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## African American Women's Experiences Coping with Stress Through Community-Based Services

DeLisa V. Procks  
*Walden University*

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# Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

DeLisa V. Procks

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2023

Abstract

African American Women's Experiences Coping with Stress Through Community-Based

Services

by

DeLisa V. Procks

MA, Coppin State University, 2015

BS, Morgan State University, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human & Social Services

Walden University

April 2023

## Abstract

Few studies have studied how community-based services (CBS) work to mitigate the strong Black woman image (SBWI) coping mechanism for Black women to improve their mental health. The purpose of this generic, qualitative study was to understand the experiences of 10 African American women, ages 18 and older, who identified with the SBWI and had received CBS to address their stress-related coping strategies.

Transactional theory of coping with stress and the SBWI approach was used as the framework to help explain how stress in terms of the SBWI impacted the response of the African American women within their environment. Data were analyzed and produced using Adu's step-by-step Microsoft Word method to identify codes that produced eight emerging themes: exhibiting characteristics of the SBWI is a coping mechanism, the use of generational and historical factors as additional coping mechanisms. Coping methods have both positive and negative health implications. There are some benefits evident with using SBWI as a coping mechanism, and also liabilities with using elements of SBWI as a coping mechanism. Women also use CBS as coping mechanisms, CBS as a coping method provides some benefits, and the use of CBS comes with potential liabilities. This study provides better understanding of how African American women cope with stress-related problem. The findings may develop an awareness of the African American women's coping style to improve their quality of life and promote the quality of care within the human and social service profession.

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## Dedication

I would like to honor the Lord for allowing me to achieve a goal that seemed impossible on several occasions. Learning that I was diagnosed with stage 2B colon cancer, undergoing surgery, and chemotherapy prior to this accomplishment was the driving force for me to work hard at achieving this victory. I could not have done this without the Lord walking with me every step of the way.

I would like to dedicate this dissertation to all of the dedicated participants who made this dissertation possible. I would also like to dedicate this dissertation to all of my RYD partners, A.K.A. BUTTERFLIES! Your prayers and words of encouragement kept me strong enough to endure this challenging endeavor. I want to especially take this opportunity to acknowledge Ms. Satya Gregg (Lady Tee), Dr. Lisa Paul (my niece), my beautiful Queen, Mamie Procks, and my amazing daughter, Destini Baker for leaving me with no choice but to finish strong. Thank you, Lady Tee, for attending every doctor's appointment and advocating for me when I did not have the strength to advocate for myself during my illness. Thank you, Dr. Paul, for being my eyes, spending hours proofreading, laughing, and reading some more while achieving your doctorate degree.

I dedicate this dissertation to my first chair, Dr. Tracy Jackson for being my voice! Your guidance and wealth of knowledge encouraged me to manage this process effectively and efficiently. Lastly, I dedicate this dissertation to the entire RYD Healing Team and Pastors Roderick & Veronica Robinson for inspiring me to "keep going!" Apostle Dr. K. Bethea, you were an amazing mentor! Thank you for your words of wisdom! Thank you, Ms. Glenda Curtis, for sharing your platform with me! You're next!

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## Table of Contents

List of Tables .....	vi
Chapter 1: Introduction to the Study.....	1
Background of the Study .....	2
Problem Statement .....	4
Purpose of the Study .....	5
Research Question .....	5
Conceptual Framework.....	5
Nature of the Study .....	7
Definitions.....	8
Assumptions.....	9
Scope and Delimitations .....	10
Limitations .....	11
Significance of the Study .....	11
Summary .....	12
Chapter 2: Literature Review .....	14
Literature Search Strategy.....	15
Conceptual Framework.....	16
Transactional Theory of Coping and Stress.....	16
Application of the Three Concepts of the Transactional Model.....	17
Variations of Stress-Coping and Transactional Models .....	19
Strong Black Woman Image.....	21

Literature Review Related to Key Concepts.....	24
Historical and Social Identity.....	24
Social Stressors.....	27
Health Care.....	29
Community-Based and Mental Health Services.....	30
Stress: African American Women.....	37
Spiritual and Support Systems.....	42
Mental Health in African American Women.....	44
Summary and Conclusions.....	47
Chapter 3: Research Method.....	50
Research Design and Rationale.....	50
Role of the Researcher.....	52
Methodology.....	53
Participant Selection Logic.....	53
Sampling Strategy.....	54
Sample Size.....	54
Instrumentation.....	55
Procedures for Recruitment, Participation, and Data Collection.....	57
Data Analysis Plan.....	59
Issues of Trustworthiness.....	62
Credibility.....	63
Transferability.....	64

Dependability .....	65
Confirmability .....	65
Ethical Procedures .....	66
Summary .....	69
Chapter 4: Results .....	71
Setting .....	71
Demographics .....	72
Data Collection .....	73
Data Analysis .....	74
Emergence of Codes, Categories, and Themes.....	76
Evidence of Trustworthiness.....	77
Results of the Data .....	79
Theme 1: Exhibiting Characteristics of the Strong Black Woman Image is a Coping Mechanism .....	80
Theme 2: Use of Generational and Historical Factors as Additional Coping Mechanisms .....	86
Theme 3: Coping Methods Have Both Positive and Negative Health Implications .....	90
Theme 4: There are Some Benefits Evident with Using the Strong Black Woman Image as a Coping Mechanism .....	92
Theme 5: There are also Liabilities with Using Elements of Strong Black Woman Image as a Coping Mechanism .....	96

Theme 6: Women also use Community Based Services as Coping Mechanisms	98
Theme 7: Community-Based Services as a Coping Method Provides Some Benefits .....	101
Theme 8: The Use of Community-Based Services Comes with Potential Liabilities .....	105
Summary .....	107
Chapter 5: Discussion, Conclusions, and Recommendations .....	108
Interpretation of Findings .....	108
Theme 1: Exhibiting Characteristics of the Strong Black Woman Image is a Coping Mechanism .....	110
Theme 2: Use of Generational and Historical Factors as Additional Coping Mechanisms .....	111
Theme 3: Coping Methods Have Both Positive and Negative Health Implications .....	112
Theme 4: There Are some Benefits Evident with Using SBWI as a Coping Mechanism .....	114
Theme 5: There are some Liabilities with Using Elements of SBWI as a Coping Mechanism .....	114
Theme 6: Women also use Community Based Services as Coping Mechanisms .....	116
Theme 7: Community-Based Services as a Coping Method Provides Some Benefits .....	116

Theme 8: The Use of Community-Based Services Comes with Potential	
Liabilities .....	117
Summary of the Findings.....	118
Relevance with Lazarus and Folkman and the Strong Black Woman Conceptual	
Framework .....	124
Limitations of the Study.....	128
Recommendations.....	129
Implications for Social Change.....	130
Conclusion .....	132
References.....	134
Appendix A: Interview Protocol and Interview Questions.....	160
Appendix B: Knowledge-Based Questionnaire .....	164

## List of Tables

Table 1. Participant Demographics.....	72
Table 2. Theme 1 Codes .....	81
Table 3. Theme 2 Codes .....	87
Table 4. Theme 3 Codes .....	91
Table 5. Theme 4 Codes .....	93
Table 6. Theme 5 Codes .....	96
Table 7. Theme 6 Codes .....	97
Table 8. Theme 7 Codes .....	100
Table 9. Theme 8 Codes .....	104

## Chapter 1: Introduction to the Study

Societal and stressful conditions repress African American women's coping mechanisms, which increases their risk for mental disorders and supports the need for health professionals to consider ways to reach this population (Haynes et al., 2017).

African American women frequently rely on informal coping mechanisms such as the strong Black woman image (SBWI), resilience, spirituality, and strength to cope with stress-related problems. In addition, African American women's cultural beliefs influence how coping with stress-related problems can lead to additional stress-related issues that present with depressive and anxiety disorders by upholding an image reinforced by their culture, which negatively impacts their mental and physical well-being. African American women in the United States display depression, stress, health conditions, and other chronic mental health implications that remain untreated due to disparities and health inequalities (Abrams et al., 2019; Chinn et al., 2021). These multifaceted symptoms have led to harmful effects on African American women's ability to positively cope with stressful problems (Green, 2019).

There is a need for further research on African American women's ability to effectively use positive coping methods to deal with stress-related problems after receiving counseling from a community-based program. Community-based programs are services that work in collaboration with traditional mental health programs to address multiple needs of individuals by developing interventions and providing resources outside of the healthcare system (Castillo et al., 2019). Since there is notable evidence that community-based services can improve mental health outcomes (Zimlich, 2019), this

current study will discuss how community-based and mental health care services can positively modify coping responses among African American women.

### **Background of the Study**

Over time, the strong Black woman phenomenon has negatively influenced African American women's intergenerational concept of coping (Hall, 2018). African American mothers have influenced their daughters' coping response to stressful situations such as relying on the SBWI to problem-solve stressful situations (Hall et al., 2018; Shefflery et al. 2019). The analysis of the SBWI and coping skills (self-reliance, suppression, silence, self-image, and strength) are essential positive coping mechanisms that embrace a self-reliance image and thus increase the motivation to leverage sociohistorical methods during hardship and stress-related situations (Stanton et al., 2017). The SBWI is a coping strategy that also leaves little room for African American women to show expression or emotions putting them at risk for health consequences (Watson-Singleton et al., 2017). These factors have oppressed their willingness to seek psychological services (Carter & Rossi, 2019). The SBWI has thus become a barrier to seeking therapeutic services to cope with stress (Davis & Jones, 2021; Haynes et al., 2017). For this reason, there is a need to have more sensitive models of health care and community-based services to teach African American women coping mechanisms and promote positive interventions to mitigate the lack of mental health service use and to help improve professionals' engagement in treating African American women more effectively (Woods-Giscombe et al., 2016).

Community-based programs provide psychosocial and biological interventions to rehabilitate individuals with mental health needs within the society where they live rather than in an institutionalized facility (Ozden & Coban, 2018). Traditional mental health services are similar in nature with the exception of individuals requiring hospitalization or long-term care. Community-based services and community health workers have played a critical role in global health care (Castillo et al., 2018; Ozden & Coban, 2018). Now, community-based services are recognized for their ability to improve access, inform cultural approaches to care, address mental health disparities, and combine their expertise with professional services to deliver evidence-based mental health practices equally, efficiently, and effectively (Weaver & Lapidos, 2018). The effectiveness of community-based and community-health-based support services has been identified in areas such as case management, counseling, mental health, and health care (Ayano, 2018). Several studies have shown that community services are effective in providing assistance to people with functional limitations (Kim et al. 2017). Moreover, community-based and mental health services are identified as improving the quality-of-care services and have gained increased recognition (Weaver & Lapidos, 2018; Zimlich, 2019) that can mitigate the stigmas associated with mental health and improve access to care within a community to improve psychological outcomes and quality of life (Ayano, 2018). This study generates knowledge that can lead to formulating innovative coping strategies for African American women to manage their stress-related problems using community-based programs and to modify their belief in relying on the SBWI.

### **Problem Statement**

African American women are often characterized by social beliefs that describe them as “emotionally strong,” which is the strong Black woman phenomenon (Liao et al. 2019). Accordingly, the SBWI has been a historical legacy that African American women rely on to cope with symptoms of stressors such as low socioeconomic status, racism, and societal oppression (Green, 2019). But living up to the SBWI can lead to damaging psychological and physiological effects resulting in informal coping mechanisms (Abrams et al., 2019; Watson-Singleton et al., 2017). Researchers have identified the need to explore the use of community-based mental health services among African American women (Nelson et al., 2021). Few studies have explored how community-based services work to mitigate the effect of the SBWI as a coping mechanism for African American women to improve their mental health (Hall, 2018; Hopkins, 2021). Most studies have focused on cultural or criminal stress-related factors (Link & Oser, 2018) or health-related, low socioeconomic, and intergenerational coping responses (Burman & Goswami, 2018; Hall, 2018; Oshin & Milan, 2019) rather than the coping strategies African American women use to enhance positive coping methods (Holt et al., 2018). Given such, this study was warranted to understand the experiences of African American women who have received community-based services to improve their coping strategies during stressful moments. The results provide knowledge that promotes community-based engagement awareness and can be used to enhance positive coping strategies among African American women when faced with stress-related problems.

### **Purpose of the Study**

The purpose of this generic, qualitative study was to understand the experiences of African American women, aged 18 and older who have received community-based behavioral health services to gain a deeper understanding of how they cope with stress after receiving community-based services. Understanding how African American women used community-based and human and social services to cope with stressful situations is important because African American women have relied on the SBWI as a coping intervention to target stress-related issues (Abrams et al., 2019; Green, 2019; Kennedy, 2017). This coping strategy causes African American women to experience increased psychological and physiological challenges (Castelin, 2019; Kennedy, 2017; Watson & Hunter, 2016). However, community-based behavioral health programs can help African American women cope with stress-related problems (Hughes et al., 2016).

### **Research Question**

How do African American women cope with stress-related problems after receiving community-based behavioral health services and how do they describe their experience?

### **Conceptual Framework**

In this qualitative study, I used the transactional theory of coping with stress and the strong Black woman approach as the framework for this study. Lazarus (1966) first developed the transactional theory of coping with stress, and Folkman and Lazarus further shaped and explained the transactional model's primary constructs in 1984. The transactional theory is a cognitive model used for stress and coping based on a system of

cognitive appraisal, response, and adaptation (Lazarus & Folkman, 1984). According to the transactional theory of stress, stress results in the imbalance of a person's inner and external conflict (Lazarus & Folkman, 1984), and it plays an essential role in an individual's coping selection. In this study, I used transactional theory to help explain the development of stress regarding the SBWI and the African American woman's response to her external environment. This theory offered a framework for studying African American women's individual experience of coping with stress and determined if coping strategies were able to affect cognitive appraisals of stressors and predict physiological and psychological responses to stress.

The SBWI was the second part of my framework. The strong Black woman is primarily known as a survival mechanism of African American women used to cultivate an image of strength referred to as the "superwoman syndrome" (Woods-Gisbome, 2010). This is a coping mechanism to counteract stress and negative influences of racism and societal characterization of how African American women cope with stress-related problems (Liao et al., 2020). The superwoman image, also known as the superwoman schema, is perceived by African American women as a positive reward for exhibiting traits of this phenomenon such as resilience, strength, and self-reliance (Jefferies, 2020). For decades, African American women were traditionally known for their tenacity, resilience, fortitude, and strength (Abram et al., 2019). The super Black woman construct consists of five core components: to feel obligated to present the image of strength, to suppress emotions, to be self-sufficient, to thrive to succeed against the odds, and to help others before oneself (Jefferies, 2020). Although African American women recognize the

superwoman image as a beneficial strategy for addressing stressors, the implications of this stereotypical construct are a façade to project strength (Davis & Afifi, 2019). This approach helped frame an understanding of the experience of African American who are coping with stress.

### **Nature of the Study**

The generic qualitative approach was used in this research. This design is flexible, and it offers insight, analytical techniques, and benefits to gain knowledge of the participants' experiences (Kennedy, 2016). The generic qualitative design provided a deeper understanding of the experiences of African American women who have received community-based services to improve their coping strategies during stressful moments. Generic qualitative design aligned with my research question because it did not claim allegiance to a single methodology approach. Additionally, the design added vigor and offered strategies to enhance the study's credibility, reliability, and validity (Korstjens & Moser, 2018). This qualitative design allowed for effective analysis of the raw data gathered through interviews (Oltmann, 2016). Data were collected using semistructured video or audio interviews with African American women who have received community-based services to cope with stress-related problems. Semistructured interviews can be an effective tool to help the researcher gain in-depth data of the participants' perspective face-to-face or online (Balushi, 2018). Due to this flexibility, it offered an advantage to achieve the study's objectives. I manually transcribed, recorded, and uploaded the interviews to the Otter App to ensure the quality and integrity of the recordings.

## Definitions

*African American woman:* African American woman is used to represent Black woman who represents the diaspora who currently lives in the United States. The African American woman is also a woman who self-identifies as having origins of African ancestral lineage or of any Black racial group and born in the United States (Spates et al., 2020).

*Community-based or Community-behavioral health services:* Services offered within a community setting that support the wellbeing of individuals. Community-based services are provided through a partnership between organizations and systems (Castillo et al., 2019). Community-based services are also organizations that coordinates health care services and implements treatment strategies and goals for patients throughout the program (Clinton, 2020).

*Coping:* The process of managing the cognitive forces and behavioral efforts involved in successfully managing internal and external demands when they are deemed to exceed a person's abilities (Lazarus & Folkman, 1984).

*Culture:* The attitudes and behavior characteristic of a particular social group and customs that impacts how a person relates to a society's way of observing, respecting, and communicating with the social environment (Wyche, 2020).

*Cultural background:* Linked to ethnicity and is defined as a shared set of morals, beliefs, and theories that is based on a common history, language, family orientation, and religion (Mitchell et al., 2019).

*Mental health:* Is a pervasive health care concern in the United States that includes emotional, psychological, and social well-being (Crowe et al., 2019).

*Psychological distress:* A state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life (Castelin, 2019).

*Stress:* The physical and mental demands against an individual's body. It results from one's reaction to outside events, not necessarily the events themselves (Baligar, 2018) and is difficult to treat (Hall et al., 2019).

*Strong Black woman:* An iconic identity in African American women that narrowly defines and encourages women to be self-sacrificing, detached from their own emotions, and reluctant to seek help for their own needs (Green, 2019). The strong Black woman is also a controlling image used by African American (Black) women to display a façade of strength (Davis & Afifi, 2019).

### **Assumptions**

There are a few assumptions I made in this study. The first assumption was that African American women would uphold the SBWI. I made this assumption because of the historical foundation associated with African American women and their perception of strength. The second assumption I made was that African American women would benefit from community-based services to cope better with stress-related problems. I assumed African American women would attend community-based behavioral health programs to improve their coping methods when dealing with stress-related problems because it could reduce the adverse effects of the SBWI.

The third assumption was that African American women would interview accurately and honestly to the best of their knowledge. I made this assumption because the study relied on the validity and accuracy of the data collected. Lastly, I assumed that first-hand data would be significant, accurate, and free from coercion. I made this assumption because transcribing the data provided an accurate recollection of information and eliminated biases.

### **Scope and Delimitations**

The delimitations for this study were African American women who had previously received community-based behavioral health services to improve their coping strategies during stressful moments after receiving community-based behavioral health services. Because the focus of the study included African American women aged 18 and older who had received community-based services to cope with stress-related problems, the study's results were limited and cannot be transferred to other ethnic groups or African American women currently receiving therapy. However, transferability of behavior and experiences goes beyond describing them, but also describing their contexts so that the experiences become meaningful to the observer (Korstjens & Moser, 2018). For this to occur, I provided a rich, detailed description of the participants and the research process. African American women were selected for this study to develop an awareness of their coping strategies, gain an understanding of their coping methods regarding stressful events, and to promote interventions that specifically caters to this population within the human and social service profession.

### **Limitations**

There were a few limitations to consider regarding the method, design, and data collection. This generic qualitative study consisted of a small sample size. Another limitation to this study was researcher bias. As an African American woman, I have relied on the SBWI as a coping method when faced with stress-related problems. Topic relatedness can influence how the interviews are conducted, perceived, and influence how transcripts are analyzed. Acknowledging this limitation demonstrated transparency to everyone involved in the research process and maintained integrity and credibility with the methods undertaken, research rigor, and reliability. I was aware that my personal biases could evoke emotional responses and present a limitation to this study. Therefore, I was mindful of reflectivity and journaled my opinions, biases, and personal experiences. I also avoided reflecting personal opinion, bias, and experiences to prevent misrepresenting the study and subjectivity of African American women who may be living through the effects of their coping behaviors. I did this by using semistructured interview questions to facilitate the interviews.

### **Significance of the Study**

This qualitative study aimed to fill a gap in the literature to understand the experiences of African American women who have received community-based services to improve their coping strategies during stressful moments. There is a need to define strategies to solve stress-related coping responses for African American women (Hall et al., 2018; Hughes et al., 2016). Due to limited research about coping moderators and the disparaging use of community-based services among African American women, this

study identified how community-based behavioral health services provided positive coping strategies for African American women when dealing with stressful problems versus using the SBWI coping method.

### **Summary**

This study filled a gap in literature by exploring how coping strategies provided through community-based services improved how African American woman managed stress-related problems. To date, much of the research on African American women and their reaction to stress and coping strategies have focused on the adverse effects and experiences of the superwoman syndrome or the strong Black woman image (Liao et al., 2019). Due to the low use of community-based and mental health services (Wright, 2020), further research was needed to examine community-based treatment utilization among African American women (Nelson et al., 2021; Hopkins, 2021). African American women tend to rely on the SBWI to cope, which has led to psychological and damaging physiological problems (Abram et al., 2019). By addressing the benefits of community-based services, this study may change the perception and historical belief of the SBWI and encourage African American women to seek professional help from community-based programs to better cope with stress-related problems.

Chapter 1 introduced the study, background, purpose of the study, problem statement, conceptual framework, research question, nature of the study, limitations, definitions, assumptions, scope, and delimitations of the study. Chapter 2 presents a synthesis of literature and evidence relevant to the purpose of the study regarding coping methods and the impact of the SBWI related to coping moderators, psychological, and

physiological barriers. Additionally, I discuss how African American women's historical perspective may have contributed to their resistance to receiving community-based services. Providing a thorough synthesis helps to narrow the gap in research and assist with identifying key concepts to demonstrate the positive outcome of utilizing community-based services. In Chapter 3, I outline the study's process through the research design and rationale for the study, methodology and sampling procedures, ethical procedures, data collection, and data analysis. I also discuss the role of the researcher in the study and trustworthiness.

