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Reconceptualizing Successful Aging Among Black Women and the Relevance of the Strong Black Woman Archetype

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Although there are multiple pathways to successful aging, little is known of what it means to age successfully among black women. There is a growing body of literature suggesting that black women experience a number of social challenges (sexism and racism) that may present as barriers to aging successfully. Applying aspects of the Strong Black Women ideal, into theoretical concepts of successful aging, may be particularly relevant in understanding which factors impair or promote the ability of black women to age successfully. The Strong Black Women archetype is a culturally salient ideal prescribing that black women render a guise of self-reliance, selflessness, and psychological, emotional, and physical strength. Although this ideal has received considerable attention in the behavioral sciences, it has been largely absent within the gerontology field. Nevertheless, understanding the dynamics of this cultural ideal may enhance our knowledge while developing an appreciation of the black woman's ability to age successfully. Rather than summarize the social, physical, and mental health literature focusing on health outcomes of black women, this conceptual review examines the Strong Black Women archetype and its application to the lived experiences of black women and contributions to current theories of successful aging. Focusing on successful aging exclusively among black women enhances our understanding of this group by considering

their identity as women of color while recognizing factors that dictate their ability to age successfully.

Key words: Black women, Strong black women archetype, Mental and physical health, Disparities, Social inequities

There is a kind of strength that is almost frightening in Black women. It's as if a steel rod runs right through the head down to the feet.

> Maya Angelou (Interview broadcast, November 21, 1973)

Challenges related to social change, exclusion, violence, discrimination, and cultural alienation impair physical and psychological well-being, and successful aging, particularly among those from underrepresented populations (Baker, Buchanan, & Spencer, 2010). Black women's marginalized social positioning puts them at an increased risk of such experiences that often results in feelings of powerlessness (Baker, Buchanan, & Corson, 2008). Yet, the buffering effects of adaptive coping behaviors and support systems may mitigate these issues (Baker et al., 2010) and create a foundation by which black women survive, live, and age (Lincoln, Taylor, & Chatters, 2003; van Olphen et al., 2003).

Despite these outcomes, there remains a lack of research identifying and examining factors that enhance (or impair) successful aging among black women. We propose that conceptualizations of successful aging will better reflect the lived experiences of black women by including relevant concepts of the Strong Black Women archetype. The Strong Black Women archetype is a cultural ideal that reflects an expectation that black women be selfless, selfreliant, psychologically and physically strong, and resilient despite the many social challenges (sexism, racism) they encounter (Beauboeuf-Lafontant, 2003 2007; Romero, 2000; Wallace, 1978). Despite its application to theories of health and social well-being, the Strong Black Women ideal has not been adequately considered in aging studies, which may limit the relevance of gerontological theory of successful aging to (older) black women.

Societal Images of Black Women

Black women have been idealized as an embodiment of stoicism and strength, which may be internalized as a positive characteristic of womanhood (Settles, Pratt-Hyatt, & Buchanan, 2008). The historical image of black women acknowledges their struggles juxtaposed against their individual and collective successes. Whether recognized for their contributions as Secretary of State or domestic worker (Allen & Chin-Sang, 1990), black women have made significant contributions to the social tapestry of the United States, with successes associated in their sense of strength (Settles et al., 2008). Yet, it has been argued that the focus on strength and perseverance has an exact affect on physical and psychological well-being, which may influence how these women age.

Showing this level of resilience may ultimately challenge their ability (and resources) to age successfully. Understanding these issues is further complicated by the limitations in being able to apply current theories of successful aging to (older) black women. This, of course, is a limited area of research that suggests the need to develop models not only describing the social, behavioral, and physical constructs by which black women age, but also, recognizing mechanisms by which this group of women age successfully, which has not been adequately addressed in the gerontology literature.

