how patients who believed in God responded better to treatment (Rosmarin et al., 2013). Researchers from the Mayo Clinic determined religious involvement and spirituality were associated with coping skills, long life, and better health-related quality of life (Mueller et al., 2001). The association extended to decreasing the risk of high blood pressure in Black women who experienced high levels of stress (Cozier et al., 2018). In combination, researchers determined healing and recovery may be enhanced when a person's spiritual needs are met.

Religion and spirituality have the power to influence mental well-being in many ways. First, religion provides a means by which people can cope with the stress they may experience in life. Religion helps people embrace hope thus reducing the likelihood stress will develop into depression, anxiety, substance use, or any other maladaptive behavior. In addition, religion helps people find purpose in life, thereby supporting their creation of a more positive view of the world and the challenges they might face. Therefore, religion influences a person's cognitive appraisal of the events that occur in their life. Holding a more optimistic view of negative life events allows people to find purpose in these events, thus promoting personal change and growth. Researchers confirmed the relationship between religion, spirituality, and posttraumatic growth (Chan et al., 2013; Goutaudier, 2017; Khursheed & Shahnawaz, 2020; Russano et al., 2017). This could result from the use of religious constructs to find meaning in experiences people encounter (Tedeschi & Calhoun, 2004). Those who experience challenges may express the belief that a higher power helped them through the struggle, or that the struggles were a part of God's plan to make them stronger.

Religiosity, Black Culture, and the SBW

Religion and spirituality are inextricably woven into Black culture. Many Black people hold a sense of devotion and honor to God. They also engage in religious practices more than other groups (Taylor et al., 1996). According to a 2014 Religious Landscape study conducted by the Pew Research Center, approximately eight out of ten (79%) African Americans identified themselves as Christian. Additionally, Chatter et al. (2008) found African American and Caribbean Black people were more likely to look to God as a source of strength and support. Compared to their White counterparts, they also viewed

prayer as an important aspect of life (Chatters et al., 2008). Further highlighting the racial differences in the indicated importance of religion and spirituality, Taylor & Chatters (2010) conducted a study examining the importance of religion and spirituality in one's daily life. In comparison to non-Hispanic Whites, African Americans and Caribbean Black people were more likely to state both religion and spirituality as important (Taylor & Chatters, 2010). Ninety percent of African Americans and Caribbean Black people indicated both spirituality and religion were important aspects of everyday life (Taylor & Chatters, 2010).

Researchers also highlighted the significant variations between racial groups and their use of religion and spirituality. For example, (Chatters et al.'s (2008) research revealed African American and Caribbean Black women utilize religious coping more readily. In a recent study, Black non-Hispanic mothers used more religious coping strategies after the death of their infant/ child than White mothers (Hawthorne et al., 2017). This is not surprising given the long tradition of religion playing a critical role in the Black community (Billingsley, 1999; Carter, 2002; Taylor & Chatters, 2010).

Considering the influence religion has had on Black people throughout history, it seems likely religion would be a part of the ideals associated with SBW. Although limited quantitative researchers examined the relationship between the SBW and religiosity, there are a few qualitative studies. Based on these studies, it appears the SBW uses spirituality and religion to maintain the strength needed to fulfill the expectations associated with the schema. In a study conducted by Woods-Giscombé (2010), women participating in a focus group reported their faith, religion, and spirituality helped give them the strength they needed to support others and overcome obstacles without asking

for help. These women believe God gives them the ability to flourish in the absence of adequate resources. Similarly, Abrams et al. (2014) held a series of focus groups with 44 Black women. Participants felt that when an SBW engaged in religious/spiritual practices and acknowledged a higher power they could gain wisdom, guidance, and strength. In addition, reverence to God and prayer were the sources of their strength to endure challenges. Further, some women felt a relationship with God and engaging in religious practices would replace the lack of social support they felt in their lives. Based on the findings of these studies, it seems the SBW needs religion to fulfill role expectations.

Religiosity and Marital Satisfaction

Results from various studies have shown that several measures of religiosity predict numerous positive marital outcomes. For example, support from one's church community and spiritual development, are linked to greater marital satisfaction, increased commitment, and decreased divorce rates (Aman et al., 2019; Goddard et al., 2012; Li et al., 2018). Based on her research, Anghel (2016) believes personal growth and individual autonomy are ways by which a person can sustain a healthy relationship. Religion is a vehicle through which people gain guidelines, values, and beliefs for life. Adherence to religious values and beliefs is a way a person can achieve personal growth and autonomy.

When a person is committed to their religion, they seek to follow the values, beliefs, and practices of the religion in their everyday life (Pew Research Center, 2008). Committed Christians show their adherence through reading the bible, attending bible study, praying daily, and regularly attending church (Pew Research Center, 2017). These behaviors may help an individual adopt positive personality traits, develop emotional well-being, and elicit appropriate social behavior. Thus, the believer is shaped by

religious teaching, which influence their thinking, attitudes, and behavior. This explains how religious beliefs and values become an intrinsic part of their worldview. It is possible religiosity influences marital outcomes through personal values adopted from one's religion. Previous researchers linked religious involvement to a number of personal values and norms used in relationships (Zarean & Barzegar, 2016). For example, Nelson et al. (2011) substantiated how values deriving from religious experiences, such as focusing on the needs of the couple instead of individual needs and believing one's marital vows are sacred, predict commitment to marriage. Comparably, commitment, forgiveness, and sacrifice are all values found to mediate the relationship between religiosity and well-being (Day & Acock, 2013).

In addition to religious values and beliefs, religious practices seem to be associated with marital satisfaction. One religious practice shown to influence marital satisfaction is prayer. Fincham et al. (2008) found that young couples who regularly prayed reported high levels of happiness and satisfaction in their relationship. Prayer helped increase their love, respect, and commitment. Fincham and May (2017) found those engaging in intercessory prayer for their partner, created positive changes in the praying partner's ability to forgive. Similarly, Olson et al. (2015) found forgiveness and praying for the welfare of one's spouse correlated with higher levels of marital satisfaction. In addition, encouraging couples to pray enhanced their gratitude and trust within the relationship (Lambert et al., 2012). Engaging in religious acts such as prayer and forgiveness may help couples deal with the inevitable difficulties that arise in a marriage. Religious practices could influence prosocial behavior because they make both partners accountable to God, thus persuading them to release past hurts and offer

sacrificial love along with forgiveness. Based on the current research, it seems it would be beneficial for marriage and premarital counselors to make use of a couples' religious practices to foster and sustain marital satisfaction (Olson et al., 2015).

Findings from other studies show that religious couples are more inclined to experience stable and happy marriages, and are less prone to experience violence, conflict, or divorce (Curtis & Ellison, 2002; Lambert & Dollahite, 2006; Mahoney et al. 2001; Mahoney, 2010). In addition, researchers found that when one or both spouses in a relationship devote themselves to religious practices and beliefs, they tend to have more stability and greater marital quality (Aman et al., 2019; Ellison et al., 2010; Lichter & Carmalt 2009; Dew & Wilcox, 2013). Furthermore, Perry (2014) found the degree of importance religion held to a person's spouse was a strong predictor of all marital outcomes. In Perry's (2014) study, participants with religious spouses reported a greater amount of expressed love, fewer insults or criticism, and greater satisfaction with their marriage. The participants who reported religion mattered in their decision to marry, and whose spouses were less religious, reported negative marital outcomes (lowered marital satisfaction, decreased commitment, increased insults/fault-finding). However, those with spouses who acknowledged religion as important expressed positive outcomes in their marital relationship (Perry, 2014). Similarly, Olson et al. (2015) discovered that couples experience higher levels of marital satisfaction when they agree on religious-related issues. This is an indication that religious homogamy may be important to marital satisfaction.

The previously discussed studies support the positive effects of religiosity. In addition, some of the studies imply religiosity may be protective. Although the previous

research validates the influential power of religiosity, it does not answer one important question. Can religiosity buffer the effects of internalization of the SBW schema and poor emotional health on marital satisfaction? The present study seeks to answer this question.

CHAPTER THREE: METHODS

The purpose of this research was to explore the impact of the SBW schema, emotional health, and religiosity on marital satisfaction. To evaluate the potential relationships amongst the variables, quantitative design was used. Participants completed a series of measures assessing depression, anxiety, marital satisfaction, identification with the SBW schema, and religiosity. While the introduction and subsequent literature review described the purpose and detailed the current research applicable to this study, this section describes the research questions, hypotheses, instruments, procedures, and statistical analysis utilized in the study.

Definitions and Terms

For the purpose of this study, key terms have been operationally defined. The key terms are listed below as follows:

Strong Black Woman Schema: A woman's conception of essential SBW characteristics such as resilience, independence, strength, self-sacrifice, and stoicism (Abrams et al., 2019; Donovan & West, 2014; Watson & Hunter, 2015)

Mental Health Outcomes: The level of anxiety and depression associated with embracing the ideals of SBW schema, as measured by the depression (DASSDEP) and anxiety (DASSANX) subscale of the depression and anxiety stress scale.

Marital Satisfaction: The attitude a person has toward their marital relationship (Fincham & Beach, 2010), as measured by the couple satisfaction index (CSI) (Funk & Rogge, 2007).

Religiosity: The degree to which a person participates or adheres to the practices and beliefs of religion (Mueller et al., 2001), as measured by the belief into action Scale (Koeing et al., 2015).

Research Questions

RQ1: How does adherence to the SBW schema positively or negatively affect female relationship satisfaction?

RQ2: How does adopting the ideals of the SBW schema affect mental health outcomes?

RQ3: How does mental health affect marital satisfaction?

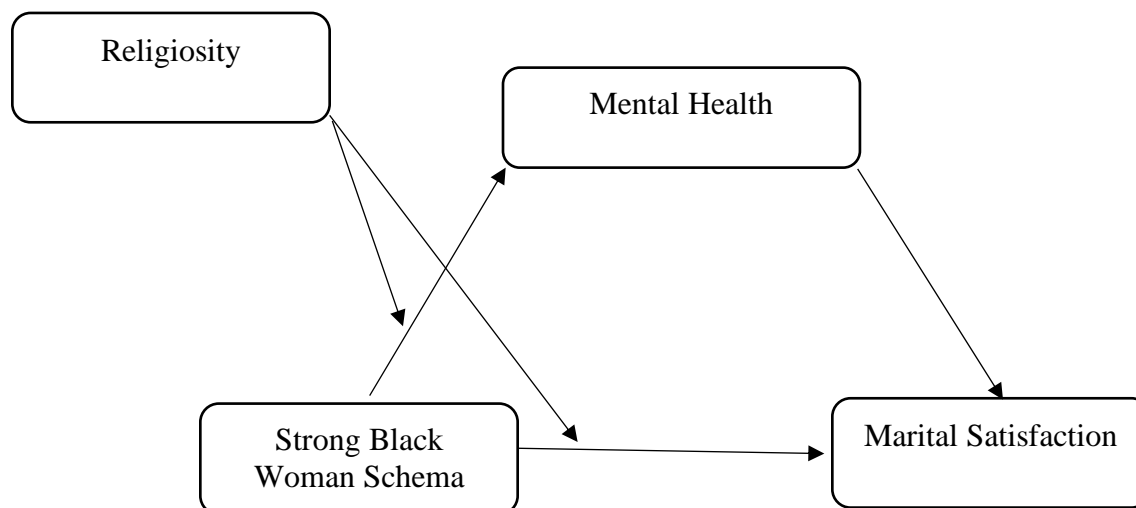
RQ4: Does mental health mediate the effect of SBW endorsement on female marital satisfaction?

RQ5: Does religiosity moderate the indirect effect of SBW endorsement on female marital satisfaction?

RQ6: Does religiosity moderate the direct effect of SBW endorsement on mental health?

Figure 3.1

Figure 3.1 Conceptual Diagram 1



Hypotheses

Ho1: It was hypothesized SBW schema (stoicism and independence) would be negatively related to marital satisfaction. Although limited research concerning the relationship between SBW and marital satisfaction exists, the available research relates to the expectation of self-reliance, which can prevent Black women from seeking support and displaying vulnerability in relationships (Watson-Singleton, 2017; Woods-Giscombé, 2010). This can negatively affect their ability to rely on their spouse and hinder the emotional closeness needed in a successful relationship.

Ho2: It was hypothesized elevated SBW (i.e., stoicism and independence) would be negatively related to mental health. Researchers indicated embracing the SBW schema is associated with stress-related behaviors such as binge eating and smoking (Harrington et al., 2010). In addition, the pressure to live up to the ideals of the SBW is linked to increased depression and anxiety (Watson, & Hunter, 2015).

Ho3: It was hypothesized mental health (i.e., anxiety and depression) would be negatively related to marital satisfaction. Researchers examining cross-partner effects found the depressive symptomology expressed by one spouse affected the marital satisfaction of the other spouse (Maroufizadeh et al., 2018; Pruchno et al., 2009). Additionally, correlations between a spouse's anxiety and their own marital satisfaction as well as a spouse's anxiety and their partner's marital satisfaction have been supported in research (Whisman et al., 2004; Zaider et al., 2010). This hypothesis would further support previous empirical findings.

Ho4: It was hypothesized anxiety (4_a) and depression (4_b) would mediate the relationship between SBW endorsement (stoicism and independence) and marital

satisfaction. Previous researchers established a correlation between mental health and marital satisfaction (Carr et al., 2014; Davila et al., 2003; Kouros & Cummings, 2011; Whisman & Uebelacker, 2009). Considering internalization of the SBW schema is linked to negative mental health outcomes such as anxiety, depression, emotional suppression, and stress eating (Abrams et al., 2019; Donovan & West, 2015; Harrington et al., 2010; West et al., 2016), it is plausible to postulate that mental health is the mechanism through which endorsement of the SBW schema influences marital satisfaction.

Ho5: It was hypothesized religiosity would moderate the SBW stoicism, anxiety, and marital satisfaction causal sequence. A review of 32 studies examining the effects of religion on anxiety found a correlation between religious teaching, faith, religiosity, prayer, worship, and decreased anxiety (Steward et al., 2019). These effects were evident across patient and non-patient populations (Steward et al., 2019). Therefore, it is possible religiosity can influence the strength or direction of the relationship between SBW stoicism, anxiety, and marital satisfaction.

Ho6: It was hypothesized religiosity would moderate the SBW stoicism, depression, and marital satisfaction causal sequence. Researchers noted how religiosity protected against and aided in the recovery from depression. In a two-year longitudinal study, researchers discovered individuals who were depression free at baseline remained depression free if they regularly attended religious based services (Hamilton et al., 2013). In addition, the more frequently depressed individuals participated in personal prayer time, the less likely they were to report feeling depressed at follow-up (Hamilton et al., 2013).

Ho7: It was hypothesized religiosity would moderate the SBW independence, anxiety, and marital satisfaction causal sequence. Krause and Pargament (2018) found religious-based practices and activities attenuated anxiety and stress. For example, reading the Bible moderated the relationship between stress and hope. In addition, people who use benevolent religious reappraisals viewed the future with more hope.

