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I'm OK: Black Women's Perceptions of Vulnerability and Coping

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Bridget Lewis

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Walden University
2023

Abstract

I'm OK: Black Women's Perceptions of Vulnerability and Coping

by

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MSW, Southern University at New Orleans, 2008

BS, McNeese State University, 2004

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2023

Abstract

Within the social work profession, there has been limited understanding of tailoring treatment and coping strategies specific to Black women. The parallelism of Black women and strength has created a generational, internal conflict with maintaining the cultural label known as the strong Black woman (SBW) and stigma related to seeking help to improve mental health. The stigma associated with seeking help has hindered Black women from communicating thoughts or behaviors that categorize vulnerability. Grounded in the SBW collective theory and Black womanist theory, this study explored how the SBW stereotype impacts the communication on vulnerability and coping strategies Black women use. In this generic qualitative study, semi structured interviews were conducted to gather the self-perceptions of 12 Black women regarding vulnerability, communication, and coping strategies. Through thematic analysis, findings indicated that although most of the participants saw vulnerability as a weakness, they felt it was relative to transparency and truth. Their responses showed that while the participants felt society shaped the perceptions of how vulnerable or not Black women were seen as, they wanted to rewrite the narrative and define how they are viewed instead of societal stereotypes. The findings also indicated that these Black women used alone time and spirituality to cope with mental health issues. The findings of this study can be used to promote positive social change by starting conversations between social workers and Black women that reflect an appreciation of Black women's experiences and informing social work best practices on effectively treating this marginalized group.

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Dedication

I dedicate this capstone project to the following people as they have encouraged me and pushed me to believe that this journey was worth it and that I am worth it. I dedicate this to my son, Braedon, who has increased the drive and determination in me to master all that I set out to do. I am forever thankful for his patience and understanding during the countless weekends and evenings I was confined to my room working. May he know that all I am and all I do is for him.

This capstone is also dedicated to the memory of my father who I lost during this journey. He was a constant reminder that I must embody a spirit of tenacity, strength, and to fight to never give up. I am grateful for his voice that echoed from heaven many times during this journey. May he celebrate this accomplishment with me from heaven.

Lastly, I want to dedicate this to all the women who look like me. It is ok to NOT be ok. It is ok to be vulnerable. May they know there is strength in asking for help.

Acknowledgments

I am extremely grateful to the tribe of women who have molded me. I thank my mother for providing the vision and creating opportunities for me to always be the best me. I thank her for inspiring me to be my most authentic self in life. Her sacrifices are met with love and gratitude. I thank my aunt for being the black girl magic I needed, even before it was a movement. I am forever indebted to her for nurturing my academic goals and providing truth along the way. The love and prayers from these women held me on my best and worst days. I thank them for loving me unconditionally.

I also want to give a special thanks to Dr. Rice. She has been encouraging, honest, and believed in me...even the days I didn't believe in self. I thank her for being an umbrella when I went through my storm and helping me continue this academic journey. I thank Dr. McElwee for the critique and pushing me to dig deeper. I get it now!!

Lastly, I want to thank those who allowed me to cry and vent. Thanks for never allowing me to quit. Love to you all.

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Section 1: Foundation of the Study and Literature Review

According to the American Psychiatric Association (2017), only 1 in 3 African Americans who need mental health care receives it. Barriers to seeking treatment often include access, income status and the stigma within the Black community often associated with seeking treatment. The additional barrier that is unique to Black women includes the complexity of the strong Black woman (SBW) schema/stereotype that is often associated with this population. The origins of the SBW schema are linked to slavery and the idea of preparing girls and women to be strong to endure the brutal treatment they faced on the plantation (West et al., 2016). This systemic regulation of emotions and being strong has the propensity to negatively affect how Black women seek help and cope with mental health issues.

Problem Statement

According to Walton and Payne (2016), depression among African Americans may present differently because of cultural and social influences. Specifically, African Americans have historically been underdiagnosed, misdiagnosed, and received inadequate treatment for depression, which has prolonged the disorder, delayed treatment, and exacerbated symptoms (Green, 2019). Current research on depression in African American women omits coping styles that relate to gendered and culturally salient norms (Green, 2019). More specifically, African American women may delay treatment because they feel the need to “keep it pushing,” or they will exhibit fewer classic symptoms than White women (Walton & Payne, 2016).

The field of social work has made efforts to address the needs of diverse groups by adapting existing practice models for cross cultural practice. However, evidence-based mental health service delivery protocols for racial and ethnic minority groups are still considerably underdeveloped (Kawaii-Bogue et al., 2017). Additionally, utilization and development of practice interventions reflecting experiences of African American women continue to be overlooked (Jones, 2015). The current gap in data suggests a need to explore Black women's perceptions of vulnerability and coping, so that social workers have credible information with which to support effective services for Black women facing mental health needs.

Purpose Statement and Research Questions

The purpose of this study was to explore Black women's perceptions of vulnerability and coping. Understanding Black women's perceptions of vulnerability and coping may inform best practice standards to help social workers identify with Black women and their experiences as well as develop effective modalities of treatment specifically tailored to meet the needs of Black women. The following research questions guided this study:

RQ1: How do Black women perceive vulnerability as an influence on their coping?

RQ2: How does a Black woman's self-perception as a SBW interfere with coping strategies?

RQ3: How does the SBW stereotype impact communication on vulnerability and coping between Black women?

Definitions

African American: A person of African ancestral origins who self identifies or is identified by others as African American (Agyemang et al., 2005). For purposes of this study, the term African American was used interchangeably with Black.

Coping strategies: An action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation (American Psychological Association, 2021).

SBW: A phenomenon influencing African American women's experiences, characterized by emotional fortitude, independence, and self-sacrifice, vital a Black woman's survival (Woods-Giscombé, 2010).

Vulnerability: Susceptibility to developing a condition, disorder, or disease when exposed to specific agents or conditions (American Psychological Association, 2021).

Nature of the Doctoral Project

The nature of this doctoral project was to academically contribute to research specifically for Black women. In this study, I employed a generic qualitative research approach (see Kahlke, 2014; Merriman & Tisdell, 2015). The generic qualitative research design was most appropriate for this study because the objective was to explore Black women's perceptions of and experiences with vulnerability and coping. Many studies have reported people's subjective opinions, attitudes, beliefs, or experiences of things in the outer world; however, studies that report attitudes, beliefs, and experiences in the outer world cannot be measured in the statistical sense and require qualitative methods (Aronson, 1994). I designed this study to understand Black women and gain deeper

understanding of how their unique perceptions may influence the seeking of mental health treatment. Using a generic qualitative design also encouraged the Black women participants to be able to be observed with dialogue in an organic setting. I also wanted this study to act as a vehicle to allow their collective voices to be heard. The voices of Black women should be an instrument for learning and teaching evidence-based practices that contribute to the betterment of Black women.

I collected data from approximately 12 Black women from Louisiana and Texas. I focused on this southern region because in my review of the extant, peer-reviewed research, I was unable to find specific literature on this topic related to this specific geographical area. The previous peer-reviewed literature was reviewed and synthesized to determine the relevance of this topic and identify the gap in the literature. I provided participants with the choice of a face-to-face meeting, Zoom meeting, or a telephone call for their interview. Asking specific, semistructured interview questions let the participants have their voices heard and allowed for a deeper understanding of Black women's experiences with and perceptions of coping, vulnerability, and the SBW stereotype/schema. The criteria to participate in this study included: (a) identifying as a Black woman, (b) residing in Louisiana or Texas, (c) having experienced depression/anxiety, and (d) being 18 years or older. The participants were recruited via social media. I audio recorded and transcribed all interviews and then used coding to produce observed themes from the participants' responses.

Significance of the Study

The results of this study have the potential to inform practitioners on the unique voice of a group oppressed due to race and gender as well as the societal label of being a SBW. Not only does this research contribute to social work academia, but it influences upcoming practice interventions, specifically those directed toward Black women. With the findings of this study, social workers may develop unique ways to break the barriers faced when treating Black women. This study may also have implications for clinical practices with an emphasis on exploring individuals' perceptions of vulnerability and coping, which may result in specialized treatment plans, goals, and therapeutic interventions that focus on Black women. Creating specific interventions for this population may have the potential to increase the number of Black women who seek help and communicate regarding their mental health. The results of this study may help practitioners become aware of the limited communication and develop alternative ways to obtain pertinent information from Black women related to symptomology.

