

STRESS REACTIONS BY BLACK FEMALES IN
VIEWING CONFLICT AND NO-CONFLICT
VIDEOTAPES OF A BLACK MALE OR
FEMALE AS A FUNCTION OF THE
SUBJECT'S BLOOD PRESSURE
LEVEL AND OF HISTORY
OF STRESS

A Thesis

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Andrea Jean James-Andrews

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E. P. ...
E. P. ...
Director of Department
of Psychology

636450

APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree of
Master of Arts

Andrea James-Andrews
Andrea James-Andrews

Approved, August 1978

Miriam Cardi
Miriam Cardi, Ph.D.

Harold W. Conley
Harold Conley, Ph.D.
Chairman of Psychology Department,
Hampton Institute

Ellen F. Rosen
Ellen Rosen, Ph.D.

Neill Watson
Neill Watson, Ph.D.
Committee Chairman

E. Rae H
E. Rae Harcum, Ph.D.
Chairman of Department
of Psychology

696086

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This Thesis is Dedicated to:

Keisha, For Waiting

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Institute. All subjects were given three multi-page stress questionnaires: one comprised of items partially adapted from Holmes and Rahe's (1973) Life-Change event stress survey, one Social Readjustment Scale (SRJ); one concerning the incidence of high blood pressure in the subject's family (KIN); and one concerning stress in current and recent relationships with males, Stress in Interpersonal Relationships (SIR). Subjects were attached to a sphygmomanometer and shown four videotaped scenes presented in random order: a female no-conflict videotape, a female conflict videotape, a male no-conflict videotape, and a male conflict videotape. There was a significant main effect for the conflict condition of the videotape; that is, the subjects had a greater blood pressure elevation in response to the conflict condition videotape. The results of a multiple regression analysis determined that of the four independent variables, KIN was

ABSTRACT

STRESS REACTIONS BY BLACK FEMALES IN VIEWING CONFLICT AND NO-CONFLICT VIDEOTAPES OF A BLACK MALE OR FEMALE AS A FUNCTION OF THE SUBJECT'S BLOOD PRESSURE LEVEL AND OF HISTORY OF STRESS.

The relationship between blood pressure and conflict in male-female relationships for Black females was explored. Subjects were 40 Black female college students between the ages of 18 and 26, with the mean age being 22, from Hampton Institute. All subjects were given three pencil-paper stress questionnaires: one comprised of items partially adapted from Holmes and Rahe's (1975) life-change events crisis survey, the Social Readjustment Scale (SRE); one concerning the incidence of high blood pressure in the subject's family (KIN); and one concerning stress in current and recent relationships with males, Stress in Interpersonal Relationships (SIR). Subjects were attached to a sphygmomanometer and shown four videotaped scenes presented in random order: a female no-conflict videotape, a female conflict videotape, a male no-conflict videotape, and a male conflict videotape. There was a significant main effect for the conflict condition of the videotapes; that is, the subjects had a greater blood pressure elevation in response to the conflict condition videotapes. The results of a multiple regression analysis determined that of the four independent variables, KIN was

the best predictor for the blood pressure elevation response to the male conflict videotape. There was a significant main effect for the gender of the actor in the videotape; that is, subjects had a greater blood pressure elevation in response to the male videotapes. Females responded to male conflict videotapes with elevated systolic blood pressures, thereby supporting the hypothesis that the male conflict condition is a stressor (that may cause hypertension).

Discussions about the incidence, causes, and dangers of hypertension among Blacks have become a "hot" topic and the subject of much research recently. Exactly what is meant by hypertension? Contrary to popular myth, hypertension is not simply a "nerveous disorder." The words "hypertension" and "high blood pressure" are interchangeable, hypertension being simply the medical term of high blood pressure. The "tension" refers not to the patient's state of agitation, but to the amount of pressure exerted by the blood against the walls of the circulatory system (Korov, 1973). It is a condition in which the blood vessels in the body are made smaller by contracting of the smooth muscles in their walls (Dauger, 1973). When hypertension has developed, it is chronic, and, unless treated, will continue throughout adulthood. There are several types of hypertension, but the one of which the writer speaks, and the most common type is "essential hypertension," meaning that there is no discernible cause. It is well-established that anxiety, discomfort, physical activity, and stress can raise arterial

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The College of William and Mary

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pressure, but it is difficult to isolate the causative factors in individual cases.

Blood pressure is indicated by two readings, expressed as a fraction, with the systolic pressure as the numerator (pressure exerted when the heart pumps blood to the body), and the diastolic pressure (the smaller number and the force with which blood travels through the circulatory system when the heart is relaxed) as the denominator.

Systolic pressure is relatively volatile, whereas diastolic pressure reflects the average pressure which the person's system must bear on an ongoing basis. The normal level of blood pressure has been set at less than 140/90, with the average young adult having a pressure of 120/70 (Curry, 1974).

Studies that underline the importance of stress in the etiology of high blood pressure point out the facts that nuns have lower mean pressures than the general population, that World War I soldiers fighting in the trenches had higher blood pressures than their counterparts serving in reserve areas, and that the blood pressures of front-line soldiers fell when they were returned to rear areas (Thompson, 1974). By the same token, air traffic controllers have a greater prevalence of hypertension when compared to second-class air force personnel (Thompson, 1974). In addition, the higher the air traffic density where the controllers work, the greater the prevalence of hypertension.

This is to say that environmental factors cause great variability in the blood pressure levels of various groups or individuals.

Finnerty (1971) indicates that the feeling of being trapped in life, frustrated, and in seemingly unsolvable situations, can be a powerful force in boosting blood pressure. According to the writer's observations, these feelings are quite normal among black women and men.

What Is Stress?

Stress in its psychological and physiological contexts may be defined in a number of ways. According to Wild and Hanes (1976):

if viewed as a process, stress may be viewed not only as a result of the direct effects of particularly noxious stimuli upon the individual, but also as an interaction between possibly less noxious environmental stimuli and past failures of the organism to deal successfully with those stimuli, resulting in positive feedback spiral of increasing tension and strain (p. 320).

Mechanic (cited in Wild and Hanes, 1976) emphasizes that stress increases as the degree of the discrepancy between external demand and internal resources increases. Pelletier (1976) defines stress as an imbalance between emotional demands and the ability to fulfill these emotional needs. He also states that, "stress becomes the interaction between

external environment and organism with the past experience of the organism as a major factor (p. 320)."

Reaction to stress as a method of adaptation has become inadequate in the psychological, social and economic circumstances of today's society. This inadequate adaptation is believed to increase the risk of disease. In this sense, many experts feel that "it may be helpful to think of 'disease' as an unsuccessful attempt on the part of the body to deal with adverse factors in the environment (World Health Organization Symposium, 1970, p. 168)." Certain psychological situations are potentially harmful because of the inadequate adaptational reactions they produce, such as hypertension.

