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## **African American Women and Social Support Networks to Overcome the Strong Black Woman Schema and Depression**

Teia Jelisia D. Clements  
*Walden University*

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# Walden University

College of Psychology and Community Services

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Teia Clements

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## Review Committee

Dr. Sarah Matthey, Committee Chairperson,  
Human and Social Services Faculty

Dr. Kelly Chermack, Committee Member,  
Human and Social Services Faculty

Dr. Jeffrey Harlow, University Reviewer,  
Human and Social Services Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2023

Abstract

African American Women and Social Support Networks to Overcome the Strong Black  
Woman Schema and Depression

by

Teia Clements

MPhil, Walden University, 2019

MA, Liberty University, 2017

BS, Liberty University, 2016

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
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Social & Behavioral Sciences

Walden University

March 2023

## Abstract

Mental illness disorders within the United States are on the rise. Researchers have indicated that African Americans are less likely to seek mental health compared to European Americans. The purpose of this basic qualitative study was to understand how social support networks influence African American women between the ages of 25 and 50 in addressing the strong Black woman (SBW) schema and depression. A conceptual framework consisting of the SBW collective theory guided the study. A purposive sample of 16 African American women who use social support networks to address the SBW schema and depression was obtained through flyers posted on social media. Saldana's approach to thematic analysis was used to analyze the data and create codes, categories, and themes. Nine themes were identified: (a) communication skills improved in social support networks, (b) a nonjudgmental place of refuge thrived in social support networks, (c) a faith-based initiative combatted depression, (d) slavery contributed to depression and the SBW schema, (e) different variations of strength resilience affected the SBW schema, (f) resolutions for depression and the SBW schema emerged in social support networks, (g) male perspectives of the SBW stigma affected the SBW schema, (h) the SBW schema contributed to self-silencing, and (i) familial support mitigated depression. Social change implications include bringing awareness to how the SBW schema and depression affect African American women and their communities. Increased knowledge of mental illness with sensitivity to African Americans culturally may improve the rates of African Americans who seek help and minimize the risk of self-silencing, depression, and stigmatization.

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## Table of Contents

Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement .....	5
Purpose.....	7
Significance.....	8
Conceptual Framework.....	8
Research Question.....	9
Nature of the Study.....	9
Defined Terms.....	10
Assumptions.....	11
Scope and Delimitations .....	12
Limitations .....	13
Summary .....	13
Chapter 2: Literature Review .....	15
Literature Search Strategy.....	16
Conceptual Framework.....	16
SBW Theory .....	17
Strength Regulation.....	20
Literature Review.....	22
African American Women, Emotional Suppression, and Depression .....	22

African American Women and Favorable Factors of Social Support	
Networks.....	25
Present-Day Emotional Suppression.....	27
Effects of Emotional Suppression.....	32
Help-Seeking and Mistrust .....	33
Counseling, (Cognitive) Social Support Networks, and Integration .....	39
Summary .....	42
Chapter 3: Research Method.....	44
Research Design and Rationale.....	44
Research Question.....	46
Role of the Researcher .....	46
Methodology.....	48
Participant Selection Logic .....	48
Instrumentation .....	51
Data Analysis Plan .....	54
Issues of Trustworthiness.....	55
Credibility .....	55
Transferability.....	56
Dependability.....	56
Confirmability.....	57
Ethical Procedures.....	57
Summary .....	58



Chapter 4: Results .....	60
Settings.....	61
Demographics .....	62
Data Collection .....	62
Data Analysis .....	63
Themes .....	65
Evidence of Trustworthiness.....	65
Credibility .....	65
Transferability.....	65
Dependability.....	66
Confirmability.....	66
Results.....	67
Theme 1: Communication Skills Improved in Social Support Networks.....	67
Theme 2: A Nonjudgmental Place of Refuge Thrived in Social Support Networks.....	69
Theme 3: A Faith-Based Initiative Combated Depression .....	71
Theme 4: Slavery Contributed to Depression and the SBW Schema.....	73
Theme 5: Different Variations of Strength Resilience Affected the SBW Schema .....	75
Theme 6: Resolutions for Depression and The SBW Schema Emerged in Social Support Networks .....	78

Theme 7: Male Perspectives of the SBW Stigma Affected the SBW	
Schema .....	80
Theme 8: The SBW Schema Contributed to Self-Silencing.....	82
Theme 9: Familial Support Mitigated Depression .....	84
Answering the Research Question .....	86
Summary .....	87
Chapter 5: Discussion, Conclusions, and Recommendations.....	90
Interpretation of the Findings.....	90
Theme 1: Communication Skills Improved in Social Support Networks.....	90
Theme 2: A Nonjudgmental Place of Refuge Thrived in Social Support Networks.....	92
Theme 3: A Faith-Based Initiative Combated Depression .....	93
Theme 4: Slavery Contributed to Depression and The SBW Schema.....	94
Theme 5: Different Variations of Strength Resilience Affected the SBW Schema .....	95
Theme 6: Resolutions for Depression Emerged in Social Support Networks.....	96
Theme 7: Male Perspectives of the SBW Stigma Affected the SBW Schema .....	97
Theme 8: The SBW Schema Contributed to Self-Silencing.....	99
Theme 9: Familial Support Mitigated Depression .....	100
Limitations of the Study.....	101

Recommendations.....	102
Implications.....	103
Conclusion .....	104
References.....	107
Appendix: Interview Protocol.....	122

## Chapter 1: Introduction to the Study

African American women are more likely to experience mental health problems than women of other races and ethnicities. For example, Nelson et al. (2020) found that African American women are more likely to experience mental health issues than their European American counterparts. Although anyone can experience mental health problems, due to a number of different reasons, African American women are more likely to experience mood disorders, depression, anger, stress, and posttraumatic stress disorder symptoms due to stigmas associated with receiving mental health supports (DeLuca et al., 2022; Etowa et al., 2017; Fabian et al., 2019). African American women have been plagued by mental health disorders in the African American community, which has contributed to emotional suppression.

Emotional suppression is prominent within the African American community as a display of strength. The restriction of emotions has been defined as the tendency to withhold or suppress thoughts and feelings out of fear of damaging relationship (Nelson et al., 2022; Shulman et al., 2018; Szymanski et al., 2016). According to Nelson et al. (2022), emotional suppression and African American women's endorsement of the strong Black woman (SBW) schema are directly associated with depression. The SBW is defined as a race-gender schema that describes the cultural expectations of African American women as strong, resilient, and capable of multitasking various roles (Liao et al., 2019). Abrams et al. (2019) also highlighted suppression as the link between depressive symptoms and the endorsement of the SBW schema. This tendency to

suppress emotions among African American women is associated with negative psychosocial outcomes.

Social stigma plays a role in African American women's negative psychosocial outcomes like depression. Social stigmas are discrimination against a person based on perceivable characteristics, commonly related to culture, gender, race, intelligence, and health (Etowa et al., 2017). Social stigmas can lead to depression, suicidal thoughts, and ideations, anxiety, and posttraumatic stress disorder (Aggarwal et al., 2015; Allbaugh et al., 2018). According to DeLuca et al. (2022), minorities endure the highest rates of stigma, and African Americans are more likely to adopt negative social stigmas compared to European Americans. Researchers have highlighted that social stigmas can lead to depression and other negative psychosocial outcomes.

