psychology international

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Unique Stress, Cultural Resources, and Psychological Resilience in Young African American Women: Insights for Effective Intervention and CVD Prevention

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Abstract: Objective: Psychological resilience, defined as one's self-reported ability to bounce back from stress, is understudied in young African American women (YAAW). Guided by community feedback, this study examined the associations between resilience and the following three constructs from Staudinger's 2015 resilience and aging model: perceived stress, non-psychological resources, and psychological resources. We aimed to identify cultural resources that can enhance resilience in the face of unique stressors. Methods: A cross-sectional survey was administered to 512 self-identified YAAW aged 18–35 years. Resilience was measured by the Brief Resilience Scale, ranging from one to five, with higher scores indicating greater resilience. We employed linear regression to examine the relationships among stressors, resources, and resilience, and then used elastic net (EN) regularization to identify the resources most strongly associated with resilience after adjusting for age and stressors. Data were analyzed using SAS version 9.4. Results: YAAW with higher resilience experienced fewer stressors and reported greater access to both non-psychological and psychological resources. In the adjusted EN model, perceived stress ($\beta = -0.16$), internalized racism ($\beta = -0.06$), and adverse childhood experiences ($\beta = -0.03$) demonstrated the strongest associations with lower resilience. Conversely, improvisational skills ($\beta = 0.23$), (emotional stability or the absence of) neurotic personality traits, $\beta = -0.22$), presence of conscientious personality traits ($\beta = 0.08$), and not expressing anger to cope with discrimination ($\beta = -0.04$) had the strongest associations with higher resilience. Notably, high improvisation skills and low levels of neuroticism were identified as key resilience resources. Conclusion: Stress reduction techniques that focus on addressing racial trauma

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Academic Editors: Nicola Magnavita and Marianna Mazza

Received: 1 February 2025
Revised: 8 March 2025
Accepted: 21 March 2025
Published: 22 April 2025

Citation: Springfield-Trice, S., Joyce, C., Williams-Wolford, P., Wolford, D., Onyeise, D., Battles, N., Milton, D. V., Mogbo, C., Robinson, R., Stovall, D., Hatchett, L., & Staudinger, U. M. (2025). Unique Stress, Cultural Resources, and Psychological Resilience in Young African American Women: Insights for Effective Intervention and CVD Prevention. *Psychology International*, *7*(2), 34. https://doi.org/10.3390/psycholint7020034

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and highlight the health-promoting aspects of AA cultural identity, such as improvisation, may play an important role in fostering resilience among YAAW. Further research is needed to validate these findings and to help inform the development of effective intervention strategies in this group.

Keywords: stress; resilience; cultural resources; African American women; young adults

1. Introduction

As survivors of historical, transgenerational, and contemporary injustices, young African American women (YAAW) demonstrate a legacy of multidimensional resilience that persists today (L. Jackson et al., 2018; Brody et al., 2020; Erving et al., 2021; Z. R. Henderson et al., 2021; D. J. Johnson et al., 2022; Woods-Giscombe et al., 2023; Ehrlich et al., 2024; Nagata et al., 2024). Resilience has been conceptualized in several different ways, including the maintenance of health outcomes, positive adaptation in the face of significant stressors, protective factors that modify negative outcomes, recovery from trauma, resistance to oppression, and survival (Garmezy, 1974; Rutter, 1985; Shaikh & Kauppi, 2010). Smith and colleagues (authors of the Brief Resilience Scale) suggest that belief in "one's ability to recover and bounce back from stress" may be the closest to its original meaning (Smith et al., 2008, 2010, 2023). Since positive belief in self-achievement generally supports corresponding action, it follows that psychological "bounce back" resilience may be the first step necessitating all other forms. Yet, this type of belief-based psychological resilience (hereafter resilience) and related resources in YAAW are understudied and underrecognized in the existing health literature (Ye et al., 2022). Due to the unique contextualized risks faced by African Americans (AAs), there is likely significant variation in the perception of what qualifies as being resilient and the resources supportive of resilience within the community, and certainly across different racial and ethnic groups (Satterwhite & Luchner, 2016; Xie & Wong, 2020). Thus, addressing this gap in the literature regarding the relationships between unique stressors, cultural resources, and the resilience experienced by YAAW can provide valuable psychosocial contextual insights into the development of effective health interventions, including the prevention of stress-induced cardiovascular disease (CVD), which is disproportionately experienced by this group (Braga et al., 2012; Kalinowski et al., 2019; Churchwell et al., 2020; Harris et al., 2022; Javed et al., 2022; A. J. Johnson et al., 2022).

YAAW continue to deal with unique stress stemming from white supremacy culture and race-based oppression, which often intersects with other aspects of their identities (e.g., gendered anti-Black racism and ageism) in addition to the growing number of early adulthood stressors (K. Crenshaw, 1989; D. Taylor & Richards, 2019; S. C. Jones et al., 2020; Adams & Lott, 2021; Hendrix, 2021; Bühler et al., 2023; Smith-Tran, 2023). Race-related stress can manifest as chronic and daily stressors in YAAW, which have been implicated in the development of adverse mental (e.g., depression) and physical health outcomes (e.g., CVD) (Moody & Lewis, 2019; Dorvil et al., 2020; S. C. Jones et al., 2020; Bowen et al., 2021; Willis et al., 2021; Gamba et al., 2024). These stressors include but are not limited to internalized racism, everyday discrimination, major life discrimination, adverse childhood experiences, community violence (e.g., vicarious trauma), and food insecurity. These stressors are likely compounded by those that mark the transitions of early adulthood, such as leaving one's home of origin, career obstacles (e.g., academic matriculation and unemployment), inaccessible healthcare, family planning, and caretaking, as well as the early onset of disease risk factors (Biggart & Walther, 2016; Settersten et al., 2019). YAAW are managing these societal expectations against the backdrop of collective stressors—such

as environmental hazards (e.g., climate change), technological revolutions (e.g., artificial intelligence), political conflict (e.g., reproductive rights), and social unrest (e.g., Israel–Hamas War) (Bühler et al., 2023).

Despite this unique stress, some YAAW successfully mobilize resources to establish themselves as leaders of society (Combs, 2015; Mathews & Johnson, 2015; Whitehead & Bledsoe, 2019; Adams & Lott, 2021; Owens, 2021; Scott, 2021; Haynes-Thoby et al., 2023). Pertinent examples can be found in their history of inclusive activism, as YAAW have led racial justice movements in the US for centuries until today (Robnett, 1996; Garza et al., 2014; Byway, 2022). Within the past two decades, YAAW have created, launched, and participated in transformative national and international movements and organizations to improve health outcomes in the AA community, promoting health equity (i.e., Black-LivesMatter, SayHerName, BlackTransLivesMatter, MeToo, GirlTrek, Black Girls Code, etc.). Most of these organizations leveraged social media platforms to catalyze and scale parallel advocacy online. This likely contributed to the popularization of media trends focused on highlighting the lived experiences of AA women, including their outstanding contributions to humanity and right to prioritize self-care and wellbeing (Garza et al., 2014; K. W. Crenshaw et al., 2015; Shelton, 2017; Ireland et al., 2018; K.-Y. Taylor, 2020; Lopez Lopez & Nikey, 2021; Mason, 2021; Robinson & Williams, 2021; Roumell & James-Gallaway, 2021; Scott, 2021; Childs, 2022; Levy & Mattsson, 2023; Matsuzaka et al., 2023; GoDaddy Inc., 2023). Interestingly (as a form of self-determinism as well as resistance to and erasure of racist stereotypes online), some of these media trends (e.g., BlackGirlMagic) specifically aimed to highlight and celebrate the accomplishments and style of YAAW (Mason, 2021). To this end, recent reports suggest that YAAW have made significant strides in earning academic degrees, becoming entrepreneurs, and gaining promotions in Corporate America compared to other racial and ethnic groups and their male counterparts (Bishop, 2020; Jason et al., 2023; Perry et al., 2023). Despite these areas being far from equitable, this contextual information suggests that YAAW have fostered effective approaches to resilience—unfortunately, the disproportionate use of deficit frameworks and limited evidence restrict the demonstration of this impressive resilience and its *facilitators in the scientific literature* (S. M. Jones, 2021).

Available evidence, including our own, suggests that YAAW have relatively high levels of resilience that may advance throughout the life course. For instance, using the Women's Health Initiative (WHI) [N = 77,395; mean age 76.99 (±6.4) years; race/ethnicity: 4475 Black or AA; 69,448 non-Hispanic White; 1891 Hispanic/Latinx; and 1581 Asian or Pacific Islanders], Springfield et al. (2020) found that 48.6% (n = 2174) of older Black or AA women reported high levels of resilience (as measured by the Brief Resilience Scale) (Springfield et al., 2022), which were slightly higher than those of other racial and ethnic groups, albeit with additional effort exerted to achieve this. In the same study, the strongest resilience resources included control of beliefs, energy, personal growth, mild-to-no forgetfulness, and a sense of purpose. In a separate study conducted on YAAW exposed to sexual violence (N = 232; mean age 26.22 ± 6.35), Catabay et al. (2019) found that 36% of the sample reported high levels of resilience (as measured by the Connor–Davidson Resilience Scale), which significantly mediated the association between perceived stress and depression (Catabay et al., 2019). While these studies assessed formal resilience in AA women, they did not include community input or focus on identifying the resources that promote resilience in YAAW specifically.