Research by Pelletier (1976) pointed to high concentrations of life-change events in a given period of time or an accumulation of a single source of stress as precipitating a physical or psychosomatic disorder. Stress experiences early in life may lead to the adoption of certain styles of coping with problems. These psychological and behavioral defenses are then integrated into the adult personality, and determine the way the individual attempts to manage stress throughout his/her life. Holmes and Rahe (1975) have developed a systematized method of correlating life events with illness, and tested their hypothesis with more than 5,000 patients (Holmes and Rahe, cited in Pelletier, 1976). Holmes and Rahe were interested in

research indications that stressful life events play an important causative role in the development of disease by evoking neurophysiological reactions. In the course of their research they identified a number of events which are stressful enough to trigger a psychosomatic disorder.

Holmes and Rahe's (1975, cited in Pelletier, 1976) scale is the Social Readjustment Scale (SRE), and assigns numerical values to stressful events that are typical in people's lives. The events include divorce, marriage, death in the family and sex problems. Research with the scale has shown that illness increases with amount of stress found in the previous year for an individual. It is still not known whether stress overload merely predisposes a person to illness or actually precipitates it (Curry, 1974; Pelletier, 1976; Thompson, 1974).

Selye (1976), the "father" of stress research, describes three phases of stress-linked disease. First, the body reacts to fear or frustration with its chemical arsenal of weapons. Second, even after the threat retreats, the body maintains excess energy levels. Finally, if the reactions last too long, biological exhaustion sets in and organs are damaged.

Selye (1976) calls the entire syndrome the "General Adaption Syndrome," and points out that the body undergoes this condition for many different reasons and may be in any stage at a given time. He comments that stress is the common denominator of all adaptive reactions in the body.

"Complete freedom from stress," notes Selye, "is death (p. 320)." Sorrow, joy, cold, heat, drugs, emotions, hormones, fears--are all different stressors, sparking similar reactions in the body.

Of the typical "diseases of adaption" that Selye (1976) mentions, one is hypertension which he says is a very sensitive indicator of interpersonal stress. There are two areas of research to emphasize this point that are mentioned by Selye. Of these areas, one is a special index of cultural stress based on comparison of traditions and social habits in 37 totally dissimilar societies and races. Conclusions were that protest suicide, defiant homicide, and drunken brawling are all suitable tentative indicators of cultural stress (Selye, 1976). This conclusion suggests that Blacks in ghetto conditions who are known to be constantly manifesting the previously described types of behavior should have a great incidence of hypertension as compared to the general population of the United States, and this has proved to be true. The other research completed by Selye was a comparative study in high and low stress areas of Detroit, revealing that social and economic factors predispose people, particularly Blacks, to hypertension. Selye agrees that severe social and cultural stress can elicit objective, measurable changes in stress hormone production which are influenced by the individual's being "keyed up."

In discussing the psychosomatic complications of stress, such as hypertension, Selye (1976) states that the syndrome consists of three major elements:

1. The "stressor," which is the external agent that starts the syndrome by acting upon the mind.
2. The "defensive measures," such as hormones and nervous stimuli which encourage the body to defend itself against the stressor as well as it can. Mental stressors (orders, challenges, offenses, worries) are met with corresponding complex emotional defensive responses, which he summed up as the attitude of "Not being done in."
3. The retreat measures, such as hormonal and nervous stimuli, which encourage the body not to defend itself, e.g., to ignore emotional stressors.

In conclusion, stress is the body's response for adapting to noxious or other stimuli. Certain patterns of behaviors are initiated and put into force when individuals react to stress. These patterns may become a way of life for whole groups as the patterns and styles of coping pass from one generation group to the other.

Black Women, Stress and Hypertension

Hypertension is often the precipitator of such diseases as heart failure, strokes, and kidney trouble. In this way, many more deaths are caused by hypertension than can be directly attributed to it. Data from the National Health Survey (1970-1972) show that the death

rate for non-White citizens of the U.S. with hypertensive disease was three times that for White citizens with hypertensive disease. The survey suggests that 24.6% of all Black citizens 18 years of age and over have hypertension. The fact that more Blacks have hypertension is well-substantiated and widely known, but the high fatality rate of the disease in Black women is not commonly known. The cause for a high rate of fatality in Black females with hypertension is an important question in terms of possible detective and preventative measures against hypertension in Black women in the future.

The average life expectancy for Black women in the U.S. is 67 years, as compared to 73 years for White women, who have the longest life expectancy of all groups in the U.S. (Curry, 1974). Part of this effect (shorter life expectancy for Black women) can be traced to high blood pressure and its complications. Black women, when affected by hypertension, are at higher risk in developing coronary heart disease, as noted by Rose-Rogers (1977). Black women are victims of sudden death by heart attack, more often than any other group in the U.S., because of hypertension (Rose-Rogers, 1977). They are also more likely to be victims of heart attack than Black men, and hypertension is more severe among them than in Black men (Curry, 1974).

The etiology of hypertension is unknown in at least 95% of all cases (Curry, 1974), but certain factors are

known to contribute to the development of the disease. Some of these factors are heredity, diet, emotional stress, obesity, and oral contraceptive pills. In other words, the causes of hypertension are multiple.

The question arises of why the high prevalence of hypertension and its complications among Blacks and, specifically, Black women, occurs. As many studies indicate, genetic predisposition is high on the list of answers to this question (Curry, 1974; Friedman, 1976; Pelletier, 1976; Thompson, 1974). Others would argue that perhaps the prevalence of hypertension among Blacks is primarily the result of stress caused by racism and the capitalist system that oppresses Blacks (Rose-Rogers, 1977). The latter explanation is much too narrow and constricted; rather, the answer appears to lie in the age-old interaction of heredity and environment.

Genetic factors appear to be responsible for approximately one third of the variability in blood pressure between individuals (Thompson, 1974). Family histories of patients with high blood pressure will likely indicate the presence of hypertension in close family relatives (Pickering, cited in Thompson, 1974). Further along this line, Black newborns, in a study by Schachter, Kerr, Wimberly and Lachin (1974), were found consistently to have a higher heart rate level during sleep than White newborns. High heart rate is associated with hypertensive disease in

terms of development; low heart rate is associated with the relative absence of disease. The authors speculate that genetically predetermined elevated heart rate in these newborns is one precursor of hypertensive disease. However, high infant heart rate is not especially convincing evidence of hereditary factors in hypertension since higher heart rate could be attributed easily to the prenatal environment of the infant. Psychic stress has been shown to be the selective factor in producing hypertensive effects in animals depending on genetic predisposition (Friedman, 1976). When chronically exposed to an approach-avoidance conflict, rats with a genetic susceptibility to hypertension showed persistent elevation in systolic blood pressure, but rats with a genetic resistance to hypertension did not.

