

Summer 2024

Social Support in Black Individuals: The Moderating Effects on the Relationship Between Resilience and Well-Being

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SOCIAL SUPPORT IN BLACK INDIVIDUALS: THE MODERATING EFFECTS ON THE RELATIONSHIP BETWEEN RESILIENCE AND WELL-BEING

by

IMANI CROSBY

(Under the Direction of Jeffrey Klibert)

ABSTRACT

Black individuals possess numerous strengths and positive contributions that build strong communities and cultivate psychological well-being (Biglan et al., 2012). However, much of the current literature focuses on hardships Black individuals face, skewing the larger discourse of their lived experience. This exclusive focus on adversity often neglects pathways by which Black people thrive and flourish. It is important to consider how Black experiences relate to a sense of well-being. Resilience, or the ability to “bounce back” from adverse experiences is linked well-being outcomes (APA, 2012). However, it is unknown whether the promotive effects of resilience directly contribute to well-being outcomes or are funneled through the effects social support dimensions (e.g., friends, family, significant other) in Black individuals. The study answered the following questions: (a) do reports of resilience, social support, and well-being vary by rural vs. urban Black groups? (b) is there a positive relationship between resilience and well-being in a sample of Black adults? (c) are dimensions of social support positively related to resilience and well-being scores in a sample of Black adults? (d) does the relationship between resilience and well-being vary as a function of social support dimensions? The study utilized a cross-sectional, correlational design and participants completed an online survey related to their experiences with resilience, social support, and well-being. Data were collected from a sample of 428 Black individuals. Main and interaction effects for gender and rurality were examined on the study’s main variables. Results indicate Black men report higher levels of friend and significant other social support compared to Black women, whereas Black women report higher levels of well-being compared to Black men. Additionally, Black individuals in rural areas report higher levels of resilience and well-being when compared to Black individuals in non-rural areas. Moderated models revealed friend social support moderated the relationship between resilience and well-being. Specifically, the relationship between resilience and well-being strengthens when friend social support is high. However, it is important that future research identifies the specific types of support (e.g., physical, cognitive, emotional) friends provide to determine the most effective methods of strengthening resilience efforts and higher levels of well-being.

INDEX WORDS: Social Support, Community, Resilience, Black, African American, Well-being

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M.S., Georgia Southern University, 2021

B.A., University of Cincinnati, 2019

A Dissertation Submitted to the Graduate Faculty of Georgia Southern University in Partial
Fulfillment
of the Requirements for the Degree

DOCTOR OF PSYCHOLOGY

STATESBORO, GEORGIA

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July 2024

ACKNOWLEDGEMENTS

Words cannot express my gratitude to my dissertation committee for their invaluable patience and feedback. I also specifically could not have undertaken this journey without my advisor, mentor, and dissertation chair, who generously provided his knowledge and expertise. Thank you for your moral support and guidance through this entire process. Lastly, I would be remiss in not mentioning my loved ones, especially my parents, aunt, and siblings. Their belief in me has inspired me to take this journey and finish out strong. Thank you everyone for never giving up on me and for being there during my highs and my lows. I would also like to thank my friends for all the entertainment and emotional support. I love you all so much.

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CHAPTER 1

INTRODUCTION

In the United States (U.S.), 13.4 percent of citizens identify as Black (e.g., African American, Caribbean-American, multiracial, etc.; U.S. Census Bureau, 2019). Despite the significant presence and contribution of Black people to U.S. culture, there are numerous gaps in the psychological research associated with this population. Specifically, there is a scarcity of research explaining the unique social and health-related strengths and attributes within the Black community (Johnson & Carter, 2020). Largely, the literature over-emphasizes research examining the effect of hardships on Black life in the U.S. For instance, there are copious amounts of evidence that Black individuals experience discrimination, systemic inequality, racial profiling, microaggressions, and other adversities (Lofton & Davis, 2015) and how such experiences serve as barriers to well-being (Saleem, Lambert, & Rose, 2022). However, despite adversities, Black individuals possess numerous strengths and attributes needed to build strong communities and support psychological well-being (Biglan et al., 2012). Yet, there are few models and theories highlighting how Black people build communities of strength to bolster attempts to find and maintain a sense of psychological well-being.

Black Resilience

Individuals in the Black community largely possess a unique set of resilience resources including, mechanisms that shape and foster a wide variety of coping skills to face social disparities directly (Brown et al., 2011). Despite facing continuous oppression and injustice, including discrimination, microaggressions, unequal opportunities, poverty, hate crimes, and institutionalization, Black people create and access unique pathways to navigate adversity and flourish (Mushonga, Rasheem, & Anderson, 2021). Importantly, despite gaps in K-12 education,

approximately 2.1 million Black students enrolled in an undergraduate program in the fall of 2019 (PNPI, 2021), suggesting many Black students are making their own path toward resilience and academic well-being. This is just one promising trend in Black communities. Increasing rates of Black individuals successfully graduating from college, maintaining complex and important jobs, forming meaningful relationships within their communities, and standing up against social injustices (McDougal III et al., 2018) are other notable trends suggesting individuals in this population uniquely foster and work within effective systems of resilience. In addition, people in the Black community are earning and thriving within higher level employment positions such as C-level positions (e.g., CEOs, COOs, CFOs), government officials (e.g., vice president and supreme court justice), business owners, major developers, celebrities, inventors, and much more (Crist Kolder Associates, 2021; Lichtenstein, 2014; McNanus, 2016). For instance, from 2007 to 2012, Black-owned businesses increased by 34 percent from 1.9 million to 2.6 million (Lichtenstein, 2014). In addition, reported numbers of Black CFOs doubled from 2018 to 2021 (Crist Kolder Associates, 2021). These trends indicate Black individuals craft unique skills (i.e., patience, hard work, fortitude) needed to build and sustain resilience in U.S. society (Johnson & Carter, 2020).

Connecting Resilience to Well-Being

Resilience and well-being are well connected in the literature. For instance, the quality of a person's life overtime is influenced by the amount of mental toughness or resilience the individual possesses (Mguni et al., 2012). Given these trends, researchers often consider resilience as a promotional factor to different indices of well-being. Even for individuals facing substantial psychosocial barriers, resilience appears key in bringing about greater levels of well-being. For instance, people can report high levels of life satisfaction despite experiencing

adversity, distress, and other life stressors (Muniandy, et al., 2021). Alternatively, in the absence of resilience, a person's perception of life satisfaction/well-being is much lower (Mguni et al., 2012). However, there are significant gaps in evaluating the relationship between resilience and well-being, especially in populations of people who experience a disproportionate number of psychosocial stressors. For instance, do all Black individuals who manage and survive community violence, societal microinvalidations, and institutional discrimination obtain a stable sense of wellness and well-being? Essentially, researchers are questioning whether bouncing back from stress, adversity, and conflict directly leads to high perceptions of wellness and well-being (Anderson, 2019; Brody, Yu, Chen, & Miller, 2020). Considering this line of evaluation, it is important to determine if the relationship between resilience and well-being for Black individuals is conditional on a third factor; does this relationship exist only under certain contexts of circumstances?

Purpose

The present study proposes a moderated model to assess the relationship between resilience and psychological well-being among Black individuals. As noted previously, resilience plays a large role in the promotion of well-being in Black communities (Mushonga et al., 2021). Moreover, resilience is strongly linked to different well-being outcomes (Mguni et al., 2012). However, it is unknown if the relationship is direct or occurs through different social mechanisms. Therefore, the purpose of this study was to examine the interaction between resilience and social support domains (e.g., family, friends, and romantic partners) to account for variance in how Black people report an overall sense of psychological well-being. Specifically, this study answered the following questions:

- a) Do reports of resilience, social support, and well-being vary by rural vs. urban Black groups?
- b) Is there a positive relationship between resilience and well-being in a sample of Black adults?
- c) Are dimensions of social support positively related to resilience and well-being scores in a sample of Black adults?
- d) Does the relationship between resilience and well-being vary as a function of social support dimensions?