Exploring the connections between formal resilience and cultural resources in YAAW may provide foundational steps toward understanding resilience in YAAW and yield valuable insights for intervention research (Lloyd et al., 2022). Many resilience resources are rooted in historical cultural practices of the AA community (Duke et al., 2003; Black & Lobo, 2008; Monteiro & Wall, 2011; Gasman et al., 2015; S. Hall, 2015; Galvez & Crouch,

2017; Hope et al., 2018; Kang et al., 2018; Wattick et al., 2020; Lombardi et al., 2021; Fenn et al., 2022; Ross et al., 2022; Sia et al., 2022; McCutcheon et al., 2023; Reece, 2023). These include but are not limited to spirituality, food systems work (farming and gardening), civic engagement (organizing and activism), extended kinship (social support), and art therapy (music, singing, dancing, comedy, and theater). Notably, these are all linked to intuitive creativity, which necessitates improvisation skills (which can be defined as problem solving under time pressure), a key historical resource in AA culture (J. Jones, 2003; M. Henderson, 2014; Kernodle, 2014; Cox, 2015; G. P. Jackson, 2015; Tipton-Martin, 2015; Drake-Burnette et al., 2016; Morrison, 2017; Martin, 2022). Contemporary resources might include self-efficacy for healthy eating, an affinity for listening to hip hop music, prayer and meditation, the use of social media, caregiving, Black activism, and positive coping responses to perceived discrimination (Cal et al., 2015; Polish, 2016; Allen et al., 2019; Lu & Steele, 2019; Springfield et al., 2020; Anyiwo et al., 2022; Millender et al., 2024; Tabrizi & Rudrow, 2024). Given that most of the resilience literature is based on white epistemology—failing to recognize the ways in which systemic racism drives poor health outcomes in AA communities (Shaikh & Kauppi, 2010; Goodkind et al., 2020; M. K. Jones et al., 2021; Castelin & White, 2022; Teo, 2022; Woods-Giscombe et al., 2023)—few studies have framed AA cultural assets as resilience resources or examined their relation to formal resilience measures. As a result, resilience studies that prioritize the assessment of culturally informed resources and the perspectives of YAAW with lived experience are needed (Airhihenbuwa et al., 2000; Shaikh & Kauppi, 2010; S. Kumanyika, 2018; Gallou, 2022).

Guided by the lived experiences of YAAW and Staudinger's (2015) model of resilience and lifespan development, the present study takes a foundational step toward addressing this critical gap in the literature by investigating the associations between resilience, unique stressors (e.g., discrimination), non-psychological (e.g., level of education) and psychological (e.g., improvisation) cultural resources. Staudinger's theory defines resilience as a constellation of risk factors (stressors) and protective resource factors. According to this view, mobilizing accessible resources can help individuals successfully navigate their stressors and achieve subjective wellbeing. To support the development of effective health intervention and CVD prevention strategies, our study aims to identify cultural resources that can enhance resilience in the face of unique stressors in an exclusive sample of YAAW. We hypothesize that both culturally informed non-psychological and psychological resources will be significantly associated with resilience, after accounting for unique stressors. All variables are identified through our theoretical framework, codesign, and the broader literature.

2. Materials and Methods

2.1. Study Design and Participants

We conducted a cross-sectional analysis using survey data from Qualtrics, a marketing company that conducts consumer-based research. The Qualtrics platform includes research panels that commonly complete surveys. These panels are made up of pre-verified individuals who respond to survey invitations through a hyperlink sent via e-mail. Upon clicking the survey link, respondents were directed to an informed consent page, which they had to accept before proceeding to the survey. All data collection was standardized according to Qualtrics' procedures. Participants were allowed to skip items or tools. Branching logic was employed as appropriate to accommodate the inclusion of our study measures in the survey format allowed by the Qualtrics platform. Our final Qualtrics survey took from approximately 30 to 40 min to complete, as per Qualtrics' estimation and internal assessments completed by our research team and community partners. All survey participants were compensated for their time by the Qualtrics company. Survey data were collected in

2021 from 512 self-identified AA women who were recruited nationwide by Qualtrics staff via email.

For our study, we instructed Qualtrics staff to only recruit survey respondents who identified as African American women aged from 18 to 35. Approximately 50% of the respondents reported being from Illinois, specifically the Chicagoland area. We intentionally set the inclusion criteria to ensure that a substantial number of our participants came from the Chicagoland area, because this line of research was designed to contribute to formative intervention work for community-based lifestyle programs for local YAAW.

The survey was developed in collaboration with Black Women Nutritious and Joyful (BWNJOY), a community advisory board established in September 2020 to support research aimed at promoting the health of YAAW residing in the Chicagoland area. BWNJOY consists of a small group (N~3–6) of predominantly YAAW members who had lived in Chicagoland for at least five years prior to joining the board. BWNJOY meets monthly online to discuss research, current events, and lived experiences relevant to health promotion in YAAW and the broader AA community. Our survey was codesigned with BWNJOY members to explore the relationships between stressors, resources, resilience, and diet-related outcomes among YAAW. Drawing from their lived experiences and Staudinger's resilience framework, the BWNJOY members codesigned the survey used in this study, the interpretation of findings, and the preparation of the manuscript. The study received ethical approval from Loyola University Chicago's Institutional Review Board.

2.2. Measures

Following Staudinger's theoretical model (2015), we organized all exposure variables into stressors and non-psychological and psychological resources to investigate how perceived unique stressors and culturally informed resources were associated with resilience (Staudinger & Greve, 2015) (see Figure 1). Additionally, sociodemographic variables that could potentially modify the relationship between stressors and resources were assessed. These included age [in years], sexual orientation [heterosexual; lesbian, gay, homosexual; bisexual; or none of these], and whether the YAAW were enrolled in college at the time of the study. All measures were self-reported. A description of each study measure, including the data source, sample item with response options, scoring ranges, and interpretations, can be found in Supplementary Table S1.

Briefly, stress measures included perceived stress, everyday discrimination, major life discrimination experiences, adverse childhood experiences, internalized racism, community stressors, and food insecurity.

Non-psychological resources were organized into biological, socio-economic, and physical subdomains. Biological measures included CVD-related outcomes [history of hypertension, high cholesterol, diabetes, or cancer, as well as diet quality (as measured by the WELL Diet Score)], physical activity, smoking status, alcohol use, body mass index (BMI—calculated from height and weight), and other health factors [depression and history of COVID-19]. Socio-economic resources included education, employment, marital status, children, government assistance (including participation in the Supplemental Nutrition Assistance Program benefits, Section 8 Housing Choice Voucher Program, unemployment insurance, and COVID Rent Relief Program), and unpaid caregiving. Physical resources included access to technology, social media use, cannabis use, and knowledge of community resources.

Psychological resource measures were organized into cognition activities, self and personality, and social relations subdomains. Cognition activities included spirituality, knowledge of diet and disease, improvisation skills, gardening, Black community activism, and affinity for hip hop. Self and personality measures included self-efficacy for healthy eat-

ing, self-efficacy for meal preparation, Big Five personality traits (including (1) extraversion, (2) agreeableness, (3) conscientiousness, (4) neuroticism, and (5) openness), brief resilience coping, coping responses to unfair treatment, Black identity, benevolent childhood experiences, hairstyle, and control beliefs. Social relations resources included access to social support in-person and online.