Theoretical/Conceptual Framework

The strong Black woman collective (SBWC) theory advances the idea that Black women construct strength through communal communication practices by imbuing their assembled voices with power and resilience (Davis, 2015). I used the SBWC theory as this theoretical framework for this study. According to Davis (2015), the SBW ideal is a long-established image in U.S. society placing pressures on Black American women to maintain a façade of strength, self-sufficiency, and resilience. Harrington et al. (2010) reported that the concept of the SBW was conceived with the desire to celebrate the

strength of Black women despite experiences of adversity, racism, and sexism as well as to counter other problematic conceptualizations that sexualized and derided Black women (e.g., Sapphire, Jezebel, Mammy). Historically, the United States culture has associated African American women with negative stereotypes, including the domineering Sapphire; the hypersexual Jezebel; the nurturing, asexual Mammy for European families; and the dependent Welfare Queen (Collins, 2000; C. M. West, 1995). The ideal of the SBW has proven to be a double-edged sword to the Black woman.

The SBWC theory is rooted in Black feminist theory. Collins (1990) stated that the Black feminist theory identifies intersectionality or a matrix of domination of oppression related to class, race, and gender. Historically, the desire to fight for freedom, choice, and the ability to be heard were the foundations of Black feminism. According to Collins (1990), Black women's experiences are molded by generations that have not respected or valued them physically or emotionally. The SBWC theory highlights how Black women's vantage points shape their unique communication practices and inform their collective group (Davis, 2015).

Feminist theory can be applied when research is specific to women; however, the use of the Black womanist theory would align better with the current research. The feminist theory is a revolutionary perspective; however, it has not historically been inclusive of the needs of all types of women (Rousseau, 2013). The Black womanist theory is sensitive to the intersectionality of Black women. The connectedness of the SBW and the inability to seek assistance with mental health can also be linked to race, class, and sex. According to Walker (1983), the Black womanist theory, which was

created by and for African American women, explores the cultural concerns as they appear important to Black women. The use of the Black womanist theory coupled with the SBWC theory allows women of color to define and create the narrative for their experiences.

Values and Ethics

Qualitative research, especially regarding Black women, must make considerations regarding ethics and values. Sanjari et al. (2014) stated that researchers face ethical challenges in all stages of the study, from designing to reporting. I used some of the core of the National Association of Social Workers (NASW) code of ethics to ensure this study was not harmful to participants. Further justification on how the NASW code of ethics aligned with this research will be explained later in the study.

According to the NASW (2021), the primary goal of the social worker is to help people in need and to address social problems. The results of this study can better guide the understanding of Black women and their unique plight, specifically with how they cope with mental health, while providing services tailored to addressing coping strategies beneficial to them. There has been collective literature, as indicated by the literature review, to support that Black women represent an oppressed group. The task of a social worker is to challenge social injustice. An example of social injustice is the lack of mental health accessibility to Black women. Social workers pursue social change for the oppressed and create social change efforts in areas of poverty, unemployment, and discrimination (NASW, 2021). In this study, I used the experiences of Black women to shed light on why they may not be seeking help and determine what barriers are present

in identifying coping strategies that benefit their mental health. Black women's experiences were explored in this study to amplify their specific voice. The goal was to understand them more and create a space for their thoughts and feelings. Social workers encourage the client's capacity and opportunity to change and to address their own needs (NASW, 2021). The experiences of Black women in this study have the opportunity to help other ethnicities develop an enriched understanding of the complexities of Black women's hesitation to seeking or communicating the need for mental health treatment as well as build better relationships in health care settings, families, and communities. NASW (2021) stated that social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. This research can also enhance how I approach interventions with Black women in my professional work setting. I gained insight into how to implement ways to assist Black women communicate the need for help and dissipate barriers that prevent them from seeking treatment.

Review of the Professional and Academic Literature

The topics of this capstone study were reflective of several areas of interest when reviewing literature: the SBW stereotype/schema, coping strategies of African American women, and vulnerability of African American women. In addressing these areas of interest, I examined the current research to illustrate the need for this project. I reviewed various scholarly journals to develop a deeper understanding of the current literature. The scholarly, peer-reviewed journal articles included in this study were published between 2015 to 2020. To locate literature, I used the Google Scholar search engine and the

following databases accessible through the Walden University Library: APA PsychInfo, SocIndex, LGBTQ+Source, CINAHL Plus, Social Sciences Citation, Communications & Mass Media Complete, and Science Direct. The specific keyword search terms used were *African American women, Black women, stress, depression, trauma, coping strategies, coping, coping mechanisms, vulnerability, strong black women schema, black woman stereotype, strong black woman collective, and self-silencing theory.*

SBW Stereotype and Schema

According to Green et al. (2019), the roots of strength relative to SBW go back to the slavery era and the cultural norms that have carried over. Donovan and West (2015) posed that there has been research to support the SBW stereotype being endorsed by Black women because it is a perception that Black women are naturally strong, resilient, self-contained, and self-sacrificing. The SBW stereotype has been regarded as a badge of honor in the Black community. According to Carter and Rossi (2019), the origin of strength in slavery was an indication of the suppression of emotions because it was a comforting image of resilience within Black communities. In their mixed method study, Etowa et al. (2017) stated that the SBW stereotype is a depiction of a strong, self-reliant, independent, yet nurturing Black woman who denies her own well-being to meet the expectations of others. According to L. M. West et al. (2016), it has been theorized that the SBW stereotype is a powerful image that portrays Black women as strong, independent, and self-sacrificing. It has been further theorized that strength is a culturally specific coping mechanism critical for the survival of women of African descent (Nelson et al., 2016). In Nelson et al.'s (2016) qualitative study, the African American female

participants conceptualized the SBW/superwoman role through five characteristics: independent, taking care of family and others, hardworking and high achieving, overcoming adversity, and emotionally contained. These characteristics shape the image that Black women have had of themselves. Jerald et al. (2017) found that controlling images may manifest positively, and the cultural ideal of the SBW can be restrictive to Black women's sense of womanhood. The ideal of the SBW has created an expectation among Black women to prioritize others' needs over their own, resist asking for help, exude strength despite adversities, and suppress emotions (Jerald et al., 2017).

The superwoman image that was created for Black women originated as a way to empower, but it has also created voids and deficits that have negatively affected Black women. According to Dow (2015), the origins of the SBW ideal was to empower African American women and emphasize their strength as an essential element of their distinctive experience; however, the narrative shifted from empowerment and led to images of Black women as controlling and domineering. African American men created the idea of a SBW archetype during the Black Power era to counteract the negative, mammy images expressed by the more dominant culture (Kirby, 2020). Dow argued that controlling images are elite, White, male interpretations of African American womanhood and serve as powerful rationalizations for African American women's subordinate place in society and their continued oppression. While the SBW stereotype has largely been embraced by Black women, the characteristics may hinder Black women in ways that affect their health and overall well-being. Carter and Rossi (2019) posed that the influence of the SBW is both empowering, yet simultaneously marginalizing.

Depression and Help Seeking Strategies Among SBW

The powerhouse or superwoman mentality associated with the SBW stereotype can hinder Black women from finding the voice necessary to seek help. Vulnerability conflicts with the SBW stereotype because it has been found that the SBW embodies strength and vulnerability equates to a weakness that Black women have not been afforded. Although there is some representation of how the SBW stereotype affects Black women seeking help for mental illness and coping strategies to deal with mental illness, research on this topic is still limited and there is still much to be explored. According to Liao et al. (2019), studies that have examined how the SBW schema influences the mental health of African American women are scarce. There are, however, studies that have shown that African American women are less likely to receive emotional support from kin networks or friends, which is suggestive of the lack of comfortability in divulging emotional challenges or weakness to others because of the image of being a SBW (Dow, 2015). According to Substance Abuse and Mental Health Services Administration (2013), Black women are about half as likely to receive mental health services, which would indicate alternative coping mechanisms and ways of seeking help or a lack of seeking help. In a quantitative study, Kam et al. (2018) found African Americans' direct mental health help-seeking experience was significantly lower than that of the European American group. Lacey et al. (2015) explored rates of mental disorders among U.S., Black women, finding high rates of anxiety, mood disorder, and suicide ideation. Coincidentally, lifetime rates of mental disorder among Black women in

their study were slightly lower than estimates from the general population (Lacey et al., 2015).

Donovan and West (2015) found that when there is moderate and high endorsement of the SBW stereotype, it increased the relationship of stress and depressive symptoms, while low levels of SBW endorsement do not. The internalization of being a SBW creates conflict that often silences African American women from sharing feelings of depression and anxiety or minimizing their experiences altogether, so the internalization of the SBW schema is associated with negative psychological outcomes (Liao et al., 2019). Green (2019) found that using the SBW schema as a way of coping increased risk for suicidality. Morrison and Hopkins (2018) hypothesized that suicidal ideations and attempts are negatively related to cultural identity and Africultural coping styles but positively related to depression. Jerald et al. (2016) reported that awareness of the negative stereotypes of African American women (i.e., metastereotype awareness) predicted negative mental health outcomes among African American women, such as depression, anxiety, and hostility, and was a predictor of diminished self-care behaviors and greater drug and alcohol use for coping.