Genetic factors are not the complete answer to the question of what causes the high prevalence of hypertension in U.S. Blacks. Research suggests that the environmental factors are just as important. As an example of environmental factors, Nomadic tribes in Kenya show almost no increase of blood pressure with age (Thompson, 1974), because their life is relatively slow, easy, and problem-free. Blood pressures of West African populations are generally lower than among Blacks in the U.S. Most Blacks in the U.S. are descendants of Africans, yet they differ in the incidence of hypertension despite their genetic similarities (World Health Organization Symposium, 1970).

Humans inherit a tendency through multigenetic mechanisms, to have a particular blood pressure at a given age (Thompson, 1974). The actual blood pressure manifested at any given age represents the interaction between the inherited tendency to have a particular level of blood pressure and environmental factors. Psychological stress and emotional functioning are the most noted environmental factors. The literature suggests that there is a difference between the emotional lives of many Blacks and Whites. On the assumption that inhibited, contained or restricted anger was associated with high blood pressure, Harburg, Efort, Harenstein, Chape, Schule and Schork (1973) completed a study using Black high-stress males versus White high-stress males in Detroit. He called this variable "suppressed hostility," and observed that in previous research chronic suppression of hostility had been found to be related to high blood pressure. The conclusion of this study was that Black high-stress males not only had the highest blood pressure levels of all groups, but those with suppressed hostility had the highest of all and had diastolic levels that were in the borderline severe category of hypertension.

A small number of other studies link high blood pressure to psychological variables (Curry, 1974; Krawczyk, 1975; Naditch, 1974; Pelletier, 1976). Although suggestive differences in personality between hypertensive and normal individuals are noted, most are not statistically significant.

Some lack of clear association between personality variables and hypertension may result from the limited sampling techniques. Samples have almost exclusively been composed of patients in large urban hospitals. Naditch (1974) used a six-city sub-sample of United States urban Blacks to test his hypothesis that locus of control and relative discontent was linked to hypertension. Naditch was primarily concerned with whether people with an external locus of control and high discontent level were more likely to have high blood pressure. Discontent was defined as the disjuncture between a person's aspirations and his achievements. Highly discontent-external males were found to have statistically significant high blood pressure in comparison to that of content-internal females. Naditch reasons that perhaps it was because of the small sample size of the women in the project.

It seems that most of these studies have been using Black men as subjects when statistical data show that Black women are the most highly affected by hypertension (Curry, 1974; Laragh, 1977; Thompson, 1974). A number of researchers have found that susceptibility to illness and disease of all kinds is not evenly distributed within a population, but rather falls disproportionately hard on people who have undergone psychological stress and who have responded to it in a certain way (Engel and Adler, 1967; Thurlow, 1967). This response syndrome has been called "giving up" or

"helplessness." Thurlow (1967) reports that illness tended to cluster during periods when the environment was perceived as "unsatisfying, threatening, overdemanding and productive of conflict and no satisfactory adaptation could be made to those situations (p. 132)." What factors make life more stressful for Black women?

Rose-Rogers (1977) suggests that one fruitful line of research in the area concerns the interpersonal relationships between men and women. She submits that some of the psychological stresses for the Black woman are consequences of the relationship she has with her male partner. This is not to suggest that other sociocultural factors be ignored; hypertension should also be understood in light of the structural arrangements of the society in which the couple resides. The important factor here is how the behavior of one person in an interpersonal relationship affects the other.

Negative emotions have been found to be positively correlated with hypertension (Krawczyk, 1975). An analysis of personality variables comparing hypertensives to normals provided evidence that the hypertensive group showed the presence of a syndrome of nonacceptance of self, passivity and negative emotions. There are many dilemmas in "growing up Black and female" that could lead to such nonacceptance of self, and negativity. The Black woman has a double standard set for herself in relationships with Black men.

She is cognizant of the fact early in life that she will not be able to achieve the culturally imposed goals of the feminine stereotype which dictate that women be soft, clinging, and dependent to obtain a man who will support her and provide material possessions. She has entirely different models of life-style for womanliness. Her life-style usually requires that she withstand pressure, many times exerted by the oppressive majority culture, and many times simply by conditions of her lower income level. "Womanliness" for her means to be a strong woman and help, rather than rely on, her mate. Many times this very practical way of achieving her life goals is seen as being directly threatening to Black males (Harrison, 1974). Black men, even though under pressuring conditions themselves, do not always possess insight for this situation and often expect Black women to be aggressive strivers and submissive housewives at once. Black females are not found to be typically feminine according to societal standards and are resistant to efforts to get them to conform to the traditional sex role standard (Isco, Williams, and Harvey, cited in Harrison, 1974). Young Black females, ages 7 to 15, were found to be much less conforming when subjected to group pressure. Black females appear to be anti-feminine when viewed by general society, but another view is to see their role as a result of being exposed to successful, competent, female models in the Black community. These models are more appropriate

to them than are the ones in general society, but it causes problems if they are forced to try to play both roles to please their male partners. Certain parts of the "system," then, work against relationships between Black men and women, causing conflict in these areas and lack of social support for Black females.

There is evidence that social support systems are protective against the health consequences of life stress (Cobb, 1976). Social support is defined by Cobb (1976) as information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations. It is possible for a woman whose whole lifestyle makes her atypical to feel she is not part of a social support system, unless she has many close and uniquely supporting ties with men, family, and friends. Lack of social support has been found to cause depression and anxiety related to hypertension (Heine and Sainsbury, 1970). Stressful relationships with close partners seen as persecutors have been shown to sustain hypertension (Hambling, 1970). Black men are often seen by Black women as external persecutors because of this lack of social support. This is not to say that all of the relationships between Black men and women are of this type. However, because of the many economic and social factors, many relationships succumb to these pressures.

HYPOTHESES

Black women may experience a great number of life crisis events of great emotional stress. Since it is known that Black females have the highest incidence of hypertension in the U.S., and that hypertension is precipitated or sustained by stress, it would be of value to consider how certain kinds of stress affect their blood pressure. The present study is interested in assessing stress in their interpersonal relationships with males. A laboratory experiment with four different treatment situations created by viewing videotapes, is designed to show that an interpersonal conflict situation, particularly when involving a Black male, will cause a Black female's blood pressure to elevate. The tapes include a male conflict monologue, a male no-conflict monologue, a female conflict monologue, and a female no-conflict monologue. Other factors, such as prevalence of hypertension in the family, past experiences with male partners, and stressful incidents in the past year also contribute to high blood pressure. These will be assessed to determine their contribution to systolic blood pressure elevation.