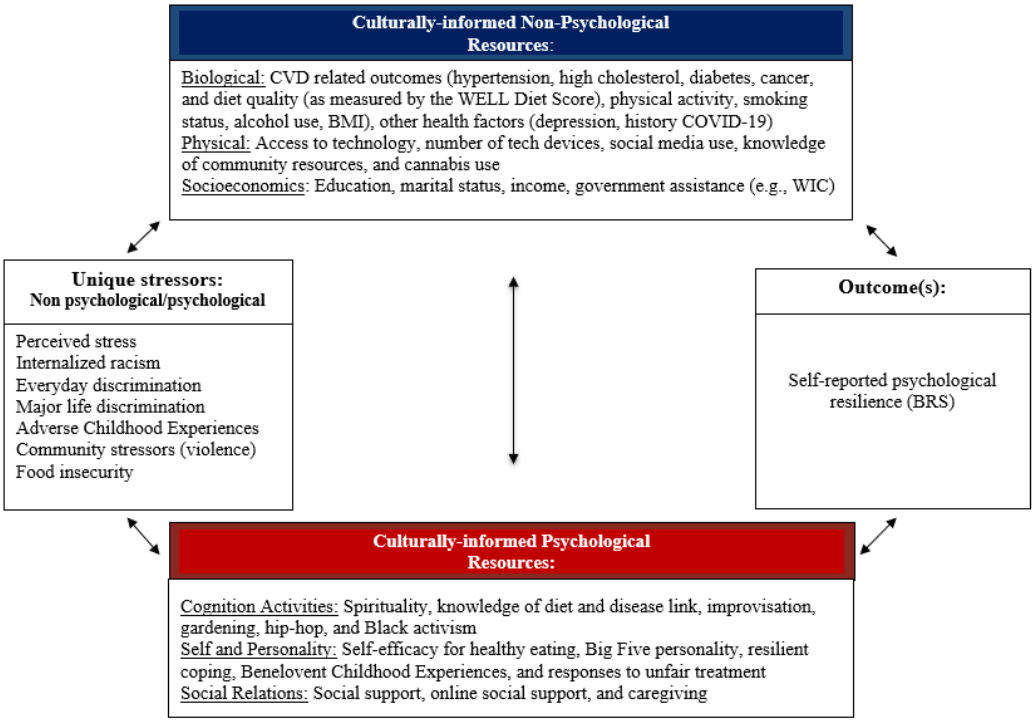


Figure 1. Unique stressors, culturally informed resources (non-psychological and psychological), and self-reported psychological resilience codesigned with YAAW women with the lived experience (BWNJOY). Note, this figure is adapted from Staudinger's 2015 resilience and aging model (Staudinger & Greve, 2015; Springfield et al., 2022).

Resilience was measured using the Brief Resilience Scale (BRS), where participants were asked to respond to six statements using a 5-point Likert scale that ranged from "strongly disagree" to "strongly agree". A higher BRS score indicates greater resilience. The authors' suggested cutoffs for defining levels of resilience are as follows: low (1.0–2.9), medium (3.0–4.2), and high (4.3–5.0) (Smith et al., 2008; Smith et al., 2010; Smith et al., 2023). The following are sample statements: "I tend to bounce back quickly after hard times", "It does not take me long to recover from a stressful event", and "I have a hard time making it through stressful events (reverse coded)". The BRS has demonstrated a good reliability and internal consistency in national samples of YAAW (Smith et al., 2008; Byers et al., 2021).

2.3. Statistical Analysis

Participant characteristics were described overall and by level of resilience. Both univariate and multivariate linear models were used to analyze the relationship between BRS scores and the identified stressors, non-psychological resources, and psychological resources. The models were adjusted for age and were further refined using elastic net modeling—a technique that optimizes prediction by combining the features of ridge regression and LASSO (Least Absolute Shrinkage and Selection Operator) (Zou & Hastie, 2005). Elastic nets were used for our modeling approach due to the large number of potential confounders investigated and their collinearity. This approach allowed for the data-driven variable selection of parsimonious models.

Initially, two individually fitted models were analyzed, crude and age-adjusted, and then four elastic net (EN) models. The first EN model was focused solely on stressors, with subsequent models incorporating non-psychological and psychological resources, respectively. A final model featured all predictors. Although the models were presented from complete case analyses, sensitivity analyses employed multiple imputation to handle missing data, followed by model selection and averaging (Schomaker & Heumann, 2014). All data analyses were performed using SAS version 9.4 (SAS Institute, Cary, NC, USA).

3. Results

3.1. Description of Participant Characteristics

Our study sample included 512 YAAW with diverse sociodemographic backgrounds. The mean age was 24 (±5) years old. Most women reported being heterosexual, followed by bisexual, homosexual, and about 8% of the sample reported having none of these sexual orientations. Nearly half of the women reported that they were currently enrolled in college at the time of data collection. Nearly two-thirds of the women reported high (6.3%; n = 32) and medium (58.2%; n = 298) levels of resilience, with the remainder reporting low (35.5%; n = 182). To observe the distribution of all participant characteristics across resilience levels, see Table 1.

Table 1. Stressors and resources (non-psychological and psychological) by self-reported psychological resilience from a representative sample of young AA women (N = 512).

	No.	**Total N = 512**	**Low BRS (1.0–2.9) N = 182 (35.5%)**	**Medium BRS (3.0–4.2) N = 298 (58.2%)**	**High BRS (4.3–5.0) N = 32 (6.3%)**
Potential modifiers					
Age, mean (SD)	508	23.8 (4.8)	23.3 (4.8)	24.0 (4.8)	25.8 (5.2)
Sexual orientation	497				
Heterosexual		333 (67.0)	113 (63.5)	193 (67.2)	27 (84.4)
Lesbian, gay, homosexual		38 (7.6)	15 (8.4)	22 (7.7)	1 (3.1)
Bisexual		87 (17.5)	34 (19.1)	51 (17.8)	2 (6.3)
None of these		39 (7.8)	16 (9.0)	21 (7.3)	2 (6.3)
Enrolled in college	491	240 (48.9)	101 (57.1)	125 (44.3)	14 (43.8)
Stressors					
Non-psychological/psychological					
Perceived stress, mean (SD) A higher score means greater perceived stress (0–16)	509	7.7 (2.8)	8.5 (2.3)	7.5 (2.7)	4.2 (3.4)
Everyday Discrimination Scale, mean (SD) A higher score mean more discrimination with chronicity-based scoring: (0–1300)	511	181 (237)	207 (188)	173 (261)	104 (242)
Major Experiences of Discrimination, mean (SD) A higher score means more lifetime discrimination events (0–12)	512	6.8 (5.5)	8.2 (5.4)	6.4 (5.5)	2.4 (4.3)
Adverse Childhood Experiences, mean (SD) A higher score means more adverse childhood experiences (0–8)	482	2.6 (2.3)	3.0 (2.2)	2.5 (2.4)	0.9 (1.6)

Table 1. *Cont.*

	No.	Total N = 512	Low BRS (1.0–2.9) N = 182 (35.5%)	Medium BRS (3.0–4.2) N = 298 (58.2%)	High BRS (4.3–5.0) N = 32 (6.3%)
Internalized Racism, mean (SD) Higher scores mean more internalized racism (1–5)	511	2.8 (0.7)	3.0 (0.7)	2.8 (0.7)	2.6 (0.7)
Community Stressors, mean (SD) A higher score indicates increased observation of community violence (0–5)	512	1.2 (1.0)	1.4 (1.0)	1.1 (1.0)	0.5 (0.8)
Food Insecurity, n (%)	512	322 (62.9)	126 (69.2)	185 (62.1)	11 (34.4)
Resources					
Non-psychological					
Biological					
Motherhood Biological children in household, n (%)	512	241 (47.1)	85 (46.7)	144 (48.3)	12 (37.5)
Unpaid Caregiving, n (%)	512	227 (44.3)	96 (52.7)	118 (39.6)	13 (40.6)
CVD-related outcomes					
Well Diet Score, mean (SD) A higher score indicates better diet quality (0–120)	512	55.1 (13.3)	53.7 (11.8)	55.8 (14.0)	56.8 (14.6)
METS score, mean (SD)	512	34.2 (27.6)	34.0 (23.2)	33.9 (29.0)	37.5 (36.6)
Current smoker, n (%)	505	77 (15.2)	33 (18.2)	43 (14.7)	1 (3.1)
>1 alcoholic drink per day, n (%)	510	11 (2.2)	2 (1.1)	8 (2.7)	1 (3.1)
Inadequate sleep (<6 h/night), n (%)	511	86 (16.8)	26 (14.4)	57 (19.1)	3 (9.4)
BMI (kg/m^2), mean (SD)	484	31.0 (10.5)	32.0 (11.5)	30.6 (10.0)	28.8 (8.9)
Hypertension, n (%)	507	95 (18.7)	52 (28.7)	43 (14.6)	0 (0.0)
High cholesterol, n (%)	507	95 (18.7)	49 (27.4)	45 (15.2)	1 (3.2)
Diabetes, n (%)	506	70 (13.8)	38 (21.3)	31 (10.5)	1 (3.1)
Cancer, n (%)					
Absence of disease, n (%)	504	333 (66.1)	94 (52.5)	211 (71.5)	28 (93.3)
Depression (PHQ-2), n (%)	505	192 (38.0)	80 (44.4)	107 (36.5)	5 (15.6)
Other health factors					
Prior COVID-19 infection, n (%)	508	102 (20.1)	49 (27.2)	52 (17.6)	1 (3.1)
Physical					
Access to technology, n (%)					
Laptop	512	298 (58.2)	94 (51.6)	182 (61.1)	22 (68.8)
Smartphone	512	473 (92.4)	159 (87.4)	282 (94.6)	32 (100.0)
Tablet	512	234 (45.7)	75 (41.2)	143 (48.0)	16 (50.0)
Number of devices, mean (SD)	512	2.0 (0.9)	1.8 (0.8)	2.0 (0.9)	2.2 (0.9)
No cannabis use, n (%)	512	244 (47.7)	69 (37.9)	154 (51.7)	21 (65.6)
Knowledge of community resources, mean (SD) Higher score indicates greater empowerment (1–7)	511	4.0 (1.4)	3.8 (1.2)	4.1 (1.5)	4.4 (1.8)