Black women being less likely to receive emotional support from kin networks is also suggestive of them feeling alone or carrying emotional burdens alone. In experiencing mental health issues, many Black women try to manage symptoms alone with little to no help and often isolate as a way to cope. Loneliness is positively associated with depressive and anxious symptoms among African American women (Chang, 2018). African American women are often identified as a group at greater risk

for depression, being twice as likely as men to suffer from it (Center for Behavioral Health Statistics and Quality, 2015). According to Holden et al. (2017), chronic environmental stressors of racism, discrimination, sexism, poverty, cultural, socialization practices, and social health difficulties subject Black women to being vulnerable to depression. According to Nelson et al. (2020), Black women are among the most undertreated groups for depression in the United States. Walton and Greene (2019) found themes related to Black women and depression, discovering that Black women felt they could not be vulnerable.

Abrams et al. (2018) conducted a quantitative study to investigate how SBW characteristics relate to depressive symptomology. They found that self-silencing significantly mediated the relationship between the perceived obligation to manifest strength, a characteristic of SBW, and depressive symptomatology. According to Abrams et al., depressive symptoms are related to the endorsement of the SBW schema and highlight self-silencing as a mechanism by which this relationship occurs. Nelson et al. (2020) offered that while depression is conceptualized as a sign of weakness for Black women and help-seeking for depression may be less acceptable to them, the limited research available supports this concept. In some instances, African American women may allow the SWB stereotype to influence their views of depression or any other mental health condition, which, in turn, affects their attitudes and willingness to seek help (Nelson et al., 2020).

There has been a historical unspoken motto in the Black community that “Black people don’t go to counseling.” According to Harris et al. (2019), African Americans are

less likely than other racial and ethnic groups to attend counseling services but continue to live with issues that exacerbate due to them not being addressed. The idea of a help-seeking behavior not being utilized or needed in the Black community increases with the idea of being an SBW in many instances. Harris et al. shared that African American women often face the pressure to adhere to the SBW image with the expectation that they manage stressors with no outside assistance. According to Collins (2000), the image of strength prescribes an unobtainable standard of invulnerability and independence that Black women are expected to uphold in their everyday lives. Watson and Hunter (2016) reported that African American women avoid seeking help or treatment to maintain the persona of strength. Watson-Singleton (2017) posited that African American women who internalize SBW schema may hold on to the identified behaviors like self-reliance without requesting support from others. According to Nichols et al. (2015), the SBW schema promotes strength and suppresses weakness, emotion, and vulnerability. The idea of being a superwoman that can do all is another idea related to the SBW that shies from vulnerability or relying on others. Green (2019) reported such a superwoman persona may negatively impact the well-being and identity development of African American women. This mentality perpetuates the idea of strength in keeping in line with the SBW stereotype, and in an effort to maintain the notion of strength, some Black women in treatment might minimize or be hesitant to discuss the full history and magnitude of depressive symptoms (Nelson et al., 2020). Black women do appear to be more comfortable with dropping the armor of strength around other Black women and

displaying some level of vulnerability. Davis (2018) posed that such action is costly because it prevents African American women from exploring their emotions fully.

SBW and Communicating Needing Help

According to Abrams et al. (2018), self-silencing was found to significantly mediate the relationship between the perceived obligation to manifest strength, a characteristic of SBW, and depressive symptomatology. Watson and Hunter (2016) suggested that there are factors beyond economic barriers, such as cultural factors, that play a role in African American women's perceptions of psychological distress and decisions to seek professional psychological help. African American women respond positively to supportive resources when they come from a member of their same racial-gender in-group (Davis, 2018). Without that same racial gender inclusion, some Black women resort to coping in silence or self-silence, and such methods of coping in silence can place African American women at risk for psychological distress, such as anxiety and depression, which may intensify when coupled with negative attitudes toward seeking professional psychological services (Abrams et. al, 2018). Seeking professional services can be problematic due to the historical distrust of the Black community with the health care system.

According to Wardlaw and Shambley-Ebron's (2019), views on spirituality and the stigma surrounding depression in the Black community influence communicative practices used. Park et al. (2018) found that religious coping predicted the negative aspects of well-being, such as depressive symptoms and negative affect. The efforts of spirituality support the idea of going to God instead of a professional trained to help with

depression. The women in Wardlaw and Shambley-Ebron's study described experiencing a fear of being judged by family, friends, and care providers. Additionally, the participants regarded prayer as a coping strategy and, at times, was the only way they were able to manage their depression.

The stigma quiets Black women's voices and minimizes their help-seeking behaviors. That silence descends from the "keep it in house" or "keep the house business in house" that many Black women have grown up with. According to Ullman and Lorenz (2020), the SBW stereotype, while empowering survival, makes it difficult for African American women to admit that they need help coping and was associated with the method of coping known as silencing. African American women have found ways to cope by retreating with other Black women to a safe space where they all processed, supported, and confided in one another (Davis, 2018). Black women have developed a distrust of medical treatment due to the historical discrimination that Black women have felt within the health care system, and this distrust has hindered them seeking traditional treatment.

Black women use a communication with other Black women that can be identified as sister talk. Black women have created the term "sister-friend" to capture the involuntary nature of the relationship (Davis, 2018, p. 310). This familial understanding between Black women creates a place to share things that they may not share in a space with other women/men not identified as Black. Affiliation offers a space where Black women can combat feelings of isolation by connecting with people who empathize with their experiences; they can put down their weapons and simply "relax, tell stories, gain

strength, empower themselves and maintain harmony in their lives” (Davis, 2018, p. 310). Wardlaw and Shambley- Ebron (2019) referred to cocultural group members finding support from each other as the co-communicative practice of intragroup networking.

On the other side of sister talk, there is a form of talk that is presented to be encouraging but can silence Black women when trying to communicate a need for help. According to Walton and Payne (2016), African American women have few opportunities to discuss depression amongst themselves or with others outside of their racial group, and when they do discuss depression, they are silenced more often than their White female peers. Comments such as “you are too strong to crumble,” “come on, you are tougher than this,” or “don’t let this break you,” echo in conversations across Black women as ways to uplift but can silence or multiply the SBW stereotype into denial or ignoring there is any issue at all. Arguably, denial and ignoring is a method of communication used by Black women as a way of coping that allows them to set the emotions aside. Walton and Payne (2016) shared that the inherent thoughts of taking care of all cause African American women to deny symptoms of depression.

Black women carry complexities rooted within historical oppression that trickle into today and affect their ways of asking for help and seeking help without wanting to feel exposed or vulnerable. According to Davis (2018), African American women communicate messages coded with elements that create safe havens in which they confront and retreat from outsiders. L. M. West et al. (2016) stated that while there is a possibility that the SBW stereotype influences Black women’s self-perceptions, there has

been little empirical interest regarding this topic. This previous literature was important to my capstone project because it shows how there is a lack of qualitative literature on the topic of interest.

Implications for Social Work

It is important for social workers to recognize the significance of coping strategies employed by Black women and identify ways in which they communicate. Although African Americans are confronted with many stressors stemming from both systemic oppression and universal human experiences, they demonstrate resilience (Harris et al., 2019). There is substantial literature to support that African American women use spirituality, church, or prayer as a coping strategy instead of traditional ways of coping (Avent et al., 2015; Blakey, 2016; Hall et al., 2021). Hall et al. (2021) stated the SBW is proud to be both a Black woman and a woman and often uses religion and spirituality to sustain her strength. According to Blakey (2016), spirituality is a significant part of many African American women's daily lives. Avent et al. (2015) stated that helping professionals should be aware of cultural barriers that contribute to a lack of participation in counseling resources, but also be deliberate in stressing the important ways religion, spirituality, and churches are a trusted resource and source of advocacy. Social workers can work to incorporate social work practice aligned with spirituality to create a new window that may make Black women more accepting of seeking help. According to Avent et al. (2018) existing literature supports the notion that "Black people do not go to counseling" and are more comfortable using their faith.

However, it is unclear whether religious coping leads to better outcomes with or without traditional mental health help (Ullman & Lorenz, 2020).

