Hardiness is personality trait that buffers against stress-related illnesses. Researchers have further described hardiness as the willingness to pursue challenges, transform them, and make them work for an individual. Hardiness has been shown to buffer against depression, anxiety, and self-esteem (Maddi, 2002; Maddi et al., 2011; Maddi & Khoshaba, 2001). Given that the hardiness theory has been criticized in previous studies, (Benishek & Lopez, 1997), the theoretical framework of this study will be through resilience theory (Holling, Gunderson, & Ludwig, 2002). Resilience theory aims to understand the foundation and role of change that it is transforming in adaptive systems, allowing individuals to learn from past experiences and accept the inevitably of uncertainties in their future (Holling et al., 2002; Redman & Kinzig, 2003). Few studies investigate hardiness among Black populations. The few that have, showed that hardiness positively correlated with the internalized multiculturalist aspect of racial identity (Whittaker and Neville, 2010) and the commitment component of hardiness was higher among a sample of Black college students compared to White college students (Harris, 2004). Given that hardiness is a buffer to stress-related illness, theoretically, it should be a buffer against race-related stress. Race-related stress refers to the daily experiences of racism that affect members in the Black community and negatively impacts mental and physical health (Harrell, 2000; Utsey & Ponterotto, 1996). The purpose of this study was to investigate the relationships between hardiness, race-related stress, and racial identity on psychological health outcomes (i.e., depression, anxiety, self-esteem) among Black colleges students. These outcome variables were included particularly to see how they are impacted by race-related stress, and if hardiness buffers, or moderates, these relationships. In addition, previous studies were replicated looking at the moderating role of racial identity on the race-related stress and psychological health outcomes relationship. In another test, findings also showed that hardiness served as a moderator for both the internalized afrocentricity subscale of racial identity and the perseverative cognition subscale of race-related stress on depression. Specifically, participants who were low on hardiness and high on afrocentricity reported higher levels of depression than those were high on both hardiness and afrocentricity. Similarly, participants who were higher on hardiness and high on perseverative cognition reported lower levels of depression than those who were low in both hardiness and perseverative cognition. Through replication attempts, the anticipatory body alarm response subscale of race-related stress on trait anxiety was moderated by the immersion-emersion anti-White subscale of racial identity. Participants who were high in anti-White attitudes and high on anticipatory body alarm response reported higher levels of trait anxiety than those who were low on anti-White attitudes and low on anticipatory body alarm response. This finding replicated previous studies by Franklin-Jackson and Carter (2007) that found that the internalized stages of racial identity (i.e., afrocentricity and multiculturalist) were significant and positive buffers on the race-related stress and psychological health outcomes. However, neither the total hardiness nor the hardiness subscales scores significantly correlated with any of the race-related stress subscales. Implications suggest that the hardiness measure may not be as generalizable to members in the Black community if considering the added layer of race-related stress because hardiness did not significantly correlate with any of the race-related stress subscales. Hardiness may help to buffer depression the type of race-related stress and racial identity profile. In looking at racial identity stages, anxiety may be buffered when one is out of the anti-White stage of racial identity. It is recommended that University counselors, professors, and/or administrators take this into account when working with this specific population on
psychological health outcomes. Further, their level of hardiness should continue to be emphasized and acknowledged as strength-based protective factors in University settings.