The present study uses four different measures of stress: SIR, or Stress in Interpersonal Relationships, is the measure used to assess the stress in male partnerships. SRE, or the Social Readjustment Scale, is the measure used to assess the amount of stress incurred during the past year

from life-events. KIN measures the number of relatives in the subject's family with high blood pressure. IBP is the average of two Initial Systolic Blood Pressure readings taken from the subject. Each of these measures is treated as an independent variable for each of the four conditions. The subjects' scores on each independent variable are divided at the median so that high and low stress groups can be compared. The following hypotheses are made:

1) Black women who have experienced high stress in past and current relationships with males, in comparison to Black women who have experienced low stress in past and current relationships with males, or SIR, will show a greater increase over baseline systolic blood pressure in response to the male-conflict videotape than to the other videotape conditions.

2) Black women who have experienced high stress as measured by the adapted Holmes and Rahe Social Readjustment Scale, or SRE (Pelletier, 1976), in comparison to Black women who have experienced low stress, will show a greater increase over baseline systolic pressure to the male-conflict videotape than to the other three videotape conditions.

3) Black women who have a high incidence of hypertension among relatives, in comparison to Black women who have a low incidence, will show a greater increase over baseline systolic blood pressure in response to the male-conflict videotape.

4) Black women with a high Initial Blood Pressure, in comparison to Black females with a low Initial Blood Pressure, will show a greater increase in systolic pressure in response to the male conflict videotape (IBP). The high blood pressure of these women suggests that they have already developed a style of coping that involves the elevation of their blood pressure when dealing with stressful situations (Selye, 1976). Therefore, the writer hypothesizes that they will be more predisposed to respond to the stressful condition of the male monologue with a greater elevation of blood pressure than the low Initial Blood Pressure group.

METHOD

Subjects. Subjects were 46 Black female student volunteers from the general student population of Hampton Institute. The only criteria were that they be between the ages of 18 and 26, and that they had at least one male partnership in the previous year. The age range of 18-26 was criterion because the norm for blood pressure is the same for this group. Before and after this age group the range for normal blood pressure changes. The median age of subjects used was 22. Subjects were paid \$3 for participation in the experiment.

Instruments. For the assessment of stress in subjects, 3 questionnaires were given. The first was the Stress in Interpersonal Relationships Scale (SIR) developed by the writer to assess the stresses encountered in past and present experiences with male partners. There were 14 items in the questionnaire, and for each item checked a score of 1 was assigned. Questions included: . . . "Would you describe your relationships as generally (check one) Calm ____ Tense ____ . . . Questions 2, 8, 10, 11 and 12 were not used in data analysis. (For complete questionnaire see appendix A).

The second questionnaire was adapted from Holmes and Rahe's Social Readjustment Scale (SRE), which rates life events that cause stress. In Rahe's (Rahe, 1973) experiment,

subjects were 2,500 officers of the Navy, and in another study by Holmes and Rahe (Holmes and Rahe, 1973) 84 resident physicians were used. In the study with the navy officers, the 30% with the highest life-change scores developed almost 90% of the illnesses occurring during the first month of the cruise. During the rest of the cruise, the high-scoring 30% consistently developed more illnesses than the lower 30%. In the study with the student residents, the life changes for the previous 18 months were used as a quantitative measure for predicting the onset of illness in the near future. Data concerning disease occurrence was collected 8 months later. The outcome was that 49% of the high-risk group with high life-change scores reported illness; 25% of the medium-risk group reported disorders, and only 9% of the low-scoring group reported any illness. Clearly the SRE demonstrated a high degree of predictability in the first case and of prospective applicability in the second case.

In this experiment the SRE was used for assessment of general stress in the life of the subject for the past year. Each subject checked any of the events that happened to her in the previous year. The questionnaire was revised to be more meaningful and relevant to the college student, i.e., marital separation became loss of male partner, etc. Questions included: . . . "Check any event that has happened to you in the past year . . . Reconciliation with

an old male partner ____ . . . (Refer to Appendix B for full scale). There were 18 items in the questionnaire, and for each item checked a score of 1 was assigned.

The third questionnaire concerned the presence of hypertension in the subject's family (KIN). This scale consisted of 1 question: "Have any of the following relatives in your family had high blood pressure? (Check one, if more than one in any one category write how many) Father ____ Mother ____ Grandfather(s) . . . etc.

The score was determined by simply adding up the number of persons checked by the subject as having suffered from hypertension. (See question 4, appendix A, for complete question).

Videotapes were prepared, with the help of a class of Hampton Institute psychology major seniors, at a seminar, as stimuli for this experiment. The content of the videotapes was discussed with the same class (none of whom were subjects) prior to running the experiment. The author of this paper was concerned that the videotapes have material in them as appropriate and meaningful as possible for the subjects that were to eventually see them.

The students discussed topics that were felt to be ones that would be familiar and appropriate to themselves and other Hampton students, for viewing on the videotape. Three of the tapes were based on content from that discussion, the no-conflict male's tape was later produced by the author. The actor in the videotapes was unknown to any of the

subjects. Regular video equipment was used for the display of the stimuli. The tapes were no longer than 2 minutes. They included a female no-conflict monologue, a female conflict monologue, a male no-conflict monologue, and a male conflict monologue.

The videotape that was the female no-conflict condition consisted of a Black female telling of a planned vacation for her and her boyfriend, this video being 35 sec. long (Refer to Appendix C for full script). The videotape that was the female conflict condition consisted of a Black female telling of walking in on her boyfriend after a broken date, and finding him with another female, this video was 1½ min. long (See Appendix D for full script). The video that was the male no-conflict condition consisted of a Black male speaking of Black men and women sharing work burdens and praising Black women, this videotape was 45 sec. long (See Appendix E for full script). The videotape that was the male conflict consisted of a Black male discussing how hard it is to get along with Black women, this videotape was 1 minute long (See Appendix F). The female conflict monologue was considered to be a no-stress condition simply because of the absence of a male in the videotape. Although the actress is speaking negatively of a Black male, it was felt that Black women will experience more elevation of blood pressure in response to a male speaking negatively of a Black female.

There were five blood pressure scores. The Initial Blood Pressure (IBP) was the mean of the two pressures taken before any stimulus was presented. One blood pressure reading was taken after each of the four videotapes. The blood pressure elevation was determined by subtracting the score of the systolic IBP from each of the four later systolic blood pressure readings. Only systolic pressures were used since they are most volatile of the two types of blood pressure, and likely to change quickly under stress.

The electro-sphygmomanometer (PE-300) and the desk model physiograph (Dmp-4A) (both by E and M Instrument Co. Inc., Houston, Texas) were used to maintain a running mean blood pressure. This equipment was attached at the beginning of the session and left on throughout the experiment, thereby minimizing distraction of the subject.