## Chapter 2: Literature Review

African American women have been historically regarded as strong individuals. This social belief has led African American women to suppress their emotions and depend on the superwoman image as a coping strategy to respond to their stressors (Watson-Singleton et al., 2017). For decades, African American women have relied on the SBWI as a way of coping with conflict and stress-related problems (Liao et al., 2020; Spates et al., 2020), which has led to harmful health outcomes in African American women (Watson-Singleton, 2017). The utilization of coping skills by African American women (self-reliance, SBWI, self-image, and strength) reveals a tendency to cope with their sociohistorical and cultural influences established by familial historical coping methods, which inhibit their willingness to seek assistance (Green, 2019; Stanton et al., 2017). African American women's use of the SBWI to cope with stress-related issues has led to poor stress management, poor health, relationship problems, stress, and depressive symptoms (Haynes, 2017; Green, 2019).

Although there is literature about strong Black women coping methods on racial, socioeconomic, or criminal stress-related factors, there is minimal representation in the literature on the impact of community-based behavioral health services and how the services help African American women better cope with stress-related problems. The purpose of this generic qualitative study was to understand the experiences of African American women who have received community-based behavioral health services to cope with stress-related problems rather than relying on the SBWI. In the literature review, I analyzed the conceptual framework applied to this study. I concentrated on the

experiences and effects of the strong Black woman's historical belief of the superwoman's image, health factors, coping methods to handle stress, race-related theories, and the psychological effects that promote the SBWI. Following this discussion, an examination of the historical effects of the SBWI, the increase of negative implications on African American women's coping methods, and their objection to community-based services were assessed. I also review interventions used to cope with stress-related problems and the effectiveness of using community-based behavioral health programs to enrich African American women's coping strategies. The literature review concludes with a presentation of key research themes that highlight the gap in existing literature concerning African American women's coping experiences when positively directed by practitioners from community-based behavioral health services.

### **Literature Search Strategy**

This study synthesizes research on similar concepts, keywords, content, academic databases, and knowledge of the SBWI as well as coping strategies used to deal with stress. Online queries such as SAGE, Google Scholar search engine, HHS Public Access, PsychARTICLES, EBSCO, NIMH, and various academic search engines were used to search information for this study. Walden University Library's multidisciplinary database system, ProQuest Central, and CINAHL were other online strategy methods used to search literature review. The keywords used to conduct this review are as follows: *psychological stress, culture, depression, cultural background, community-based behavioral health services, strong black woman, coping, stress, and African American woman.*

Research that included demographic and statistical data on African American women's coping experience using community-based services were difficult to locate, which speaks to the literature gap. Therefore, the focus was on articles that contained phrases or keywords such as *Superwoman syndrome*, *robust Black woman schema*, *mental health-seeking among African American women*, and *health-related factors resulting from poor coping strategies*. The keywords provided a focus for the discussion and a direction for developing an in-depth literature review.

### **Conceptual Framework**

#### **Transactional Theory of Coping and Stress**

The conceptual framework of this study is the transactional theory of coping with stress and the SBWI. Lazarus and Folkman developed the transactional theory of coping and stress to explore the correlation between a person's coping ability and how it relates to stress. Coping is defined as the effort one makes in response to psychological stress (Lazarus, 1966), helping to adapt successfully to a situation (Lazarus & Folkman, 1984). In contrast, stress is a significant event or change that requires response, adjustment, or adaptation. According to transactional theory, stress occurs between people, their environment, and their situation (Lazarus & Folkman, 1984), and stress can lead to acute and chronic distress. Lazarus and Folkman's (1984) transactional model of coping with stress is primarily based on the element that people feel stress through thoughts, feelings, emotions, and behaviors because of external or internal events, which cause stressors to exceed resources and surpass the ability to cope. Moreover, the impact of stress or a trigger to a stress reaction depends on how individuals view the degree of stress and how

the effect of the event is perceived: stress cannot occur if there is no relevance or threat to a person; the individual will not feel stressed. Alternatively, a stress reaction will occur if a threat exists (Lazarus & Folkman, 1984).

### **Application of the Three Concepts of the Transactional Model**

For this study, the three concepts that formulate that context of the transactional model was further analyzed. The three concepts of the transactional model are as follows: the primary appraisal, the secondary appraisal, and the reappraisal. The primary appraisal is the regulation of emotions when confronted with a stressful situation (Folkman, 1982). The secondary appraisal involves changing the elements of stressful situations to solve the problem related to stress (Folkman, 1982). Though both forms can be utilized when confronting stress, their effectiveness depends on how the individual perceives the situation (Lazarus & Folkman, 1984). The following explanation of each concept will allow the reader to gain a better understanding of the transactional theory and justify the need to use these concepts for this study.

#### ***Primary Appraisal***

The primary appraisal is one of the cornerstones of the transactional model as it describes how a person assesses an event as potentially harmful to their well-being (Lazarus & Folkman, 1984). A primary appraisal involves assessing whether an event is relevant or stressful. According to Lazarus and Folkman (1987), there are three categories of stress: damage already done, threat based on anticipated harm, and a challenge indicating a possibility of mastering or gaining control over the stresses. In the primary appraisal, an obstacle is seen as a stress appraisal since people must respond accordingly

to the stressor for the desired result or risk harm attempting to experience or cope with the challenge or the stressor (Lazarus & Folkman, 1987). In the primary appraisal, motivational relevance is the extent to which a person's decisions affect their wellbeing. With motivational relevance it is critical to understand the impact of how the individual's decision-making influences their ability to respond to stressful situations and how it can affect their well-being.

### *Secondary Appraisal*

After completing a primary appraisal of one's ability to cope with their environment, a person makes a secondary appraisal of their ability to respond to the environmental consequences (Lazarus, 1999). The subjective interpretation of a situation largely depends on the individual's perception of how stressful it is and their belief that they possess the resources to cope (Lazarus & Folkman, 1984). The secondary appraisal is triggered based on how a person responds to harm, threat, challenge, or benefit from an event (Lazarus & Folkman, 1987). The second appraisal generates an emotion or meaning associated with the situation that allows the person to move from thinking to action (Lazarus, 1999). In the event that the individual acts on the situation and the risk appears damaging, yet the individual feels confident that this risk can be averted, they can proceed with the action and avoid the negative consequences, which will result in the threat becoming minimal or absent (Lazarus & Folkman, 1987). Furthermore, the secondary appraisal influences how individuals respond when coping with their thoughts and actions, influencing whether other options can diffuse the stressful relationship within the environment (Lazarus & Folkman, 1987).

### ***Cognitive Reappraisal Phase***

The cognitive reappraisal or reappraisal phase is a response strategy that uses cognitive control and executive functioning to change the meaning and emotional impact of stimuli, situations, and events in the environment. The cognitive reappraisal phase is one of the essential aspects of emotion regulation since it is flexible, and it involves changing the connotation of events induced by emotions (Lazarus & Folkman, 1984; Gross & Thompson, 2007). In other words, this phase determines whether the coping strategies employed were able to successfully mitigate the stress or if the dynamic of the stressful situation changed from stressful to irrelevant or benign positive (Lazarus & Folkman, 1984). If a reappraisal is used late in the emotion-generated process, it may become challenging to decrease negative emotion because the increased level of emotional activation makes it difficult to override the previously established cognitions or thoughts established (Gross & Thompson, 2007).

### **Variations of Stress-Coping and Transactional Models**

Over decades, researchers have argued numerous interpretations of coping with stress. According to Conway and Terry (1992), there are three different approaches to studying coping with stress: coping as an ego process designed to reduce emotional stress, coping as a trait, and coping conceptualized as a dynamic process proposed by Folkman and Lazarus (1980). Conway and Terry argued that Folkman and Lazarus's theory of coping mechanisms was problematic because it equates coping with mastery over stressful demands, and therefore the process and outcome of coping are conflated. Conway and Terry also argued that the second theoretical approach

of coping as a trait does not consider that individuals do not similarly respond to stressful events equally. Instead, Folkman and Lazarus (1988) concluded that an individual's cognitive appraisal of a situation influences their emotional arousal.

Despite criticisms of the theory, the influence of Lazarus and Folkman's (1984) transactional theory on psychological stress and coping remains significant and is at the core of research in multiple fields of psychological stress and coping. The transactional model is one of the most popular models that describes stress pathways proposed by Lazarus and Folkman in 1966 (Obbarius, 2021). For example, Yan et al. (2018) used the transactional theory of stress and coping and cognitive reappraisal to explore the effect of cognitive reappraisal before or after emotion-inducing events. Similarly, other authors such as Berjot and Gillet (2011) applied the theory to analyze the challenges and threats to identity (social and personal). Several other authors also used the transactional stress and coping model to explore how African American women cope with the stressful impact of daily situations, including the connecting effects of race, gender, social class, and their ability to handle the consequences for their physiological, emotional, and psychological well-being (Everett et al., 2010). African American women tend to use holistic coping methods with stress and cultural concepts to overcome barriers to succeed in life.

The transactional theory of coping with stress allowed me to understand the experiences of African American women coping strategies for familial stressors and the effect of cognitive-behavioral therapy in modifying their coping strategies and awareness (see Gaunt et al., 2018). In developing a better understanding of how African American

women conceptualize stress and cope with stress-related problems, the transactional theory of stress and coping model helped generate new findings that respect and value the voices of a group that is generally overlooked due to their stress experiences, coping strategies, and mental health. The work from this study aimed to contribute to future research, prompt new findings, and assist community-based programs in providing an experience that empowers African American women to develop alternative coping strategies to cope with stress-related problems.

### **Strong Black Woman Image**

The SBWI is the second part of my framework. The strong Black woman is primarily known as a survival mechanism of African American women used to cultivate an image of strength referred to as the “superwoman syndrome” (Woods-Giscombe, 2010). The image is a coping mechanism to counteract stress and negative influences of racism and societal characterization of how African American women cope with stress-related problems (Liao et al., 2020). The superwoman image, also known as the superwoman schema, is perceived by African American women as a positive reward for exhibiting traits of this phenomenon such as resilience, strength, and self-reliance (Jefferies, 2020; Woods-Giscombe, 2010). The super Black woman construct consists of five core components: to feel obligated to present the image of strength, to suppress emotions, to be self-sufficient, to thrive to succeed against the odds, and to help others before oneself (Jefferies, 2020). Although African American women recognize the superwoman image as a strategy for addressing stressors, the implications of this stereotypical construct are a façade to project strength (Davis & Afifi, 2019). The

superwoman image includes a pressure to cope with stress by appearing unbothered, which results from gender and racial discrimination and societal disparities (Szymanski & Lewis, 2016).

### **Historical Perspective on SWBI and Generational Influence**

The SBWI is a historical context created throughout generations among African American women. The strong Black woman concept is often taught to African American girls during childhood to prepare them for experiences of discrimination, societal rejection, family pressures, and leading roles such as in their family unit (Abram, 2019; Oshin & Milan, 2019). For decades, African American women were known for their tenacity, resilience, fortitude, and strength, navigating challenges while suppressing emotions (Abram et al., 2019). African American women maintain an appearance of resilience and strength regardless of what the stressors are as a survival strategy, which causes them to reject their own emotional needs (Etowa et al., 2017; Nelson et al., 2016). The SBWI can boost African American women's ability to adapt to environmental stressors but can also impose burdens that interfere with their ability to thrive in their day to day lives by neglecting their own emotional needs to continue to uphold the standards of the strong Black women's image when responding to stress-related problems (Watson & Hunter, 2016). The strong Black woman phenomenon mandates that African American women uphold a public image of strength (Davis & Afifi, 2019). The pressure placed on African American women's need to depict images of strength or resilience increases their risk for psychological disorder (Hall, 2017; Walton, 2017).

### **Importance of Different Coping Strategies Aside From SBWI**

While strength is perceived as a positive asset that has historically contributed to the fortitude within this ethnic group, exploring healthy concepts through community-based behavioral health services may inherit a redefining understanding that will shed a positive light on the help-seeking attitude (Nelson et al., 2016; Oshin & Milan, 2019). Moreover, this can lead to a deeper understanding of finding ways to address the coping attitudes of African American women (Nelson et al., 2016; Oshin & Milan, 2019).

### **Evolution of SBWI**

The concept of a SBWI is a concept that has evolved over time. The SBWI can predate back as far as slavery. The characterization of the Black women as being innately strong individuals, justified the mistreatment that they received, which was established and rooted through the enslavement of African Americans (Geyton, 2020). As time progressed, the evolution of the strong Black women's image did as well. During the Black Power Era, music was used to express the depiction of the strong Black woman archetype and how the strong Black woman's archetype evolved during the Civil Rights movement (Kirby, 2020; Stein, 2017). As a method to counteract the negative images of African American mothers portrayed by the dominant culture (Kirby, 2020; Stewart, 2017), the African American community (specifically African American men) created the Strong Black Woman Era. They redefined the strong Black woman role as empowering and liberating despite the stereotypical views of the role formed during the slave era (Nelson et al., 2016). During this era, the strong Black woman image was positively

described as a woman who cares for family and community while also maintaining strong spiritual ties and a strong connection to religion (Kirby, 2020). For instance, lyrics to songs like “A Change Is Gonna Come” and “Say It Loud, I’m Black and I’m Proud” contributed to the image of a strong Black woman and their influence on African American women today.

### **Adverse Effects of SBWI**

Overtime, the strong Black woman image gained attention among researchers and validation for the strength African American women possessed. Strength for African American women is a culturally acceptable way to handle life stressors (Greene, 2019). The strong Black woman paradigm is a psychological coping method for African American women grounded in a sociohistorical past that has warranted the development of multifaceted protective coping styles (Greene, 2019). But this image causes women to suffer from underdiagnosis, misdiagnosis, and improper treatment for overlooked psychological disorders (Green, 2019). The SBWI may jeopardize their ability to seek psychological and physical health care (Nelson et al., 2016). It is widely believed among African American women that the strength of strong Black women can be included in the definition of womanhood, even though this belief can have adverse effects in their mental health (Watson & Hunter, 2016).

## **Literature Review Related to Key Concepts**

### **Historical and Social Identity**

Historically, the presentation of the African American woman has identified as the strong Black woman since slavery. The origin of the "Strong Black Woman Schema"

portrays African American women as strong both physically and psychologically (Abrams et al., 2019; West et al., 2016; & Liao, 2020). Dating back to slavery, African American women were considered robust and superhuman (Jefferies, 2020; West et al., 2017); however, this illusion was justification for harsh punishments, brutal, and violent life pre and post enslavement. Over time, the beliefs and behaviors of this concept have been internalized and maintained by African American women (Stanton et al., 2017). Today, SBWI continues to guide the decisions, high standards, coping responses, and perceived pressure from others to be a perfectionist (West et al., 2016; Stanton et al., 2017). Various researchers' views about the strong Black woman seem to project positive and negative ideas.

African American women's attitude about cultural norms can present as constructive or harmful. Watson and Hunter (2016) argued that the SBWI is a perceived asset or a liability. Woods-Giscombe et al. (2016), the originator of the strong Black woman framework, classified the benefits of this schema as cultivating a positive self-image, commitment to expressing empathy and caring towards others, sense of self-efficacy, a survival tactic in society despite their disapproval, oppression, and limited resources (Liao et al., 2019). On the contrary, the SBWI is perceived as a façade, a negative alternative to coping with stress, stereotypes, discrimination, hopelessness, depression, the burden of multiple societal forces, including racism, sexism, and class exploitation (Jefferies, 2020; Watson & Hunter; 2016, Wood-Giscombe et al., 2016). These accumulated stress factors (both positive and negative) help to characterize the African American woman's tenacious ability to persevere, lead, work hard, rely on their

faith, and exemplify personal pride that establishes the standard for the superwoman image.

Moreover, the SBWI has become increasingly prevalent over time, permitting researchers to collectively identify stress-related factors that the SBWI in her disguise often manifests as strength, fortitude, resilience, and self-efficacy. Etowa et al. (2017) also agreed that African American women feel obligated to hold on to the SBWI to deal with oppressive determinants such as discrimination, racial disparities gender stereotypes, and to be leaders within their family and community. These researchers explained why the African American woman admires the strong woman's standpoint.

An image of the strong Black woman is significant and built around the ideology that African American women can overcome life challenges without community-based behavioral health services if they demonstrate resilience by not showing signs of weakness. (Jackson et al., 2018; Jefferies, 2020). Watson and Hunter (2016) emphasized that the SBWI is a badge of honor that sustains African American women as a symbol of strength. Wood-Giscombe et al. (2016) also argued that the symbol of honor comes with a price both physically and psychologically. Due to the fear of losing control of their image, African American women have assured themselves that their cultural-historical belief about the SBWI is normal for coping with daily stress.

### ***Social Identity***

African American women are frequently perceived to have a role in society associated with negative stigmas that normalize the misperceived societal views that make it difficult for them to appreciate their individuality. Throughout history in the

United States, African American women have been socially marginalized, and experienced systemic oppression and gendered racism (Spates et al., 2020). Geyton et al. (2020) study endorsed that African American woman have been socially stigmatized, categorized, and stereotypically labeled, triggering negative mental health issues resulting in significant implications for the women's social and psychological well-being. Furthermore, society's misinterpretation of the African American woman has contributed to the cultural belief that validates the dominant role of being a strong Black woman.

This prominent role has limited African American women's ability to comprehend what life might be like outside of the SBWI (Evans et al., 2019). Many African American women have become stuck in a cultural mindset that internalizes the strong woman image, which leads them to handle the stressors of life alone (Evans et al., 2019). Considering the increasing social stressors of racism even into the 21st century and the negative social identity of African American women, Collins et al. (2021) argued that African American women are at the crossroads of several social categories such as gender and race, and that African American women are negatively impacted at every stage of their lives. A study by Szymanski and Lewis (2016) affirmed that African American women are at the crossroads of numerous social categories because of racism and prejudice.

### **Social Stressors**

For centuries, the SBWI has been depicted in the media as a woman who demonstrates consistent anger, erratic in their behavior and irrational in their thoughts. While the media has shaped this misconstrued image of African American women, this

has been superficially adored by white supremacists (Stanton et al. 2017). Through the use of media, this has created a stereotypical and negative perception of how African American women will and should respond when placed in stressful situations (Stanton et al. 2017). Despite this false notion, it is stereotypical to praise African American women for their tenacity, strength, and ability to cope with stress-related problems caused by white exploitation of her labor, a determination to eliminate her worth, and a global broadcast that declares the African American woman insignificant (Stewart, 2017). Therefore, while SBWI is embedded in the African American women's culture, other individuals outside of the culture's understanding of this image is based on how African American women are portrayed and depicted in mass media.

A critical function of mass media in the U.S. context provides individuals with meanings and understandings about people and places with whom one may not have had little or no personal interaction (Corbin et al., 2018). In the popular mass media, African American women are consistently portrayed as unpredictable, sassy, irrational, angry, and abusive (Corbin et al., 2018). By default, it becomes possible for the African American woman to believe that she is a natural bearer of stress and pain. As the African American woman carries the weight of society's oppressed system, Stewart (2017) believed that the stereotype of the strong Black woman works to disempower these women by abnormally viewing their emotions, stunting their ability to access mental health support, and deeming them as undesirable. Childs (2020) observed African American women to be the most susceptible and defenseless population to experience both racism and sexism in America.

African American women's susceptibility to racism and sexism as well as the societal portrayal of being individuals that naturally bear stress, are daily social stress factors that lead to numerous health disparities and a host of health issues for African American women. Moreover, these social stressors have developed strong roots that have traumatized the African American community, hence prompting African American mothers to teach their African American daughters how to inherit the superwoman role as a survival response (Stewart, 2017) and to endure gendered racial socialization (Hall, 2018). African American mothers have become accustomed to preparing and teaching their daughters how to combat future encounters of racism or hardships (Oshin & Mialn, 2019). Moreover, systemic abuse has normalized and infiltrated the African American community, which has created constant dealings with social stress and emotional strife. Historically, the world has viewed African American women as exceptional stress handlers who can also heal trauma better than women of other ethnicities (Stewart, 2017). Society perceives black women who show signs of weakness as people who are seeking attention (Stewart, 2017). Through this global racial-gender stressor, African American women have been socialized to be disposable, self-reliant, self-aware, independent, ferocious, and autonomous (Oshin, & Milan, 2017; Nelson, & Stewart, 2017). The African American women's self-seeking coping function enables them to circumvent the need for professional mental health or community-based support.

### **Health Care**

While health equity for African American women has improved substantially, there are still significant health disparities. Noonan et al. (2016) exposed racism, poverty,

education, housing, access to healthy foods, environmental exposures, violence, and criminal justice as the main determinants of health disparities among African American people. Chinn et al. (2021) posited that there have been significant healthcare improvements over the last century for African American women; nonetheless, health disparities remain an important reflection of the inequalities experienced by African American women. As observed, throughout the world, African American women have historically encountered higher maternal mortality rates, shorter life spans, and are disproportionately burdened by chronic diseases, along with racism and negative sociocultural constructs (Chinn et al., 2021). While many factors profoundly impact the African American population, the systemic nature of racism is a significant cause of health disparities that lead to deleterious effects through negative emotional and cognitive phenomena (Noonan et al., 2016). Henson's (2016) study also concurred that subsequent structural and systemic racism compromises African American women's health and wellness. Noonan et al. (2016) mentioned that this issue should be addressed by including as many equally systemic measures as possible, including healthcare institutions, funding options, and decreasing segregation in positions of power to improve health outcomes for African American populations.

