

1-1-2010

African American Relationship Schema Scale: Development and Validation

Syreeta Scott

Follow this and additional works at: <http://commons.emich.edu/theses>

Recommended Citation

Scott, Syreeta, "African American Relationship Schema Scale: Development and Validation" (2010). *Master's Theses and Doctoral Dissertations*. Paper 300.

This Open Access Thesis is brought to you for free and open access by the Master's Theses, and Doctoral Dissertations, and Graduate Capstone Projects at DigitalCommons@EMU. It has been accepted for inclusion in Master's Theses and Doctoral Dissertations by an authorized administrator of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

AFRICAN AMERICAN RELATIONSHIP SCHEMA SCALE:
DEVELOPMENT AND VALIDATION

by

Syreeta Scott

Thesis

Submitted to the Department of Psychology

Eastern Michigan University

fulfillment of the requirements

for the degree of

MASTER OF SCIENCE

in

Clinical Psychology

Thesis Committee:
Stephen Jefferson, PhD, Chair

Tamara Loverich, PhD

Tom Schmitt, PhD

September 24, 2010
Ypsilanti, Michigan

Abstract

In an effort to explain the markedly high HIV infection rate for African American women, several theories have been posited. One theory suggests that expectations about relationships (i.e., relationship schemas and scripts) may be useful in explaining this phenomenon. Qualitative research has identified several relevant relationship scripts for this population that seem to be associated with safer sex behaviors; however, limited quantitative research has been conducted to confirm and validate these findings. Therefore, the purpose of this study was to develop a psychometrically sound self-report measure of relationship schemas in African American women ($N=441$). After initial item generation, pilot testing using a focus group, and item elimination, the data were factor-analyzed to validate a Relationship Schema Scale for African American women, RSS-AA. The RSS-AA was also found to be meaningfully related to self-esteem and depression, factors that are independently related to safer sex behavior.

Table of Contents

Abstract.....	i
Introduction.....	1
Stressors for African American romantic relationships.....	1
Defining schemas and scripts.....	4
Influences of Schema Development in African American Women.....	7
Schemas, Sexual Behaviors and HIV risk	12
The Present Study	14
Methods.....	15
Overview.....	15
Item Generation	16
Phase I: Focus Group	17
Participants.....	17
Measures	18
Procedure	18
Phase II: Item Reduction.....	26
Participants.....	26
Measures	27
Procedure	29
Exploratory Factor Analysis	30
Convergent Validity.....	32
Discussion.....	35
References.....	42

Appendix A: Focus Group Consent Form	52
Appendix B: Online Consent Form	54
Appendix C: Demographic Questionnaire.....	56
Appendix D: Sexual History Questionnaire	59
Appendix E: Rosenberg Self-esteem Scale.....	62
Appendix F: Power and Attitudes in Relationships.....	64
Appendix G: Multidimensional Inventory of Black Identity.....	65
Appendix H: Center for Epidemiologic Studies Depression	67
Appendix I: Experiences in Close Relationships-Revised	68
Appendix J: Table 1	71
Appendix K: Table 2.....	73
Appendix L: Table 3	74

Although many aspects of intimate relationships are universal, some dynamics vary as a consequence of the unique circumstances different social groups experience (Kurdek, 2008). Racism, sexism, socioeconomic disadvantages, and sundry other social impediments may coalesce to create a uniquely deleterious situation for many African Americans in the United States (Kelly & Floyd, 2001; Kelly & Floyd, 2006; Murry, Brown, Brody, Cutrona, & Simons, 2001). The impact of these stressful circumstances on the relationships of African American men and women is still unclear and needs further study, particularly as these factors contribute to the spread of the human immunodeficiency virus (HIV) in these communities. This study explored how the special environment of African American women influences their expectations concerning romantic relationships with African American men. It also examined how these expectations may serve to partly explain the remarkable escalation in HIV infection rates for African American women.

Stressors for African American men and women in romantic relationships

One stressor that has been implicated as uniquely affecting the relationship dynamics of African Americans is the significant gender ratio imbalance that exists in these communities (Ferguson, Quinn, Eng, & Sandelowski, 2006). The gender ratio imbalance is the difference between the number of African American men and women. According to statistics provided by the Census Bureau, “the lowest sex ratio was 90 males per 100 females in the Black or African American population” (Special Report, 2000, p. 3). This discrepancy is further exacerbated by other factors that widen the gap between the number of available African American men and women. For example, between the ages of 18 to 29 years old, approximately 10% of African American men are in prison (Henry J. Kaiser Family Foundation, 2006). This fact indicates that not only are a large proportion of potential male partners removed from the relationship pool for

the duration of their incarceration, but also their perceived partner viability, once they are released, tends to be reduced. Having a criminal record has a deleterious effect on the earning potential of these men because this history compromises their ability to successfully secure gainful employment (Pager, 2003), making these men much less attractive marriage prospects. Compound this phenomenon with the fact that African American men between the ages of 15 and 29 years have the highest average mortality rate of any racial group in the United States, a rate much higher than that for African American women (Henry J. Kaiser Family Foundation, 2006), and it becomes clear that women tend to significantly outnumber men in this population.

The effect of this situation on relationships is that it produces a power imbalance wherein men are able to select from a wide range of potential female partners, while women must compete for a scarce number of male partners. Consequently, it is hypothesized that these men have a reduced need to become as emotionally invested in one partner (Wingood & DiClemente, 1998) and tend to have multiple partners. Further, women under such circumstances are thought to react by lowering their expectations of fidelity with African American male partners (Mays & Cochran, 1988).

Support for these arguments can be gleaned from a number of studies; however, much of the research in this area has focused on college samples. Ferguson et al. (2006) found that at historically Black colleges and universities, women who adopted the view that men are a scarce commodity tended to accept “man-sharing” (i.e., multiple women dating one man) as normative behavior in college courtships. Knox, Vail-Smith, and Zusman (2008), using a sample of 1394 undergraduate students, found that 1 in 5 men in their sample reported “cheating.” Besides being male, other factors that seem to be associated with infidelity included having a strong sex drive, endorsing permissive attitudes about infidelity, and living in inner cities (Treas & Giesen, 2000).

Finally, when Caucasian men were compared to African American men in this study, it appears that African American men were more likely to engage in infidelity. The latter finding might partly be explained by the work of Andrinopoulos, Kerrigan, and Ellen (2006). Using a semistructured interview approach and content analysis, these researchers found that while African American females in their sample valued monogamy and romance over casual sex, African American male respondents desired to feel wanted by their partner, but also valued the high social status they gained by having multiple sexual partners.

Davis, Emerson, & Williams (1997) found in a study of 212 dating African American professionals that women, when compared to men, reported having fewer partners who were ideal and feeling that they put more into their relationships than their male partners.

Unexpectedly, although gender ratio imbalance theory would suggest that men may be more likely to find an ideal mate when women outnumber men, the heterosexual men in this study did not endorse feeling as if they had an abundance of dating alternatives (Davis et al., 1997). This indicates that there may be differences in the perception of the gender ratio imbalance across contexts and also between sexes.

Despite differences in how the gender imbalance is perceived by African American men and women, Davis et al. (1997) found that over 90% of their sample desired to get married in the next five years with high rates amongst both men and women. Unfortunately, marriage rates are generally low in this population. In 2004, only 34% of African Americans were married and 42% never married (US Census Bureau, 2007). Given that such a high proportion of African American heterosexuals express a desire to marry, but there are fewer men than women, this creates a situation wherein women may feel more anxiety than men about finding and keeping a relationship. Endorsing such a view may significantly color how women perceive the types of

relationships and behaviors they can expect to experience. Expectations related to how partners in relationships are to comport themselves have been investigated by cognitive psychologists who study *schemas* and *scripts*.

Defining schemas and scripts

Schemas are a general set of attitudes that help to explain reality. In the present context, it is important to focus upon a special type of schema: *Relational schemas* (Baldwin, 1992).

Relational schemas are defined in Fehr & Harasymchuk (2005) as “mental representations that guide the interpretation of relationship information and influence relationship behavior” (p. 182).

Specifically, this theory posits that people have expectations for how specific social interactions should occur, and they tend to follow these expectations (Baldwin, 1992). Although theories of scripts and schemas are sometimes used interchangeably, they are different constructs and it is important to understand the distinct properties of each. While a schema is a cognitive structure that organizes information from experience to guide the interpretation of future information and experiences (Baldwin, 1992), scripts are a sequence of actions that are expected in situations.

Scripts develop as a consequence of exposure to repeated and predictable relational experiences that, over time, tend to influence our expectations and motivations in relevant situations. For example, research on heterosexual “first date” scripts has uncovered that these events tend to unfold in a consistent and stereotyped pattern (Morr Serewicz & Gale, 2008). Whether a man should open the door for a woman, pay for the dinner, or attempt a goodnight kiss are all examples of individual acts or patterns of behavior that in the aggregate make up the “first date” script.

Relational schemas are defined by three elements: (1) self-schemas, (2) other-schemas, and (3) interpersonal-scripts. Each component has an important effect upon the perception of

romantic relationships. The *self-schema* is how one sees oneself in relational contexts and includes expectations related to attitudes and behaviors in these settings. The *other-schema* consists of two parts. First, it is defined by attitudes related to what an individual thinks of others. Second, it also includes attitudes related to what an individual thinks others think of her/him. The third and final part of the relational schema is the interpersonal scripts. These scripts are formed through repeated relational experiences and include expectations of how and why social interactions should unfold. The relational schema itself can also be influenced by broader terms like group membership and cultural values. Essentially, relationships are defined by what is considered socially acceptable, culturally sanctioned, or merely a personal value. For the present study, relational schemas may be of particular importance, especially as they evolve in the context of conflicting social expectations. For example, while African American women may be encouraged by society to practice safer sex, the praxis of sexual activity may demand a different behavior. Specifically, research suggests that knowledge of HIV transmission alone is not always predictive of adopting safer sex practices (Hetherington, Harris, Bausell & Kavanag, 1996; Jarama, Belgrave, Bradford, Young, & Honnold, 2007; Opt & Loffredo, 2004), and African American men and women, for a variety of reasons, continue to engage in very risky behavior. One explanation of this behavior may be that as a woman experiences repeated negative reactions to the request to use a condom, she may become less sexually assertive and stop using condoms to avoid conflict. In this context, she might revise both her self-schema and her interpersonal script to allow her behavior and expectations to fit with the high-risk HIV context in which she finds herself. In fact, she may come to believe that if she persists in requesting that a partner use a condom, he will leave her, or that if she does not request that he use condoms, he will be more likely to stay with her.

Indeed, individuals vary in the extent to which they incorporate their experiences into their schemas. This means that everyone who experiences a situation like the example above will not integrate the experience into their self-schema in the same manner. However, when instances like these are salient enough to affect an individual's self-concept, the event has the potential to organize new schemas. Therefore, it makes sense that negative experiences that contribute to negative self-schemas would also affect other factors related to an individual's appraisal of self. Factors such as self-esteem and group identity attitudes are two such variables that are relevant to schema development (Leary, Haupt, Strausser, Chokel, 1998; Oyserman, 2008). Notably, these factors have also been associated with HIV risk (Sterk, Klein, Elifson, 2004).

In college students, low self-esteem and depression have been associated with less condom use, intentions to have unprotected sex, and greater perceptions of risk for themselves and their partners (Gullette & Lyons, 2006; MacDonald & Martineau, 2002; McNair, Carter, & Williams, 1998; Shrier, Harris, Sternberg, & Beardslee, 2001). This is not to suggest that the self-esteem of African American women is generally in a precarious state; however, individual self-esteem and group identity attitudes are affecting important protective behaviors. Studies by Klein, Elifson, and Sterk (2007) and Braithwaite and Thomas (2001) both found that African American women with low self-esteem tended to engage in more sexually risky behaviors than women with higher self-esteem. Similar results were found in a study of African American adolescents (Salazar et al., 2005).

In addition to these individually based attitudes, it appears that how African American women experience their ethnic identity also influences their HIV risk. Research indicates that among African American girls, endorsing favorable attitudes about being Black is positively

correlated with reporting being comfortable refusing sex without a condom (Salazar et al., 2005) and subscribing to fewer sexually risky attitudes (Belgrave, Van Oss Marin, & Chambers, 2000). Similar results were found for adult African American women (Beadnell et al., 2003). Further, it appears that helping women to improve their racial identity attitudes has been demonstrated to be an important component of culturally competent, effective HIV (DiClemente & Wingood, 1995; Fuller, Brown, King, & Prather, 2007; Nyamathi et al., 1999) and pregnancy prevention programs (Dixon, Schoemaker, & Philliber, 2000). It seems reasonable to infer from these findings that as women begin to feel better about themselves, they may simultaneously experience a boost in their general sense of self-efficacy.