Significance

Research on Black individuals is heavily based on racial discrimination, microaggressions, and other race-related topics. These research studies highlight the challenges Black people face in everyday life. However, an overly neglected aspect of Black literature is the focus on the positive characteristics that Black individuals possess. The lack of balance in how Black communities are evaluated within the literature can be discriminatory, often promoting the idea that people who identify as Black are overly vulnerable or victims. Therefore, instead of focusing strictly on the adversities and challenges related to racial identity, this study evaluates positive contributions and processes the experience of Black individuals. Specifically, this study will provide a different perspective regarding the Black community and highlight unique factors in which this population thrives and flourishes. Results from this study may be influential in how future theorists, researchers, and clinicians promote culturally sensitive pathways toward well-being for Black populations.

Definition of Terms

Resilience. Broadly, resilience is defined as the ability to adapt well when encountering adversity, trauma, tragedy, threat, or other significant stressors (American Psychological Association [APA], 2012). The term resilience originates from the Latin word ‘*resiliens*’ in reference to an elastic or pliant quality of a substance (Cosco et al., 2017; Joseph, 1994). It is often referred to as the ability to “bounce back” from adverse experiences through psychological, emotional, and behavioral flexibility and adjustment (APA, 2012). Resilience is expressed through various underlying mechanisms including overcoming trauma and adversity, succeeding socially, academically, and occupationally, and flourishing despite facing daily challenges. In this study, a total resilience score served as the focal predictor variable in my model.

Psychological Well-Being. Psychological well-being is referred to as a core feature of mental health. It is defined as the experience of enjoyment, pleasure, meaning, fulfillment, and happiness in everyday life (Tang et al., 2019). Although psychological well-being is experienced in several ways including low levels of distress and a stable sense of mental health, it is important for researchers to evaluate well-being in the context of positive psychological forces instead of the absence of harmful forces. To this end, this study conceptualized well-being as a dynamic outcome, one characterized by self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995). In this study, a total psychological well-being score served as the outcome variable in my model.

Social Support. Social support is the perception of care from others as demonstrated through a series of behaviors targeted toward helping individuals cope with biological, psychological, and social stressors (Cohen & Wills, 1985). The purpose behind social support is to enhance quality of life (Primary Health Care, 2017). Institutions supporting psychological

well-being are known as dimensions of social support (Zimet et al., 1988). Three dimensions of social support included in this study are familial support, friend support, and significant other support. Family support is characterized by backing and aid provided by relatives such as parents, siblings, grandparents, aunts, uncles, and cousins. Significant other support is associated with encouragement and assistance provided by life partners. Finally, friend support is defined as receiving social aid and assistance by individuals who are not a relative or partner. In this study, the dimensions of social support scores served as moderating variables in my model.

Literature Review

Well-being refers to a state of mental health in which individuals obtain optimal experience and functioning to pursue life goals (Love et al., 2009; Ryan & Deci, 2001). There are two core concepts associated with well-being: subjective emotional facets (i.e., life satisfaction, positive affect) and psychological facets (i.e., personal growth and self-actualization; Lent 2004; Love et al., 2009; Ryan & Deci, 2001). These facets work in tandem to promote a higher quality set of emotional, cognitive, and behavioral experiences. Well-being is also defined as a state of “contentment, satisfaction, or happiness derived from optimal functioning” based on the individual’s own perception of reality and their subjective reactions to it (Diener et al., 1985; McDowell, 2010, p. 70).

Despite the offered general definitions, experiences with and expressions of well-being vary by different cultural groups, especially in Black communities (Le, Iwamtor, & Burke, 2020). For example, religious coping is strongly linked with well-being outcomes, most notably positive adjustment to major life stressors, effective stress management, and high levels of wellness among Black individuals (Park et al., 2018; Rose et al., 2019). On the other hand, research highlights religious coping as protective in supporting well-being for some

subpopulations of Black communities but not others (Rose et al., 2019). Specifically, findings suggest religious coping is more effective for Caribbean-Americans than African Americans.

In addition, Black individuals express different features of well-being in different quantities. For instance, parents of Black youth transfer information to their children about culture, academics, and daily activities based on their own experiences. Research suggests Black parents who share their discriminatory experiences, cultural identity, academic and social expectations, beliefs, and values help maintain and improve adolescents' well-being through academic performance, self-efficacy, and a sense of identity (Hill & Roberts, 2019; Rose et al., 2019). These same patterns also decrease negative thinking and reduce risk-taking behaviors (Hill & Roberts, 2019). For many in the Black community, well-being is saturated with identity dynamics. Importantly, identity development is vital to the well-being of Black individuals. Developing a sense of who they are within the context of their cultural heritage contributes to positive outcomes in their lives (Seaton, Scottham, & Sellers, 2006). Similarly, cultural orientation, Afrocentric values, and race socialization predict numerous well-being outcomes associated with positive youth development programming (Grills et al., 2016). In addition, a sense of mastery is associated with less psychological distress and heightened levels of well-being as indicated by positive personal and social adjustment outcomes (Dalgard et al., 2007; Lipschitz-Elwahi & Itzhaky, 2005; Rose et al., 2019). Although many Black youth face a wide variety of challenges that may impact their well-being, (mostly through a sense of mastery and identity development), such as removal from their family home and numerous placement changes, strong relationships with others may help these youth overcome these barriers. For instance, relationship permanence, which refers to having a continually supportive relationship with an individual (e.g., non-parental family figures, peer companions, child welfare

professionals, a best friend), is strongly linked to increased overall psychological well-being including mastery and sense of self (Williams-Butler, et al., 2018).

Next, Black people's sense of well-being is reflected in a unique set of attributes, values, and skills. Notably, well-being is often reflected in positive outcomes such as social skills/achievements (e.g., the ability to form meaningful relationships), feelings of self-worth, mastery, purpose, and academic achievement (Barbarin 1993; Elias & Haynes, 2008; Hurd et al., 2012; Roeser et al., 2000). In addition, Black individuals who experience high levels of well-being also exhibit high levels of psychological functioning (e.g., happiness, quality mental health), low levels of negative affect, and higher quality relationships (Hurd et al. 2012; Roeser et al., 2000). Given the range of positive outcomes associated with well-being, it is important for research to identify ways to promote well-being in a culturally salient and responsive manner to better serve Black individuals and communities.

Resilience as a Promotive Factor

One potential promotive factor for Black well-being is resilience, an ability to effectively cope with or bounce back from adverse situations (Bernard & Slade, 2009; Furlong et al., 2009; Fergus & Zimmerman, 2005; Ijadi-Magshoodi et al., 2022). The word "resilience" originates from the Latin verb *resilire* which means to leap back (Fletcher & Sarkar, 2013). According to the field of psychology, resilience is also described as the ability to bounce back from negative emotional experiences and flexibly adapt to the changing demands of stressful experiences (Block & Black, 1980; Block & Kremen, 1996; Lazarus, 1993). However, most definitions of resilience are based around two core concepts. The first concept is adversity which is defined as any hardship and/or suffering (e.g., stressors and risk) associated with difficulty, misfortune, or trauma (Jackson, Fritko, & Edeborough, 2007). The second concept is positive adaptation, which

is defined as successfully reaching stage-salient development tasks or symptoms related to well-being (Fletcher & Sarkar, 2013). Positive adaptation in response to adversity is facilitated by the interaction between protective factors available to the individual.

Research suggests there are three different types of resilience: trait resilience, outcome resilience, and process resilience (Hu, Zhang, & Wang, 2014). Trait resilience refers to resilience as a personal trait that assists in coping with adversity (Connor & Davidson, 2003; Ong et al., 2006; Hu et al., 2014). Outcome resilience highlights resilience as a function or behavioral outcome that can help with recovery from adversity (Harvey & Delfabbro, 2004; Hu, et al., 2014; Masten, 2001). Finally, process resilience refers to resilience as a dynamic process in which individuals actively adapt and recover from adversity (Luthar, Cicchetti, & Becker, 2000; Fergus & Zimmerman, 2005; Hu, et al., 2014; Luthar, 2006). Largely, in the Black literature, resilience is often conceptualized through a trait resilience perspective.

Increased levels of resilience are indirectly and directly associated with numerous well-being outcomes, especially for Black people. Indirectly, resilience through effective coping is connected to higher levels of well-being outcomes for Black individuals. Notably, coping efforts stemming from a strong racial identity are positively linked to higher levels of well-being outcomes, including self-esteem (Butler-Barnes et al., 2018). Furthermore, coping through spirituality is defined as a resilient-oriented promotive factor because it is associated with increased levels of well-being outcomes, including self-esteem, a sense of purpose, and effective stress management skills (Butler-Barnes et al., 2018). Moreover, numerous studies indicate effective and diverse coping mechanisms directly and positively impact psychological well-being; for instance, resilient coping efforts saturated by hopefulness increase well-being outcomes, particularly perceptions of quality of life (Davidson et al., 2010).