### **Community-Based and Mental Health Services**

Community-based and mental health services are human and service support teams that provide care for people with mental health and psychological problems living in the community. Ayano (2018) revealed that community behavioral and mental health services consist of a system of care within the patient's community that delivers

specialized mental health services. This system of care includes hospital diversion programs, community-based rehabilitation programs such as psychiatric rehabilitation program (PRP), mobile crisis teams, therapeutic and residential supervised services, group homes, home health care, and other support services, including but not limited to supportive living housing with full or partial supervision, partial hospitalization, clubhouses, and local primary care medical services (Ayano, 2018). Kim et al. (2017) also emphasized the efficiency and usefulness of the several types of community health services such as education and counseling, case management, home health or counseling, and preventative home visit programs.

Community-based and mental health services are vital in the African American community. Community mental health services have been the primary source of care, offering a comprehensive range of mental health care readily available for people diagnosed with mental health illnesses in their communities (Ayano, 2018). Martinez et al. (2017) described community-based care settings as the first point of contact between patients and the health system and as a significant setting for assessing and treating mental disorders. As community-based behavioral health services evolve, they can mitigate the perceptions that are often associated with mental health and strengthen access to care within a community to gain improved psychological outcomes, a better quality of life, increased acceptability, prevention of chronic and physical health comorbidity, and a reduction of a social stigma (Ayano, 2018). Recognizing the use of improved community-based and mental health services is an essential asset that can potentially encourage African American women to receive interventions that will

minimize mental health and somatic problems (Abram et al., 2019). These resources can also potentially reverse African American women's negative attitudes towards receiving therapeutic services (Ayano, 2018).

Community-based and mental health services are recognized as essential establishments to provide social resources and to strengthen individuals' interaction and social ties. Furthermore, increased social resources will offer individuals more opportunities to heal both physically and psychologically (Kim et al., 2017). Kim et al. (2017) also posited that people with strong social ties and social collaboration tend to present the best quality health: physically, mentally, and cognitively. A recent study confirmed this previous statement as the study's objective was to improve the overall health of African American women throughout their lifespan by providing low-cost health interventions in community health care settings to reduce socially disadvantaged health disparities within their population (Walter et al., 2020). The study revealed a gap in research, showing that only a few researchers have studied the use of community-based and mental health services to assist African American women with learning positive coping strategies and improving their coping responses when stressed. Comparably, Walter et al. (2020) suggested the need and the use of community-based settings designed for African American women to extend effective interventions and implement evidence-based preconception care to detect and treat health conditions, assist with behavior modification, and mitigate risk factors to curtail disparities in maternal and infant health.

Raising the awareness of stress-related, anxiety, depression, and other mental health problems could be life-changing in the African American community if they are provided with appropriate and feasible services. Zimlich (2019) study reported that community-based behavioral health services are conceivably the new buzz. While there is a long-standing history of community-based care programs and subjective evidence regarding the benefits of these services, there is not enough hard data to generate proof because of the lack of resources needed to track the program's progress. However, community-based and mental health services are on the rise and are needed in various communities, especially African American and other underserved communities. Zimlich (2019) verified that community-based programs are expanding due to the increased number of research proving that social risk factors and community context affect health just as much as clinical risk factors. Since there is notable evidence that community-based behavioral health services produce improved health outcomes (Zimlich, 2019), one would assume that future researchers will gain information from this study that can be used to expand research patterns and themes to include community-based and mental health care services to modify and ameliorate coping responses that are not effective with African American women.

Due to significant stress-related problems among African American women, community-based and mental health services are sufficient to support this population. Although African American women are often classified as stressed, they are reliant on the superwoman image to cope with stress-related problems, but they could benefit from the use of community-based behavioral health services to improve their overall well-being

(Clinton, 2020). Hence, in Clinton's (2020) study, he reported on behalf of the American Psychological Association, he gratifies the promotion of community-based and mental health services for human rights and recovery, stating that there is significance in enacting innovative community-based approaches to mental health services. Walter et al. (2020) examined low-cost health information technology interventions for African American women who have the potential to recognize and reduce disparities in health outcomes for their population when services are provided in community-based settings. It seems imperative to employ such services to African American women to aid with coping interventions and to tackle the multiple negative social categories African American women are impacted by in all stages of life as affirmed by Spates et al. (2020).

### ***Types of Community-Based Services***

Community-based programs offer a wide range of psychological and psychosocial services. There are numerous reasons why African American women should use community-based behavioral health services. Still, they lack access to these services, which are less accessible in African American communities (Crumb et al., 2019). Crowe et al. (2019) asserted that the prevalence of mental health disorders in the United States has led mental health practitioners to realize the importance of educating the public about these conditions. Mental health literacy, or the ability to recognize, prevent, or manage mental health concerns, is one way individuals with mental health problems can manage their mental illnesses better. Increasing mental health literacy can positively impact negative attitudes, biases, or assumptions about mental illness and can also increase the likelihood of the mentally ill seeking help (Crowe et al., 2018; Kutcher et al., 2016). This

section will discuss the types of services available through mental health services provided in community-based programs.

**Therapy (Psychotherapy).** Therapy, also known as psychotherapy, is a treatment that aims to relieve emotional distress and various mental health disorders. Psychotherapy is defined as a practice that encompasses trained licensed professional counselors, social workers, psychologists, psychiatrists, and clinicians who are equipped to diagnose, treat mental health illness, and work collaboratively with people in developing various strategies that can improve the mental status of an individual. Psychotherapy has played an important role in the lives of numerous individuals in the western world since the 19th century (Marks, 2017). Over the last decades, psychotherapy research and other areas of mental health care studies have made several revisions to improve the efficacy and effectiveness of psychotherapies, resulting in significant interest in the field (Gerger et al., 2020). The growth in therapy practice has led to increased and effective psychotherapy, leading the provider to gain meaningful skills to deliver evidence-based psychotherapy (Valenstein-Muh et al., 2020). This growth also plays a critical role in community integration of people with mental health disorders (Ayano, 2018) such as depression, stress-related problems, and anxiety (Watson-Singleton et al., 2017; Walton & Oyewuwo-Gassikia, 2017). These psychotherapeutic processes were developed to better understand human behavior.

***Common Therapies for Stress.*** Cognitive-behavioral therapy is a common type of therapy that addresses an individual's thought patterns and behaviors. Cognitive-behavioral therapy is a collaborative effort that a therapist applies to help to identify the

stressors and to develop interventions to assist an individual in overcoming traumatic or stressful events (DiGiuseppe et al., 2019). DiGiuseppe (2019) suggested that Cognitive-behavioral therapy is a form of therapy identified to effectively assist in changing thinking patterns, eradicating unhealthy ways of thinking, and learning to develop an improved sense of confidence in one's abilities. Through a collaborative effort with the client/patient and the therapist/psychologist, exercises are often used outside of sessions to help patients/clients develop positive coping strategies, whereby they can learn interventions to alter their old ways of thinking (DiGiuseppe, 2019).

***Psychodynamic Therapy.*** Psychodynamic therapy approach focuses on a person's early life experiences, including circumstances of conflict between motives and the role of unconscious forces such as feelings, thoughts, and reactions that direct and determine the individual's mental life. Psychodynamic therapy, like cognitive-behavioral therapy, is a form of long-term therapy aimed to help a person identify thought patterns that may influence behavioral responses and are considered the best-suited therapy for stress caused by long-standing issues such as depression and anxiety (Safran & Hunter, 2020). Abbass et al. (2017) described psychodynamic therapy as an evidence-based intervention for psychiatric conditions that depict notable biases and adverse effects on the overall field of psychotherapy. The biases and adverse effects raise questions about this method's credibility within the psychotherapeutic diaspora. In other words, the negative view regarding psychodynamic therapy hampers both patient access to this treatment approach and researcher access to funding for further research to develop a more balanced perspective of psychodynamic therapy (Abbass et al. 2017).

***Exposure Therapy.*** Exposure therapy is a type of therapy used to address chronic stress, which permits the therapist to gradually expose a person's triggers that are often or intentionally avoided. The objective of this approach is for people to become less stressed about stressful or problematic situations. Reid et al. (2018) suggested that exposure therapy is the essential ingredient in cognitive-behavioral therapy for anxiety. Whiteside et al. (2016) reported that community providers commonly report the insignificant use of exposure therapy to treat adults with stress or anxiety disorder, since cognitive-behavioral techniques, relaxation techniques, or cognitive restructuring approaches are most favorable. Another form of relaxation therapy practiced mitigating damage caused by stress is hypnosis therapy. Stress-reduction techniques such as hypnosis and biofeedback are often called relaxation therapies, which are used to help a person relax and minimize the physical impact of stress on the body according to Darnall (2019). Hypnosis therapy is also used to alter how a person acts and responds to specific stressors by putting the individual into a deeply relaxed state of mind (Darnall, 2019). Biofeedback therapy, however, measures how a person's body responds to stress in real-time. In other words, the heart rate, muscle tension, breathing, and brain waves are measured in real time to help people recognize their bodies' response to stress (Garner et al., 2021). Therefore, recognizing triggers and symptoms of stress can help a person employ relaxation techniques such as deep breathing to calm one's stress responses (Garner et al., 2021).

### **Stress: African American Women**

Stress is a natural, physical, and mental reaction to life experiences. Stress is a physical response to the demands of life, a personalized phenomenon that varies based on

a person's response, vulnerability, and resilience to stressful situations (Baligar, 2018; Fink, 2016). Stress progresses from feelings of emotional or physical tension that extend from an event or thought, making a person feel nervous, frustrated, or angry. While stress is not a malady, it shows lasting effects on individuals' mental health (Fink, 2016). Over 50% of workplace productivity in the United States is adversely affected by stress (Fink, 2016).

Researchers recognize Selye as the first scientist to identify that stress can cause nonspecific symptoms and signs of illness to appear. According to Hans Selye in 1936, stress is an involuntary reaction of the body that creates changes (Szabo et al., 2017). In attempting to explain stress, Selye aimed to conceptualize what stress was and what stress was not, as Dillard's (2019) dissertation mentioned. Stress is therefore not inherently harmful; however, the state of stress and the consequent reaction to stress can either be beneficial or harmful depending on the context (Dillard, 2019). Chudzik et al. (2017) posited that stress is a significant component of illnesses. Selye characterized the stress state as a continuum that changed with an individual's interaction with his or her surroundings (Szabo et al., 2017; Dillard, 2019).

Essentially, Selye posited that the sum of the two types of changes, primary damage, and secondary adaptations, would provide a scientific method of assessing the totality of damage and adaptation. During his experimental work, Fink (2016) reported that in 193

6, Seyle observed a pathologic change in laboratory animals subjected to acute physical and emotional stimuli. Seyle later noted that persistent stress caused several animals to have various diseases (stroke, heart attacks, kidney disease, and rheumatoid arthritis) comparable to the diseases that occur in humans. Fink (2016) perceived stress as a subjective phenomenon because people respond to stress differently and arbitrarily because they have different meanings of what is considered stressful. Zawadzki et al. (2019) study contributed to similar findings elucidating that stress is a familiar daily experience, and it is difficult to comprehend or report the frequency of individuals' experiences.

While stress impacts all women, the impacts of stress on the health and well-being of African American women is the most significant and is followed by health and well-being implications. The Superwoman Schema may influence stress-related outcomes among African American women (Sheffield-Abdullah & Woods-Giscombe, 2021). The prevalence of perceived stress, depressive symptoms, emotional eating, lack of sleep, and sedentary behavior is higher among African American women with Superwoman Schema characteristics (Woods-Giscombe et al., 2019). Also, Sheffield-Abdullah and Woods-Giscombe (2021) posited that African American women are at risk for increased cardiometabolic disease. Sheffield-Abdullah and Woods-Giscombe (2021) explored how a strong Black woman role influences stress and how future studies on diabetes and insulin resistance may need to address this multifaceted psychological and cognitive aspect of health. The study revealed that participants' descriptions of stress and the superwoman role were consistent with the Superwoman Schema Conceptual Framework.

Childs (2020) posited obesity as a stress-related chronic health concern in the population of African American women stating that the obesity rates are higher in African American women than non-Hispanic women (Tan et al., 2017) and Afro-Caribbean women (Barrington, 2018).

African American women face various sociocultural barriers that contribute to other risk factors. Childs (2020) described finances and personal environments as other vital factors that play an instrumental role in the stress African American women face daily. Tan et al. (2017) revealed that psychologically, the stress in African American women links with the lack of physical activity and stress-related eating behaviors, which may be associated with the increased risk for obesity. Other researchers posited that stress resulting from discrimination also contributes to obesity in African American women, which then is perceived by society as an individual who is less productive, unorganized, and less knowledgeable (Baker et al., 2017; Campos-Vazquez & Gonzalez, 2020). It is apparent that these stress-related mechanisms contribute to the vulnerability of African American women, hence, exposing them to the psychological stress they experience. Thus, the negative stereotypes about overweight people may arise from widespread assumptions that they are lazy, incompetent, unruly, sloppy, and worthless (Jackson et al. 2016). The recommendation of social support and community-based supportive services is warranted since African American women continue to experience discrimination, sexism, inappropriate medical treatment, inequitable pay, and racism (Prather et al., 2018).

African Americans are more likely to live in impoverished communities.

Firebaugh and Acciai (2016) affirmed the impact of poverty as a stressor that African American women contend with more than other Americans. Tucker and Lowell (2016) study revealed African American women lived in neighborhoods in which poverty rates for their demographic are significantly costly. Using a comparison of urban and non-urban stress, Chang et al. (2016) also showed that the most environmentally natural setting resulted in significantly lower stress levels. Gaffey et al. (2018) further observed that trauma is involved in chronic stress and similar disorders in women, while the environment influences how they respond to stress. Stress resulting from poverty and other environmental factors such as income, socio-economic status, and neighborhood disadvantages were associated with symptoms of anxiety and depression (Firebaugh & Acciai, 2016).

Numerous authors assented that the stress factors mentioned above affect African American women's health and mental status. Childs (2020) defined psychological stress as the moment when a person recognizes that environmental demands surpass his or her ability to cope. Wirtz and von Känel (2017) disclosed that stressors activate external and internal stress reactions under the influence of external and internal stimuli. Various health risks and psychological disorders, including depression, anxiety, insomnia, autoimmune diseases, and even neurodegenerative diseases, are linked to increased stress levels (Childs, 2020). Childs (2020) also inferred that stress has detrimental mental and physical health effects when measured. Given the overall specific factors related to stress among African American women, it is possible to suggest that a community-based

service intervention may be needed to address links between stress, including the superwoman myth, stress-related eating, and obesity risk. Belgrave and Abrams (2016) theorized the same views on historical oppression, prejudice, and trauma.

### **Spiritual and Support Systems**

As previously mentioned, stress of many kinds can significantly affect a person's health and well-being. For African American women, stress and its mental and physical effects are amplifying. The lived experiences of African American women and their responses to overwhelming stress echo in several studies (Spate et al., 2019; Jones et al., 2019). African American church and religion have historically been a reliable stress reliever in the African American community and remain an integral preference over formal and professional help-seeking support services (Dempsey et al., 2016). African American communities rely extensively on their faith and spiritual resources to cope with stress, as mentioned by Hay and Lincoln (2017).

In the African American community, churches are trusted sources. A study conducted by Wood-Giscombe et al. (2016) discovered that Black women who were part of a focus group endorsed the cultural expectation to rely on religion over formal psychotherapy. The presenting image of strength to others is a measure of faith in God and corresponds to this obligation. Moreover, African American women employ coping behaviors that are acceptable within their culture (Wood-Giscombe et al, 2016). Another study confirmed that religious beliefs and spiritual practices among African American women are primary coping methods used to reduce stress (Harris et al., 2019). The African American church and religious practices were and remain a haven and a trusted

social setting for African Americans dating back to enslavement (Harris et al., 2019).

Other observations confirmed that African American women still believe that their religious practices and maintaining an optimistic attitude are the only coping strategies for their stress-related or depression symptoms, so, for them, it feels pointless to utilize professional mental health services (Jackson et al., 2018).

African women rely on the SBWI and their religion as an expected source to manage stressors without assistance. Although improved mental health increases overall wellness, builds resilience, and gives people the coping skills they need to defeat mental health problems (Hays & Lincoln, 2017), African American women are more likely to consult their primary care provider than mental health professionals. Harris et al. (2019) confirmed that African American women prefer to seek support for emotional and mental health concerns from religious communities as it is the most comfortable coping approach to addressing their stress-related concerns. Furthermore, Harris et al. (2019) proposed that counselors may feel underqualified and unequipped to have these critical conversations about integrating spiritual interventions and techniques with African Americans who rely on religious coping methods to handle stress. Similarly, Campbell and Littleton (2018) discovered that while they agreed to pray with parishioners and offer biblical guidance, they also encouraged and referred their members to more formal counseling services based on the severity of the presenting issue. Harris and Wong (2018) also unearthed comparable patterns regarding African American undergraduate students who are less likely to seek help from college counseling services. The participants in the study seemed to value the Black Church as an integral part of their lives and as a factor in

their perception of counseling and willingness to seek out counseling services (Harris & Wong, 2018). Moreover, the church remains an integral coping support system for African Americans.

### **Mental Health in African American Women**

African American women tend to be dismissive of mental health issues. Mental health illnesses are conditions that involve a change in emotions, thinking, or behaviors associated with distress or problems functioning in a social, work, or family environment (Crowe et al. 2019). Crowe et al. (2019); Crowe et al. (2018) reported one in five adults as having experienced mental health problems in the United States, yet despite the prevalence, only approximately 70% of those in need of professional services seek mental health care to address their concern. This study posited that 18.7% of the residents in nonmetropolitan counties reported mental health concerns, with 3.9% experiencing suicidal ideations (Crumb et al., 2019). There are numerous stigmas connected to mental health, which are also attitudes and perceptions that society deems undesirable (Crowe et al., 2018). Stigma is a common deterrent towards seeking help for mental health illnesses due to the fear of being labeled, discriminated against, or stereotyped. Crowe et al. (2018) verified mental health stigma as one of the most significant reasons why psychological needs are unmet, especially in rural communities. Liegghio (2017) referred to mental health illnesses as labeling and undervaluing an individual based on perceptions, cultural mindsets, and cynical beliefs, which are concerns related to discrimination, labeling, or status loss.

The well-being of African American women is a concern across the United States. In their efforts to alleviate unmet mental health problems (Woods-Giscombe et al., 2016), African American women continue to endure significant burdens. Stewart (2017) argued that African American women's preference for seeking professional therapy to deal with stress-related or emotional expressions conflicts with the image of the super Black woman as a woman of strength, self-reliance, and self-silence. Self-silence in African American women impedes their strong dispositions as well as prevents African American women from seeking mental health assistance and exacerbates several mental disorders, including depression and anxiety (Woods-Giscombe et al., 2016). This social issue generates the underuse of mental health services despite their depressive symptoms and severe psychological distress in the 21st century (Woods-Giscombe et al., 2016). Several recent studies have documented the under-use of mental health services among African American women, and various researchers have sought to explain disparities among African American women caused by cultural differences, belief systems, and mistrust of healthcare providers (Hall, 2018; Fripp & Carlson, 2017; Stewart, 2017; Woods-Giscombe et al., 2016). As Fripp and Carlson (2017) mentioned, despite the efforts to encourage families to receive mental health services to develop positive change within service delivery, mental health and community-based behavioral health services have not mitigated the various factors that dissuade people from utilizing the services. In response, marginalization, systemic structure, and historical restrictions undermine African American women's well-being (Henson, 2016).

### ***Mental Health Stigma***

Mental health stigma often arises from people's negative attitudes and beliefs towards mental health disorders or mental health treatment. The stigma attached to mental health can lead to several adverse outcomes, such as discrimination in housing and employment, reduced utilization of mental health services, and poor mental health outcomes (DeFreitas et al., 2018). Behavioral health services have not adequately addressed African American differences in recognizing, defining, and expressing emotional distress (Kennedy & Rhodes, 2018). An African American woman's presentation and statements may lead to misinterpretation by providers of another race within the healthcare system (Kennedy & Rhodes, 2018). Misinterpretation of the information can result in inappropriate diagnosis and treatment interventions. Jones et al. (2018) validate the unique challenges African Americans face regarding being misdiagnosed or underdiagnosed more than European Americans. Hence, several African American women see treating mental health issues (therapy) as a sign of weakness. Thus, they present themselves as individuals who are strong, determined, and resilient.

Often, African American women are undiagnosed or misdiagnosed. Kennedy and Rhodes (2018) asserted that in many cases, African American women are misdiagnosed due to their appearance (well-groomed) when they visit the health care facility regardless of their mood or feelings. Kennedy (2017) revealed that health practitioners are more likely to perceive African American women patients as well-groomed rather than disheveled during an assessment. Frequently, African American women deny feeling depressed because they do not want to appear weak or lacking spiritual strength. This

leads to the underutilization of mental health services due to the degradation of mental health among African American women (Kennedy & Rhodes, 2018). Additionally, African American who have witnessed other peers become institutionalized with mental illness have developed distrust toward mental health professionals or perceive them as untrustworthy (DeFreitas et al. 2018; Kennedy & Rhodes, 2018). Providers who cannot develop trusting relationships with African American clients create major barriers to increasing African American women's use of community-based and behavioral health services. Moreover, this type of disparity has many causes, making it impossible to pinpoint a single cause for these types of barriers, as it prevents African American women and community-based providers from establishing a trusting client-therapist relationship. Regardless of the exact reasons for such disparities, many health experts have concluded that culturally sensitive interventions are essential to increasing treatment engagement and treatment adherence (Jones et al., 2018).