Ho8: It was hypothesized religiosity would moderate the SBW independence, depression, and marital satisfaction causal sequence. Researchers indicated how religiosity may be protective. Participation in religious activities and spirituality are associated with longer life, improved health related quality of life, and coping skills (Mueller et al., 2001). It is reasonable to believe religiosity could extend its protective factors to the relationship between SBW independence, depression, and marital satisfaction.

Ho9: It was hypothesized religiosity (i.e., positive, and negative religious coping) would moderate the direct relationship between endorsement of SBW stoicism and marital satisfaction. Findings from several empirical studies demonstrated how aspects of religiosity including support from one's faith-based community, and spiritual growth, correlated with greater marital satisfaction, increased commitment, and decreased rates of divorce (Aman et al., 2019; Goddard et al., 2012; Li et al., 2018).

Ho10: It was hypothesized religiosity (i.e., positive, and negative religious coping) would moderate the direct relationship between endorsement of SBW independence and marital satisfaction. Several measures of religiosity predicted positive marital outcomes. For example, the ability to offer forgiveness and pray for the well-

being of one's spouse was linked to increased levels of marital satisfaction (Olson et al., 2015).

Participants and Setting

Participants in the current study consisted of a sample of 439 married female adults, who self-reported being 18 years or older, and 121 identified themselves as Black. Their participation was voluntary, responses were anonymous, and I obtained informed consent from all subjects. Data was collected online via Qualtrics, a data collection service commonly used in the social and behavioral sciences. Qualtrics requires all participants to create a profile, which includes demographic and professional information. A third party authenticates all information. Selection of Qualtrics as the method for data collection was based on its ability to quickly recruit and obtain a large sample of participants, with enough minority participants to meet study specifications. All participants were citizens of the United States and currently in a marital relationship. I excluded women who reported they were in a monogamous relationship, but not married. Qualtrics compensated the participants.

Inclusion and Exclusion Criteria

To be included in the study, participants confirmed they were in a heterosexual relationship. The decision to exclude participants who were in a same-sex marriage was based on the additional societal pressures they might experience which lead to marital stress, thus impacting marital satisfaction. Researchers have shown same-sex couples who cohabitate end their relationship at a higher rate than heterosexual cohabitating or married couples (Lau, 2012). The differences in the rates of stability potentially result from the challenges or barriers same-sex couples face (Lau, 2012). The term "minority

stress,” applies to the unique stressful experiences minority group members encounter (Meyer, 2003). Harassment, discrimination, and the absence of support from one’s family and friends because of a person’s sexual orientation are all forms of minority stress that can negatively affect marital satisfaction. Since the study is not focusing on the effect of minority stress on marital satisfaction, I excluded same-sex relationships. Although you cannot control for all factors related to “minority stress,” eliminating the effects related to same-sex relationships is within the limits of control.

Instrumentation/Measures

Participants voluntarily elected to take part in this study and signed informed consent documents acknowledging they understood the parameters of their involvement. The responses to each measure remained private and confidential and solely used for research purposes. Participants completed the following measures.

Background Questionnaire

I assessed several background variables using a questionnaire. All participants completed a questionnaire asking them to disclose information regarding their ethnicity, gender, age, sexual orientation, household income, level of education, employment status, relationship status, marital history, belief in God, and religious affiliation. Background questions included, but were not limited to: What is your highest completed educational level? What is your household's annual income? How many times have you been married? How long have you been married to your current spouse in years? In terms of religion, how would you describe yourself?

Multidimensional Strong Black Woman Scale (MSBWS)

Responses to the MSBWS assisted with measuring characteristics related to the SBW. The instrument is a newly developed scale designed to measure the relevant features of the SBW construct (Chamberlin, 2019). As previously discussed in the literature review, characterizing the SBW includes independence, resilience, caretaking, strength, and emotional suppression (Abrams et al., 2019; Watson & Hunter, 2016; Watson-Singleton, 2017; West et al., 2016). Thus, the items selected from the MSBWS measured these attributes. Following a review of the literature a research team consisting of two Black women, one White male, and one White female developed 65 questions to measure characteristics related to the SBW (Chamberlin, 2019). The research study used for the initial development and validation of the MSBWS consisted of a sample of 431 participants, 159 African American, and 272 European American women (Chamberlin, 2019). Upon completion of the initial research, the team selected 32 items for the final scale. Participants respond to each of the 32 items on a seven-point Likert scale from “not at all like me” (1) to “extremely like me” (7). The items measured six factors. The outcomes of an exploratory factor analysis determined the factor structure. The emerging factors included: stoicism, strength, independence, faith, caretaking, and femininity (Chamberlin, 2019). Researchers used the results from the initial study to determine the six factors that showed reliability and validity. However, developers recommended additional testing of the instrument.

Experience in Close Relationships-Relationship Structures

Fraley et al. (2011) designed the experience in close relationships-relationship structures (ECR-RS) to assess attachment in many types of relationships. To assess the

attachment styles of four figures (i.e., father, mother, best friend, and romantic partner), researchers used nine items for a total of 36 questions. Of the nine items, six measure attachment avoidance, and three measure attachment anxiety. Participants respond to each item on a 7-point scale (1 = strongly disagree; 7 = strongly agree) indicating the extent to which they agree or disagree. Concerning the measure's psychometric properties, the test-retest reliability (over 30 days) was approximately .65 for romantic relationships and .80 for parental relationships. Moreover, researchers indicated the correlation between the scales, as well as important relational outcomes (i.e., relationship satisfaction, perception of the expression of emotions, the likelihood of the occurrence of a breakup, emotional expressions).

Belgrave Gender Role Inventory (BGRI)

The BGRI is a nine-item measure that examines two aspects of gender role beliefs in Black women (6 items labeled Agency and 3 items labeled Caretaking). Agency reflects the belief a person can perform efficiently to achieve an intended goal, while caretaking reflects the perception and expected responsibility that one must take care of others (Belgrave et al., 2016). To assess if one displays the characteristics of agency and caregiving, respondents rate questions on a 5-point semantic differential rating scale. Questions include, but are not limited to: "Are you generally more independent or dependent on others? Are you generally more weak or strong? Are you generally more an advisor to others or do you not advise others?"

Regarding the psychometric properties of the scale, researchers indicated the measure has good convergent validity, as the caretaking subscale correlates with femininity measured by the BEM sex role inventory (BSRI) (Belgrave et al., 2016).

Comparing the BGRI with demographic items, and the need for cognition scale (NCS) contributed to determining discriminant validity (Belgrave et al., 2016). An independent sample *t*-test confirmed the relationship status was not related to gender role beliefs. Results indicated that there was no meaningful difference between the caretaking scores of women in relationships and women who were not in relationships (Belgrave et al., 2016). Also, there was no statistically meaningful difference in the agency scores of women in relationships and women not in relationships (Belgrave et al, 2016).

In addition, there was no significant difference in the Agency scores for women in relationships and women not in relationships (Belgrave et al, 2016). Further analysis revealed the BGRI (agency/ caretaking) was not correlated with scores on the NCS, further validating discriminate validity (Belgrave et al., 2016). Lastly, both scales on the BGRI indicated good internal consistency with alpha coefficients of .74 for Agency and .81 for Caretaking (Belgrave et al., 2016).

Couple Satisfaction Index (CSI)

I used the couple satisfaction index (CSI) to measure marital satisfaction. The CSI, developed by Funk and Rogge (2007), is a 32-item scale that one or both partners in a relationship can complete. Researchers use the scale to measure the satisfaction of the partner taking the scale without input from their spouse. To calculate scores, the CSI uses a 6-point scale (0-5), with one global item employing a 7-point scale (0-6). Scores can range from 0-161, with higher scores indicating more relationship satisfaction, and lower scores (below 104.5) relationship dissatisfaction (Funk & Rogge, 2007). Scores obtained on the CSI correlate with scores from other measures of relationship

satisfaction. The scale demonstrates good internal reliability across items (Funk & Rogge, 2007).

DASSDEP

I assessed depression using the depression subscale (Lovibond & Lovibond, 1995) of the depression anxiety stress scale (DASS), which consisted of seven items. The scale supports assessing hopelessness, feeling of dissatisfaction, anxiety, restlessness, devaluation of life, and a decrease or lack of interest/involvement in activities. Originally the DASS contained 42 items, but it was later reduced to create a 21-item version. For each of the 21 items on the DASS-21, participants respond using a 4-point Likert scale to estimate the degree to which each statement applied to them in the past week. The responses range from 0 = did not apply to me at all, 1= applied to me to some degree, 2= applied to me to a considerable degree, and 3 = applied to me very much. For the short version of the DASS, calculating a respondent's overall score requires adding the responses from each question and multiplying the total by two. A respondent's overall score can range from normal (0-9), mild (10-12), moderate (13-20), severe (21-27), and extremely severe (28-42). Data obtained by the DASS yields a consistent result with regard to its psychometric properties (Clara et al., 2001; Crawford & Henry, 2003; Lovibond & Lovibond, 1995). It has proven reliable and valid with a three-factor structure (Brown, 1997; Clara et al., 2001). The three-factor structure extends to the use of the measure with respondents from diverse cultural and ethnic groups (Daza et al., 2002; Norton, 2007). Additionally, the DASS and the DASS-21 demonstrate good reliability and validity with clinical and non-clinical samples (Henry & Crawford, 2005; Crawford & Henry, 2003; Lovibond & Lovibond, 1995; Osman et

al., 2012). In addition, the DASS-21 demonstrates good construct validity with other assessments designed to measure depression and anxiety (Antony et al., 1998).

DASSANX

I also measured anxiety using a subscale of the DASS-21. The anxiety subscale of the DASS- 21 consists of seven items. Statements such as, “I felt scared without any good reason” or “I found it difficult to relax” assist in assessing the severity of a person’s anxiety symptoms. Using a 4-point Likert scale, participants rate the degree to which each statement relates to them based on the past week. Responses are coded 0-3 as follows: Did not apply to me at all = 0, Applied to me to some degree = 1, Applied to me to a considerable degree = 2, and applied to me very much = 3. To derive a participant’s score, the responses are added and multiplied by two. Overall scores range from normal (0-6), mild (7-9), moderate (10-14), severe (15-19), and extremely severe (20-42). The DASS psychometric properties proved to have good reliability and validity for clinical and non-clinical sample populations (Clara et al., 2001; Crawford, 2005; Lovibond & Lovibond, 1995; Osman et al., 2012). Additionally, moderate to high correlations with other reliable measures designed to assess for depression and anxiety supported congruent validity (Antony et al., 1998; Osman et al., 2012).

Brief RCOPE

Using the Brief RCOPE, I measured religiosity. The measure consists of 14-items designed to measure how people cope with major life stressors. The full version of the assessment developed in 1977 pinpoints forms of positive and negative religious coping (Pargament et al., 2011). The 14-question brief version of the assessment is currently a commonly used measure of religious coping, and it has shown good concurrent validity

and internal consistency (Pargament et al., 2011). In addition, various researchers confirmed the Brief RCOPE demonstrates internal consistency, predictive validity, incremental validity, and construct validity (Pargament et al., 2011). The instrument uses a 4-point Likert scale. The scale ranges from Not at All to A Great Deal. Responses include Not at All = 0, Somewhat = 1, Quite A Bit = 2, and A Great Deal = 3 (Pargament et al., 2011). Scores on both positive religious coping (PRC) and negative religious coping (NRC) can range from 7 to 28. Positive religious coping aligns with characteristics such as a positive view of the world, feeling spiritually connected with others, and having a secure relationship with a higher being (Pargament et al., 2011). In contrast, those with negative religious coping experience difficulties with others and a higher power, as well as spiritual tension and struggles (Pargament et al., 2011).

Procedures

Data Collection

The data used in this study was part of a larger study. Therefore, I requested approval to use existing data from Liberty University's Institutional Review Board (IRB). The data was originally collected via Qualtrics, an online service readily used in the behavioral and social sciences. Participants were informed that all data collected would remain anonymous along with identifying personal information collected. In addition, a consent form was obtained from all participants.

Statistical Analyses

Using multiple regression analysis, I analyzed the data according to a mediation/moderation model indicating the relationship between SBW endorsement, marital satisfaction, mental health, and religiosity. I carried out all statistical analyses

using Statistical Package for the Social Sciences (SPSS) version 25, and an alpha of .05 was utilized. I also conducted data screening to help detect possible errors in data coding and data entry, inconsistent responses, missing values, extreme outliers, non-normal distribution shapes, and nonlinear relations between quantitative variables. In addition, this process ensured the variables did not violate the assumptions required in multiple regression analyses.

The use of regression analysis, multiple regression analysis, and Hayes Process 3.5 enabled me to assess the direct, mediated, and moderated mediation relationship between endorsement of the SBW schema (stoicism and independence), mental health (anxiety and depression), marital satisfaction, and religiosity (negative and positive religious coping). To ascertain the degree to which mental health mediated the relationship between SBW endorsement and marital satisfaction, I first assessed the relationship between SBW endorsement and marital satisfaction. Administering a regression helped to predict mental health from SBW endorsement. Then, the use of a multiple regression assisted in differentiating marital satisfaction from both SBW endorsement and mental health. In addition to a mediation model, a moderation analysis tested for the influence of religiosity on the relationship between SBW endorsement and mental health as well as the relationship between SBW endorsement and marital satisfaction. I used Hayes Model 4 and Model 8 (Hayes, 2018) to evaluate moderated mediated relationships. Lastly, I examined race as an exploratory variable in this study. Hayes Model 12 (Hayes, 2018) supported the determination of the presence of a three-way interaction between the mediator mental health and the two proposed moderators of religious coping and race.

Validity

When conducting a statistical analysis, it is possible to make a type I or type II error. To reduce the possibility of type I error in the current study, I identified a random sample. In addition, I used a traditional .05 alpha level. It was also necessary to ensure I met all assumptions for statistical analysis. As previously stated, employing data screening ensured the data collected met the assumptions of a regression analysis. In addition to a type I error, a type II error was a concern. To minimize the possibility of type II error, I utilized a sample size of 439 people, which was large enough to constitute adequate statistical power.

Internal and External Validity

There was an expectation the results produced from this study would be meaningful and trustworthy. However, I remained cognizant of factors that could affect internal validity. One concern was alternative factors could influence marital satisfaction (i.e., individual income, education level, employment status, and marital history). In order to control for these variables, participants completed a background questionnaire. I included those with similar background characteristics in the study. Another threat to validity is extraneous variance in the setting in which participants complete the inventories. Any aspect of the environment that creates variability in the way participants respond potentially raises the residual variance and masks a true relationship. Therefore, participants were instructed to complete the inventories in a quiet place where they would not be interrupted or distracted.

