RACISM, SHAME, AND STRESS REACTIVITY STUDY

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University Honors Program Certificate

Chiara Metellus
May 2019
I, THE UNDERSIGNED MEMBER OF THE COMMITTEE,
HAVE APPROVED THIS THESIS

RACISM, SHAME, AND STRESS REACTIVITY STUDY

BY

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California State University, Long Beach
May 2019
ABSTRACT

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Intervention methods to address blood pressure regulation by addressing race-related stressors are limited among African-American women. The proposed pilot study seeks to examine shame as a psychological mechanism in which recurrent exposure to perceived racism elicits physiological weathering in African-American women ages 18-22. We seek to accomplish the following: 1. Evaluate the relationship between racism, shame and blood pressure responses to social stress, and 2. evaluate potential moderators (e.g., shame coping, depression, perceived stress) of the effect of race-related shame on blood pressure to social stress among African-American women. Participants will undergo a series of medical tests and the Trier social stress test (TSST). We believe our participants will display high levels of stress after completing the test. The overall goal of this study is to generate preliminary data to develop a shame-focused cognitive behavioral stress management intervention that is culturally tailored to manage blood pressure responses among African-American women.
ACKNOWLEDGMENTS

First and foremost, I would like to thank God for strengthening me throughout this entire process. In times where I felt like I could not continue, I was reminded of my dedication, resilience, and genius through Him.

Next, I would like to thank Dr. Amber Johnson for allowing me to participate in her research study. When she told me about her research topic, I was so excited and thankful to know there was someone on campus researching Black women. As we both got to know each other, I grew more of an admiration of the work she is doing to help Black students on campus and in our community. I thank her for having the utmost patience with me through this process. She is an emblem of true Black women excellence.

I want to thank some of the strongest Black women I have had the opportunity to connect with during my time at California State University, Long Beach: Kashima Samuels, Dr. Ebony Utley, Amina Simmons, Pamela Lewis, Dr. Pamela Ashe, Dr. LaRese Hubbard. Thank you for being accessible, a resource, invested in my personal well-being and health, and the representation young Black women seek when we come into spaces like these.

Last, but not least, I would like to thank the University Honors Program at California State University, Long Beach. My entire four-year collegiate career has been impacted and shaped by the department and directors within it. Special thank you to Dr. Deborah Thein and Kashima Samuels for accommodating me in times when I needed help the most.
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LITERATURE REVIEW

1. Discrimination, Racism, and Distrust among African-American women

Racism is defined as the definitive attribution of inferiority to a particular racial/ethnic group and the use of this doctrine to proliferate and warrant the unequal treatment of this group (Berman, 2010). African-American women bear the brunt of racism most of their lives. Woods-Giscombé and Lobel (2008) found that 93% of African-American women have experienced racism or discrimination directly. Discrimination by definition is directed towards a collective group of people. Information regarding individual experiences with discrimination are difficult to come by, making the presence of discrimination challenging to gather (Matheson, 2009). Having to experience discrimination and racism repeatedly in various aspects of life leads African-American women to experience feelings of distrust, shame, and isolation. For instance, this idea can be reflective of Black Americans’ distrust of the healthcare industry. In a research study centered on racial identity and health behaviors, Black Americans were significantly more likely to distrust doctors and hospitals and perceive discrimination in the medical care that they receive compared to Whites (Harvey & Afful, 2011). In another study done on perceived discrimination and hypertension, authors found that higher concern from discrimination correlated with a greater prevalence of hypertension (Sims et al., 2012).

Institutional discrimination, which can outline exposures to a plethora of socio-environmental factors related to blood pressure, may have a preeminent impact than interpersonal discrimination (Sims et al., 2012). Confusion, frustration, and most importantly, anger fester within African-American women and their lived experiences. According to Kimberly Matheson (2009), “feelings of anger typically serve as a catalyst for action.” As a
result, numerous studies support that the blacker people align themselves with their cultural heritage, the more aware and conscious they are to perceiving discrimination (Burton, 2017).