The relationship between relational schemas and the concepts of self-esteem and racial identity have yet to be discovered. However, the broader society appears to tie these factors together in terms of the way one's context influences these psychological variables. This is important because if one belongs to a group which is socially marginalized, one may internalize a self-schema that is congruent with these societal views (Thomas, Whitherspoon, Speight, 2005).

Influences of Schema Development in African American Women

Although much research has examined the negative impact of oppressive experiences on the psychological well-being of African Americans (Franklin & Boyd-Franklin, 2000; Franklin-Jackson & Carter, 2007; Glenn, 1991; Jones, Cross & DeFour, 2007; Quinn, 1993) little research has examined how the experience of oppression influences how African American women relate to others, particularly romantic and sexual partners. This omission is ironic because, at its core, oppression is a very relational process; it does not exist outside of social contexts in which individuals interact. Thus, it seems reasonable to speculate that exposure to oppression may skew

not only how these women think about how society works, but also how these women come to understand other types of relationships.

Social, cultural, and historical contexts create the underpinnings of any micro-level scripted behavior as well as how many African Americans come to see themselves and how they are seen by others. Stereotypical images of African American women, originating in slavery, are salient examples of the distinct oppression that has existed for this marginalized subgroup. While poverty and racism take a toll on the community as a whole, negative depictions in the mass media of African American women and men alike are ubiquitous. How do the media perpetuate stereotypical portrayals of African Americans? African American men have a long history of being rendered as lazy, unemployed, and ignorant in shows like *Amos 'n Andy* (both the radio and television version); or in more modern times, they are depicted as violent, dishonest, and prone to crime in much of the rap music that is promulgated as representing the true urban Black experience. In contrast, although women are commonly represented as hardworking and loyal, such depictions also often reinforce the stereotype of these women as hostile and volatile, willfully independent, dutiful servants, or sexual deviants. These depictions in the media appear to shape schemas about cultural relations, particularly those within the African American communities and between African Americans and others.

The stereotypical depictions of African American women, identified by Abdullah (1998) and West (1995), are important examples of images that have been propagated into the present day. The four dominant stereotypes - (1) Mammy, (2) Sapphire, (3) Superwoman, and (4) Jezebel - have defined and shaped perceptions of African American women throughout US cultures.

The Mammy image is associated with taking care of others without complaining. She is a nurturing and supportive woman who puts her own goals and dreams aside for the benefit of others. The character Clara, played by Whoopie Goldberg, exhibits a modern version of this image in her role as the maid of a wealthy family in *Clara's Heart (1988)*. In this movie, Clara (Whoopi Goldberg) is a Black maid at a hotel in Jamaica who, after encountering a grieving hotel guest from the United States, decides to leave her life in Jamaica to accompany this White woman to the woman's home in Maryland to help this woman sort through her problems. Reid (2005) believes that this and other common presentations of African American women in film only reinforce the stereotypic beliefs of the past.

The Sapphire is an argumentative, loud, hostile, controlling woman who is never satisfied, and her pastime is to belittle the African American man. She is unfeminine and has a no-nonsense attitude that suggests that she was not born that way but made that way through impoverished circumstances. The Sapphire is usually portrayed in all-Black casts like *Barbershop (2002)* and its sequel, *Barbershop 2 (2004)*, in Terri, played by the recording artist Eve. She played a sassy and combative hairdresser plagued by a handsome but unfaithful boyfriend. In *Barbershop (2002)* she demonstrated her wrath in a memorable scene where she demanded the attention of the entire shop, yelling, "Who drank my apple juice!" Another example is Aunt Esther, played by Lawanda Page, on the situational comedy *Sanford and Son*, a program presently in syndication. Each of these characters regularly emasculated her male counterpart.

The Superwoman stereotype is often confused with the Sapphire. This is understandable. Both stereotypes describe strong, black, independent, and enduring women; however, while the Sapphire is generally portrayed as angry aggressiveness, the Superwoman might be thought of as

the former's kindly younger sister, not yet hardened to the world. Although this stereotype can be understood as representing a positive attribute, it can prevent women from seeking help, confiding in others, and having close interpersonal relationships (Adams, 2000; Neal-Barnett & Crowther, 2000; Romero, 2000). We can find an example of this stereotype in the character of Kenya from the movie "Something New" (2006). She is a highly educated Black woman who cannot find an intellectual match in the Black men she dates, so she commits herself fully to her career rather than her relationships.

Lastly the Jezebel, a name traced back to biblical times, is perceived as a seductive, manipulative, and an overly sexualized woman who uses her body to get what she wants. Vivica Fox in *Booty Call* (1997) or Halle Berry in *Monster's Ball* (2001) characterize this stereotype in their salacious and seductive roles. The promiscuous and tempting Jezebel stereotype is the complete opposite of the Mammy. The former is constantly personified by women in music videos who dance around cars and pools as sex objects. These images are so ubiquitous in music video that they are rarely questioned and thus may readily be adopted as schemas that influence how these women are perceived. There are effects of this culture; as Stephen & Few (2007) explain, "These current culture frameworks of African American women's sexuality do not project women as empowered beings with identities outside of male-defined desires. Instead, there is a focus on utilizing interpersonal relationships for achieving material gain and social success" (p. 259).

African American women have repeatedly seen themselves depicted as sexual animals, single black mothers, drug addicts, prostitutes, complacent maids, and aggressive people. There are many opportunities to illustrate examples from the news, pop culture, magazines, and others; however, I have chosen to use examples from film and television because these media are two of

the predominant vehicles through which such cultural stereotypes are conveyed. Manatu (2003) writes, “For film cannot, on the one hand, claim that it merely reflects social reality, but on the other hand, claim that it has no effect on viewer’s perception of reality” (p. 24). The pervasiveness of the distortions of African Americans, particularly African American women, has impacted how Black people see themselves and how they are perceived by others.

Baker (2005) conducted an analysis of over 600 media images of women in magazines and found differentiation by race and audience. In her study, the race of the magazine’s target audience reflected the predominant race of the models in the magazines. Further, Baker found that although women in many magazines were generally portrayed as sex objects, African American men’s magazines objectified women more than other magazines. This finding is important because social comparisons have a stronger effect on an individual if the image is a likeness of the perceiver rather than an outgroup member. Thus, African American women are more likely to be influenced by representations of African American women in the media than by models of women of other ethnic groups (Festinger, 1954; Frisby, 2004). Generalizing from this point, it is likely that negative images of African American women also affect how African American men see this group.

Gillum (2002) sought to examine African American men’s views of the stereotypical images of the Jezebel and Matriarch (i.e., Mammy) and found that 71% of men endorsed the matriarch stereotype and almost half endorsed the Jezebel stereotype. If a majority of African American men see their female counterparts as Mammies or Jezebels, how does this influence how they interact with these women? The relationship dynamic may change to become consistent with these beliefs, and it is possible that ideas of power and exploitation are reinforced

(West, 1995). With an absence of positive romantic relationships between African American couples and one's self in the media, the relationship schema suffers.

How are Schemas Associated with the Sexual Behaviors of African American Women and HIV Risk?

Bowleg, Lucas, and Tschann (2004) conducted a qualitative study of the association between relationship/sexual scripts and condom use in 14 African American women. The authors defined scripts using Simon & Gagnon (1986) as “culturally shared social norms that guide relationship and sexual behavior” (p. 70). As mentioned previously, the terms *scripts* and *schemas* are sometimes used interchangeably. The term schema will be used to refer to the same construct in the present research.

Three relationship scripts were identified from her data analyses: (1) women sustain relationships, (2) infidelity is normative, and (3) men control relationships. According to the authors, the *women sustain relationships* script is typified by a willingness to tolerate the undesirable qualities and behaviors of a partner (e.g., emotional or verbal abuse, emotional distance, and Type-A tendencies). Women who endorse this script also ignore or deny infidelity in their relationships and suppress conflicts by self-silencing or acceding to the demands of their partners. The *infidelity is normative* script involves women accepting a partner's infidelity because these women perceive cheating as something all men do or something that is normal in relationships. Thus, these women do little to change this dynamic, even if it upsets them. Finally, the *men control the relationships* script is exemplified by a relationship in which the man dominates his female partner. Monitoring, denying permission to socialize, and restricting his partner's decisions are common in this interpersonal dynamic.

Other authors have identified slightly different scripts. For example, Sobo (1995) has identified two additional scripts: (1) *monogamy* and (2) *wisdom narrative*. The *monogamy* script is thought to increase a woman's self-esteem by allowing her to feel that she enjoys a special status as the exclusive focus of her partner's romantic interests. However, although women may gain a sense of self-esteem from this narrative, endorsement of this script may cause a woman to deny infidelity when she sees it (Fullilove, Fullilove, Haynes, & Gross, 1990). The *wisdom narrative* is characterized by the idea that a woman can intuitively identify a good man. Specifically, a good man is someone who is clean (i.e., disease-free) and honorable (Sobo, 1995).

Jones and Oliver (2007) expanded upon the previous qualitative work in this area by focusing not only on the deleterious scripts associated with HIV infection, but also on scripts associated with the assertion of healthful safer sex behaviors by 30 African American, 10 Puerto Rican, and 3 non-Spanish speaking Caribbean women. To participate in the study, participants had to report that they had sex with a male sexual partner who they either suspected or believed had participated in HIV risky behaviors. This research elaborates a model consisting of two major types of scripts: (1) low power and (2) high power. Low power scripts are those patterns of assumptions and behaviors that contribute to HIV risk. These are modified iterations of the themes previously discussed by Bowleg, Lucas, and Tschann (2004) and Sobo (1995). For example, Jones and Oliver (2007) found that some women endorsed scripts that required that a woman needs to chase a man to keep him, accept infidelity as normal (especially if the man still comes home at night), prefer that a man lie about his extra-relational sexual experience (this indicates that he respects her), and ignore her personal safety if it gets in the way of satisfying the needs of a man. These scripts are contrasted with high power scripts. The latter scripts include themes related to women seeing themselves as worthy of self-care regardless of their

relationships with men; feeling that they can control when, if, and how sex is to occur; and that women can carry their own condoms and should be matter-of-fact about requiring their use.

The rates of HIV infection for African Americans have surpassed those of other groups. According to a report from the Centers for Disease Control and Prevention (CDC), census data indicate that although African Americans composed only 13% of the total population in 2000, this group accounted for 49% of the 37,331 new cases of HIV/AIDS in the 33 states surveyed in 2005. This report also indicates that 74% of women in this sample appeared to have been infected through high-risk heterosexual contact. Some of the relationship dynamics previously discussed have relevance for infection rates in African American women; in fact, they contribute to the breakdown of protective sexual behavior (Misovich, Fisher & Fisher, 1997; Winfield & Whaley, 2005). When communication becomes a problem, there is less discourse about important issues between partners. Specifically, if a woman perceives her partner as in control of the relationship, she may not communicate her desire for her partner to use a condom (Bird, Harvey, Beckman, & Johnson, 2001). Furthermore, if she normalizes infidelity in response to the gender ratio imbalance or other factors, she may not accurately perceive her risk.

The Present Study

The purpose of the present study is twofold. First and foremost, I attempted to develop an assessment instrument to quantify and validate the work of previous researchers who have identified several specific scripts that occur in many African American relationships. This research has tended to focus on scripts that African American women endorse, and my work will also emphasize this population. Specifically, I attempted to advance the literature in this area by developing a quantitative measure for the qualitatively derived scripts identified by Bowleg, Lucas, and Tschann (2004), Sobo (1995), and Jones and Oliver (2007). The second purpose of

this research is to begin to assess the relationship between the endorsement of specific schemas and engagement in safer sex behaviors. My rationale for this inquiry comes from the fact that much of the qualitative research in this area suggests that these scripts influence safer sex behaviors in this population. However, I wish to offer a more empirical response to this question.

Finally, to demonstrate preliminary predictive and discriminant validity, participants in the second phase of data collection completed measures to assess their safer sex practices (see Appendix D), self-esteem (Rosenberg, 1965; see Appendix E), perceptions of power in relationships (Sherman et al., 2000; see Appendix F), racial identity attitudes (Sellers et al., 1997; see Appendix G) and depression (Radloff, 1977; Appendix H). It was hypothesized that a negative correlation would be found between the endorsement of the relationship schemas assessed by the RSS-AA and self-esteem. Further, participants' endorsement of relationship schemas was expected to be positively correlated with engaging in sexually risky behavior. The power and attitudes in relationships (PAIR) scale was expected to be negatively correlated with the RSS-AA. Finally, participants' endorsement of a positive racial identity was expected to be positively correlated with engaging in safer sex practices.