African American women have relied on social support networks to cope with depression, social stigmas, financial strains, and familial concerns. Liao et al. (2020) conveyed that African American women use social support networks as coping strategies to counteract the negative effects of oppression and trauma. In the African American community, social support networks reduce the impact of the stressors of life, resulting in lower level of depressive symptoms (Liao et al., 2020). Social support networks are the most conducive form of aide for mitigating emotional suppression and depression because they address social stigmas and health outcomes as well as the mental and spiritual foundation of the individual.

In this chapter, I explore the background of the SBW schema and the impact it has had on African American women. I outline why African American women endorse the

SBW schema and subject themselves to mental and psychological stressors. In Chapter 1, I also highlight the problem statement, the purpose of the study, the significance of the study, and the research question. Additionally, I show how the SBW theory provides a foundation explaining why African American women endorse the SBW. Chapter 1 concludes with discussions on the nature of the study, key definitions, assumptions, scope and delimitations, and limitations on the rationale for the study.

### **Background**

Depression is prominent within the community of the African American woman. According to Abrams et al. (2018), African American women, 18 years of age and older, reported having higher feelings of hopelessness and worthlessness than their European American counterparts. Depression has been stated to be twice as common among African American women due to economic status (Bailey et al., 2019). African American women are 10% more likely to report psychological distress when living beneath the poverty level; however, African American women are least likely to seek mental health services, which can be linked to an obligation of sustaining the image of strength (Abrams et al., 2019). The depiction of strength within the African American community among women can be traced back to slavery.

African American women created the SBW schema during slavery, as it was necessary for personal and communal survival. Davis and Afifi (2019) claimed that the basis for the SBW schema was derived from the ideology of the powerful Black women, which was traced back to slavery. The image of strength was designed during slavery to exploit and oppress African American women (Davis & Afifi, 2019). According to Liao

et al. (2020), to justify inhumane treatment and enslavement, European Americans portrayed African American women as stronger than European American women, and equal to African American men. African American women conformed to the image of strength to prepare their children to live an inhumane life on the plantation (Liao et al., 2020). Although African American women were depicted as strong, resilient caregivers, they have also been the victims of racism and sexism, which has persisted after slavery (Geyton et al., 2022). The societal restrictions of African American women's womanhood during slavery have fostered depression today.

Today, the SBW schema proves problematic for African American women. African American women have been forced to assume pivotal roles in their homes, communities, and careers (Green, 2019; Liao et al., 2020). Liao et al. (2020) conveyed that over the last decade, African American women have been forced to conform to the image of strength as single mothers and the head of households due to rapid rates of incarceration among American men. Like during slavery, today African American women are faced with unfavorable working conditions due to race and societal stigmas, sexual and physical assault, familial separation, and emotional concealment, while adopting the image of strength to withstand living oppressed lives (Green, 2019). Although slavery existed years ago, African American women are still facing the remnants of the past.

Postslavery, depression is prominent among African American women. Most African American women reported being happy; however, 66% reported that they were experiencing emotional suppression and depression to conform to the image of strength

(Nelson et al., 2020). African American women have reported that, due to fatigue, neglect of their own needs and personal interests, the constant burden of caring for others, and repressing their emotions, depression has become a part of their everyday lives (Liao et al., 2020). African American women are normalizing the effects of depression and suppress their inner thoughts and emotions to conform to an image of strength that results in negative psychosocial outcomes.

### **Problem Statement**

Some African American women have endorsed the SBW schema. According to Abrams et al. (2018), the SBW schema has been deemed essential to the identity of the Black woman; however, endorsement of the SBW produces negative mental and economic outcomes. African American women suppress their inner thoughts and emotions due to a fear of ruining their careers, family, and economic status (Bogar et al., 2017; Watson & Grotewiel, 2016). African American women are more likely to subject themselves to the SBW schema rather than to appear weak (Bogar et al., 2017). Many African American women believe that struggle and caretaking create strength (Carter & Rossi, 2019; Davis & Afifi, 2019). According to Spikes et al. (2020), African American women experience inclusive stressors, such as maintaining single-parent households, cohabitating in high crime neighborhoods, discrimination, and caregiver burdens; these are contributing factors in developing depressive symptoms and other health concerns. An African American woman's willingness to endorse the SBW schema has resulted in other forms of codependence that can cause harm to mental and physical wellbeing.



Some African American women have endorsed the SBW schema as an adaptive behavior to navigate oppression. However, emotional suppression and a willingness to help others and maintain an image of strength can be psychologically distressing (Nelson et al., 2022). The effects of the SBW schema are higher levels of stress-related health conditions, anxiety, depression, suicide, and substance abuse (Abrams et al., 2019; Green, 2019; Liao et al., 2020). According to Sheffield-Abdullah and Woods-Giscombe (2021), African American women have higher rates of stress-related health conditions, such as diabetes, cardiovascular disease, and unfavorable birth outcomes, due to exposure of racism and discrimination, the SBW schema, and emotional suppression throughout the lifetime. Furthermore, the SBW schema is connected to anxiety-related symptoms, such as hair loss, migraines, and panic attacks (Liao et al., 2020). African American women have stated that the endorsement of the SBW schema results in exhaustion and depression, due to the burdens of emotional suppression and constantly supporting others instead of personal needs (Liao et al., 2020). Green et al. (2019) concluded that African American women who use the SBW as a coping style are at an increased risk for suicide. Last, stress-related health behaviors such as alcoholism, smoking, and emotional eating are associated with the SBW schema, which result in health disparities among African American women (Liao et al., 2020; Nydegger & Claborn, 2020). African American women have been conditioned to oppression and placing the needs of others before themselves resulting in negative mental and physical outcomes.

Researchers have examined the negative physical and mental health effects of the SBW. Carter and Rossi (2019) found that resistance against the SBW schema is

perceived as being weak or selfish in relationships and the African American community. Geyton et al. (2022) found that African American women's endorsement of the SBW schema acts as an adaptive method to adjust to oppression; however, endorsement of the schema is also psychologically distressing. Abrams et al. (2019) found that the SBW schema prompts African American women to use self-reliance and self-silencing (emotional suppression) as a coping method in response to stressors to sustain relationships. Nelson et al. (2022) explored social isolation and gender racial centrality as contributing factors of depression and the SBW schema. However, researchers have not explored how African American women's use of social support networks protect against the SBW schema and depression. The results of this study may provide human service professionals with interventions and services that promote social support networks.

### **Purpose**

The purpose of this basic qualitative study was to understand how social support networks support African American women between the ages of 25 and 50 in addressing the SBW schema and depression. I explored African American women's perceptions of how social support networks address the SBW schema and depression. Eliminating the SBW schema can lead to positive social change by allowing African American women to feel empowered in sharing their concerns and stories and move from suppression to positive self-expression (Bogar et al., 2017). These results can be useful in helping human services professionals recognize how the perceptions, beliefs, and stigmas of African American women affect their families and communities.