Theories of Successful Aging Across Diverse Populations

Successful aging has been well studied across majority populations; however, the applicability of successful aging concepts across older minority groups remains limited (Thorpe & Angel, 2014). Although there is increased recognition of the influence cultural, social, political, and environmental factors have on aging more generally (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002; Dillaway & Byrnes, 2009; Fry, 2012; Kelly, Martin, & Poon, 2012; Martin, Kelly, Kahana, Kahana, & Poon, 2012; Romo et al., 2012), current theory has not considered their relationship(s) to aging successfully. Despite this absence, scholars recognize the need for current successful aging criteria to include these concepts (historical, social, and cultural) (Depp & Jeste, 2006; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010; Rowe & Kahn, 1987, 1997; Strawbridge, Wallhagen, & Cohen, 2002), particularly as they address the experiences of black women.

As defined by Rowe and Kahn (and others), successful aging is more than a distinction between a pathological and nonpathological state, but rather conceded as a threefold criteria: (a) avoiding disease and disability, (b) high cognitive and physical functioning, and (c) remaining productive and actively engaged (Depp & Jeste, 2006; Kelly et al., 2012; Martin et al., 2012; Rowe & Kahn, 1987, 1997). Although regarded as the "gold standard" in how successful

aging is defined, these criteria focus primarily on avoidance of disease and disability. This use of terminology implies a win/successful (i.e., healthy aging, free of disease and disability, and longevity) or lose/failure (i.e., poor health, disability, and threat to longevity) concept. Dichotomizing successful aging into such concrete categories may unintentionally isolate groups where aging successfully is an obvious misnomer.

A similar criticism has been recognized, particularly among older (minority) adults, where advanced age may place them at a greater risk for being diagnosed with multiple chronic and debilitating medical conditions (Kelly et al., 2012; Strawbridge et al., 2002). This is an important observation considering that only 12% of the older adult population are able to meet the rigors of the more traditional criteria of successful aging (McLaughlin, Connell, Heeringa, Li, & Roberts, 2010). Strawbridge and colleagues (2002) similarly suggest that when applying these established criteria, less than 20% of older adults would be considered successful agers. Both studies acknowledge that incorporating current theoretical concepts of successful aging excludes many older adults from aging successfully.

Considering the current health outcomes of black Americans (compared with other race groups), the current definition of successful aging, with its emphasis on physical health outcomes, would further marginalize an already oppressed group. Specific to black women, given the disproportionate rates of disability and chronic illness (e.g., cancer, arthritis) compared with white men and women, and black men (Andresen & Brownson, 2000; McKinnon & Bennett, 2005), the narrow definition of successful aging fails to include structural factors that influence the ability to age successfully despite these adverse health outcomes.

A series of studies from the Black Women's Health Study, for example, have shown the influence educational and economic status, discrimination, mortality, cultural background, physical activity, community resources, dietary patterns, and neighborhood characteristics have on the health of black women (Albert et al., 2010; Coogan et al., 2009, 2010; Cozier, Wise, Palmer, & Rosenberg, 2009; Phillips, Wise, Rich-Edwards, Stampfer, & Rosenberg, 2009). In recognizing these influences, a more broad definition of successful aging is needed to understand how aging is defined among this group of women.

Understanding that the more conventional definition of successful aging focuses on the maintenance of physical and cognitive health (Andresen & Brownson, 2000; McKinnon & Bennett, 2005), scholars have begun to redefine what it means to age successfully, thereby placing less emphasis on health outcomes and more on the social and cultural factors that promote well-being (e.g., independence, spirituality, activity, service to others, and generativity) (Troutman, Nies, & Mavellia, 2011; Versey & Newton, 2013). These areas of interest reconceptualizes the idea of successful aging for black women, particularly as it relates to the critical roles independence and spirituality have in many black communities (Cernin, Lysack, & Lichtenberg, 2011; Parker et al., 2002; Romo et al., 2012; Troutman et al., 2011). Identifying existing theories addressing these constructs is only one step to understanding their influence on how diverse race groups age.