Methods

Overview

The internal consistency and structural validity of the Relationship Schema Scale for African American women (RSS-AA) was examined using exploratory factor analysis. It was predicted that (1) The RSS-AA would have a multidimensional factor structure and (2) the RSS-AA would have a minimal reliability estimate of .70. A rational test construction method was used to develop a relationship schema self-report measure for African American women. Phase I consisted of item generation. Item generation was based on theoretically driven logic, past

literature identifying common scripts in this population, focus group responses, and revisions to existing relationship measure items that may be relevant to one of the five scripts previously mentioned. Item writers were 8 individuals who were familiar with relationship scripts or who have an interest in research in African American women. Item writers worked independently and in conjunction to generate a pool of 281 items for further study. These items were subsequently subjected to several stages of item reduction and item refinement. This process resulted in an experimental item pool of 81 items that were formatted for Likert responding. The scale containing the remaining items was named the African American Relationship Schema Scale, RSS-AA (pilot version). The RSS-AA (pilot version) items were further reduced after the focus group. The 53 items retained were deemed to be most related to the constructs in the previously mentioned qualitative research and consistent with the focus group feedback. Item wording was also refined.

In Phase II, a preliminary principle axis factoring (PAF) exploratory factor analyses was conducted with the remaining items. Factor solutions were based on the following criteria: eigenvalues of 1.0 or greater, factor loadings of .40 or greater, simple structure, and theoretical logic (Comrey & Lee, 1992).

Item Generation

Item Development for the Relationship Script Scale

Item writers who were familiar with the theory behind developing this scale or had experience in scale development were identified as item writers to write items for the adult relationship script scale for African American Women. Item writers were given background information concerning schemas to review and were encouraged to use other resources and their expert experience to generate items. Each item writer was asked to generate as many positively

and negatively worded items covering all seven schemas identified in the qualitative research and any other relevant schemas. The writers worked both independently and in conjunction and submitted item lists to the primary researcher, who then combined the lists and formatted items for further investigation.

Content Validity of the Relationship Script Items

The list of generated items was reduced by the primary researcher in consultation with a psychologist with experience creating self-report measures. The item writers were then provided with a list of the questions and asked to individually rate the quality of each question on a five-point Likert rating scale with the following response options: 1 (*very poor; unlikely to be useful*) to 5 (*exceptional; definitely useful*). For items assigned a 3 or higher in the area of content, expert raters were asked to offer an additional rating of wording and structure, also using a five-point Likert rating scale with the following anchors: 1 (*badly worded; must be rewritten*) to 5 (*exceptional; should not be changed*). The primary researcher calculated the mean value assigned to each item by the expert raters and retained items that received an average rating of 3.50 or higher. Items also were rewritten, as necessary, based on ratings of item wording and structure. An item was retained regardless of its average item content rating if any single rater assigned it a 5 for content and a 5 for wording and structure, or a 5 for content and a 4 or for wording and structure with a written suggestion for improving the wording of the item. The resulting items were formatted into a self-report questionnaire. The design included Likert type responding ranging from 1 (*never*) to 5 (*almost always*).

Phase I: Focus Group

The purposes of the focus group were to create discussion regarding scripts and elicit feedback on previously generated questions on the proposed Relationship Schema Scale.

Participants

The focus group consisted of 8 African American women attending a Midwestern University between the ages of 19 and 37 ($M=22$, $SD=6.6$), recruited with flyers soliciting participation in a discussion group about sex and relationships in the African American community. The flyer explained the inclusion criterion of being an African American female and 18 years of age or older. The flyer also included an email address to contact the primary investigator if interested in participating. This research was conducted at a university where 10% of the population is African American women. Seven of the participants classified themselves as undergraduates and one as a graduate student. Approximately 63% ($n=5$) of the participants reported incomes of \$10,000 or less, while 37% ($n=3$) reported incomes from \$10,001-20,000. Seventy-five percent ($n=6$) indicated that they were single. One person reported she had a boyfriend, and one person indicated she was divorced or separated.

Measures

A brief questionnaire assessed the following demographic variables: age, gender, race/ethnicity, education level, income, sexual orientation (self-identified), and relationship status of the sample. To participate in this study, all participants had to identify as African American women and be at least 18 years old. Only respondents fulfilling these criteria were included in my final analyses.

Focus Group Procedure

The participants ($N=8$) met on the university's campus as a group with a researcher for approximately 1.5 hours. This focus group allowed the researcher to obtain qualitative data describing how women view relationships. All participants initially completed a consent form

and demographic questionnaire (See Appendixes A and C). Discussion was facilitated by the principal investigator, an African American woman, and participants were asked to openly respond to questions regarding relationship patterns that they have experienced or observed.

Sample questions included items related to the following themes:

1. What are the top three main issues Black women confront today in relationships?
2. How much control do you think Black women have in their relationships?
3. Have you ever stayed in a bad relationship for longer than you should have? Why?
4. Have most of your friends had similar experiences as you have in relationships?
5. How do black women deal with infidelity in relationships?
6. Is condom use a struggle in relationships?

The entire focus group was audio-taped. Participants completed the items prior to the discussion group so that they could react to the items in the group feedback. The participants completed the RSS-AA (pilot version) in order to discuss their reaction to the questions. A five-point Likert type rating scale with the following response options will be used: 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). The focus group was also able to discuss the wording and structure of the questions. The primary investigator used the qualitative feedback to determine the content validity of the questions.

Focus Group Themes

The focus group revealed 6 topics that the participants believed were relevant in the lives of African American women. These themes include topics of infidelity, ending relationships, being single, condom use, and ambivalence.

Infidelity: normal, tolerated, and encouraged. Infidelity was discussed at length during the focus group as one of the major issues in African American relationships. The *infidelity is*

normative schema was a relevant area to be explored in this population. One of the first women to respond stated the following:

...that is the main issue when it comes to African Americans and dating, monogamy. Unfortunately it's something that is not valued; it's not put on a pedestal like it used to be. So now of days, it's just like...unfortunately it's the norm.

The understanding that infidelity is commonplace allows it to become an unremarkable feature of a relationship that women may learn to tolerate. One theme uncovered during the discussion was that the attitudes of women may contribute to the acceptance of infidelity. Specifically, women who view themselves as fighting for status within a hierarchy of infidelity may reconcile their discomfort with being one of many women by asserting that they are “the wifey,” “number one,” or “main girl,” (i.e., these labels suggest that these women are first among many rather than just one of many). However, inherent in such labels is the suggestion that a woman's partner is not exclusively committed to her. One discussant critiqued this status by suggesting that “...this gives men the leeway to do as they feel... a man can only do what you allow him to do. So you allow him to cheat when you allow yourself to be a number.” Another woman suggested that cheating is ubiquitous because of the following:

People get excitement out of being the other person. For example, it's so normal [that] people come out with songs, [like] ‘Boyfriend Number Two.’ Just knowing that when you're not around, he's calling me. Everybody has this whole attitude like it's a competition...and it's like what you can't do someone else can do...

Thus, if women believe that infidelity is so common that they are bound to experience it in a relationship, it seems that intentionally seeking out men who are already in a relationship

allows women to exert power in the dynamic. It may cause some women to believe that if he leaves his primary partner to be with her, then she must be giving him something he is not getting from his primary partner; and therefore, he must value his paramour more than he values his primary partner.

While several women explicitly stated they had been cheated on in past relationships, it appeared that all participants shared this experience because no respondents denied ever having that experience. One woman described her experience explaining the following:

From my own experience, my last boyfriend cheated on me and I didn't talk to him for a week or so, I called myself giving him a lesson...like 'you're going to miss me while I'm gone.' Then he seemed to get himself together, saying like 'I miss you.' So you do brush it off sometimes, thinking maybe he'll be better this time; but he's not.

The intention here is not to view women as sole victims of infidelity; however, this research is interested in the thoughts women have in relationships regarding these issues. In fact, one woman stated:

Women aren't always innocent, it is a lot of good men out there, or good men turned bad. Women can get hurt continuously and still have a good heart, but a lot of times [for] men it only takes them to be hurt once and it's over. They will never be a good man again. Men are kind of weak in that way. They treat women this kind of way because they are really hurt. It is [There are] good men out there. A lot of times we've had good men but we sometimes mess it up for the next girl.

This statement implies that women have some responsibility in creating "bad men." The idea that women endure cheating while men are fragile and forever changed by a single cheating partner again depicts the woman as more powerful and in control. The excuse that this is why

men cheat appears to rationalize the issue with self blame as if a man's behavior can only be understood in terms of a woman's. A participant responded by stating the following:

I've had that happen; I dated a guy that was a hurt from a previous relationship and as his feelings increased for me he seemed to get rebellious like he wasn't going to put himself in that situation again. So it was me trying to prove myself to him that I wasn't going to do what the last girl did. I was trying to show him that there are good girls out there and I ended up getting my feelings hurt in the end. I don't know if it's a good thing [to] do that because it doesn't always work in your favor."

Here women are thought to have the responsibility for creating and changing "bad men." It is apparent that women acknowledge infidelity as an issue in African American communities; however, women may respond in different ways to this belief.

Determining a good man. Perspectives on the availability of "good men" were also associated with women's attitudes. This topic is associated with the Wisdom narrative that women can assess a man's character just by looking at him. As one woman stated the following:

I know a lot of times with African American relationships in general, it's always the women who...we get submissive and we take the cheating. But the one question asking about 'do you feel that there are no good men out there'...I feel like there are more than enough good men out there. The problem is you have these ladies who have been so conditioned to receiving so much bull and so much crap that when a guy comes along that knows how to talk and listen to you, although his car is not shining and his clothes is not where you think they need to be...he gets labeled as lame. He's not cool so that young man gets overlooked and that's a man that you're looking at but you can't even see that because you're not used to that. The good guy kind of does finish last, so the good

guy realizes that and he figures that he should just do what these other guys are doing, and that's how you get more dummies.”

Another woman said, “...A lot of times I can look at a man and tell that he's completely weak.” Somewhat disagreeing, another woman stated:

You can't necessarily tell their character but first impressions can tell you a lot.

Their approach, their car...you can tell what a guy values. You can't tell if a guy is a good man by what he drives, but you do gain some information from that.

Another woman stated, “The questions on the survey were like, can you look at someone and tell if they're trustworthy? No, not at all, but the process of getting to know someone and trying to figure them out is really hard.” There were sundry perspectives on the Wisdom narrative; while there is some concern that the consistency of infidelity affects a woman's perception of a man, there may be generally typical ways of gaining information about another person, and this may also extend into the extreme of knowing at a glance.

Getting stuck in relationships and the difficulty of being single. Some women stated that a relationship can be difficult to end due to a woman's attachment to her partner, repeated cycles of breaking up and making up, as well as negative feelings that arise from being single. Responding to questions on the survey that asked about feeling trapped in relationships, one woman stated:

Sometimes you do feel trapped and passive, just...not to cause a problem you do get stuck. You think, ‘should I just walk away? I've been with this person for this long?’ It is hard when you've been with a person for so long and you have a lot of emotional connections to them.

Another woman discussed her feelings associated with the cycle of break ups, stating, “Ok, well, he cheated. I’ll get mad at him for a little bit, and then we’ll go through this little roller coaster we do, and then we’ll just coast it out. It might happen again, it might not.” Finally, there was one woman who commented on specific questions on the survey relating to being single:

A lot of people don’t know how to just be single; it’s kind of hard being single. It’s kind of hard...questions like when you are single does that make you feel ugly and if you’re not having sex with someone does that make you feel unwanted. Some insecurities come from being in a long term relationship. It’s like bam you’re alone! You question yourself and you get insecurities and you find yourself going outside of your character and doing things that you wouldn’t normally do. You find yourself leaving out stronger or weaker.

There appears to be some struggle for women when ending relationships. It seems that these transitions in relationships communicate something about a woman’s worth or it may bring up insecurities that the last woman discussed. The duration of the relationship also plays a role in these difficulties as it seems especially difficult for long term relationships to end.

Women control condom use. The women in this focus group thought that women, rather than men, are in control of condom use and often are the partners who do not want to use this form of protection. The women pointed out various reasons why women do not want men to wear condoms. For example, justifications included the assertion that condoms “dry out,” the woman is so “wrapped up” or engrossed in the relationship, she is allergic to condoms, or she wants to “trap a man” by getting pregnant. One woman discussed her own feelings, stating:

There have been times where I did not want to wear a condom just because of the way it feels and sometimes it's a hassle with condoms. It's like sometimes, you don't want to stop and other times they're wearing it and it's just not as good.