### **Significance**

African American women's endorsement of the SBW schema have proven both adaptive in navigating oppression but also psychologically distressing. Nelson et al. (2022) suggested that researchers explore how Black women's social support networks protect against depressive symptoms. My study fills a gap in research and adds knowledge to the discipline by providing counselors, therapists, and human services professionals with effective and integrative treatment plans. Insight from this study should also aide counselors, therapists, and human services professionals in helping create supportive environments for African American women seeking treatment of depression and mental health problems. The results of this study may provide insight into the experiences of African American women who use social support networks to address the SBW schema and depression. Furthermore, this research aids in the awareness of the SBW schema and the impact it has on the mental and physical health of African American women. This study can lead to positive social change by providing information on how social support networks aid African American women in addressing depression and the SBW schema in the African American community.

### **Conceptual Framework**

The SBW theory examines the pressures on African American women to maintain a level of strength, resilience, and self-sufficiency (Davis, 2015). Davis (2015) developed the SBW collective theory to explore the complex identities of the African American woman and the social structures that shape them. In the SBW collective theory, Davis highlighted the embodiment, communication, emotionality, vulnerability, and regulation

of strength among Black women. The negative stigma regarding mental health in the African American community has contributed to the notion that African American women are strong and seeking counseling is equivalent to being weak (Davis & Afifi, 2019). The term SBW was adopted to signify strength; however, an adverse effect has occurred regarding the mental health of African American women (Davis, 2015). I used the SBW collective theory in this research to explore social support networks and depression among African American women to determine safe environments for collaboration, compassion, and preventive practices that do not retraumatize African American women.

### **Research Question**

How do African American women use social support networks to address depression and the SBW schema?

### **Nature of the Study**

The nature of this study was qualitative with a basic design. A basic qualitative study is subjective, inductive, and interpretive (Mihás, 2019). The main components of a basic qualitative design are the broad assumptions about the nature of the study. Other components of a basic qualitative design are the philosophical stance, the methodology, and the techniques and procedures used to gather and analyze the data to highlight the position and motives of the researcher (Powell & Thomas, 2021). A basic qualitative design has clear strategies, and a sufficient description of the research method (Powell & Thomas, 2021). However, methodological flexibility is the main feature of a basic qualitative study (Powell & Thomas, 2021). A basic qualitative study is conducive for my

study because it does not conform to a single design; rather, a basic qualitative study uses the tools of several established designs to answer the research question. In other words, a basic qualitative study is used to understand the experiences, perceptions, and beliefs of the phenomenon (in my case, social support networks), not the commonalities of a lived experience, nor the social interactions based upon direct observation of participants seeking to understand behaviors and perceptions. A basic qualitative design was suitable for this study because I sought to understand how individuals make meaning of a phenomenon based upon the research question.

I used purposive sampling and snowball sampling to obtain participants for the study. Criteria for this study were African American women who use the SBW schema, relied on social support networks, had experienced depression, and were between the ages of 25 and 50. Semistructured interviews with African American women within the southeastern United States were conducted. The data from this study were analyzed using thematic analysis to investigate subject experiences.

### **Defined Terms**

*African American:* A person having origins in any of the Black racial groups of Africa (Centers for Disease Control and Prevention [CDC], 2013).

*Depression:* A medical condition composed of many types that affect ability to function, quality of life, and moods (Gautam, 2017).

*European American:* European Americans are Americans of European ancestry (CDC, 2014).

*Social networks*: A network of social interactions and personal relationships (Mobasseri et al., 2022; Yu et al., 2020)

*Stigma*: A stigma is an attribute that discounts a person (Davis, 2015; Etowa et al., 2017).

*Strong Black woman (SBW)*: The SBW is the ideal of African American women who display strength, self-sufficiency, and resilience (Watson & Hunter, 2015).

*Strong Black woman collective (SBWC)*: The SBWC is the framework that advances the idea of communication practices and fortitude among African American women (Davis, 2015).

### **Assumptions**

The assumptions in a study are the inferences that the reader will accept as either true or plausible. An assumption in research serves as the basic foundation of any study, and it constitutes what the researcher takes for granted and assumes to be true (Grant, 2014). In this study, I assumed that all the participants within this study were participating for their own reasons, free of coercion, promise, or benefit for their participation. In addition, I assumed that the participants had experienced depression, and were honest and truthful in providing their experiences about depression. I also assumed that the participants were knowledgeable about the SBW schema and were actively using social support networks. Furthermore, I assumed that I, as the researcher, collected data accurately.

### **Scope and Delimitations**

The scope of a study defines what the study is going to cover and what it is focusing on. A scope includes the parameters the researcher will explore within the study (LaRossa, 2012). A delimitation is everything outside of the scope of the study that the researcher will not examine (Scotland, 2012). The scope of the study included African American women who experienced the stigma of SBW and depression. I chose this population because they had the experiences to provide data to answer the research question. The delimitations within this study were men, other races outside of African Americans, and other mental health conditions outside of depression. Other maladaptive behaviors outside of depression were excluded. Therefore, transferability is limited to African American women experiencing depression.

I chose the SBW collective theory as the framework for this study. Other theories and models regarding womanism and feminism were considered. Womanism is a social theory acting to restore the balance between feminists of color, who are sexually and/or nonsexually attracted to other women (Smith, 2018). I chose not to use the womanism theory because it examines equality and social injustices versus an examination of the mental wellbeing of women of color. Feminist theory focuses on gender inequality and the reshaping of female independence (Ashe & Ojong, 2019). Feminist theory was not chosen for this study because it focuses on gender equality, whereas the SBW specifically examines the image, pressures, and resilience of the African American woman.

### **Limitations**

Limitations relate to the weaknesses of the methodology. Limitations are the characteristics of the design that impact the interpretations of research findings (Ross & Bibler Zaidi, 2019). The first limitation of this study was that I only explored the experiences and beliefs of African American women. Therefore, no inferences can be made pertaining to other racial/ethnic groups regarding practices and influences that impact decision making pertaining to mental health services. Second, a limitation of the study was my own personal opinion, which is that social support networks are more beneficial to combatting depression. I mitigated personal biases by bracketing. Another limitation was that I collected participant words, thoughts, and opinions. Phone interviews were also a limitation. According to Azad et al. (2021), phone interviews are a limitation in research due to the inability to see visual and emotional cues, as well as the challenge of establishing rapport. I mitigated this limitation by helping each participant feel relaxed and comfortable by reassuring confidentiality in disclosing sensitive information. To increase the credibility of the findings, I provided a dependable audit trail.

### **Summary**

African American women have been subjected to depression due to an unwarranted stigma that Black women are strong. This stigma places unrealistic expectations on women not to express their pain as this signifies weakness. The purpose of this study was to understand how African American women use social support networks to address depression and the SBW schema. Researchers have not examined the



use of social support networks and the dynamics that have contributed to overcoming depression. The findings from this study may support counselors, therapist, and human services professionals with an effective plan to promote healing, positive verbal expression, and covenant relationships.

Chapter 1 focused on addressing the needs of the African woman and how the fulfillment of those needs can aide society. This chapter also addressed a health disorder that affects the African American woman; however, researchers have highlighted social support networks as a method for overcoming depression. In Chapter 1, I outlined the purpose of the study, the significance of the study, and the research questions. Chapter 1 included the background information, problem statement, purpose, significance, conceptual framework, research question, nature of the study, assumptions, scope and delimitations, and limitations on the rationale for exploring the perceptions, beliefs, stigmas, and experiences of African American women. The societal stressors that African Americans face have heightened their beliefs regarding stigmas associated with receiving mental health supports. African American cultural beliefs and stigmas associated with seeking counseling correlate with being weak, and they carry a burden of shame in the African American community. Understanding this phenomenon is an opportunity to aide in experience and understanding for human service professionals. Understanding the history and relationship between social support networks and mental health is essential for helping the African American community. In the following chapter, I examine the current literature that established the relevance of negative mental health outcomes that African American women face due to the SBW schema.