With respect to external validity, the use of independently completed inventories presented some disadvantages. For example, participants' bias could skew their

responses when asked to rate or describe their experiences (Devaux & Sassi, 2016). In addition, because of social desirability, participants may have felt the need to “fake good” or attempt to paint a nicer picture of their marital satisfaction, emotional health, and religious involvement. This could affect results. To mitigate the possibility of biased reporting, self-reports were anonymized, and participants completed them privately. Another possible threat to external validity was the sole use of individuals who reported involvement in a heterosexual relationship. This affects generalizability across populations (i.e., same-sex marriages). Examining the relationship of the variables in the study across different categories of people (i.e., those who are in same-sex marriages) could strengthen the external validity of the outcomes. However, the use of random assignment in the current study aided in the ability to generalize the findings.

CHAPTER FOUR: RESULTS

The purpose of this study was to evaluate the relationship between the endorsement of the SBW schema (stoicism and independence subscales), mental health (depression and anxiety), marital satisfaction, and the potential moderating effects of religiosity on the strength and direction of this relationship. The initial sample used to test this relationship consisted of 526 females. After controlling for relationship status, 439 married women remained. The sample contained 121 Black women (27.6%), 272 White women (62%), 11 Asian women (2.5%), 25 women of Hispanic, Latino, or Spanish origin (5.7%), and 7 women who identified as other (1.6%). The participants had a mean age of 42.13.

Before conducting inferential statistics, I performed data screening. The screening revealed there were no missing values or impossible scores on any of the variables. Analyzing descriptive statistics helped assess for extreme outliers, skewness, and kurtosis. There were no extreme outliers, however, scores on the CSI were negatively skewed and scores on the DASSDEP and DASSANX were positively skewed. I also took steps to ensure the data satisfied the assumptions of a multiple regression. To avoid the violation of the assumption that scores on the outcome variables have an approximately normal distribution, I used bias-corrected bootstrapped confidence intervals. Employing a robust standard error assisted in addressing possible heteroscedasticity, (i.e., HC4 option in SPSS).

Utilizing Hayes Process 3.5 macro (Model 8) for SPSS I completed four continual process analyses models to evaluate the degree to which religiosity, as measured by

negative and positive religious coping, moderated the relationship between SBW schema, stoicism and independence, and mental health as well as the degree to which moderation influenced marital satisfaction. I assessed positive and negative religious coping as independent moderators and independently assessed race as an exploratory moderator. As a result of the exploratory nature of race as a moderator, I did not record hypotheses.

Table 1 displays Pearson correlations means, standard deviations, and means for all variables in the study.

Table 4.1

Pearson's r, Means, and Standard Deviations

	1	2	3	4	5	6	7
(1) SBW-Stoicism	1	.355**	-.040	.133**	.260**	.222**	-.137**
(2) SBW 5/ Independence	.355**	1	.027	.086	.034	.079	.012
(3) RCOPE- Positive	.040	.027	1	.259**	-.085	-.014	.052
(4) RCOPE- Negative	-.133**	.086	.259**	1	.431**	.430**	-.286**
(5) DASS- Depression	.260**	.034	-.085	.431**	1	.818**	-.458**
(6) DASS- Anxiety	.222**	.079	-.014	.430**	.818**	1	-.305
(7) CSI-Relationship Satisfaction	-.137**	.012	.052	-.286**	-.458**	-.305**	1
Mean	42.9	54.9	3.0	1.9	11.0	10.1	62.1
SD	16.0	17.9	.97	.89	11.5	10.3	19.3
Cronbach's α	.89	.87	.97	.90	.90	.89	.97

*Correlation is significant at the .05 level (2-tailed). **Correlation is significant at the .01 level (2-tailed).

Marital Satisfaction

I hypothesized elevated SBW schema (stoicism and independence dimensions) would negatively correlate with relationship satisfaction (H_1). Using Pearson's r correlation to evaluate the relationship, results indicated a significant negative correlation between SBW-stoicism and marital satisfaction, $r(438) = -0.137, p < .01$. Regarding the correlation between SBW-independence and marital satisfaction, the results indicated a negligible correlation, $r(438) = .012, p < .01$. This partially supported hypothesis 1. Although the correlation was small, there was a statistically significant correlation between SBW- stoicism and marital satisfaction. Elevated scores on the SBW-stoicism subscale were predictive of decreased marital satisfaction.

Additionally, I hypothesized mental health (depression and anxiety) would be negatively correlated with marital satisfaction (H_3). After examining the Pearson's r correlation coefficient, I found depression was moderately correlated with marital satisfaction, $r(438) = -.458, p < .01$. The correlation coefficient indicated a significant inverse relationship. Thus, as the level of depression increases, the level of marital satisfaction decreases. In terms of the relationship between anxiety and marital satisfaction, there was also a moderate correlation, $p(438) = -.305, p < .01$. The results specified a negative relationship substantiating that increased anxiety was predictive of decreased marital satisfaction. Both depression and anxiety were negatively correlated with marital satisfaction, thereby supporting Hypothesis 3.

Mental Health

In stating hypothesis 2, I predicted elevated SBW (stoicism and independence) would positively correlate with mental health, as measured by anxiety and depression. I

assessed this relationship using the Pearson's r correlation. With regard to the relationship between SBW-stoicism and depression, there was a positive correlation, $r(438) = .260, p < .01$. I determined this relationship was significant, indicating as stoicism increases, one's level of depression increases. Similarly, a significant positive correlation, was found between SBW-stoicism and anxiety, $r(438) = .222, p < .01$. Thus, as stoicism increases the level of anxiety also increases.

I also assessed the relationship between SBW-independence, depression, and anxiety. The results indicated no significant correlation existed between SBW-independence and depression ($p(438) = .034, p < .01$) or anxiety ($p(438) = .079, p < .01$). Considering the correlation coefficient was so close to zero in both correlations, an interpretation of no relationship was established. The results partially supported H_2 . Although I did not find elevated SBW-independence scores to correlate with depression and anxiety, scores on the SBW-stoicism subscale positively related to anxiety and depression. The hypothesis (H_2) stating SBW-stoicism would be positively related to mental health outcomes was supported because elevated stoicism traits predicted increased scores on anxiety and depression. SBW-independence was not shown to be correlated with depression or anxiety.

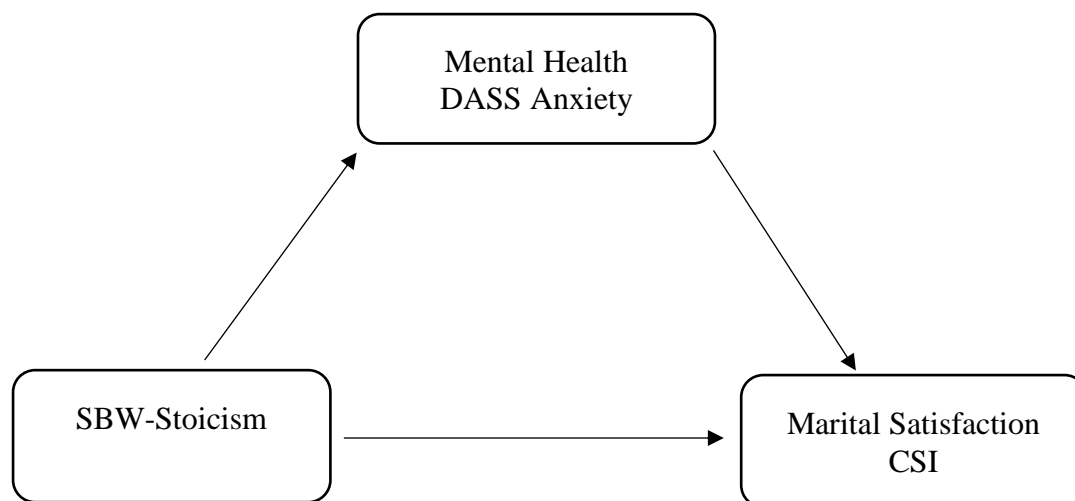
Mediation Hypothesis and Findings

Hypothesis four assessed anxiety (4_a) and depression (4_b) as mediators of the relationship between endorsement of the SBW stoicism and independence and marital satisfaction. To test H_4 , I utilized Hayes process 3.5 to conduct a continual process analysis (model 4) in SPSS. Using the beta coefficient (β) I reported the findings. This

coefficient denotes the degree of change in the outcome variable for every 1 unit of change that occurs in the predictor variable.

Anxiety as a Mediator

SBW-Stoicism, Anxiety, and Marital Satisfaction. In scripting hypothesis 4a, I stated anxiety would mediate the relationship between SBW- stoicism and marital satisfaction (see figure 1). The effect SBW-stoicism had on anxiety (path a) was statistically significant ($\beta = .143$, $t(437) = 4.894$, $p < .001$). In addition, the effect anxiety had on marital satisfaction (path b) when controlling for SBW- stoicism proved to be statistically significant ($\beta = -.540$, $t(437) = -5.685$, $p < .001$). When examining the total effect endorsement of SBW-stoicism had on marital satisfaction (path c), results showed a statistically significant effect ($\beta = -.164$, $t(436) = -2.790$, $p < .01$), but the direct effect (c') was not significant ($\beta = .087$, $t(436) = -1.56$, $p = .119$, $CI = -.198$ to $.023$). Using a bootstrap confidence interval for the indirect effect ($ab = .077$) based on 5,000 bootstrap samples, I found the indirect effect statistically significant (Effect = -0.770 , 95% CI = $-.116$ to $-.042$). This suggested the effect SBW-stoicism had on marital satisfaction operated through anxiety. The results partially supported H₄ because the findings indicated mediation of the relationship between SBW-stoicism and marital satisfaction through anxiety (see Table 4.2).

Figure 4.1*Conceptual Diagram 2**Figure 4.1 Conceptual Diagram 2***Table 4.2***Mediation results of Anxiety on SBW-Stoicism and Marital Satisfaction*

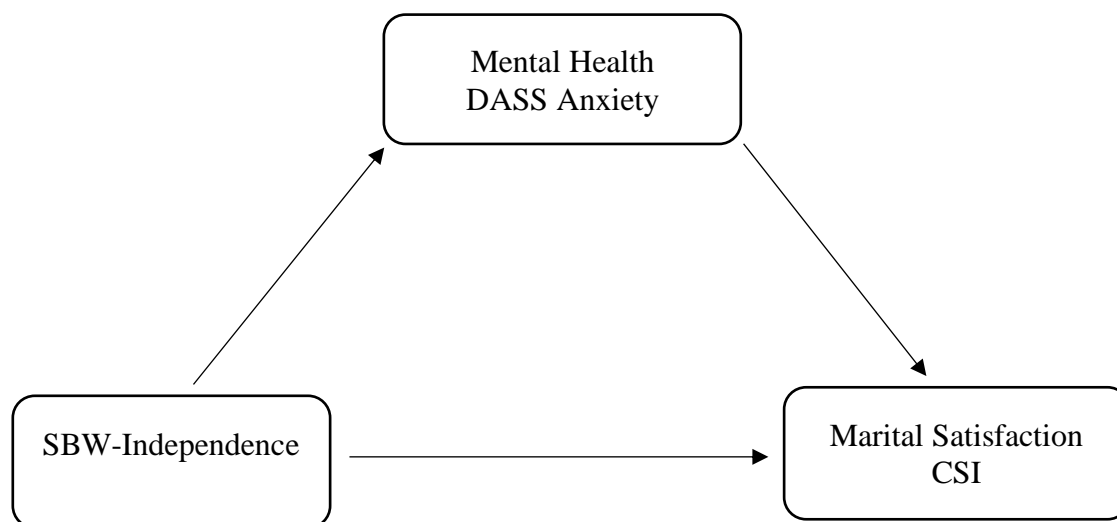
Path a (effect of SBW-stoicism on Anxiety)						
R	R²	MSE	F	df1	df2	p
.222	.049	100.797	23.953	1	437	.0000
Effect	Se	t	p	LLCI	ULCI	
.143	.029	4.894	.000	.085	.200	
Path b (effect of Anxiety on Marital Satisfaction)						
R	R²	MSE	F	df1	df2	p
.3128	.0978	336.180	18.731	2.000	436	.0000
Effect	Se	t	p	LLCI	ULCI	
-0.540	.095	-5.685	.000	-.727	-0.353	
Total effect of SBW Stoicism on Marital Satisfaction (c)						
R	R²	MSE	F	df1	df2	p

.137	.019	364.815	7.785	1	437	.005
Effect	Se	t	p	LLCI	ULCI	
-.164	.057	-2.790	.005	-0.280		-.049
Direct effect of SBW-Stoicism on Marital Satisfaction controlling for Anxiety (c')						
R	R²	MSE	F	df1	df2	p
.313	.098	336.180	18.731	2.000	436.000	.0000
Effect	Se	t	p	LLCI	ULCI	
-.087	.056	-1.559	.120	-.198		.023
Indirect effect of SBW Stoicism on Marital Satisfaction through Anxiety						
Effect	BootSe	BootLLCI	BootULCL			
-.077	.019	-.116	-.042			

SBW-Independence, Anxiety, and Marital Satisfaction. Hypothesis 4_a also stated anxiety would mediate the relationship between SBW-independence and marital satisfaction (see Figure 2). The analysis indicted a non-significant effect of SBW-independence on anxiety ($\beta = .0456$, $t(437) = 1.597$, $p > .05$). The direct effect, c prime, ($\beta = .039$, $t(436) = .721$, $p > .05$) and indirect effect (Effect = $-.026$, 95% C.I. = $-.059$ to $.006$) of SBW-independence on marital satisfaction were not significant. Additionally, the total effect was not significant ($\beta = .013$, $t(437) = .216$, $p > .05$). Considering SBW-independence yielded no significant total or indirect effect on marital satisfaction, this portion of hypothesis 4_a was not supported. I could not establish a mediation effect (see Table 3).