Discrimination and racism permeate the lives and roles of African-American women being a “potent stressor” in their work spaces and poorer health such as psychological tribulation (Woods-Giscombe & Lobel, 2008). Contrastingly, more generic stressors like conflict in relationships and financial strains are difficult to decipher from being race specific and not always a clear indicator of African-American women’s race or gender. African-American women are often caught in a “double jeopardy”. Double jeopardy considers them having to acculturate and adapt society because their actions are stereotyped. Thus, because they are exposed to stressors from various causes over time, African-American women may be subject to psychological and physical repercussions (Woods-Giscombe & Lobel, 2008).

2. African-American Women and Shame

African-American women’s reoccurring exposure to shame come as a result of discrimination and racism. Although shame is one of the most humane emotions people experience, it is still a feeling people hide or have difficulty admitting they are experiencing. In a study done on the Shame Resilience Theory, Brené Brown (2006) defines shame as, “An intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging.” The Shame Resilience Theory suggests that people are concerned with feelings of being trapped, defenseless, and excluded (Brown, 2006). Feeling emotions of shame is often characterized as being weak, powerless, and an emotion women experience most often. Shame provokes thoughts that suggest “I am bad”, and the effects of those thoughts can stifle an individual from seeing themselves as someone worthy of praise and acknowledgment (Hernandez & Mendoza, 2011). In many instances, African-American women are expected to
fulfill the “strong, Black woman” stereotype. This stereotype incites pressure to maintain traditional household roles while being independent and compared to their non-Black counterparts. When African-American women do not meet those expectations, they become ostracized and feelings of doubt and shame overcome.

African-American women’s shame stems from a combination of factors accumulated overtime within their lived experience. Participants in the Shame Resilience Theory study revealed that they “most often experienced shame as a web of layered, conflicting, and competing expectations that are, at the core, products of rigid socio-cultural expectations” (Brown, 2006). Women are subject to confining perceptions of who they are “supposed to be,” based on their identity (i.e. gender, race, class, sexual orientation, age, religious identity) and/or roles like being a mother, employee, etc. These sociocultural expectations are often prescribed, invoked, or asserted by individuals and groups. Within media, these standards and expectations and the upkeep of these expectations by individuals and groups are continuously reinforced through television, advertising, marketing, film, and music (Brown, 2006).

African-American women have experienced shame for as long as they have been in the United States (U.S.). The U.S. adopts a Westernized lens of beauty and education that conflict with African-American women’s cultural standards. Those conflicting standards negate their beauty, body image, ability, intelligence and race. As a result, African-American women’s beauty has not been uplifted or included on mainstream media platforms. Instead, their beauty has been diluted with racist stereotypes (Patton, 2006). According to Michele Wallace, “The black woman had not failed to be aware of America's standard of beauty nor the fact that she was not included in it; television and motion pictures had made this information very available to her. She watched as America expanded its ideal
to include Irish, Italian, Jewish, even Oriental [sic] and Indian women. America had room among its beauty contestants for buxom Mae West, the bug eyes of Bette Davis, the masculinity of Joan Crawford, but the black woman was only allowed entry if her hair was straight, her skin light, and her features European; in other words, if she was as nearly indistinguishable from a white woman as possible”. (1979, 157-8)

3. Allostasis, Allostatic Load, and Weathering

Conceptually, the process of allostasis suggests that an individual has to work to maintain a balanced physiological environment as they maneuver their social environment. When an individual’s social environment is compromised, stress will accumulate and deteriorate the body in various ways. In Suglia et al.’s (2010) study regarding Black and Hispanic women, the authors identified an association between cumulative stress and cortisol levels. First, racial/ethnic difference could account for the higher stress levels of Black participants because of negative stereotypes associated with Black skin and complexion. Interestingly, no effect on cortisol was noted among Hispanic women in the high aggregate stress group (Suglia et al., 2010). Comparative studies document collectivism and support within Latino communities. Hispanic women noted that they had more avenues of social support and coping strategies suggesting less aggregate stress exposure and cortisol patterns (Suglia et al., 2010).