## Chapter 2: Literature Review

The purpose of this research was to understand the experiences, perceptions, and beliefs of African American women who use social support networks to address the SBW schema and have depression. I explored how social support networks aided in overcoming depression. The chosen demographic was based on existing research, which states that African American women are more vulnerable to emotional suppression and depression and may steer away from mental health supports, compared to other ethnic groups (see Carter & Rossi, 2019; Davis & Afifi, 2019). The results of this study may be used to improve the quality of life for African American women who are experiencing a disconnect between mental health and community, and the impact social support networks have on African American women.

African American women have experienced environments that contributed to mental health concerns for centuries. African American women have faced stigmas in the African American community that stemmed from slavery (Carter & Rossi, 2019). During slavery, African American belief patterns contributed to the foundation of the term SBW, a term believed to stem from suffering (Davis, 2015). Some African American women have traditional beliefs that seeking mental health supports are contradictory to their religious beliefs (Green, 2019; Liao et al., 2019). The SBW schema affects the lives of African American women to this day.

This chapter includes a study of African American cultural values, African American stigmas, and mental health care mistrust. I also discuss the role and impact of social support networks. An analysis of the usage of social support networks and the

impact these services have on depression, economic stress, psychological stress, and physical stress to oppression and discrimination within society can prove beneficial to counseling professionals. This chapter ends with more detail about how social support networks contribute to the promotion of mental health services to the people they represent.

### **Literature Search Strategy**

Several keyword searches revealed relevant and recent peer-reviewed articles on the subject. I used Google Scholar and databases accessible via Walden University, such as ProQuest, Academic Search Complete, EBSCO Host, ProQuest, Sage All Access and Premier, and WorldCat. Additional databases I searched, that focused on culture, ethnicity, and religion, are as follows: Gale Academic OneFile Select, Arts and Humanities Citation Index, ATLA Religion, Black Thought and Culture, JSTOR, and Religion and Philosophy Collection. The keywords and phrases used as search terms were as follows: *African Americans, mental health stigmas, stigma therapy, depression, social support networks, Superwoman schema, SBW theory, professional counseling, mental health facilities, mistrust of the mental health system, cultural prejudice, fear of counseling, and promoting the use of mental health.*

### **Conceptual Framework**

The conceptual framework used for this study is the SBW theory. This theory was the basis for the research inquiry and interview questions. The components of the SBW were compatible with the process of exploring the experiences of African American women regarding mental health and social support networks.

## **SBW Theory**

SBW collective theory provided the conceptual framework in this study. Writers and researchers grounded in Black feminist theory, such as Wallace (1990), Romero (2000), and Beauboeuf-Lafontant (2007), have contributed to the development and concept of strength among African American women. In 2010, Dr. Cheryl Woods-Giscombe found factors among African American women, such as a background of racial oppression and stereotyping, spiritual values, a legacy from female ancestors, and a history of abuse and mistreatment, associating with the development of SBW schema; also known as the superwoman schema (Anyiwo et al., 2022). The SBW ideology has been a long-standing image created within the United States celebrating the strength and resilience of African American women. Etowa et al. (2017) conveyed that the SBW construct has been used in the United States simultaneously as a term of endearment and a burden for women of African American descent. Carter and Rossi (2019) argued that the SBW collective can be traced back to slavery, which required African American women to serve, self-sacrifice, submit, and be silent.

There are three gender stereotypes used to characterize African women: the mammy, jezebel, and sapphire (Liao et al., 2019). As an attempt during slavery to further control and oppress African American women, stereotypes were created to depict African American women as either nonthreatening, promiscuous, or bitter (Collier et al., 2017; Liao et al., 2019). During slavery, the term *mammy* was a desexualized and nonthreatening figure, who was empowered and well respected within the community as a caretaker (Carter & Rossi, 2019). However, the term took on a negative connotation

post slavery to describe a disgruntled African American woman (Carter & Rossi, 2019; Green, 2019). The term *mammy* was coined during oppression to justify the exploitation of African American women. The connotation of the term *mammy* reinforced the narrative that African American women wanted to be mothers and caretakers, and rejecting this role was considered uncommon (Carter & Rossi, 2019). Society viewed African American women as self-sacrificing and seemingly unaffected from caring and supporting their families. African American women have had to flourish in a role that stripped them of verbally expressing their own thoughts and opinions.

Another term that referred to African American women during slavery was *Jezebel*. *Jezebel* was defined as an African American slave who welcomed sexual advances from the European Americans who oppressed them (Collier et al., 2017). However, slavery was a time period where African Americans lacked rights that would have protected them if they declined sexual advances (Carter & Rossi, 2019). Social injustices occurred between the oppressor and the oppressed, contributing to the suffrage of African American women and a lack of mistrust in the mental health system to advocate on their behalf (Collier et al., 2017). American culture oversexualized African American women and stripped them of their femininity, womanhood, and voices.

During the time period of slavery, the term *Sapphire* was adopted. A *Sapphire* depicted the African American woman as angry, dominant, and emasculating (Collier et al., 2017). According to Davis (2015), common themes passed down from African American mothers to their African American daughters are strength, cultural pride, and resilience. Therefore, although the term *Sapphire* was initially depicted as a negative

connotation for the African American woman, over the years, African American women have changed the narrative and now positively associate dominance with strength.

Slavery conditioned African American women to self-silence. African American women were performing household tasks, caring for families, and contributing to the development of their oppressors' children, which could have contributed to the African American woman's ability to control their expressions while living in a hostile environment (Green, 2019). Self-silencing was a coping mechanism in response to being held captive, the fear of being separated from their families, sexual and physical abuse, and the hardships of field and housework (Green, 2019). Carter and Rossi (2019) conveyed that African Americans adopted strength as a means to masking discontentment because, during slavery, discontentment was a sign of resistance, associated with rebellion. African American women have proven since slavery to be self-sacrificing; however, it has been at the expense of suppressing their emotions.

Another perspective of the African American woman is the counter image that African American women had to be the head of the household. According to Green (2019), African American women fulfilled the position as head of household in the absence of fathers, brothers, and sons. During slavery, the husbands and male children were sold separately for two reasons: African American men were worth more money for labor and European American oppressors separated the African American family to assert power (Carter & Rossi, 2019; Davis 2015). African American women stepped into the traditional role of a man to provide for their families.

As an ideology, the concept of SBW has led to emotional suppression within the African American community. Carter and Rossi (2019) conveyed that the SBW ideology has controlled the physical and mental health of African American women. The SBW ideology places an unrealistic expectation on African American women and reinforces the negative stigmas associated with a vocal African American woman. Stigmas associated with African American women include being obsessively dominant, contributing to the emasculation of men, and causing the degradation of the African American family (Etowa et al., 2017). Emotional suppression creates emotional and physical harm, decreases social interaction, and causes mental health concerns.