Figure 4.2

Conceptual Diagram 3

**Table 4.3**

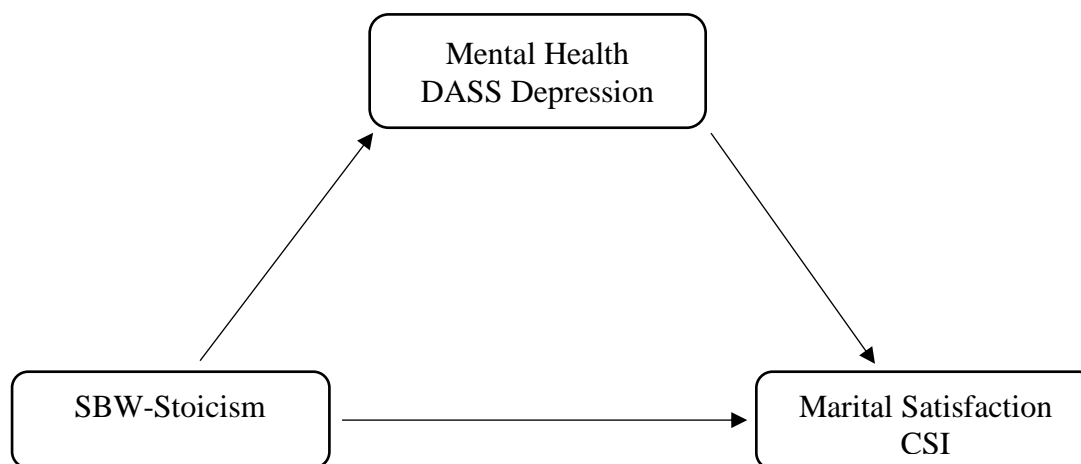
Mediation results of Anxiety on SBW-Independence and Marital Satisfaction

Path a (effect of SBW-independence on Anxiety)						
R	R²	MSE	F	df1	df2	p
.079	.006	105.366	2.550	1	437	.111
Effect	Se	t	p	LLCI	ULCI	
.046	.029	1.597	.111	-.011	.102	
Path b (effect of Anxiety on Marital Satisfaction)						
R	R²	MSE	F	df1	df2	p
.307	.094	337.575	18.547	2.000	436	.0000
Effect	Se	t	p	LLCI	ULCI	
-.576	.095	-6.083	.0000	-.762	-.390	
Total effect of SBW-Independence on Marital Satisfaction (c)						
R	R²	MSE	F	df1	df2	p

.012	.000	371.728	.046	1	437	.829
Effect	Se	t	p	LLCI	ULCI	
.013	.058	.216	.829	-.102		.127
Direct effect of SBW-Independence on Marital Satisfaction controlling for Anxiety (c')						
R	R²	MSE	F	df1	df2	P
.307	.094	337.575	18.547	2	436	.0000
Effect	Se	t	p	LLCI	ULCI	
.039	.054	.721	.471	-.067		.145
Indirect effect of SBW- Independence on Marital Satisfaction through Anxiety						
Effect	BootSe	BootLLCI	BootULCL			
-.026	.016	-.059	.006			

Depression as a Mediator

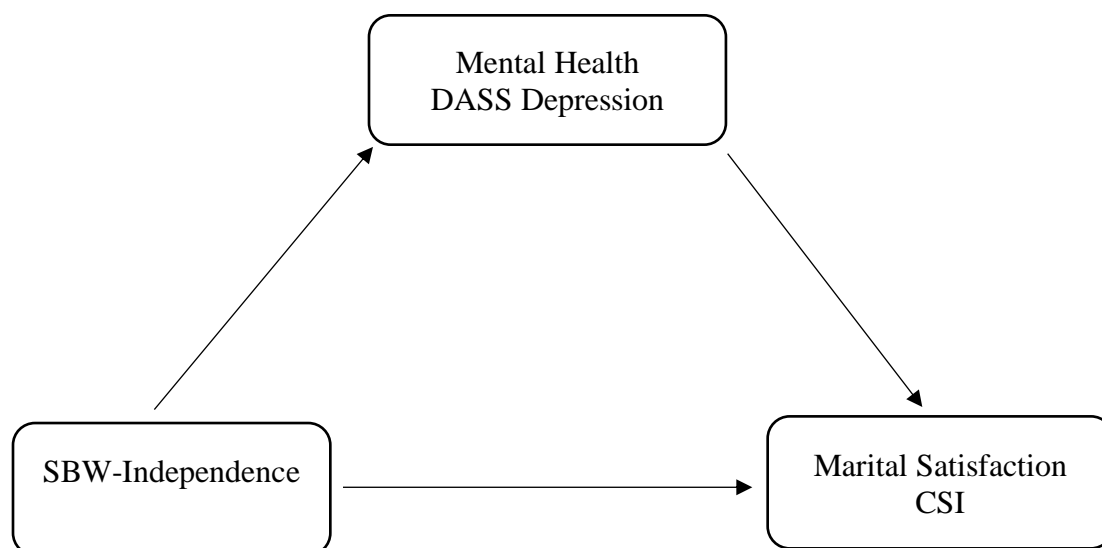
SBW-Stoicism, Depression, and Marital Satisfaction. In hypothesis 4_b I postulated depression would mediate the relationship between SBW- stoicism and marital satisfaction (see Figure 3). The effect endorsement of SBW-stoicism had on depression was significant ($\beta = 0.186$, $t(437) = 5.609$, $p < .001$). Path b, the effect depression had on marital satisfaction, was also statistically significant ($\beta = -0.054$, $t(436)$, $p < .001$). In addition, the direct effect of SBW-stoicism on marital satisfaction when controlling for depression (c prime) was not significant ($\beta = -.023$, $t(436) = -.442$, $p > .05$), but the indirect effect was statistically significant (Effect = $-.141$, 95% C.I. = $-.202$ to $-.088$). Since the indirect effect was different from zero, mediation was established. Therefore, this portion of hypothesis 4_b supported. The effect endorsement of SBW-stoicism had on marital satisfaction was occurring through depression (see Table 4).

Figure 4.3*Conceptual Diagram 4***Table 4.4***Mediation results of Depression on SBW-Stoicism and Marital Satisfaction*

Path a (effect of SBW-stoicism on Depression)						
R	R²	MSE	F	df1	df2	p
.260	.067	123.620	31.466	1	437	.0000
Effect	Se	t	p	LLCI	ULCI	
.186	.033	5.609	.000	.121	.251	
Path b (effect of Depression on Marital Satisfaction)						
R	R²	MSE	F	df1	df2	p
.458	.210	2.94.360	42.398	2	436	.0000
Effect	Se	t	p	LLCI	ULCI	
-0.759	.085	-8.929	.000	-.925	-0.592	
Total effect of SBW-Stoicism on Marital Satisfaction (c)						
R	R²	MSE	F	df1	df2	p

.137	.019	364.815	7.785	1	437	.006
Effect	Se	t	p	LLCI	ULCI	
-1644	.0589	-2.790	.006	-.280		-.049
Direct effect of SBW-Stoicism on Marital Satisfaction controlling for Depression (c')						
R	R²	MSE	F	df1	df2	p
.458	.210	294.360	42.398	2	436	.000
Effect	Se	t	p	LLCI	ULCI	
-.023	.052	-.442	.659	-.126		.080
Indirect effect of SBW Stoicism on Marital Satisfaction through Depression						
Effect	BootSe	BootLLCI	BootULCL			
-.141	.029	-.202	-.088			

SBW-independence, depression, and marital satisfaction. In Hypothesis 4_b I proposed the relationship between SBW-independence and marital satisfaction would be mediated by depression. Utilizing Hayes Process 3.5 macro (model 4) for SPSS, I evaluated the relationship between SBW-independence and marital satisfaction and analyzed the degree to which depression mediated the relationship (see Figure 4). As previously stated, the total effect of SBW-independence on marital satisfaction was not significant ($\beta = .0126$, $t(437) = .216$, $p > .05$). The indirect effect of SBW-independence through depression also failed to be statistically significant (Effect = $-.017$, 95% C. I. $-.065$ to $.037$). As I found no significant indirect effect of SBW-independence on marital satisfaction, hypothesis 4_b was not supported. A mediation effect of depression on the relationship between SBW-independence and marital satisfaction could not establish (see Table 4).

Figure 4.4*Conceptual Diagram 5***Table 4.5***Mediation Results of Depression on SBW-Independence and Marital Satisfaction*

Path a (effect of SBW-Independence on Depression)						
R	R²	MSE	F	df1	df2	p
.034	.001	132.405	.422	1	437	.516
Effect	Se	t	p	LLCI	ULCI	
.022	.033	.650	.516	-.044	.087	
Path b (effect of Depression on Marital Satisfaction)						
R	R²	MSE	F	df1	df2	p
.459	.210	294.214	43.899	2.000	436	.0000
Effect	Se	t	p	LLCI	ULCI	
-.768	.083	-9.253	.0000	-.932	-.605	
Total effect of SBW-Independence on Marital Satisfaction (c)						
R	R²	MSE	F	df1	df2	p

.012	.000	371.7280	.047	1	437	.830
Effect	Se	t	p	LLCI	ULCI	
.0126	.058	.216	.829	-.102	.127	
Direct effect of SBW-Independence on Marital Satisfaction controlling for Depression (c')						
R	R²	MSE	F	df1	df2	p
.4587	.2104	294.2140	43.899	2	436	.0000
Effect	Se	t	p	LLCI	ULCI	
.0293	.0489	.5990	.5495	-.0668	.1254	
Indirect effect of SBW Independence on Marital Satisfaction through Depression						
Effect	BootSe	BootLLCI	BootULCL			
-.017	.025	-.065	.037			

Moderated Mediation Hypothesis and Findings

Hypothesis 5 through 8 looked at whether religiosity (positive and negative religious coping) moderated the causal sequence between endorsement of the SBW schema (stoicism and independence), mental health (depression and anxiety), and marital satisfaction. Hypothesis 9 explored whether religiosity (positive and negative religious coping) moderated the relationship between SBW-stoicism and marital satisfaction. Lastly, hypothesis 10 assessed whether religiosity (positive and negative religious coping) moderated the relationship between SBW-independence and marital satisfaction. Figures 5 through 12 show the conceptual models.

SBW-Stoicism

Hypothesis 5 assessed religiosity as a moderator of the SBW-stoicism, anxiety, and marital satisfaction causal sequence. In my analysis, I first looked at the regression of

anxiety onto religiosity (negative and positive religious coping), SBW-stoicism, and their interaction. The regression did not show a significant interaction between SBW-stoicism and negative ($\beta = -.025$, $SE = .035$, $p > .05$) or positive ($\beta = -.013$, $SE = .0266$, $p > .05$) religious coping. This suggested neither positive nor negative religious coping moderated the effect of SBW-stoicism on anxiety. Next, I examined the direct relationship of SBW-stoicism and marital satisfaction. The results evidenced neither negative ($\beta = .094$, $SE = .067$, $p > .05$) nor positive ($\beta = -.001$, $SE = .054$, $p > .05$) religious coping moderated the direct relationship between SBW-stoicism and marital satisfaction (H_4). In addition, I did not find the indirect effect of SBW-stoicism on marital satisfaction through anxiety to be a function of negative religious coping. The overall moderated mediation model was not supported with the index of moderated mediation = .0096 (95% CI = -.015; .039). As zero is within the CI, there was no evidence the relationship between SBW-stoicism, anxiety, and marital satisfaction depended on negative religious coping. Similarly, I did not find positive religious coping to moderate the SBW-stoicism, anxiety, marital satisfaction causal sequence. The overall moderated mediation model was not supported with the index of moderated mediation = .007 (95% CI = -.022; .036). The results demonstrated the indirect effect of SBW-Stoicism on marital satisfaction was not a condition of negative or positive religious coping (H_5). Thus, H_5 was not supported (see Table 5).

Hypothesis 6 evaluated whether religiosity (positive and negative religious coping) moderated the SBW stoicism, depression, marital satisfaction casual sequence. The regression of depression onto negative and positive religious coping, SBW-stoicism, and their interaction did not show a significant interaction between SBW-stoicism and negative ($\beta = -.015$, $SE = .038$, $p > .05$) or positive ($\beta = -.036$, $SE = .033$, $p > .05$) religious

coping (figure 4.7- 4.8). Thus, negative nor positive religious coping moderated the relationship between SBW-stoicism and depression. In addition, I did not find negative or positive religious coping to moderate the indirect effect of SBW- stoicism on marital satisfaction. Specifically, negative religious coping did not moderate the SBW-stoicism, depression, marital satisfaction causal sequence. Moderation was not supported by the index of moderated mediation= .010 (95% CI= -.037; .060). Comparably, positive religious coping did not moderate the SBW-stoicism, depression, marital satisfaction causal sequence. Moderation was not supported by the index of moderated mediation= .028 (95% CI=-.22; .075). Finally, negative ($\beta = .093$, $SE = .064$, $p > .05$) nor positive ($\beta = -.022$, $SE = .047$, $p > .05$) religious coping (H_9) moderated the direct effect of SBW stoicism on marital satisfaction. The results failed to substantiate hypothesis 6 and hypothesis 9 (see Table 5).

SBW- Independence

Hypothesis 7 assessed religiosity as a moderator of the SBW independence, anxiety, marital satisfaction causal sequence. As previously mentioned, I did not find a statistically significant relationship between SBW-independence and anxiety. The results for the regression of anxiety onto negative and positive religious coping, SBW-independence, and their interaction did not indicate a significant interaction between SBW-independence and negative or positive religious coping. The findings suggested that neither negative ($\beta = .016$, $SE = .035$, $p > .05$) nor positive ($\beta = .004$, $SE = .030$, $p > .05$) religious coping moderated the relationship between SBW-independence and anxiety. Additionally, negative and positive religious coping did not moderate the SBW-

independence, anxiety, marital satisfaction causal sequence. Therefore, the results did not support Hypothesis 7 (see Table 6).

Hypothesis 8 evaluated whether religiosity moderated the SBW independence, depression, marital satisfaction causal sequence. The results for the regression of depression onto negative and positive religious coping, SBW-independence, and their interaction did not indicate a significant interaction between SBW-independence and negative or positive religious coping. Thus, neither positive nor negative religious coping moderated the effect of SBW-independence on depression. In addition, I did not find negative or positive religious coping to moderate the indirect relationship between SBW independence and marital satisfaction. Therefore, religiosity was not found to moderate the SBW independence, depression, marital satisfaction causal sequence. Furthermore, negative and positive religious coping did not moderate the direct relationship between SBW independence and marital satisfaction (H_{10}). Results for the moderated mediation analysis were not statistically significant and therefore did not support H_8 and H_{10} (see Table 6-7).