Empirical research also supports a direct link between resilience and well-being outcomes. For instance, resilience occurs when environmental, social, and individual factors, known to be promotive factors, interrupt the trajectory from risk to pathology (Fergus & Zimmerman, 2005; Zimmerman et al., 2013). Resilient promotive factors operate in opposition to risk factors and help individuals overcome negative effects of risk exposure and promote positive outcomes (Zimmerman, 2013). There are two types of promotive factors identified in resilience research: assets and resources. Assets include factors that reside within individuals (Fletcher & Sarkar, 2013; Zimmerman, 2013). These are factors such as self-efficacy, autonomy, self-esteem, mastery, and racial/ethnic identity. Resources refer to external factors outside of the individual (Fletcher & Sarkar, 2013; Zimmerman, 2013). These resilient elements include factors such as family care, mentors, and prosocial involvement that provide opportunities to learn and practice skills. Resilient assets and resources appear to work in tandem to promote higher levels of well-being (Zimmerman, et al., 2013). Most commonly, multiple empirical studies highlight resilience as important in building different well-being outcomes such as life satisfaction, positive affect, and decreased levels of depression and anxiety (Abiola & Udofia, 2011; Abolghasemi & Varaniyab; 2010; Fredrickson et al., 2003; Hu, Zhang, & Wang, 2014; Rossi, Bisconti & Bergeman; 2007).

Conditional Relationship

Despite numerous studies linking resilience to well-being in different Black samples, it is unknown whether the promotive effects of resilience directly contribute to well-being outcomes or are funneled through the effects of a third, moderating variable. For instance, individuals experiencing significant life stressors and adversities often need additional resources to help promote a sense of well-being. Some studies indicate resilience is not always powerful enough to

induce different well-being outcomes. For instance, additional protective factors including family cohesion and external support outside the family are sometimes combined with individual resilience to contribute to lower levels of anxiety and depressive symptoms, which is a common feature of well-being (Anyan, Worsely, & Hjemdal, 2017). In addition, some studies report a high demanding working environment influences the impact and quality of resilience in promoting positive work environmental outcomes, another common feature of well-being (Kacmar et al., 2020). This finding suggests resilience alone may not be enough to promote high well-being. Given these findings, it is important researchers identify whether the relationship between resilience and well-being is conditional, dependent on a third variable. If the relationship is conditional, this pattern provides a more accurate conceptualization on how resilience leads to well-being among Black individuals, creating more opportunities for targeted well-being programs. One potential moderating factor within this relationship is social support.

Social Support

Overcoming challenges and stressful life situations is a complicated process (Berge et al., 2020) and may require additional resources to increase well-being outcomes (Zhou et al., 2022). One of those resources is social support which is broadly defined as “support accessible to an individual through social ties” that can vary from individuals to the larger community (Lin et al., 1979, p.110; Ozbay et al., 2007). In simpler terms, the National Cancer Institute’s Dictionary of Cancer Terms describes social support as “a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help” (Ozbay et al., 2007, p. 37). Social support comes in multiple forms and can be provided by means of emotional, informational, and material resources to help individuals thrive (Tucker, Finkelhor, & Turner, 2020). Notably, social support is often assessed through three

different indices: family, friends, and/or significant others (MSPSS; Zimet et al., 1988). Familial social support includes anyone providing support that is related to the individual (e.g., mom, dad, siblings, cousins, aunts, uncles, grandparents etc.). Friend support is demonstrated by any positive platonic relationship with the individual. Finally, significant other support includes any form of social support coming from a romantic partner.

Largely, social support is connected to high levels of well-being across different populations and communities (Emerson et al., 2018). Empirically, research indicates social support fosters a sense of meaning, purpose in life, and life satisfaction commonly experienced under the larger umbrella term of well-being (Fahmy & Wallace, 2019; Liu et al., 2016; Umberson & Karas Montez, 2010). Multiple direct examinations between social support and well-being outcomes indicate strong support for a positive correlation. Notably, higher perceived social support is linked to higher levels of life satisfaction (Liu et al., 2016). In other studies, social support, garnered through friends and family, is directly related to well-being outcomes (e.g., life-satisfaction) in different adolescent populations (Siddall, Huber, & Jiang, 2013). Furthermore, research suggests that social support in adolescence is positively correlated with a wide range of positive outcomes in adulthood including high-quality relationships, economic stability, and overall psychological well-being (Siddall et al., 2013). Finally, these findings transfer over to Black population samples. Notably, social support is a significant predictor of well-being in Black individuals with a previous history of racial discrimination (Chang et al., 2019). Specifically, Black individuals who reported higher satisfactory levels of social support reported more positive outcomes (e.g., life satisfaction, vitality) despite facing racial discrimination (Chang et al., 2019).

In addition, indices of social support are connected to the experience and expression of resilience. For instance, when experiencing low levels of social support and connectedness, individuals report lower levels of resilience (Lee et al., 2020). Studies also show high levels of social support are connected to greater levels of reported resilience. In samples of foster youth, social support is a significant predictor of resilience, where greater reports of social support garnered through family involvement and non-kin care is connected to higher reports of resilience (Leon & Dickson, 2019). From a cultural perspective, social support appears to be integral in predicting higher levels of resilience. Notably, individuals who identify as Latinx immigrants and report greater social support often also report a higher sense of resilience (Lee et al., 2020). Finally, empirical evidence indicates support from friends, family, and romantic partners fosters resilience in women who identify as Black (Dale & Safran, 2018).

Social Support as Moderating Factors. Social support may moderate the relationship between resilience and psychological well-being. The relationship might be stronger for the individuals who have social support than for people who do not. Numerous studies suggest social support is important for maintaining high levels of psychological well-being. Empirical evidence indicates high levels of social support can enhance resilience and other mental health outcomes (Ozbay et al., 2007). Notably, social support is often viewed as a promotive factor because it offers so many benefits to those who are navigating through and growing from adversity. For instance, individuals who experience adversity often use social support to cope with challenges such as racial discrimination and community violence (Cooper et al., 2013; Davis et al., 2015). Research suggests social support plays a direct role in promoting positive adjustment and reducing the stress associated with racial discrimination in Black adolescents (Cooper et al., 2013). In addition, family support promotes healthy development and positive outcomes for

youth exposed to violence (Davis et al., 2015). Given that resilience helps individuals recover or bounce back from stress, social support may serve as a key factor to helping individuals grow from stress in a more resilient way. For example, in the resilience literature, social support may serve as a resilient resource for individuals who experience adversity (Dale. & Safran, 2018). In this way, social support may accelerate the positive effects of resilience in helping individuals find more complete experiences with well-being. For instance, forming bonds with friends can help individuals cope with adversity and learn to adapt to new challenges (Dale & Safran; 2018; Rose et al., 2019). In addition, social support from friends can also aid in healing from trauma, assist with learning healthy coping strategies, and buffer the impact of racial discrimination (Dale & Safran; 2018). Furthermore, family support can reduce stressors related to the challenges people face (Rose et al., 2019). For instance, supportive resources such as receiving daily communication, having family members step in to take over a role, and being held accountable notably serve as helpful resilience resources (Dale & Safran, 2018; Rose et al., 2019). Moreover, partner support has beneficial effects as well (Dale & Safran, 2018). For example, additional assistance with care and other support from a romantic partner fosters greater self-value and higher confidence in individuals facing multiple adversities (e.g., Black women living with HIV; Dale & Safran, 2018). Given these findings, social support may serve as a necessary resilience resource.

Current Study

The overarching purpose of the current study was to identify unique mechanisms contributing to a more complete understanding of the relationship between resilience and well-being in Black individuals. The construct of resilience may provide a means to buffer the effects of adversity on well-being. It is important to identify pathways by which Black individuals can

flourish following adversity to promote mastery, resiliency, and negate the negative impacts of racial discrimination. Specifically, if the results held to expectation, the current study could provide useful targets for interventions to Black people's ability to flourish following negative events and adverse experiences.