### **Strength Regulation**

Society has pressured African American women into a controlling image that has threatened their mental and physical health and wellbeing. The image of strength adopted by African American women results in emotional suppression, unsought support or help, and carrying the burdens of others with no regard for self (Davis & Afifi, 2019).

However, researchers have stated that religion and family have been pivotal to African American women who endorse the image of the SBW (Abrams et al., 2019; Brewer & Williams, 2019). Hood et al. (2017) conveyed that social support and social connectedness are buffers to the effects of stressors, and research shows that African American women have high social supports as protectors against depressive symptoms (Hood et al., 2017).

Current researchers have used the SBW theory to examine strength and communication, which is another social problem within the African American

community. Davis and Afifi (2019) examined the regulation of strength during conversations among African American women and their friends, compared to the regulation of strength when African American women communicate with European American women. Davis and Afifi showed that strength regulation is a resource for African American women; however, when communicating with European American women during belittling conversations, African American women demonstrated lower levels of friendships and were less satisfied in the relationships after derogative conversation due to an African American woman's need to address her aggressor. African American women show higher levels of friendship to other African American women during supportive discussions, due to shared experiences.

African Americans are the most undertreated group in the United States for mental health concerns, due to fear and a lack of initiative in the help-seeking process. Nelson et al. (2020) defined help-seeking as any action to seek help within the health care field, pertaining to guidance, treatment, understanding, and general support. Nelson et al. used the SBW to assess African American women who have perceptions of help-seeking for depression. A common theme Nelson et al. discovered in the help-seeking process included the masking of emotions, ignoring of pain, lack of self-care, and the inability to ask for help. Nelson et al. found that 30 African American women acknowledged having mental and emotional traumas and positive attitudes toward help-seeking; however, they continued to stray from receiving mental health services. Nelson et al. further solidified the importance of considering how the SBW affects help-seeking for African American women suffering from depression. A lack of help-seeking within the African American



community contributes to depression, anxiety, and other stress-related health behaviors that contribute to social problems.

African American women have endorsed the SBW stereotype, and they have embraced the image of strength, resilience, and self-sacrifice, contributing to negative psychosocial outcomes. In a study conducted by Liao et al. (2019), African American women endorsed the SBW stereotype as a form of protection against the stressors that surface against women of color. Liao et al. examined direct associations between the SBW schema, depression, anxiety, and loneliness; maladaptive perfectionism, self-compassion, collective coping, and spiritual were also tested as mediators. Liao et al. proposed that the SBW contributes to mental health concerns and limits African American women's ability to cope healthily. Liao et al. supported previous studies that suggested African American women embracing the SBW stereotypical image are more likely to experience negative psychosocial outcomes. The evidence presented supports recent findings of the impact the SBW has on the mental health of African American women.

## **Literature Review**

### **African American Women, Emotional Suppression, and Depression**

African American women have used emotional suppression to sustain platonic and sexual relationships, possibly increasing their likelihood of experiencing depression. Although African American women secured relationships while withholding their emotions, thoughts, and concerns to themselves, emotional suppression has proven unfavorable to African American women and a major cause of depression within the

African American community (Nelson et al., 2022). According to Davis and Afifi (2019), strength regulation within African American women reinforces emotional suppression, and it has been associated with verbal derogation. Based on the tone in which a person responds during a supportive conversation, African American women choose to repress their needs and keep their struggles private, as a defense mechanism (Bogar et al., 2017; Davis & Afifi, 2019). African American women have adopted belief patterns that they are unheard, misunderstood, and disregarded. Feelings of being unheard among African American women have contributed to generations of discouragement and withdrawal from seeking help (Nelson et al., 2020). African American women are carrying the burden of the image of strength that stereotypes the African American woman as self-sacrificing, relentless, and dominant. To sustain the image of strength, African American women have unknowingly supported researcher findings, which assesses that African American women have been coerced into the image of strength at the expense of their mental, emotional, spiritual, and physical wellbeing (Davis & Afifi, 2019; Nelson et al., 2020). Fear has also contributed to emotional suppression and oppression of the African American woman.

The African American community embraces social support networks to overcome mental health concerns and oppression. Social isolation and withdrawal from seeking help within the African American community has led to generations of women trying to make a way on their own with no form of guidance outside of their community. This coping mechanism developed during slavery as a safe place for people of color (Lorenz et al., 2019). According to Nelson et al. (2022), social isolation may be the link between

SBW and depression. Among African Americans, social support networks are protective against anxiety and depression (Nelson et al., 2022). African Americans have relied on their social support networks to combat depression and the SBW schema.

During slavery, slaves decided that freedom took precedence over their mental health. Depression was overlooked because people of color were all living similar lifestyles, which were considered socially acceptable (Collier et al., 2017). African American women are the most undertreated group of women in the United States for depression (Nelson et al., 2020). African Americans assumed that to regulate their emotions and experience liberation, a person needed to persevere through physical oppression (Lorenz et al., 2019). During slavery, the African American community was denied psychological services that could have contributed to their emotional and mental wellbeing. However, slave owners physically oppressed African Americans and restricted them from gathering in groups of more than five, in order to prevent runaways and the appearance of a rebellion (Collier et al., 2017). Restricting African Americans from gathering caused several leaders within their communities to create small groups, which were environments where African Americans could openly express themselves to other slaves and share their transgressions and hopes of freedom among each other (Collier et al., 2017). Community leaders created small groups with good intentions within the African American community. The small groups contributed to the regulation of strength that African American men and women adopted to reserve their pride and not appear weak to their families and oppressors (Collier et al., 2017; Lorenz et al., 2019).

African Americans gained hope during oppression because of the liberation social support networks bring.

Division within the African American community began during slavery. Slave owners contributed to an already crippling situation by separating slaves by the color of their skin (Collier et al., 2017). Lighter skinned female slaves, who could pass as European American, were considered house slaves, and the darker skinned female slaves went to fields to work alongside the men (Collier et al., 2017). European Americans contributed to a community of African women who began to view one another as competition. In the African American community, everyone was trying to survive; however, competition was created among them that later led to a term that is referred to as the “crab mentality” (Miller, 2019). The crab mentality, is defined in the African American community, is when another person of color sees someone of the same skin color doing better than them while making financial strides towards prosperity that they themselves are not yet able to reach, which results in the stagnant crabs pulling the progressive crabs back down into the bucket (MacLennan, 2020; Miller, 2019). This mentality during slavery caused some slaves to kill each other to prove their worth to their oppressors and to demonstrate dominance (Miller, 2019). Division in the African American community started during slavery.

### **African American Women and Favorable Factors of Social Support Networks**

A lack of social supports contributes to psychological distress. According to Jones et al. (2021), African American women have relied on social supports, spirituality, and an engagement coping style to face the challenges of survival, establish self-worth, build

their families and communities and navigate life. Social supports are defined as the social relationships that surround an individual, social engagement, the act of meeting friends, and participating in group or recreational functions and volunteering (Kelly et al., 2017). Spiritual supports are the acknowledgment of God or a higher power to address the stressors of life (Jones et al., 2021). An engagement coping style, also referred to as active coping, actively seeks to manage or adjust to stressors (Jones et al., 2021). According to Jones et al. (2021), social network coping mitigates the relationship between the endorsement of the SBW schema and loneliness. Many African American women identify social support networks as a coping mechanism to overcome emotional suppression, loneliness, and depression.