Figure 4.5

Conceptual Diagram 6

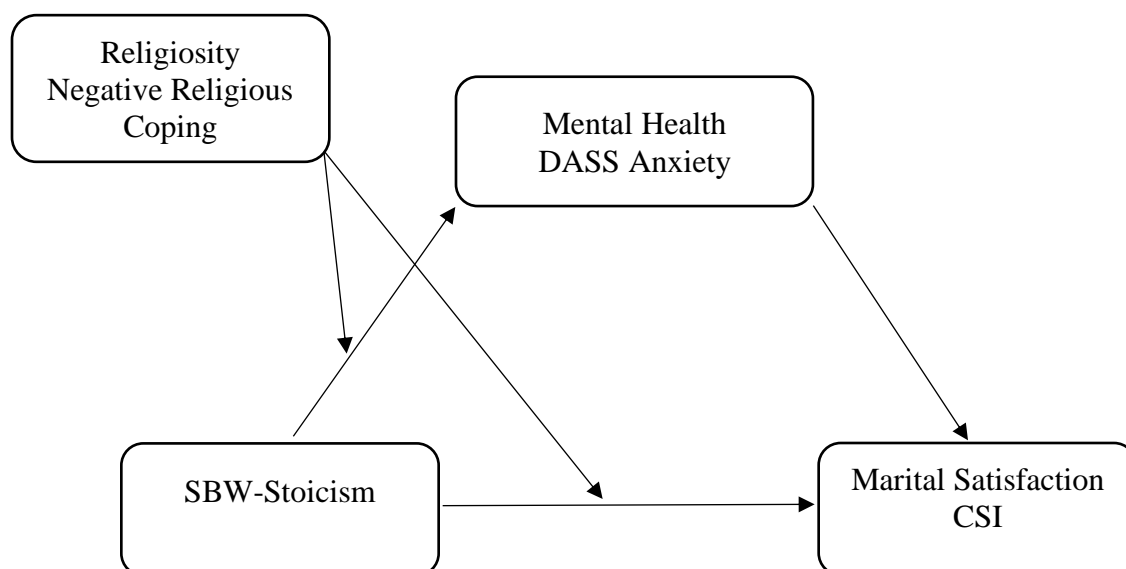


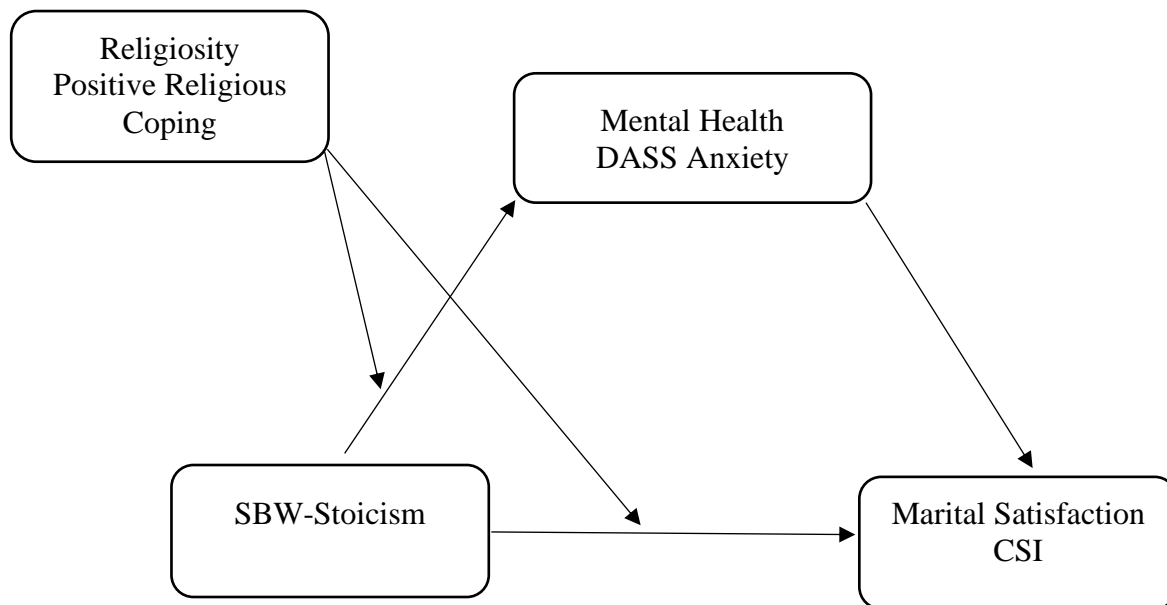
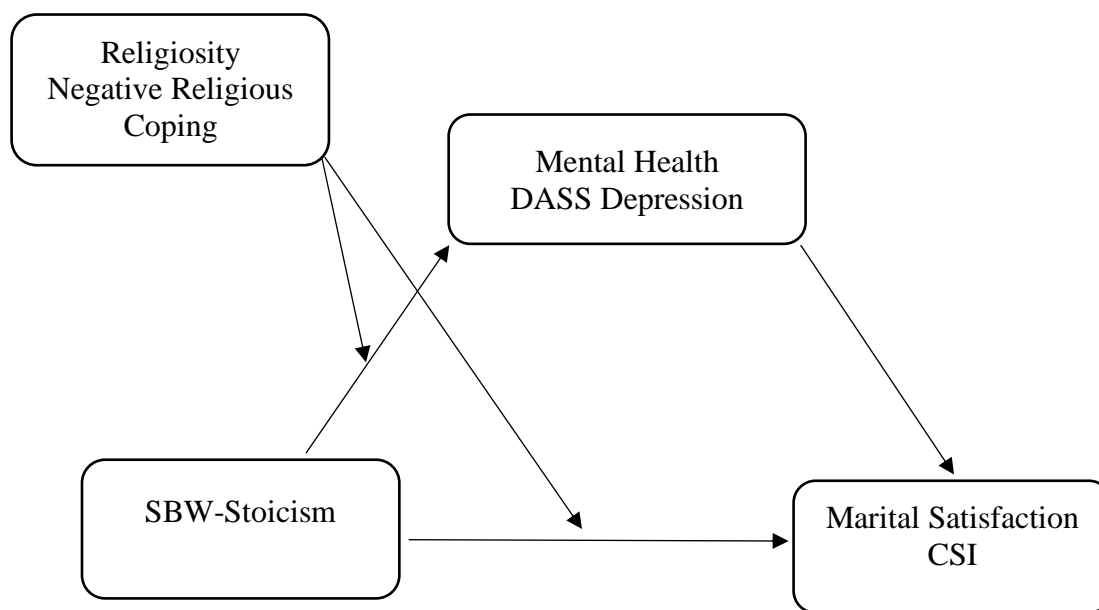
Figure 4.6*Conceptual Diagram 7***Figure 4.7***Conceptual Diagram 8*

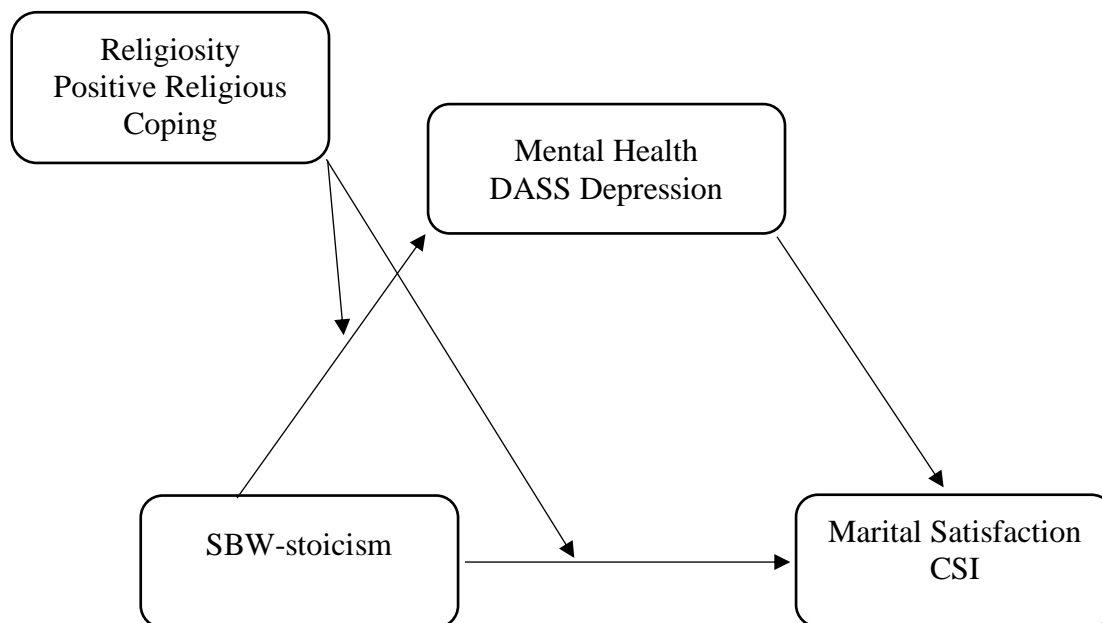
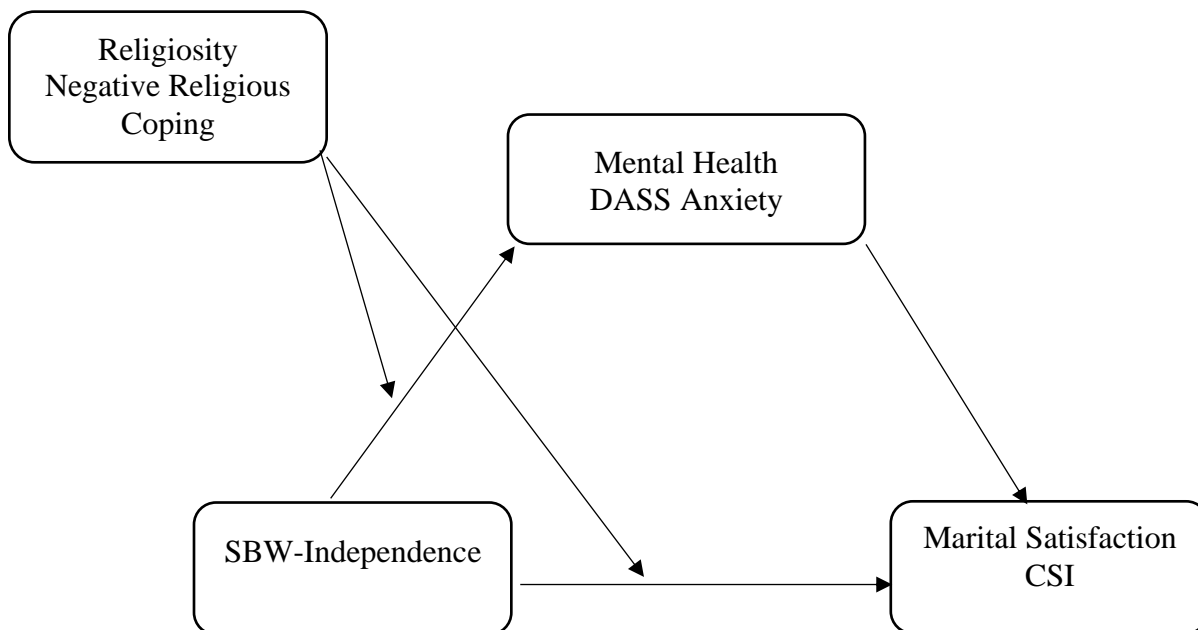
Figure 4.8*Conceptual Diagram 9***Figure 4.9***Conceptual Diagram 10*

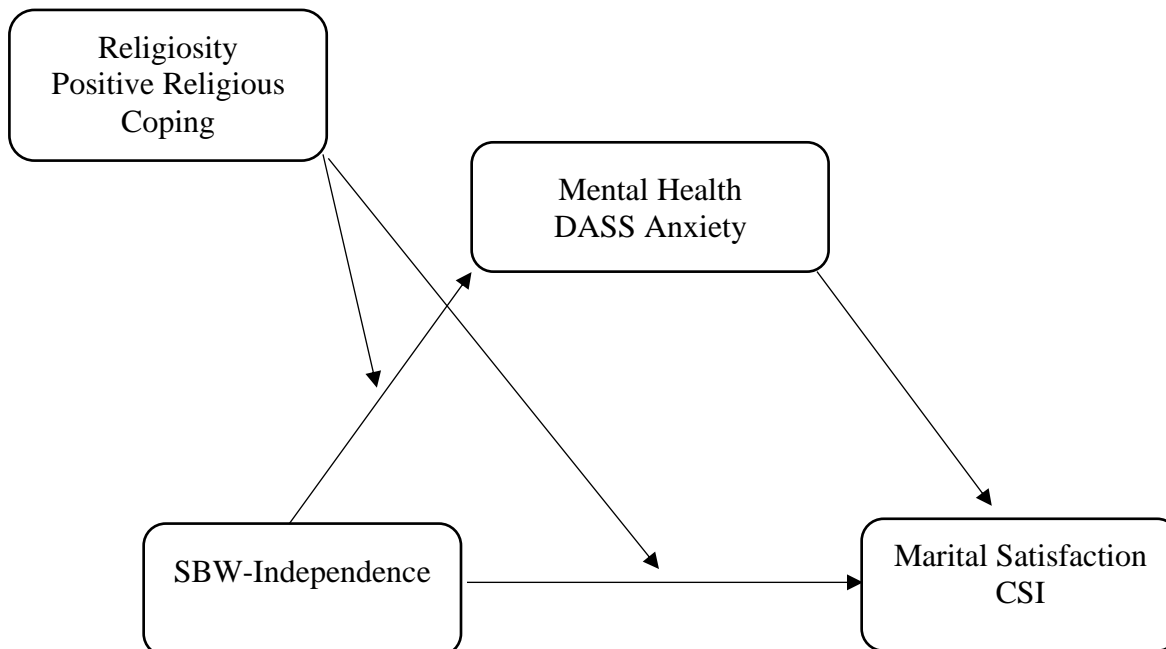
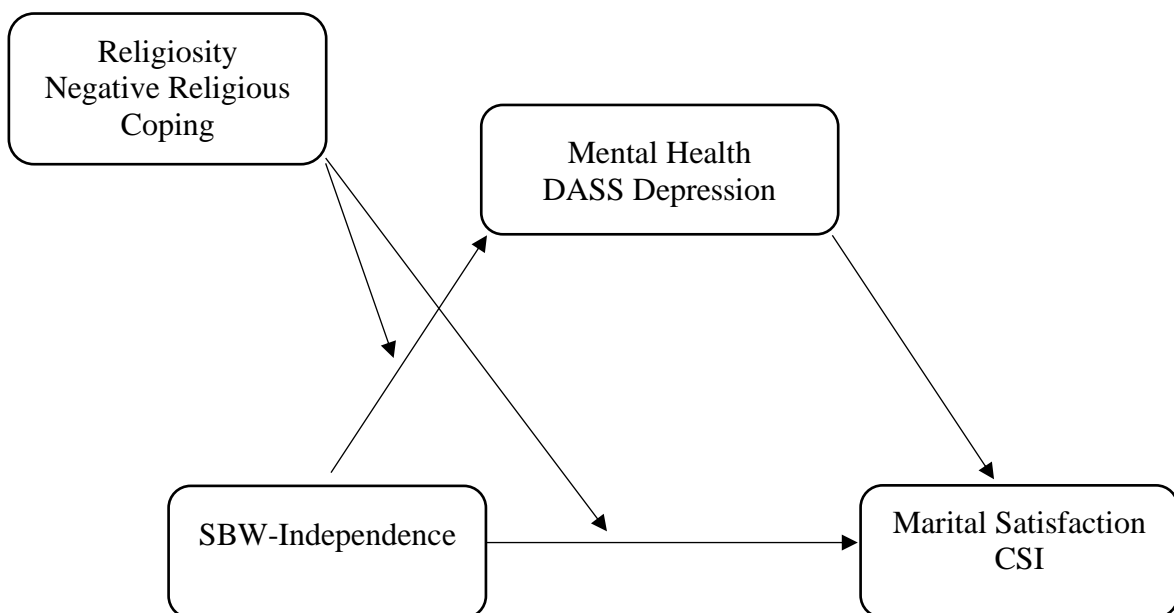
Figure 4.10*Conceptual Diagram 11***Figure 4.11***Conceptual Diagram 12*