### **Summary and Conclusions**

In chapter two, I sought to present scholarly literature on themes related to the SBWI and coping with stress. Among the themes covered in this chapter are African American women resisting community-based treatment services, African American women's perceptions of therapy, the SBWI, and the coping styles of African American women when faced with stress. The models used to guide this study were the transactional theory of coping with stress and the strong Black woman mage. The transactional theory of coping with stress is a model developed by Lazarus and Folkman (1987). The transactional theory of handling stress emphasizes the cultural role that the

SBWI upholds and an understanding how African American women perceive, think, and act regarding coping with stress. Using the SBWI as a model of ongoing concerns among African American women, I presented a trend of coping methods used by strong African American women who rely on the SBWI to cope with stress-related problem. I reviewed literature about the negative stigmatization, positive image, race-gendered discrimination, social, cultural, mental, and health consequences of the SBWI for the African American woman. I examined the coping styles of African American women when dealing with stress. Furthermore, I considered the positive impacts of the strong black woman image and how such an image assisted African American women in their empowerment. Additionally, I explored how the strong Black woman image has become a generational paradox of covering emotions and ignoring feelings to maintain a strong image.

To cope with stress, many African American women adhere to the SBWI. African American women depend on cultural methods rather than seeking help from practitioners or participating in community-based programs to assist them in coping with stress-related symptoms (Stewart, 2017; Woods-Giscombe et al., 2016; Woods-Giscombe et al. 2019). In the absence of evidence, it is undetermined whether community-based programs can enhance coping skills after receiving treatment for stress-related concerns. Most studies have focused on improving therapy for African American women, but none looked at how African American women cope after receiving community-based care. It is unknown how SBWI varies after receiving psychological treatment, so this study will address the gap in the literature. Moreover, the study could provide practitioners and researchers with meaningful information to further explore culturally sensitive approaches to encourage

African American women to seek professional support when faced with stressful situations.

To fill a gap in literature, I drew upon the limited literature as a guide to promote the use of community-based services. As discussed by Clinton (2020), promoting the benefits and use of community-based and mental health programs can promote adaptation among segments of this population to the advantages of these programs. Zimlich (2019) presented evidence of the benefits of enhancing documentation and implementing resources to develop hard data to fill gaps in how effective community-based and healthcare services are. It will be useful in tracking the progress of African American women's use of community-based programs and how African American women are adapting to coping responses that prove effective in dealing with stress-related problems. Chapter 3 will explain the study's process through its research design, methodology, qualitative approach, rationale, ethical procedures, data collection, and data analysis plan. Chapter 3 will also address the description of the researcher's role in the study, how participants were selected, the selection criteria, and trustworthiness, and the instrumentation used in this process.

### Chapter 3: Research Method

The purpose of this generic, qualitative study was to better understand how African American women cope with stress-related problems when they receive coping strategies from CBS. Since the SBWI coping moderator significantly impacts the psychological and physiological well-being of African American women, I explored the experiences and other factors that led to the historical use of the SBWI as a coping strategy during stressful moments and the coping experiences post community-based service interventions. This study was needed to better understand such experiences, bring cultural awareness and knowledge into community-based programs to provide a positive experience for African American women, and develop alternative coping methods when stressed. In this chapter, I will discuss the research design and rationale; the role of the researcher; the methodology, including the instrumentation and the procedures for recruiting participants; and the data analysis plan.

#### **Research Design and Rationale**

A research design is a roadmap that governs how a study moves from its research objectives to its results (Abutabenjeh & Jaradat, 2018). The research design used aligned the research procedures for this study (see Babbie, 2017), helping to answer the research question: How do African American women cope with stress-related problems after receiving community-based services and how do they describe their experience? For this study, I used the generic qualitative research design to understand the experiences of African American women who attended CBS to learn coping strategies to deal with stress-related problems. A generic qualitative design is suitable for this study because this

method is flexible, it does not claim allegiance to a single methodology approach, and it provided a deeper understanding of the study topic (see Kennedy, 2016). Qualitative research has also transformed how researchers can access hard to reach participants (Gill & Baillie, 2018). More specifically, a generic qualitative design offers insight into the “how” and “why” a person engages in a particular action or demonstrates a specific behavior (Rosenthal, 2016) to examine the experiences, behaviors, and perceptions of people (Gill & Baillie, 2018).

Other qualitative designs were considered for this study, such as phenomenology and narrative design. Researchers usually consider phenomenology when they want to explore the inner feelings to understand a phenomenon, a process, or participants’ perspectives (Kennedy, 2016). Phenomenology allows researchers to understand the nature and characteristics of a particular group of individuals in each setting and to share their stories in that setting (Deepa & Panicker, 2016). Essentially, what researchers seek to understand is the nature of the thing, which pertains to human nature and life experiences (Creswell & Poth, 2018). However, I did not seek to understand the lived experiences of the participants or desire to interpret the meaning and nature of a certain group of participants sharing their stories. Narrative qualitative design was also considered for this study because this design can reveal unique perspectives and deeper understanding of a situation. Through telling and retelling participant stories, scholars use the narrative design to increase their understanding and experiences (Wong & Breheny, 2018). I decided not to use narrative design because I am not interested in participants interpreting their lives through storytelling. I chose the generic inquiry because I was able

to draw out ideas and perspectives, elicit insight, meaning, and findings of African American women's experiences coping with stress using CBS that are richly descriptive.

### **Role of the Researcher**

Being the primary instrument to the study, the researcher can gain participants in a naturalistic environment to collect and analyze data (Perry & Perry, 2017). I assumed the role of the researcher to get a better understanding of the participants experience through first-hand experience, maintaining integrity through truthful reporting, taking quotations of actual conversations. Recruiting participants to fit the study's criteria is another responsibility of the researcher's role. To recruit participants, I posted a descriptive flyer outlining the details of the study in social media groups after obtaining the Facebook group administrator's permission to post. Additionally, I obtained permission from program directors and community coordinators to leave a copy of the flyer at their resource centers to recruit participants. Apart from recruiting participants, I conducted interviews, collected data, interpreted participants interview responses, and presented the results.

I addressed any biases I had to ensure the data were collected, analyzed, and used according to the qualitative research approach. As an African American woman, I have relied on the SBWI as a coping method to deal with stress related problems in the past. Being aware of my personal preconceptions, I confronted my own opinions, self-reflection of biases, and personal experiences to avoid influencing the interview process, data collection, and the data analysis process. To mitigate my biases, I displayed professionalism and remained focused and display a nonjudgmental effort to establish a

trusting relationship with the participants. Furthermore, I bracketed any bias or preconceptions to put aside ideologies and subjectivities to avoid interference with the data collection (see Levitt et al., 2017). I also journaled the doctoral research process to provide an overview of the research process, personal practices, and the personal context of the study (who I am or was at the start of the study, the intent of the study, and personal investment; see Clark & Vealé, 2018). Since positionality lends itself to either approach, the researcher must strive to be impartial while remaining conscious of their biases (Clark & Vealé, 2018). Ideally, the researcher's role should be objective, unbiased, and explicit about the participants in their studies (Zarkowski, 2019).

## **Methodology**

### **Participant Selection Logic**

Participants in this study were African American females aged 18 and up who have received community-based services to improve their coping ability with stress-related problems. The study participants were required to complete at least 6 months of community-based treatment and have knowledge or awareness of the SBWI. To be able to understand the nature of the study, the participants were also required to understand the coping strategies that they use. The women in the study must have a history of engaging in CBS to accurately describe their experiences as well as describe their experiences to help provide an understanding of whether the CBS were effective in providing the participants with positive coping strategies to cope with stress-related problems.

### **Sampling Strategy**

Purposive sampling and snowball sampling were used to select participants for this study. Purposive sampling involves selecting a sample of participants who fit the study criteria and contribute to the research questions (Nechal & Nechal, 2016). This method is best suited for researchers who want to study fewer participants, as it provides in-depth information on the details of the data. I identified potential participants who are familiar with the SBWI and who could provide insight into their experiences with learning or receiving coping strategies from a community-based setting when dealing with stress-related problems.

Snowball sampling was also identified as an alternative to recruit participants for this study. In snowballing, researchers recruit participants based on word of mouth by other informants rather than directly from themselves (Marcus et al., 2017). Snowball sampling can be beneficial because participants can recruit others who share similarities in interest to participate in this study. Additionally, snowball sampling is a good alternative sampling method because it is a convenient sampling method whereby the method is applied when it is difficult to access participants with targeted characteristics or a targeted criterion (Naderifar et al., 2017).

### **Sample Size**

A sample size can be defined by determining the saturation of the sample. Data saturation is when new data have little or no new information to address the research question (Guest et al., 2020). Saturation is achieved through a homogeneous sample, well-defined research objectives, and a semistructured interview guide that appears to

display thematic saturation (Hennink et al., 2019). Authors have argued that a smaller sample size could undermine the study's credibility (Meyvis & Van Osselaer, 2018). But ongoing research proposed that sample size depends on the scope of research, topic, and data quality (Ames et al. 2019; Sim et al., 2018). Samples in qualitative research tend to be small in order to support the depth of the study's analysis and to gain a comprehensive understanding of the phenomenon of each participant. (Vasileiou et al. 2018).

Additionally, small purposive samples provide rich information that is relevant to the phenomenon being examined (Vasileiou et al. 2018). Researchers have gathered rich, detailed information using small sample sizes, leading to data saturation (Forsyth et al., 2019; Josilowski, 2019). When analyzing a small sample size, it is essential to consider that the themes are duplicated in cases where no new additional themes were identified, thus demonstrating that the sample size is sufficient (Guest et al., 2020). For this study, saturation was determined once the themes were all consistent among the participants. Saturation was reached after the eighth participant since saturation occurred when data was collected, redundancy persisted, and the data did not provide new insights or themes.

### **Instrumentation**

As part of the preparation and interview process, I developed an interview protocol that ensured the interview questions aligned with the research question. I developed an interview guide that included open-ended questions to explore during the interview. A detailed description of the university's protocols and procedures, specific terminology in the research invitation and informed consent form, an introduction to the findings of the study, and a closing statement for participants were included in the

interview guide. The interview guide served as a protocol to increase the validity of the results of this study and to help the researcher adhere to the instructions. There were 10 interview questions in the guide, which includes probing questions to elicit rich, in-depth responses for data collection. I used the interview guideline to adhere to and ensure consistency with the interviews conducted (Evans, 2017).

This research was conducted via audio conferencing using audio Zoom as a data collection instrument. Audio conferencing allows the researcher to connect with the participant without imposing cost and allows the researcher to be able to reach a larger population with password-protected measures to store data (Gray et al., 2020). Conducting interviews via teleconferences or audioconferences through this active approach is an effective way to collect data (Castillo-Montoya, 2016; Ninan, 2020). This method also provides the participant with notification that the interview is being recorded as well as the opportunity to accept or decline participation (Gray et al., 2020).

Additionally, this study was designed to conduct in-person interviews as an alternative for participants who are comfortable with face-to-face interviewing. Researchers have suggested that face-to-face interviews are the best form of interviewing (Krouwel et al., 2019). Although face-to-face interviews have been the norm for conducting qualitative interviews, the pandemic has accelerated the need to explore other alternatives to qualitative interviews (Saarijärvi & Bratt, 2021), which is why this study provided options for participants. Face-to-face or in-person interviews enables synchronization of time and space, which makes this method exceptional for interviewing

participants (Saarijärvi & Bratt, 2021). For this study, all participants selected Zoom audioconferencing to conduct the interviews.

### **Procedures for Recruitment, Participation, and Data Collection**

Before recruiting participants, I obtained approval from Walden University's Institutional Review Board (IRB; approval #06-30-22-0760273). I then sought permission from two Facebook group administrators by submitting an explanatory letter about the research study to gain access to their page to recruit participants. The Facebook group administrators gave consent and posted the research study flyer to their platforms. The Facebook groups comprised of African American women, their strengths, positive affirmations, and group discussions on coping methods used to combat various life challenges. The research study's flyer consisted of a summary about the research study, the study's criteria, eligibility, and contact information. To ensure the participants met the inclusion requirements, I sent them a copy of the consent form along with a knowledge-based questionnaire with 10 questions divided into two categories—five on SBWI and five on CBS—as soon as they expressed an interest in participating in the study via email correspondence. The questionnaire form can be viewed at (Appendix B). Following the receipt of twenty electronic consent responses, I reviewed the knowledge-based questionnaire and recruited twelve out of the twenty individuals who met the criteria for the study.

To conduct a formal introduction, I sent a letter of invitation to the selected participants and scheduled a Zoom audio or telephone call to each participant. I also included a phone number in the invitation letter in case further clarification was

necessary. I prioritized answering any questions participants asked regarding the study to clarify any misunderstandings and ensure they understood the research purpose. All participants had the opportunity to ascertain a clear understanding of their voluntary effort and ensured they would be unharmed in the research process. I also attached a complete copy of the collaborative institution training initiative, which confirmed that I was qualified to conduct this study.

Following the explanation of the study, I entrusted the participants to agree to the criteria. The informed consent form included the details of the study, the purpose of the study, the methods used to select participants, confidentiality, research guidelines, boundaries, and any possible risks that may occur by participating in the study. Once the participants agreed to partake in the study, they acknowledged their agreement by sending an email stating, "I consent." Afterward, the participants received a second email correspondence asking them to select a date and time suitable for the interview. Upon receiving the participants' responses, they received a scheduled dates and times to attend the interview.

I conducted Zoom audioconferencing interviews with each participant using an interview questions guideline protocol (see Appendix A). I asked probing questions during the interview to obtain rich data and gather as much information as possible to identify themes. To avoid harming participants, I ensured that all instruments were used ethically. Because researchers have proposed incentives for research study recruitment and retention as a way of increasing recruitment and retention (Parkinson et al., 2019), each participant who completed the interview questions received a \$20 electronic Visa

gift card as an appreciation for participating in the study. In compliance with Walden University's IRB policy, participants can receive a gift or token as the researcher's appreciation for participating in a study.

### **Data Analysis Plan**

All participants were audiotaped, manually, and professionally transcribed. Qualitative research generally utilizes interviews and more specifically semistructured interviews for the purpose of data collection (Balushi, 2018). To confirm accuracy, I transcribed all interview responses using Otter App and exported the data into Microsoft Word. According to Goldenthal et al., 2021, transcription tools are useful because it helps convert messages from audio to text and helps the user become more proficient when manually transcribing the interviews. Also, the raw data was stored in Microsoft Word to safeguard the confidentiality of the documentation gathered. Additionally, I stored the information on a secured file cabinet and amass the backup data in Google Drive.

After the first interview was completed, data analysis began and continued over the course of the study. To enhance the credibility of the research, I generated memos that enabled me to track all the steps taken and the rationale behind it. While interacting with the data, I implemented self-reflection and documented the chronological presentation of the data to maintain focus. In accordance to Adu (2019a), qualitative researchers use journaling as a method for capturing their thoughts, procedures, and reactions prior to, during, and after collecting and analysis of qualitative data.

All collected data was transferred to Microsoft Word to categorize, generate the codes, and analyze the collected data. Adu (2019) recommended using Microsoft Word

for manual coding as one of the tools for qualitative analysis. Although manual coding takes a considerable amount of time to code qualitative data without qualitative analysis software (Saldana, 2016) manual coding is the most cost-effective way of analyzing qualitative data (Adu, 2019). Next, I copied the codes from the transcripts, created a new Word document, and pasted them into a separate table titled “compilation sheet” to compute code frequency. I also tallied the number of participants that was connected to a specific code. This process aiding with identifying categories and emerging themes.

To identify the common themes in the research, I used the thematic analysis approach. Thematic analysis is uniquely suitable, straightforward, and accessible (Clarke & Braun, 2018). The first step in this process was to get familiar with the data. Before analyzing the data, Nowell et al. (2017) revealed that gaining an understanding of the textual data (interviews), including field notes from the participant's observations, reflective journal notes, narrative stories, and thoroughly reading and rereading the content, was necessary. I successfully collected and reviewed the data to discover the deep meaning of the content and the associated themes. Also, as a part of thematic analysis, hand-coding was performed in Microsoft Word. I stored the raw data in a secure location and archive with dates to create an audit trail.

Next, I organized the recognized codes. Since organizing codes can pose a challenge to navigate the coding process, theorizing the code and revisiting the data, helped simplify the specific characteristics of the data. Organizing each question Clark and Vealé (2018) and Saldana (2016) mentioned it required discipline to produce a code analysis and classification that could represent the phenomenon of the study. This

thoughtful step offered a consistent approach to the responses from the participants. I demonstrated comprehensive data analysis with precision, consistency, and meticulousness by forming this critical step. The analysis methods were systematically disclosed by considering each piece of information shared by the participants, including recordings, utterances, sighing, and corresponding reactions of each participant (Clark & Braun, 2018). Accordingly, Clarke and Braun (2018) and Nowell et al. (2017) used this measure to demonstrate the credibility of the research process. It is essentially necessary to review the themes in the data after in-depth analysis. Therefore, I reviewed the meaning of the data sets and the evidence they contain collectively during this analytical step.

### ***Summary of Coding***

Coding the data to gain an understanding of the participants' experiences was a critical next step, following the thematic analysis. In a qualitative interview, coding is a word or a short phrase representing a summative or suggestive language applied to visual data (Saldana, 2016). Codes are written to define and transform long sentences into concise, clear, and concise words (Clark & Vealé., 2018). The process is done using various methods, including hand coding (using Word or Excel) or qualitative analysis software, such as MAXQDA, NVivo, and Dedoose (Saldana, 2016). In this study, codes were obtained by using Microsoft Word. It was imperative to understand the codes and accurately define each descriptive code (Saldana, 2016). Once the codes were collected, they were collectively organized into themes and categories. Saldana (2016) confirmed that by defining and refining assumptions, ideas, and interpretations about what the data

represents, data structuring helps define and refine the assumptions, ideas, and interpretations. In Chapter 4, I will include the codes and themes that emerged.

### **Issues of Trustworthiness**

Trustworthiness is an established criteria as a method to evaluate the research. Lincoln and Guba (1985) developed the five strategies that are used to establish trustworthiness which includes credibility, transferability, dependability, and confirmability. As an integral part of this research, it was essential to build trust with the participants to ensure rigor in this qualitative study is established. Connelly (2016) explained that qualitative studies are considered trustworthy if they follow the appropriate methodologies to ensure data quality, interpretations, and conclusions. During the research process, I established protocols and procedures that would enable this study to be considered worthwhile by the readers. Shufutinsky (2020) posited that self-transparency is crucial for any study and that the reader should understand the researcher's objective and findings. Thus, the reader can gain an understanding of the research results. Developing these protocols demonstrated transparency and the actual value of the research. The effectiveness and integrity of study findings depend on how transparent the study is, as Connelly (2016) mentioned. Furthermore, qualitative researchers need to maintain rigor to obtain credibility (Connelly, 2016). I maintained a self-reflective journal by logging my thoughts, biases, feelings, and ideas that developed throughout this research process. This process upheld the self-awareness, reliability, and credibility of the research.

## **Credibility**

The credibility of this study provided trustworthiness in a real-world setting. Credibility is used in place of internal validity and emphasizes the true value that requires the researcher to determine whether he or she has developed and demonstrated a certain level of confidence in the findings based on the phenomenon that is being investigated (Lemon & Hayes, 2020). The credibility in the research is established by the true value that is derived from exploring a person's lived experience (Lemon & Hayes, 2020). In this research, I employed member-checking to establish credibility. In qualitative research, member-checking is important in establishing trustworthiness in the qualitative study (Lemon & Hayes, 2020). Member checking is beneficial because it allows the researcher an opportunity to ensure that the statements that the participant made are accurately captured by allowing the participant to review the information and confirm and deny the accuracy thereby adding credibility to the study (Candela, 2019). After obtaining the information and transcribing the data, all participants reviewed the summary of their transcript via email. The participants reviewed a copy of the interview summary to confirm the accuracy of the data.

To ensure credibility of the study, I examined and analyzed the data and shared the data with content experts for review. The use of content experts warranted the integrity of the study according to Guetterman et al. (2020). Taking this approach helped the study gain higher credibility. Connelly (2016) stated research studies must demonstrate credibility to be trustworthy. As the researcher of this study, I used the

following techniques to strengthen the credibility of this study: participant engagement, persistent observation, individual member checking, and reflective journaling.

### **Transferability**

Transferability takes the place of internal validity and generalizability.