Hypotheses. It was expected results would reveal a positive relationship between resilience and well-being. In addition, it was expected social support would also be positively related to well-being. Finally, I expected different facets of social support to moderate the relationship between resilience and well-being, such that higher levels of social support would result in a stronger association between resilience and well-being (see Figure 1).

CHAPTER 2

RESEARCH METHODOLOGY

Participants

A sample of individuals who identify as Black and over the age of 18 were recruited from Amazon Mechanical Turk (MTurk), a data collection system operated through Amazon. MTurk was utilized to obtain a wider variety of Black individuals from more diverse age groups, socioeconomic statuses, rural vs. urban residencies, and gender identities than would be available in undergraduate student samples. Approximately 600+ participants were recruited to ensure adequate power for the proposed analyses. Notably, I wanted to ensure enough power to evaluate my analyses and explore potential differences in the model by salient socio-demographic variables (e.g., gender identity, sexual orientation, SES). Because the minimum standard sample size for adequate power is $104 + k$, where k equates to the number of predictors in a model (Green, 1991), I strove to collect at least 321 participants. This number would safely accrue power with three predictor variable models and also allow for me to evaluate if and how the models varied across different socio-cultural groups. In addition, MTurk studies often need to consider the likelihood of invalid response data. In fact, previous studies report as much as 51% of data may be suspect, reflecting invalid responding (Simpson et al., in press). Thus, I aimed to collect data from 656 individuals to ensure I could maintain adequate power in evaluating my models across different socio-demographic groups. Participants were compensated \$1.00 upon completion of the study.

Initially, there were 685 submitted responses to the Qualtrics survey. Black identifying individuals were recruited on MTurk. Specifically, there were two prompts to ensure participants were Black (e.g., In order to take the survey, you must consent that you identify as Black or

African American; Do you identify as African American or Black?). Only participants who verified their identity as Black were allowed to participate. It was important to detect and remove participant scores that offered questionable, invalid data. To this end, I included some validity-based exclusionary criteria. First, participants who completed less than 70% of the entire survey ($n = 15$) were removed from the final sample. Second, individuals who answered any of the check questions ($N = 2$) incorrectly were also removed from the final sample. Finally, individuals ($n = 175$; 25.3%) who sped through the survey (spending less than 2 seconds per question; Bassili & Fletcher, 1991) and those who did not actively give their consent to participate were also removed. It is important to note that many of the individuals who were removed violated multiple validity criteria, including speeding, missing the validity check question, and failed to give consent. Therefore, numbers pertaining to who were removed may be a little misleading. The total sample size included in final analyses was 428. The mean age of the sample was 33 years ($SD = 9.75$) with an age range between 22 and 69 years of age. A more detailed evaluation of sample demographics is located on Table 1.

Table 1. Socio-demographic Characteristics of the Sample

Demographic Variables		<i>n</i> (%)
Gender Identity		
	Cisgender Men	302 (70.6%)
	Cisgender Women	126 (29.4%)
Sexual Orientation		
	Gay	6(1.4%)
	Lesbian	2 (.5%)
	Bisexual	194 (45.3%)
	Heterosexual	222 (51.9%)
	Other	4 (.9%)
Education		
	Less than high school	1 (.2%)
	Some high school	5 (1.2%)
	High school diploma or GED	24 (5.6%)
	Some college or vocational school	6 (1.4%)
	Vocational degree or certificate	3 (.7%)
	College degree	191 (44.6%)
	Master's degree	192 (44.9%)
	Doctoral degree	6 (1.4%)
Financial Resources		
	Poor/Impoverished	39 (9.1%)
	Some financial resources	244 (57%)
	Substantial financial resources	133 (31.1%)
	Affluent/rich	12 (2.8%)
Rural Status		
	Rural/Small Town	243 (56.8%)
	Non-Rural/Urban	185 (43.2%)

Marital Status

Single	57 (13.3%)
Married/Partnered/Common Law	368 (86%)
Separated	1 (.2%)
Divorced	2 (.5%)

Measures

Demographics Form. Demographic questions were included to obtain information pertaining to participants' age, gender, marital status, sexual orientation, socioeconomic status, and citizenship. Additionally, there were multiple questions assessing rurality. Specifically, participants were invited to describe their hometown as rural or non-rural, share their zip code, and rate their accessibility to health-related services and resources in their community.

Ryff Psychological Well-Being Scales (RPWBS). The RPWBS (Ryff, 1989) is a self-report questionnaire designed to quantitatively measure an individual's perceived level of psychological well-being. Respondents indicate their perceived success in six different life domains. The scales measure six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Each life domain contains 14 items measured on a scale from 1 (strongly disagree) to 5 (strongly agree). The scale demonstrates good convergent validity with other measures of psychological well-being (Hsien-Yuan et al., 2017). The measure demonstrates excellent internal consistency ($\alpha = .93$) and solid factor structure across multiple populations (Ryff, 1989). The total score of all items in the measure will be used. In the current study, the RPWBS demonstrated solid internal consistency ($\alpha = .79$).

Multidimensional Scale Perceived Social Support (MSPSS). The MSPSS (Zimet et al., 1988) is a self-report questionnaire designed to quantitatively measure an individual's perceived social support. Respondents indicate their perception of social support on 12 items, each measured on a scale from 1 (strongly disagree) to 5 (strongly agree). The scale measures three dimensions of social support: family, friends, and significant others. The scale demonstrates excellent convergent validity with other established measures of social support, great internal consistency ($\alpha = .92$), and solid factor structure across multiple populations and languages (Zimet, et al., 1988). In the current study, the MSPSS factors demonstrated solid internal consistency: Friends ($\alpha = .71$), Family ($\alpha = .71$), and Significant Other ($\alpha = .71$).

Brief Resilience Scale (BRS). The BRS (Smith et al., 2008) is a 6-item self-report measure of resilience. Participants indicate their perceived ability to adapt following life stressors on a 6-point rating scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores on the measure indicate greater levels of resilience. The measure demonstrates strong convergent validity with other measurements of resilience and good internal consistency ($\alpha = .83$; Munoz et al., 2020). The total score of the measure will be used. In the current study, the BRS demonstrated solid internal consistency ($\alpha = .78$).

Procedure

The study focused on a convenience sample of Black individuals from a diverse background of ages, socioeconomic statuses, rural vs. urban residencies, and gender identities. Participants were recruited through Amazon MTurk, a data collection system owned by Amazon that allows for compensation for completing tasks requiring human knowledge. Upon visiting the Amazon MTurk website, participants were directed to a Qualtrics survey link. Participants read an electronic informed consent and those who wished to continue with the survey demonstrated

consent by clicking “I give my consent to participate.” Individuals who chose not to participate clicked on “I do not give my consent to participate” and were directed away from the survey. Individuals who provided consent to participate were asked demographic questions (e.g., age, socioeconomic status) followed by a randomized list of self-report measures (i.e., psychological well-being, social support, resilience). Following completion of the surveys, participants were debriefed about the nature and purpose of the study and were provided with information regarding free or low-cost mental health services. Finally, participants were compensated \$1.00 following completion of the study.

Data Storage. Initially, all data were stored on Qualtrics. Following data collection, the researcher retrieved the data from the online site and transferred the data to SPSS. After the transfer, the researcher deleted the data from Qualtrics. Data transferred to SPSS were stored on a secure, password-protected hard drive.

Analytic Plan

Preliminary Analyses. Rural and gender differences were evaluated among self-reports of resilience, social support, and well-being. Specifically, a Factorial MANOVA was run to determine rural and gender differences in reports of resilience, social support, and well-being.

Primary Analyses. Initially, bivariate correlations were conducted in this study. Correlations were important in determining if the variables are related to each other in the expected direction to the expected degree. After running the correlations, a series of three moderated models were run. In these models, resilience served as the predictor variable, social support dimensions (e.g., family, friend, significant other) served as the moderator variables, and psychological well-being was the outcome variable. In each model, regression statistics were evaluated to determine if resilience and social support dimensions uniquely account for variance

in well-being scores. To determine if moderation exists, the interaction between resilience and social support dimensions must be significant.

If significant moderated effects are revealed, the effect was examined using two different techniques. First, a simple slopes analysis was evaluated to determine how the relationship between resilience and well-being varies via fluctuations in social support dimensions. Second, a Johnson-Neyman procedure was run to determine if the relationship between resilience and well-being was offset based on fluctuations in social support dimensions scores. Moreover, the Johnson-Neyman procedures provided a specific offsetting point, the social support score by which the relationship between resilience and well-being became non-significant.