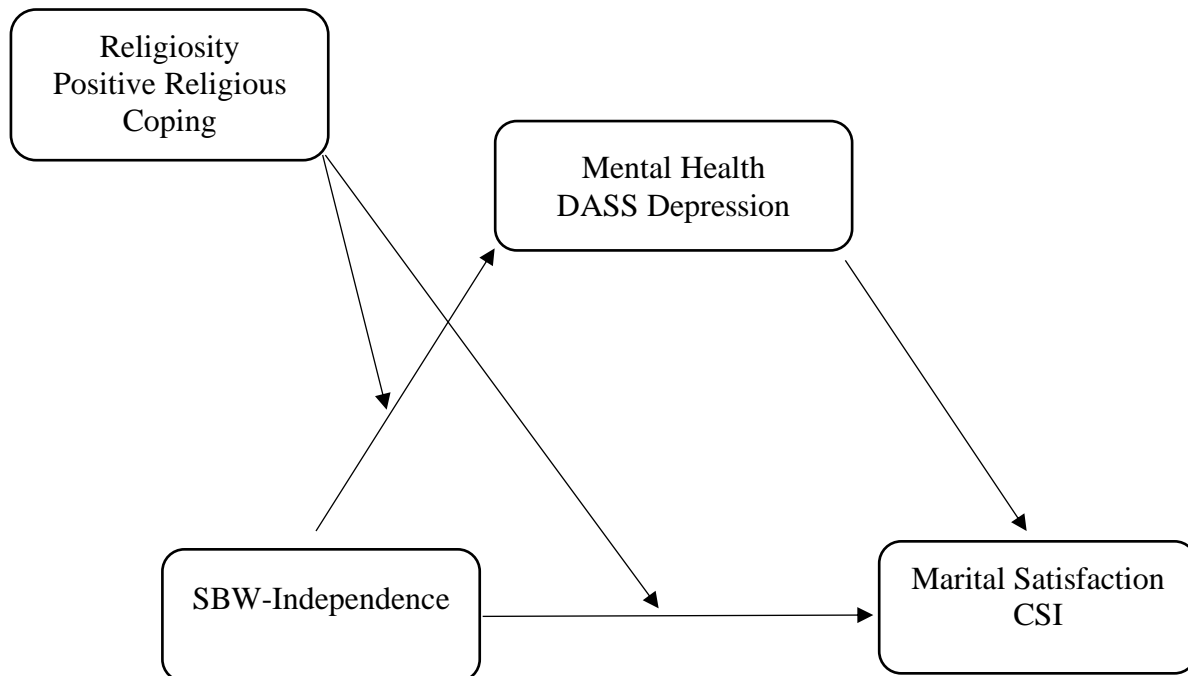
Figure 4.12*Conceptual Diagram 13*

Table 4.6*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>b</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS Anxiety: $R = .462$, $R^2 = .214$, $MSE = 83.746$, $F(3, 435) = 40.207$, $p < .000$						
SBW Stoicism	.156	.066	2.371	.018	.027	.285
RCOPE Negative	5.790	1.531	3.781	.000	2.780	8.799
SBW Stoicism x RCOPE Negative	-.025	.035	-.713	.476	-.094	.044
Couples Satisfaction Index: $R = .363$, $R^2 = .132$, $MSE = 325.040$, $F(4, 434) = 17.198$, $p < .000$						
SBW Stoicism	-.261	.132	-2.006	.046	-.517	-.005
DASS: Anxiety	-.386	.101	-3.833	.000	-.584	-.188
RCOPE Negative	-8.278	3.052	-2.7122	.007	-14.277	2.279
SBW stoicism x RCOPE Negative	.094	.066	1.393	.164	-.039	.227
DASS Depression: $R = .478$, $R^2 = .228$, $MSE = 102.779$, $F(3, 435) = 47.7981$, $p < .000$						
SBW Stoicism	.177	.068	2.607	.009	.044	.311
RCOPE Negative	5.870	1.656	3.545	.000	2.616	9.1250
SBW Stoicism x RCOPE Negative	-.015	.038	-.406	.685	-.089	.059
Couples Satisfaction Index: $R = .474$, $R^2 = .225$, $MSE = 290.197$, $F(4, 434) = 27.471$, $p < .000$						
SBW Stoicism	-.201	.122	-1.650	.099	-.440	.038
DASS: Depression	-.678	.092	-7.397	.000	-.858	-.498
RCOPE Negative	-6.532	2.937	-2.224	.027	-12.304	-.761
SBW Stoicism x RCOPE Negative	.093	.064	1.464	.144	-.032	.219
DASS Anxiety: $R = .223$, $R^2 = .049$, $MSE = 101.216$, $F(3, 435) = 8.294$, $p < .000$						
SBW Stoicism	2.350	3.698	2.155	.032	.016	.349
RCOPE Positive	.518	1.159	.447	.655	-1.797	2.795
SBW Stoicism x RCOPE Positive	-.013	.027	-.477	.633	-.065	.039
Couples Satisfaction Index: $R = .316$, $R^2 = .099$, $MSE = 336.963$, $F(4, 434) = 9.604$, $p < .000$						
SBW Stoicism	-.083	.177	-.469	.639	-.429	.264
DASS: Anxiety	-.539	.095	-5.661	.000	-.727	-.352

RCOPE Positive	.936	2.339	.400	.689	-3.662	5.535
SBW Stoicism x RCOPE Positive	-.001	.054	-.015	.988	-.107	.105
DASS Depression: $R = .275$, $R^2 = .076$, $MSE = 123.100$, $F(3, 435) = 11.619$, $p < .000$						
SBW Stoicism	.298	.107	2.78	.006	.087	.509
RCOPE Positive	.736	1.44	.510	.610	-2.099	3.572
SBW Stoicism x RCOPE positive	-.036	.033	-1.100	.272	-.101	.029
Couples Satisfaction Index: $R = .459$, $R^2 = .211$, $MSE = 295.534$, $F(4, 434) = 21.460$, $p < .000$						
SBW Stoicism	.045	.154	.292	.771	-.257	.347
DASS: Depression	-.759	.086	-8.797	.000	-.928	-.589
RCOPE Positive	1.215	2.071	.587	.558	-2.855	5.286
SBW Stoicism x RCOPE positive	-.022	.047	-.457	.648	-.114	.071

Exploratory Results: Race as a Moderator

In order to determine whether mental health, the mechanism by which SBW endorsement was hypothesized to influence marital satisfaction, differed as a function of religiosity, independent of the moderation of religiosity by race, I conducted a continual process analysis, utilizing Hayes Process 3.5 macro (Model 12) for SPSS. The model 12 analysis allowed me to determine if the influence of SBW endorsement on marital satisfaction differed as a function of religiosity, independent of the moderation of religiosity by race (i.e., Black, and White women). The overall regression, including both religiosity and race as moderators, was not statistically significant. Thus, mental health did not differ as a function of religiosity based on race. In addition, race did not influence the extent to which SBW endorsement influenced marital satisfaction as a function of religiosity (see Tables 8-11).

Table 4.7*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>b</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS Anxiety: $R = .433$, $R^2 = .187$, $MSE = 86.576$, $F(3, 435) = 24.454$, $p < .000$						
SBW Independence	.7621	3.426	.223	.824	-5.971	7.495
RCOPE Negative	4.000	2.003	1.997	.0464	.0638	7.937
SBW Independ x RCOPE Negative	.016	.035	.461	.645	-.053	.085
Couples Satisfaction Index: $R = .358$, $R^2 = .128$, $MSE = 326.336$, $F(4, 434) = 12.992$, $p < .000$						
SBW Independence	-.089	.121	-.736	.462	-.327	.149
DASS: Anxiety	-.425	.099	-4.284	.000	-.619	-.229
RCOPE Negative	-8.105	3.931	-2.062	.039	-15.832	-.378
SBW Independ x RCOPE Negative	.072	.068	1.053	.293	-.062	.207
DASS Depression: $R = .431$, $R^2 = .186$, $MSE = 108.375$, $F(3, 435) = 25.447$, $p < .000$						
SBW Independence	-.008	.0718	-.115	.908	-.149	.133
RCOPE Negative	5.364	2.316	2.316	.021	.813	9.916
SBW Independ x RCOPE Negative	.003	.040	.078	.938	-.076	.082
Couples Satisfaction Index: $R = .473$, $R^2 = .224$, $MSE = 290.545$, $F(4, 434) = 24.793$, $p < .000$						
SBW Independence	-.092	.115	-.802	.423	-.317	.133
DASS: Depression	-.688	.091	-7.604	.000	-.866	.510
RCOPE Negative	-6.112	23.536	-1.729	.085	-13.063	.878
SBW Independ x RCOPE Negative	.067	.063	1.072	.284	-.056	.191
DASS Anxiety: $R = .081$, $R^2 = .007$, $MSE = 105.820$, $F(3, 435) = .885$, $p < .449$						
SBW Independence	.034	.098	.345	.730	-.158	.226

RCOPE Positive	-.373	1.705	-.219	.827	-3.725	2.979
SBW Independ x RCOPE Positive	.004	.030	.125	.901	-.056	.064
Couples Satisfaction Index: $R = .311$, $R^2 = .097$, $MSE = 338.223$, $F(4, 434) = 9.595$, $p < .000$						
SBW Independence	-.017	.196	-.089	.929	-.403	.368
DASS: Anxiety	-.575	.095	-6.037	.000	-.762	-.388
RCOPE Positive	-.000	3.381	-.000	.999	-6.645	6.644
SBW Independ x RCOPE Positive	.017	.059	.287	.775	-.100	.135
DASS Depression: $R = .095$, $R^2 = .009$, $MSE = 131.954$, $F(3, 435) = 1.122$, $p < .339$						
SBW Independence	-.029	.116	-.257	.797	-.258	.198
RCOPE Positive	-1.924	2.123	-.906	.365	-6.097	2.249
SBW Independ x RCOPE positive	.016	.036	.454	.649	-.055	.088
Couples Satisfaction Index: $R = .459$, $R^2 = .211$, $MSE = 295.295$, $F(4, 434) = 22.166$, $p < .000$						
SBW Independence	-.059	.173	-.346	.729	-.399	.279
DASS: Depression	-.768	.084	-9.15	.000	-.933	-.603
RCOPE Positive	-1.263	2.938	-.429	.668	-7.037	4.511
SBW Independ x RCOPE positive	.028	.0527	.527	.599	-.076	.131

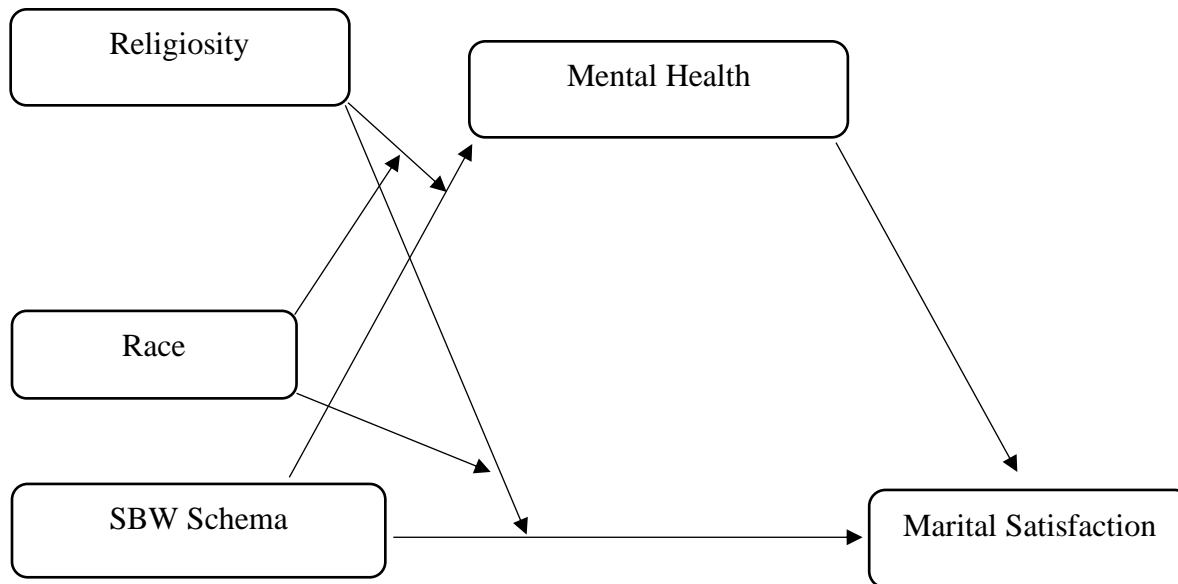
Figure 4.13*Conceptual Diagram 14*

Table 4.8*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>B</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS-Anxiety: $R = .458$, $R^2 = .209$, $MSE = 84.190$, $F(7, 385) = 14.072$, $p < .000$						
SBW Stoicism	.122	.031	3.638	.000	.052	.173
RCOPE Negative	4.510	.629	7.171	.000	3.274	5.747
SBW Stoicism x RCOPE negative	-.032	.037	-.874	.383	-.106	.041
Race	.253	1.108	.228	.820	-1.926	2.432
SBW Stoicism x Race	.023	.071	.331	.741	-.116	.162
RCOPE negative x Race	.018	1.414	.013	.990	-2.763	2.799
SBW Stoicism x RCOPE negative x Race	-.017	.087	-.195	.846	-.188	.154
Couples Satisfaction Inventory: $R = .376$, $R^2 = .142$, $MSE = 337.098$, $F(7, 384) = 7.824$, $p < .000$						
SBW Stoicism	-.103	.062	-1.653	.099	-.225	.020
DASS-Anxiety	-.401	.116	-3.469	.001	-.628	-.174
RCOPE negative	-3.937	1.211	-3.251	.001	-6.319	-1.556
SBW Stoicism x RCOPE negative	.104	.076	1.366	.173	-.045	.253
Race	-2.460	2.176	-1.130	.259	-6.739	1.819
SBW Stoicism x Race	-.087	.139	-.623	.534	-.360	.187
RCOPE negative x Race	.761	2.614	.291	.771	-4.378	5.900
SBW Stoicism x RCOPE negative x Race	-.053	.167	-.317	.751	-.382	.276
DASS- Anxiety: $R = .270$, $R^2 = .073$, $MSE = 98.744$, $F(7,385) = 5.504$, $p < .000$						
SBW Stoicism	.133	.036	3.713	.000	.062	.203
RCOPE positive	-.313	.709	-.442	.659	-1.707	1.081

SBW Stoicism x RCOPE positive	-.006	.041	-.151	.880	-.086	.074
Race	1.943	1.464	1.327	.185	-.936	4.821
SBW Stoicism x Race	.018	.091	.195	.845	-.160	.196
RCOPE positive x Race	-3.216	2.028	-1.585	.114	-7.204	.773
SBW Stoicism x RCOPE positive x Race	.106	.119	.889	.375	-.128	.339

Couples Satisfaction Index: $R = .352$, $R^2 = .124$, $MSE = 344.163$, $F(8, 384) = 5.945$, $p < .000$