Another woman seemed confused by the question of control over condom use:

I don't understand this issue. I never heard a man say 'I don't want to wear a condom.' I did not think that was a problem. Most of the time, it is the man that wants to put the condom on because he doesn't want kids. Is this really a problem?

Other women in the group discussed having experienced men that were hesitant to use a condom; however, the majority agreed that women have control over the decision. Another woman acknowledged the dangers of not using condoms, stating:

Everyone knows what can happen if you do not wear a condom that's been stamped and beaten over everyone's head, so everyone knows. Some people are willing to take that risk, whether it's for the sensation or some other reason. Women will do some reckless stuff.

Ambivalence. Dissonance between ideal and real self surfaced during the focus group. The participants seemed to want to separate themselves from the types of women who might have thoughts associated with the schemas discussed. Many responses to the questions used the third person rather than the first person. Specifically, labels such as "those women" or "females" were used in a manner that implied a separation between the speaker and the women being described. However, these reactions were not consistent or integrated throughout the duration of the group. For example, after discussing her own experience with tolerating cheating from a partner, one woman said, "A lot of those questions were not tailored to me, and I feel sorry because I know a lot of women think like that. Some women just don't know any better. You

can't fault them." A couple of participants explicitly described themselves as "women of character." While not refuting this belief, it is interesting that while discussing these topics there was a need to distinguish oneself from other women. It seems as if some women were struggling with the idea that despite their actual behavior, they did not want to be the type of woman they regarded negatively. Trying to understand the inconsistency in their behavior may have led to the externalizing. Indeed, it is painful to be completely honest with oneself, and while some denial is protective, it also has the capacity of being harmful.

Data analysis

The discussion portion of the focus group was used to alter the wording or structure of questions, and the RSS-AA (pilot version) was reduced from 86 to 53 items. The items were reduced based on the discussion portion of the focus group. Participants' belief that these statements are relevant to the lives of African American women, redundancy of items, and poor wording were all taken into account as items were reduced.

PHASE II: Item Reduction

Phase II conducted a preliminary examination of the structural validity of the remaining items by using exploratory factor analysis.

Participants

There were 624 participants who consented to the study online; however, 61 of these individuals did not meet the inclusion criteria (i.e. African American female at least eighteen years of age). In addition, there were 122 participants who either did not complete or did not continue the study after the demographics questionnaire. Therefore, the final study sample consisted of 441 African American females between the ages of 18 and 64 ($M = 28$, $SD = 9.4$) recruited from flyers and through online organizations targeting African American women. The

majority of the final study sample (66%) indicated they were recruited by a friend or professor. Sixty-five percent indicated that they were currently in college ($N=285$), and 83% of these participants were undergraduates. Approximately 50% ($N=220$) of the participants reported incomes of \$20,000 or less, another 32% ($N=144$) reported incomes \$20,001-\$50,000, and approximately 14% ($N=62$) indicated incomes above \$50,000. Three percent ($N=11$) reported they were bisexual and the majority (56%; $N=249$) of participants were currently in a relationship. Thirty-two percent classified themselves as having a boyfriend, 14% reported being married, 5% were engaged, and 6% were divorced or separated. Eighty-seven percent ($N=385$) also indicated that they usually date African American men.

Measures

A brief questionnaire, identical to the questionnaire used in the focus group, assessed the following demographic variables (Appendix C): age, gender, race/ethnicity, education level, income, sexual orientation (self-identified), and relationship status of the sample. Being an African American woman who is at least 18 years old was a criterion to participate in the study.

Sexual history and behavior were assessed using a measure that was developed for this study with guidance from Noar, Cole, & Carlyle (2006; Appendix D). This measure asks questions regarding whether the participant is sexually active, early sexual history, lifetime sexual partners, sexual partners in the previous year, sexual partners in the last 3 months, and condom use in the last 3 months. Additionally, the questionnaire asks about sexually transmitted diseases, incomplete condom use, and intent to become pregnant.

Rosenberg Self-Esteem Scale (RSE). The RSE (Rosenberg, 1965; Appendix E) is a 10-item scale that measures global self-esteem using statement related to self-acceptance and self-worth. Respondents rate items on a 4-point likert type scale (1 = *strongly disagree* to 4

=*strongly agree*) (e.g., “I am able to do things as well as most other people”). The RSE is a frequently used self-esteem measure. Higher scores represent higher self-esteem.

Power and Attitudes In Relationships (PAIR). The Pair (Sherman et al., 2000; Appendix F) is a 8-item scale that measures women’s attitudes toward the power distribution between men and women within heterosexual relationships. Respondents rate items on a 4-point Likert-type scale (1 = *strongly disagree* to 4 =*strongly agree*) (e.g., “A woman needs to have a man in her life”). In Sheerman et al. (2000) Cronbach’s coefficient for the scale was 0.79 for the entire sample, 0.81 for HIV-negative women, and 0.77 for HIV-positive women.

Multidimensional Inventory of Black Identity (MIBI; Sellers et al. 1997; Appendix G). The MIBI is a 56-item measure that contains seven subscales of racial identity; however, for the purposes of this research, only three subscales (Centrality, Public Regard, and Private Regard) were used. Participants indicate their agreement with the items on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The Centrality scale consists of eight items measuring the extent to which being African American is central to the respondents’ definition of themselves (e.g., “Being Black is important to my self-image”). It is an indicator of whether race is a core part of an individual's self-concept. The regard dimension consists of a private and a public component. Private regard refers to the extent to which individuals feel positively or negatively towards African Americans and their membership in that group. On the other hand, public regard refers to the extent to which individuals feel that others view African Americans positively or negatively.

Center for Epidemiologic Studies Depression Scale (CESD; Appendix H): This 20-item scale was designed to measure the affective elements of depressive symptomatology for both normal and clinical populations. “The major components of depressive symptomatology [as

measured by this scale]...included: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance” (Radloff, 1977, p. 386). Participants are asked to rate “how often in the past week did you [feel]. . .happy[,]. . .lonely[,]” (p. 387) and so on. This measure utilizes a Likert-type rating scale ranging from 0 (none of the time) to 3 (most of the time). Responses are summed across items to yield a total score, with higher scores indicating more depressive symptoms. Internal consistency for this measure was .85 for the general population and .90 for clinical samples (Radloff, 1977). The eight-week test-retest reliability has been reported to be .59, and the 12 month test-retest reliability has been found to range from .32 to .49 (Radloff, 1977). These findings demonstrate that the CES-D is an adequate measure of depression.

Experiences in Close Relationships Questionnaire-Revised (ECR-R; Fraley, Waller, & Brennan, 2000; Appendix I). The ECR-R is a 36-item self-report designed to measure the attachment dimensions of anxiety and avoidance in adult relationships. Internal consistency has been reported to be .90 or higher for the two scales (Fairchild & Finney, 2006). Test-retest reliability has been found to range from .94 to .95.

Procedure

Participants were recruited through various methods. Flyers describing a “relationship study” and inclusion criteria were placed on various bulletin boards in dormitories and university offices. These flyers urged participants to log on to the survey website to complete the web-based measures used for this project. Emails were also disseminated to African American women’s organizations (e.g. sororities).

When participants first accessed the website, they were required to read a description of this study along with their rights as research participants (see consent form in Appendix B). If

participants declined to participate in the study they were shown a thank-you message. After the participants consented, they were given a demographic questionnaire followed by the RSS-AA (pilot version), the sexual history questionnaire, RSE, PAIR, ECR-R, MIBI and CESD.

Exploratory Factor Analysis

A preliminary principle axis factoring (PAF) exploratory factor analyses was conducted on the RSS-AA (pilot version) using SPSS 17.0. Factorability of the scores of the RSS-AA was based on the Kaiser–Meyer–Olkin Measure of Sampling Adequacy ($KMO = .882$) and Bartlett's Test of Sphericity ($p = .000$). The principal-axis factor extraction was interpreted with oblique rotation for a number of reasons: (1) Principal factors analysis can result in inflated factor loadings because of inclusion of error variance; (2) an investigation of the complexity of the factor structure was desired; and (3) uncorrelated factors can be obtained even when a non-restricted solution is used (Cudeck, 2000; Floyd & Widaman, 1995; Gorsuch, 1990, 1997). Factor retention was based on multiple criteria: Eigenvalues greater than one (Kaiser, 1960), parallel analysis (Thompson & Daniel, 1996), a minimum loading of three items on each factor (Floyd & Widaman, 1995), and based on the recommendations of Tabachnick and Fidell (1996), items loading at a .40 or higher were used for retention criterion. The correlation matrix revealed 7 items that did not correlate well with other items; therefore, those items were eliminated from further analyses. An initial PAF of the 46-item instrument suggested that a 12-factor solution best explained the data; however, only 6 factors (23 items) met the other retention criteria (e.g., three-item minimum). Parallel analysis suggested a six-factor solution when eigenvalues from the target data set were compared to eigenvalues from randomly generated data.

A second PAF using oblimin rotation was conducted on the 23 items, and the pattern matrix from this analysis was examined to determine whether the factor structure remained

stable after item reduction. In this final analysis, a six-factor solution using all 23 items accounted for 43.8% of the variance. Using the pattern matrix for interpretation (See Table 1), five observed variables loaded on the first factor (values ranged from .498 to .752); four observed variables loaded on the second factor (values ranged from -.431 to -.798); four observed variables loaded on the third factor (values ranged from .457 to .728); four variables on the fourth factor (values ranged from .409 to .616); three variables loaded on the fifth factor (values ranged from .533 to .664); and three variables loaded on the sixth factor (values ranged from .453 to .568).

Each of the six factors was then named to reflect item content. Factor 1 became “*Men Control Relationships*,” Factor 2 became “*Accepting Infidelity*,” Factor 3 became “*Wisdom*,” Factor 4 became “*Women Sustain Relationships*,” Factor 5 became “*Unhealthy Dependency*,” and Factor 6 became “*Infidelity is Normative*.” The means for the subscales ranged from 4.96 to 9.51 (see Table 2), and only one subscale had a kurtosis value above 3.0 (i.e., *Accepting Infidelity* = 10.18). Five of the six subscales are significantly positively correlated with all other factors; however, *Wisdom* was not significantly correlated with *Accepting Infidelity* or *Unhealthy Dependency* ($p > .05$). Subscale alphas were *Men Control Relationships* (alpha = .77), *Accepting Infidelity* (alpha = .76), *Wisdom* (alpha = .68), *Women Sustain Relationships* (alpha = .67), *Unhealthy Dependency* (alpha = .69), and *Infidelity is Normative* (alpha = .61).

Convergent Validity

Table 3 contains the means, standard deviations, and reliability estimates for the RSES, CESD, and ECR-R scores. The subscale intercorrelations between these measures and the RSS-AA subscales are also presented in Table 3.

Relationship with safer sex behaviors. The qualitative literature from which the RSS-AA was developed suggests that these themes influence safer sex behaviors in this population. This study sought to explore this relationship using the subscales that were derived from the factor analysis using Pearson correlations. All of the subscales were used in the analysis despite poor reliability estimates. The following percentages are of the participants who responded to the question. The majority of the respondents (70%; $n = 377$) indicated they were currently sexually active, which was defined as having vaginal sex. Forty three percent ($n = 352$) of respondents reported that their current sexual partner is a friend, 11% considered them their boyfriend, 16% their husband and 30% classified their current sexual partner as other. Participants were asked about their condom use the last time they had sex ($n = 358$), in the last three months ($n = 340$), and in their lifetime ($n = 348$). The majority of the respondents (58%) did not use a condom the last time they had sex, while 42% indicated that a condom was used. In the last 3 months, 52% of respondents indicated that they never used condoms, 23% reported they always used condoms, and 25% used condoms inconsistently. In addition, 75% ($n = 380$) of respondents reported having been tested for sexually transmitted diseases, and 5% ($n = 377$) were currently trying to become pregnant. Participants were asked the number of sexual partners currently ($M = 0.83$; $SD = 0.63$; $n = 328$), in the last year ($M = 1.69$; $SD = 1.70$; $n = 357$), and in their lifetime ($M = 8.82$; $SD = 11.58$; $n = 348$). No participants indicated they were HIV positive.