Social support networks provide access to social relationships and social activities. According to Kelly et al. (2017), social resources, family, community, and social events are social integration events that promotes access to social networks. Maintaining and building social networks has positive emotional, mental, physical, and economic outcomes (Mobasseri et al., 2022). Social support networks are protective against depression, anxiety, and loneliness; however, African American women who suppress their emotions due to the endorsement of the SBW schema are at risk of social isolation, unfavorable mental health outcomes, and an inability to connect with others (Nelson et al., 2022). The effects of the endorsement of the SBW schema contradict the benefits of social support networks.

African American women turn to social support networks for help with mental health. According to Liao et al. (2020), social support networks prove beneficial to

counteracting mental health concerns. Social support networks positively influence mental health behaviors, such as coping and mental health help-seeking (Hood et al., 2017). According to Hood et al. (2017), African American social support networks consist of trusted coworkers, friends, church members, and individuals who are considered close family. Traditional forms of mental health services are overlooked, due to African American women's lack of trust in mental health professionals, stigmatizing attitudes due to a lack of knowledge, and fear of appearing weak, which is contradicting to the image of the SBW (Bogar et al., 2017; Glover, 2021; Tesfaye et al., 2020). African American women were in need of support and refuge; social supports became a resource. Social support has been the outlet African American women use to overcome and sustain during the struggles inflicted upon them (Hood et al., 2017). Social support networks created a source of hope for community for African American women.

### **Present-Day Emotional Suppression**

History shows society silenced and separated African American families during slavery and it still affects society. During slavery, slave owners placed women in positions to be the head of household and work and care for their children amidst the absence of the father (Green, 2019). In present day society, the absence of the father still affects the lives of men and women alike. In the 1960s, only 9% of African Americans lived in single-parent homes, which increased to 28% in 2014 (Amato & Patterson, 2017). The separation of family over the years has required African American women to assume roles crucial to sustaining a family. Fostering single parent homes has warranted African American women to be the nurturers, providers, and disciplinarians. American

society raised the African American woman to cultivate strength and independence and to embrace the hardships of life (Abrams et al., 2019). During slavery, the female head of household cultivated the social norm that an African American woman is strong.

African American, female-headed households teach their female children to be resilient leaders. African American adolescents are encouraged by their female caregivers to silence the self, advance their education, and work effectively to gain financially; they grow to believe that being a single mother is sufficient (Abrams et al., 2019). Coates et al. (2019) showed that 66% of African American children live in a single-parent household, compared to 42% in Latino families and 24% among European Americans. According to Coates et al., children from single parent homes are more likely to experience emotional and behavioral problems, substance abuse, higher rates for school dropouts, criminal activity, teen pregnancy, and negative psychosocial outcomes than children raised in two-parent households. However, despite upbringing in single parent homes, more African American women are seeking advanced degrees than African American men (Brown et al., 2017). Brown et al. (2017) conveyed that African American women accounted for 64.8% of the bachelor's degrees earned by African American students in 2012-2013 school year. The gender imbalance among African American men and women is greater than any other racial group. African American women have flourished in single parent homes; however, the disadvantages are the learned behaviors that are inherited in the next generation and the toll of silence and sacrifice.

Emotional suppression affects African American women in marriage. According to Tobin Thomas et al. (2019), 90% of European American women marry by the age of

40 compared to 67% of African American women. African American women suffer a cultural disparity due to suppressing their emotions, which affects platonic and romantic relationships (Woods-Giscombe et al., 2019). African Americans are the largest group of unmarried people in the United States (Mouzon et al., 2020). Four in ten African Americans are either married, or cohabitating, 9.5% are unmarried and not romantically involved, 11% are romantically involved but not married, and 38% do not desire romantic involvement (Mouzon et al., 2020). African American women are more likely than African American men are to report not having a desire for a romantic relationship. African Americans have the lowest marriage rates, among all ethnic groups. According to Mouzon et al. (2020), in 1950, 64% of African American men and 62% of African American women were married; however, these percentages declined in 2019, which resulted in 38% of African American men and 32% of African American women being married. The marriage rate among African American women has slowly decreased as the disparities, such as chronic health conditions, mental health, and sexism have become more prominent.

There are disparities among income, economics, and education between African American men and women. These disparities, such as social and economic stigmas, have contributed to the decline in romantic relationships among African American men and women (Mouzon et al., 2020). Systematic racism and oppression among African American women contributed to the SBW schema (Liao et al., 2020). African American women were forced to suppress their emotions, assume roles as financial providers, caregivers, and community advocates (Liao et al., 2020). A large percentage of African



American households are spearheaded by African American women who have suppressed their inner thoughts, emotions and feelings, to conform to the image of strength due to a lack of access to resources and high incarceration rates among African American men (Liao et al., 2020). In 2014, more than 40% of all childbirths in the United States were to unmarried men and for more than a decade, the decline in male employment caused a decline in marriage rates, a rise in birth rates, and an increase in single-mother households (Kearney & Wilson, 2018). As African American women began to lead single-parent homes, an increase in higher educational levels occurred. African American women are obtaining advanced degrees at a higher rate than African American men are (Amato et al., 2015; Kearney & Wilson, 2018). A decline in male employment in African American communities caused African American women to support their homes and children on their own.

The African American community has been plagued with female head of households. The cultural imbalance within the African American community contributed to a generation of self-silencing women who seek to present themselves as dominant figures within their homes and the work force (Abrams et al., 2019). African American women outweigh African American men, which contributes to another imbalance within the African American community. The incarceration and homicide of African American men has affected the male to female ratio among African American men and women (Coates et al., 2019). Among these disparities is the preparation of female African Americans to marry a good man, while simultaneously being taught that a good man does not exist (Davis, 2015). Cultural imbalances in the African American community are

factors that aid African American women to suppress their emotions and sustain homes on their own out of fear of the nonexistence of a compatible mate.

African American women receive pressure to exhibit endurance by combatting social stigmas, rearing children, dominating in their career fields, and accelerating education to finish where generations of women before them were unable to. African American adolescents learn information about their education, careers, marriages, and gender roles from their mothers and grandmothers (Abrams et al., 2019). High expectations imposed on African American girls from their mothers and grandmothers leads to a higher risk of self-criticism and emotional suppression (Tariq & Yousaf, 2020). Girls are more likely to experience depressive symptoms because of self-criticism and emotional suppression (Tariq & Yousaf, 2020). Self-criticism enables African American women to critique themselves, voice their opinions, and speak freely, contributing to depressive symptoms that limit intimacy and autonomy (Abrams et al., 2019; Davis & Afifi, 2019; Tariq & Yousaf, 2020). African American women are critiqued based upon social comparisons made by their parents (Tariq & Yousaf, 2020). Emotional suppression among African American women prevails in the form of self-sacrifice.