CHAPTER 3

RESULTS

Preliminary Findings, Mean Differences

To evaluate gender and rural differences among the study's main variables, I ran a factorial MANOVA. A 2 rural status (rural, non-rural) x 2 cisgender identity (man, woman) factorial MANOVA was analyzed to determine the main and interaction effects for rural status and gender on self-reported measures of resilience, social support, and well-being. Regarding gender identity, participants did not self-report holding genderqueer, non-binary, or trans identities. Table 2 reports means and standard deviation scores for each cell on the study's main variables.

In terms of multivariate effects, there were some significant findings. Notably, results demonstrated an overall significant main effect for gender, $F(5, 420) = 3.8, p < .01, \eta_p^2 = .04$. However, results revealed a non-significant main effect for rural status, $F(5, 420) = 2.1, p > .05, \eta_p^2 = .02$, and a non-significant gender by rural status interaction effect, $F(5, 420) = .43, p > .05, \eta_p^2 < .01$.

In terms of univariate effects, some statistically significant findings were associated with gender identity. Notably, significant effects for gender identity were indicated for family social support, $F(1, 424) = 4.82, p < .05, \eta_p^2 = .01$, friend social support $F(1, 424) = 4.72, p < .05, \eta_p^2 = .01$, and well-being $F(1, 424) = 5.52, p < .05, \eta_p^2 = .01$. At a specific level, Black men ($M = 22.18, SD = 5.6$) reported higher levels of family support compared to Black women ($M = 20.71, SD = 4.72$). Similarly, Black men ($M = 22.18, SD = 5.3$) reported higher levels of friend social support when compared to Black women ($M = 20.83, SD = 4.48$). Alternatively, Black women

($M = 81.62$, $SD = 9.34$) reported higher levels of well-being compared to Black men ($M = 79.67$, $SD = 9.93$). It should be noted most of these effects were small.

However, non-significant gender identity effects for resilience, $F(1,424) = .57$, $p > .05$, $\eta_p^2 = .01$, and social support of a significant other, $F(1,424) = .41$, $p > .05$, $\eta_p^2 > .01$ were revealed. Overall, these results suggest Black cisgender men and women reported comparable scores on resilience and significant other social support.

Some statistically significant findings were associated with the main effect for rural status. Results demonstrated an overall non-significant multivariate main effect for rural status, $F(5, 420) = 2.10$, $p > .05$, $\eta_p^2 = .02$. However, significant univariate effects for rural status were detected for social support from significant other $F(1,424) = 4.3$, $p < .05$, $\eta_p^2 = .02$, resilience $F(1,424) = 6.66$, $p < .05$, $\eta_p^2 = .01$, and well-being, $F(1,424) = 6.08$, $p < .05$, $\eta_p^2 < .01$. The data revealed non-significant effects for family social support, $F(1,424) = 2.29$, $p > .05$, $\eta_p^2 < .01$, and friend social support, $F(1,424) = 1.34$, $p > .05$, $\eta_p^2 < .01$. Overall, these results suggest Black identifying individuals residing in rural areas report greater scores of resilience ($M = 23.39$, $SD = 4.18$ vs. $M = 22.15$, $SD = 4.06$), significant other support ($M = 22.03$, $SD = 5.21$ vs. $M = 20.75$, $SD = 4.8$), and well-being ($M = 81.1$, $SD = 9.45$ vs. $M = 79.12$, $SD = 10.13$), compared to Black individuals residing in non-rural areas.

Regarding the interaction effects, all were non-significant at the multivariate and univariate levels. Specifically, results did not reveal a significant gender identity x rural status interaction effect for resilience, $F(1, 424) = .02$, $p > .05$, $\eta_p^2 < .01$, significant other social support, $F(1, 424) = .16$, $p > .05$, $\eta_p^2 < .01$, family social support, $F(1, 424) = .48$, $p > .05$, $\eta_p^2 < .01$, friend social support, $F(1, 424) = 1.22$, $p > .05$, $\eta_p^2 < .01$, and well-being, $F(1, 424) = .18$, $p > .05$, $\eta_p^2 < .01$.

Table 2. Means and Standard Deviations by Gender Identity and Rurality

		<u>Gender Identity</u>	
		Men (<i>n</i> = 302)	Women (<i>n</i> = 126)
Resilience			
Rural (<i>n</i> = 243)			
	<i>Mean</i>	23.48	23.08
	<i>SD</i>	4.37	3.46
	<i>N</i>	190	53
Non-Rural (<i>n</i> = 185)			
	<i>Mean</i>	22.59	21.99
	<i>SD</i>	4.29	3.71
	<i>N</i>	112	73
Significant Other Social Support			
Rural (<i>n</i> = 243)			
	<i>Mean</i>	22.15	21.59
	<i>SD</i>	5.34	4.72
	<i>n</i>	190	53
Non-Rural (<i>n</i> = 185)			
	<i>Mean</i>	20.80	20.67
	<i>SD</i>	4.66	5.04
	<i>n</i>	112	73
Family Social Support			
Rural (<i>n</i> = 243)			
	<i>Mean</i>	22.65	20.98
	<i>SD</i>	5.73	4.35
	<i>n</i>	190	112

Non-Rural ($n = 185$)			
	<i>Mean</i>	21.38	20.51
	<i>SD</i>	5.28	4.99
	<i>n</i>	112	73
Friend Social Support			
Rural ($n = 243$)			
	<i>Mean</i>	22.64	20.85
	<i>SD</i>	5.42	4.71
	<i>n</i>	190	53
Non-Rural ($n = 185$)			
	<i>Mean</i>	21.40	20.82
	<i>SD</i>	4.98	4.35
	<i>n</i>	112	73
Well-Being			
Rural ($n = 243$)			
	<i>Mean</i>	80.46	83.38
	<i>SD</i>	9.81	7.73
	<i>n</i>	190	53
Non-Rural ($n = 185$)			
	<i>Mean</i>	78.32	80.34
	<i>SD</i>	10.04	10.21
	<i>n</i>	112	73

Primary Findings

Bivariate correlations were examined to determine whether significant relationships existed among the study's main variables. Table 3 highlights the inter-relationships. Importantly, resilience was positively associated with reports of well-being. In addition, all indices of social support were positively correlated with resilience and well-being. These correlational patterns were consistent with the hypotheses in the current study.

Table 3. Bivariate Correlations among the Main Variables

Variables	1	2	3	4	5
1. Resilience	—	.43**	.55**	.55**	.55** *
2. Well-Being		—	.26**	.28**	.26** *
3. Social Support Partner			—	.68**	.72** *
4. Social Support Family				—	.69** *
5. Social Support Friends					—

Moderated Models. To gain a better understanding of the impact of social support dimensions on the relationship between resilience and well-being, I ran a series of moderated models. All models were analyzed via the PROCESS macro (Darlington & Hayes, 2016) Model 1. In the first model, the combination of resilience, significant other social support, and the resilience x significant other social support interaction effect accounted for 19% of the variance in well-being scores, $F(3, 424) = 33.05, p < .01$. Table 4 reports regression coefficients and other pertinent statistics. In evaluating the main effects, only resilience ($b = .94, p < .01$) was a significant independent predictor in the model. In addition, the resilience x significant other social support interaction effect was non-significant ($b = .02, p > .05$). Because the interaction

effect was non-significant, significant other social support does not moderate the relationship between resilience and well-being in this sample.

Table 4. Regression Coefficients of the First Moderated Model

Variable	<i>b</i>	Std. Error	t	<i>p</i>	LLCI	ULCI
Constant	70.98	.47	171.41	.00	79.06	80.90
Resilience	.94	.12	7.68	.00	.70	1.19
Significant Other Support	.09	.10	.90	.37	-.11	.29
Interaction Effect	.02	.02	1.41	.16	-.01	.05

In the second model, the combination of resilience, family social support, and the resilience x family social support interaction effect accounted for 19% of the variance in well-being scores, $F(3,424) = 32.84$, $p < .01$. In evaluating the main effects, only resilience ($b = .92$, $p < .01$) was a significant predictor in the model. In addition, the resilience and family social support interaction effect was non-significant ($b = .01$, $p > .05$). Because the interaction effect was non-significant, family social support does not moderate the relationship between resilience and well-being in this sample.