Racism and shame may contribute to allostatic load. Allostatic load derives from two biological equilibriums: homeostasis and allostasis. Homeostasis refers to the body’s ability to maintain stability amid various internal factors while allostasis refers to maintaining stability through changes due to environmental factors. During the allostatic response, primary mediators of stress, cortisol, adrenaline and norepinephrine, and DHEAS, are released. Long term and
chronic activation of the stress response systems can cause ‘secondary’ outcomes such as high blood pressure, obesity, and high-density and low-density lipoprotein cholesterol levels. (Dowd et al., 2009). If allostatic load increases immensely, the amount of energy on bodily systems may exceed the available energy supplies, resulting in allostatic overload (Goymann, 2004). Various stress hormones released into the bloodstream may result in short-term and/or long-term elevations within the body. Short-term elevations lead to adaptive behavioral and physiological processes, while more chronic elevations of may result in reproductive failure and disease (Goymann, 2004).

McEwen and Seeman (1999) coined the idea of allostatic load which defines the wear and tear on the body’s physiological systems due to long term developmental and life experiences. Geronimus et al.’s (1999) definition of allostatic load echoes McEwen and Seeman’s definition as the physiological strain enforced by stress. Effects from alterations in allostasis within the body lead to weathering. Weathering is the process in which a person’s health begins to depreciate earlier than expected due to the cumulative impact of recurrent exposure to social or economic adversity and political marginalization (Geronimus et al., 2006). Those who experience weathering may experience accelerated aging leading to allostatic load earlier in life. Accelerated biological aging refers to the aggregate impact of increasing exposure to and immense effort coping with stressors that ages a person biologically older to and person their same age (Geronimus, 2011). In their study on weathering and allostatic load among Black and White people in the United States, Geronimus et al.’s (1999) results show that Black women, in comparison to Black men and White women, harbor a great amount of allostatic load. For Black women, racial disparities in health come as a result of living in a race-conscious society
and having to take on the task of double jeopardy, or both gender and race discrimination (Geronimus et al., 1999).

Another factor that can contribute to Black women’s early onset of allostatic load includes the issues Black men face in adversity as caretakers and providers. In the 1990s, Black men were involved with issues surrounding unemployment, incarceration, drugs, and alcoholism, and in essence, these instances gave rise to the “strong, Black woman” caricature that most Black women inherit. Because Black women had to be the sole provider and caretaker of their household. By default, Black women bear the responsibility for nurturing their own families and community around them (Geronimus et al, 1999). As a result of fulfilling these responsibilities, Black women may experience stressors more frequently than Black men which require high levels of coping and thus increasing physiological wear and tear.

Specific health outcomes come as a result of allostatic load. In Sister Citizen: Shame, Stereotypes, and Black Women in America, “researchers found that infant birth weight suffered in conjunction with mother’s perception of racism” (Perris-Harry, p. 115). Black women’s individual experience with racism affects various aspects of their lives, even their infants.

Suglia et al. (2010) found that a number of studies on stress suggest that individuals may be more susceptible to negative health outcomes as they as they become more exposed to aggregate effects of multiple stressors. Aggregate and more intense environmental stressors aid in expediting allostatic load. For instance, the two leading causes of death in the United States — heart disease and cancer — indicate that Blacks and Whites had comparable death rates for these conditions in 1950; however, African-Americans now have higher mortality rates than Whites (Williams & Mohammed, 2009). Another example in which multiple stressors are remarkably significant are in lower socioeconomic communities (SES). Exposure to income insecurity,
violence, poor quality food and housing conditions become additional stressors in the process. In a study comparing chronic stress and SES, researchers found that lower SES (i.e. income, education. etc.) correlates with increased rates of disease and lower life expectancy (Dowd et al., 2009). In addition, lower SES remained consistent with high levels of allostatic load but not higher levels of cortisol (Dowd et al., 2009). Contrastingly, studies have shown that non-pregnant Black women have higher levels of cortisol towards the end of the day while Whites have had lower levels, even accounting for SES. (Suglia et al., 2010)