Procedure. All students were given the following instructions: "You are participating in a study of the effects of stress on blood pressure in Black women. You will be given a questionnaire to complete, and afterwards see four short videotapes during which your blood pressure will be read." The subjects were then given a letter describing what the experimenter was basically interested in, regarding the experiment. (Refer to Appendix G for complete letter to subjects.) Each female was given her blood pressure reading after the session was over, if it was higher than normal, or if the subject requested it.

Testing took place in a small, windowless room with

little environmental stimuli, in order to keep down excitement level of the subjects. The subjects were given two minutes before testing began to rest so that they would be calm when testing began. The room contained only the blood pressure equipment, which was grossly explained to the subject so that she was not frightened by it, a table, a chair, and video equipment. The Experimenter was not present in the room during video presentations after the initial instructions.

After the questionnaire, the subjects were presented the videotapes, which were presented in random order. The sphygmomanometer cuff was attached to the subject throughout the videotape and was turned on after each presentation. As a precaution to give the subjects enough time to get over being "aroused" by the previous videotape, there was a $1\frac{1}{2}$ minute rest period between video presentations. The subjects were also asked to formulate a response to each of the videos; this was done in order to have them as deeply involved in the drama of the monologue as possible. It was thought that by having the subject formulate a response, her attention would be focused more closely to the videotape. After subjects completed the experiment they were given payment for participation and promised a copy of experimental results when the study was completed, if they wished. Many times subjects stayed to talk at greater length about their feelings of the scenes in the videotapes.

RESULTS

For each independent variable a 2x2x2 repeated measures ANOVA SPF p. qr (Kirk, 1968) was used. The first factor was one of the four independent variables (SIR, SRE, KIN or IBP). Subjects' scores on each independent variable were divided at the median so that the high-stress group could be compared to the low-stress group. The second factor was the effect of the gender of the actor in the videotape. The third factor was the effect of the conflict-condition videotape as compared to the no-conflict condition videotape.

Tables 1-4 show the mean differences between initial systolic blood pressure and the systolic blood pressure measured under each condition for the independent variables SIR (Table 1), SRE (Table 2), KIN (Table 3), and IBP (Table 4). Subjects were not relaxed when initial systolic

(See Tables 1-4)

blood pressure was measured, so the subsequent systolic pressures were lower than the initial blood pressure. Thus, the difference scores determined by subtracting Initial Blood Pressures from the subsequent systolic blood pressures were largely negative numbers. The less negative differences in blood pressure are to be interpreted as the greater elevations in response to a videotape condition. The more the subjects were relaxed in a given videotape condition, the greater the difference between the response blood pressure and the Initial Blood Pressure, and, consequently, the more negative the cell mean. Average pressure for the

high group was 122.8; for the low group, the average blood pressure was 94.7.

For the independent variable SIR a significant main effect for the conflict condition of the videotape indicates that the subjects have a greater systolic blood pressure elevation in response to the conflict videotape condition, $F(1, 44)=19.125$ $p < .001$. There was a trend toward a significant main effect for the gender of the actor in the videotape, i.e., a trend toward the subjects' having a greater blood pressure elevation in response to the male videotapes, $F(1, 44)=2.94$ $p < .10$. There was no significant 2-way interaction between gender and conflict-condition, $F(1, 44)=2.48$ $p < .25$. (See Table 8.)

For the independent variable SRE a significant main effect for the conflict condition of the videotape indicates that the subjects have a greater blood pressure elevation in response to the conflict videotapes, $F(1, 44)=21.65$ $p < .001$. There was a trend toward a significant main effect for the gender of the actor in the videotape, i.e., a trend toward the subjects' having a greater blood pressure elevation in response to the male videotapes, $F(1, 44)=2.97$ $p < .10$. There was also a trend toward a significant interaction between gender and conflict for SRE, i.e., a trend toward subjects' having a greater blood pressure elevation in response to the male conflict videotape, $F(1, 44)=3.25$ $p < .10$. (See Table 9.)

For the independent variable KIN a significant main

(See Table 10)

effect for the conflict condition of the videotape indicates that the subjects have greater blood pressure elevation in response to the conflict videotape condition, $F(1, 44) = 11.84$ $p < .001$. There was a significant main effect for gender of the actor in the videotape, i.e., subjects had a greater blood pressure elevation in response to the male videotape, $F(1, 44) = 3.93$ $p < .05$. A significant interaction between gender of actor and conflict-condition indicates that subjects have a greater elevation in response to the male conflict videotape, $F(1, 44) = 4.10$ $p < .05$.

For the independent variable IBP a significant main effect for the conflict condition of the videotapes indicates that the subjects have a greater blood pressure elevation in response to the conflict condition, $F(1, 44) = 19.79$ $p < .001$. There was no significant main effect for gender of actor in the videotapes for IBP, $F(1, 44) = 2.89$ $p < .25$. There was a trend toward a significant 2-way interaction between gender of actor and conflict condition for IBP, i.e., a trend toward subjects' having a greater blood pressure elevation in response to the male conflict condition videotape, $F(1, 44) = 3.24$ $p < .10$. (See Table 11.)

My major hypothesis (1, 2) states that for each of the measures of stress, in comparison to females who are low in stress, females who are high in stress will have a greater increase in systolic blood pressure in response to the male-conflict videotape. This hypothesis predicts a 3-way interaction between stress level of subject, gender of video

actor, and conflict condition. There is no significant 3-way interaction for SIR, $F(1, 44) = .84685$ $p > .25$; for SRE, $F(1, 44) = .08939$ $p > .25$; for KIN, $F(1, 44) = .86124$ $p > .25$; for IBP, $F(1, 44) = .00091$ $p > .25$.

An r_m analysis (Friedman, 1972) between each of the 4 independent variables and the blood pressure elevation after the male-conflict videotape was also applied to data. For SIR $r_m = .25$ which is a low level of magnitude of effect; for SRE $r_m = .25$, which again is a low level of magnitude of effect; for KIN $r_m = .3$, which is a medium level of magnitude of effect; and for IBP $r_m = .3$, which is a medium level of magnitude of effect.

Intercorrelations were determined between the 4 independent variables.
(See Table 5)

There was a significant correlation between SRE and KIN, $r = .3766$ $p < .01$, and a significant correlation between SIR and IBP, $r = .2996$ $p < .05$.

Table 6, which shows the results of a multiple regression
(See Table 6)

analysis, determines the 2 independent variables that are best predictors for the blood pressure elevation in response to the male-conflict videotape. The best predictors of blood pressure elevation in response to the male-conflict videotape is determined by the percentage of variance in the data (R square in the table). For SIR R-square = .15201, for SRE R-square = .4561, for KIN R-square = .09471, and for IBP R-square = .13819. The greater amounts of variance

indicate the best predictors, which in this case are KIN and IBP. KIN accounts for 9% of the variance in the data for the response to the male conflict videotape and another 4% is added by the IBP, for an explanation of a small 13% of the variance. A correlation between KIN and the other three blood pressure responses was run; the results contributed no new information. The only significant correlation was again between KIN and Blood Pressure #4, $r = .3078$ $p < .05$.