Table 1. *Cont.*

	No.	Total N = 512	Low BRS (1.0–2.9) N = 182 (35.5%)	Medium BRS (3.0–4.2) N = 298 (58.2%)	High BRS (4.3–5.0) N = 32 (6.3%)
Socio-economic status					
Education level, n (%)					
≤HS or GED	512	178 (34.8)	53 (29.1)	110 (36.9)	15 (46.9)
Some college	512	171 (33.4)	62 (34.1)	105 (35.2)	4 (12.5)
College degree	512	163 (31.8)	67 (36.8)	83 (27.9)	13 (40.6)
Employment, n (%)					
Full-time	511	215 (42.1)	85 (46.7)	111 (37.4)	19 (59.4)
Part-time	511	118 (23.1)	41 (22.5)	74 (24.9)	3 (9.4)
Self employed	511	52 (10.2)	16 (8.8)	31 (10.4)	5 (15.6)
Homemaker	511	12 (2.3)	2 (1.1)	10 (3.4)	0 (0.0)
Unemployed	511	60 (11.7)	23 (12.6)	34 (11.4)	3 (9.4)
Retired	511	5 (1.0)	4 (2.2)	1 (0.3)	0 (0.0)
Student	511	76 (14.9)	26 (14.3)	47 (15.8)	3 (9.4)
Disabled	511	5 (1.0)	0 (0.0)	5 (1.7)	0 (0.0)
Married/married-like relationship, n (%)		126 (24.6)	48 (26.4)	70 (23.5)	8 (25.0)
Single, n (%)	512	371 (72.5)	125 (68.7)	222 (74.5)	24 (75.0)
Divorced, n (%)	512	7 (1.4)	4 (2.2)	3 (1.0)	0 (0.0)
Widowed, n (%)	512	8 (1.6)	5 (2.7)	3 (1.0)	0 (0.0)
Biological children in household, n (%)	512	241 (47.1)	85 (46.7)	144 (48.3)	12 (37.5)
Government assistance, n (%)	508	328 (64.6)	129 (71.7)	184 (62.0)	15 (48.4)
Psychological resources					
Cognition					
Spirituality					
Attends religious services once a week or less, n (%)	512	347 (67.8)	129 (70.9)	196 (65.8)	22 (68.8)
Prays/meditates how often? n (%)	512	425 (83.0)	151 (83.0)	247 (82.9)	27 (84.4)
Knowledge of diet–disease link, mean (SD) A higher score indicates greater knowledge of diet–disease link (1–5)	509	2.6 (1.0)	2.8 (1.0)	2.5 (1.0)	2.0 (1.0)
Improvisation, mean (SD) A higher score indicates greater endorsement of improvisation (−3–3)	511	0.7 (1.2)	0.3 (0.9)	0.8 (1.2)	1.8 (1.2)
Gardening, mean (SD) A higher score means more frequent gardening (1–7)	512	1.7 (1.8)	1.8 (1.6)	1.7 (1.9)	1.3 (2.1)
Hip hop, mean (SD) A higher score indicates greater endorsement of hip hop music (1–7)	509	19.7 (5.2)	18.8 (4.9)	19.9 (5.1)	23.6 (6.0)
Self and Personality					
Self-efficacy for cooking/eating fruits/vegetables, mean (SD) A higher score indicates greater efficacy (1–5)	506	3.3 (0.9)	3.2 (0.8)	3.4 (0.9)	3.8 (1.1)

Table 1. *Cont.*

	No.	Total N = 512	Low BRS (1.0–2.9) N = 182 (35.5%)	Medium BRS (3.0–4.2) N = 298 (58.2%)	High BRS (4.3–5.0) N = 32 (6.3%)
Self-efficacy for food preparation, mean (SD) A higher score indicates greater efficacy (1–5)	510	3.5 (0.8)	3.4 (0.7)	3.6 (0.8)	3.9 (0.9)
Big Five Personality, mean (SD) A higher score indicates greater alignment with the following personality types (1–5)					
Extroversion	508	2.9 (0.8)	2.9 (0.9)	2.9 (0.8)	2.9 (0.9)
Agreeableness	508	3.4 (0.9)	3.2 (0.8)	3.4 (0.8)	4.1 (0.9)
Conscientiousness	509	3.4 (0.8)	3.2 (0.7)	3.4 (0.7)	4.2 (0.9)
Neuroticism	509	3.1 (0.8)	3.4 (0.8)	3.0 (0.8)	2.1 (0.8)
Openness	508	3.2 (0.7)	3.2 (0.8)	3.2 (0.7)	3.4 (0.8)
Resilient Coping, mean (SD) A higher score indicates greater coping skills	511	14.7 (3.4)	13.9 (3.0)	14.9 (3.5)	17.7 (2.5)
Response to Unfair Treatment, n (%)					
Tried to do something about it	512	303 (59.2)	109 (59.9)	176 (59.1)	18 (56.3)
Accepted it as a fact of life		281 (54.9)	95 (52.2)	172 (57.7)	14 (43.8)
Worked harder to prove them wrong		359 (70.1)	124 (68.1)	211 (70.8)	24 (75.0)
Realized that you brought it on yourself		151 (29.5)	65 (35.7)	82 (27.5)	4 (12.5)
Talked to someone about how you were feeling		299 (58.4)	107 (58.8)	172 (57.7)	20 (62.5)
Expressed anger or got mad		295 (57.6)	114 (62.6)	172 (57.7)	9 (28.1)
Prayed about the situation		327 (64.1)	112 (61.5)	192 (64.9)	23 (71.9)
Black Identity Classification Scale, mean (SD) A higher score indicates greater endorsement of Black identity (0–10)	509	4.6 (1.1)	4.4 (0.9)	4.6 (1.2)	5.1 (1.0)
Hairstyle, n (%)	511				
Relaxed		41 (8.0)	12 (6.6)	23 (7.7)	6 (18.8)
Hair weaves	511	52 (10.2)	20 (11.0)	30 (10.1)	2 (6.3)
Hot combed	511	49 (9.6)	23 (12.6)	24 (8.1)	2 (6.3)
Braided	511	146 (28.6)	52 (28.6)	88 (29.6)	6 (18.8)
Locked	511	33 (6.5)	12 (6.6)	20 (6.7)	1 (3.1)
Natural	511	190 (37.2)	63 (34.6)	112 (37.7)	15 (46.9)
Benevolent Childhood Experiences Scale, mean (SD) A higher score indicates a greater number of favorable childhood experiences (0–10)	507	6.5 (3.1)	6.0 (2.9)	6.6 (3.2)	8.8 (1.6)
Control of beliefs, mean (SD) A higher score indicates lower control of beliefs (0–8)	508	3.7 (1.6)	4.1 (1.4)	3.6 (1.5)	2.0 (1.8)
Social Relations					
Social support, mean (SD) A higher score indicates better social support (0–5)	510	1.7 (0.9)	1.7 (0.9)	1.6 (1.0)	1.7 (0.6)
Online social support, mean (SD) A higher score indicates more online social support (0–36)	511	18.8 (6.4)	19.4 (5.4)	18.4 (6.8)	18.8 (7.7)

Table 1. *Cont.*

	No.	Total N = 512	Low BRS (1.0–2.9) N = 182 (35.5%)	Medium BRS (3.0–4.2) N = 298 (58.2%)	High BRS (4.3–5.0) N = 32 (6.3%)
Social media apps used, n (%)					
Texting	511	490 (95.9)	171 (94.0)	287 (96.6)	32 (100.0)
Facebook	510	404 (79.2)	146 (80.2)	230 (77.7)	28 (87.5)
Instagram	511	465 (91.0)	172 (94.5)	264 (88.9)	29 (90.6)
Twitter	510	335 (65.7)	130 (71.4)	187 (63.2)	18 (56.3)
YouTube	509	474 (93.1)	172 (95.0)	275 (92.9)	27 (84.4)
Snapchat	509	420 (82.5)	155 (85.2)	244 (82.7)	21 (65.6)
TikTok	511	410 (80.2)	152 (83.5)	236 (79.5)	22 (68.8)
Pinterest	511	353 (69.1)	141 (77.5)	194 (65.3)	18 (56.3)
Dating sites	510	186 (36.5)	81 (44.5)	95 (32.1)	10 (31.3)
Black community activism orientation scale, mean (SD) Higher scores indicate a more positive orientation toward Black community activism (1–5)	510	3.1 (0.9)	3.1 (0.8)	3.1 (1.0)	3.2 (1.0)

Note, absence of disease includes hypertension, high cholesterol, diabetes, and cancer—not obesity.