A study done on discrimination and racial health disparities indicate that roughly 100,000 Black people die before the expected life expectancy for African-Americans each year who would not die if there were no racial disparities in health (Williams & Mohammed, 2009). Several studies suggest that race related stress can contribute to these health outcomes. The results of this study found that 43% women and 55% men attributed everyday discrimination primarily to race, and 57% of women and 70% of men attributed lifetime discrimination primarily to race.

4. Literature Review Summary

In summary, the literature suggests that one way in which African American women may experience accelerated aging is through race-related shame. Racism and discrimination not only demote African-American women to second class citizens, it highly impacts their stress responses, cortisol, and allostatic load. Allostatic load is defined as the gradual wear and tear on internal systems in the body that further lead to chronic stress and other illnesses. African-American women are burdened with the task of performing “double jeopardy” while maintaining nurturing characteristics and support to her community which induces allostatic load. Our study is meant to show the relationship between race-related shame and stress reactivity in African-
American women to shed light on the devastating effects of racism and discrimination in the United States.

Research Questions:

1. Is there an association between racism and experience of shame among Black women ages 18-22?
   
   Ho: There is no association between racism and experiences of shame among Black women ages 18-22.
   
   Ha: This is an association between racism and experiences of shame among Black women ages 18-22.

2. Is there an association between racism and blood pressure among Black women ages 18-22?
   
   Ho: There is association between racism and blood pressure among Black women ages 18-22?
   
   Ha: There is no association between racism and blood pressure among Black women ages 18-22?

3. Is there an association between blood pressure and experience of shame among Black women ages 18-22?
   
   Ha: There is an association between blood pressure and experience of shame among Black women ages 18-22?
   
   Ho: There is no an association between blood pressure and experience of shame among Black women ages 18-22?
METHODS

1. Participants

1a. The current study is a pilot study focused on 50 women aged 18 to 22 who identified as being African-American or Black. This study was centered on their experience, particularly shame, relative to recurrent exposure to perceived racism and its physiological ramifications within their overall health. There were several methods of recruitment. First, women were recruited through Undergraduate Research Participation (SONA), or extra credit provided through select courses in exchange for participation in the research study. Announcements were also made at Black Student Union general body meetings as well as various Black and African student led organization programs on campus. Lastly, flyers were placed on a college campus targeting women who met the eligibility criteria. Study inclusion criteria included women who 1) self-identified as as African-American or Black woman, and 2) 18 to 22 years of age. The exclusion criteria included: 1) use of tobacco or marijuana products; 2) diagnosis of hypertension, diabetes, or a mental illness (i.e. clinical depression, bipolar disorder) by a healthcare professional; 3) pregnancy and 4) use of asthma medications or antidepressants within the last 30 days because of its effect on psychological behavior.