Black women who internalize the SBW narrative often suffer quietly, as they work to meet the expectations of their families, professional arenas, and larger social environments (Geyton et al., 2020). Wallace et al. (2021) reported that embracing the SBW role is a predictor of emotion regulation difficulties such as self-silencing. Social workers can use existing interventions in working with Black clients but must be mindful that all interventions will not be a fit for Black women. According to Chu et al. (2016), cognitive behavioral therapy meets the needs of multiethnic clients when the interventions are modified to enhance their congruence with the client's culture, context, and language. Due to the self-sacrificing nature of the SBW, a collectivist approach may benefit understanding and progress in mental health treatment of Black women. The collectivist approach focuses on personal sacrifice and recognizes the importance of spiritual and religious healing practices (Wallace et al., 2021). The collectivist approach is aligned with some of the core the SWB such as self-sacrificing and existing coping strategies that Black women use such as spirituality/religion. This creates a space that is non-judgmental and nurtures rapport and understanding of the Black woman. Abrams et al. (2018) suggested increased awareness and attention to cultural, social, and historical factors impacting depression in Black women rather than attempting to decrease symptoms may make preferred coping methods become the standard.

The support of family and friends serves as another preferred coping mechanism for African American women (Wallace et al., 2021). Creating sister circles may be a

benefit as Black women tend to disclose more with women that they share likeness or connectedness to. According to Geyton et al. (2020), African American women who adopt the SBW archetype look at friendship and friend groups as a haven where they can speak and exist freely. In the sister circles or friend groups, the importance of the SBW archetype decreases and African American women can express their vulnerabilities and experiences (Geyton et al., 2020). Hall et al. (2021) concluded in their qualitative study that the SBW ideal is both a coping strategy and a barrier to utilization of mental health services for Black women. Social workers can work toward awareness and understanding when working with Black women by creating safe spaces of group interventions that increase talk and understanding and decrease stigma. Sister circles that allow therapeutic intervention in a non-conventional, relaxed setting could be progressive in decreasing stigma and getting Black women to share their experiences. Hall et al. (2020) also suggested development of public education and awareness campaigns to reduce stigma among Black women and enhance engagement in mental health services.

Summary

This literature review drew attention to the SBW stereotype/schema and how that desire to be perceived as strong has been impactful to psychological health of Black women. It also has highlighted a coping strategy that also serves as an obstructive communication method. The SBW stereotype/ schema and how Black women perceive it is impactful to mental health and illnesses such as depression, vulnerability, utilization of coping strategies, and self-silencing as a communication style was also presented. The research that has been reviewed displays a need for social work as practitioners to

develop alternate techniques in working with Black women who feel open to the idea of communicating about symptoms and seeking assistance. This literature has been important to my capstone project as it provided a foundation to support the lack of qualitative literature related to social work practice within my topic of interest. In the next section, I will identify the research design and data collection strategies for this capstone project.

Section 2: Research Design and Data Collection

Introduction

The purpose of this qualitative study was to explore Black women's perceptions of vulnerability and coping as they relate to mental health. I looked to understand how the SBW schema affected Black women's vulnerability and coping. The perceptions of Black women were the focus of this study because the SBW schema/stereotype has often been an obstacle to Black women seeking treatment. The goal was to use the data collected to further tailor evidence-based practice in the treatment of this specific population.

Research Design

I employed a generic qualitative research design (see Kahlke, 2014; Merriman & Tisdell, 2015) to explore Black women's perceptions and experiences of vulnerability and coping. I conducted this study to develop an understanding of how Black women perceived vulnerability as an influence on their coping. Additionally, the experiences of the Black women were used to identify if and how Black woman's self-perception of being a SBW interfered with their coping strategies. I also explored how the SBW stereotype impacted communication on vulnerability and coping between Black women. Exploration of the unique perceptions and experiences of Black women could create a deeper understanding of the barriers they face to mental health treatment. Additionally, exploring Black women's perceptions and experiences could create new vehicles of therapeutic intervention specific to this population.

According to Percy et al. (2015), generic qualitative inquiry is conducted to investigate people's reports of their subjective opinions, attitudes, beliefs, or reflections

on their experiences of things in the outer world. In this qualitative study, I explored experiences unique to Black women. Percy et al. stated that qualitative research is the approach to use if the researcher has a body of pre knowledge/pre understandings about the topic that they want to be able to describe from the participants' perspective more fully. As a Black person, I am familiar with the constraints of vulnerability influencing my coping strategies and my experiences. According to Sanjari et al. (2014), the qualitative method is used to explain, clarify, and elaborate the meanings of different aspects of the human life experience. Specific use of the qualitative approach allowed me to develop detailed meaning from a collective of Black women's experiences instead of me alone.

Methodology

Prospective Data

I interviewed the participants to collect data for this study. I conducted hour-long interviews of 20 Black women who were 18 years or older. These interviews took place over Zoom meetings or the telephone and audio recorded.

The concepts that comprised data in this study included variables, such as age, local of participants, and history of depression and/or anxiety. Concepts included the perceived exploration of how these women cope, vulnerability, and their awareness of the SBW stereotype. Outcomes were based on the perceived explorations of their coping strategies.

Participants

I used a purposive sampling strategy to recruit women who identify as a Black woman. According to Palinkas et al. (2015), purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest. According to Ravitch and Carl (2016), the goal of purposive sampling is to engage a sample who can rigorously, ethically, and thoroughly answer interview questions to achieve a complex and multi perspective understanding. The participants were 18 years old or older to gain an understanding of Black women in different stages of life. Additional demographic information collected included marital status, educational level, and any history of depression and/or anxiety. I used this information to see if any generalizations could be made or observed if there were significant differences that demographic factors could influence.

I recruited participants via social media platforms, such as Facebook, because this was an easier method of sharing recruitment flyers to reach the target population. It was also a safer method regarding social distancing in the era of the COVID-19 pandemic. Black women were recruited from social media primarily from Texas and Louisiana because most of my connections on social media reside in that geographical area. Moreover, I wanted to focus my research on this area of the South because when conducting my literature review, I did not see that specific geographic location covered. The recruitment post invited women to participate in a study focused on coping, the perceptions of the SBW stereotype, and vulnerability as it related to mental health in Black women. The post included instructions on how to participate in the study.

Additionally, I sent a follow-up email that included informed consent information that explained the nature of the study and provided the option to participate in this study. Once they agreed to take part in the study, participants were provided with potential times and dates for interviews and scheduled a time for their interview. After the interview was scheduled, I sent them a link to a Zoom meeting via email. In an attempt to be cognizant of the COVID-19 pandemic, the data were collected via individual Zoom meetings to provide safe measures of social distancing.

The interviewing process lasted approximately an hour and included 12 participants. My decision was supported by the belief that saturation would be reached quicker in a smaller group and due to the time constraints of completion of the capstone. I arrived at the decision to use purposive sampling and a smaller sample size of participants because I believed there would be some redundancies and a common theme would be reached quickly within the participants' responses. According to Green and Thurgood (2004), most qualitative researchers conducting an interview-based study with a fairly specific research question find that little new information is generated after interviewing 20 people or so. Additionally, samples in qualitative research tend to be small to support the depth of case-oriented analysis that is fundamental to this mode of inquiry (Vasileiou et al., 2018).

Instrumentation

In reviewing previous literature and considering the SBWC theory, which is relatively new, and the foundations of the womanist theory, I developed semi structured interview questions that focused on participants' beliefs about coping and vulnerability as

well as their perceptions of vulnerability, coping, and communication about these topics. In the interview process, semi structured questions include specific questions asked to all participants but that may be asked out of order or followed with sub questions customized to each participant (Ravitch & Carl, 2016). During the interviews, I probed and allowed for further elaboration from participants for additional information that could be useful when analyzing the collected data.

Data Analysis

Data analysis in qualitative research is defined as the process of systematically searching and arranging the interview transcripts, observation notes, or other non-textual materials that the researcher accumulates to increase the understanding of the phenomenon (Wong, 2008). After individually interviewing the participants, I also documented my feelings, accounts, and insights. According to Akinyode (2018), this process simultaneously documents the collected data as well as the researcher's descriptions, feelings, views, insights, assumptions, and ongoing ideas about the subject matter.

After all interviewing was complete, I compiled all the interviews and began the process of transcribing the data collected. I typed up the audiotaped interviews verbatim and reviewed the participants' responses to the open-ended questions. In the transcripts key words that seemed to reappear were color coded in pink and any differences identified were color coded in green. I created a list of general ideas that seemed to reoccur within the data collected including the categories of vulnerability, coping strategies, and SBW. During the process of coding, I recoded as needed and added

additional categories if I saw a pattern emerging that constituted another category. This helped to develop the emergent themes. Thematic analysis can be used to analyze data collected through a qualitative survey using interviews that are semi structured to investigate the participants' subjective experiences of objective things (Percy et al., 2015).