Table 5. Regression Coefficients of the Second Model

Variable	<i>b</i>	Std. Error	t	<i>p</i>	LLCI	ULCI
Constant	80.08	.47	169.27	.00	79.15	81.01
Resilience	.93	.12	7.56	.00	.69	1.17
Family Social Support	.12	.10	1.23	.22	-.07	.30
Interaction Effect	.01	.02	.80	.42	-.02	.05

In the third model, the combination of resilience, friend social support, and the resilience x friend social support interaction effect accounted for 20% of the variance in well-being scores, $F(3,424) = 35.80, p < .01$. In evaluating the main effects, only resilience ($b = .96, p < .01$) was a significant predictor in the model. The resilience and friend social support interaction effect was also significant ($b = .05, p < .01$). Because the interaction effect was significant, friend social support does appear to moderate the relationship between resilience and well-being in this sample. Given this significant interaction effect further analyses were implemented to describe the nature of the effect.

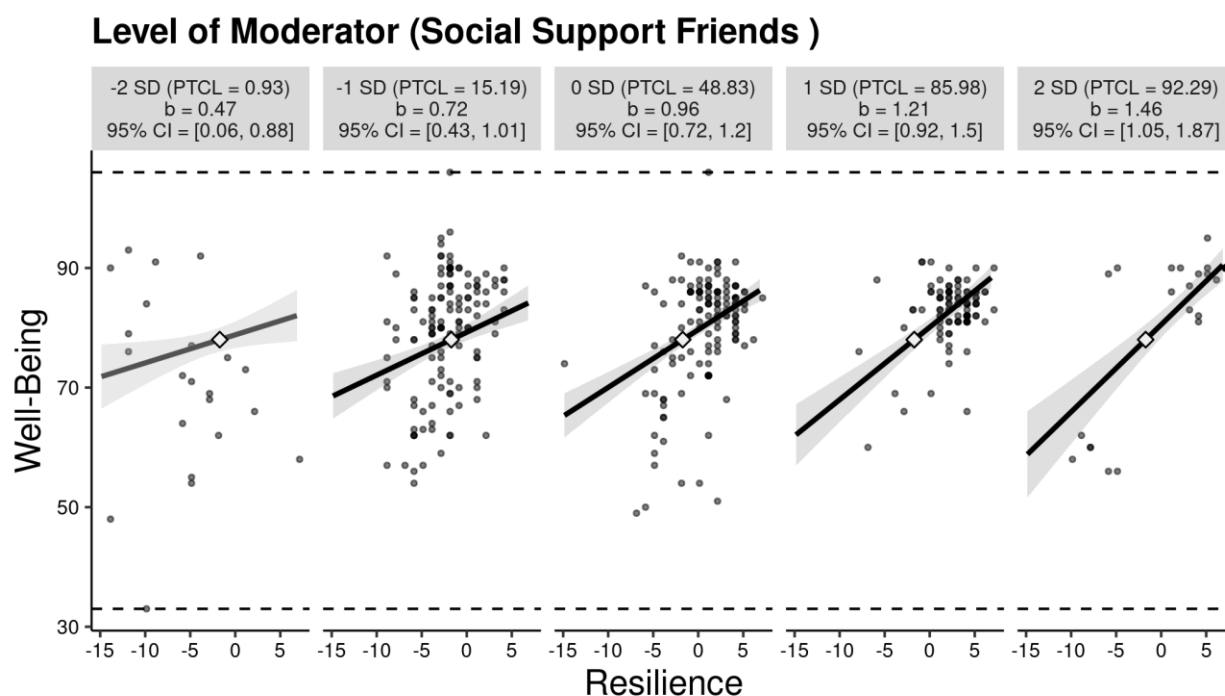
Table 6. Moderated Model of Friend Social Support

Variable	b	Std. Error	t	p	LLCI	ULCI
Constant	79.68	.47	171.19	.00	78.76	80.59
Resilience	.96	.12	7.91	.00	.72	1.20
Friend Social Support	.08	.10	.84	.40	-.11	.28
Interaction Effect	.05	.02	2.96	.00	.02	.08

To deconstruct the significant two-way interaction between resilience and friend social support, I employed two probing procedures: simple slopes analysis and the Johnson-Neyman technique. The simple slope analysis was illustrated through the interactive utility tool (McCabe, Kim, & King, 2018) and the Johnson-Neyman technique was depicted by the CAHOST Excel workbook (Carden, Holtzman, & Strube, 2017). Conditional effects are depicted in Figures 1 and 2.

In Figure 1, the relationship between resilience and well-being is depicted through a simple slopes' evaluation as a function of different levels of friend social support. Results indicate that at lower levels of friend social support, the relationship between resilience and well-being weakens. Of note, the relationship between resilience and well-being never completely dissolves, however, it is significantly reduced at extremely low levels of friend social support (Panel 1 of Figure 1). Alternatively, at high levels of friend social support, this relationship strengthens. The relationship between resilience and well-being is strongest at extremely high levels of friend social support (Panel 5 of Figure 1).

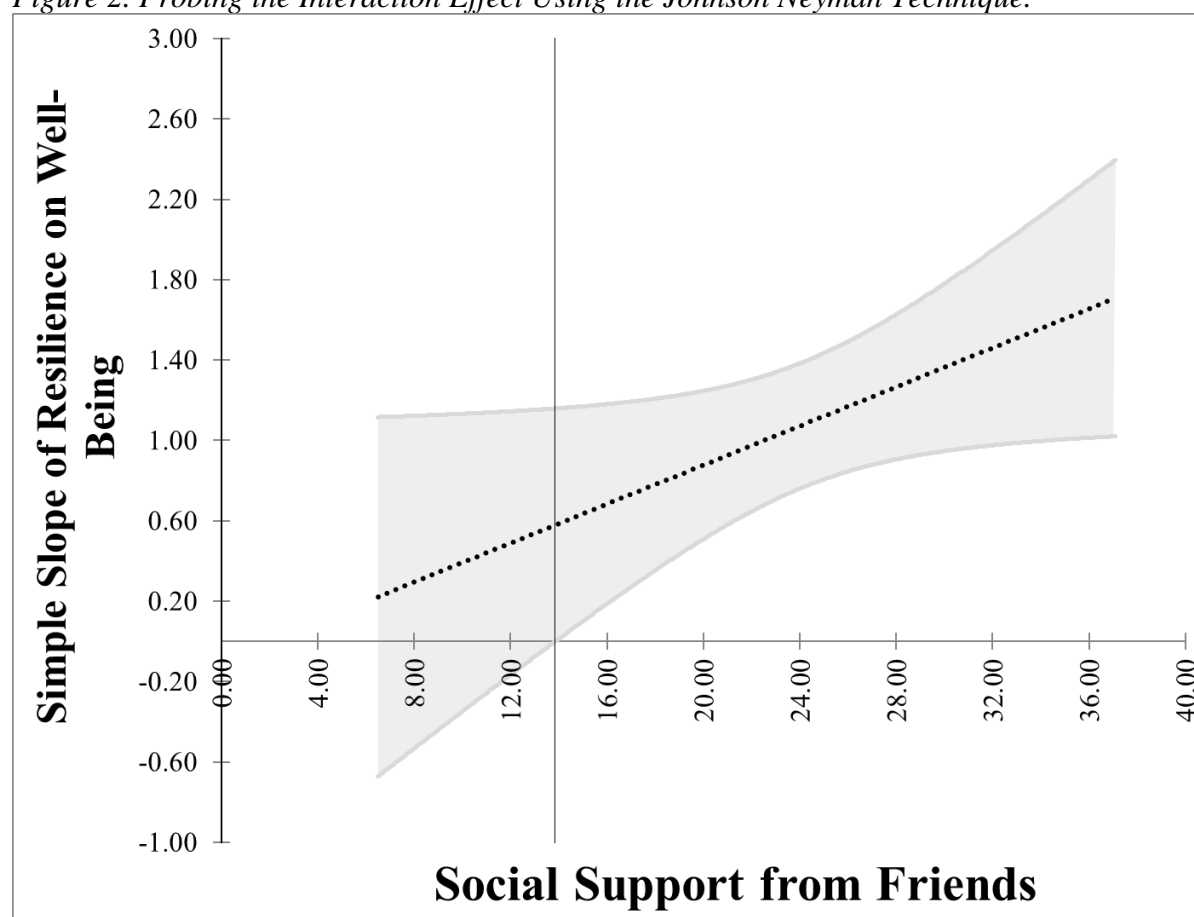
Figure 1. Simple Slopes Analysis Evaluating the Moderating Effects of Friend Social Support



However, because simple slopes analyses use arbitrary values ($-2 SD$ to $2 SD$) to evaluate the effects of a moderator, I was unable to identify the precise point by which the values of the moderator completely offset the relationship between resilience and well-being. In Figure 2, the moderated effect of friend social support is depicted through the Johnson-Neyman graph. Within

the figure, the dark, thin vertical line marks the regional boundaries by which resilience was associated with well-being. Points falling to the left of the line represent a non-significant relationship between resilience and well-being. Results indicated a significant and positive relationship between resilience and well-being for 99.53% of the sample. Consistent with this pattern, the Johnson-Neyman graph indicated that the relationship between resilience and well-being discontinued at scores below 13.85 on the friend social support measure.