SBW Stoicism	-.107	.073	-1.459	.145	-.252	.037
DASS: Anxiety	-.521	.110	-4.731	.000	-.737	-.304
RCOPE positive	1.974	1.349	1.462	.144	-.680	4.627
SBW Stoicism x RCOPE positive	-.009	.084	-.107	.914	-.174	.156
Race	-5.352	2.767	-1.934	.054	-10.793	.089
SBW Stoicism x Race	-.050	.189	-.266	.791	-.422	.321
RCOPE positive x Race	5.722	3.891	1.470	.142	-1.929	13.372
SBW Stoicism x RCOPE positive x Race	-.101	.240	-.422	.673	-.574	.371

Table 4.9*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>B</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS-Depression: $R = .502$, $R^2 = .252$, $MSE = 97.684$, $F(7, 385) = 19.735$, $p < .000$						
SBW Stoicism	.147	.003	4.506	.000	.083	.211
RCOPE Negative	5.257	.646	8.143	.000	3.988	.6526
SBW Stoicism x RCOPE negative	-.021	.040	-.528	.597	-.100	.058
Race	-2.197	1.053	-2.087	.038	-4.267	-.127
SBW Stoicism x Race	.009	.065	.136	.892	-.118	.136
RCOPE negative x Race	-.715	1.372	-.521	.603	-3.411	1.982
SBW Stoicism x RCOPE negative x Race	.066	.085	.779	.436	-.101	.234
Couples Satisfaction Inventory: $R = .488$, $R^2 = .238$, $MSE = 299.374$, $F(8, 384) = 13.267$, $p < .000$						
SBW Stoicism	-.042	.059	-.713	.476	-.157	.073
DASS-Depression	-.724	.106	-6.836	.000	-.932	-.515
RCOPE negative	-1.941	1.149	-1.689	.092	-4.200	.318
SBW Stoicism x RCOPE negative	.101	.071	1.423	.156	-.039	.241
Race	-4.151	2.032	-2.043	.042	-8.146	-.157
SBW Stoicism x Race	-.090	.127	-.704	.482	-.340	.161
RCOPE negative x Race	.237	2.384	.099	.921	-4.450	4.923
SBW Stoicism x RCOPE negative x Race	.002	.155	.011	.991	-.303	.307
DASS- Depression: $R = .296$, $R^2 = .088$, $MSE = 119.072$, $F(7,385) = 7.161$, $p < .000$						
SBW Stoicism	.186	.041	4.558	.000	.106	.266
RCOPE positive	-.652	.694	-.939	.348	-2.017	.713
SBW Stoicism x RCOPE positive	-.024	.043	-.572	.568	-.108	.059
Race	.075	1.409	.053	.958	-2.695	2.845

SBW Stoicism x Race	.044	.094	.468	.640	-.141	.229
RCOPE positive x Race	-3.226	1.835	-1.758	.079	-6.834	.381
SBW Stoicism x RCOPE positive x Race	.041	.116	.357	.721	-.186	.269

Couples Satisfaction Index: $R = .487$, $R^2 = .237$, $MSE = 299.769$, $F(8, 384) = 11.794$, $p < .000$

SBW Stoicism	-.033	.068	-.482	.630	-.167	.101
DASS: Depression	-.772	.099	-7.787	.000	-.967	-.577
RCOPE positive	1.633	1.278	1.277	.202	-.880	4.146
SBW Stoicism x RCOPE positive	-.025	.074	-.332	.740	-.170	.121
Race	-6.305	2.596	-2.429	.016	-11.409	-1.202
SBW Stoicism x Race	-.025	.171	-.149	.882	-.362	.311
RCOPE positive x Race	4.904	3.673	1.335	.183	-2.318	12.125
SBW Stoicism x RCOPE positive x Race	-.124	.213	-.585	.559	-.543	.294

Table 4.10*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>B</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS-Anxiety: $R = .424$, $R^2 = .180$, $MSE = 87.349$, $F(7, 385) = 8.104$, $p < .000$						
SBW Independence	.029	.030	.977	.329	-.030	.088
RCOPE Negative	4.676	.683	6.845	.000	3.333	6.020
SBW Independence x RCOPE negative	.007	.043	.153	.878	-.079	.092
Race	-.074	1.133	-.066	.948	-2.302	2.153
SBW Independence x Race	-.050	.069	-.721	.471	-.185	.086
RCOPE negative x Race	.182	1.613	.113	.910	-2.989	3.353
SBW Independ x RCOPE negative x Race	0.16	.108	.150	.881	-.197	.229
Couples Satisfaction Inventory: $R = .376$, $R^2 = .142$, $MSE = 337.161$, $F(8, 384) = 6.338$, $p < .000$						
SBW Independence	.048	.059	.806	.421	-.068	.164
DASS-Anxiety	-.455	.114	-3.997	.000	-.678	-.231
RCOPE negative	-3.588	1.179	-3.043	.003	-5.907	-1.270
SBW Independence x RCOPE negative	.095	.078	1.213	.226	-.059	.248
Race	-2.091	2.056	-1.017	.310	-6.133	1.951
SBW Independence x Race	-.101	.137	-.734	.463	-.370	.169
RCOPE negative x Race	.443	2.386	.186	.853	-4.249	5.135
SBW Independ x RCOPE negative x Race	-.198	.192	-1.031	.303	-.576	.180
DASS- Depression: $R = .144$, $R^2 = .021$, $MSE = 104.267$, $F(7,385) = .755$, $p < .625$						
SBW Independence	.061	.049	1.239	.216	-.036	.158

RCOPE positive	-484	.905	-.535	.593	-2.264	1.296
SBW independence x RCOPE positive	-.021	.061	-.348	.728	-.141	.099
Race	1.806	1.797	1.005	.316	-1.727	5.338
SBW Independence x Race	.013	.142	.090	.929	-.267	.293
RCOPE positive x Race	-3.335	2.702	-1.234	.218	-8.647	1.977
SBW Independ x RCOPE positive x Race	-.046	.185	-.251	.802	-.409	.316

Couples Satisfaction Index: $R = .342$, $R^2 = .117$, $MSE = 346.719$, $F(8, 384) = 5.544$, $p < .000$

SBW Independence	.011	.080	.138	.890	-.146	.168
DASS: Anxiety	-.557	.111	-5.217	.000	-.794	-.359
RCOPE positive	2.231	1.492	1.495	.136	-.703	5.165
SBW Independence x RCOPE positive	.055	.096	.576	.565	-.133	.244
Race	-5.368	3.013	-1.781	.076	-11.293	.557
SBW Independence x Race	-.176	.217	-.811	.418	-.603	.251
RCOPE positive x Race	5.830	4.378	1.332	.184	-2.778	14.437
SBW Independ x RCOPE positive x Race	.032	.275	.118	.906	-.508	.573

Table 4.11*Conditional Process Analysis Results for Moderated Mediation Model.*

<i>Source</i>	<i>B</i>	<i>Se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
DASS-Depression: $R = .459$, $R^2 = .211$, $MSE = 103.034$, $F(7, 385) = 10.747$, $p < .000$						
SBW Independence	.021	.034	.610	.542	-.046	.087
RCOPE Negative	5.453	.700	7.788	.000	4.076	6.829
SBW Independence x RCOPE negative	-.001	.046	-.015	.988	-.091	.090
Race	-2.509	1.102	-2.277	.023	-4.675	-.343
SBW Independence x Race	-.018	.071	-.261	.795	-.158	.121
RCOPE negative x Race	-.440	1.526	-.288	.773	-3.441	2.561
SBW Independ x RCOPE negative x Race	.113	.102	1.104	.270	-.088	.314
Couples Satisfaction Inventory: $R = .490$, $R^2 = .240$, $MSE = 298.383$, $F(8, 384) = 12.724$, $p < .000$						
SBW Independence	.049	.054	.917	.360	-.057	.156
DASS-Depression	-.742	.103	-7.190	.000	-.945	-.539
RCOPE negative	-1.688	1.139	-1.465	.144	-3.907	.571
SBW Independence x RCOPE negative	.091	.072	1.261	.208	-.051	.233
Race	-3.919	1.941	-2.019	.044	-7.735	-.103
SBW Independence x Race	-.092	.129	-.713	.476	-.345	.161
RCOPE negative x Race	.034	2.230	.015	.988	-4.351	4.418
SBW Independ x RCOPE negative x Race	-.122	.185	-.659	.510	-.486	.242
DASS- Depression: $R = .125$, $R^2 = .016$, $MSE = 128.471$, $F(7,385) = .740$, $p < .669$						

SBW Independence	.056	.051	1.095	.274	-.044	.156
RCOPE positive	-.798	.896	-.891	.373	-2.559	.962
SBW Independence x RCOPE positive	-.010	.060	-.159	.873	-.128	.109
Race	-.253	1.745	-.145	.885	-3.684	3.177
SBW Independence x Race	.039	.138	.280	.780	-.232	.309
RCOPE positive x Race	-3.130	2.560	-1.222	.222	-8.164	1.904
SBW Independ x RCOPE positive x Race	-.040	.174	-.229	.819	-.383	.303
Couples Satisfaction Index: $R = .488$, $R^2 = .238$, $MSE = 299.279$, $F(8, 384) = 12.244$, $p < .000$						
SBW Independence	.020	.071	.285	.776	-.119	.160
DASS: Depression	-.799	.096	-8.305	.000	-.988	-.610
RCOPE positive	1.872	1.394	1.343	.180	-.868	4.612
SBW Independence x RCOPE positive	.060	.085	.669	.485	-.108	.228
Race	-6.612	2.790	-2.370	.018	12.097	-1.126
SBW Independence x Race	-.153	.196	-.778	.437	-.538	.233
RCOPE positive x Race	5.252	4.058	1.294	.196	-2.727	13.231
SBW Independ x RCOPE positive x Race	.027	.247	.110	.913	-.459	.514

Summary

The purpose of this study was to evaluate the relationship between the endorsement of the SBW schema (stoicism and independence subscales), mental health (depression and anxiety), marital satisfaction, and the potential moderating effects of religiosity on the strength and direction of this relationship. The sample consisted of 439 married women with a mean age of 42.13. All participants completed inventories to

assess mental health (anxiety and depression), marital satisfaction, religiosity (positive and negative religious coping), and level of SBW (stoicism and independence) schema endorsement. I used Hayes process 3.5 (model 4, 8, and 12) for SPSS to examine the direct and indirect pathways through which SBW schema endorsement potentially transmitted its effect on marital satisfaction. Also, I explored the possible moderating effects of religiosity on the influence of SBW endorsement on marital satisfaction and mental health. In addition, my analysis included race as a moderator for exploratory purposes.

My findings showed stoicism was predictive of decreased marital satisfaction and increased anxiety. More specifically, elevated endorsement of SBW-stoicism predicted decreased marital satisfaction and increased anxiety. Comparatively endorsement of SBW-independence was not correlated with anxiety, depression, or marital satisfaction. The mediation analysis indicated anxiety mediated the relationship between SBW-stoicism and marital satisfaction. Thus, the effect SBW-stoicism had on marital satisfaction operated through anxiety. In contrast, anxiety did not mediate the relationship between SBW-independence and marital satisfaction. With regard to the mediating effects of depression, the results signified depression mediated the relationship between SBW-stoicism and marital satisfaction but failed to mediate the relationship between SBW-independence and marital satisfaction.

When examining the moderating effect of religiosity, results revealed that neither negative nor positive religious coping moderated the relationship between SBW-stoicism and anxiety. In addition, the indirect effect of SBW-stoicism on marital satisfaction through anxiety was not moderated by negative or positive religious coping. Therefore,

religiosity did not moderate the SBW-stoicism, anxiety, marital satisfaction causal sequence. Similarly negative nor positive religious coping moderated the relationship between SBW-stoicism and depression. I also did not find negative and positive religious coping to moderate the indirect effect of SBW-stoicism on marital satisfaction through depression. Thus, religiosity did not moderate the SBW-stoicism, depression, marital satisfaction causal sequence.

The moderation analysis also suggested the SBW-independence, anxiety, marital satisfaction causal sequence was not moderated by negative or positive religious coping. Comparatively, negative and positive religious coping were not found to moderate the SBW-independence, depression, marital satisfaction causal sequence. Furthermore, negative and positive religious coping did not moderate the direct relationship of SBW-stoicism and SBW-independence on marital satisfaction. Finally, I did not find the moderating effect of race on variables in the study. The results did not indicate a three-way interaction between SBW endorsement, religiosity, and race.

CHAPTER FIVE: CONCLUSIONS AND DISCUSSION

Throughout the current study, I aimed to examine the relationship between endorsement of the Strong Black Women Schema (SBW), mental health, religiosity, and marital satisfaction. More specifically, I sought to answer the following research questions: (a) How does adherence to the SBW schema positively or negatively affect female relationship satisfaction; (b) How does adopting the ideals of the SBW schema affect mental health outcomes; (c) How does mental health affect marital satisfaction; (d) Does mental health mediate the effect of SBW endorsement on female marital satisfaction (e) Does religiosity moderate the indirect effect of SBW endorsement on female marital satisfaction; (f) Does religiosity moderate the direct effect of SBW endorsement on marital satisfaction?

The data utilized in this study was part of a larger research study and participants were recruited via Qualtrics. The total sample consisted of 504 participants, but the final sample contained 439 women. I excluded participants who identified being in a committed relationship but were not married. All participants completed a demographic questionnaire. To assess their level of SBW endorsement, I utilized the stoicism and independence subscales of the multidimensional strong Black Woman's scales. To measure mental health, I employed the anxiety and depression subscales of the DASS-21. In addition, I used the brief RCOPE to measure religiosity. Finally, all participants completed the couple's satisfaction inventory (CSI) to measure their level of marital satisfaction.

Discussion

To date, there is limited research on the SBW construct. I sought to expand the current literature in this area. The foundation of this study rested on the current research surrounding the connection between the endorsement of the SBW schema and mental health. Several researchers validated how embracing the SBW schema predicted greater symptomology of depression, anxiety, and other health-related concerns (Abrams et al., 2019; Black & Peacock, 2011; Donovan & West, 2015; West et al., 2016). Considering good mental health requires people to realize their abilities (World Health Organization, 2004), function in social roles, and deal with everyday life stressors (Galderisi et al., 2015), I felt it was necessary to understand factors influencing mental health. The limited research surrounding the relationship between SBW endorsement and mental health underscored the need to extend the research in this area. SBW research continues to emerge, but many gaps remain as researchers seek to identify immediate and long-term impacts across several domains for Black females who endorse SBW characteristics.