The Preventive and Corrective Proactivity model, for example, offers an inclusive and modern explanation of successful aging that recognizes health promoting behaviors as more appropriate predictors of successful aging, particularly among those with health challenges (e.g., functional impairments, comorbid conditions) (Kahana et al., 2002; Martin et al., 2012). This model attempts to account for social and health-related factors that facilitate and/or hinder successful aging.

Yet, despite attempts to broaden how successful aging is defined, gerontological theory has failed to provide tangible explanations of what is meant to age successfully among dually marginalized groups. As a result, little is known regarding appropriate markers to successful aging among black women. To broaden our understanding of this concept, we need to incorporate constructs that are both culturally relevant and gender specific. The Strong Black Women archetype is an evolving ideal that may begin to address this need, thereby augmenting our understanding of what it means to age successfully among a racially diverse group of women.

Strong Black Woman Archetype

The Strong Black Woman (SBW) archetype is a cultural ideal that portrays black women as strong, self-reliant, nurturing, resilient, and invulnerable to psychological or physical challenges (Woods, 2013). This ideal intersects identities as a woman and as a black person, thereby representing a unique collection of experiences, expectations, and standards that differ from those of either white women or black men (Woods, 2013). Significance of this archetype suggests an internalization as an ideal that many black women strive to achieve, which may promote effective coping despite ensuing hardships. This archetype, however, can also be problematic as it narrowly defines acceptable behavior, where black women not only be self-reliant but also suppress any outward appearance of physical or emotional distress (Jones & Shorter-Gooden, 2003). This may ultimately present as being unrealistic and self-defeating (Mitchell & Herring, 1998). Yet, this is often seen when black women appear to be physically and emotionally strong, and a source of support to others, while fulfilling the responsibilities of homemaker, parent, and partner

and simultaneously suppressing any vulnerabilities and denying their own pain, suffering, and emotions (Jackson, 2011). Maintaining this façade may interact with social and economic demands that predispose black women to greater psychological distress and negative health outcomes (Beauboeuf-Lafontant, 2009). This may be especially relevant among older black women who typically experience comorbid health conditions, reduced incomes, and other related stressors of aging.

With this argument, the self-discrepancy theory suggests that when an individual's daily experiences differ from one's perceived ideal, individuals are more prone to experiencing disappointment, a sense of failure, and depression (Higgins, 1987). This definition clearly shows that internalizing the SBW archetype may create such a discrepancy, where the expectation of self-reliance not only facilitates negative outcomes (e.g., depression) but also contributes to the underutilization of needed (mental health) services (Beauboeuf-Lafontant, 2007; Himle, Baser, Taylor, Campbell, & Jackson, 2009; Williams et al., 2007; Wise, Adams-Campbell, Palmer, & Rosenberg, 2006). This may be the case, particularly for black women, who feel both an obligation to family and the community, while attempting to maintain her own well-being (Taylor, Chatters, Woodward, & Brown, 2013).

Recognizing its impact on psychological well-being, internalizing the SBW ideal may similarly promote negative outcomes on physical health (Baker et al., 2010). Studies indicate that the need to maintain an appearance of strength and resilience may contribute to recurrent illnesses (Jackson, 2011). Specifically, the General Adaptation Syndrome (Selye, 1979) suggests that when an individual is presented with a stressful event(s) (e.g., financial strain and familial obligations) over a period of time, his/her resources to effectively cope with the stress(or) become depleted. Moreover, the biological systems that buffer the effects of acute stress may worsen health outcomes, especially when the stress becomes chronic (Gruenewald & Seeman, 2010; Jackson, Knight, & Rafferty, 2010). This is all the more apparent among black women who are at a higher risk for experiencing multiple forms of chronic stressors because of their membership in more than one socially marginalized group (e.g., women and racial minority) (Beal, 1970; Bowleg, 2008; King, 1988).

Positive Aspects of the SBW Ideal and Successful Aging

The SBW archetype can be dually recognized as a mechanism of promotion or as an obstacle to achieving total wellbeing. Yet, as the black woman ages, this ideal takes on the characteristics of yet another described archetype (i.e., the Matriarch), where previous lived events may serve as a source of strength that contextualizes her present day-today experiences (Sewell, 2012).