Results indicated that condom use at last sexual experience was not associated with any of the subscales in the RSS-AA. Condom use in the last 3 months significantly negatively correlated with Men Control Relationships (RSS-AA Factor 1; $r = -.12$, $p < .05$). Thus, women who reported using a condom more in the last 3 months tended to less strongly endorse the belief that men control relationships; however, this association is relatively small. Both the Men

Control Relationships ($r = .12$; $p < .05$) and Accepting Infidelity (RSS-AA Factor 2; $r = .13$; $p < .05$) subscales had small but significant positive correlations with the number of sexual partners in the last 3 months. Women who endorsed these schemas tended to have more sexual partners in the last 3 months. Accepting Infidelity was also associated with having more lifetime sexual partners ($r = .13$; $p < .05$). Women Sustain Relationships (RSS-AA Factor 4; $r = .12$, $p < .05$) and Unhealthy Dependency (RSS-AA Factor 5; $r = .20$, $p < .01$) subscales were both positively correlated with the number of sexual partners in the last year. Sustaining relationships or having unhealthy dependency inherently means that one would prefer to be in a relationship; therefore, having these schemas associated with more sexual partners in the last year is expected. Both the Wisdom (RSS-AA Factor 3) and Infidelity Is Normative (RSS-AA Factor 6) subscales were not significantly associated with sexual history.

Racial identity and sexual behavior. Participants' endorsement of a positive racial identity as assessed by the MIBI was expected to be positively correlated with engaging in safer sex practices. Contrary to expectations, private regard ($M = 36.72$; $SD = 5.70$; $\alpha = .85$) was significantly and negatively associated with having ever been tested for STDs ($r = -.15$, $p < .01$). Thus, ironically, women who endorsed having more positive feelings about being black were less likely to have ever been tested for STDs. In addition, public regard ($M = 20.24$; $SD = 6.03$; $\alpha = .80$), or feelings regarding how positively one believes Blacks are regarded by society, was significantly and negatively related to condom use during the last sexual experience ($r = -.15$, $p < .01$). Specifically, the more positively participants believed Blacks are perceived in society, the less likely it was that our respondents used condoms. Centrality ($M = 35.15$; $SD = 8.41$; $\alpha = .70$) was not associated with sexual history.

Self-esteem. It was hypothesized that a negative correlation would be found between the endorsement of the relationship schemas assessed by the RSS-AA and self-esteem. The results did not support this hypothesis. In contrast, self-esteem was only positively related to the Wisdom subscale of the RSS-AA ($r = .13, p < .01$). Therefore, women who endorsed the belief that their discernment of a man's character would allow them to readily identify men of quality tended to have higher self-esteem.

Power in relationships. The power and attitudes in relationships (PAIR) scale was hypothesized to be negatively correlated with the RSS-AA. Results indicated that the PAIR did indeed relate negatively and significantly with Men Control Relationships ($r = -.50, p < .01$), Accepting Infidelity ($r = -.29, p < .01$), Women Sustain Relationships ($r = -.24, p < .01$), Unhealthy Dependency ($r = -.28, p < .01$) and Infidelity Is Normative ($r = -.26, p < .01$); however it was not associated with the Wisdom subscale. Therefore, women who endorsed having more power in relationships were less likely to have attitudes related to men controlling relationships and cheating often, as well as accepting infidelity and sustaining relationships. In addition, they also endorsed having less unhealthy dependency.

Depression. The relationships between the RSS-AA subscales and depression were explored. Scores on the CESD were significantly and positively correlated with four of the six subscales. Accepting Infidelity ($r = .23, p < .01$), Women Sustain Relationships ($r = .31, p < .01$), Unhealthy Dependency ($r = .20, p < .01$) and Infidelity Is Normative ($r = .33, p < .01$) were all related to more depressive symptoms. It was not associated with the Men Control Relationships or Wisdom subscales.

Romantic attachment. The relationships between both Avoidant and Anxious attachment (ECR-R) and the RSS-AA were explored. Anxious attachment was positively

correlated with Men Control Relationships ($r = .25, p < .01$), while both Anxious and Avoidant attachment were significantly and positively related to Accepting Infidelity ($r = .23, .16, p < .01$), Women Sustain Relationships ($r = .54, .27, p < .01$), Unhealthy Dependency ($r = .49, .18, p < .01$) and Infidelity Is Normative ($r = .45, .29, p < .01$). Neither attachment style was associated with the Wisdom subscale of the RSS-AA.

Discussion

This research demonstrated that the RSS-AA has six conceptually meaningful factors (Men Control Relationships, Accepting Infidelity, Wisdom, Women Control Relationships, Unhealthy Dependency, Infidelity Is Normative), which accounted for approximately 44% of the variance. Two of these factors were found to be satisfactorily internally consistent. The subscales are generally low power relationship schemas, with the exception of Wisdom. In general, subscales were associated with the number of partners, increased depressive symptoms, insecure attachment style, and less perceived power in relationships.

The literature on this topic reveals that favorable attitudes about being Black were positively associated with comfort refusing sex without a condom (Salazar et al., 2005) and subscribing to fewer sexually risky attitudes (Belgrave, Van Oss Marin, & Chambers, 2000). In contrast, the present study found that the more positively individuals thought about being black, the less they reported ever being tested. Additionally, perceiving society as having more positive views of blacks was related to lower rates of condom use during the last sexual experience. While these results need to be studied further, it could be that people who feel good about being black are more confident that the world will ultimately work out for them, and are less cautious about protecting themselves.

RSS-AA Factor 1 (Men Control Relationships)

The first factor consisted of 5 items regarding the man's control in the relationship. These items are characterized by general control related in decision-making rather than specific events or behaviors like monitoring or denying permission to socialize. With respect to sexual behavior, this factor was associated with less condom use and more sexual partners in the last 3 months. Furthermore, this subscale was related to feeling less power in relationships; however, it did not significantly associate with self-esteem or depression. Endorsing this schema also related to more anxious attachment or insecurity with the availability and responsiveness of a partner; this seems appropriate given the feeling of having less power in the relationship.

Research has demonstrated that people who have an external locus of control are less likely to take care of themselves. It could be that women are following the lead of their male partners in regard to both the initiation of sexual activity and condom use. Therefore, one intervention that may be effective with this population of women is to encourage their potential male partners to insist upon the use of condoms, thereby increasing the use of condoms by their female partners. Of course, increasing a woman's flexibility in thinking, improving her attitudes toward using condoms, and increasing her feelings of control in relationships would also be helpful.

RSS-AA Factor 2 (Accepting Infidelity)

The second factor consisted of four items that were originally intended for the Infidelity Is Normative subscale; however, these items appeared to tap a construct related to the acceptance of infidelity in a relationship rather than the perception that cheating is something all men do or something that is typical in all relationships. This factor was associated with more sexual partners in both the last 3 months and lifetime. Although not explored in this study, it would be

useful to assess whether these sexual partner statistics resulted from respondents' serial monogamy, infidelity, casual sexual encounters, or some combination of all of these events. Accepting Infidelity was associated with more depressive symptoms and feeling less powerful in relationships. Women who minimize cheating in a relationship seem to inherently lose some power. It was suggested by some women in the focus group that there are women who intentionally seek out men already in relationships, presumably to gain some power over infidelity. Therefore, becoming the aggressor or referring to oneself as the top woman in hierarchy in relationships may contribute to the denial of negative affects a woman might experience when faced with infidelity. Both anxious and avoidant attachment styles were associated with this subscale. It appears to be difficult for women to both depend on these partners and develop secure attachments.

RSS-AA Factor 3 (Wisdom)

The third factor is characterized by the idea that a woman can intuitively identify a good man. This subscale has four items that suggest that it is simple to determine or predict a man's behavior and qualities. It appears that feeling as if one can readily identify a good man is not significantly associated with sexual behavior, power in relationships, depression, or attachment style as assessed in this study. In contrast, this subscale was associated with higher self-esteem. Indeed, the ability to identify positive characteristics in a partner could translate into overconfidence in the ability to identify a man that is "clean" or disease-free. This finding, however, was not significantly associated with the incidence of unprotected sex, which suggests this attitude is not necessarily related to risk.

RSS-AA Factor 4 (Women Sustain Relationships)

The fourth factor is composed of four items that are characterized by a woman's belief that she is responsible for keeping a relationship going. The items in this scale address negative reasons women may work to maintain a relationship as well as a question regarding how a woman may avoid a breakup. This factor was associated with more sexual partners in the last year. It was also related to avoidant and anxious attachment styles, increased depressive symptoms, and feeling less powerful in relationships. Sustaining relationships for reasons such as not being able to find someone else, or due to a fear of being alone, seems to be consistent with what would be expected for someone who is anxiously attached. In contrast, it seems curious that this subscale was also associated with more avoidant attachment. However, perhaps this association is due to the difficulty that comes with relying on someone who is perceived as not wanting to continue in the relationship. A woman in this situation may feel overburdened by having to shoulder the bulk of the responsibility for maintaining the relationship, and this may lead her to avoid the intense vulnerability, trust, and intimacy that are the hallmark of secure relational attachment.

RSS-AA Factor 5 (Unhealthy Dependency)

The fifth factor is related to the negative feelings associated with being single. These items were originally intended for the Women Sustain Relationships factor. Whereas the previous factor is related to assuming the responsibility for keeping a relationship going, this factor is related to the discomfort some women experience being single. The Unhealthy Dependency subscale was associated with more sexual partners in the last year and increased depressive symptoms. Both avoidant and anxious attachment were associated with this factor. Theoretically, avoidant attachment seems to be in direct contrast with this subscale; however,

keeping in mind the poor reliability, the items associated with this subscale are associated with internal feelings associated with being in a relationship rather than feelings toward a partner. That is, it may be more important to these women to be in a relationship than it is to have a satisfying relationship. Consequently, these women may be in a double bind in which they feel compelled to stay in unfulfilling relationships while simultaneously wanting to get out of them because they are so unsatisfying. This would mean that women with unhealthy dependencies might also display avoidant tendencies. Future research could examine the validity of this explanation.

RSS-AA Factor 6 (Infidelity Is Normative)

The three items that compose the sixth factor are specifically associated the frequency of partner infidelity. This factor was not associated to sexual history or self-esteem; however, it was associated with increased depressive symptoms, less power in relationships, and insecure attachment styles. Despite qualitative endorsement of this schema in the focus group and previous literature, this subscale was the least reliable. Further investigation into this subscale is warranted. It may be that the questions need to be asked differently, emphasizing both partners' cheating and/or possibly issues of trust in relationships.

The number of sexual partners and condom use was assessed for different time periods in this study (i.e., in the last three months and the last time sex occurred). It has been suggested that shorter recall periods for condom use are better (Noar, Cole, & Carlyle, 2006) and the accuracy of longer recall periods has not been demonstrated in the literature. It may be that the recall for sexual partners has a similar recall concern. The subscales were associated with the number of sexual partners at three different time periods (last three months, last year, and lifetime). The differences in durations of recall are an important factor to consider when using this measure.

Men Control Relationships was the only subscale that was associated with condom use. It is important to note that condom use was assessed using a proportional measure of “always,” “sometimes,” and “never” response choices. Although any inconsistent condom use increases risk, the “sometimes” option for condom use was not collapsed into the “never” category in this study. This may have resulted in more findings associated with condom use.

Limitations and Future Research

There are several limitations to the study. A measure of social desirability was not used in this study. A measure of social desirability could have been used to assess the validity of the sexual history questionnaire. Second, condom use may decrease as women use other birth control methods. These alternative methods were not assessed in this study. Third, only two of the factors were satisfactorily reliable. Items for subscales in which alpha is less than .70 should be revised to be more precise in wording and to be more similar in content to increase the internal consistency estimates of subscales items. There was significant ambivalence present in the focus group, and this reaction to the topics addressed by my survey might have compromised my scale’s ability to clearly quantify the factors of interest for this study. Future research should explore the differences between questions worded in the first and third person. It could be that women are more likely to endorse certain schemas about women in general rather than behaviors or attitudes specific to themselves. People may not be very good at assessing their attitudes, especially when the measure is heavily associated with negative affect and painful feelings regarding relationships. The need to externalize and defend against these thoughts and behaviors may make it difficult to accurately assess. The participants in the present study clearly struggled with integrating their ideal selves and actual behavior. This ambivalence may also help to

explain why some of the constructs resulted in poor reliability. Future research validating attitudes against actual behavior could have significant implications for intervention strategies.

References

- Abdullah, A. S. (1998). Mammy-ism: A diagnosis of psychological misorientation for women of african descent. *Journal of Black Psychology, 24*(2), 196-210.
- Adams, J. M. (. (2000). *Individual and group psychotherapy with african american women: Understanding the identity and context of the therapist and patient*. New York, NY, US: Guilford Press.
- Andrinopoulos, K., Deanna K., and Ellen, J. M. (2006). Understanding sex partner selection from the perspective of inner-city black adolescents. *Perspectives on Sexual and Reproductive Health 38*(3), 132-138.
- Baker, C. N. (2005). Images of women's sexuality in advertisements: A content analysis of black- and white-oriented women's and men's magazines. *Sex Roles, 52*(1-2), 13-27.
- Baldwin, M. W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 112*(3), 461-484.
- Beadnell, B., Stielstra, S., Baker, S., Morrison, D. M., Knox, K., Gutierrez, L., et al. (2003). Ethnic identity and sexual risk-taking among african-american women enrolled in an HIV/STD prevention intervention. *Psychology, Health & Medicine, 8*(2), 187-198.
- Belgrave, F. Z., Van Oss Marin, B., & Chambers, D. B. (2000). Culture, contextual, and intrapersonal predictors of risky sexual attitudes among urban African American girls in early adolescence. *Cultural Diversity and Ethnic Minority Psychology, 6*(3), 309-322.
- Bird, S. T., Harvey, S. M., Beckman, L. J., & Johnson, C. H. (2001). Getting your partner to use condoms: Interviews with men and women at risk of HIV/STDs. *Journal of Sex Research, 38*(3), 233-240.