Figure 2. Probing the Interaction Effect Using the Johnson Neyman Technique.



CHAPTER 4

DISCUSSION

Review of Purpose

The primary purpose of the current study was to bring a different light to how the Black community is represented in the mental health care literature. Instead of focusing strictly on the adversities and challenges related to ethnic identity, this study evaluated positive factors and processes associated with Black well-being. In this vein, I examined the interaction between resilience and social support domains (e.g., family, friends, and romantic partners) to account for variance in how Black people report psychological well-being. The present study sought to answer the following questions: (a) do reports of resilience, social support dimensions, and well-being vary by rural vs. urban Black groups? (b) is there a positive relationship between resilience and well-being in a sample of Black adults? (c) are dimensions of social support positively related to resilience and well-being scores in a sample of Black adults? and (d) does the relationship between resilience and well-being vary as a function of social support dimensions? Regarding significance, future theorists, researchers, and clinicians may benefit from the results of this study as it is designed to illuminate potential pathways toward culturally responsive well-being for Black populations.

Gender Differences

To determine if there were significant main effects for gender identity, a factorial MANOVA was run. The results suggested Black men report higher levels of significant other social support and friend social support compared to Black women. These findings are consistent with the literature which suggests, Black women receive less social support

of all types when compared to Black men (Szkody, Steele & McKinney, 2021).

Interestingly, Black women are often stigmatized through labels (e.g., strong, independent), potentially leading to a decrease in the likelihood of receiving support (Szkody, Steele & McKinney, 2021; West et al., 2016). Given these findings, it may be helpful for professionals to assess and actively work against these stigmas to ensure Black women experience diverse support resources. In the future, it is important for research to highlight unique ways in which Black women effectively receive and utilize support from family, friends, partners, and professionals. It is also important to determine how stigmas interfere with the reception of social support for Black women. Qualitative studies will be crucial in assessing how Black women experience and receive social support.

Additionally, findings suggest Black women report higher levels of well-being when compared to Black men. These findings are consistent with the literature, which suggests Black women report higher levels of happiness, a core feature of well-being, over their lifetime when compared to Black men (Cummings, 2019). Given these findings, it may be important to evaluate the intersection between ethnic identity and gender identity in promoting well-being. For instance, future research efforts should evaluate how Black men and women differentiate in experience and take advantage of well-being opportunities across different contexts, e.g., work, community, and family. This line of evaluation should identify culturally responsive pathways by which Black women and men experience well-being.

Regarding Black men, results noted they reported higher levels of friend and significant other social support when compared to Black women. These findings are

consistent with previous literature that suggests Black men reported receiving the most social support from their peers (Goodwill, Mattis, & Watkins, 2022). Specifically, Black men may seek support from others when navigating relationships or during times when they are feeling isolated. Notably, support provided by peers positively contributes to the well-being and overall success of Black men (Goodwill et al., 2022). Moreover, by increasing the utilization of social support in interventions, clinicians can promote better outcomes in therapy for Black men.

Rural Differences

To determine if there were significant main effects for rural status, a factorial MANOVA was run. Results revealed small differences between rural and non-rural participants for significant other social support, resilience, and well-being. Specifically, Black individuals residing in rural areas report higher levels of resilience and well-being when compared to Black individuals residing in non-rural areas. These findings are inconsistent with literature, which commonly indicate Black individuals who live in rural areas report lower overall well-being than Black individuals living in more urban areas (Yoon & Lee, 2004). Largely, the prevailing theory suggests Black individuals experience limited resources, including lack of health care, high rates of poverty, and less education in rural areas (Buczko, 2001; Rogers, 2002), which detracts from well-being opportunities. It is unknown why my results revealed a different pattern of findings. It is quite possible that the identified differences may be due to how rural groups were formed. Specifically, I used a dichotomous system of classification based on self-reports of rural vs. non-rural status. Participants may have experienced difficulties clearly assessing whether their home resides in rural vs. non-rural areas, which may lead to some

difficulties in accurately interpreting my findings. Notably, it is quite possible some individuals residing in small towns may perceive their geographical location as rural, despite having access to important resources to support well-being as well as important community resources to enhance well-being. Future research needs to clarify these findings by using better metrics to classify rural groups.

In addition, Black individuals residing in rural areas reported experiencing more social support from their significant other than Black residents residing in non-rural areas. This is consistent with literature suggesting that individuals living in rural areas have higher levels of reported social support (Yoon & Lee, 2004). Research indicates individuals living in rural areas may have to rely more on their social support networks than individuals living in non-rural areas, who have more access to formal support agencies (Davenport & Davenport, 1982). Future research should investigate this line of inquiry further. Specifically, research should isolate and define mechanisms of partner support that are beneficial for Black individuals residing in rural communities and evaluate whether these mechanisms are different from Black individuals residing in non-rural areas.

Correlations

A bivariate correlation was examined to evaluate the relationship between resilience and well-being in the Black community. Resilience was associated with well-being in the expected direction and to the expected degree. Specifically, higher reports of resilience were positively linked to higher reports of well-being in Black individuals. This result is consistent with the established literature, which highlights a strong connection between these two constructs (Fullerton, Zhang, & Kleitman, 2021).

However, this study is one of the first to generate tangible evidence for this relationship in an exclusively Black sample. Moving forward, it is important to further evaluate and expand upon the unique aspects of this relationship within Black culture. For instance, these findings offer preliminary evidence for resilience as a promotional factor to well-being. However, more evidence needs to be collected before this position is verified and stabilized. For instance, researchers need to evaluate whether this relationship is stable over time. Longitudinal studies will be helpful in evaluating this line of inquiry.

Importantly, evaluating whether high base rates of resilience predict changes in well-being scores over 3, 6, 12, and 24 months would provide the necessary insights to determine how much resilience serves as a promotional factor to well-being.

Moderated Models

A series of three moderated models were run to evaluate the influence of social support dimensions on the relationship between resilience and well-being. Differential effects were revealed; social support dimensions vary in their ability to moderate the relationship between resilience and well-being.

Significant Other and Family Support as Moderators. Consistent with the overall purpose of the study, I evaluated whether the interaction between resilience and social support dimensions could account for variation in well-being scores. Moderation is noted by a significant interaction effect. In the models evaluating significant other and family support dimensions as moderators, results revealed non-significant interaction effects, indicating neither of these two domains served as a moderator in the resilience-well-being relationship. These findings were inconsistent with expectations established through a review of literature, which highlighted moderating and buffering effects for these

dimensions, particularly family social support, in accounting for different dimensions of well-being (Anyan, Worsely, & Hjemdal, 2017; Siddall et al., 2013).

It is unknown why these dimensions did not moderate the relationship as hypothesized. I offer two potential reasons for the null findings. One reason why family support did not function as a moderator may be due to the cultural expectations of Black adults. Specifically, in Black culture, as community members get older, the expectations of utilizing family support are diminished (Cross, Taylor, & Chatters, 2018). For instance, Black adults may be expected to act more independently, to create their own successes. If this is the case, then Black adults may turn to other resources to energize resilience efforts leading to higher levels of well-being. Consistent with this notion, researchers should evaluate other potential moderators within this relationship. For example, researchers should evaluate more independent level strengths (e.g., persistence, perseverance, bravery) to better clarify the conditions by which resilience exerts its influence on well-being.