3.2. Potential Modifiers and Resilience Levels

Age, sexual orientation, and college enrollment were considered as potential modifiers. Age and heterosexual orientation demonstrated a positive trend with resilience, while sexual minorities and being currently enrolled in college demonstrated a negative trend.

3.3. Stressors

YAAW reported high levels of psychological stress. Perceived stress scores averaged 7.7 (±2.8) out of 16. On average, they experienced moderate levels of internalized racism, 1–2 instances of everyday discrimination per week, and had experienced more than 6 major discrimination events in their lives. They also reported 2–3 childhood traumas, witnessing 2–3 instances of community violence during the past six months, and over sixty percent reported currently being food insecure.

3.4. Non-Psychological Resources

Biological. Over 45% of the YAAW reported being mothers with biological children at home, and over 40% of the women reported providing unpaid care to others who were not their biological children. Additionally, about one-third of the participants had been diagnosed with conditions such as hypertension, high cholesterol, diabetes, or cancer. Furthermore, over two-thirds of the sample screened positive for depression, and around 20% reported a history of COVID-19. Most women were found to be overweight or obese, and all health behavior measures indicated the need for improvement, particularly diet quality.

Physical. Nearly all YAAW had access to a smartphone and/or laptop. About half of the sample also reported using cannabis. Knowledge of community resources was moderately high.

Socio-economics. Our sample had an even distribution of education levels, with about one-third having a high school diploma, some college, or a four-year degree. YAAW were mostly employed full-time, followed by part-time students, unemployed, and self-

employed, with less than 5 percent being homemakers, disabled, or retired. About a quarter of our sample (25%) reported being married or in a married-like relationship. Over 60% of women reported receiving government assistance (WIC, Link, or COVID-19 rent relief program).

3.5. Psychological Resources

Cognition Activities. Our sample reported gardening, praying, and attending religious services weekly. They reported moderately high improvisation skills and an affinity for hip hop music. Additionally, they demonstrated a moderate understanding of the link between diet and health outcomes.

Self and Personality. YAAW reported a moderately high self-efficacy for eating and preparing healthy foods, including fruit and vegetables. They exhibited all the Big Five personality characteristics (extraversion, agreeableness, conscientiousness, neuroticism, and openness). All personality types showed a positive trend with resilience, except extraversion (which did not change with resilience level), and neurotic personality showed a negative trend (suggesting that the absence of neuroticism (or emotional stability) is a resilience resource). YAAW reported medium coping skills. In response to race-related stress, respondents reported that they "Worked harder to prove them wrong", "Prayed about the situation", "Tried to do something about it", "Expressed anger or got mad", "Accepted it as a fact of life", and "Realized that you brought it on yourself", respectively. Women in the high-resilience group reported higher Black cultural identity and benevolent childhood experiences. Natural hairstyles were the most popular, particularly among women with high resilience. They also reported believing that they could control important things in their lives more than those with lower resilience.

Social Relations. YAAW reported experiencing little in-person social support and moderate support online. The women reported only having 1–2 people they could count on for help in times of need. Nearly all YAAW reported using social media, including texting, Instagram, YouTube, TikTok, Snapchat, Facebook, Pinterest, and dating sites. Of all the social media examined, only texting showed a slight positive trend in resilience. Additionally, YAAW reported a moderately high positive orientation toward formal Black activism.

3.6. Crude and Age-Adjusted Associations with Resilience

Every stressor negatively impacted resilience in the crude model. Most resources were significantly and positively associated with resilience, as shown in Table 2. Exceptions included diet quality, being a smoker, having more than one alcoholic drink per day, having a college degree, being married or in a married-like relationship, having children, attending religious services, praying, gardening, the extraversion and openness Big Five personality types, some responses to unfair treatment (tried to do something about it, accepted it as a fact of life, worked harder to prove them wrong, and talked to someone about how you were feeling), natural hairstyles, social support, and Black community activism. Age-adjusted models confirmed this pattern, except for diet quality, which demonstrated a borderline significance with higher resilience.

Table 2. Associations between stressors, resources (non-psychological and psychological), and self-reported psychological resilience from young AA women. Note, each row in the crude and age-adjusted columns corresponds to an individual fitted model. Subsequent columns represent the model selected from elastic nets regression analysis that included age as a candidate covariate.

	Crude	Age-Adjusted	Model 1—EN Stressors	Model 2—EN Stressors and Non-Psychological Resources	Model 3—EN Stressors and Psychological Resources	Model 4—EN Full Model
	Standardized Beta (*p*-Value)		Standardized Beta (Elastic Nets)			
Age	0.10 (0.03)		0.04	0.02		
Stressors						
Non-psychological						
Perceived stress	−0.38 (<0.001)	−0.37 (<0.001)	−0.33	−0.32	−0.14	−0.16
Everyday Discrimination Scale	−0.15 (<0.001)	−0.14 (0.002)				
Major Experiences of Discrimination	−0.26 (<0.001)	−0.24 (<0.001)	−0.10	−0.07	−0.03	−0.01
Adverse Childhood Experiences	−0.19 (<0.001)	−0.18 (<0.001)	−0.04	−0.03	−0.03	−0.03
Internalized Racism	−0.13 (0.003)	−0.13 (0.003)	−0.06	−0.08	−0.04	−0.06
Community stressors	−0.22 (<0.001)	−0.21 (<0.001)	−0.03	−0.01	−0.03	−0.02
Food insecurity	−0.16 (<0.001)	−0.15 (<0.001)	−0.05	−0.02		
Resources						
Non-psychological						
Biological						
Absence of disease	0.20 (<0.001)	0.19 (<0.001)		0.09		0.04
Prior COVID-19 infection	−0.10 (0.028)	−0.09 (0.05)				
Depression (PHQ-2)	−0.14 (0.001)	−0.13 (0.004)				
Chronic disease (i.e., CVD) prevention guidelines						
Well Diet Score	0.08 (0.09)	0.09 (0.05)				
Current smoker	−0.07 (0.13)	−0.08 (0.08)				
Inadequate sleep (<6 h/night)	−0.02 (0.63)	−0.02 (0.61)				0.01
>1 alcoholic drink per day	0.02 (0.69)	0.01 (0.84)		0.02		
METS score	0.06 (0.20)	0.06 (0.15)		0.07		
Physical						
Access to technology	0.13 (0.005)	0.11 (0.018)				
No cannabis use	0.14 (0.002)	0.13 (0.003)				
Knowledge of community resources	0.12 (0.006)	0.11 (0.012)				−0.03
Socio-economic status						
College degree	−0.04 (0.32)	−0.07 (0.12)		−0.04		−0.02
Married/married-like relationship	0.02 (0.58)	0.01 (0.86)				
Biological children in household	−0.03 (0.50)	−0.05 (0.31)				
Unpaid caregiving	−0.09 (0.05)	−0.08 (0.08)		−0.02		−0.02
Government assistance (e.g., Link, COVID-19 rent relief)	−0.11 (0.014)	−0.10 (0.023)				

Table 2. *Cont.*

	Crude	Age-Adjusted	Model 1—EN Stressors	Model 2—EN Stressors and Non-Psychological Resources	Model 3—EN Stressors and Psychological Resources	Model 4—EN Full Model
		Standardized Beta (*p*-Value)			**Standardized Beta (Elastic Nets)**	
Psychological resources						
Cognition						
Religion and Spirituality						
Attends religious services	−0.02 (0.59)	−0.02 (0.68)				
Prays/meditates	0.02 (0.71)	0.02 (0.64)				
Knowledge of diet–disease link	−0.15 (<0.001)	−0.13 (0.003)				
Improvisation	0.40 (<0.001)	0.39 (<0.001)			0.22	0.23
Gardening	−0.07 (0.12)	−0.05 (0.26)				0.02
Hip hop	0.20 (<0.001)	0.19 (<0.001)			0.03	0.03
Self and Personality						
Self-efficacy for cooking/eating fruits/vegetables	0.17 (<0.001)	0.17 (<0.001)				
Self-efficacy for cooking techniques/meal prep	0.19 (<0.001)	0.17 (<0.001)				
Big Five Personality						
Extroversion	0.02 (0.64)	0.01 (0.81)				
Agreeableness	0.25 (<0.001)	0.23 (<0.001)				
Conscientiousness	0.30 (<0.001)	0.28 (<0.001)			0.09	0.08
Neuroticism	−0.39 (<0.001)	−0.38 (<0.001)			−0.23	−0.22
Openness	0.04 (0.39)	0.03 (0.51)				
Response to unfair treatment						
Tried to do something about it	0.01 (0.82)	0.01 (0.84)				
Accepted it as a fact of life	0.02 (0.62)	0.03 (0.45)				
Worked harder to prove them wrong	0.03 (0.53)	0.03 (0.57)				
Realized that you brought it on yourself	−0.13 (0.004)	−0.11 (0.011)				
Talked to someone about who how were feeling	−0.02 (0.64)	−0.03 (0.54)				
Expressed anger or got mad	−0.15 (<0.001)	−0.14 (0.002)			−0.03	−0.04
Prayed about the situation	0.05 (0.25)	0.04 (0.37)				
Black Identity Classification	0.12 (0.007)	0.11 (0.016)				
Benevolent Childhood Experiences	0.23 (<0.001)	0.22 (<0.001)				
Natural hairstyle	0.05 (0.28)	0.03 (0.48)				
Control of beliefs	−0.35 (<0.001)	−0.34 (<0.001)				
Social Relations						

Table 2. *Cont.*

	Crude	Age-Adjusted	Model 1—EN Stressors	Model 2—EN Stressors and Non-Psychological Resources	Model 3—EN Stressors and Psychological Resources	Model 4—EN Full Model
		Standardized Beta (*p*-Value)		Standardized Beta (Elastic Nets)		
Social support	−0.02 (0.69)	−0.01 (0.82)				
Online social support	−0.07 (0.13)	−0.06 (0.15)				
Black community activism	0.02 (0.71)	0.03 (0.53)			−0.02	−0.02

Note, resilient coping is not included in the models because of its collinearity with resilience, as measured by the brief resilience scale.