Women who encourage equality and independence raise African American women. Some women are no longer looking for security in men; however, they have found it within their education, social relationships, and money (Davis & Afifi, 2019; Tariq & Yousaf, 2020). African American men are experiencing higher rates due to homicides, suicide, and drugs (Coates et al., 2019). Prison has also become a likelihood for a large percentage of African American men (Coates et al., 2019). African American

women believe that men are not placing themselves in a position to lead in their homes or communities (Mouzon et al., 2020; Amatto & Patterson, 2017). African American women have a higher education and economic social status, which aligns with the social norm that a woman does not need a man. However, African American women remain hopeful of the teachings from their childhood and the ultimate goal of marriage and children (Tariq & Yousaf, 2020). However, some African American women have sought counterparts who are equally educated and financially capable of providing for a family (Mouzon et al., 2020). Oppression has cultivated a population of women that internalizes out of fear of rejection, alienation, and loss. The African American woman in modern day society have adopted beliefs that telling others how they feel will not result in a solution; vulnerability is a weakness and endurance is more beneficial towards one's own reputation (Davis & Afifi, 2019). The theory of self-silencing suggests four behaviors; silencing the self, not directly asking for what one wants; divided self, presenting oneself as submissive and passive and privately experiencing anger, frustration and doubt; care as self-sacrifice, disregarding one's own emotional needs in order to sustain the relationships; and eternalized self-perceptions, evaluating oneself based on cultural norms (Tariq & Yousaf, 2020). African American women have flourished in their education and careers, but a lack of security and trust causes a mental and emotional delay that contributes to negative psychosocial outcomes.

### **Effects of Emotional Suppression**

African American women have internalized mental disorders by self-silencing. According to Maji and Dixit (2019), emotional suppression connects to depression,

anxiety, low self-esteem, perfectionism, disordered eating, and a loss of self. Physical and mental disorders within the African American community have contributed to a race of people internalizing their emotions and avoiding mental health services. Whaley (2019) argued that an increased use of indigenous help seeking results in poorer mental and physical health outcomes for the African American community. Emotional suppression has prevented African Americans from asking for help, as well as caused several long-term health effects. Mental disorders within the African American community prevent African American women and men from seeking help.

African Americans are less likely to use professional mental health services. African Americans have lower rates of help seeking due to negative perceptions of mental illness and treatment (Abrams & Maxwell, 2018; Hall, 2018; Tariq & Yousaf, 2020). Negative perceptions of mental health services in the African American community contributes to the use of informal or religious supports in hopes of members of the community being unaware of the need for treatment (Harris et al., 2020; Nelson et al., 2020). A lack of seeking help increases the risk of mental disorders among African Americans.

### **Help-Seeking and Mistrust**

In the African Americans community, disparities based upon race contribute to the mistrust of doctors and mental health professionals. Societal attitudes toward mental illness have negatively skewed African Americans' views and perceptions of mental health professionals (Tesfaye et al., 2020). Some African Americans view seeking mental health support as an admittance of mental instability and weakness (Harris et al., 2020).

According to Tesfaye et al. (2020), the belief that individuals diagnosed with mental illnesses are familial defects, dangerous, or demonic has also deterred African Americans from seeking help. Among the preconceived notions and stigmas within the African American community lies the mistrust of health care professionals. Health care professionals, who misdiagnosed and illegally used African Americans for experiments, contributed to poor maternal health outcomes (Whaley, 2019). In 1932, until 1972 medical professional exploited African American men diagnosed and undiagnosed with syphilis (Park, 2017). Although penicillin was found to be an effective cure for syphilis in the 1940s, some health care professionals withheld this information to prevent African American male test subjects from seeking treatment (Park, 2017). Four years after the start of the experience, health care professionals involved in the Tuskegee syphilis experiment made a conscious decision to continue with African American men as trial subjects until their death (Park, 2017). The health of an entire community and the generations that proceeded were impacted by the experiment that left hundreds dead and exposed. The Tuskegee syphilis experiment contributed to mistrust of health care professionals in the African American community.

African American women are experiencing the highest rates of poor mental health outcomes. Historically, African American women's distrust for medical professions stems from years of experimentation and forced sterilization (Glover, 2021). Although high death rates during childbirth among African American women do contributed to a physical health condition, however maternal mortality has been associated with poor patient care (Lu, 2018). Historically, African American women have reported feeling

silenced by their physicians (Glover, 2021). African American women have reported insufficient patient care when attempting to discuss possible symptoms and concerns to healthcare physicians (Best, 2019). Health care physicians' inability or unwillingness to listen to the needs of the African American woman pertaining to her body has contributed to patient mistrust and a lack of help-seeking (Glover, 2021). African Americans' mistrust of healthcare professionals stems from a lack of patient-care standards. African American women are least likely to obtain health screenings, mammograms, breast exams, and diabetes blood tests (Lu, 2018). The most common causes of maternal death in women are hemorrhaging, preeclampsia, drug overdose, and hypertension (Glover, 2021). However, among African American women, the most common causes of maternal death are obesity, high-blood pressure, and diabetes (Glover, 2021). According to Glover (2021), African American women are three times more likely to die from childbirth compared to European American women. African American women have vocalized dissatisfaction within the health field; however, there has been a lack of investigation pertaining to the experiences of the African American woman and barriers used to improve patient-provider relationships. The lack of evidence surrounding this social problem affects self-silencing and mental health in the African American community.

Depression and stress in the African American community have a direct correlation to economic circumstances in the Black community. According to Hall (2018), African Americans experience higher rates of mortality than their European American counterparts do at younger ages because of depression and stress-related diseases. Constant exposure to social and economic stressors has also been associated

with early onset illnesses in African Americans (Hall, 2018; Maxi & Dixit, 2019).

Stressors in the African American community contribute to depression, stress related diseases, and being critical of self-based upon the opinions of others.

African American women criticize themselves based on personal and social standards. Tariq and Yousaf (2020) defined self-criticism as a personality trait concerned with feelings, wholeness, standards, and guilt. Society has conditioned African American women to be critical of themselves and their actions, which has raised mental health concerns. Depression and anxiety are more prominent among women who experience high levels of self-criticism (Tariq & Yousaf, 2020). Self-criticism within the African American community has contributed to a race of women comparing themselves to social standards and other women, contributing to mental disorders (Tariq & Yousaf, 2020). Low self-esteem, loss of self, and perfectionism correlated with self-criticism in African American women (Abrams et al., 2019; Tariq & Yousaf, 2020). Researchers have stated that increased levels of self-criticism contribute to depressive tendencies due to a fear of external feedback, a failure to meet external and internal standards, and low self-esteem (Hall, 2018; Tariq & Yousaf, 2020). As feelings of inadequacy surmount, depression increases as dignity, self-expression, and regard of personal feelings decreases (Tariq & Yousaf, 2020). People with depression have a 40% higher risk of cardiovascular and metabolic diseases than the general population (Nami, 2021). Self-criticism is a predictor of depressive symptoms. Anxiety and depression are some of the results of African American women attempting to conform to social standards.

Low moods and anxiety can cause premenstrual distress among African American women. Premenstrual dysphoric disorder (PMDD) is a psychiatric disorder that includes physical and behavioral symptoms (Beddig et al., 2020; Maji & Dixit, 2019). Almost half of the population of women will experience PMDD; however, 3- 8% will experience a more severe form of PMDD (Maji & Dixit, 2019). Self-criticism and self-policing, which involves conforming to socially set standards, precede PMDD. Socially set standards, such as feminine gender roles and a nurturing nature, causes women to police themselves in order to sustain relationships. While experiencing PMDD, women have reported not being in control of their emotions, which is one of the reasons women choose to self-silence out of fear of uncontrolled behaviors (Maji & Dixit, 2019; Tariq & Yousaf, 2020). Maji and Dixit (2019) conveyed that relationship strategy is a common theme of self-silencing. Women use self-silencing as a relationship strategy because PMDD damages relationships.