(See Table 8)

The multiple regression analysis is not considered valid; the results cannot be generalized since the number was so small. The experiment lacked the additional subjects that would have made the findings valid.

DISCUSSION

Little systematic research has looked at hypertension and specific difficulties in interpersonal relationships. However, various researchers have found that stress-producing situations produce higher blood pressure elevations than non-stress situations (Cobb, Curry, Friedman, Thompson). Other researchers state that Black women are often concerned by the stress involved in their relationships with Black males (Rogers-Rose). The writer has done the present research to see if there is evidence that conflict with Black males causes high blood pressure in Black females. However, the writer does not wish to negate research on the effects of racism in this society as an influential factor in the development of hypertension, or to suggest that most relationships between Black men and women are not good and fulfilling. The writer wished only to focus attention at this time on a specific area of the hypertension problem in Black females. The problem of hypertension must be viewed from all angles in order to propose solutions. One possible factor is the contribution which stress in poor interpersonal relationships with males makes to hypertension.

There was a significant main effect for the conflict videotape condition, indicating a higher blood pressure response to conflict for each of the four independent variables. These results suggest that Black females respond to conflict in interpersonal situations with an elevated blood pressure. It also indicates that conflict videotapes

were effective in producing stress in the subjects. There was a significant main effect for the gender of the actor in the videotapes which indicates that subjects respond with higher blood pressure elevation to the male actor than to the female actor. This finding implies a style of coping for Black females which involves elevated blood pressure in response to males. There was also a significant interaction effect between conflict condition and gender of actor in the videotapes. Because the conflict conditions were longer than the no-conflict conditions, there was a confounding of length of videotape with the conflict no-conflict effect; that is, the conflict videotapes were longer than the no-conflict videotapes so there was more time for the subjects' blood pressure to elevate in response. However, since the female conflict condition was longer than the male conflict condition, the significant interaction between gender and conflict cannot be attributed to a difference in videotape length.

The finding that the male-conflict videotapes were effective in producing elevated systolic blood pressure further suggests that stress can be caused by conflict situations with Black males. This indicates that Black women in a close relationship with a male and constantly in conflict, would have a tendency to an elevated blood pressure.

Significant interaction between gender of actor and

conflict condition for KIN, and trends toward interaction between gender of actor and conflict for SRE, indicates a greater blood pressure elevation in response to male conflict videotape condition. These results suggest that females find interpersonal conflicts with males more stressful than interpersonal conflicts with females. The implications here are that a Black female in a stressful relationship with another woman might have an elevated blood pressure, but that the same woman would experience greater stress and increased pressure in a conflictual partnership with a Black male.

See the ANOVAs for each of the four independent variables.

There was no support for hypotheses 1 and 2, that for each of the measures of stress, in comparison to females

(See ANOVAs Table 8, 9, 10, 11)

who are low in stress, females who are high in stress will have a greater increase in systolic blood pressure in response to the male-conflict videotape. The writer believes that much of the reason for this was because of the overall high level of the initial blood pressures for all subjects. Although precautions were taken to allow the subjects to be calm before testing began, the IEP's were consistently high in comparison to elevations after viewing videos. The writer believes that the subjects were anxious until the experiment progressed and they were certain of the proceedings.

The multiple regression and the r_m for KIN and IBP supports hypotheses 3 and 4. KIN and IBP are the best predictors of the response systolic blood pressure to the male conflict videotapes. This may suggest that the degree to which a Black female will respond to a male conflict situation can be predicted by the number of persons in her family who have suffered from high blood pressure, and an initial blood pressure reading. These two factors predict her coping style. Of interest is the fact that KIN is the best predictor of response to male conflict videotape. This implies that the more members of a family there are suffering from high blood pressure, the more ingrained this style of coping becomes with the female family members, because these other members, who obviously cope with elevated blood pressure, are models of how to react to stressful conditions. This might make female members more likely to have a higher than normal regular blood pressure, and certainly they might have a predisposition to elevated blood pressure when confronted with a male-conflict situation. There is more than one interpretation of the significant relationship obtained between the KIN scores and blood pressure elevation in response to the male conflict scene. The writer suggests that there is a combination of learning styles of coping from family members with hypertension, and the genetic predisposition to having elevated blood pressure. Both of these factors are likely an integral part of the way individuals respond

to conflict situations.

It was intriguing that these same females did not have high SIR scores, although there was a significant correlation between SRE and KIN. I suggest that these people might downgrade the actual turmoil experienced by them in relationships with men and instead pin their causes for stress on things that happen to them in general life events. Further research is needed to pursue this suggestion. Perhaps another reason for subjects' not getting high SIR scores was their age bracket. These were college students. College students have never been known to lead particularly calm and unstressful lives. They live through and expect many frustrations and changes. This is a part of their life. For them, changes with male partners may not be such a negative thing. In fact, many of the subjects this writer spoke with expressed happiness about changes of male partnerships or liked being popular enough to have more than one boyfriend.

There are flaws in the study which I would change if I repeated the experiment. Perhaps results could be more significant if subjects were given a greater length of time to relax before the experiment was begun, as they were not given in this experiment. This would make the Initial Blood Pressure lower and give more room for the elevations above IBP in response to the male conflict scenes. Another important thing to add would be questions to the subjects about the importance of their relationships with males,

how happy they are with them, and how content. These data would help with interpretation of any data received from the other stress measures.

There was a significant correlation between SIR and IBP, indicating that females with high initial blood pressure experienced greater stress in interpersonal relationships. This finding suggests that men have in the past been stressors for these females, perhaps the cause of their high IBP. Differences in the groups can be seen in the way the data differs in the means, modes, and medians (see Table 12).

Black females had an increased systolic blood pressure to male conflict situations. The fact that these video-taped conditions caused elevations in blood pressure means that they were stressors. Black males, then, can be stressors by simply involving the female partner in a conflictual situation with the male.

From personal observation, Black females often equate the male in their lives and how they are getting along with them, with social success. With these thoughts in mind one can see why conflict with the male might be such a source of stress, especially when combined with poverty, racism, genetic predisposition, etc. Further research is needed to pursue the reasons why Black women are likely to experience hypertension because of sensitivity to conflictual situations with Black males, and how this sensitivity differs from or is greater than the way other women react

to conflictual situations with males in their lives. Of interest also would be whether there is a difference in the way older women react as opposed to younger women reacting to male conflict situations.