3.7. Stressors and Resilience (EN Model 1)

All stressors remained significantly and negatively associated with resilience except everyday discrimination.

3.8. Stressors, Non-Psychological Resources, Resilience (EN Model 2)

When only considering non-psychological resources and stressors, biological and socio-economic resources demonstrated significant and positive associations with resilience. Resilience was positively impacted by the absence of disease, not drinking alcohol, and physical activity. For socio-economics, not having a four-year degree and being a paid caregiver demonstrated the strongest positive associations with resilience, respectively. Physical resources did not show significant associations with resilience. All stressors remained significantly and negatively associated with resilience, except for everyday discrimination.

3.9. Stressors, Psychological Resources, Resilience (EN Model 3)

When only considering psychological resources and stressors, cognitive activities and self and personality resources had the strongest associations with resilience. Cognitively, the ability to improvise and liking hip hop music were important resilience resources. Self and personality traits such as not expressing anger or getting mad in response to discrimination, being conscientious, and not being neurotic positively affected resilience. Social relation resources did not show significant associations with resilience. All stressors remained significantly and negatively related to resilience, except for everyday discrimination and food insecurity.

3.10. Stressors, All Resources, and Resilience (EN Model 4—Fully Adjusted)

In the fully adjusted model, psychological and non-psychological resources within each subdomain showed significant positive associations with resilience. Biological resilience resources included the absence of disease (no self-reported history of hypertension, high cholesterol, diabetes, or cancer) and inadequate sleep (less than 6 h per night in the past month). Physical resilience resources included [less] knowledge of community resources. Socio-economic resources included serving as a [paid] caregiver (for others besides one's biological children) and [not] holding a college degree. Cognitive activity resilience resources included improvisation, gardening, and an affinity for hip hop music. Self and personality resources included [not] exhibiting neurotic personality traits, being conscientious, and not expressing anger or getting mad in response to perceived discrimination. Less engagement in Black community activism was related to resilience. All stressors remained significantly and negatively associated with resilience except everyday discrimination and food insecurity.

3.11. Ranking of Resources

Elastic net regression identified the top 12 non-psychological and psychological resources by the magnitude of their association with resilience. Namely, these were (1) improvisation; (2) [not exhibiting] neurotic personality traits; (3) being conscientious; (4) [not] expressing anger or getting mad in response to discrimination; (5) absence of disease; (6) [less] knowledge of community resources; (7) affinity for hip hop music; (8) Black community activism; (9) [paid] caregiving; (10) gardening; (11) [not] holding a college degree; and (12) inadequate sleep. Note, we have included brackets to indicate the direction of the associations with resilience for easier interpretation. In our study, we discovered that neurotic personality traits had a significant negative impact on resilience. Consequently, the absence of neuroticism was identified as a resilience resource. For a complete list of ranked variables that may potentially serve as resilience resources in our sample of YAAW, see Figure 2.

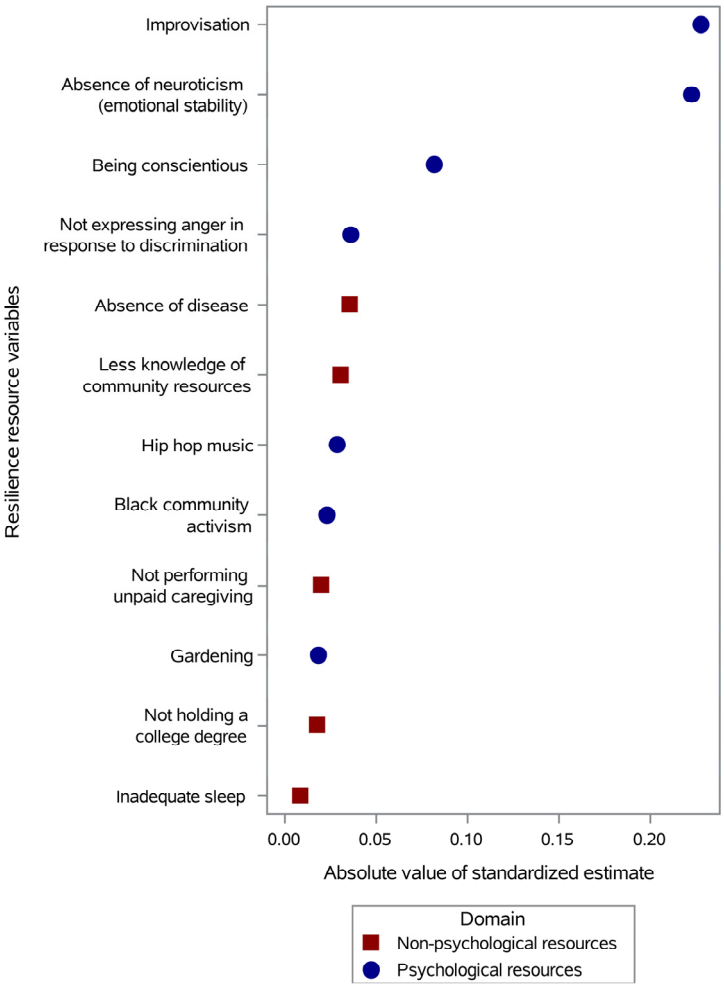


Figure 2. Ranking of variable importance in elastic net model using all variables. Note, to highlight resilience resources, unique stress variables are not shown.

4. Discussion

4.1. Summary of Key Findings

4.1.1. Overview

With input from women with lived experience, this study examined the associations between belief-based psychological resilience (as measured by the Brief Resilience Scale—hereafter resilience) and the following three constructs defined by Staudinger's model of

resilience and aging: (1) perceived stress, (2) non-psychological resources, and (3) psychological resources for YAAW. We aimed to identify cultural resources that support resilience in YAAW while adjusting for unique stressors. Overall, our findings reinforce the general pattern observed in the literature, which demonstrates that stressors are significantly and negatively associated with resilience, while perceived access to resources is significantly and positively associated. Twelve culturally informed resources, mostly modifiable and psychological, were identified as being strongly linked to resilience (see Figure 2). These included improvisation as a means of problem solving and possessing self and personality traits, such as the absence of neuroticism, conscientiousness, and not "getting mad" in response to discrimination. Broadly, our findings suggest that YAAW may benefit from these resilience resources in the face of significant stressors, and they may serve as intervention points for building resilience among those at the greatest risk of stress-induced adverse health outcomes (such as CVD).

4.1.2. Stressors

Our findings indicate that YAAW experience a range of multidimensional and interconnected stressors—i.e., multilevel racism, adverse childhood experiences, community stressors, and food insecurity—that negatively impact their resilience (J. C. Hall, 2018). The cumulative and overlapping effects of this unique stress may intensify feelings of powerlessness and a lack of control (Polanco-Roman et al., 2016; Jacob et al., 2023). Perceived stress may serve as an indicator of the overall burden that YAAW face, particularly in relation to potential feelings of helplessness stemming from their experiences. We observed that the negative association between perceived stress and resilience was more pronounced than that for other stress factors, whether considered individually or collectively. This could be attributed to the overlapping definitions of perceived stress and control beliefs—the belief that one's actions can lead to desired outcomes and help to avoid negative ones (Ajzen, 2002; Lachman et al., 2011; Kondo et al., 2023).

Moreover, the unique stressors identified in our study are associated with trauma, which can manifest as various symptoms, including brain injury, altered neural responses, heightened emotions, flashbacks, PTSD, depression, and anxiety. These symptoms can impair cognitive abilities, making it difficult for individuals to identify resilience resources potentially accessible to them in challenging situations. This may further amplify perceived stress (Lambert et al., 2009; Becker et al., 2018; Bowen et al., 2021; Hankerson et al., 2022; Moody et al., 2023). Consequently, our findings suggest that, even when YAAW have access to multiple resources, this does not eliminate the negative association between perceived stress and resilience.