Transferability identifies the extent to which the findings from the study could apply to other environments (Stahl & King, 2020). Further, the transferability of qualitative findings depends on the reader's ability to draw connections from the data beyond the target population in the context of why the study was conducted (Korstjens & Moser, 2018). This means the qualitative researcher should clearly and concisely articulate the research process and protocols to the reader (Herzog, 2019). To establish transferability in this study, thick description was used. With thick description, the researcher provides dense information that describes the setting, study participants, and observed interactions and procedures (Stahl & King, 2020). Through the use of quality description, the researcher allows the opportunity for others to make sound judgements on the study (Stahl & King, 2020). To address the transferability in this study, I provided descriptive information on the nature of this study, the setting, participants, including the observations that were made concerning the interactions and processes witnessed. Furthermore, I lead an efficient recruitment process, assisted with data collection, analyzed the data, and summarized the results in a concise, detailed manner to ensure transferability. Transferability represented a rich, detailed description of the study's context, location, and participants. Researcher Connelly (2016) satisfied this criterion by

indicating that selecting appropriate study participants, providing detailed, rich descriptions will contribute to transferability and rigor of the study.

### **Dependability**

Dependability is measured by how stable the data are over time and how the data analyze. The participation of participants in the study, the assessment of findings, clarification, and recommendations provide the basis for the study to be stable and consistent while considering the possibility of change in the natural environment (Korstjens & Moser, 2018). Moreover, Connelly (2016) reported that dependability refers to maintaining processes and peer debriefings audit trail. Researchers' notes are process notes of all activities that occurred during the study and decisions about the aspects of the study (Connelly, 2016). Throughout this study, I documented the procedures and activities of the research process, to make it more reliable. I kept memos, audit trails, and questions from the interviews, recorded and transcribed data on a confidential computer hard drive under a secured password and face identification will be critical to this research study. Also, audit trails are beneficial because they provide transparency and can be used as an opportunity for auditors to understand the procedures and the processes that took place in the research study (Korstjens & Moser, 2018).

### **Confirmability**

Confirmability is another strategy that is used to enhance the data in the study. Confirmability can be addressed in a study by utilizing research data or direct quotes from the participants (Stenfors et al., 2020). Confirmability removes the bias that can occur in the study by relying on the data (Stenfors et al., 2020). Additionally, the audit

trails also establish dependability. Moreover, reflexivity will allow the researcher to acknowledge their own level of self-awareness and their role in data collection, analysis and interpretation of their own role and biases in the process within the study (Korstjens & Moser, 2018). To address reflexivity, I wrote reflective journals following the interviews to supplement the analytical data.

### **Ethical Procedures**

Ethical procedures are essential in research to mitigate the risk for ethical issues. The process involved in research aims to protect the participants as well as maintain privacy (Morris MacClean et al., 2019). Ethics is pertinent because it ensures that studies should do good and avoid harm (Morris MacClean et al., 2019). Preventing harm can be reduced by applying the ethical principles (Morris MacClean et al., 2019). Researchers also have a responsibility to protect life, health, integrity, privacy and confidentiality (Morris MacClean et al., 2019). Furthermore, research ethics requires the researcher to ensure the participants' safety. The treatment of human participants in research studies according to the Belmont Report states that there are three principles to the treatment of human participants in research, which are respect for persons, beneficence and justice (Morris MacClean et al., 2019). When working with human participants in research, the researcher must protect the participants dignity, autonomy, ensure that the participant has provided informed consent, ensure that no harm was done and that the participant was treated fairly throughout the process (Morris MacClean et al., 2019). Further, the researcher must follow the ethical standards of the Institutional Review Board at Walden University. This approach will warrant credibility to the study and ensure compliance

with standard policies (Walden University, 2019). The Institutional Review Board at Walden University approval process is a safe way to ensure that the researcher is abiding by the three principles outlined in the Belmont Report and protecting human subject, participants.

After receiving IRB approval from Walden, I began the recruitment process. I ensured that all participants received an invitation and consent formed and electronically replied “I consent.” This method confirmed each participant was aware of their rights as volunteers in the study and that coercion did not occur. As part of the privacy and confidential policies, each participant’s identity was shielded. The participants were identified during the interview using their first, middle, and last name initial. All participants were provided a list of contact crisis numbers (211, 311, 911 toll-free) in the event of an emergency or mental distress, or triggers occurs resulting from an interview question during or after the interview process. With the recruitment process, the researcher must consider ethical considerations.

To ensure privacy in the process of recruitment for this study, I provided contact information along with the flier for participants to contact the researcher directly and allow for anonymity by creating unique identifiers that to identify the participants. For this study, I used the participants initials and the first four digits of their zip code. At the time of contact, the participants' information was placed in an encrypted file to maintain privacy and confidentiality. According to Boland et al. (2021), the use of encrypted accounts can help with privacy loss. The participants were provided a letter of invitation by way of email correspondence. Along with the invitation, I protected the participants of

the study, I also provided an informed consent form to participants in order to allow them to choose whether to participate in the study voluntarily or involuntarily. By providing informed consent to participants, I ensured they understood the purpose of the study, their right to refuse to participate, and the opportunity to withdraw their participation without concern for retaliation or punitive measures. According to Arifin (2018), informed consent ensures that study participants understand the purpose of the study, their right to refuse participation, and their right to withdraw participation without retaliation or punishment.

As the researcher, I confirmed that each participant's informed consent was acknowledged, recognized, and clearly explained throughout this study. Researchers should show professionalism, honesty, and openness to participants and set clear boundaries to guard against misrepresentation (Arifin, 2018). Participants received written documentation detailing who will have access to and how the information will be used before gathering any information. It was reiterated to the participants the safeguard measures for both the participant and the researcher. According to Walden (2019), this approach will warrant credibility to the study and ensure compliance with standard policies.

Moreover, as an ethical principle, I created a secure code to identify each participant to ensure confidentiality. The participants were informed that the study's data will be destroyed five years after the study's publication. Data collection can pose ethical concerns in studies if the researcher is not cautious. With data collection the privacy of the participants is key to ensure that there is minimal risk for a breach in confidentiality.

To ensure that the participants privacy was protected, I also used an audioconferencing platform that was password protected. Privacy can also be violated due to the participant or the researcher not being in a secured location at the time of the study (Boland et al., 2021). Participants were notified of available dates and times so that external interruptions would not violate their privacy. I also requested participants to provide the date and time they would be available to schedule their interview to avoid interruption of the interviews. Boland, et al. (2021) emphasized the importance of making sure that both the researcher and participant are in a safe environment where they can discuss the study without interruption during their discussions. Participants who completed the study received an electronic \$20 Visa card. It was clear to all participants that the gift was being offered as a token of appreciation for their participation.

### **Summary**

This generic qualitative study was designed to explore the experiences of African American women's coping methods after receiving community-based behavioral health services to cope with stress-related problems. A study sample comprised African American women aged 18 and over who had received a minimum of six months of community-based services to cope with stress-related problems. Participants were recruited via Facebook after the group administrators gave their consent to post the study's flyer. The interview schedule was arranged according to the participant's availability. For eligibility, the participants completed a knowledge-based questionnaire to meet the study's inclusion criteria.

To continue, participants were asked ten open-ended, semistructured, in-depth questions during the interview. After the eighth interview, no new topics emerged from the data, indicating saturation. Several techniques were employed to enhance the credibility of the study, including memos, reflexive journaling, and bracketing. The accuracy of the transcriptions was verified by member checking with study participants. To ensure consistency the manual transcriptions were checked against the audio recordings during the data analysis process to make certain the codes and themes were in alignment. Moreover, to strengthen trustworthiness, confirmability, dependability, and credibility, corroboration with experts in the field was also conducted to ensure accuracy within the data itself. The fourth chapter contains the findings of the study as well as detailed explanations of themes, meanings, and implications.

## Chapter 4: Results

In this generic qualitative study, I sought to understand the perceptions and experiences of African American women who received community-based behavioral health services. The goal was to explore and understand the coping skills employed when African American women dealt with stress-related problems and if community-based services enhance their coping strategies during stressful situations. Participants described their interpretation of the SBWI as a coping method, their experiences with community-based behavioral health services, how they interpreted coping skills, and what they did to cope with stress. The participants also described their chosen coping methods' effectiveness and efforts to enhance their coping style. I then analyzed the data to address the research question and identified themes regarding coping strategies. Chapter 4 will provide detailed account of the study's interview setting, the participants' demographic information, data collection, data analysis, a review of the evidence of trustworthiness, and the study's results.

### **Setting**

All interviews were conducted using Zoom audioconferencing and recorded using Otter's voice dictation and an Apple recorder device. Only 10 of the 12 participants chosen to participate in the study were interviewed. The other two participants experienced technical difficulties or were unwilling to interview via telephone or face-to-face. After 10 interviews, I determined I reached data saturation and decided that additional interviews were not needed. The semistructured interviews were conducted at the participants' convenience, which allowed participants to share their beliefs and

perceptions more openly regarding the research question. Following each interview, participants received an interpretation of their interview transcript as part of the member checking process to confirm the accuracy of what was said during the interview.

### **Demographics**

Among the study population were 10 African American women aged between 21-43. Participants were identified by their initials and zip codes. Most participants lived in the Baltimore–Washington metropolitan area. Five participants lived in Maryland, two in Northern Virginia, and one in Washington, D.C. The other two participants lived in New York. All participants were employed or self-employed apart from two participants. One participant was unemployed but not financially stressed, and the other was a stay-at-home mother who did not have financial issues. An overview of the demographic information is presented in Table 1.

**Table 1**

*Participant Demographics*

Participant	Age	Education	Occupation
AT11368-P1	33	College	Stay at home mom
CBS21236-P2	38	Master's	Self-employed
CZ11385-P3	29	Bachelor's	Self-employed
LMP21128-P4	34	Doctorate	Nurse-executive
LM20002-P5	31	Doctorate	Nurse practitioner
SKG21214-P6	43	Some college	Supervisor
LM20041-P7	28	Bachelor's	Unemployed
MM20041-P8	26	Associate degree	Admin clerk
MP21031-P9	21	Some college	Administrator

### **Data Collection**

The data used in this study were gathered through 10 in-depth semistructured interviews via Zoom audioconferencing after receiving an approved email from Walden's IRB. All interviews were confidentially gathered between July 20 and July 28 and digitally recorded using OtterApp and an Apple audio device. After posting the study's invitation letter on the approved Facebook social media platforms and leaving flyers at a community organization outreach event with their consent, there was an immediate response via email by participants inquiring about participating in the study. Each participant received an electronic consent form and a 10-question knowledge-based questionnaire to complete after indicating their interest in participating in the research study, which led to interviews with 10 participants.

All interviews were completed within 40–45 minutes. As a way of making the interview process easy and comfortable, I provided warm regards throughout the interviews and thanked them for sharing their experiences during the interview process. All participants understood that their participation was completely voluntary and they could stop the interview at any time if they felt discomfort. Each participant was reminded their interviews were confidential and would be stored for 5 years in a safe place after which, the information will be discarded. Within 48–72 hours of the

interviews, participants received a summary of their interviews for member-checking to ensure the credibility and accuracy of the information shared. All participants were encouraged to change any information deemed necessary to obtain objectivity and maintain the integrity of the research study. Participants were reminded at the end of their interview to refer to the toll-free number listed on the consent form if they required additional support or experienced psychological triggers related to the research interview. As a reward for completing the interviews, each participant received an electronic \$20 gift card by email.

### **Data Analysis**

To analyze data, I transcribed the audio-recorded files from Otter App into a Word document. I then listened to each recorded interview and manually documented each participant's interview verbatim. I used bracketing to refrain from judging or displaying subjectivity, mitigating any potential assumptions, beliefs, or deleterious attitudes or effects to avoid influencing or tainting the research process (see Adu, 2019). At the point of suspending any philosophical assumptions affiliated with the past knowledge I possessed about the phenomenon of interest, I proceeded with reading the transcriptions, using the best practices of a qualitative researcher.

Using Adu's (2019) step-by-step method to analyze data and to gain a better understanding of the information, I read and reviewed the transcriptions four times to become familiar with the data. This process consisted of generating memos that described the initial reflections and impressions I received about the data. Taking this approach helped to generate a more significant and meaningful understanding of each participant's

responses to the research questions. Next, I set up a file for each participant, using their initials to identify each file. After uploading the transcriptions to Microsoft Word, I attached the memos I wrote to each transcript individually. Using the transcripts, I compiled all the codes and pasted them on a separate file. The compilation sheet consisted of the specific codes I compiled and tallied the frequencies, which consisted of a complete expression of the codes.

Next, I developed a separate table to represent each of the 10 interview questions. I then uploaded the participants' responses per question to the Word document. By determining an appropriate coding strategy and creating anchor codes for each question, this process helped determine what coding strategy to use. After each question was categorized, I printed the results for each specific research participant to further read and analyze the data. I identified relevant excerpts, assigned a code, condensed the data to broader codes and connected it to an existing code, and scanned the documents to Microsoft Word to color code the assigned codes. In other words, I organized the categories and subcategories under each of the 10 interview questions. Once data were condensed into more concise codes, I then categorized the codes into themes to reflect the experiences of each participant's description of coping with stress-related problems after receiving community-based services. Taking these steps helped with differentiating between each participant's responses regarding how they view receiving community-based services and how applying new strategies helped them cope with stress.

By categorizing the data, I identified and labeled the categories of the codes. Eight emerging themes were identified from the codes: (a) SBWI characteristics, (b) SBWI

historical contributing factors, (c) SBWI coping style, (d) benefits of SBWI, (e) liabilities of SBWI, CBS benefits, and (f) community-based services coping methods. The tables in the Results section provide a description of themes, the codes used to arrive at those themes, and how many participants are associated with each code.

### **Emergence of Codes, Categories, and Themes**

Out of 10 participants, P1, P3, P4, P9, and P10 stated they use the SBWI and community-based coping methods today. The only difference mentioned by the participants were that they cope differently now that they have learned other coping styles with the use of community-based support services. Participant concluded that the SBWI is the most suitable, reliable, and conducive way to cope with stress-related problems. Other participants stated though they appreciated the SBWI, they have learned positive ways to cope with stress and although still learning to implement those learned strategies in their daily life, community-based behavioral strategies has changed their lives significantly.

Specific themes indicated strong Black woman coping methods, with suppressed emotions being the most prevalent style of coping with stress. The most prominent benefits of using the strong Black woman coping method were identified similarly as being strong for my family, getting through tough situations others cannot handle, and acting as a protector. Nine out of 10 participants mentioned that the liabilities of the strong Black woman image were elevated stress, suppressed emotions, and lack of self-care. Learning to manage emotions was the leading coping strategy all participants learned from attending community-based services to help cope with stress-related

problems. Community-based services benefits were described as “very helpful” and “Learned new coping strategies to cope with stress” were identified by all participants as the most favorable aspect of receiving services. This made participants feel hopeful to use CBS and recommended that other African American women seek CBS to learn other ways to cope with stress. The participants were able to manage how they cope with stress better and express their emotions rather than suppressing them. Participants’ experiences suggest that community-based services’ coping methods can be helpful and effective in reducing stress levels when dealing with stress-related problems.

### **Evidence of Trustworthiness**

To establish trustworthiness, it was imperative to build trust with the participants during the initial contact. Self-transparency is also important for any study, and the reader should understand the researcher’s objective and findings (Shufutinsky, 2020). Credibility is established by the true value that is derived from exploring a person’s lived experience (Lemon & Hayes, 2020). To maintain the credibility of the data, I incorporated member checking. Each participant received an electronic summary of their transcript to review and determine the accuracy of the data. One participant suggested changing one word to reflect her response more accurately. The other nine participants were satisfied with the transcript summary and confirmed the data was captured accurately.

Additionally, using bracketing helped me remove any philosophical assumptions or biases. When a researcher uses bracketing, they state their beliefs and interactions with their research topic (Berkovic et al., 2020). Thus, I stated my beliefs and personal

experiences with professional colleagues to avoid influencing the interview process and to remain nonjudgmental to establish a trusting relationship with the participants. To maintain objectivity throughout the study, I focused on self-awareness, wrote self-reflection notes of my biases about the use of CBS and my historical perceptions about the SBWI as a coping method I once relied on to cope with stress-related problems. Using these steps help to bracket any preconceptions and noticeable subjectivity to retain confirmability to the study.

To further ensure the credibility of the study, I examined and analyzed the data as well share the data with content experts for review. Transcribing each participant's transcription verbatim, generating memos, and journaling reflexively were also used to verify the data's reliability. Throughout the research process, I kept a reflexive journal. Writing memos and journaling provided the space to document my feelings during and after each interview. Although writing memos posed as a challenge, reflexivity was essential throughout this research project because it positioned me to challenge biases that I was both aware and unaware of during the study (see Barrett et al., 2020).

To address transferability, I provided thick description to describe the data. With thick description, the researcher provides dense information that describes the setting, study participants, and observed interactions and procedures (Stahl & King, 2020). I interviewed 10 African American female participants ages 18 and older for this research study. All interviews were conducted virtually via audio Zoom. I provided descriptive information on the nature of this study, the setting, as well as the observations that were made concerning the interactions and processes witnessed with the participants.

Furthermore, I led an efficient recruitment process, assisted with data collection, analyzed the data, and summarized the results in a concise, detailed manner to ensure transferability.

Data dependability is measured based on how stable the data will be over time and how the data analyze (Korstjens & Moser, 2018). As part of this study, I documented the procedures and activities of the research process to make the results more reliable. During the research, audit trails, notes, and questions from interviews, as well as recordings, transcriptions, and data collection, were stored on my computer hard drive under a secure password.

Confirmability can be addressed in a study by utilizing research data or direct quotes from the participants (Stenfors et al., 2020). To establish confirmability in this study, reflexivity was used. Creating an audit trail, I was able to refer to reflective thoughts and acknowledge my role and biases in the study. I wrote reflective thoughts via journaling following the interviews to supplement the data analysis. This allowed me to maintain integrity and transparency throughout the study.

### **Results of the Data**

This study was guided by the research question: How do African American women cope with stress-related problems after receiving community-based services describe their experience? Understanding how participants perceived strong Black women as a coping mechanism for stress was the first step toward understanding their experiences with community-based services. To enhance their ability to cope with stress-related problems, it was also essential to understand how they relied on CBS to cope with

stress. The participants in this study also described the community-based behavioral strategies they learned to use to cope with stress-related problems as “very helpful” when dealing with stress. Likewise, all participants stated that community-based strategies helped them improve their coping methods when stressed and became healthier versions of themselves.

The data analysis yielded eight themes: (a) exhibiting characteristics of the strong SBWI is a coping mechanism, (b) use of generational and historical factors as additional coping mechanisms, (c) coping methods have both positive and negative health implications, (d) there are some benefits evident with using SBWI as a coping mechanism, (e) there are some liabilities with using elements of SBWI as a coping mechanism, (f) women also use CBS as coping mechanisms, (g) CBS as a coping method provides some benefits, and (h) the use of CBS comes with potential liabilities. Based on the data, themes emerged that illustrated how African American women coped with stress-related problems using both the SBWI and CBS. Each of the themes had basic codes and patterns that were supported by participants’ statements.

### **Theme 1: Exhibiting Characteristics of the Strong Black Woman Image is a Coping Mechanism**

Each of the participants shared the exhibiting characteristics of the SBWI and acknowledged how they adapted to the characteristics of a strong Black woman. The participants identified with feeling obligated to uphold the SBWI when presented with stress-related problems. Table 2 shows common subthemes frequently appearing when the participants described the strong Black woman’s image characteristics.

**Table 2***Theme 1 Codes*

Theme	Basic codes	Number of participants coded
Strong Black woman image characteristics	Have to be strong	9
	Ambitious	4
	Courageous	5
	Resilient	6
	Reliable	2
	Strength	4
	Cannot be weak	9
	Endure silently	3
	Confident	3
	Be strong for others	5
	Help others	7
	Caring	4
	Determine to win	2
	Dependable	1
	Being strong is second nature	4

***Most Common Identified Characteristics***

Majority of the participants identified having to be strong was a characteristic of the SBWI. They also felt that being strong was a sense of security and reward, as they felt

in control of their stressful situations and was able to manage it without the interventions of others. To further explain, the four most frequent subthemes that were identified in table 2 are discussed in detail in the following sections.

### ***Have to be Strong***

Nine participants talked about their ability to exhibit strength during stress-related situations. The participants said that being strong was natural. The characteristics of the strong Black woman does not leave room for vulnerability which meant they had to be self-sacrificing to support others because they were naturally strong mentally and physically. For example, P1 said, "The SBWI characteristics promotes psychological strength and provides protection dealing with stress in my life and before seeking community-based services, I became content with the SBWI because it provided natural strength and resilience in me."

Participant 2 said, "The strong Black woman characteristics means Black women must be strong from enduring tragedy from enslavement and have to hold it together through many trials of life. Still today, we have to be strong dealing with stressors such as violence, unequal pay, single parenting, ills of society, financial issues, mental health issues that other races do not have the same history. Participant 3, said, "We have to be strong for those around us in everything, so I have to pretend I am okay when I am not. I have to project psychological endurance in everything when stressed because I have adapted this characteristic."

Depicting the characteristic of the SBWI is known as a survival mechanism of African American women and is used to cultivate and image of strength to counteract

stress (Liao et al., 2020). This statement was confirmed by Participant 4 who stated, “exemplifying the characteristic of being strong is my motto because whether I get through stressful situations or not, being strong is a characteristic that helps be get through it. I need to be strong because it is my norm and expectation of surviving the worst of things.” Participant 5 said,

being strong is a characteristic that symbolizes that I handle my own stressful problems and deal with my own issues privately to maintain the SBWI because seeking help was viewed as weak and people will know your stress-related issues.