Second, my sample consisted of many Black individuals who also identified as part of the LGBTQIA+ community. Most notably, 47.2% of the sample reported holding LGBTQIA+ identities, with most of these individuals identifying as bisexual. This appears to be an extremely unique socio-demographic profile, especially for survey studies. However, it is difficult to compare my sample to others because most studies surveying Black individuals via a paneling service fail to assess for sexual orientation identities (e.g., Johnson, Lecci, & Dovidio, 2020). Because of the large representation of LGBTQIA+ identifying individuals in the sample, it is important to consider how distal minority stressors (e.g., microinvalidations from family members) explain my null findings. According to the Minority Stress Model (Meyer, 2003), families may serve as a significant stressor to LGBTQIA+ identifying individuals. For instance,

LGBTQIA+ identifying individuals may experience rejection or a lack of acknowledgement of their identities from family members (Fish et al., 2020). Therefore, these individuals may be less inclined to lean on parental support and more inclined to create their own family of choice through friends. Moving forward, it may be important to evaluate the effects of intersecting identities on how Black individuals lean on, use, and limit familial support. Specifically, researchers may be able to accomplish this through a series of mixed method designs, where they first evaluate the narrative accounts of how LGBTQIA+ and Black identifying adults experience familial support and use these accounts to develop quantitative models to determine when familial support is effective.

Friend Support as a Moderator. Alternatively, results indicated the relationship between resilience and well-being varies as a function of social support from friends. In specific terms, when friend social support is low the relationship between resilience and well-being weakens. This finding is consistent with expectations from the literature highlighting friend social support as an additional coping resource to promote positive health outcomes (life satisfaction, vitality) even during challenging life situations (Chang et al., 2019; Dale & Safran, 2018). Consistent with previous research, these results suggest friend support serves as a promotional factor to well-being among Black identifying adults.

Again, this finding appears uniquely interesting because of the diverse socio-cultural make-up of the sample. For bisexual and Black identifying adults, friends may be the primary means of receiving and accepting social support, which explains why it is the only dimension of social support to moderate the relationship between resilience and well-being. Notably, individuals within this population may view friends as their family

of choice to help them celebrate successes and overcome minority stressors stemming from unsafe spaces (e.g., invalidating family circles). Moreover, friends who provide support may share similar views and values, which might spur more opportunities for well-being. Moving forward, it may be important to evaluate the specific types of support friends contribute to Black and LGBTQIA+ identifying individuals (e.g., emotional, physical, cognitive) to better determine the most effective methods of strengthening resilience efforts and generating higher levels of well-being. Further examination of these inquiries may be facilitated through experimental designs. For instance, it would be interesting to evaluate how different types of support interventions (emotional vs. physical vs. cognitive) contribute to positive changes in resilient behaviors. These findings can then be leveraged as a means of constructing more holistic resilience programs to support well-being efforts.

Clinical Implications

There are many practical benefits to come from my findings. Most importantly, the results of this study highlight the importance of including friend social support in resilience interventions with Black individuals who are experiencing difficulties accessing well-being. Specifically, researchers and clinicians should be promoting friend support interventions into resilience programming for Black individuals to help increase well-being. For instance, clinicians can encourage friend support to help Black clients remain accountable in engaging in healthy coping strategies that promote high levels of well-being. Clinicians can also utilize the support of client's friends to increase the application of emotional and psychological support in Black individuals (e.g., calling a friend when times get hard, identifying safe networks to celebrate success).

Additionally, it is useful to know that interventions designed to bolster resilience can cultivate high levels of well-being in Black clients. However, resilience and well-being are largely framed from a majority perspective, which may limit how clinicians help Black identifying individuals access and use such resources. In response, it may be beneficial for clinicians to explore strengths of their Black identifying clients.

Interventions such as values cards sorts, strengths identification, and coping strategies would be useful when working with Black clients because they offer opportunities for these individuals to define and characterize these elements from their own lived experience. Specifically, exploring clients' strengths, values, and coping mechanisms could be helpful in identifying resilience characteristics that promote high levels of well-being. This may also be helpful in combating the negative effects of race-based adversities.

Multicultural Considerations. This study is one of the first to develop a pathway model to support well-being efforts in the Black community. Specifically, this study highlights positive characteristics of the Black community in a way to promote greater attention to this area. This is important in helping balance the Black literature, which, in turn, may help minimize bias and oppressions within this platform. While acknowledging the barriers and hardships individuals in the Black community are necessary, they are not the only aspects that should be brought to attention in literature. The Black community possesses strengths and positive contributions that should be explored more. In the future, it is essential to ensure research is evaluating the cultural strengths of the Black community as much as the cultural barriers.

Limitations

Despite some interesting findings, it is important to note some limitations associated with the current study. Specifically, there are noteworthy limitations associated with the sample, design, and measures used.

Generalizability. The sample used was limited in diversity regarding social economic status (SES) and ethnicity. For instance, the sample only included individuals who identified as Black and consisted of very few individuals who identified as multiethnic. Also, due to the nature of the online survey, individuals with lower SES resources (little access to the internet and/or have limited time due to holding multiple jobs) may not have been able to participate in this study. Similar concerns may have negatively affected my ability to recruit older Black adults. Finally, the sample consisted of a non-clinical population. Given these limitations, it is unknown how generalizable these results are. It is important to determine if the study's findings are generalizable to individuals from different SES, ethnic, developmental, and social statuses. Future research efforts should seek to replicate these findings with more diverse samples.

Quality Data Concerns. Due to validity concerns, a significant number of participants were removed from the study. After removing participants whose responses threatened the quality of the data, 428 individuals identifying as Black remained. Only 670 of the participants completed at least 70% of the survey. Of those 670 participants, 2 participants did not answer the check questions correctly and 175 participants who sped through the survey, were subsequently removed. In total, 428 participants were retained in the final sample. Such a significant reduction in participants is concerning. Notably, it is unknown whether those removed from the study were fundamentally different from

those who remained in the sample. If so, such differences could have negatively affected the accuracy of the findings.

Subjectivity of Measures. Online self-report measures were used to assess all variables in the study (i.e., resilience, social support, well-being). According to the literature, self-report measures can be susceptible to biased responses, social desirability, and demand characteristic concerns (Kirwan et al., 2022; Razavi, T, 2001). These concerns may also have negatively impacted the accuracy of the findings. Specifically, Black individuals may have over reported instances of well-being and resilience due to social desirability biases. Black individuals might have concerns of being viewed as weak instead of resilient, which may have influenced their response style. In the future, it may be beneficial to use behavioral or observable measures of resilience and well-being to ensure the detected effects are stable and validated across time and setting.

Design Limitations. Finally, the nature of the design and data collected for the study was a limitation. Specifically, the design was correlational and cross-sectional. Because of these properties, I was not able to make inferences about the causal nature between resilience and well-being. In addition, data collected from participants occurred in one moment in time. Experiences across different life events could impact how resilience is associated with well-being. For instance, an individual could have been experiencing multiple positive or negative events in a row that are not typical to their everyday experience, which may have affected their perception of resilience and well-being. Future research should examine the relationship between resilience and well-being in experimental and longitudinal studies to provide clearer evidence for the promotional effects of resilience on well-being. Lastly, reliability scores for social support domains

were somewhat low. Low reliability scores may minimize researcher's abilities to detect stronger correlations. In the future, researchers should reevaluate the study's findings with a longer measure of social support domains to better estimate the strength regarding social support correlations with resilience and well-being.

General Conclusions

The purpose of the current study was to identify mechanisms that moderate the relationship between resilience and well-being in Black individuals. The study used a cross-sectional and correlational design to evaluate social support dimensions (e.g., friend, family, and significant) as moderators in this relationship. All variables in this study were correlated in the expected direction and to the expected degree. The study's findings revealed friend social support significantly moderated the relationship between resilience and well-being in Black individuals. To date, there have been few studies to examine this relationship in an exclusively Black sample. This study addresses the gap in the literature and helps to reduce it, while also highlighting the importance of continued research in this area. Importantly, the results suggest the relationship between resilience and well-being is conditional. This means clinical and programmatic interventions that focus on including friend social support have potential to increase the impact of resilience and well-being in Black individuals. In the future, an evaluation on the effects of social support from friends on the relationship between resilience and well-being should be further examined through experimental research methods.

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