The Matriarch image similarly yields a sense of perseverance, strength, and optimism. Its prescribed ideal has further allowed black women to remain steadfast despite the dual oppressions of racism and sexism (Ladner, 1971; Romero, 2000). As such, from a developmental standpoint, black girls are (often) reared to embrace the SBW archetype (and ultimately the Matriarch ideal) and see their ability to maintain a stance of unwavering strength as an essential component of their identity and connectedness to others (Morgan, 1999). This is all the more important as generations black women maintain a sense of dignity while reflecting on their lives and contributions to their families and communities.

Future Implications of Successful Aging Among Black Women

Few studies have examined successful aging as it applies to black women. The successful aging concept has largely been equated with being physically and psychologically healthy, thereby marginalizing those with less than optimal health. This perspective not only ignores the means by which black women age but more importantly reflects a failure to incorporate culturally relevant constructs into behavioral interventions. Therefore, such, future efforts are needed to determine how social, cultural, and historical factors change the meaning of successful aging, where emphasis is focused more on what a person can do, rather than what s/he cannot do.

Similarly, efforts are needed to define healthy aging among black women who incorporate viewpoints of the SBW archetype into their daily lives. A positive consequence of internalizing the SBW ideal is that black women report less conflict when their multiple roles, as a nurturer and economic provider, are integrated instead of disparate (Littlefield, 2003). Endorsement of this cultural archetype may also promote resilience by providing inspiration and encouragement in increasing one's sense of control and confidence when faced with obstacles (Harrington, 2007; Harris-Lacewell, 2001; Littlefield, 2003).

To move the gerontology field forward, it is important to provide training (to health care providers, therapists, researchers, theorist, etc.) on the relevance of the SBW ideal and the impact it has on healthy living and aging. This level of awareness provides a mechanism by which to understand, rather than pathologize, a woman's endorsement of this ideal and how it may serve as a positive coping resource to aging successfully despite its dual interpretations. Another area that should be considered is how the SBW archetype is assessed across varying disciplines. Proper measurement of the SBW ideal may determine how strongly a woman endorses this gender role (or certain aspects of it) and how it may predict and/or dictate certain help-seeking and coping behaviors. Knowing this information may allow for more individually tailored interventions that promote healthy living (and aging) among black women.

These efforts should, however, follow extant work of others (e.g., Parks, 2010; Thomas, Witherspoon, Karen, & Speight, 2004; Woods, 2013) who serve as facilitators to understanding the SBW ideal and how these concepts may be applied to defining successful aging among black women. Understanding the application of this ideal may provide black women with the strength to seek (healthrelated) interventions early while recognizing the more positive aspects of what it means to be "strong" without jeopardizing one's quality of life or well-being.

Conclusion

Despite the dual context of the SBW archetype, the implications of this ideal are generally positive (Beauboeuf-Lafontant, 2007; Harris-Lacewell, 2001) and may serve as a mechanism by which successful aging is defined among black women. This cultural image encourages independence of black women (Littlefield, 2003) and provides a mechanism to cope with race- and gender-based victimization (Etowa, Keddy, Egbeyemi, & Eghan, 2007).

Given black women's current social positioning, it is important that those focusing on the needs of older adults actively incorporate theories of successful aging that are grounded in black women's identities both as a woman and as a person of color. Such an approach will augment our understanding on their day-to-day experiences and more accurately reflect the raced and gendered context of their lives. Toward this goal, it is necessary that gerontological theory include understanding how social, cultural, behavioral, and environmental constructs affect physical health and psychological well-being while guiding policy, health care services, and research among diverse race and gendered populations. Including concepts of the SBW archetype into current theories of successful aging may begin to address questions of how socialization patterns characterize the experiences of older black women while promoting the confidence and ability to age successfully among current and future generations of women.

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