2. Procedures

2a. During the original study, women participated in a two-hour Trier Social Stress Test in between the hours of 2pm and 6pm. The Trier Social Stress Test (TSST) is a tool used to induce psychological stress responses. TSST is considered to be the most beneficial and applicable standardized protocol for studies of stress reactivity because it allows for aspects of social and psychological stress to be studied (Birkett, 2011). TSST induces psychological and physiological stress because it requires participants to partake in a series of tests with limited
preparation. Participants present in front of judges, and the judges are not allowed to validate, assure, or provide confidence in the participant’s responses. Generally, changes in self-reported anxiety, heart rate, and cortisol levels increase during the test because the lack of confirmation they receive (Birkett, 2011). To begin, all eligible women completed a 20-minute questionnaire after giving their informed consent to participate in the study. Upon completion of the questionnaire, they received a $10 gift card. Women provided their first blood pressure reading during the 30-minute baseline period prior to the TSST. Their blood pressure was collected using a blood pressure monitor. Women were then led to the second portion of the TSST and underwent a nine-minute speech test and a four-minute math test where they were recorded and evaluated by one female and one male judge (i.e. research assistants). The speech test mirrored a job interview where women were instructed to produce a six-minute speech to convince the judges that they were the best fit candidate for a job position they imagined. Following, the math test lasted for four minutes, and they were instructed by the judges to subtract numbers serially in their head until the time was complete. The total portion of the test lasted 15 minutes. Once the women completed the test and exited the room, a second blood pressure reading was immediately collected, and women were asked to complete a post-TSST questionnaire. Four additional blood pressure readings were collected during the final 60-minute recovery period after the TSST. Women were debriefed by the TSST judges regarding the purpose of the study during the recovery period. All participants were compensated with a $25 gift card for their participation in the TSST.

3. Measures

3a. Stereotypes Associated with Black Women. An additional questionnaire examined how stereotypes associated with Black women (i.e. hair, skin complexion, personality) results in
shame. Statements included in the questionnaire were “I feel that others view me as less attractive because I have a darker skin complexion,” and, “I feel that I have to work hard to control my anger because I do not want to be perceived as an “Angry Black women”. Women were able to respond based on a scale of 0=never, 1= seldom, 2= sometimes, 3=often, and 4= almost always.

4. Schedule of Racist Events

The Schedule of Racist Events (SRE) is an 18-item self-report inventory that assesses the frequency of racist discrimination in the past year and in one's entire life. This instrument measures the extent to which this form of discrimination was appraised as stressful (Landrine & Klonoff, 1996). Examples of questions asked on this instrument include “How many times have you been treated unfairly by teachers and professors because of race or ethnic group? and How many times have you been treated unfairly by strangers because of your race or ethnic group? Participants reported their frequency of experience of racist events in the past year and lifetime using a 6-point rating scale (1= this has NEVER happened to you to 6 = this has happened ALMOST ALL OF THE TIME). Participants also reported how stressful these events were using 6-point scale (1 = Not at all to 6 = Extremely).

5. Statistical Analysis

SPSS V.21 software was utilized for descriptive and correlation analysis. Descriptive data (e.g., means, frequency) was used to describe the samples’ age, ethnicity, sexual orientation, and academic year. Mean scores were also calculated for each variable of interest. Next, Pearson's correlations were used to identify significant relationships between the experiences of racism (SRE), Black Women’s Experience of Shame (BWSE), systolic/diastolic blood pressure
pre and post TSST, and post-TSST blood pressure changes. All data met the statistical assumptions for correlations analysis.
RESULTS

1. Descriptive Statistics

A total of 19 women participated in the study. The average age of our participants was 19-years-old (M=19.47; SD=1.31). We collected data from three categories: ethnicity, sexual orientation, and academic year. For ethnicity, most participants identified as Black or African-American (N=15). The second most identity recorded was African (N=2) and Biracial (N=2). The last identification was Afro Latino (N=1). Participants who identified as heterosexual or straight totaled (N=18). Both homosexual (N=1) and bisexual (N=1) identities totaled the same amount. We studied a majority of Freshman (N=10). The remaining academic years include Sophomore (N=1), Junior (N=5), and Senior (N=4). (See Table 1)

2. Correlations

Pearson correlations were conducted to determine the relationship amongst Black Women’s Experience of Shame (BWES), Past Year racism (SRE_PY), Entire Life racism (SRE_EL), Appraisal (SRE_APP), Systolic Blood Pressure (SBP_Pre-/Post-TSST), and Diastolic Blood Pressure (DBP_Pre-/Post-TSST) (See Table 2)

Research Question 1:

SRE_PY was significantly correlated with (BWES) (r=.504, p=.02). Correlations for Entire Life (SRE_EL) racism, and Stress Appraisal (SRE_APP) did not meet statistical significance. Therefore, we will reject the null hypothesis and state that there is an association between Past year racism and experiences of shame among Black women ages 18-22. We also fail to reject the null hypothesis and state that there is not an association between entire life and stress appraisal racism and experiences of shame among Black women ages 18-22.
Research Question 2:

We examined the correlation between Past Year (SRE_PY), Entire Life (SRE_EL), and Stress Appraisal (SRE_APP) Racism and blood pressure. Past Year, Entire Life, and Stress Appraisal did not meet the level of statistical significance. We fail to reject the null hypothesis and state that there is no association between past year, entire life, and stress appraisal racism and blood pressure among Black women ages 18-22.

Research Question 3:

We examined the correlation between blood pressure and Black Women’s Experience of Shame (BWES). With the results of our tests, blood pressure and Black Women’s Experience of Shame did not meet the level of statistical significance to identify an association. Therefore, we fail to reject the null hypothesis and state that there is no association between blood pressure and experience of shame among Black women ages 18-22.

TABLE 1. Descriptive Statistics

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
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<td>Age</td>
<td>19.47</td>
<td>1.307</td>
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<tr>
<td><strong>Ethnicity</strong></td>
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<td></td>
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<tr>
<td>Black/African American</td>
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<td>75</td>
</tr>
<tr>
<td>African</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Afro Latino</td>
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</tr>
<tr>
<td>Biracial</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
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<tr>
<td>Heterosexual or Straight</td>
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<td>Homosexual</td>
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<td><strong>Academic Year</strong></td>
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<td>Junior</td>
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<tr>
<td>Senior</td>
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TABLE 2. Pearson Correlations for BWES, Racist Events, and Stress Reactivity

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>BWES</th>
<th>SRE_PY</th>
<th>SRE_EL</th>
<th>SRE_APP</th>
<th>SBP_Pre-TSST</th>
<th>SBP_Post-TSST</th>
<th>DBP_Pre-TSST</th>
<th>DBP_Post-TSST</th>
<th>PrePostSBP</th>
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<tr>
<td>BWES</td>
<td>3.13 (0.79)</td>
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<td></td>
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<td></td>
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<tr>
<td>SRE_PY</td>
<td>2.07 (0.67)</td>
<td></td>
<td>.504*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SRE_EL</td>
<td>2.48 (1.13)</td>
<td></td>
<td>.388</td>
<td>.852**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SRE_APP</td>
<td>3.11 (1.38)</td>
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<td>.388</td>
<td>.661**</td>
<td>.777**</td>
<td></td>
<td></td>
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<tr>
<td>SBP_Pre-TSST</td>
<td>106.35 (11.2)</td>
<td></td>
<td>0.074</td>
<td>0.058</td>
<td>0.055</td>
<td>0.177</td>
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<tr>
<td>SBP_Post-TSST</td>
<td>110.7 (10.98)</td>
<td>-0.2</td>
<td>-0.157</td>
<td>-0.082</td>
<td>-0.093</td>
<td>.715**</td>
<td></td>
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<tr>
<td>DBP_Pre-TSST</td>
<td>71.5 (8.1)</td>
<td></td>
<td>0.162</td>
<td>0.096</td>
<td>-0.100</td>
<td>.819**</td>
<td>.560*</td>
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<tr>
<td>DBP_Post-TSST</td>
<td>76.55 (8.94)</td>
<td></td>
<td>-0.313</td>
<td>-0.083</td>
<td>-0.113</td>
<td>-0.154</td>
<td>.749**</td>
<td>.712**</td>
<td>.796**</td>
<td></td>
</tr>
<tr>
<td>PrePostSBP</td>
<td>4.35 (8.38)</td>
<td></td>
<td>-0.113</td>
<td>-0.221</td>
<td>-0.218</td>
<td>-0.189</td>
<td>-0.400</td>
<td>0.355</td>
<td>-0.360</td>
<td>-0.069</td>
</tr>
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<td>PrePostDBP</td>
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<td>-0.373</td>
<td>-0.325</td>
<td>-0.102</td>
<td>0.011</td>
<td>0.331</td>
<td>-0.180</td>
<td>0.452*</td>
</tr>
</tbody>
</table>