- Bowleg, L., Lucas, K. J., & Tschann, J. M. (2004). "The ball was always in his court": An exploratory analysis of relationship scripts, sexual scripts, and condom use among african american women. *Psychology of Women Quarterly, 28*(1), 70-82.
- Braithwaite, K., & Thomas, V. G. (2001). HIV/AIDS knowledge, attitudes, and risk-behaviors among african-american and caribbean college women. *International Journal for the Advancement of Counselling, 23*(2), 115-129.
- Center for Disease Control and Prevention (2005). HIV/AIDS among women. CDC HIV/AIDS Fact Sheet, Atlanta, GA: Author
- Center for Disease Control and Prevention (2005). CDC HIV/AIDS Surveillance Report. Volume 17, Atlanta, GA: United States Department of Health and Human Services, Public Health Service, Center for Disease Control and Prevention.
- Comrey, A. L. & Lee, H. B. (1992). *A first course in factor analysis (2nd ed.)*. Hillsdale, NJ, England: Lawrence Erlbaum Associates, Inc.
- Cudeck, R. (2000). Exploratory factor analysis. In H. E. A. Tinsley & S. D. Brown (Eds.), *Handbook of applied multivariate statistics and mathematical modeling* (pp. 265–296). San Diego, CA: Academic Press.
- Davis, L. E., Emerson, S., & Williams, J. H. (1997). Black dating professionals' perceptions of equity, satisfaction, power, and romantic alternatives and ideals. *Journal of Black Psychology, 23*(2), 148-164.
- DiClemente, R. J., & Wingood, G. M. (1995). A randomized controlled trial of an HIV sexual risk--reduction intervention for young african-american women. *JAMA: Journal of the American Medical Association, 274*(16), 1271-1276.

- Dixon, A. D., Schoonmaker, C. T., & Philliber, W.W. (2000). A journey toward womanhood: Effects of an afrocentric approach to pregnancy prevention among African-American adolescent females. *Adolescence, 35*(139), 425-429.
- Fairchild, A. J., & Finney S.J. (2006). Investigating validity evidence for the experiences in close relationships-revised questionnaire. *Educational and Psychological Measurement, 66*, 116-135.
- Fehr, B., & Harasymchuk, C. (2005). The experience of emotion in close relationships: Toward an integration of the emotion-in-relationships and interpersonal script models. *Personal Relationships, 12*(2), 181-196.
- Ferguson, Y. O., Quinn, S. C., Eng, E., & Sandelowski, M. (2006). The gender ratio imbalance and its relationship to risk of HIV/AIDS among african american women at historically black colleges and universities. *AIDS Care, 18*(4), 323-331.
- Floyd, F. J., & Widaman, K. F. (1995). Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment, 7*, 286–299.
- Fraley, R. C., Waller, N.G., & Brennan, K.A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*, 350-365.
- Franklin, A. J., & Boyd-Franklin, N. (2000). Invisibility syndrome: A clinical model of the effects of racism on african-american males. *American Journal of Orthopsychiatry, 70*(1), 33-41.
- Franklin-Jackson, D., & Carter, R. T. (2007). The relationships between race-related stress, racial identity, and mental health for black americans. *Journal of Black Psychology, 33*(1), 5-26.
- Frisby, C. M. (2004). Does race matter? effects of idealized images on african american women's perceptions of body esteem. *Journal of Black Studies, 34*(3), 323-347.

- Fuller, T.R., Brown, M., King, W., & Prather, C. (2007). The SISTA pilot project: Understanding the training and technical assistance needs of community-based organizations implementing HIV prevention interventions for African American women-implications for a capacity building strategy. *Women & Health, 46*(2/3), 167-186.
- Fullilove, M. T., Fullilove, R. E., Haynes, K., & Gross, S. (1990). Black women and AIDS prevention: A view towards understanding the gender rules. *Journal of Sex Research.Special Issue: Feminist Perspectives on Sexuality, 27*(1), 47-64.
- Gagnon, J. H. & Simon, W. (2005). *Sexual conduct: The social sources of human sexuality (2nd ed.)*. New Brunswick, NJ, US: AldineTransaction.
- Gillum, T. L. (2007). "How do I view my sister?" stereotypic views of african american women and their potential to impact intimate partnerships. *Journal of Human Behavior in the Social Environment, 15*(2-3), 347-366.
- Glenn, E. N. (1991). *Racial ethnic women's labor: The intersection of race, gender, and class oppression*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Gorsuch, R. L. (1990). Common factor analysis versus component analysis: Some well and little known facts. *Multivariate Behavioral Research, 25*, 33–39.
- Gorsuch, R. L. (1997). Exploratory factor analysis: Its role in item analysis. *Journal of Personality Assessment, 68*, 532–560.
- Gullette, D. L., & Lyons, M. A. (2006). Sensation seeking, self-esteem, and unprotected sex in college students. *JANAC: Journal of the Association of Nurses in AIDS Care, 17*(5), 23-31.
- Henry J. Kaiser Family Foundation. (2006, July). Young African American men in the United States. *Race, Ethnicity & Health Care: Fact Sheet*. Washington, DC.

- Hetherington, S. E., Harris, R. M., Bausell, R. B., & Kavanagh, K. H. (1996). AIDS prevention in high-risk african american women: Behavioral, psychological and gender issues. *Journal of sex & marital therapy, 22*(1), 9-21.
- Jarama, S. L., Belgrave, F. Z., Bradford, J., Young, M., & Honnold, J. A. (2007). Family, cultural and gender role aspects in the context of HIV risk among african american women of unidentified HIV status: An exploratory qualitative study. *AIDS Care, 19*(3), 307-317.
- Jones, H. L., Cross, W. E., Jr., & DeFour, D. C. (2007). Race-related stress, racial identity attitudes, and mental health among black women. *Journal of Black Psychology, 33*(2), 208-231.
- Jones, R., & Oliver, M. (2007). Young urban women's patterns of unprotected sex with men engaging in HIV risk behaviors. *AIDS and Behavior, 11*(6), 812-821.
- Kelly, S., & Floyd, F. J. (2001). The effects of negative racial stereotypes and afrocentricity on black couple relationships. *Journal of Family Psychology, 15*(1), 110-123.
- Kelly, S., & Floyd, F. J. (2006). Impact of racial perspectives and contextual variables on marital trust and adjustment for african american couples. *Journal of Family Psychology, 20*(1), 79-87.
- Klein, H., Elifson, K. W., & Sterk, C. E. (2007). Childhood neglect and adulthood involvement in HIV-related risk behaviors. *Child Abuse & Neglect, 31*(1), 39-53.
- Knox, D., Vail-Smith, K., and Zusman, M. (2008). "Men are dogs:" is the stereotype justified? Data on the cheating college male.(Report)." *College Student Journal. 42*(4),1015-1023.
- Kurdek, L. A. (2008). Differences between partners from Black and White heterosexual

- dating couples in a path model of relationship commitment. *Journal of Social and Personal Relationships, 25*(1), 1-70.
- Leary, M. R., Haupt, A. L., Strausser, K. S., & Chokel, J. T. (1998). Calibrating the sociometer: The relationship between interpersonal appraisals and the state self-esteem. *Journal of Personality and Social Psychology, 74*(5), 1290-1299.
- MacDonald, T. K., & Martineau, A. M. (2002). Self-esteem, mood, and intentions to use condoms: When does low self-esteem lead to risky health behaviors? *Journal of Experimental Social Psychology, 38*(3), 299-306.
- Manatu, N. (2003). *African American women and sexuality in the cinema*. Jefferson, N.C. : McFarland.
- Mays, V. M., & Cochran, S. D. (1988). Issues in the perception of AIDS risk and risk reduction activities by black and Hispanic/Latina women. *American Psychologist. Special Issue: Psychology and AIDS, 43*(11), 949-957.
- McNair, L. D., Carter, J. A., & Williams, M. K. (1998). Self-esteem, gender, and alcohol use: Relationships with HIV risk perception and behaviors in college students. *Journal of Sex & Marital Therapy, 24*(1), 29-36.
- Misovich, S. J., Fisher, J. D., & Fisher, W. A. (1997). Close relationships and elevated HIV risk behavior: Evidence and possible underlying psychological processes. *Review of General Psychology, 1*(1), 72-107.
- Morr Serewicz, M. C., & Gale, E. (2008). First-date scripts: Gender roles, context, and relationship. *Sex Roles, 58*(3-4), 149-164.

- Murry, V. M., Brown, P. A., Brody, G. H., Cutrona, C. E., & Simons, R. L. (2001). Racial discrimination as a moderator of the links among stress, maternal psychological functioning, and family relationships. *Journal of Marriage & the Family, 63*(4), 915-926.
- Neal-Barnett, A. M., & Crowther, J. H. (2000). To be female, middle class, anxious, and black. *Psychology of Women Quarterly, 24*(2), 129-136.
- Noar, S. M., Carlyle, K., & Cole, C. (2006). Why communication is crucial: Meta-analysis of the relationship between safer sexual communication and condom use. *Journal of Health Communication, 11*(4), 365-390.
- Nyamathi, A. M., Kington, R. S., Flaskerud, J., Lewis, C., Leake, B. & Gelberg (1999). Two-year follow-up of AIDS education programs for impoverished women. *Western journal of Nursing Research, 21*(3), 405-425.
- Opt, S. K., & Loffredo, D. A. (2004). College students and HIV/AIDS: More insights on knowledge, testing, and sexual practices. *Journal of Psychology: Interdisciplinary and Applied, 138*(5), 389-402.
- Oyserman, D. (2008). Racial-ethnic self-schemas: Multidimensional identity-based motivation. *Journal of Research in Personality, 42*(5), 1186-1198.
- Pager, D. (2003). The mark of a criminal record. *American Journal of Sociology, 108*(5), 937-975.
- Quinn, S. C. (1993). AIDS and the african american woman: The triple burden of race, class, and gender. *Health Education Quarterly, 20*(3), 305-320.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

- Reid, M. A. (2005). *Black lenses, Black voices: African American film now*. Lanham, MD: Rowman & Littlefield.
- Romero, R. E. (. (2000). *The icon of the strong black woman: The paradox of strength*. New York, NY, US: Guilford Press.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Salazar, L. F., Crosby, R. A., DiClemente, R. J., Wingood, G. M., Lescano, C. M., Brown, L. K., et al. (2005). Self-esteem and theoretical mediators of safer sex among african american female adolescents: Implications for sexual risk reduction interventions. *Health Education & Behavior, 32*(3), 413-427.
- Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). Multidimensional inventory of black identity: A preliminary investigation of reliability and constuct validity. *Journal of Personality and Social Psychology, 73*(4), 805-815.
- Sherman, S. G., Gielen, A. C., & McDonnell, K. A. (2000). Power and attitudes in relationships (PAIR) among a sample of low-income, african-american women: Implications for HIV/AIDS prevention. *Sex Roles, 42*(3-4), 283-294.
- Shrier, L. A., Harris, S. K., Sternberg, M., & Beardslee, W. R. (2001). Associations of depression, self-esteem, and substance use with sexual risk among adolescents. *Preventive Medicine: An International Journal Devoted to Practice and Theory, 33*(3), 179-189.
- Simon, W. & Gagnon, J. H. (1986), Sexual scripts: Permanence and change. *Archives of Sexual Behavior, 15*, 97-120

- Sobo, E. J. (1995). Finance, romance, social support, and condom: Use among impoverished inner-city women. *Human Organization, 54*(2), 115-128.
- Stephens, D. P., & Few, A. L. (2007). Hip hop honey or video ho: African american preadolescents' understanding of female sexual scripts in hip hop culture. *Sexuality & Culture: An Interdisciplinary Quarterly, 11*(4), 48-69.
- Sterk, C. E., Klein, H., & Elifson, K. W. (2004). Self-esteem and "at risk" women: Determinants and relevance to sexual and HIV-related risk behaviors. *Women & Health, 40*(4), 75-92.
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics* (3rd ed.). Northridge, CA: HarperCollins.
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2004). Toward the development of the stereotypic roles for black women scale. *Journal of Black Psychology, 30*(3), 426-442.
- Thomas, A. J., Speight, S. L., & Witherspoon, K. M. (2005). *Internalized oppression among black women*. Westport, CT, US: Praeger Publishers/Greenwood Publishing Group.
- Thompson, B. and Daniel, L.G., 1996. Factor analytic evidence for the construct validity of scores: An historical overview and some guidelines. *Educational and Psychological Measurement 56*, pp. 213–224.
- Treas, J. & Giesen, D. (2000). Sexual infidelity among married and cohabitating Americans. *Journal of Marriage and the Family, 62*(3), 792-807.
- U.S. Census Bureau. (2000). We the people: women and men in the united states. *Census 2000 Special Reports*. Retrieved January 3, 2009, from www.census.gov/prod/2005pubs/censr-20.pdf

- West, C. M. (1995). Mammy, sapphire, and jezebel: Historical images of black women and their implications for psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 32*(3), 458-466.
- Winfield, E. B., & Whaley, A. L. (2005). Relationship status, psychological orientation, and sexual risk taking in a heterosexual african american college sample. *Journal of Black Psychology, 31*(2), 189-204.
- Wingood, G. M., & DiClemente, R. J. (1998). Partner influences and gender-related factors associated with noncondom use among young adult african american women. *American Journal of Community Psychology. Special Issue: HIV/AIDS Prevention through Community Psychology, 26*(1), 29-51.