In addressing the rigor of this study, I implemented precautionary measures, such as thick description. According to Ravitch and Carl (2016), thick description enhances transferability and credibility as it conceptualizes responses, so readers understand contextual factors to determine the validity of findings. In ensuring thick description, transferability to the research should be achieved to apply to future research, and this allows audiences of the research to transfer aspects of the study and make comparisons to other contexts based on the findings (Ravitch & Carl, 2016). Through fieldnotes and narratives, I provided my viewpoints on each interview and details related to what I observed within each interview shortly after. This practice guides the researcher in generating feelings and building themes (Akindoye, 2018). By taking notes, I detailed my feelings about each interview and observed the body language of participants when the questions were posed. I could also record if I observed hesitation or certain emotions.

Once the thematic analysis was complete, I conducted member checks to ensure that my analysis was accurate and the themes were aligned. Member checks or participation validation are used to assess and challenge the researcher's interpretations and accuracy of analysis (Ravitch & Carl, 2016). I arranged for a follow up with

participants as a debrief of sorts to go over the data and allow for the verification of the data collected.

I engaged in self-reflexivity by reflecting and challenging my personal biases regarding the data. This was completed by assessing my notes taken and the narratives that I wrote after each interview. I also journaled through this process to assess my feelings and assumptions to ensure they were not contaminating the research. This was of importance because I am a Black woman who identifies as a SBW and identified with participants as well as the data collected.

Ethical Procedures

In qualitative studies, researchers are often required to clarify their role in the research process (Sanjari, 2014). I established my role to all participants involved in the study. I provided informed consent to all participants of the study via email and included my phone number if they had questions or required additional clarification. Willing participants were asked to respond via email with their consent, if they chose to participate in this study. I arranged for time to explain what I was asking of them in sharing their experiences and the research's purpose. Additionally, to ensure confidentiality, I established pseudonyms for the participants and did not disclose any distinguishing information that could allude to the participants' identities. All data were password protected via computer, and I was the only one to have the password and access. Any written transcripts were protected in a locked file cabinet that only I, as the researcher, had access to. I also explained to all participants that after data were analyzed, all data would be discarded 5 years after completion of the project by shredding any

written transcripts or deleting any notes stored on a computer. This will minimize the possibility of intrusion into the autonomy of study participants by all means (Sanjari et al., 2014).

Summary

In this chapter, I highlighted the methodology used and why this approach was chosen. I wanted to capture that the experiences and perceptions of the Black women who were the voice of the study. Data were collected from Black women participants regarding their experiences with vulnerability and coping skills to understand how their vulnerability or lack thereof could influence their coping strategies.

Section 3: Presentation of the Findings

The purpose of this generic qualitative study was to explore Black women's perceptions of vulnerability and coping. Semi structured interviews were conducted to collect data. This study allowed Black women an opportunity to share their experiences and feelings regarding vulnerability and coping as well as their ideas regarding stereotypes of the SBW with potential to benefit how social work interventions are practiced as it relates to Black women. I used three research questions for this study:

RQ1: How do Black women perceive vulnerability as an influence on their coping?

RQ2: How does a Black woman's self-perception as a SBW interfere with coping strategies?

RQ3: How does the SBW stereotype impact communication on vulnerability and coping between Black women?

In Section 3, I review the data collected along with the analysis techniques used. The section also includes a discussion of the limitations, findings, and emergent themes. I provide a summary of the results in alignment with the research questions.

Data Analysis Techniques

After receiving Walden University Institutional Review Board approval (Approval No. 01-28-22-0611186) to conduct the study, data collection began February 2022. The recruitment period lasted approximately 3–4 weeks. The recruitment process involved posting an online recruitment flyer via social media asking women to respond via email if they were willing to participate. Approximately 30 women expressed interest

via social media. Twelve Black women expressed interest and emailed me. I sent them consent forms via email and decided to move forward with the first 12 women who completed the consent form because they met the inclusion criteria to participate. I then coordinated times with them to conduct interviews via Zoom. The individual interviews were scheduled for 60 minutes.

I conducted the initial interview to gather data for this study and transcribed the participant's responses verbatim to become familiar with the research process and transcribing. Once the first interview transcription was approved by my capstone chair, I conducted interviews with the remaining participants. After each interview, I began journaling to reflect and address my own feelings to minimize researcher bias. Ravitch and Carl (2016) stated that as researchers, when acknowledging biases and prejudices, there has to be active monitoring of subjectivities and how they influence the research. The journaling offered a way for me to remain in tune with my feelings and move forward with more objectivity.

I originally decided that I would interview all 12 participants. This decision was made because I wanted to include and capture all participants perceptions and experiences. Although I did achieve saturation by Participant 6, I wanted to complete all interviews in hopes of gaining emerging perceptions of the Black women interviewed.

Once the interview process was complete, I created a spreadsheet using Microsoft Excel to track and organize the data for coding purposes. I reviewed the audio recordings of the interviews from Zoom while transcribing the data into Microsoft Word documents. After all transcriptions were complete, I sent the participants a follow-up email to ensure

their voices were captured as well as to verify the accuracy of the data and my understanding of their responses through the process of member checking.

Once I was able to verify the accuracy of the transcribed interviews, I began the process of in vivo coding the data. This process took approximately 4 weeks to complete. According to Ravitch and Carl (2016), in vivo coding uses the participants' words to label data segments. Initially, I began open coding to process the data because some of the participants veered off the subject, which I realized during transcribing. I coded in the Microsoft Word documents as I went through the data by highlighting and color-coding key phrases from each participant. Ravitch and Carl identified highlighting or labeling sections of text as open coding. Once codes were derived from transcripts, I addressed each research question and recoded, or lumped words into categories that were used to identify the themes. According to Saldana (2016), lumping gets to the essence of categorizing a phenomenon. The purpose of doing so was to better answer the research questions. During the coding process, the codes began to muddle together, so I began a new process and recoded to obtain themes. I was able to determine 143 codes and nine themes.

Some of the limitations encountered when conducting interviews were participants adhering to the scheduled times of the interviews, schedule conflicts, and rescheduling. While conducting the interviews, I noticed some of the participants were more comfortable and easily able to share their experiences with me. This was both beneficial and a limitation because many times during the interviews some women veered

off topic. I also observed ease of communication, good eye contact, and the ability to create an environment like two girlfriends having a conversation.

Some participants answered questions speaking of Black women in general and not of themselves. Some participants were very candid and provided detailed experiences and passion, especially regarding the SBW stereotype. A noted limitation was the time many interviews were conducted. Many of these women are mothers and had interruptions during the interview process that caused some breaks in their thoughts and sharing. Another limitation may have been the number of interview questions asked. In hindsight, I realized some questions could have been condensed to decrease participant fatigue and keep their attention.

Findings

The findings provide an understanding of Black women's perspectives related to how vulnerability influences coping, their self-perceptions and how they influence their coping strategies, and the impact that the SBW stereotype has on communication. Additionally, some of the findings were correlative to the literature reviewed regarding Black women and coping strategies. The following subsections are organized by theme.

Sample Characteristics

Twelve women who identified as Black participated in the semi structured interviews. These women are all residents of either Louisiana ($n = 6$) or Texas ($n = 6$). Each woman was at least 18 years old, and participants' ages ranged from 27 to 46. Each woman held at least at least a baccalaureate degree. Nine women were married and three

were single. Five of the women were employed in health care, three were social workers, two were employed in business administration, and two were educators.

I refer to participants in this study by numbers (i.e., Participants 1–12) to maintain confidentiality and protect their identities. I used direct quotes from the participants to provide their most authentic voices.

Themes by Research Question

The analyzed data yielded codes that I broke down into themes to provide understanding and further address the research questions. The themes are: (a) vulnerability as a sign of weakness, (b) perception is shaped by society and culture, (c) real vulnerability can be an expression of strength, (d) Black women are comfortable sharing with women who look them, (e) society has shaped the idea of perseverance, (f) alone time is coping, (g) communication varies, (h) communicating happens where there is trust and nonjudgmental zones, and (i) give it to God or my therapist.

RQ1

Vulnerability as a Sign of Weakness. Vulnerability as a sign of weakness was the first theme, and it defines how the participants perceive vulnerability as displaying weakness. There was a reoccurrence among participants' responses that being vulnerable is negative because it was perceived as scary, uncomfortable, not doing something right, and the feeling of being judged. Eleven out of the 12 participants responded that vulnerability was a negative sign, specifying weakness. Participants 6 and 10 stated that in feeling vulnerable, they have to put a mask on. Participant 10 went into detail stating,

We are so accustomed to not wearing our hearts on our sleeves because we don't wanna show our vulnerability that even when dealing with crisis and struggles you put on that good face and more so suppress those feelings and emotions when encountering others and it often, often is if it doesn't even exist.

Participant 7 added that, "we don't get a chance to do that because we are put in these situations where, oh you gotta carry on, you just gotta put aside your feelings for the sake of other people." This leads into the next theme observed as some of the perceptions have been shaped by culture and society.