BWES: Black Women's Experience of Shame; SRE_PY: Past Year Racism; SRE_EL: Entire Life Racism; SRE_APP: Appraisal Racism; SBP_Pre/Post-TSST: Systolic Blood Pressure; DBP_Pre-/Post-TSST: Diastolic Blood Pressure

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).
DISCUSSION

Although there is existing research identifying the consequences to Black women’s health and well-being associated with discrimination, racism, stress, and shame, research concerning race based shame’s effects on blood pressure levels in African-American women must be further researched. As previously mentioned, African-American women carry the weight of racism and discrimination. It is hypothesized that this burden can translate to weathering and allostatic load within their physiological systems. Weathering results in health depreciation that lessens the life expectancy of African-American women.

The results of our study did support the null hypothesis which suggest Past Year racism is associated with Black women’s experiences of shame. Black women come from a history of having to manage racism, discrimination, and micro aggressions. We expected the two variables to have a correlation considering Black women experience racism and shame throughout their life. The accumulation of those experiences could result in physiological weathering. However, our findings suggest in this study that experiences of racism and shame were not significantly correlated to blood pressure or changes in blood pressure when exposed to social stress. We may have received those results due to a small sample size. In addition, the Trier Social Stress Test (TSST) may have served as a limiting tool in the study because it was not able to cover the full scope of Black women and their experiences with shame. Future research should incorporate a larger sample size to collect more data. A focus group to understand Black women’s experience of shame may be useful to understand their experience in depth. In addition, there are currently a lack of programs and assistance for African-American women to further their success in society. More research on Black women and their experience with race based shame should be studied.
intently to provide justification for the importance of extra assistance and resources they may need.
APPENDIX A.
Black Women’s Experiences of Shame Scale

1. I feel that others view me as less attractive because I have a darker skin complexion.
   Never    Seldom    Sometimes    Often    Almost Always

2. I feel that I am only seen as an object for sexual enjoyment and not a person of worth.
   Never    Seldom    Sometimes    Often    Almost Always

3. I feel that I am judged by the texture of my hair.
   Never    Seldom    Sometimes    Often    Almost Always

4. I feel isolated when I walk into a professional or academic space with no other Black people.
   Never    Seldom    Sometimes    Often    Almost Always

5. I feel that others view me as less attractive because I have a lighter skin complexion.
   Never    Seldom    Sometimes    Often    Almost Always

6. I feel that I have to work hard to control my anger because I do not want to be perceived as an Angry Black woman.
   Never    Seldom    Sometimes    Often    Almost Always

7. I feel pressured to be the voice for all Black women.
   Never    Seldom    Sometimes    Often    Almost Always

8. I feel inadequate when I cannot meet my personal expectations of a strong Black woman.
   Never    Seldom    Sometimes    Often    Almost Always
9. I feel less inclined to report a peer’s misconduct because authority figures do not feel my concerns are important.

Never    Seldom    Sometimes    Often    Almost Always

10. I feel that I would rather suffer in silence than to appear as too outspoken.

Never    Seldom    Sometimes    Often    Almost Always

11. I feel that I have to switch to proper English or “code-switch” in professional and/or academic spaces to be better accepted.

Never    Seldom    Sometimes    Often    Almost Always

12. I feel self conscious when me and my Black friends assemble together in a group.

Never    Seldom    Sometimes    Often    Almost Always

13. I feel ashamed asking for resources and additional help because I do not want to be perceived as less competent than my non-Black counterparts.

Never    Seldom    Sometimes    Often    Almost Always

14. I feel that my religion or spiritual practice serves as a source of relief.

Never    Seldom    Sometimes    Often    Almost Always
References