Participant 6 said,

I feel confident in myself knowing I am a strong Black woman because this trait means I can handle it all. Whatever is thrown at you, you can fix the problem and make sure everyone is good. I have to be strong because I am an asset to others.

P7 described the characteristics of the strong woman image as having to be strong because it worked for her. She said, “Having to be strong promoted positive psychological outcomes and upholding the characteristics works for me. It provides protection and even though I suppressed a lot of stress-related emotions, it worked for me.” Participant 8 said, I avoid being vulnerable to people, so being strong is a must! So having the characteristic of being strong, it gives me ambition to thrive because African American women are destined to succeed.” Participant 10 said, being strong makes me feel reliable, responsible, and dependable.”

*Cannot be Weak*

Since the SBWI is highly respected among African American as mentioned in chapter 2, it leads to neglecting their own health most of the time. According to Watson & Hunter (2016) this can lead to adverse effects in their mental health. Based on the data, seen weak was intolerable for some of the participants. As shown in table 2, nine participants alluded to the SBWI as not being weak. Participant 1 said, “Sadly, if you are not being strong, people will view you as weak. This does not leave room for the Black woman or African American women to show her emotions.” Participant 2 said, Participant 3, said, “Being strong is a positive trait of the strong Black woman because we cannot show the world we are weak.” Participant 4 said, “I could not cave into stress, as it is a sign of weakness.” Participant 5 said, “The strong Black woman image was always my coping style. It was embedded in me, so seeking help was viewed as weak. People will see your problems and label you as weak.” Participant 6 said,

I had to be tough and not viewed as weak, so I suppressed my feelings so others can see me as the good person. I am the person who can solve problems, at least that was how I was raised ... not to be weak.

Participant 7 said,

although I suppress a lot of emotions and feel like breaking down at times, I cannot show signs of weakness. I ate a lot of junk food, uhm, emotional eating to avoid crumbling under stress but it created courage and pride in me and I did not appear weak to others.

Participant 8 said,

I feel weak or vulnerable if I seek help from others. I cannot be weak or present as weak, even if I am, I deal with it. I put weakness on the sideline as an African American woman who deals with discrimination on the job or when I am overlooked for positions I qualify for but get looked over for whatever reason. I cannot afford to be weak in situations like that because they will think I'm vulnerable and I am not weak. Therefore, I am accustomed to immolating the strong Black woman image and it works for me, well at least I think it does.

Participant 10 said,

People tell you that you got through tougher things, so I was expected to be strong. I should be able to be strong and not weak and be okay with that, according to people. I am expected to smile and wear an image. Be present, be live, so, I suppressed my feelings.

### ***Helping Others***

One of the most common characteristics highlighted as the strong Black woman image was recognized as helping others. Seven participants felt responsible for the problems of others or took care of other people's problems as if they were their own. The participants were able to identify with portraying as strong and independent while being responsible for the problems of others such as family members, close friends, including co-workers or mutual friends of others. Interestingly, P1, P4, P5, P6, P7, P8, P10 identified with taking on the burden or needs of a child, husband, friend, or close friend by taking care of their problems as if they were their own, even if it costs them to neglect their problems, self-care needs, or holding back their own emotions.

### ***Resilience***

Participants discussed resiliency and how they were able to represent resilience as a strong Black woman. Participant 1 described the strong Black woman characteristic as resilient and courage. She said, “the strong black woman image provides natural strength and resilience in me.” Participant 2 said, “the strong Black woman image is unbreakable and resilient,” while Participant 4 said, “I had no techniques, so I worked through the stress and became resilient. I felt I could conquer anything if I just get through the stress-related problem.” Participant 5 said, being SBWI means resilient and Participant 9 said, “The meaning of the SBWI is resilient.” Participant 7 stated, “the strong Black woman image is self-resilient.”

### **Theme 2: Use of Generational and Historical Factors as Additional Coping**

#### **Mechanisms**

The second theme that emerged from the data was the use of generational and historical factors as additional coping mechanisms. Participants discussed generational and historical factors that molded the SBWI within their personality. Each of the participants readily spoke about watching the women in their families rely on the SBWI as a coping mechanism when stressed. All of the participants mentioned that growing up they were taught the importance of being strong and watched the women in their families demonstrate the role of a strong Black woman. However, one participant (P2) did not agree with the concept because she disliked portraying an image that did not allow a true expression of herself. Additionally, P2 felt that the historical perception of the SBWI did not allow her to express her true self growing up. P2 believed that historically, African

American women were positioned to achieve unattainable goals and sacrifice their mental and physiological health to uphold an image designed for African American women to sacrifice their entire life just to say she was strong. Basic codes or subthemes that emerged were, don't let others see you weak, taught to handle everything, created with courage, provide protection, and just get through it. The other subthemes, number of participants, and quotes for theme 2 are presented in Table 3. However, this study will focus on "don't let people see you weak and taught to handle everything since they were the other two prevalent basic codes.

**Table 3**

*Theme 2 Codes*

Theme	Basic codes	Number of participants coded
SBWI Generational and Historical Factors	Follow generational example of women in family	10
	Don't let people see you weak	10
	Taught to handle everything	7
	Created with Courage	5
	Provide protection	4
	Just get through it	4

***Don't Let People See You Weak***

All participants mentioned the need to avoid letting others see them as weak relating to this theme. For example, P3, P4, P10, P2, and P6 talked about being taught to

be tough, suppress their feelings, and get through stress-related issues so that others would not view them as weak. P1, P4, and P7 agreed that generations of women in her family taught them to be strong and told them not to let others see them as weak, or it would disgrace the cultural theories. P5 and P6 revealed they were taught to be tough and that the SBWI became second nature to them so others would not view them as weak women. P8 stated she was taught to avoid signs of vulnerability or weakness to combat racism, get discriminated against, and avoid getting put on the sideline for competitive positions, even if she felt depressed or weak.

### ***Taught to Handle Everything***

Another basic code or subtheme all of the participants mentioned was that they were taught to handle everything, which led to pretending to be okay, suppress emotions, crying in silence, gaining weight, or experiencing elevated stress. P1 said, I watched my mother handle tough situation and I learned to handle everything growing up because it was natural.” P2 said, “I was taught to handle everything. I was taught the SBWI means enduring a lot of stuff and this was historically our belief.” P3 said,

Although I was hurting inside, I held firm to the historical belief that I could handle everything. I cried a lot and I struggled often, but I was determined to make my mother and aunts proud by showing that I could handle everything by portraying the SBWI. It affected me hugely, but I did not want to be judged by the women in my family.

P4 said,

the women in my family taught me to handle everything on my own and not to depend on anyone. Even though I felt like I was carrying the weight of the world on my shoulders, the SBWI taught me this form of coping and I was okay with it because it seemed normal since I watched the women in my family do the same thing.

P5 also reflected on watching generations of women in her family handle everything at any cost:

I was taught at a young age to be a strong Black woman and to wear the image well because generationally, we were told to deal with our own problems. So, I learned to be strong and handle everything perfectly until I resorted to drugs, marijuana to be exact and alcohol.

P6 also reflected on comments she was told as a child regarding being strong and learning to handle everything on her own because people could not be trusted:

Being strong was overwhelming but I learned to wear the image well and I handled everything on my own. My parents died when I was young, so when I moved with my aunt, she taught me to handle everything that was thrown at me, that I could fix the problem. So, I suppressed my problems and became prideful wearing my superwoman cape and I handled everything not just for me, but for others as well. It made me feel important.

Participant 7 said,

I can identify with my mother telling me how important it was for me to handle everything life throws me. Handling everything helped me tolerate my stressors

and minimize them. When I was rejected by others or overlooked, I handled it because the strong Black woman image was my powerful buffer that worked against any stressor I faced.

Participant 8 said generations of women in her family taught her the importance of being strong and handling everything without the interventions of others because family or friends could not be trusted:

I actually believed them after sharing my secrets with close friends and family members I trusted because they leaked my personal information to others. I was angry, but I learned the art of handling my problems and everything that came against me as I was taught. I was very depressed, and it impacted my health having to deal with everything on my own, but it was a safe place for me.

Participant 9 said, the SBWI was also generational because she was taught to uphold its morals and not to let anyone deteriorate the image. Participant 10 said generations of women in her family taught her the historical meaning of being strong and using the strong Black woman coping strategy to handle everything that came her way. She also shared that, “I seen strong Black women throughout generations of African American women in my family overcome many obstacles, so it was natural.”

### **Theme 3: Coping Methods Have Both Positive and Negative Health Implications**

Women described negative health impacts as well as positive ones. The most recognized coping method identified by the participants was “unhealthy eating” or overeating,” except for P4 and P8. Most participants reported eating emotionally, overeating, eating unhealthy food when they were not hungry, or suppressing their

emotions to cope with stress-related issues. Many felt that food brought a sense of pleasure or comfort when they could not deal with a specific stressor. Furthermore, the majority of the participants identified suppressing their feelings/emotions to avoid the problem causing stressful problems.

P5 stated that after exhausting the coping methods she was taught to help her to cope with stress-related problems, she turned to drugs and alcohol to cope with stress. However, P5 stated that she no longer uses this concept to cope with stressful situations. Other participants mentioned other coping strategies such as shutting down, isolating from others, sleeping excessively, exercising, listening to music, and praying as coping methods to manage stress-related problems. But several participants coped with stress-related problems by talking to friends or close family members to help them cope with stress. So, there were some positive ways that that coping impacted health in terms of prayer, talking with friends and family, listening to music, etc. (see Table 4).

**Table 4**

*Theme 3 Codes*

Theme	Basic codes	Number of participants codes
SBWI Coping Style and health	Unhealthy eating	8
	Excessive sleeping	4
	Shutting down	7
	Listening to Music	3
	Drug use	1
	Talk to friends	7
	Pray	5

#### **Theme 4: There are Some Benefits Evident with Using the Strong Black Woman Image as a Coping Mechanism**

The fourth theme that emerged was, there are some benefits evident with using SBWI as a coping mechanism. All participants talked about the benefits of the strong Black woman image except P2 and P10. Participant 2 felt the SBWI was an image that was not real. Participant 2 stated,

the SBWI placed certain expectations on Black women by the society based on a historical context, for Black women to endure a lot of stuff, a lot of tragedy relating to the enslavement of African American women needing to be strong.

Participant 2 believed the SBWI does not allow the African American woman to be soft, loving, cared for, or protected due to being viewed as strong. Therefore, she did not see SBWI as a benefit for African American women. Participant 3 said she relies more on SBWI because it's natural, powerful, and resilient, and helps her deal with stress:

I will remain reliant on the SBWI because I like the benefit of feeling strong! The SBWI is amazing! You are supposed to feel strong and handle things but seeking help is a better way of handling stress related issues. So, I while relying on the SBWI, I often remember to use the coping skills I learned when I attended community-based services to heal and cope with my stress-related problems.

Participant 7 believed the SBWI benefited her because it worked for her. The SBWI made her feel courageous, self-reliant, and strong for her family. Participant 10 stated that the benefit of the SBWI has expectations that are too much for the African American woman to endure: “I am nurturing, caring, but no one cares as long as I am strong. She further stated, “we should not have to be strong all the time because it doesn’t allow other parts of being an African American woman evolve.” P7 stated the SBWI provided her protection and promoted positive psychological outcomes in her life. Participant 6 stated, “the SBWI is good and made me feel confident in myself.” Participant 3 stated that the SBWI benefited her in the sense that it was helpful at times. Participant 8 stated that the benefits of SBWI helped her combat racism and being discriminated against. Participant 8 also stated that the benefits of SBWI “is a great mindset to have. You can overcome obstacles.” Participant 9 stated that the benefits of the SBWI taught her to be confident and to uphold her morals and viewpoint. She stated that the SBWI benefited her by portraying an image that’s not negative because African American women are strong by nature. Participant 1 agreed that the benefits of the SBWI strengthened her morals and viewpoints, thus making her feel prideful, courageous, resilient, and strong. See Table 5 to view the basic codes and number of participants, for Theme 4.

**Table 5**

*Theme 4 Codes*

Theme	Basic codes	Number of participants coded
Benefits of SBWI	Self-reliant	5
	I am strong for my family	8

A powerful buffer against stress	7
Able to get through tougher things others cannot handle	8
Gives me courage and pride	7
Protects me	8

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### ***I Am Strong for my Family***

Eight participants shared that they saw benefits in being strong for their family or family members. Although they did not expound much on their reasons why, it was considered a benefit for the identified participants to be strong for family. P1 said, “I take pride in knowing that there are some benefits to the SBWI. Being strong for my family is essential.” P3 also said, “It is an honor to be strong for my family because they are strong for me. This is indeed a benefit of the SBWI.” P4, equally shared that being strong for family was a priority she took pride in. P5 expressed that since she was taught to be strong, “It is only right that I be strong for my family. This is a real benefit to me. I can be there for my family during tough times because of what I was taught being a strong Black woman.” P6, said she takes pride in being strong for her family” while P7 shared, “All I know is to be strong for my family.” When asked to expand, she said, “there is nothing more to say other than it is my duty to be strong for family.” P8 said, although I cannot trust many of my family members due to betrayal, I am strong for them because

many of them need me. I have endured a lot and I see this as a benefit as one who possess the SBWI.” P9 stated that,

Being strong for family is stressful but it is what we do. I love being strong for my family because I was taught by my mother, aunt, and grandmother to be strong as they were and still are for me.

***Able to Get Through Tough Things Others Cannot Handle***

Participants 1, 3, 4, 5, 6, 7, 8, and 9 all expressed how getting through tough things others cannot handle is rewarding. When they were asked to provide more details, each of the participants identified said, “I was made to be strong and get through tough situations that would cause others to break.” The participants equally shared that life challenges prepared them get though tough things others cannot handle and believed that their mothers prepared them to handle tough things. P4 said, “Life experiences helped me get through tough times and had I not been able to identify with the SBWI, I would not have survived the challenges and stress-related things I encountered.” P3 said, although I felt depressed, I find getting through every tough stress-related problem was beneficial for me because my counter partners could not, and I was there to help them tackle tough situations.”

***Protects Me***

The identified participants in Table 5 were firm in their belief that the strong Black woman’s image was a protector. P1, P3, P5, P7, P8, P9 were convinced that the super Strong woman image protected them from cruel behaviors or others, especially on the job or in environments where they felt discriminated against. P4 and P6 said having to

deal with subtle racism or relationship problems, that the SBWI protected them from dealing with the unkind remarks and unexplained biases. P4 said, “

having to face many obstacles on the job or endure inappropriate statements due to my position can pose ill feelings. But rather allowing my feelings to get hurt, I cope via the SBWI by protecting myself from their inappropriateness. I refuse to let their behaviors work against me or dumb down what I have worked hard to achieve.

**Theme 5: There are also Liabilities with Using Elements of Strong Black Woman Image as a Coping Mechanism**

The fifth theme that emerged was there also liabilities with using elements of SBWI as a coping mechanism. All of the participants experienced liabilities upholding the SBWI. The most significant subthemes were elevated stress, suppressed emotions or the need to pretend they were strong, and lack of self-care. The participants also noted experiencing psychological problems as other liabilities of the strong Black woman image. The participants who referred to depression as a psychological liability are listed in Table 6.

**Table 6**

*Theme 5 Codes*

Theme	Basic codes	Number of participants coded
SBWI Liabilities	Psychological Outcome (i.e., depression)	8
	Elevated Stress	9
	Suppressed Emotions/Had to pretend	9

Physical ailments (i.e., high blood pressure, sickness)	8
Lack self-care	9
Cry in silence	6
Weight gain	4
It's a temporary fix	4

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The participants who identified developing depression stated that enduring stress taught them to project psychological strength that eventually became extreme depressive symptoms. P2, P3, and P4 stated, "eventually, SBWI affected my mental well-being." P6, P7, and P8 stated that SBWI produced depressive symptoms because they suppressed so many emotions until the quality of their mental health diminished. Their response was, "suppressing emotions affected my mental health." Similarly, the same number of participants stated they encountered physiological ailments due to relying on the strong Black woman image to cope with stress. P5 and P9 stated, "trying to be strong for others caused me to be unable to help myself, which developed symptoms of depressive symptoms." Although the participants mentioned the various subthemes/basic codes, they avoided answering any of the probing questions to get detailed information about the subthemes listed in Table 6. The participants did not explain their reasoning why they did not want to share further information.

### **Theme 6: Women also use Community Based Services as Coping Mechanisms**

The sixth theme that emerged from the basic codes was women also use CBS as coping mechanisms. In Table 7, participants identified significant basic codes that developed the identified theme. The basic codes that developed this theme were (a) journaling feelings, (b) learn to manage emotions, (c) learn to problem-solve, (d) learn self-awareness, (e) learn breathing techniques, (f) learn to set boundaries, (g) learn to use positive affirmations, and (h) take breaks or meditate.

**Table 7**

*Theme 6 Codes*

Theme	Basic codes	Number of participants coded
Community-based Services Coping Methods	Journal feelings	6
	Learn to manage emotions	10
	Learn to problem-solve	1
	Learn self-awareness	6
	Learn breathing techniques to remove stress	4
	Learn to set boundaries	6
	Learn to use positive affirmations/iMessages	6
	Take breaks/meditate	3

### ***Journaling Feelings***

Participant 2, P3, P4, P6 all said, “CBS taught me to journal my feelings to cope with stress-related problems.” Participant 8 said, “When attending community-based group sessions, she learned the importance of journaling after seeing other women who looked like her journaling their emotions and expressing their feelings through writing.” P9 said, “I like to journal my feelings. I learned to journal when I attended therapy during my teen-aged years. It was very helpful. I still journal my thoughts and feeling because it helps me cope with stress in a healthy way.”

### ***Learn to Manage Emotions***

All participants alluded to learning to manage their emotions better after receiving community-based services and learning new coping methods to handle stress-related problems. Participant 10 said she learned how to manage her emotions by being honest with herself and Participant 6 said managing her emotions became a new reality for her and that using new coping strategies as proving to be positive in her life. Participant 2 said if she did not receive CBS to manage her emotions, she would have had a nervous breakdown.

### ***Learn Self-Awareness***

Six participants said they learned self-awareness which allowed these participants to recognize how self-sacrificing was harmful to their mental health. Participant 3 said, “sacrificing my mental and physical health to maintain the SBWI meant I have to give up my whole life and this was unattainable. Self-awareness taught me to be stable and aware of who I am.” Participant 4 reported self-awareness taught her that she can be herself and

still be a strong Black woman without the image. Therefore, the services enhanced her perspective. Participant 6 said learning self-awareness was a lifeline for her because she learned to uplift herself and be honest about what she felt without displaying a façade.

### ***Learn Breathing Techniques to Remove Stress***

Four participants all commonly reported that learning breathing techniques taught them the importance of avoiding suppressing their emotions. Participant 6 said, “I am not longer resentful because I am not suppressing my feelings. Participant 8 said breathing techniques keeps her calm. Participant 9 said, “learning breathing techniques helped me get through a lot of stress-related issues and I recommended CBS to all of my friends.” Participant 10 said she use breathing techniques to reduce stress.

### ***Learn to Set Boundaries***

Setting boundaries was a crucial factor to several participants. Six of the participants said they learned to implement the word “no” in their vocabulary to set boundaries in their lives. P3,P4,P6,P7,P8,P10 commonly reported how challenging it was for them to tell their family members “no” and how their inability to speak up for themselves became stressful and overwhelming. P4 said she no longer commits to things she cannot do.

### ***Learn Positive Affirmations***

Learning to incorporate positive affirmations was a relevant theme for P2,P3,P4,P6,P7,P10. Writing or quoting positive affirmations gives these participants a sense of hope and positivity. Writing positive affirmations makes participants 2, 3 and 4

feel optimistic about life again. P6 use positive quotes to combat her negative thinking and P7 and P10 has a positive belief about themselves.

***Take Breaks/Meditate***

Three participants learned to take breaks, reset their thoughts or meditate before responding to stressful situations.

**Theme 7: Community-Based Services as a Coping Method Provides Some Benefits**

The seventh theme that emerged was CBS as a coping method provides some benefits. Participants shared their thoughts and views about attending community-based services and how their experiences brought awareness to their coping style and showed them new interventions to use when coping with stress-related problems.

Table 8 provides a complete summary of the participants preferred style of coping with stress. Several probing tactics were used to understand better what other participants experiences were when they expressed having a changed perspective about CBS, however, to no avail, the participants would not share particulars to access more information about their experience.

**Table 8***Theme 7 Codes*

Theme	Basic code	Number of participants coded
Community-based Services Benefits	Very helpful	10
	Improved how I cope with stress/Cope healthier	10
	Healthier version of myself	8
	Cope better using CB strategies to reduce stress	9
	Improved Self-Care	9
	Improved physiological outcome (i.e. exercise more, eat healthier)	9
	Improved quality of life	7
	Improved psychological outcome	6
	Changed perspective of CB strategies	8
	Think before overreacting to stress	8
	Learned self-awareness; not the image	4
	Feel more relaxed	3
	Drink alcohol less/No more substance use	3

The participants provided a wealth of benefits of how community-based coping methods benefited or improved their style of coping with stress. For example, all participants confirmed that their experience using CBS was “very helpful” and improved their way of coping with stress. Nine participants said they cope better using CBS strategies to reduce stress and improve their physiological well-being and self-care. Eight participants stated they are "a healthier version of themselves" after learning to use community-based coping strategies to deal with stress-related problems. For example, participants said they can express their emotions versus suppressing them (P2, P3, P4, P8, P9, P10). The identified participants said that, through expressing their emotions, they have learned new ways to cope with internal suffering. P2, P3, P5, P6, P7, P8, P9, and P10) all mentioned they have learned to think before overreacting to stressful situations and have changed perspective about community-based behavioral strategies. Although it was challenging getting them to explain how they do things differently or how their perspectives have changed, Participant 4 concluded,

I am a better version of myself today. I can be myself and still be a strong Black woman without the image, so I will rely on both coping methods throughout my life ... I work with a lot of Caucasian women who can be condescending, but I no longer have to prove myself or over-react to their statements. Rather, I rely on my strengths, knowledge, education, and faith in God to overcome stress, particularly on the job because I am comfortable being me now. I am valued and I advocate for myself whenever I feel stress-related problems at work.