In addition, researchers established the correlation between mental health and marital satisfaction. They used empirical findings to show how reduced marital satisfaction can cause distress in a relationship, thereby affecting physical health and psychological well-being (Robles et al., 2014; Whitton et al., 2014; Woods et al., 2019). Furthermore, Eslami et al. (2014) and Ross et al. (2016) found mental health influences partners' marital satisfaction. The link between mental health and marital satisfaction, as well as the link between mental health and endorsement of the SBW schema, formed the basis for this study. Although mental health correlates with SBW endorsement and marital satisfaction, research on embracing characteristics of the SBW schema and its

effect on marital satisfaction remains scarce. Considering the interconnectedness of SBW endorsement and mental health, as well as the correlation between mental health and marital satisfaction, it was plausible to conclude that SBW endorsement may influence marital satisfaction through mental health. Therefore, I sought to explore this potential relationship, along with the moderating effect of religiosity. Woods-Giscombé (2010) documented how reliance on religion and spirituality was a defining characteristic of the SBW schema. Additionally, some empirical researchers demonstrated the association between religiosity and increased marital satisfaction, commitment, lower divorce rates (Aman et al., 2019; Goddard et al., 2012; Li et al., 2018) and improved mental health (Koenig, 2012; Paine & Sandage, 2017; VanderWeele et al., 2016). While existing researchers validated the positive influence of religiosity on mental health and marital satisfaction, they failed to demonstrate whether religiosity attenuates the relationship between endorsement of the SBW schema and marital satisfaction. I desired to fill this gap by conducting this study.

The first research question sought to determine how adherence to the SBW schema positively or negatively affected female marital satisfaction. I used a Pearson correlation to explore the influence of SBW endorsement on marital satisfaction. I hypothesized SBW (stoicism and independence) would be negatively correlated with marital satisfaction (H_1). As expected, embracing the SBW characteristic of stoicism negatively correlated with marital satisfaction. This was in line with current research supporting the detrimental influence of emotional suppression on marital satisfaction (Velotti et al., 2015). Furthermore, emotional suppression can lead to either spouse avoiding attachment (Velotti et al., 2015). A lack of attachment could hinder a person's

ability to offer their spouse the level of support needed in a healthy relationship. Several researchers have suggested support within a marital relationship is associated with good marital functioning and marital satisfaction (Acitelli, 1996; Julien & Markman, 1991; Pasch & Bradbury, 1998). Thus, any behavior hindering support in a relationship could become problematic. Therefore, it is not surprising that elevated scores on the SBW-stoicism subscale correlated with decreased marital satisfaction.

I also stated in hypothesis one that a negative relationship existed between SBW-independence and marital satisfaction. Given the research surrounding interdependence in relationships (Righetti et al., 2020; Rusbult & Van Lange, 2003; Sels et al., 2016), it was plausible to conclude that independence could hinder a person's ability to show a level of vulnerability needed to produce emotional intimacy. As a result, independence would potentially be a detriment to the marital relationship. Unexpectedly, the results did not indicate a correlation between endorsement of SBW-independence and marital satisfaction. This may underscore the need for creating a bond in which both partners can grow together and independently to foster greater intimacy and personal growth. There is a link between developing a sense of autonomy and improved psychological health (Bekker & Belt, 2006; Fotiadis et al., 2019). In addition, the lack of correlation between SBW-independence and marital satisfaction could be because embracing independence does not impact one's own marital satisfaction, but it may influence the satisfaction of their spouse. There is a need to better understand how embracing SBW-independence influences marital satisfaction.

In posing the next research question, I examined how adopting the ideas of the SBW schema influenced mental health outcomes. I hypothesized elevated SBW (i.e.,

stoicism and independence) would negatively correlate to mental health (H₂). Embracing SBW-stoicism was found to be positively related to both depression and anxiety. This is in line with current researchers who confirmed that women who endorsed higher levels of SBW characteristics, also reported higher levels of depression and anxiety (Abrams et al., 2019; Beauboeuf-Lafontant, 2007; Donovan & West, 2014; Watson & Hunter, 2015). Remarkably, elevated scores on the SBW-independence subscale were not correlated with either depression or anxiety. This finding was in stark contrast to other studies supporting the correlation between elevated SBW characteristics and decreased mental health outcomes. I expected to find the demands of being independent would negatively affect mental health. Perhaps, independence promotes self-efficacy giving rise to this unexpected result.

Research question three focused on how mental health influences marital satisfaction. I hypothesized mental health (anxiety and depression) would negatively correlate with marital satisfaction (H₃) which the analysis supported. My findings indicated that as anxiety and depression increased, marital satisfaction decreased. Existing researchers confirmed the adverse effects depression can have on a relationship. Researchers revealed how depression negatively affected many of the variables associated with marital satisfaction, such as emotional regulation (Holley et al., 2018), and communication skills (Gabriel et al., 2010; Harper et al., 2009; Rehman et al., 2008; Tse & Bond, 2004). Similarly, Whisman et al. (2004) and Zaider et al. (2010) noted how symptoms of anxiety influence marital satisfaction.

I focused research question four on whether mental health would act as a mediator to the relationship between SBW endorsement and marital satisfaction and hypothesized

mental health (i.e., anxiety and depression) would mediate the relationship between SBW endorsement and marital satisfaction (H₄). Hypothesis 4 partially supported my findings because anxiety and depression both mediated the relationship between SBW-stoicism and marital satisfaction (H_{4a}). Assuming a causal model, the effect SBW-stoicism had on marital satisfaction was found to occur through anxiety and depression. In contrast, neither anxiety nor depression mediated the relationship between SBW-independence and marital satisfaction (H_{4b}). These findings are important because they allow the research community to develop a better understanding of the underlying mechanisms that account for the relationship between SBW endorsement and marital satisfaction.

The last two research questions in this study focused on the potential moderating effects of religiosity on the indirect and direct relationship between SBW endorsement and marital satisfaction. I pursued hypothesis 5- predicting religiosity would moderate the SBW, mental health, and marital satisfaction causal sequence. Based on my analysis I concluded neither negative nor positive religious coping moderated the SBW (stoicism and independence), mental health, and marital satisfaction causal sequence. In addition, the results from hypotheses 9 and 10 failed to garner support from the findings. Religiosity (negative and positive religious coping) did not moderate the direct relationship between endorsement of the SBW (stoicism and independence) schema and marital satisfaction. Although there was a lack of evidence validating the protective nature of religiosity in this study, several researchers highlighted the benefits. Various investigators reported several measures of religiosity predicted a wide variety of positive marital outcomes (Aman et al., 2019; Goddard et al., 2012; Li et al., 2018). Additionally, positive religious coping assists in protecting against depressive symptoms (Webb et al,

2010), and helps individuals adapt to changing stresses in their relationships (Simonic & Klobucar, 2017).

Lastly, the current study included race as an exploratory variable. Since race was exploratory, I did not develop a formal hypothesis concerning its effect on the variables in this study. The decision to include race was based on the mental health of U.S. Black women compared to White women being an understudied topic. Researchers established that race influences the way people think and navigate the social world (Roberts & Rizzo, 2020). Although race plays an important role in how people respond to the world around them, there is limited research highlighting the role of race in psychological research. By incorporating race as a moderating variable, I hoped to increase the body of research comparing racial differences between groups. Remarkably, the overall regression analysis, which included both religiosity and race as moderators, was not statistically significant. Thus, mental health did not differ as a function of religiosity based on race. In addition, race did not influence the extent to which SBW endorsement influenced marital satisfaction as a function of religiosity.

Implications

Although many of the hypotheses in this study proved unsupported by the results, one important finding was both anxiety and depression positively correlated with the endorsement of the SBW-stoicism dimension. The culturally based concept of the SBW schema characterizes Black women as strong, independent, hardworking, self-sacrificing, and emotionally suppressed (Nelson et al., 2016). Thus, women who endorse the SBW schema must be able to withstand stress and pressure without showing distress. As a result, Black women often become emotionally and physically drained (Beauboeuf-

Lafontant, 2005). Current researchers have highlighted the correlation between embracing characteristics of the SBW schema and adverse mental health outcomes (Donovan & West, 2015). The link between negative mental health outcomes and the SBW schema results from the mental and emotional strain produced by the almost impossible expectations placed on Black women as they try to live up to the ideals of the schema (Watson & Hunter, 2015). The current study is in line with previous research supporting the link between SBW endorsement and negative mental health outcomes. This is beneficial for clinicians as treatment and prevention efforts may be informed by this information. Additionally, examining factors such as beliefs about help-seeking and cultural norms may increase intentions for Black women to seek mental health treatment, thus reducing the mental health disparities between Black and White women.

In addition to mental health outcomes, another major focus of this study was understanding the relationship between SBW endorsement and marital satisfaction. There is limited research in this area. Qualitative researchers suggested the endorsement of the SBW schema may put pressure on intimate relationships (Beaufont-Lefontant, 2007; Woods, 2013; Woods-Giscombé, 2010). They alluded to strong performances obstructing intimacy, thus leading to relationship difficulties (Beaufont-Lefontant, 2007; Woods, 2013; Woods-Giscombé, 2010). The researchers noted results from this study supported the relationship between SBW-stoicism along with marital satisfaction as fully mediated by anxiety and depression. This gives new information as to the specific characteristics of the SBW schema that influence marital satisfaction. This provides promise for therapeutic interventions offered in couples counseling. A focus on emotion-centered approaches could aid couples in creating emotional engagement in their relationships,

particularly during disagreements. Promoting emotional accessibility and responsiveness can create a bond, which allows each partner to regulate their emotions, resolve differences, and communicate effectively.

Limitations

Limitations to the current study may have potentially affected results. First, the data utilized in this study was a part of a larger study, which addressed the moderating effects of religious coping and SBW endorsement on the effect of pornography use on relationship satisfaction. The influence of pornography in one's marital relationship represents a confounding variable. Researchers highlighted the harmful effects of pornography use on relationships (Doran & Price, 2014; Perry, 2017; Perry & Davis, 2017; Tylka & Kroon Van Diest, 2014). In addition, partner pornography use negatively affected female mental health (Stewart & Szymanski, 2012; Tylka, 2015). I was unable to determine if or how the use of pornography within a person's relationship affected their assessment of their marital satisfaction. Furthermore, it was unclear what influence, if any, partner pornography use had on the mental health of women in this study. A second limitation of the study was the sole use of individuals who were in a heterosexual relationship. This affects generalizability across populations because findings are not necessarily applicable to women in same-sex marriages. A third limitation was the exclusion of women who were in a committed relationship, but not married. As a result, the current findings cannot generalize to women who are not in a marital relationship. The choice to exclude non-married women reduced the sample size by 87 participants. The inclusion of women who are in committed relationships would have increased the sample size and produced greater variability in the participant pool. Moreover, the

findings lack generalizability to women from diverse cultural backgrounds. While I included Asian, Hispanic, and Bi-racial women in the sample, only a small percentage of these women participated. Therefore, the sample was not an adequate representation of the rich diversity existing in American society.

Recommendations for Future Research

Given one notable limitation of this study was the potential effect of pornography use on the marital satisfaction of women, I recommend replication of the current study with the exclusion of pornography use within the relationship. The presence of pornography use in the relationship may have distorted the effects of SBW endorsement on marital satisfaction. In addition, the current study excluded the participation of women in same-sex relationships and women in committed relationships, but not married. The inclusion of all relationship types would increase the participant pool and provide more generalizable results.

Additionally, I examined the potential moderating effects of religiosity. Notwithstanding the absence of support in the present study, prior researchers documented proven benefits of religiosity. Therefore, in the future, exploring different types of religions might improve information for practitioners. As religious practices fluctuate between religions, some religions may be more protective than others. For example, in a study that sought to explore the relationship between religiosity and drug use among college students in Brazil, Gomes et al. (2013) found that with the exception of Spiritists and Buddhists, Protestant students attended religious services more often than students from other religions. This suggests a necessity to investigate the type of religion as a protective factor. Also, since religious teachings and practices differ across

religions, it is difficult to determine the mechanism by which religion may confer protection. This highlights the need for more research to identify how religiosity produces its protective influence (i.e., specific religious practices may moderate the effects of SBW endorsement more than others).

Lastly, an interesting finding of this study was the lack of support substantiating the hypothesis that endorsing SBW independence affects marital satisfaction. The sole use of women participants in this study influenced results. Embracing characteristics of SBW independence may not influence a woman's marital satisfaction, but it may influence the level of satisfaction the husband experiences in the relationship. This could be the result of what men and women view as factors influencing marital satisfaction. For example, past researchers examined the marital satisfaction of African American and Caribbean couples. They indicated correlates of marital satisfaction differed between men and women. Among women, financial strain, age, and length of time married significantly correlated with marital satisfaction (Bryant et al., 2008). For men, education had an inverse relationship with marital satisfaction. (Bryant et al., 2008). Although research points to the benefits of marriage, noting it operates as a protective element for African American couples, husbands of African American women who are more educated and career-oriented report decreased marital satisfaction (Dixon, 2009; Lincoln & Chae, 2010). This may be the result of an undesired shift from traditional gender roles in which the husband was the primary provider, and the woman stayed at home and nurtured the family.

As previously discussed in chapter two, there remains an expectation for Black woman who work outside the home to maintain their domestic roles as well. When this

idea is met with opposition, men may become less satisfied in their marriage because they view their wives' focus on their careers as individualism and a selfish pursuit of personal self-fulfillment. In contrast, women who express their independence by pursuing career advancement may view work as a primary identity that adds meaning and purpose to their life. The contrasting perspectives of men and women gives rise to the need to explore correlates of marital satisfaction for both the husband and wife. Ultimately, it warrants examination of marital satisfaction as a couple.

Final Summary

The main purpose of this study was to fill the critical research gap related to SBW endorsement and marital satisfaction. Therefore, I explored the influence of SBW endorsement on marital satisfaction. I also examined the potential mediating effects of mental health on the relationship between SBW endorsement and marital satisfaction. Lastly, I considered the potential moderating effects of religiosity on the relationship between SBW endorsement and marital satisfaction as well as the potential moderating effects of religiosity on the connection between SBW endorsement and mental health. Based on my findings, stoicism was predictive of decreased marital satisfaction and increased anxiety and depression. Comparatively no correlation existed between the endorsement of SBW-independence with anxiety, depression, or marital satisfaction. The mediation analysis indicated anxiety and depression mediated the relationship between SBW-stoicism and marital satisfaction. In contrast, anxiety nor depression mediated the relationship between SBW-independence and marital satisfaction. When examining the moderating effect of religiosity, I also found religiosity did not moderate the direct or indirect effects of SBW- stoicism or SBW-independence on marital satisfaction. Finally,

I did not discover the moderating influence of race on variables in the study. The results did not indicate a three-way interaction between SBW endorsement, religiosity, and race.

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APPENDIX A**IRB Approval****LIBERTY UNIVERSITY.**
INSTITUTIONAL REVIEW BOARD

July 2, 2021
Jessica Wright
A. Raquel Guidry

Re: IRB Application - IRB-FY20-21-1076 The Strong Black Woman Schema and Marital Satisfaction: A Mediation Moderation Analysis of Mental Health and Religiosity

Dear Jessica Wright and A. Raquel Guidry,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason: It will not involve the collection of identifiable, private information.

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office