Perception is Shaped by Society and Culture. Black history and how Black women carry strength have influenced how the participants cope and how they interpret vulnerability. Society has viewed Black women as strong, even creating a culture known as black girl magic. Stewart (2019) defined black girl magic as a celebration of Black women's power and resilience. Black women historically have had to endure tragedies and continue to push through. Participant 1 stated, "Allowing yourself to be vulnerable can be very scary. Especially as the African American culture we don't talk about our feelings." The reoccurrence of masking as it relates to how society shapes perception is evident with Participant 4 stating,

If we become vulnerable, it's almost like we shouldn't be and then our feelings, our thoughts are looked over. We should be this way because that's what society says, I'm supposed to be like this so then you secretly die on the inside because you're not able to be 100% transparent and then you're basically walking around

with a mask on, knowing that on the inside this is not I'm not being 100% of my true feelings at this point because I'm not supposed to be.

Throughout this study, the participants also voiced that society and culture have shaped the idea that requires them to handle it all. Participant 11 added,

I think a lot of times Black women, we walk around with a natural guard up because in the society which we live, we don't have a choice and whether it's been taught intentionally or not...throughout history we've had to be that way.

The participants voiced the idea of handling all has become the norm for Black women.

There is also a perception that vulnerability is not the narrative for Black women.

Although some Black women struggle with connecting vulnerability and the definition of what a SBW looks like, there is also a perception that vulnerability also exudes strength.

Real Vulnerability can be an Expression of Strength. Although the participants did see vulnerability as weakness, six of them perceived vulnerability as transparency and the ability to be truthful and honest with themselves. Participant 6 described vulnerability as “transparency, being honest, being open about your feelings,” while Participant 9 felt vulnerability required that she “had to trust and that's the key point is trusting somebody that you can open yourself up to.” Additionally, vulnerability was perceived as acceptance, whether it was self-acceptance or accepting that perfection is not normal. The participants felt it was ok to drop their guard. Most of the women felt they could display vulnerability with those they trusted. This leads to the following theme that Black women are able to share with those who look like them.

RQ2**Black Women are Comfortable Sharing with Women Who Look Like Them.**

Some of the participants in this study verbalized that identifying as a SBW can hinder sharing with others. However, when around those who look like them, they feel more comfortable in sharing how they feel. Sharing feelings is often viewed as a coping strategy. Participant 3 stated, “I think that label makes it easier to communicate it with people that are just like you, so with other black women as strong.” Participant 1 shared, “I feel more comfortable talking to my African American peers about it than I do some Caucasian peers.” Participant 4 shared,

I feel like I could only really discuss it with other Black women. Because other Black women are dealing with the same stigma, they understand. They get it because they feel they have to carry it as well. So, I can only really connect with women of the same race.

Additionally, there has been a misconception that self-identified SBW do not go to therapy. Participant 3 stated,

Being a strong black woman is like: you don't need counseling, you can figure it out, or you don't necessarily need to be on medication for your depression and anxiety...Just figure it out. Either deal with it, let it go or talk to somebody else, like somebody else in your family.

However, in this study some participants verbalized therapy as a way of coping.

Participant 4 stated, “that has definitely been a big part of my coping skills is to go to someone that looks like me.” On the other hand, Participant 9 stated that she tried

therapy, but could not continue because “she wasn’t us, that was the problem.” While the participants did voice that they are more prone to share with another Black woman, a shared coping strategy was also identified: the self-sacrificing method of coping which is pushing through.

Society has Shaped the Idea of Persevering. While some of the participants did not feel that identifying as a SBW influenced how they personally cope, there was a reoccurrence that the label itself or living up to it has created the ideology of pushing through and just carrying all. Participant 11 stated, “Stems back to the stereotype of what a strong black woman should be because I’m strong I shouldn’t feel certain things, or you have to let that roll off because you’re gonna bounce back no matter what.” Participant 10 stated, “overcoming the current circumstances and pressing and pushing forward despite, kept me strong.” Participant 8 stated she was “told growing up, like we have to be strong.” Participant 11 stated, “you can cry about it and then you need to wipe off your tears and handle your business because that’s what you do.”

This led to a subtheme recognizing that some Black women create facades as a way of coping. Creating these facades is a way of faking it until you make it. This relates to pushing through and learning to press forward and create false resiliencies. Participant 1 shared, “taking care of, still holding it together, not looking like you’re falling apart.” Participant 2 added, “I handle my business on all levels. I might fall sometime but I pick it back up you know. I, I try to mirror what I was taught, very hard, hard on myself.” Participant 8 mirrored some of Participant 1’s response, saying,

We want the world to see that we're strong but, on the inside, we're broken, and we're torn apart and we're falling apart...faking the strongness all day long you're going home breaking down the minute you walk in the door.

An overwhelming response to what a SBW looked like was in the way participants spoke to what has been taught to them and historically how Black women have continued despite their circumstances. Participants identified that they often feel they have no other choice. They identified the ability to push through and just keep going.

Alone Time is Coping. Another way of coping that echoed across was isolation and creating time for self. Many of the coping strategies included different ways they employ self-care, though alone time was a common theme. Participant 2 stated, "I don't mind being alone, like I don't mind being...alone. I guess it does get to me sometimes...because I don't have anybody else." She also reported that her alone time has contributed to overeating and weight gain. As many reported that alone time was a way to cope, they did not feel that being a SBW influenced that nor any other method of coping. They were unable to identify the significance of how isolating can be a direct result of carrying it all and living up to being SBW. This led to the following themes regarding communication.

RQ3

Communication Varies. The women in this study voiced that how much they communicate depends on who they are speaking to in how much they are willing to disclose. While most of the participants felt that they communicate feelings of depression and/or anxiety with women of color, they communicated more with friends than family

member. Participants felt that Black women could understand more. Participant 1 shared, “for years I didn’t tell family members about my depression and/or my anxiety. I used to be ashamed of it.” Participant 3 also voiced feeling shame. Participant 6 shared that she communicated with,

Just with family. Honestly, I don’t like to let them know. When it comes to my mom or my sister. They think I have everything under control. My friends I do let them know but not the extent of it. I don’t really go into detail.

Participant 7 shared, “when I speak to my friends and family, I don’t go into that much detail because...with my family, they’re like you get through it. So, with my friends.”

Additionally, most of the women shared they prefer communicating with friends instead of family. This communication with friends or sister circles is in part to the fostering of safe zones that leave the women free to express how they feel with less fear of being judged. Participant 8 shared, “So, I would say there are some people I can be more in depth with.” What and who these women disclose is heavily influenced by who helps to foster safe zones; zones that allow permission to be heard and not judged for dropping the armor.

Communication Happens where there is Trust and Non -judgement Zones.

There was an overwhelming response to communication with trust. Participants felt they could be transparent. Participants also voiced that they communicated more with honesty and transparency when they felt they were not being judged, judgment free zone.

Participant 4 shared that she can communicate in “relationships where you feel safe and protected” and “I have certain friends, judge free environment. an environment where we

could be transparent.” Participant 10 stated, “I’m very open with my friends they understand and its always judgment free.” The women in this study perceived that communication was easier with Black women because they felt Black women understood them, their struggles and would offer support and promote transparency in communication.

Give it to God or my therapist. There is a generalized notion that dates to slavery that has transcended generationally. In the Black community, Black women particularly, caste all their burdens unto God. Ellison and Taylor (1996) argued that research has indicated a greater occurrence in Black women of using religious coping through forms of prayer and reliance on God (as cited by Cokley et al., 2013.) Participant 12 stated, “God...won’t give me more than I can bear.” Participant 8 also reiterated,

God is everything, so you take everything to God. Counseling, therapy. That wasn’t a thing. Growing up I did battle with depression, and I kept it in for the longest.

However, it also emerged that some of the women have sought communicating their feelings with a therapist. Participants 1, 4, 5, and 6 verbalized that they have communicated and found it easier to navigate through a therapist.

It is important to note that the increased use of religion to cope and communicate emerged as teletherapy became a primary method of therapeutic interventions. Participant 6 stated,

During the pandemic, I'd have to say I have leaned more towards my religion. As for reading the Bible or this app I have on my phone I listen to daily just to kind of meditate on the word before I start my day or before I end my day.

Participant 7 also noted, "I had started turning to God more." There is also an occurrence that the women in this study used the method of coping that was learned from family.

They went back to reading the Bible, trying to affiliate within religious groups for guidance and understanding. They read scripture as a way to decrease depression and/or anxiety associated with the pandemic. Many voiced feelings of increased connectedness with God or feeling peace after the reconnection with religious ways of coping.