TABLE 1
Videotape Condition

SIR	Female		Male	
	Conflict	No Conflict	Conflict	No Conflict
High	-3.52	-7.66	0.14	5.61
Low	-2.00	-3.14	2.96	-3.89

Mean differences between systolic blood pressure response in each videotape condition and initial systolic blood pressure as a function of scores on the Stress in Interpersonal Relationships Scale.

SRE

TABLE 2

Videotape Condition

	Female		Male	
	Conflict	No-Conflict	Conflict	No-Conflict
High	-0.35	-4.61	5.39	-3.61
Low	-4.85	-5.24	-1.89	-5.67

Mean differences between systolic blood pressure response in each videotape condition and initial systolic blood pressure as a function of scores on the Social Readjustment Scale.

Videotape Condition

	Female		Male	
	Conflict	No-Conflict	Conflict	No-Conflict
High	-0.60	-0.40	8.20	0.40
Low	-3.15	-6.18	-0.04	-6.04

Mean differences between systolic blood pressure response in each videotape condition and initial systolic blood pressure as a function of scores on the number of persons in the family with high blood pressure scale.

Videotape Condition

	Female		Male	
	Conflict	No-Conflict	Conflict	No-Conflict
High	-6.46	-10.50	-1.79	-9.83
Low	1.61	1.16	5.61	1.02

Mean differences between systolic blood pressure response in each videotape condition and initial systolic blood pressure as a function of Initial Blood Pressure.

TABLE 5

Correlation Table

	KIN	SRE	SIR	IBP
KIN	1.000			
SRE	0.3766*			
SIR	0.0183	0.2149		
IBP	0.0416	0.2025	0.2996*	

Correlations between the 4 independent variables.

*Significant correlations

TABLE 10

ANOVA for the Independent Variable KIN

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Prob. F Exceeded
Mean	119.54297	1	119.54297	0.28480	0.596
K	1036.49219	1	1036.49219	2.46935	0.123
ERROR	18468.71494	44	419.74341		
G	323.06470	1	323.06470	3.93134	0.054
GK	78.98160	1	78.98160	0.98002	0.333
ERROR	3615.77695	44	82.17674		
C	540.94434	1	540.94434	11.84549	0.001
CK	3.98828	1	3.98828	0.08733	0.769
ERROR	2009.33545	44	45.66670		
GC	235.54370	1	235.54370	4.10170	0.049*
GCK	49.45752	1	49.45752	0.86124	0.358
ERROR	2526.73779	44	57.42586		

ANOVA for the independent variable KIN. K=KIN, G=Gender, GK=Gender + KIN, C=Conflict, CK=Conflict + KIN, GC=Gender + Conflict, GCK=Gender + Conflict + KIN.

TABLE

TABLE 6

Multiple Regression Summary Table

	Multiple R	R-Square	RSQ Change	Simple R
KIN	0.30775	0.09471*	0.09471	0.30775
IEP	0.37174	0.13819*	0.04348	-0.19595
SRE	0.38159	0.14561	0.00742	0.15507
SIR	0.38988	0.15201	0.00639	-0.11740

Table of Best predictors for response to male conflict condition.

*Means best predictor R-Square is % of variance explained. The greater the amount of the variance, the better the predictor is. KIN is the best predictor, with the other 4 independent variables adding very little as predictors. KIN accounts for 9% of the variance.

TABLE 8
ANOVA for the Independent Variable SIR

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Prob. F Exceeded
Mean	1479.14844	1	1479.14844	3.39537	0.072
S	337.19531	1	337.19531	0.77403	0.384
ERROR	19168.01172	44	435.63847		
G	246.79272	1	246.79272	2.94153	0.093
GS	3.09790	1	3.09790	0.03692	0.849
ERROR	3691.57056	44	83.89932		
C	871.11792	1	871.11792	19.12521	0.000
CS	9.20630	1	9.20630	0.20212	0.655
ERROR	2004.11743	44	45.54811		
GC	142.55981	1	142.55981	2.48171	0.122
GCS	48.64697	1	48.64697	0.84685	0.362
ERROR	2527.54834	44	57.44427		

ANOVA for the Independent Variable SIR: S=SIR, G=Gender, C=Conflict, GS=Gender + SIR, GCS=Gender/conflict/SIR.

TABLE 7

Correlations between KIN and blood pressure

	BP1	BP2	BP3	BP4
KIN	0.2086 (.46) S=0.164	0.0362 (.46) S=0.569	0.2104 (.46) S=0.160	0.3078* (.46) S=0.037
SRE	-0.1255 (.46) S=0.406	0.1240 (.46) S=0.412	-0.0674 (.46) S=0.656	0.1551 (.46) S=0.303
SIR	-0.2619 (.46) S=0.079	-0.1396 (.46) S=0.207	-0.1227 (.46) S=0.417	-0.1174 (.46) S=0.437
IBP	-0.4848 (.46) S=0.001	-0.3375 (.46) S=0.022	-0.4918 (.46) S=0.001	-0.1955 (.46) S=0.193

Correlations between KIN and each of the response blood pressure elevations. BP1 is after female no-conflict; BP2, female conflict; BP3, after male no-conflict and BP4 after male conflict.

*Significant correlation.

TABLE 9

ANOVA for the Independent Variable SRE

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Prob. F Exceeded
Mean	1246.95703	1	1246.95703	2.90258	0.095
S	602.65234	1	602.65234	1.40281	0.243
ERROR	18902.55469	44	429.60352		
G	246.56958	1	246.56958	2.97762	0.091
GS	51.13550	1	51.13550	0.61752	0.436
ERROR	3643.53296	44	82.80756		
C	873.91699	1	873.91699	21.65196	0.000
CS	237.39526	1	237.39526	5.88165	0.019
ERROR	1775.92847	44	40.38200		
GC	190.04785	1	190.04785	3.25251	0.078
GCS	5.22266	1	5.22266	0.08938	0.766
ERROR	2570.97266	44	58.43118		

ANOVA for the independent variable SRE. S=SRE, G=Gender, GS=SRE + Gender, C=Conflict, CS=Conflict + SRE, GC=Gender + SRE, GCS=Gender + Conflict + SRE

TABLE 11

ANOVA for the Independent Variable IBP

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Prob. F Exceeded
Mean	1054.99609	1	1054.99609	3.02148	0.089
B	4141.93750	1	4141.93750	11.86241	0.001
ERROR	15363.26953	44	349.16504		
G	242.71875	1	242.71875	2.89541	0.096
GB	6.19824	1	6.19824	0.07394	0.787
ERROR	3688.47021	44	83.82886		
C	841.91553	1	841.91553	19.79718	0.000
CB	142.13330	1	142.13330	3.34219	0.074
ERROR	1871.19019	44	42.52704		
GC	189.96533	1	189.96533	3.24457	0.079
GCB	0.05322	1	0.05322	0.00091	0.976
ERROR	2576.14209	44	58.54868		

ANOVA for the independent variable of IBP. B=Initial Blood Pressure, G=Gender, GB=Gender + Initial Blood Pressure, C=Conflict, CB=Conflict + Initial Blood Pressure, GC=Gender + Conflict, GCB=Gender + Conflict + Initial Blood Pressure.