Researchers and practitioners should consider that YAAW may not be aware of the extent of the trauma (or resilience strategies) they have experienced and embodied at the time of intervention (Graff, 2014; Barlow, 2018; Douglas et al., 2024). The history of YAAW has frequently been obscured (e.g., whitewashed and erased), resulting in ongoing challenges in accessing effective stress management resources based on lineage, which may lead these women to lean into spontaneous problem solving (Kendi, 2016; Ireland et al., 2018; K.-Y. Taylor, 2020). Our interpretation aligns with our observation that the strongest resilience resource for YAAW is improvisation, followed closely by non-neurotic personality traits.

4.1.3. Top Three Ranking Resources

Cognitive Activities—Improvisation

High improvisation skills emerged as the most significant resilience resource for YAAW in our study. According to the cultural psychology theory TRIOS—an acronym

for "Time, Rhythm, Improvisation, Orality, and Spirituality"—improvisation, defined as "goal-directed creative problem-solving under time pressure and distinctive style", is a key element of African legacy in American culture. Evidence suggests that improvisation can promote resilience in YAAW facing adversity by serving as a survival mechanism, a source of strength (power and agency), and fostering cultural identity (J. Jones, 2003).

In alignment with developing resilience theory, the TRIOS framework suggests that improvisation plays a crucial role in building resilience by facilitating adaptive and original responses to challenging, unpredictable, and uncontrollable situations, particularly those arising from the enslavement of YAAW and anti-Black racism—unique stressors (embodied and embedded in lived experiences) (J. Jones, 2003; Krieger, 2016; Masten et al., 2023). Notably, improvisation is rooted in the self-belief that one has immediate access to personal internal resources that are capable of helping them survive unique stressors while also advancing self-growth and development (e.g., self-love).

The author of the TRIOS theory describes this phenomenon as the dual process of self-protection and self-enhancement within the universal context of racism, which he also connects to improvisation. This belief in one's ability to improvise in response to unique stressors aligns with core elements of resilience, such as belief in one's capacity to adapt and bounce back from adversity (e.g., cognitive ability and self-awareness), efficiently access internal and external resources (e.g., emotional stability and self-efficacy), and find purpose in life (e.g., imagination and the envisioning of goals) (Grøtan et al., 2008; Thoren, 2017).

Improvisation may also facilitate the intergenerational practice among YAAW of connecting their internal and external worlds to manage unique stressors while simultaneously cultivating a sense of control and empowerment—even when they do not feel in control of things outside of themselves (J. D. Jackson, 2001; J. Jones, 2003; Strang, 2017). Building on moments of perceived control gained from times of successful improvisation may help YAAW stabilize from stress, learn from setbacks, and embrace change in ways that also support belief-based resilience.

Other leading resilience resources that YAAW reported in our study—gardening and an affinity for hip hop music—relate to improvisation through elements of rhythm, freestyle, and resistance. Evidence suggests AA youth who listen to hip hop music (sometimes called rhyming) are more likely to find strength in their individual and collective identities (Chaney, 2018; Anyiwo et al., 2022). They are also more likely to resist social and environmental stressors including perceived racism. Gardening (a rhythmic exchange with nature) is well-documented as a historically valuable health resource in AA communities, serving as a means of self-sufficiency, wellbeing, and survival (Okvat & Zautra, 2011; Poulsen et al., 2014; Ambrose et al., 2020; Lee, 2020; Lombardi et al., 2021; Samuels, 2021; Sia et al., 2022; Gripper, 2023; Jauk-Ajamie & Blackwood, 2024).

Taken together, improvisation and related activities may be a key strategy for understanding and improving resilience in YAAW. Perhaps most important in terms of enhancing resilience in this group, evidence suggests that improvisational activities can help to repair neural damage caused by trauma and offer insights into the historical resilience strategies found within AA culture (Sheffield, 2011; Ambrose et al., 2020; Brewer-Smyth, 2022; Strand, 2023; Waller, 2024). Incorporating these cultural resources into health promotion programs for YAAW and acknowledging their historical roots may also support the cultural restoration in this group, while simultaneously providing the essential tools to develop self-knowledge and strategic approaches to navigate the unique stresses of modern life.

Self and Personality Traits—The Absence of Neuroticism and Conscientiousness

Our results are consistent with previous studies showing resilience to be negatively related to neuroticism and positively related to conscientiousness (ranked second and third in our study for their relation to resilience, respectively) (Oshio et al., 2018). Neurotic

individuals are emotionally reactive and prone to negative emotions, resulting in more emotional outbursts, reduced self-esteem, and pessimistic thoughts when facing stressors. As they mature, negative experiences build, leading to low self-esteem and confidence, which diminishes their resilience. People with neurotic personalities may experience poorer health outcomes, as they are prone to experiencing heightened adverse physiological changes in response to racism and anticipated racism, which may be exacerbated by additional intersecting identity-based oppression (e.g., sexism, ageism, homophobia, weight bias, colorism, etc.) (Pearson et al., 2014). It is notable that "not expressing anger" or "[getting] mad" in response to discrimination ranked fourth in our study for its relation to resilience. Assessing neuroticism (emotional stability) in health interventions and providing training and resources to prevent triggers that can dysregulate emotions and activate physiological and psychological stress response pathways may be beneficial to health programs for YAAW.

Unlike neuroticism, conscientiousness demonstrated a positive effect on resilience in our sample, an inverse pattern commonly observed in the literature (Oshio et al., 2018). Conscientious individuals possess traits such as self-control, discipline, good planning skills, reliability, and hard work (Shanahan et al., 2014; Oshio et al., 2018). These conscientious personality traits are clearly connected to greater resilience through high self-efficacy and productivity, and are also linked to the perception of anti-Black prejudice (Lin & Alvarez, 2020). One explanation may be because AAs may not benefit as much from conscientious personality traits, especially in institutions that emphasize meritocracy, due to systemic racism (Kwate & Meyer, 2010; Javaras et al., 2019). The limitations of conscientiousness in the context of the unique stress experienced by YAAW may explain why the association between conscientiousness and resilience is not as strong as that of high improvisation and low neuroticism in our study. Pairing evidence-based cognitive behavioral and metacognitive behavioral strategies used to enhance conscientiousness (such as goal setting and episodic future thinking) with historical and cultural education on the ways in which systemic racism has truncated or eliminated the proposed benefits of participating meritocratic systems for YAAW, as well as racial pride and racial–ethnic interconnectedness, may be a useful approach to consider in the development of resilience training programs for this group (Austin et al., 2022).

4.1.4. Other Resources

It is worth noting the strongest non-psychological resources included the absence of disease, meaning that the women did not report a history of hypertension, high cholesterol, diabetes, or cancer. Although resilience is not merely the absence of physical and mental health disease outcomes, evidence suggests that the absence of disease is positively associated with resilience (Cal et al., 2015). Critically, the chronic diseases assessed in our study often have long-term effects on health and require ongoing medication regimens, which may significantly impact self-rated health compared to a short-term infectious disease like (short-term) COVID-19.

4.1.5. Findings That Merit Further Investigation

The full model showed that inadequate sleep, defined as less than six hours of sleep per night, less knowledge of community resources, not having a four-year college degree, and not engaging in Black community activism were significantly associated with high resilience in the fully adjusted model. None of these went in the direction we expected. Our findings may be nuanced due to the unique context of YAAW's lives, as well as the other stressors and resources variables present. For example, greater education usually translates into more resources, resulting in higher resilience. However, several studies have found

that college decreases self-efficacy and self-esteem among YAAW, especially those who attend predominately white institutions (Whitehead & Bledsoe, 2019; Orelus, 2020; Lui et al., 2022; Jackson Preston et al., 2023; Smith-Tran, 2023; S. Johnson et al., 2024). Accordingly, 58.98% of our sample experienced being unfairly discouraged by teachers or advisors from continuing their education at least once in their lives, followed by 39.65% who reported being discouraged from two to three times. Moreover, we found that "[working] harder to prove them wrong" was the leading response to perceived discrimination. YAAW actively seeking resources (e.g., academic institutions and community centers) may experience greater discrimination compared to those who are not and thereby experience more negative effects on resilience, the opposite of what is traditionally expected.

We also observed negative effects of (unpaid) caretaking. In the AA families, caretaking is often an extension of kinship care, traditionally playing an important role in promoting resilience through social support. However, in YAAW's unique context, without adequate resources, this may become a stressor (Rhodes, 2021). In stressful situations, YAAW may leverage their youth and energy (self-sacrifice) to fulfill both collective responsibilities, like unpaid caretaking, alongside their individual obligations. This may explain why an inverse relationship between vital physical health resources (such as adequate sleep) and resilience in AA women. For example, Springfield et al. (2020) found that the relationship between resilience and sleep varied significantly by race and ethnicity, such that resilience and sleep demonstrated an inverse relationship in older AA women (Springfield et al., 2022). They concluded that these women may have viewed themselves as resilient despite missing sleep due to cultural factors, such as John Henryism and the Superwoman schema. Similarly, these nuances may play a role in our findings and require further research.