“AFRICAN AMERICAN RELATIONSHIP SCHEMA SCALE:
DEVELOPMENT AND VALIDATION”

Informed Consent to Participate in Focus Group
Department of Psychology
Eastern Michigan University

We are conducting a research focus group to assess the way African American women think about romantic relationships. If you decide to participate, you will be one of 10-15 African American women in this group. In the group, you will be asked to participate in an audio taped discussion about relationship patterns you have experienced or observed. Topics may include infidelity, power, and sex in romantic relationships. You will also be asked to complete two questionnaires that will cover your background information and your feelings and attitudes about your romantic relationships. We ask that you complete these forms as thoroughly and honestly as possible—there are no right or wrong answers. Please try to be as honest as you can.

All information obtained from this consent form will be treated with strict confidentiality, and all other responses will be kept anonymous. You will not be identified by your name during the audio taped portion of the focus group. Your name will not be directly connected to your audio taped responses. In addition, the primary investigator requests that participants do not disclose anything said in the focus group; however the researcher cannot ensure that responses will remain confidential among other participants. Only a code number will identify your questionnaire responses. All audio taped data will be stored in a locked cabinet in a locked research office immediately after the interview to ensure confidentiality. Only the principal investigator and research supervisor will have access to this information.

Also, any publications or presentations based on this study will not disclose any identifying information about any individual participants. It is estimated that you should be able to complete your participation in this focus group within approximately 1 1/2 hours. You will be exposed to very minimal risk by participating in this focus group; however, participating in a discussion about relationships can sometimes be uncomfortable or anxiety provoking. Please only continue if you feel comfortable with discussing this topic. Although you may not directly benefit from participating in this study, your responses may help to benefit society at large by furthering our understanding of relationship issues for African American women.

If you are an EMU student, some faculty allow students to earn extra credit for participating in research (though the experimenter has no control over how faculty choose to allot this, or even if they give any credit at all). If your instructor allows you to earn extra credit we will provide you with a credit form indicating your participation in this research study. This credit slip will only indicate that you have participated in a research project and will disclose nothing about your individual responses to any of the questions specifically addressed by the study; thus, your responses shall remain confidential.

Your decision whether or not to participate is completely voluntary and will not prejudice your future relations with Eastern Michigan University. At anytime you have the right to refuse to participate or discontinue your participation without penalty or loss of benefits of any type. At the conclusion of this study's data collection phase, a brief letter explaining some of the main hypotheses of this study shall be disbursed to all participants who desire such material.

In the unlikely event that distressing personal concerns arise for you during or after your participation in this study, EMU students are eligible for free counseling services at

313 Snow Health Center, Eastern Michigan University, Ypsilanti, Michigan 48197 (Telephone: 734.487.1118; Email: Counseling.Services@emich.edu). The EMU Psychology Clinic, Ypsilanti, Michigan 48197 (Telephone: 734-487-4987) can also provide services or referral information to the general public.

For questions about this study, please contact the primary investigator, Syreeta Scott, at sscott21@emich.edu, or the thesis committee chair, Stephen Jefferson, at sjeffer2@emich.edu. His address is 504 Mark Jefferson Hall, Eastern Michigan University, Ypsilanti, MI 48197. His telephone number is (734) 487-0097.

If you have any questions concerning this study or wish to learn more about its findings, please feel free to contact the principle investigator (see contact info. above). We expect to complete this project by December 31st, 2009.

You will be e-mailed a copy of this form.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

_____ Yes, I will participate. _____ No, I do not wish to participate.

This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from _____ to _____ (date). If you have questions about the approval process, please contact Dr. Deb de Laski-Smith (734.487.0042, Interim Dean of the Graduate School and Administrative Co-chair of UHSRC, human.subjects@emich.edu)

“AFRICAN AMERICAN RELATIONSHIP SCHEMA SCALE:
DEVELOPMENT AND VALIDATION”

Informed Consent to Participate in Research
Department of Psychology
Eastern Michigan University

We are conducting internet based research study to assess the way African American women think about relationships. You will be asked to complete a series of online questionnaires. The questionnaires will cover your background information, your feelings and attitudes about your relationships, your sexual history, racial attitudes and self-esteem. We ask that you complete these forms as thoroughly and honestly as possible—there are no right or wrong answers. Please try to be as honest as you can. All information obtained from this consent form will be treated with strict confidentiality, and all other responses will be kept anonymous. Your name will not be directly connected to your responses. Only a code number will identify your questionnaire responses. Also, any publications or presentations based on this study will not disclose any identifying information about any individual participants. It is estimated that you should be able to complete your participation in this study within approximately 45 minutes. You will be exposed to very minimal risk by participating in this study; however, answering questions of a sexual nature can sometimes be uncomfortable or anxiety provoking. Please only continue if you feel comfortable with the sexual nature of this study. Although you may not directly benefit from participating in this study, your responses may help to benefit society at large by furthering our understanding of relationship issues for African American women.

If you are an EMU student, some faculty allow students to earn extra credit for participating in research (though the experimenter has no control over how faculty choose to allot this, or even if they give any credit at all). If your instructor allows you to earn extra credit we will provide you with a credit form indicating your participation in this research study. This credit slip will only indicate that you have participated in a research project and will disclose nothing about your individual responses to any of the questions specifically addressed by the study; thus, your responses shall remain confidential.

Your decision whether or not to participate is completely voluntary and will not prejudice your future relations with Eastern Michigan University. At anytime you have the right to refuse to participate or discontinue your participation without penalty or loss of benefits of any type. At the conclusion of this study's data collection phase, a brief letter explaining some of the main hypotheses of this study shall be disbursed to all participants who desire such material.

In the unlikely event that distressing personal concerns arise for you during or after your participation in this study, EMU students are eligible for free counseling services at 313 Snow Health Center, Eastern Michigan University, Ypsilanti, Michigan 48197 (Telephone: 734.487.1118; Email: Counseling.Services@emich.edu). The EMU Psychology Clinic, Ypsilanti, Michigan 48197 (Telephone: 734-487-4987) can also provide services or referral information to the general public.

For questions about this study, please contact the primary investigator, Syreeta Scott, at sscott21@emich.edu, or the thesis committee chair, Stephen Jefferson, at

sjeffer2@emich.edu. His address is 504 Mark Jefferson Hall, Eastern Michigan University, Ypsilanti, MI 48197. His telephone number is (734) 487-0097.

If you have any questions concerning this study or wish to learn more about its findings, please feel free to contact the principle investigator (see contact info. above). We expect to complete this project by December 31st, 2009.

You will be e-mailed a copy of this form.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

_____ Yes, I will participate. _____ No, I do not wish to participate.

This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from _____ to _____ (date). If you have questions about the approval process, please contact Dr. Deb de Laski-Smith (734.487.0042, Interim Dean of the Graduate School and Administrative Co-chair of UHSRC, human.subjects@emich.edu)

Demographic Questionnaire

The following questions ask about background information. For each question you will be asked to select or provide an appropriate response.

- Your Age: _____

Sex:

- Male Female

Race/Ethnicity

- ___ White, not of Hispanic Origin
- ___ Asian/Pacific Islander
- ___ Hispanic/Latino
- ___ American Indian or Native American
- ___ Multi-ethnic
- ___ Black, not of Hispanic Origin

Sexual orientation

- ___ Heterosexual
- ___ Bisexual
- ___ Lesbian

Highest level of education completed:

- ___ Some High school
- ___ GED
- ___ High School Diploma
- ___ Some College
- ___ Bachelors Degree
- ___ Masters Degree
- ___ PhD

Are you employed?

- ___ Yes
- ___ No

Occupation: _____

What is your personal yearly income before taxes?

- ___ 0- 10,000
- ___ \$10,001-\$20,000
- ___ \$20,001-\$30,000
- ___ \$30,001-\$40,000
- ___ \$40,001-\$50,000
- ___ \$50,001-\$60,000
- ___ \$60,001-\$70,000

- ___ \$70,001-\$80,000
- ___ \$80,001-\$90,000
- ___ \$90,001-\$100,000
- ___ Over \$100,000

What is your highest level of education to date?

- Did not complete high school
- High school diploma
- Some College
- Bachelors degree
- Masters degree
- Doctorate/JD/MD

Are you currently in college?

- Yes
- No

If so, what is your current classification?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate student

What is your current marital status?

- I am Single
- I have a Boyfriend
- I am Married
- I am Engaged
- I am Divorced/Separated
- I am Widowed
- Other (describe) _____

Are you currently in a relationship?

- Yes
- No

Sex of partner:

- Male
- Female

How long you have been in a relationship with your current partner?

- I am not currently in a relationship
- Less than three months
- Three months to six months

- Seven month to less than a year
- One to two years
- Three to four years
- Five to six years
- Seven to eight years
- Nine to ten years
- More than ten years

How long do you think your relationship will last?

- not much longer
- A little while
- A while
- A very long time

Do you live with your current partner? No Yes

If yes, for how long? _____

- Ethnicity of partner
- __ Caucasian
- __ Asian/Pacific Islander
- __ Hispanic/Latino
- __ American Indian
- __ Multi-ethnic
- __ African American

What race of men do you like to date usually?

- __ Caucasian
- __ Asian/Pacific Islander
- __ Hispanic/Latino
- __ American Indian
- __ Multi-ethnic
- __ African American

How did you hear about this survey?

- Flyer
- Email
- Friend
- Personal contact with principal investigator

Sexual History Questionnaire

1. Are you currently having vaginal sex?
 - Yes
 - No

2. If no: I am not sexually active at the moment because: (please check as many of these items as apply)
 - I do not have a partner at the moment
 - I am too tired
 - My partner is too tired
 - I am not interested in sex
 - My partner is not interested in sex
 - I have a physical problem which makes sexual relations difficult or uncomfortable
 - My partner has a physical problem which makes sexual relations difficult or uncomfortable
 - I have never had sex before
 - Other _____

3. At what age did you start having sex?

4. The first time I had sex...
 - It was because he pressured me without using physical force (i.e. threatened, insisted, begged)
 - He used physical force to make me
 - We were both equally willing

5. My current/main sexual partner is...
 - My boyfriend
 - A friend
 - My husband
 - A stranger
 - Other _____

6. The last time I had sex...
 - It was because he pressured me without using physical force (i.e. threatened, insisted, begged)
 - He used physical force to make me
 - We were both equally willing

7. How many people are you currently having sex with?

8. Did you use a condom the last time you had sex?
 - Yes
 - No

9. How many partners have you had vaginal sex with in the past 3 months?
10. In the past 3 months how often have you used condoms?
- Always
 - Sometimes
 - Never
11. How many partners have you had vaginal sex with in the past year?
12. How many partners have you had vaginal sex with in your lifetime?
13. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease?
- No
 - Yes (*check all that apply*)
 - Chlamydia
 - Genital herpes
 - Genital warts
 - Gonorrhea
 - Pelvic Inflammatory Disease
 - HIV
 - Trichomonas
 - Syphilis
 - Other _____
14. If yes, when was the last time you had one of these diseases?
_____ year(s) and _____ month(s) ago.
15. Have any of your sexual partners ...
- a) had a sexually transmitted disease in the past year?
 - No
 - I don't know
 - Yes
 - b) had other partners while still in a relationship with you?
 - No
 - I don't know
 - Yes
16. How often do you start having vaginal sex without a condom but end it with a condom?
- Never
 - Sometimes
 - Always
17. In the last 3 months how many times did you have sex without a condom?
18. Do you know someone who is HIV positive?
- Yes
 - No

19. Have you ever been tested for HIV, the virus that causes AIDS?

- Yes
- No

20. Are you currently trying to become pregnant?

- Yes
- No

21. If you *wanted* to change one thing about your relationship, what would it be?

Rosenberg Self-Esteem Scale

1. On the whole, I am satisfied with myself.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. At times, I think I am no good at all.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

3. I feel that I have a number of good qualities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4. I am able to do things as well as most other people.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

5. I feel I do not have much to be proud of.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

6. I certainly feel useless at times.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

8. I wish I could have more respect for myself.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

10. I take a positive attitude toward myself.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Power and Attitudes in Relationships

1. A woman and not her 'man' should do the cooking and house cleaning.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
2. A woman needs to have a man in her life.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
3. A woman should confront her partner if she finds out he is having an affair.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
4. Mens' opinions are more important than womens' in making important decisions in a relationship.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
5. A man's happiness is more important than a woman's in a relationship.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
6. If a man and a woman are arguing, it is important for her to 'give in' so they will stop arguing.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
7. Women don't need to have sex as much as men do.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)
8. If a man wants to have sex and a woman doesn't, she should have sex.
strongly agree (1), agree (2), disagree (3), strongly disagree (4)

Multidimensional Inventory of Black Identity (MIBI)

- | Strongly
Disagree | | | Neutral | | | | Strongly
Agree |
|----------------------|---|---|---------|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
1. Overall, being Black has very little to do with how I feel about myself.