Participant 2 stated,

When I came into the understanding of the SBWI, I did not want that for me. My perspective changed after receiving services and learning to practice community-based strategies has become a lifeline for me. ... Not receiving services would have broken me or caused a nervous breakdown. I feel like I am getting back to who I am since receiving CBS and now, I can teach my daughter that she does not have to portray the SBWI.

Participant 6 replied,

The SBWI was a temporary fix! While I enjoy being a strong Black woman, the image and generational coping methods damaged me. I felt inadequate, became depressed, developed feelings of insecurities, and significant weight gain all due to suppressing my emotion versus dealing with expressing my emotions. Today, I no longer feel the pressure of meeting the needs of others or feeling the need to suppress or portray the image of strong. CBS taught be reality. Although I revert to using the strong Black woman image to cope with stress at times because it was embedded in me, learning the strategies community-based services offered were a lifeline for me. I am a better version of me. I only wish I could have done this sooner.

Participant 7 concluded,

Using CBS is my choice now that I have tried professional services. I would advise other African American women to embrace CBS because the strategies brought a lot of relief in my life, and I now perform better at work and more relaxed.

Participant 8 replied that her preferred source of coping strategies was the learned community-based strategies because it is easier to cope with stress-related problem now that she learned other solutions:

I am a happier version of me now. I smile more, I am happier, and more relaxed. I learned that I wasn't alone, and that other people had the same experiences.

Learning that I was not alone, helped me embrace community-based services to cope with stress. The services gave me a new perspective and a new mindset to succeed.

### **Theme 8: The Use of Community-Based Services Comes with Potential Liabilities**

Two participants (P3 and P8) identified liabilities to using community-based services to cope with stress-related problems. Due to the generational and historical perspectives about CBS, both participants felt stigmatized by family members for using them. Both participants stated they are uncomfortable sharing that they have received services to improve their methods of coping with stress-related problems. P8 stated, "I feel I have to depict an image still to prevent being ostracized by family members because they will stigmatize me for seeking services." P3 stated, "I rather my friends and family do not know my business about getting CBS because they will judge me for seeking external resources to cope with stress." Both P3 and P8 stated that due to the strong values of the African American women in their families, they would be considered weak for seeking CBS to cope with their stress-related problems. The other eight participants did not report any liabilities regarding seeking CBS for stress-related problems.

**Table 9***Theme 8 Codes*

Theme	Basic codes	Number of participants coded
Community-based Services Liabilities	Thought I would be stigmatized for using CBS	2
	Others would think I'm weak	2

All participants stated that attending CBS taught them how to manage their emotions when dealing with stress-related problems. Some participants did not provide specific methods of how CBS helped them manage their emotions. However, most of them reported that they learned how to journal their feelings, became more self-aware, learned breathing techniques, set boundaries, took breaks, meditated, and used positive affirmations, prayer, or reading to cope better with stress-related issues. Participant 9 did not provide detailed information but her reply to using community-based strategies to cope with stress was, "I rely on both the strong Black woman and CBS to cope with any type of stress I am faced with." She concluded, "I am still learning to implement community-based coping strategies to improve because I notice a difference in how I manage stress." Participant 10 displayed a similar response:

I use coping methods from both the Black woman image and the CBS methods to cope with stress-related problems, but I cope differently. I love being a strong Black woman without the image. I believe in myself and can pass it down one day to my daughter if I am blessed to have one.

Participant 5 did not agree to using both methods of coping, but stated, she does revert to the strong Black woman image to cope with stress sometimes to combat racism. The only difference is she relies on the strong Black woman coping method with a focus now.

### **Summary**

A detailed analysis of the data and the results of this study was presented in Chapter four. The research study sought to provide insight into the research question: How do African American women cope with stress-related problems after receiving CBS and how do they describe their experience? The setting of the study and the means by which the information was collected was discussed, followed by the steps for coding and analyzing the data. The data was collected through ten semistructured Zoom audio-recorded interviews and manually and electronically transcribed using Microsoft Word, Zoom, Otter App, and Apple software. The hand-transcribed transcripts were compared to the audio transcription to confirm the accuracy of the transcriptions. An analysis of nine thematic categories was conducted: SBWI Characteristics, SBWI Historical Contributing Factors, Strong Black Woman Coping Methods, Benefits and Liabilities of a SBWI, CBS Coping Methods, and CBS Benefits, CBS Liabilities., Based on these results, the research question was answered. In chapter five, I will discuss the interpretation of the findings, the study's limitations, recommendations, and implications for positive social change. The literature review and recommendations for future research will also be discussed.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to understand how African American women cope with stress-related problems after receiving CBS and how they described their experience to gain a deeper understanding of the coping strategies they use during stressful moments. The coping methods used by the participants were similar but also showed diversity in how they cope with stress-related problems before and after receiving community-based services. According to the data, before seeking community-based services to cope with stressful problems, the participants relied on the SBWI to cope with stress. This study offers evidence that CBS are relevant to helping African American women cope with stress and that clinicians and health care professionals should explore culturally sensitive approaches with meaningful support to encourage African American women to seek support services to cope with stress-related problems.

### **Interpretation of Findings**

The data from this study provided information to address the research question: How do African American women cope with stress-related problems after receiving CBS and how do they describe their experience? The study's findings highlighted the experiences of African American women's coping responses to stress-related problems after using CBS in the United States. The analysis yielded eight themes that illustrated how African American women cope with stress-related problems after receiving community-based services and how they described their experiences: (a) exhibiting characteristics of the SBWI is a coping mechanism, (b) use of generational and historical factors as additional coping mechanisms, (c) coping methods have both positive and

negative health implications, (d) there are some benefits evident with using SBWI as a coping mechanism, (e) there are some liabilities with using elements of SBWI as a coping mechanism, (f) women also use community-based services as coping mechanisms, (g) CBS as a coping method provides some benefits, and (h) the use of CBS comes with potential liabilities.

The results of the study confirmed that using CBS to cope with stress-related problems were helpful and taught African American women positive coping methods to use when dealing with stress. All the participants confirmed that attending CBS taught them how to manage their emotions positively when coping with various stressors. The participants reported negative affects when coping with stress using the SBWI. One participant shared how using the coping strategies of the SBWI resorted to alcohol and drugs use. Others reported unhealthy eating habits or emotionally eating to handle stress, suppressing their feelings, pretending they were okay by showing others they were strong, helping others, or ensuring they showed no signs of weakness, even though they were silently harming themselves. The participants also provided the benefits and liabilities of using the SBWI as a coping moderator and the benefits and liabilities with the use of CBS to deal with stressful events.

Additionally, the participants reported on the coping strategies they learned using community-based programs, including the benefits and liabilities of the coping strategies they attained after receiving professional support to cope with stress-related problems. Though four participants concluded they would continue to rely on the SBWI integrated with community-based services coping methods to cope with stress-related problems,

four participants reported they would revert to the SBWI to cope with stress. All the participants confirmed that CBS help them improve their coping styles when faced with stressful situations, changing their perspective on seeking professional services. All participants recommended using community-based services to mitigate stress-related problems due to establishing a healthier way to cope and an overall improved lifestyle.

**Theme 1: Exhibiting Characteristics of the Strong Black Woman Image is a Coping Mechanism**

African American women are known to display the characteristics of the SBWI as a coping mechanism (Castelin & White, 2022). All the participants identified with the characteristics such as resilience, self-reliance, strong, fortitude and strength as a cultural and natural expectation for African American women to cope with stressful situations. For example, some participants identified the characteristics of the SBWI as a positive influence and a positive reward to exhibit when combating stress-related problems. Other participants identified with superlative strength and the ability to navigate through daily challenges while assuming several roles exhibiting the characteristics of the SBWI.

This theme relates to the SBWI framework in terms of African American women using the SWBI to cultivate an image or characteristics of strength. The SBWI is a coping mechanism to counteract stress and negative influences of racism and societal characterization of how African American woman cope with stress-related problems (Liao et al., 2020). Because this study's focus was to understand the experiences of African American woman and their use of community-based services, the initial step of learning about their experiences was to understand how they initially coped with stress

before using community-based services. Learning their natural way of coping with stressful problems may help researchers and practitioners understand why African American women display signs of strength, resilience, self-sufficiency, and a determination to thrive to succeed against the odds.

This theme also relates to the transactional theory of coping and stress in terms of the assessment and correlation a person's coping ability and how they relate to stress. As Lazarus and Folkman (1984) explained, the purpose of coping is to adapt successfully to a situation. The participants in this study shared their initial reaction to stress and how they innately cope with environmental crises and stressful situations. Some of the participants identified their initial response or trigger to stress based on how they viewed the degree of stress and how the effect of the event was perceived. Although the participants mentioned various ways of how they exhibited the characteristics of the SBWI coping mechanism, the transactional model of coping with stress clarified how the participants in this study adapt to the SBWI as a coping mechanism when faced with stress.

## **Theme 2: Use of Generational and Historical Factors as Additional Coping Mechanisms**

The use of generational and historical factors has been identified as an added coping mechanism for African American women for decades. African American women were traditionally known for their strength and their ability to characterize an image that is highly respected among African American woman and their culture (Abram et al., 2019). The SBWI is commonly seen throughout the families and communities of African

American women as a coping mechanism and is often taught to African American girls during childhood to prepare them for the experiences of societal stressors and rejection (Abrams, 2019; Oshin & Milan, 2019). In this study, each of the participants discussed how they were taught historical factors to possess strength and fortitude as a cultural and acceptable way to handle life stressors. The generational and historical teachings of the characterization of African American woman being innately strong individuals justifies the establishment of the SBWI as a coping mechanism.

The strong Black woman framework concepts may help provide significant understanding of why African American women adapt to this image to cope with life stressors and help others gain insight into African American women's style of coping, their experiences, and historical indebtedness to the strong Black woman's image. Over time, the SBWI gained attention among researchers and validation for the strength African American women possess (Jefferies, 2020). Based on the responses from the participants, this framework confirms the need experiences of this image and the attitudes about their cultural norms and beliefs that have been internalized and maintained by African American women.

### **Theme 3: Coping Methods Have Both Positive and Negative Health Implications**

The SBWI has both positive and negative implications (Watson & Hunter, 2016). Because of the potential impact of the SBWI on African American women's mental health, researchers have questioned its practical efficacy (Watson & Hunter, 2016; Woods-Giscombe, 2010). The participants described both constructive and harmful health factors when expressing their commitment to the SBWI. Although some of the

participants described how positive coping methods of the strong Black woman image helped them mentally and physically relax, all the participants described negative health implications as a result of relying on the SBWI coping mechanism. For example, a few of the participants said listening to music, talking to friends, and praying were positive coping methods utilized to cope with stress-related problems. Each of the participants related to negative health implications such as unhealthy eating, excessing sleeping due to depression, shutting down or suppressing their emotions and feelings, and drug use.

These findings support the transactional theory of coping and stress and the SBWI framing the existing coping mechanisms and how people respond to stress and the element that people feel stress through thoughts, feelings, emotions, and behaviors (Lazarus & Folkman, 1984; Woods-Giscombe 2010). The SBWI may be associated with engaging in behaviors that lead to psychological harm, rather than psychological health, if endorsement is linked to the SBWI. Women who endorse the SBWI have described it as stressful as they are expected to handle many responsibilities independently and maintain an image of strength (West et al., 2016). Under this image, self-sacrifice and self-reliance are normalized, which could lead to psychological distress and mental illness (Davis & Afifi, 2019). As suggested in this study, African American women are likely to suffer from poor eating, sleep, self-care, and smoking/drug habits due to extreme self-regulation and self-silence (see also Woods-Giscombe, 2010). Thus, the SBWI endorsement could result in more maladaptive results than the strength that the image purports to provide.

**Theme 4: There Are some Benefits Evident with Using SBWI as a Coping****Mechanism**

According to the literature review, the legacy of SBWI links to present day notions of similar strengths and benefits regarding African American women (Green 2019). The benefits of the image were used to express the depiction of the strong Black woman archetype and how the image evolved over time (Kirby, 2020). As identified in this study, the participants described the benefits of the SBWI as self-reliant, strong for family and others, a powerful buffer against stress, prideful, courageous, and protection. In other words, African American women viewed the SBWI as a buffer to combat destructive images that exemplified stress. Most of the participants found the benefits of this image as empowering and liberating. The SBWI framed the existing relationship between their reliance on the SBWI as a coping strategy to respond to their stressors and their prideful standard for achieving or overcoming those external or internal stressors.

**Theme 5: There are some Liabilities with Using Elements of SBWI as a Coping****Mechanism**

Although many of the participants identified benefits of the SBWI, all the participants provided a description of liabilities using elements of the image. In the literature review, researchers explained the results of using the SBWI to cope with stress-related problems has led to poor stress management, poor health, and depression symptoms (Haynes 2017; Green, 2019). Each participant expressed how the use of the SBWI caused psychological and physiological problems, including elevated stress, lack of self-care, and weight gain. A few of the participants alluded to crying or suffering in

silence to uphold the image of being strong which led to depression and poor health management. Four of the participants described the SBWI as a “temporary fix” but was considered a façade to project strength (see also Davis & Afifi, 2019). Despite doing well at self-empowerment and safeguarding the SBWI, the participants experienced unhealthy challenges while persevering through their pain, suppressed emotions, and crying in silence. Many of the participants reported how the image-imposed burdens that interfered with their ability to thrive in their day-to-day activities, putting them at risk for psychological and physiological disorders.

The transactional theory of coping and stress frames the process of this theme because the transactional model of coping with stress is based on the element that people feel stress through thoughts, feelings, emotions, and behavior, which cause stressors to exceed resources and surpass a person’s ability to cope (Lazarus & Folkman, 1984). Each participant uniquely identified with the application of transactional theory coping with stress concepts: primary appraisal, secondary appraisal, and the cognitive reappraisal phase. The participants assessed whether their decision-making influenced their ability to respond to stressful situations and the possibility of gaining control over the stressors relating to the primary appraisal phase. The participants discussed how they responded to stress and generated an emotion that allowed them to move from thinking to reacting as indicated in the secondary appraisal phase. The participants in this study also reported whether the coping strategies employed were able to impact their well-being and mitigate the stressful problem as it related to the cognitive reappraisal phase of the transactional theory.

**Theme 6: Women also use Community Based Services as Coping Mechanisms**

The African American women who participated in this study were noted to use CBS as coping mechanisms to cope with stress. Raising the awareness of community-based services could be life-changing for the African American community if they are provided with appropriate services (Zimlich, 2019). Since community-based services are expanding, there is notable evidence that CBS produce improved health outcomes (Zimlich, 2019). All the participants reported attending community-based services improved their ability to manage their emotions healthier and taught coping strategies that changed how they responded to stress. Six participants learned to journal their feelings/emotions when stressed, six identified becoming self-aware of their coping methods and developing alternatives to improve how they cope with stress-related problems, and four participants learned breathing techniques to help them decrease stress. Other participants learned to identify positive affirmations or take breaks or meditate using CBS to combat stressful situations. Using these interventions as coping mechanisms to improve how they cope with stress showed their experiences with the transactional theory of coping with stress and the SBWI.

**Theme 7: Community-Based Services as a Coping Method Provides Some Benefits**

The benefits of using CBS and enhancing mental health literacy can positively promote the use of African American women based on this theme. This theme showed the benefits of the participants using CBS and how these programs can promote adaptation among segments of this population and the advantages of CBS. As mentioned in the literature review, I used the limited resources found as a guide to promote the use of

CBS among African American women. The presented evidence about CBS benefits, learning coping strategies, enhancing documentation and implementing resources to develop hard data (Zimlich, 2019) met the goal of this study by filling the gap in literature. The common themes for using community-based services were how people improved how they cope with stress and how the services were very helpful. CBS helped the participants to engage in services and ameliorate their style of coping with stress-related issues. Majority of the participants said they were a healthier version of themselves and that they cope better with stress-related problems using community-based strategies. All the participants' mental health improved and had improved physiological outcomes since changing their perspectives about receiving community-based services.

It is evident that the frame of this study played a significant role in the process of these practices for the participants regarding their positive experiences. Learning new coping mechanisms followed in the occurrences of the participants and expanded their perspectives. In developing a better understanding of how African American women conceptualize stress and cope with stress-related problems, this frame proved useful for this study by generating new findings that will contribute to future research and assist community-based services in providing an experience that empowers African American women to develop alternative coping mechanisms when dealing with stress-related problems.

#### **Theme 8: The Use of Community-Based Services Comes with Potential Liabilities**

According to the literature review, accessing CBS is a barrier that shows a sign of weakness among African American women (Chang et al., 2016; Fripp et al., 2017;

Jackson et al., 2018; Jefferies, 2020). Thoughts about being stigmatized for seeking community-based services and others thinking they were weak were confirmed by a few participants. The stigma associated with seeking CBS played a significant role in two of the participants' thoughts and perspectives. The other eight participants did not view seeking CBS as a stigma or potential liabilities. While all the participants sought community-based services, eight participants sought CBS despite projecting signs of weakness or stigmatization. This means that the SBWI could potentially jeopardize African American women's ability to seek CBS. Therefore, promoting the results from this study is important to acknowledge, as it can clear up the misinterpretation of being socially and historically stigmatized.

Although two participants attempted to comprehend what life might look like outside of the SBWI, stigmatization did not prevent eight participants from seeking community-based services to cope with stress-related problems. I conclude that this theme is also an integral part of the transactional theory of coping with stress. This in addition to the strong Black woman's image in that it uses relationships and similarities to model the conceptual framework of this study.

Overall, it is evident that the transactional theory of coping with stress and the SBWI played an instrumental role in the positive experiences with community-based services. Participants gained more effective coping methods as evidence by these results.

### **Summary of the Findings**

All participants identified with understanding the characteristics of the SBWI and how they historically adopted the image to cope with stress-related problems. However,

all the participants concluded that the use of CBS significantly enhanced their lives. Characterizing the strong Black woman as resilient, strong, and caring for others suggests similar studies exploring the attributes of the SBWI. Participants reported that the strong Black woman image was generational and that they were taught to be resilient, help others, and to be strong. Participants said that to sustain strength or to be strong, they had to "endure pain silently not to appear weak" or "be strong for others" due to the fear of losing control of their image. Jefferies (2020) mentioned that African American women perceive the superwoman image as a positive reinforcement for exhibiting traits such as resilience, strength, and self-reliance, which is associated with this phenomenon.

From a historical standpoint, all participants stated they followed a generational example of women in their family regarding the SBWI and were raised with the notion of not letting people see them as weak. P2 stated that historically, the SBWI means to "endure a lot of stuff." P4 said the strong Black woman image was her example of growing up. She said the women in her family told her that "caving into stress was a sign of weakness." P3 further said, "you cannot show the world you are weak." Based on the SBWI point of view, all participants except P9 identified with suppressing their emotions. Feelings to cope with stress-related problems. P6 explained how she thought emulating a SBWI meant suppressing her feelings, so she told herself, 'I can handle it.' P7 said she suppressed a lot of stress-related emotions. P10 said she tends to suppress her feelings or vent to friends. P8 stated she suppressed her feelings and emotions because her friends betrayed her, forcing her to rely on the SBWI to cope with stress. Abram et al. (2019) noted that African American women have a reputation for being strong, capable of

handling multiple roles, and suppressing their emotions. Jefferies also asserts that the super Black woman constructs consist of five main components: feeling obligated to show strength, suppressing emotions, being self-sufficient, striving for success regardless of the odds, and helping others before oneself (Jefferies, 2020). These studies show similar inferences and confirm results conducted in the present study.

Additionally, participants identified the benefits of a SBWI as a coping mechanism for dealing with stressors such as racism, overcoming obstacles, and being confident in upholding standards of being African American and strong. This image is what exemplifies the meaning of a superwoman. Participant 8 stated that the benefits of the SBWI helped her combat racism and discrimination. Participant 8 stated that the benefits of SBWI "is a great mindset to have. You can overcome obstacles." Participant 9 stated that the benefits of the SBWI taught her to be confident and uphold her morals and viewpoint. African American girls are often taught the strong Black woman concept during childhood to prepare them for discrimination, societal rejection, family pressures, and leading roles, such as those within their families (Abram, 2019; Oshin & Milan, 2019). Hence, the superwoman's image is a coping mechanism to counteract stress, the negative influences of racism, and the societal characterization of how African American women cope with stress-related problems (Liao et al., 2020). In other words, it is common to perceive African American women who embody the SBWI as a benefit since they are classified as individuals who possess exceptional and phenomenal fortitude and strength (Watson & Hunter, 2016).