Additionally, resources may not always be accessible and effective, therefore not affecting perceived resilience. For example, knowledge of community resources demonstrated a significant positive association with resilience in the crude and age-adjusted models, as expected. However, in the fully adjusted model considering unique stressors and other resources, the direction of the observation changed—albeit with a small effect size. It could be that, given the circumstances, knowing that resources are available does not indicate their accessibility or effectiveness. In the same way, although YAAW participate in Black activism, this may not translate to collective resilience or the alleviation of stress, so it follows that this would not increase resilience.

4.1.6. Resilience

We want to reiterate that our study focused on unidimensional resilience, which refers to the belief in one's ability to recover from stress (Smith et al., 2008; Smith et al., 2010; Smith et al., 2023). This differs from multidimensional resilience, which relies on resource utilization (Ye et al., 2022). Accurately evaluating and developing unidimensional resilience necessitates healthy cognitive functioning and self-knowledge. Based on our findings, several key factors may support fostering this type of resilience in YAAW. These include improvisation skills, low neuroticism, high conscientiousness, emotional regulation, hip hop music, healthy activism, gardening, access to community resources, safe and culturally informed educational opportunities, paid caregiving, and prioritizing the value of rest. Further research is needed to explore these variables and their impacts on resilience in YAAW.

4.2. Limitations and Strengths

Our study offers valuable insights into the relationships between unique stressors, culturally informed resources, and resilience among a relatively large national sample of young African American women (YAAW). We identified several resources that may be

important for fostering resilience and promoting health in this group. However, the study has significant limitations in its design, measurement, and generalizability.

Due to the cross-sectional nature of our research, we cannot establish causality or determine the direction of the associations between resilience and the resources we examined. Our theoretical model focused on how the constructs of stress and resources influence resilience as an outcome, and so we interpret our findings in that direction. However, this study was not designed for causal inferences; rather, it highlights the observed relationships.

All measures were self-reported and subject to reporting bias. For example, the majority of our sample were overweight and may have underreported their weight and other health behaviors, such as diet quality, to appear more favorable (Davies et al., 2020). To cover multiple measures and limit the survey length, we often used adapted, shortened, or subscale versions of measures, which may have significantly lowered the reliability compared to the full measures previously reported. For instance, the original Development and Validation of the Internalized Racial Oppression Scale for Black Individuals consists of 28 items; however, the BWNJOY members selected only five items to include in our survey. Thus, the internal consistency of this measure and some others was significantly lower than what is reported in the literature. Also, several of our survey measures have not been previously validated in YAAW, and, therefore, we cannot guarantee their accuracy. That said, we evaluated the candidate survey scales used in this study to ensure rigorous development, reliability, and validity, favoring tools that have been evaluated for YAAW women whenever possible. Key citations regarding this information for all surveys are included in Supplementary Table S1.

Relying solely on Qualtrics panels raises significant concerns about sampling bias, which can severely limit the generalizability of our findings to the broader population of YAAW (Miller et al., 2020). While using Qualtrics panels was essential for gathering data from this population during the COVID-19 pandemic and periods of social unrest—without adding extra stress to our community partners—these panels may not have fully captured the diverse experiences and perspectives within the YAAW group.

Additionally, the Qualtrics survey offered limited question types and required complex branching logic for certain questions, which could have led to increased errors in the survey responses compared to traditional convenience samples. Furthermore, data collection through Qualtrics was costly and required access through the university. As a result, researchers without funding or a university account for Qualtrics would not be able to replicate our study.

In response to these limitations, we have recently initiated a companion study that involves in-person recruitment in the Chicagoland area. Data from this project will be presented in a future peer-reviewed publication. Still, the cross-sectional associations reported here serve as important pilot data to inform future prospective longitudinal cohort designs that are needed to untangle the complex relationships between stressors, resources, and resilience. While we acknowledge that we could not capture all resilience resources relevant to YAAW and the heterogeneity within this group, we aimed to shed light on the complex lifeworlds of YAAW (S. K. Kumanyika et al., 2007). Consistent with culturally informed research practices, this study included codesign to examine variables reflective of YAAW's sociocultural contexts. This approach helped to identify effective resilience resources while ensuring that they were grounded in the lived experiences of the women they aim to support.

4.3. Implications for Health Equity and Future Directions

Our findings may support studies aimed at (1) increasing awareness of health-promoting historical cultural practices within the AA community; (2) codesigning and implementing community-engaged research methodologies in epidemiological studies; (3) emphasizing the perspectives of individuals with lived experiences; (4) broadening the definition of resilience and developing culturally restorative, multidimensional resilience models for populations facing the challenges of anti-Black racism; and (5) utilizing strength-based approaches to health promotion in YAAW.

The next steps include more sophisticated analyses and localized studies to explore how resilience resources mediate and moderate the relationship between unique stressors and CVD-related outcomes. We also aim to understand the interactions between resilience, resilience resources, and stressors. We also will continue collaborating with BWNJOY and other community stakeholders to inform this line of research.

5. Conclusions

In conclusion, YAAW possess a variety of modifiable resilience resources in the face of unique stressors. Our findings suggest that stress reduction techniques, which effectively heal racial trauma while also fostering cultural identity—such as improvisation, gardening, and hip hop music—may be particularly beneficial for building resilience in this group. However, neurotic personality traits (emotional instability) may diminish the benefits of these resources, as well as managing comorbid conditions.

Overall, a multifaceted approach is essential for understanding the complexities of ongoing resilience in YAAW as they navigate, resist, and survive oppression. Further research is specifically needed to understand how unique stressors, cultural resources, and resilience interact. This evidence may inform the development of effective health promotion programs and protective environments that support the well-being of YAAW by nurturing their existing resilience and enabling them to thrive.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/psycholint7020034/s1, Table S1: Constructs and data sources for developing a survey focused on stressors, resilience, and diet quality in young African American women (Bailey et al., 2011; Blake & McKay, 1986; Carter-Nolan et al., 2006; Cohen & Williamson, 1988; Condrasky et al., 2011; Cozier et al., 2018; Crandall et al., 2019; Cuttler & Spradlin, 2017; Daníelsdóttir et al., 2022; R. R. Hall et al., 2013; Hope et al., 2018; D. M. Johnson et al., 2005; J. Jones, 2003; Kistler & Lee, 2009; Koenig et al., 1997; Kroenke et al., 2003; Lavelle et al., 2017; Limonero et al., 2014; Machida, 2019; Narayan et al., 2018; Nick et al., 2018; Nikolaus et al., 2019; Ojebuoboh et al., 2022; Pettigrew et al., 2016; Rammstedt et al., 2013; Reinert & Allen, 2002; Resnicow et al., 2009; Sheehy et al., 2024; Smith et al., 2008; Springfield et al., 2020; Sternthal et al., 2011; van der Bend et al., 2022; Willis et al., 2021).

Author Contributions: Conceptualization: S.S.-T.: methodology: S.S.-T., P.W.-W., D.W., D.O., N.B., D.V.M., C.M., R.R. and L.H.; formal Analysis: C.J.; resources: S.S.-T., U.M.S. and L.H.; data curation: S.S.-T. and C.J.; writing—original draft preparation: S.S.-T. and C.J.; writing—review and editing: S.S.-T., P.W.-W., D.W., D.O., N.B., D.V.M., C.M., R.R., L.H., C.J., D.S. and U.M.S.; visualization: S.S.-T.; funding acquisition: S.S.-T. All authors have read and agreed to the published version of the manuscript.

Funding: This work was funded by the National Center for Advancing Translational Sciences (NCATS) at the National Institutes of Health (NIH), which supports the Institute for Translational Medicine (ITM)-sponsored Early Investigator Award - KL2TR002387 at Loyola University Chicago.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board Loyola University Chicago (protocol code 214218, date of approval 5 October 2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Dataset available upon request from the authors.

Acknowledgments: We would like to extend our gratitude to the survey participants, Qualtrics' staff, and our community partners—including our community advisory board (Black Women Nutritious and Joyful), Proviso Partners for Health, who assisted in the survey design and helped interpret the findings. Special thanks are extended to members of the Nutrition Resilience and Health Equity Lab, who assisted with the manuscript's preparation. This includes Benny Garcia, Quincy Rogers, Thilini Fernando, Yosan Lebab, Rose Thornquist, Malak Fisseha, Sara Vanderpuye, Hafsa Mohammed, Ilana Raskind, and Elizabeth Doyle. Finally, I would like to acknowledge my great grandmother, Hattie Pruitt, who is currently 109 years old and the oldest living Rosie the Riveter. In addition to my grandmother Shantelle Thomas, who is 83 years old, and my mother Tracy Springfield, who is 62 years old, as well as other African American women who have paved the way.

Conflicts of Interest: The authors declare no conflict of interest.

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