TABLE 12

Means, Modes + Medians

	SIR	SRE	KIN	IBP
Mean	3.28	6.1	1.41	106.57
Mode	1.	7 + 9	2	125.0
Median	4.	5.5	3	104.0

Means, Modes and Medians for each of the four independent variables.

APPENDIX A - SIR SCALE

1. Would you say your relationships on the whole are (check one):
fulfilling ___ frustrating ___
2. What is your mother's occupation? _____
3. Is your romantic love-life (check one):
peaceful ___ unpredictable ___ stressful ___
- *4. Have any of the following relatives in your family had high blood pressure? (check one, or if more than one person in a category, write how many)
father ___ mother ___ grandfather ___ grandmother ___
sister(s) ___ brother(s) ___ first cousin(s) ___
5. Would you describe your present relationship as generally (check one):
calm ___ tense ___
6. Would you say your past and present relationships with males make you generally (check one):
happy ___ unhappy ___
7. Do you have conflict in your present male relationship? (check one):
yes ___ no ___
8. If you are not now in a relationship with a male, have you been in the past? (check one):
no ___ yes ___
9. What is your father's occupation? _____

10. Are you presently involved with a male, but not in a steady relationship? (check one):
 yes ___ no ___
11. Are you presently involved in a steady relationship with a male? (check one):
 no ___ yes ___
12. Do you date more than one man at a time? (if yes, how many?)
 yes ___ no ___
13. Has there been a death of any close member of the family recently?
 yes ___ no ___
14. Have you married or gained a new male partner recently?
 no ___ yes ___

*This question is the KIN variable.

APPENDIX B - SRE SCALE

Directions: Check any event that has happened to you in the past year.

1. Loss of male partner _____
2. Personal illness or injury _____
3. Reconciliation with old male partner _____
4. Pregnancy _____
5. Sexual problems with partner _____
6. Money problems _____
7. Death of a close friend _____
8. Change in school attitudes _____
9. Change in number of arguments with male partner _____
10. Troubles with parents _____
11. Outstanding personal achievement _____
12. Change in living conditions (e.g., new roommate) _____
13. Change in residence _____
14. Change in recreational habits _____
15. Change in church activities _____
16. Change in social activities _____
17. Vacation _____
18. Minor violation of the law _____

APPENDIX CVIDEO - FEMALE - NO-CONFLICT

(35 sec.)

Darryl and I have been together for 2 years now. We do a lot of things together. I enjoy spending my free time with him, sharing ideas and love. We are planning a vacation off by ourselves this summer. I wanted to go to the Bahamas initially, but Darryl wanted to go to Mexico so we compromised and instead we have decided to stay here in the good 'ole USA and go to California. I've never been there before, but I know I'll enjoy it, as long as we're together.

I have never been so happy in my whole life. I love him very much. . . . how could he do that to me? He told me that when I went away to work he would be out to take a chance. He told me that I was the only one that he loved and that he would be with me. He said that he is young and handsome, and there are other black women out there who are every bit as good as I am. I don't like it, he would always get over me, and I would have plenty of other people.

APPENDIX DVIDEO - FEMALE - CONFLICT

(1 min. 40 sec.)

I just feel sick, I'm depressed. You asked me why I felt like this a little while ago. At the time I didn't feel like talking about it but now I want to talk to somebody about it. Maybe you can help me by giving some good advice.

Well..., you know John and I have been going together for a long time now, about a year. Well, I guess it's finally over. Last night I went to the grill because I was hungry. John was supposed to be over in his room studying. He had broken our date for the night, saying he had a test to take the next day. While I was eating my sandwich, in walks John with another girl. What was so humiliating was that he sat down in front of me and saw me!

I have never been so hurt by anyone in my life. I love him very much . . . how could he do this to me? Do you know that when I went over to them he told me not to make a scene! He told me that I was too jealous and that he loved me but that sometimes he needed to be with other women to "breathe." He said that he is young and handsome, and there are eight Black women on this campus to every one male. He then said if I didn't like it, he could always get over me, and while doing so have plenty of other female company.

APPENDIX EVIDEO - MALE - NO-CONFLICT

(50 sec.)

Black men should not feel that their masculinity is at stake if the woman he is involved with is making higher wages. This is just one of the ways in which both of you can progress in the future. There should be no set rule in sex roles. Things like washing dishes and cleaning house should be shared to ease each other's burden. Every Black man should enjoy helping out his lady in time of need. Black women have struggled for the past century in the U.S. just to survive, and we, more than anyone else, should admire and respect them for this. By sharing and communicating we can allow for a better relationship between us.

APPENDIX FVIDEO - MALE - CONFLICT

(1 min.)

When I take a lady out I usually conclude the night by kissing her. After this episode and a few more dates I usually extend this to touching her, "feeling" her body. If I succeed in getting this far with her, I usually succeed in experiencing a sexual relationship with her, and very often I'll have more than one sexual experience with her.

Black women often play hard-to-get, that's a trip! Usually when I take a woman out on successive dates and she doesn't give in, I discontinue being aggressive toward her. I then usually ignore her for a couple of weeks, and almost invariably she'll invent some excuse to see me, at which point she usually can be persuaded to come around to my way of thinking.

When I'm successful in "getting over" with a so-called hard-to-get Black woman, I often find them very possessive and hard to get away from. It's funny, the worse I treat them the more they want to hang on. What can I do?

APPENDIX G

Letter to Subjects

January, 1978

Dear Student:

I am a graduate student in psychology at William and Mary. I am interested in research regarding the way in which stress in male-female partnerships can affect Black women. By observing these patterns of behavioral interaction it may be easier to understand how Black men and women can interact in better ways toward one another. What can be done to decrease the prevalence of certain stress-induced illnesses among Black women? My particular interest is how relationships with male partners affect Black women, and how the effect varies under certain circumstances.

Volunteers who participate in this study will take a pencil-paper questionnaire and have a blood pressure reading taken. They will also watch four videotapes, and be asked to respond to the monologues if they wish. The research has been approved by both the Departments of Psychology at William and Mary and Hampton Institute.

Please sign below if you consent to being a participant in this study. If you would be interested in the results of this study, please indicate this in the space provided. If you would like to ask any questions, please call the Psychology Department, 253-4234 (at the college) and leave a message, or leave a message with Dr. Conley's office at

Hampton Institute. I will be glad to answer any questions.
Thank you for your cooperation.

Andrea James

Date _____

I _____, would like (would not) to
(name) participate in this study.

(Signature)

() Check if you would be interested in the results of
this study.

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