Unexpected Findings

During the data collection process, I had to impart objectivity and not allow my experience as a Black woman to color the research with my personal narrative. When I was interviewing the participants, I allowed them to provide rich detail, not interrupting their thoughts. During the process, I did find a few unexpected findings. It was interesting that out of all the participants, 2 of the 3 social workers did not identify with the SBW label. When asked if she described herself as SBW, Participant 7 responded,

NO! because I don't like being labeled. That's my main thing, I don't like...I have a thing about control. I don't like people to control me. You don't put this label on me because I'm gonna be who I am and if something is bothering me or if I don't like this, I'm not gonna subscribe to the stereotype of the Black woman. Like I'm just a Black woman going through my journey. So that's kind of how I

like to preference stuff for people...I am not a strong Black woman, I am just a Black woman going through my journey.

Participant 8 stated,

I don't. Again when, when I think the strong, I always think of like what we go through as women and especially as Black women and, and it goes back to what I said...you're so resilient, you're phenomenal. I tend to stay away from the strong word because it just has so many negative aspects to it.

Additional unexpected findings were in the dissection of the SBW in the Black community. It was interesting to get perspectives that discuss the "respect given to certain types of strong Black women." Participant 3 brought up an interesting viewpoint dealing with skin color and the strong black woman. She reported,

It's also kind of like a catch 22 because there's like being a Black woman but then there's I like for me oh your skin's not dark enough, you're not Black... or from a Caucasian woman, your skin's too dark. So, you know, you're kind of like stuck in the middle in a way almost.

Participant 10 also discussed the difference in educated and non-educated strong black women. She stated,

"I've noticed that difference in a nonprofessional strong Black woman and how they're viewed, and the views of those women are sometimes different than how... they're less intimidating to people than an educated, professional strong Black woman especially within the African American community. Educated professional strong Black woman can be viewed as often viewed as stuck up,

dismissive and so on and so forth yet your uneducated, nonprofessional, holding it together strong Black women are viewed as the face of a Black woman, this is a true Black woman. Like it's ok, for the uneducated, single mother of multiple children with multiple baby daddies doing everything she can to make ends meet be strong but a professional, educated woman is viewed differently when she's being strong.

Participants collectively felt that the strong black woman stereotype has not been defined by Black women. There was agreement that Black women should seek to educate themselves and others about what the many facets of SBW looks like. Lastly, Black women should not be boxed into what society has defined it as.

Summary

In this section, nine themes gave more meaning of Black women's perceptions of vulnerability and coping strategies as it relates to communication. The themes were: (a) vulnerability as a sign of weakness, (b) perception is shaped by society and culture, (c) real vulnerability can be an expression of strength, (d) Black women are comfortable sharing with women who look them, (e) society has shaped the idea of perseverance, (f) alone time is coping, (g) communication varies, (h) communicating happens where there is trust and nonjudgmental zones, and (i) give it to God or my therapist. In identifying coping strategies of Black women, I learned what created better environments that would allow Black women to be vulnerable and open to communication. Black women were able to provide their personal experiences through rich, meaningful details in semi structured interviews, where data were collected. Participants addressed how their

perceptions of vulnerability influenced their coping. Additionally, they provided rich insight regarding how their perception of the strong black woman interferes with coping strategies. Lastly, they described how the SBW stereotype is impactful to communication on vulnerability and coping between Black women. Section 4 will present how the findings in my research are applicable to the practice of social work, understanding of the Black woman in relation to mental health and the promotion of social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative study was to explore Black women's self-perceptions of vulnerability and coping. The objective of this study was to obtain a clearer understanding of Black women's perceptions of vulnerability and coping strategies relative to the SBW stereotype. Qualitative research provides detailed understanding regarding human experience that cannot be accounted for in quantitative research. When using the qualitative approach, a researcher collects data based on the participants' experiences of the subject matter. During the semi structured interviews, the participants in the current study provided rich, meaningful experiences in their own voices and their narratives of a Black woman's experiences with vulnerabilities and coping.

As a Black woman and social worker, I wanted to close the gap in knowledge on this topic because there is limited understanding of Black women's perspectives related to mental health (see Nelson et al., 2020). According to Nelson et al. (2020), little research has been conducted to assess the connection between the SBW role and Black women's help seeking for mental health. To understand and effectively build treatments and interventions tailored to Black women, I conducted semi structured interviews seeking clarity and exploring Black women's self-perceptions of vulnerability, coping skills, and the SBW stereotype. The participants in this study were 12 Black women from Texas and Louisiana. The findings revealed the following key themes: (a) vulnerability as a sign of weakness, (b) perception is shaped by society and culture, (c) real vulnerability can be an expression of strength, (d) Black women are comfortable sharing with women

who look like them, (e) society has shaped the idea of perseverance, (f) alone time is coping, (g) communication varies, (h) communicating happens where there is trust and nonjudgmental zones, and (i) give it to God or my therapist.

Black women's perceptions of vulnerability and coping strategies shape how and if they reach out for mental health treatment. I used a qualitative research design to explore the self-perceptions of Black women in Texas and Louisiana and how vulnerability and coping strategies may impact how or if they communicate how they feel. Use of the qualitative method in this study allowed me to develop increased knowledge through in-depth participant interviews to collect Black women's viewpoints. I developed a deeper understanding and more detailed perspective of what Black women consider vulnerability and what makes them feel vulnerable. I also gained more understanding regarding their use of coping strategies, when they feel safe, and if being a SBW had any implications for how they communicated. My goal with this study was to develop a better understanding of the topic to improve mental health treatment for Black women.

In this section, I describe the coping strategies of Black women and how Black women's self-perceptions of vulnerability may impact the ways in which they cope. The section also contains a discussion of how this study has the potential to provide additional ways to intervene in therapeutic treatment and provide a community of clinicians that identify with Black women, so their treatment has better outcomes.

Application for Professional Ethics in Social Work Practice

I conducted this study to address a research gap that may be impactful to social work. Gaining knowledge relating to the Black woman's perspective is important because it can be used to develop treatment methods that may effectively promote positive mental health in the Black community. Addressing how Black women perceive vulnerability and coping strategies may lessen the shame they feel in reaching out for professional mental health treatment. Hall et al. (2021) suggested that despite research showing higher rates of depression and mental illness in the Black community, the underuse of professional mental health services among Black women has been clearly illustrated throughout the research literature. The use of mental health treatment has been taboo in the Black community, and with the influence of the SBW stereotype, Black women have been silenced on many occasions when they needed treatment or assistance in developing healthy coping strategies. Researchers have found that only seven % of Black women with symptoms of a mental illness sought treatment (Abrams et al., 2019). According to Abrams et al. (2018), a positive association between the SBW schema, depressive symptoms, and self-silencing facilitated a SBW schema-depressive link. The findings of the current study aim to increase understanding, empathy, and strategizing to develop treatment interventions that address the specific needs of Black women.

There has also been a disparity in research efforts about Black women because they have been often generalized and grouped with Black men or not equal to White women (Cole & Pasek, 2020). Researchers have overlooked Black women, not specifically placing research interests on this unique population. According to Coles and

Pasek (2020), this can be attributed to invisibility because the prototypical woman is a White woman, and the prototypical Black person is a Black man, which results in not researching or addressing concerns and problems unique to Black women. Amalgamating findings also leads to overlooking specific findings related to Black women. Black women represent a marginalized group who have experienced discrimination and oppression due to skin color and gender.

According to NASW (2022), social workers create social change with such activities as providing information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people that seeks to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Research is a vehicle to provide information and a foundation from which to implement services and resources in communities and provide stakeholders with staunch support to create programs and structural changes. With this study, I looked to encourage social change that could allow social workers to foster environments where Black women feel safe to be vulnerable and employ coping strategies to promote improved mental health. Additionally, I looked to break down the societal view that a SBW's strength is just enduring. This viewpoint has created barriers for treatment that serve as an injustice to Black women. According to NASW (2022), social workers challenge social injustice. If my study provides insight into what Black women really think, then it creates the conversations that need to be had in how social work practice can reach Black women and truly be of service to them.

Integrity and trustworthiness are also central to the ethics of social work practice. The Black women participants in this study collectively voiced that increased vulnerability comes with trust and feeling safe. During the research process, I built an environment to encourage transparency and trust. Social workers understand that relationships between and among people are an important vehicle for change (NASW, 2022). Learning about and capturing the voice of these Black women participants in this study can dispel some of the misguided myths about Black women. This study has the potential to be used to create objectivity with a focus on treatment and develop approaches to working with Black women clientele that are culturally sensitive and display a deeper knowledge of the Black woman's experience.