1			2	3	4	5	6	7
---	--	--	---	---	---	---	---	---
 2. In general, being Black is an important part of my self-image.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 3. My destiny is tied to the destiny of other Black people.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 4. Being Black is unimportant to my sense of what kind of person I am.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 5. I have a strong sense of belonging to Black people.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 6. I have a strong attachment to other Black people.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 7. Being Black is an important reflection of who I am.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 8. Being Black is not a major factor in my social relationships.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 9. I feel good about Black people.

1	2	3	4	5	6	7
---	---	---	---	---	---	---
 10. I am happy that I am Black.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

- | Strongly
Disagree | | | | Neutral | | | Strongly
Agree |
|----------------------|---|---|---|---------|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
11. I feel that Blacks have made major accomplishments and advancements.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
12. I often regret that I am Black.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
13. I am proud to be Black.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
14. I feel that the Black community has made valuable contributions to this society
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
15. Overall, Blacks are considered good by others.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
16. In general, others respect Black people.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
17. Most people consider Blacks, on the average, to be more ineffective than other racial groups.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
18. Blacks are not respected by the broader society.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
19. In general, other groups view Blacks in a positive manner.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
20. Society views Black people as an asset.
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

Center for Epidemiologic Studies Depression Scale (CES-D)

Instructions for Questions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

1 = Rarely or none of the time (less than 1 day)

2 = Some or a little of the time (1 – 2 days)

3 = Occasionally or a moderate amount of this (3 – 4 days)

4 = Most or all of the time (5 – 7 days)

- 1 2 3 4 1. I was bothered by things that usually don't bother me.
- 1 2 3 4 2. I did not feel like eating; my appetite was poor.
- 1 2 3 4 3. I felt that I could not shake off the blues even with help from my family or friends.
- 1 2 3 4 4. I felt that I was just as good as other people.
- 1 2 3 4 5. I had trouble keeping my mind on what I was doing.
- 1 2 3 4 6. I felt depressed.
- 1 2 3 4 7. I felt that everything I did was an effort.
- 1 2 3 4 8. I felt hopeful about the future.
- 1 2 3 4 9. I thought my life had been a failure.
- 1 2 3 4 10. I felt fearful.
- 1 2 3 4 11. My sleep was restless.
- 1 2 3 4 12. I was happy.
- 1 2 3 4 13. I talked less than usual.
- 1 2 3 4 14. I felt lonely.
- 1 2 3 4 15. People were unfriendly.
- 1 2 3 4 16. I enjoyed life.
- 1 2 3 4 17. I had crying spells.
- 1 2 3 4 18. I felt sad.
- 1 2 3 4 19. I felt that people disliked me.
- 1 2 3 4 20. I could not get "going"

Experiences in Close Relationships-Revised (ECR-R)

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling the number to indicate how much you agree or disagree with the statement

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|-----|--|---|---|---|---|----------------|---|--|
| | Strong Disagree | | | | | Strongly Agree | | |
| 1. | It's not difficult for me to get close to my partner. (R) | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 2. | I'm afraid that I will lose my partner's love. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 3. | I worry a lot about my relationships. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 4. | When my partner is out of sight, I worry that he or she might become interested in someone else. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 5. | I prefer not to show a partner how I feel deep down. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 6. | When I show my feelings for romantic partners, I'm afraid they will not feel the same about me. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 7. | My romantic partner makes me doubt myself. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8. | I feel comfortable sharing my private thoughts and feelings with my partner. (R) | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 9. | I find it difficult to allow myself to depend on romantic partners. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 10. | I often worry that my partner doesn't really love me. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

11. I am very comfortable being close to romantic partners. (R)
1 2 3 4 5 6 7
12. I find that my partner(s) don't want to get as close as I would like.
1 2 3 4 5 6 7
13. I don't feel comfortable opening up to romantic partners.
1 2 3 4 5 6 7
14. Sometimes romantic partners change their feelings about me for no apparent reason.
1 2 3 4 5 6 7
15. I prefer not to be too close to romantic partners.
1 2 3 4 5 6 7
16. I often worry that my partner will not want to stay with me.
1 2 3 4 5 6 7
17. I get uncomfortable when a romantic partner wants to be very close.
1 2 3 4 5 6 7
18. I do not often worry about being abandoned. (R)
1 2 3 4 5 6 7
19. I find it relatively easy to get close to my partner. (R)
1 2 3 4 5 6 7
20. I'm afraid that once a romantic partner gets to know me, he or she won't like who I am.
1 2 3 4 5 6 7
21. I usually discuss my problems and concerns with my partner. (R)
1 2 3 4 5 6 7
22. It helps to turn to my romantic partner in times of need (R)
1 2 3 4 5 6 7
23. I rarely worry about my partner leaving me. (R)
1 2 3 4 5 6 7
24. I tell my partner just about everything. (R)
1 2 3 4 5 6 7
25. I worry that romantic partners won't care about me as much as I care about them.
1 2 3 4 5 6 7
26. I often wish that my partner's feelings for me were as strong as my feelings

- for him or her.
 1 2 3 4 5 6 7
27. I talk things over with my partner. (R)
 1 2 3 4 5 6 7
28. I worry that I won't measure up to other people.
 1 2 3 4 5 6 7
29. My partner only seems to notice me when I'm angry.
 1 2 3 4 5 6 7
30. I am nervous when partners get too close to me.
 1 2 3 4 5 6 7
31. It makes me mad that I don't get the affection and support I need from my partner.
 1 2 3 4 5 6 7
32. I feel comfortable depending on romantic partners. (R)
 1 2 3 4 5 6 7
33. I find it easy to depend on romantic partners. (R)
 1 2 3 4 5 6 7
34. My desire to be very close sometimes scares people away.
 1 2 3 4 5 6 7
35. It's easy for me to be affectionate with my partner. (R)
 1 2 3 4 5 6 7
36. My partner really understands me and my needs. (R)
 1 2 3 4 5 6 7

Table 1

Item Number and Content	<i>Six Factor Structure From Principal-Axis Extraction/Oblimin Rotation of RSS-AA with 24 items</i>						h ²
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	
Men Control Relationships							
40. A man should make most of the decisions in a relationship.	.75	.15	-.03	-.01	-.00	.81	.53
51. A good woman does everything the man says.	.67	-.02	.14	.04	-.03	-.09	.50
18. In a relationship, when a man says do something, it's best to just do it.	.66	-.06	.01	.06	-.06	-.00	.46
27. A man knows best.	.56	-.08	-.06	.06	.06	.08	.38
20. I prefer a man that tells me what to do.	.50	-.08	.01	-.03	.09	-.09	.36
Accepting Infidelity							
2. I shouldn't make a big deal out of my partner cheating, as long as he comes home at night.	-.04	-.80	-.01	-.04	.09	-.09	.59
6. Cheating can be tolerated as long as your partner is there when you need him.	-.03	-.72	-.00	.12	.02	.11	.61
36. As long as my partner does not give me and STD I do not care if he cheats.	.06	-.69	.03	.04	-.05	-.02	.51
9. Cheating while drunk doesn't really count.	.01	-.43	-.03	-.15	-.01	.27	.36
Wisdom							
13. I can tell what a man is all about when I first meet him.	-.07	.06	.73	-.08	.02	.16	.53
21. I can tell if a man is trustworthy from a mile away.	-.00	-.00	.63	-.01	.40	-.06	.39
22. It's easy to tell a good many by looking at him.	.16	-.04	.51	-.02	.09	-.04	.34
12. It's easy to predict what a man will do in a relationship.	.01	-.03	.46	.30	-.16	.01	.34
Women Sustain Relationships							
8. Relationships can trap me.	-.03	-.02	-.08	.62	.07	.02	.41
6. Sometimes ending a relationship is difficult because I can't find someone better.	-.00	.01	.02	.48	.27	.05	.40
7. Being in a bad relationship is better	.12	-.10	-.01	.43	.06	.21	.41

than being alone.							
9. I must hide my anger if I want to keep a man.	.22	.02	.02	.41	.11	.14	.39
Unhealthy Dependency							
41. Being single makes me feel ugly.	.04	.01	-.00	.07	.66	.11	.54
44. I feel better about myself when I am in a relationship.	.04	.00	.00	.23	.60	-.03	.50
47. Sometimes you need a man to feel like a woman.	.04	-.64	.04	-.02	.55	.02	.34
Infidelity is Normative							
8. When I'm in a relationship, I should expect that my partner will cheat someday.	-.01	-.21	.09	.09	-.07	.57	.49
26. Men cheat so much that I can't do anything about it.	.17	-.14	-.03	.19	-.06	.48	.47
10. A monogamous relationship is a hard thing to find.	-.01	.05	.02	.01	.15	.45	.24
Eigenvalues	5.25	2.13	2.08	1.71	1.19	1.04	
% of variance	20.47	7.07	6.65	4.96	2.86	1.89	
α	.77	.76	.68	.67	.69	.61	

NOTE: h^2 refers to communal

Table 2
Descriptive Statistics of RSS-AA

	MCR	AI	WIS	WSR	UD	IN	<i>M</i>	<i>SD</i>
MCR	(.77)						8.18	2.81
AI	.31**	(.77)					4.96	1.75
WIS	.20**	.07	(.69)				9.51	2.78
WSR	.33**	.24**	.10*	(.68)			8.53	3.11
UD	.36**	.17**	.04	.46**	(.60)		6.57	2.66
IN	.29**	.41**	.15**	.43**	.292**	(.61)	6.70	2.52

NOTE: MCR = men control relationships; AI = accepting infidelity; WIS= Wisdom; WSR =woman sustain relationships; UD = unhealthy dependency; IN = infidelity is normative; *N* = 390. Alpha coefficients are presented on the diagonal and observed correlations are presented below the diagonal ** $p < .001$

Table 3
Correlations Between RSES, CES-D, PAIR, and ECR-R Subscales

Scale and subscale	MCR	AI	WIS	WSR	UD	IN	<i>M</i>	<i>SD</i>	α
RSES	.00	-.08	.13**	.02	-.10	-.08	13.07	14.17	.89
CES-D	.05	.23**	.02	.32**	.20**	.33**	14.85	1.75	.90
PAIR	-.51**	-.29**	-.06	-.24**	-.28**	-.26**	26.42	3.81	.77
ECR-R									
Anxiety	.25**	.23**	-.10	.54**	.49**	.45**	55.97	23.76	.94
Avoidance	.04	.16**	-.07	.27**	.18**	.29**	56.25	20.78	.92

NOTE: MCR = men control relationships; AI = accepting infidelity; WIS= Wisdom; WSR =woman sustain relationships; UD = unhealthy dependency; IN = infidelity is normative; *N*= 390.

RSES= Rosenberg Self-Esteem Scale; CES-D= Center for Epidemiologic Studies Depression Scale; PAIR= Power and Attitudes In Relationships Scale; Anxiety= Experiences in Close Relationships Anxiety subscale; Avoidance= Experiences in Close Relationships Avoidance Subscale** $p < .001$