Each participant acknowledged liabilities that resulted from relying on the SBWI to cope with stress-related problems. Moreover, the liabilities of the SBWI showed that suppressing emotions caused psychological issues and physiological challenges. Due to suppressing various stress-related emotions, P6, P7, and P8 claimed SBWI led to symptoms of depression or becoming depressed. Their response was, "suppressing emotions affected my mental health." Similarly, participants stated they encountered physiological ailments due to relying on the SBWI to cope with stress. The strong Black woman liabilities seem to have diminished the quality of the participant's mental health and physical wellness. Liao et al. (2019) support these findings by validating that the SBWI is rooted in the African American woman's strength and resilience. However, there are adverse mental and physical health outcomes. This factor was also recognized in recent other recent studies. Woods-Giscombe et al. (2019) stated that African American women with Superwoman Schema characteristics are more likely to experience perceived stress, depressive symptoms, emotional eating, lack of sleep, and sedentary behavior.

Regarding CBS coping strategies, participants agreed to learn new coping methods that taught them how to manage their emotions more healthily when dealing with stress-related problems. As mentioned in chapter 2, community-based and mental health services are vital to providing social resources and strengthening interpersonal ties between individuals. Individuals will also have a more favorable opportunity to heal physically and psychologically by accessing increased social resources (Kim et al., 2017). Participants mentioned that when attending community-based and behavioral services, they learned coping methods such as journaling, breathing techniques, problem-solving

techniques to help manage emotions, and learning to reduce stress through self-reflection and self-awareness.

Each participant explained how challenging it was to make a conscious choice to seek support services outside of their norm. However, all the participants associated the SBWI as a natural source of coping with stress and initially contemplated getting support to help reduce stress and learn other alternatives to coping with stress-related problems. The participants' statements support the notion of the super Black woman as a woman of strength, self-reliance, and self-silence, not aligning with African American women's preference for seeking professional therapy to resolve stress-related or emotional expressions. Participants learned that community-based and behavioral health services did not make them feel weak but empowered them to use other methods to cope with stress.

All participants recognized CBS as beneficial and life-changing. Participants reported that their perspective changed about receiving community-based services, including their beliefs about the strong Black woman's image to cope with stressful problems. Each of the participants recognized their ability to cope with stress more healthily. By recognizing the benefits of improved mental and community health services, African American women are more likely to receive interventions that minimize their mental health and somatic problems (Abram et al., 2019). Furthermore, these resources may also reverse African American women's negative attitudes toward receiving therapeutic services (Ayano, 2018). Moreover, it seems imperative to employ such services to African American women to aid with coping interventions and to tackle

the multiple negative social categories African American women are impacted by in all stages of life, as affirmed by Spates et al. (2020).

While all participants viewed community-based services as helpful and life-changing, two participants acknowledged that using the services may pose a stigma if family members realized their use of CBS. According to P8, although she stated CBS improved how she managed stress-related problems, she had to portray the SBWI to avoid being stigmatized by the women in her family. Due to their strong beliefs in the SBWI, she felt uncomfortable sharing why they could observe her behavior change. P3 stated, "I rather my friends and family do not know my business about getting community-based services because they will judge me for seeking external resources to cope with stress." Both P3 and P8 mentioned that, due to their families' strong values about the SBWI, they would be considered "weak" for seeking assistance to cope with stress-related problems. The other eight participants did not report any liabilities regarding seeking CBS for stress-related problems. Oshin and Milan recent study confirmed that due to the historical and current circumstances associated with African Americans in the United States, Black mothers might have distinct values when raising their daughters. Etowa et al. (2017) also endorsed that the Strong Black woman schema/image was shown to be ingrained into the Black culture.

Based on the preferred coping strategy, four participants (P1, P3, P4, P10) concluded they would use both the SBWI and CBS coping methods to cope with stress-related problems. Due to historic views, the participants felt connected to the SBWI. However, each of them agreed that community-based services and coping methods would

enhance their ability to manage their emotions physiologically and psychologically and cope healthier to reduce stress. Participants P2, P6, P7, and P8 confirmed they would revert to relying on the SBWI because it is natural. While the participants recognized that the CBS helped provide coping strategies to improve the quality of their lives and offered a new perspective to cope with stress, they recognized the strong Black women's image as enjoyable and historic. Participants 2 and 9 unequivocally proclaimed that CBS coping methods gave them new hope and developed a changed perspective on how to cope with stress-related problems versus how they were taught using the SBWI. Due to the physical effects encountered when relying on the strong Black woman's image, two participants reported it was an "eye-opener" that caused them to seek other alternatives to manage stressful problems. Attending community-based services brought a balance to their lives, and they plan to apply the learned coping methods to their daily routine to reduce and manage stressors.

### **Relevance with Lazarus and Folkman and the Strong Black Woman Conceptual Framework**

The present study confirmed much of the existing literature discussed in this research. Much of the research used to develop this study described the liabilities and beneficial experiences of African American women's coping mechanisms relating to the strong Black woman image (Abrams et al., 2019; Gaines, 2018; Greene, 2019; Etowa et al., 2017) and community-based services (Ayano, 2018; Walter et al., 2019; Zimlich, 2019). This study sought to understand the experiences of African American women's experiences coping with stress through CBS. To understand their experiences, exploring

their historical views, perceptions, and connection to the strong Black woman's image was necessary to recognize the benefits and liabilities of their standard use of coping with stressful problems. This effort helped them recognize their value when seeking alternative ways to cope with stress through CBS. This study also extended the outcome of CBS and their preferred coping methods when dealing with stress-related problems. Although most African American women in this study agreed that the SBWI is highly respected within their culture and is used as a standard coping mechanism, the results of this study suggest that they experienced positive outcomes and a change of perspective after attending CBS.

This study's conceptual framework was Lazarus and Folkman's transactional theory of coping and stress and the strong Black woman's image. The transactional theory, explained by Lazarus and Folkman (1984), describes how humans react to stressful situations and environmental crises and how they cope with them. This was described in the present study when the women were asked to describe how they cope with stress-related problems. The participants described their coping methods using the SBWI and coping methods to manage stress with CBS. Chapter 4 provides a detailed overview of the women's coping style, which offers a rich and robust understanding of how the conceptual framework is connected to this study. As mentioned in chapter 2, the transactional model of coping with stress is primarily based on the element that people feel stress through thoughts, feelings, emotions, and behaviors because of external or internal events, which cause stressors to exceed resources and surpass the ability to cope (Lazarus & Folkman, 1984).

The women in this study described how they felt stress through thoughts, feelings, and emotions. Additionally, they described how they reacted behaviorally to external stress events. Their descriptions indicate the primary appraisal stage in transactional theory, which describes regulating emotions when confronted with stressful situations (Folkman, 1982). The African American women in this study described suppressing their emotions, unhealthy eating, excessive sleeping, crying in silence, drug use, isolating, exercising, praying, and venting as coping strategies to deal with stress-related problems. The secondary appraisal phase of this theory involves changing the elements of stressful situations to solve the stress-related problem (Folkman, 1982). The effectiveness of solving stress-related problems depends on how the individual manages the stress associated with the event or situation after the primary appraisal of an event (Lazarus, 1999). Again, chapter 4 presented detailed descriptions of how the women employed coping strategies to respond to stress-related problems. Some women explained that their health being affected or declining results in psychological or physical ailments such as depression, high blood pressure, gaining weight and elevated stress. Women in this study responded to stress in a manner that determined how they handled the threat, challenge, or benefit of stress. It confirms what Lazarus and Folkman revealed in their theory that secondary appraisal plays a critical role in the primary appraisal (Lazarus & Folkman, 1987).

The cognitive reappraisal phase is the response strategy that uses cognitive control and executive functioning to change the meaning and emotional impact of stimuli, situations, and events in the environment. It is one of the essential aspects of

emotion regulation since it is flexible and involves changing the connotation of emotions induced by emotions (Lazarus & Folkman, 1984; Gross & Thompson, 2007). This phase determines whether the coping strategies employed can successfully or unsuccessfully mitigate the stress or change the dynamic of the stressful situation from stressful to irrelevant or positive (Lazarus & Folkman, 1984). This was evident after the women reported their experiences using community-based services. In addition to journaling their emotions, using breathing techniques, setting boundaries, using positive affirmations, or using iMessages to cope with stress, African American women reported learning different methods to cope with stress. The ability to meditate or think before reacting and the ability to adapt skills to problem-solve stressful situations result in changing stressful situations to extraneous and optimistic outcomes. The transactional model helped understand how African American women cope with stress, how coping strategies influence cognitive appraisals of stressors, and predicted whether physiological reactions to stress were predictable.

The strong Black woman is primarily known as a survival mechanism of African American women used by African American women to cultivate an image of strength referred to as the "superwoman syndrome." The superwoman's image is a coping mechanism used by African American women to cope with stress, racism, and societal characterization of stress-related problems (Liao et al., 2020). Women in the present study identified their connection to the strong Black woman image and described how it served as a coping mechanism to combat stress-related problems. The women reported being taught to use the image as a coping survival method when stressed. The women

noted how they were taught to rely on the image to cope with stress. The descriptions they shared in this study illustrate the legacy of African American women's strength found in their historical predecessors. According to Greene (2019), Black women culturally use their strength to manage life stressors.

The present study showed stress-related factors that the SBWI in her disguise often manifests as strength, fortitude, resilience, and self-efficacy. This notion was emphasized as they described their strengths, ability to navigate through daily challenges while assuming multiple roles, and ability to suppress their emotions, as shown in recent literature (Abram et al., 2019). Additionally, the literature in this study highlighted how African American women endorse this image but also supported the need to receive alternative coping techniques to cope with stress-related problems. As described by African American women, the need to depict the image of strength and resilience increased their risk of experiencing psychological and physiological problems and elevated stress.

### **Limitations of the Study**

According to the analysis of this study, the limitations of the study's findings were consistent with those mentioned in chapter one. The first limitation was the small sample size. I intended to recruit 10-12 participants for the study. Although 12 participants were recruited for this study, only 10 participated. The sample size aligned with the generic qualitative studies and was enough to reach saturation. Data saturation is described as the event when new data coming in has little or no new information to address the research question (Guest et al., 2020). The second limitation was the method and design of the

study. I identified two sampling methods for this study but only used the purposive sampling method. This method was best suited for this study, as it had few participants and provided rich, detailed insight into understanding the participants' experiences.

Another limitation was age group, race, and gender. Initially, the age group for this study was 26-40 to focus on millennials, post-millennials, and Gen X. The age selection was revised to include African American women 18 and older since the research problem potentially impacts multiple age ranges. This study's theoretical framework did not reference specific reasons for focusing on this age group, nor could it be ethically justified. In future research, shortening the age group parameters may yield different results.

Finally, in qualitative research, the researcher is the primary and most critical instrument of the research. Being a Black woman and a professional clinician, who once relied on the super Black woman image to cope with stress-related problems, it was imperative not to allow subjectivity to influence how the interviews were conducted, perceived, and analyzed. Also, I conducted the interviews using a semi-structured approach to reflect both my positionality and the purpose of the study. This approach helped steer the focus of the study and avoid bias. Additionally, I incorporated reflectivity and unremittingly journaled my opinions, biases, and subjective experiences to eliminate the possibility of infidelity in the study.

### **Recommendations**

One recommendation is to narrow the age group to determine if the result of the current study would change or provide a more diverse outcome. Another

recommendation for future research is to determine if community-based interventions will mitigate responses when coping with stress-related problems in diverse geographical areas. According to Hall et al. (2018) and Hughes et al. (2016), there is a greater need to define strategies to solve stress-related coping responses for African American women. Study participants who experienced CBS appreciated learning coping strategies to help them cope with stress-related problems. They felt empowered both in obtaining a greater awareness of the SBWI and CBS coping methods which provided new perceptions of changing unhealthy coping mechanisms when faced with stressful events.

Moreover, future research is needed to highlight the specific stress-related problem as African American women experience and describe it. It could help address other impacts of chronic stress and identify coping methods suitable to revolutionize change and strengthen cognitive adjustment among African American women when dealing with stressful situations. Lastly, future research could encourage and benefit both practitioners and the general public by helping them acknowledge, recognize, value, and respect the experiences of individuals belonging to an ethnic group often misrepresented due to stressors, coping strategies, and psychological health influenced by sociohistorical backgrounds.

### **Implications for Social Change**

This study sought to understand how African women cope with stress-related problems after receiving CBS and describe their experience. I framed this study using limited research to address the gap in the literature. This allows practitioners and researchers who are aware of the SBWI influence on African American women to

examine more closely how it may influence the reluctance of African American women to use CBS. The present study revealed the benefits and liabilities of using the SBWI and CBS. The women described their coping methods before and after receiving coping strategies to manage their stress-related problems. Based on the experiences of the women who participated in the present study, it was determined that coping with stress-related problems after attending CBS reduced stress and taught them coping strategies that improved their stress management. The women also reported that seeking professional help changed their perspective, improved their lives, and helped them maintain balance when they encountered stressful situations. While recognizing this benefit, most participants felt connected to the strong Black woman image and agreed to continue relying on it as a coping mechanism. However, they agreed to apply learned strategies from CBS to improve how they handle stress to add value to their coping skills. Although it may seem counterproductive, the findings can help promote community-based engagement and awareness and enhance positive coping strategies among African American women when dealing with stress-related problems.

The present study has potentially broad implications. As a result of the findings of this study, other African American women may consider using CBS in the future as a means of coping with stress. To achieve social change, the results of this study can positively impact future research, practitioners, and human service providers to expand their knowledge to help African American women who rely on the SBWI seek professional support. It may be essential for practitioners and human services workers to acknowledge, recognize, and respect the experiences of African American women to

avoid mishandling or misjudging their reactions or emotional stress responses.

Supporting and building trust with this population would expand evidence-based practices and enhance interventions that will allow African American women to become comfortable with receiving community-based services and integrating positive coping methods.

### **Conclusion**

Considering that African American women suffer from significant stress, community-based services can adequately support them. Stress is often characterized as a problem for African American women, but they deal with stress by relying on the strong Black woman's image for survival. However, they may benefit from CBS to enhance their overall well-being (Clinton, 2020). Based on Clinton's (2020) study for the American Psychology Association, there should be more CBS for human rights and recovery, and innovation in the field of human and social services.

The themes that emerged from the data analysis focused significantly on the characteristics, historical views, benefits, and liabilities of the SBWI and CBS as coping methods for dealing with stress-related problems. In comparison to similar studies, the identified themes in this study showed significant similarities regarding the African American woman's perspective on the Superwoman schema or image and their perspectives on CBS. Recognizing the use of improved community-based and mental health services was an asset in addressing the gap in this study. This study may have encouraged African American women to utilize community-based services to minimize

their stress, mental health, and somatic problems, as described in previous research (Abram et al., 2019).

This study filled the gap by addressing the benefits of CBS. According to the study, seeking support services gave African American women a better understanding of community-based services and learn new ways to cope with stress as well as a unique perspective on community-based services. Although most participants still rely on SBWI to cope with stress, they agreed that their ability to cope with stress-related problems improved after attending CBS. Two of the participants reported they will rely heavily on the interventions they learned after attending professional services to cope with stress. The women in this research study stated that the services were very helpful and has provided them with hope, awareness, and are now empowered to encouraged other African American women to attend CBS to help the cope with stressful events. By analyzing the study, I was able to demonstrate the importance of understanding the participants' responses when faced with stress-related problems and demonstrate the how the use of community-based services provided support and promoted the evidence of positive coping methods. Enhancing the awareness and receptivity to community-based services, African American women are encouraged to learn more about their coping mechanisms and responses to stress-related problems. Doing so, will enhance their overall well-being and position them to become a better version of themselves.

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## Appendix A: Interview Protocol and Interview Questions

**Interview Protocol for Participants**

Date of Interview: \_\_\_\_\_

Name Interviewee: \_\_\_\_\_ Code: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Start time \_\_\_\_\_ End time \_\_\_\_\_

Recording equipment: \_\_\_\_\_

It is my great pleasure to thank you for consenting to participate in this research study. The information obtained from the interview will help me gain insights into how community-based services help African American women learn coping strategies to deal with stress-related problems. The interview will be conducted in audio or in-person conference style (your choice) and will take approximately 60-90 minutes to complete. This interview is entirely confidential, and your identity will be shielded, as the information is strictly used for the purpose of this study. Let me remind you that I will record our interview conversation for the sole purpose of transcribing the data with precision and accuracy.

Again, the recording is confidential, and I will not share your recording with anyone who is not a part of this study. Also, I have received your signed consent form to participate in this study; however, remember that taking part in this study is entirely voluntary. If you feel to stop the interview or become uncomfortable at any time during the study, you can decline to answer a question or withdraw from the interview with no attachment.

I will ask you ten open-ended questions to allow you to freely answer or express your viewpoint. Your expressions will help me better understand your ideas, perceptions,

beliefs, experience, thoughts, and responses. The information you share in this interview will remain confidential and shielded for five years after the publication of the study. After five years, I will discard and removed all information from all files. Again, thank you for your willingness to participate in this study. Your contribution to this study is beyond needed and appreciated. If I have any questions after the interview process regarding your responses, may I call you if I need to clarify any information you provided? Please take the time to review the informed consent document and the listed protocols and let me know if you have any questions or concerns. My contact information is listed in the previous email. Remember, everything that you share/discuss with me, shall remain confidential and your identity will be shielded. Thank you for consenting to participate in this study.

### **Interview Questions- African American Woman Coping Strategies**

I am interested in learning about your experience regarding how you cope with stress.

1. Tell me, how do you cope when you are upset or stressed? Explain the strategies that you use? Probe: Did your strategy work? If so, how? If not, what did you do to cope?
2. Talk to me about being a strong African American woman. How does it affect your life when dealing with stress-related problems? Probe: How is the Black woman image used as a coping method with dealing with stressful situations?
3. Describe to me how your coping strategies affect your health or day to day life? How would you describe your stress after using your coping strategies? How did the super woman image help you cope when you are upset/stressed? Explain? What were your responses? Probe: Describe how you felt and your emotions after.

4. How were the coping strategies/exercises from the community-based behavioral health program helpful for you? How were the coping strategies you received from the community-based services or counseling different from your coping strategies? Tell me more about you previously coped with stress-related problems?
5. How has attending community-based behavioral services helped you apply new coping interventions to stress-related problems to improve your coping methods? Probe: How did you apply the learned coping methods when stressed? Explain?
6. How have you been able to use the coping strategies/exercises in stressful situations or how have you reverted to the super Black woman image as a coping moderator? How supportive has this been?
7. How do you believe the coping strategies you learned were helpful? How do you cope with stress-related problems now?
8. How do you use the strategies you learned attending community-based behavioral services help you cope with stress?
9. What advice can you share with other African American women on how resourceful the community health-based services help with coping exercises? How has your experience been with the overall services? What suggestions can you offer?
10. When reflecting on your experience or feelings/beliefs on applying new coping methods when dealing with stress-related problems, how would you describe this experience? What other experiences if any, can you share about your experience with the super Black woman image or coping interventions that improved your overall mental or physical health?
11. Is there anything else you would like to add that I have not asked you about?

**Interviewer:**

Let me take this opportunity to thank you again for participating and completing this interview. Your responses will contribute greatly to this study. Do you have any questions or concerns? Do you have a final thought pertaining to the

interview questions or your responses? As mentioned before, I will use your responses to transcribe the recorded interview. I will follow up with the transcription in the next few days regarding the transcription and email you a copy for your review. Once you agree to the transcription, I will move forward with the collected information and the next phase of the research study. Remember, you can call me to ask any question you may have pertaining to the study if needed. Have a wonderful rest of your week.

## Appendix B: Knowledge-Based Questionnaire

Please complete a brief questionnaire that consists of five questions about the super Black woman image and five questions about community behavioral therapy. Please circle the yes or no to each question.

### **Super Black woman Image: Questions 1-5**

The strong Black woman image demands that black women cope with many stressful and traumatizing events without seeking help:

- Do you feel that you identify with the strong Black woman's image, meaning, that you are often self-sacrificing (help others normalize their problems while you yourself are deals with personal stressful situations)? Yes or No \_\_\_\_\_
  
- Do you rely on your strength and what you were taught as a child help you cope with stressful situations without seeking help from others? Yes or No \_\_\_\_\_
  
- Do you believe you are or have been forced to be the backbone of strength to others, meaning you go out your way to help others in your family, community, workplace, or personal friendships? Yes or No \_\_\_\_\_
  
- Do you believe the strong Black woman's image depicts resilience? Yes or No \_\_\_\_\_
  
- Do you believe you present the strong Black woman's image? Yes or No \_\_\_\_\_

### **Community-based behavioral therapy: Questions 6-10**

Community-based behavioral services are types of person-centered care delivered in the home, community, or mental health organization:

- Do you feel that you identify with the strong Black woman's image, meaning, that you are often self-sacrificing (help others normalize their problems while you yourself are deals with personal stressful situations)? Yes or No \_\_\_\_\_
  
- Do you rely on your strength and what you were taught as a child help you cope with stressful situations without seeking help from others? Yes or No \_\_\_\_\_
  
- Do you believe you are or have been forced to be the backbone of strength to others, meaning you go out your way to help others in your family, community, workplace, or personal friendships? Yes or No \_\_\_\_\_

- Do you believe the strong Black woman's image depicts resilience? Yes or No\_\_\_\_\_

- Do you believe you present the strong Black woman's image? Yes or No \_\_\_\_\_