Recommendations for Social Work Practice

Based on the findings, I recommend that actions steps should be taken to further understand Black women's perceptions of vulnerability and coping strategies to inform social work practice. During the literature review, I examined academic articles to gain a deeper knowledge base of concepts and issues in the social work profession specifically related to Black women. The research questions were developed to further understand and be able to enhance practice that may specifically benefit Black women and efforts to promote their positive mental health.

The initial action step to be taken is developing cultural humility workshops for both persons of color and non-Black social workers to understand how Black women communicate, both verbally and nonverbally. These workshops should include a diverse collective of those in social work practice. There should be a focus on and education

regarding how sister talk has potential effectiveness at creating safe spaces for Black women to be vulnerable and transparent, resulting in them being receptive to mental health assistance from professionals.

Another action step is developing continuing education that increases knowledge on how to approach Black women in therapy. An area of focus to include is dispelling myths surrounding the SBW stereotype. Often in therapeutic settings, there are misconceptions about Black women that can lead to a breakdown in how to approach a therapeutic milieu with them (Bauer et al., 2022). Black women may experience greater barriers to the development of alliances in individual or group therapy given stigma related to mental illness, negative attitudes toward mental health treatment, and mistrust of mental health providers, stemming from the historical and ongoing mistreatment (e.g., therapists ignoring concerns, minimizing symptoms, exhibiting bias or microaggressions) of Black/African American communities by medical and research institutions (Bauer et al., 2022). This often leads to disengagement, poor interaction, and a less than positive perspective regarding therapy.

Black women are more likely to engage in religious coping practices than seek professional mental help because they have viewed religion and spirituality as a vital coping strategy (Avent Harris et al., 2019). Specific to clinical social work, the findings in this study can be used to help create treatment plans that bridge spirituality and evidence-based practice interventions in social work. Within social work practice, practitioners should aim to provide treatment specific to the individual client. There has been a lack of evidence-based interventions formulated with Black women in mind. Very

little attention has been given to examining how the SBW ideal affects Black women's beliefs about seeking mental health treatment (Hall et al., 2021). According to Hall et al. (2021), research focused on developing public education, awareness strategies, and engagement activities to reduce stigma for Black women is sparse. I hope the results of the current study lend understanding to Black women in treatment and leads to the creation of new ways to help them navigate through improved mental health.

Social work practice allows practitioners to recognize the crucial importance of human relationships while working with vulnerable populations. Initiatives could be implemented in the health care setting by increasing cultural humility. Additional efforts could be taken in community action. The results of this could provide initial insight into questions such as:

1. Why do Black women not report domestic violence?
2. Why do Black women not seek assistance from law enforcement?
3. Why do Black women not consistently seek medical care as often as their White counterparts?

The findings of this study also could lead to working with social work advocates in the community to dissect and dispel the socioeconomic stereotype of the kind of Black women assisted. Finding the target areas where resources are lacking or highly stigmatized as a result of this study has potential to improve practice and relationships with Black women, resulting in their improved mental health.

Limitations

One limitation of this study was related to how responsive the data analysis was to the field of social work and practice. Due to the open-ended nature of the interview questions, the participants had more control over the content of the data collected. With this in mind, there is a question of transparency in responses, and this leads to the potential to question the validity of the research. Ravitch and Carl (2016) discussed evaluative validity as the researcher being able to understand data without being evaluative or judgmental. Being a Black woman researcher interviewing Black women participants had the potential to influence the participants' responses and how I interpreted the data. This potential could possibly minimize the usefulness of the study because it is seen through the eyes of Black women and is only about Black women. Although social workers aim to provide treatment to all, this study may seem subjective and only contribute to the advancement of mental health efforts and understanding of Black women.

Dissemination and Future Research

Further research efforts should be constructed around the unexpected findings of this study. In conducting the interviews, I uncovered some interesting findings; of particular note, was that the SBW stereotype was not welcomed or endorsed by some of the participants, especially those in the mental health fields. Additionally, there was an interesting spin on the types of SBW who are more accepted within the Black community. There was the viewpoint regarding the educated SBW versus the uneducated SBW. The perspective of respect in the Black community and how it is different for SBW

who financially struggle versus those who are educated and successful. There was also the discussion of the plight of light-skinned SBW versus dark-skinned SBW.

A possible future research effort to explore is the different socio-economic classes of SBW and how socio-economic status influences their ability to reach out for help. The results of this study can be disseminated by providing information to stakeholders and community leaders to decrease stigma for Black women reaching out for help and developing resources in all socio-economic neighborhoods. There is a stereotype of the kind of Black women that needs help, often identified with poverty and limited access; however, the participants in this study that have allowed vulnerability to influence whether they accessed resources were not defined by their poverty level.

Exploring colorism and the SBW stereotype is also a research effort I would like to delve into due to the unexpected findings of the current study. An ideal way to disseminate the findings would be in informal roundtable presentations because this topic of colorism has been sensitive in the Black community since slavery. Seminars in community centers, university settings, and churches have the potential to reach different types of Black women. Due to the strong spiritual ties in the Black community and the use of spiritual leaders over mental health professionals, collaborative efforts with churches could also prove to be beneficial.

Implications for Social Change

This research can be impactful on social work practice on multiple levels. The recommendations also benefit social work practice because they promote social change. The findings in this study can strongly influence the cultural element of social change.

The goal of social change is to improve human interaction, promote societal growth, and impart transformation for the good (NASW, 2022). My research findings provide insight, awareness, and foster community engagement by gaining understanding of the culture of Black women. According to the NASW (2022), social workers promote social justice and social change with and on behalf of clients. Social workers have an ethical responsibility to the communities they serve and seek to promote the responsiveness of organizations, communities, and other social institutions to individual need (NASW, 2022). This can be achieved on the macro, micro and mezzo levels of social work.

On the macro level, the findings of this qualitative study can be used by social workers to work on a larger scale. The findings, specific to the Black woman's perspectives, can be used to change or repair the long-standing negative views of and about Black women and increase efforts to reach them and provide resources that balance improved mental health in these communities. According to the NASW, social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. This can occur in community-based educational programs and improved community advocacy for the many faces of Black women. A further initiative could be community involvement in providing forums to discuss the issues plaguing Black women and their mental health with the goal of developing involvement and discussion, so programs are developed, such as sister talk groups lead by and involving Black women.

The micro level involves family, friends, and supportive agencies. The findings of this research suggest that Black women are vulnerable and seek support from women that

look like them. Social workers, specifically those in private practice, can provide specialized services that focus to needs of Black women, in individual therapy and group therapy. Weekly group therapy efforts provide community, increase transparency and would be a way to build community for these women. The idea of community lends to the idea of not being alone in this, knowing there are people that they can reach out in the event of crisis. Social workers can also host health fairs that change perspective and provide links to resources at this level.

The mezzo level is secondary to the micro level. Specific to the findings of this research, social workers can plan and meet with local churches to bridge the gap and incorporate religion beliefs and preservation and mental health practice. Additionally, social workers can reach out to domestic violence safe havens and women's shelters to advocate and educate about coping strategies as well as provide mental health services and case management to decrease barriers of reaching out for professional assistance.

Summary

While many Black women sit in silence and struggle through mental health issues for fear of ridicule, it was important to develop a deeper knowledge base and understanding of their views of vulnerability specifically, current coping strategies, and how and who they were communicating with. Understanding the populations served is key to social work as it affects service. Social workers' primary goal is to help people in need and address social problems (NASW, 2022). Exploring Black women's vulnerabilities strengthens social workers approach in decreasing barriers that prevent Black women from communicating when they need assistance. The findings of this

research provided themes to create a deeper understanding of how Black women's perception of vulnerability, coping strategies, and communication impact current mental health treatment. The knowledge gained from this research project advances social work practice with deeper understanding in treating Black women as well as efforts to decrease stigma that Black women share in regard to communicating their needs relative to mental health. On a large scale, this scholarly contribution sheds light on perspectives to create social change.

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Appendix: Interview Questions

- What does being a strong Black woman mean to you?
- What does vulnerability mean to you?
- Would you describe yourself as a strong Black woman? Why or why not?
- Describe how feeling vulnerable affects expressing your feelings of depression and/or anxiety?
- With whom are you most comfortable verbalizing feelings of depression and/or anxiety? What makes them most comfortable?
- What is your experience with verbalizing feelings of depression and/or anxiety with family? With friends?
- How does the label of being a strong Black woman influence with whom and how you communicate about feelings of depression and/or anxiety?
- Does the verbiage change depending on who you are talking to? If so, how?
- Describe coping skills that you use to address feelings of depression and/or anxiety?
- How does the label of being a strong Black woman influence your use of coping skills?
- Is there anything else you would like to share about the strong Black woman stereotype, coping, or communication about vulnerability?