Historically, society has objectified African American women. African American women's perceptions of their bodies have been externally influenced (Abrams et al., 2019; Hall, 2018). African American women have become fixated with the idealism of having the perfect body. Researchers have stated that mainstream society weakens the perceptions of the body image in the African American community (King et al., 2019). Obesity is also prominent among African American women, which alters the body image perception of the African American woman (Ford & Pickett, 2020). Restrictive eating and purging help women experiencing an eating disorder to monitor what they intake, only eat a certain food or amount, or frequently weighs themselves (King et al., 2019).



Discontentment with the body or parts of the body and high levels of emotional awareness foster eating related issues and self-silencing tendencies (King et al., 2019; Maxi & Dixit, 2019). External views and perceptions of self, among African American women have caused a community of African American women to self-monitor, self-criticize, and self-silence to conform to social and cultural norms.

Physical disorders correlate with self-silencing. HIV, cancer, and irritable bowel syndrome (IBS) show connections to self-silencing (Maji & Dixit, 2019). In 2016, 60% of new HIV cases among young women were of African American descent (Stokes & Brody, 2019). In 2019, Maji and Dixit reported that HIV was found to be 44% higher in young women between the ages of 15-24 than in young men. Younger women are more susceptible to HIV because they negotiate condom use out of fear of the male counterpart not liking them for being sexually assertive (Maji & Dixit, 2019; Stokes & Brody, 2019). Self-silencing influences treatment and disclosure of an individual's HIV status (Maji & Dixit, 2019). African American women are susceptible to HIV due to self-silencing. Another physical disorder that self-silencing influences occurs in cancer patients. Cancer and HIV patients share the same beliefs that disclosing their status will cause other people to formulate perceptions of them (Maji & Dixit, 2019). A higher tendency of self-sacrifice among women causes self-silencing among cancer surviving patients and affects the experience of the patient (Maji & Dixit, 2019). IBS causes abdominal discomfort and issues with defecation. Each of these disorders relates to emotional distress among women causing self-silencing. Emotional suppression has a direct link between women's health and wellbeing.

## **Counseling, (Cognitive) Social Support Networks, and Integration**

Counseling services are for the benefit of learning how to cope with mental, emotional, and physical issues. There are 12 types of therapeutic/counseling approaches, psychodynamic, interpersonal, humanistic/client centered, existential, cognitive-behavioral, mindfulness-based, rationale emotive, reality, constructionist, systematic, narrative, and creative (Ono et al., 2017). Interpersonal counseling is the most common form of counseling effective for individuals who are facing depression (Matsuzaka et al., 2017).

- Psychodynamic counseling is the most common counseling approach. This form of counseling uses a Freudian theory. This form of counseling involves building a strong patient-therapist relationship. The coaching approach and styles are contingent upon the relationship and interaction of the therapist and client (Cuijpers et al., 2019).
- Humanistic/client-centered counseling uses an approach based on the current qualities the client possesses to contribute to growth, such as a sense of acceptance, and ambition. The humanistic/client-centered approach was developed to create a nonjudgmental atmosphere for clients to be themselves. This form of counseling also allows the client to dictate the direction of services and the client does most of the talking. (Velasquez & Montiel, 2018).
- Existential therapy examines human existence. This form of therapy allows the therapist to work with the client to discover their self-worth and unfulfilled needs.

Lower levels of depression occur after short-term existential therapy (Gnaulati, 2020).

- Cognitive-behavioral therapy combines cognitive and behavioral techniques focused on assessing the personal feelings of the client dictated by thoughts and behaviors. Therapists use numerous techniques are used within this form of counseling to include social skills and relaxation training (Cuijpers et al., 2019; Scott et al., 2016).
- Mindfulness-based counseling is a popular form of counseling that incorporates Buddhist traditions to embrace meditation and a stress-free environment. Some different types of mindfulness are yoga, sitting meditation, and breathing meditation (Cuijpers et al., 2019).
- Rational emotive therapy was developed by Albert Ellis to address irrational thinking. The primary role of therapists is to work alongside the clients to assess and examine a variety of different events that created a favorable or unfavorable outcome. The therapist strives to assist the client in observing the client's beliefs about a situation and how these beliefs have become self-sabotaging (Ellis, 2017).
- Reality therapy was developed by William Glasser with principles from Alfred Adler regarding human behavior. The counselor's role is to provide a nonjudgmental environment. Reality therapy allows the client to understand that life gives the opportunity to respond rationally or irrationally to circumstances that are out of the client's control. Although the client is not in complete control

of the events of life, they have the power over their response to the events that take place in their lives (Wubbolding, 2015).

- Constructionist therapy focuses on how the client views the world regarding race, social class, cultural influences, and human interpretations. This form of therapy focuses on the impact human languages has on identities, communication, problems, and relationships. During constructionist therapy, clients discuss their problematic perceptions of power imbalances and the importance of language (Van Zyl, 2018).
- Systematic therapy is highly conducive to revealing behavioral and psychological patterns. Systematic therapy is typically administered in family therapy; during family therapy, individuals are able to address family, school, employment, and extracurricular activities to establish healthier roles and interactions. Dysfunctional patterns of communication and environmental factors are addressed during systematic therapy to develop a healthier family (Lampis et al., 2021).
- Narrative therapy supports a client's perception of self and how these precepts impact the way the world is viewed. Clients focus on the stories they tell themselves about who they are, and the counselors work collaboratively to create alternatives. The role of the therapist is to assess the client's decisions and their ability to enjoy meaningful and satisfying experiences. For the client to illustrate their lives, this requires a guide and framework that is consistent with the client's life goals (Akande, 2017).

- Creative therapy focuses on improving mood and aspects of wellbeing. Artistic expression is the conscious use of the imagination Creative therapy uses art to create positive feelings, promote healing, and reduce stress. Other methods of creative therapy include clay modeling, posters, music, and collages (Saputra et al., 2021).

Many African Americans do not seek help for issues related to mental health.

Compared to their European American counterparts, African Americans are less likely to seek professional health for mental health concerns (Abrams et al., 2019). Rather than seeking mental or spiritual supports, African American have withheld their emotions, thoughts and feelings, and suffered from depression (Aggarwal et al., 2015; Bogar et al., 2017). Emotional suppression is the repressing of feeling to sustain relationship security (Bogar et al., 2017). The focus of the research was mental health, among African American women and the impact emotional suppression has on social support networks within the African American community and social change. African Americans have relied on informal resources for mental health assistance (Brewer & Williams, 2019). Informal resources, such as the African American church have proven beneficial to the African American community.

### **Summary**

Emotional suppression and depression among African American women have created several emotional, physical, and mental health concerns. Psychological concerns within the African American community among African American women have been disregarded as strength. The SBW theory contributes to the increase of African American

women who suppress their emotions with depression. The stigma that African American women are strong surfaced in slavery and contributes to a population of women who suppress their emotions to maintain relationships, and not to appear weak. Existing research indicated a correlation between cultural values in the African American community and mental illness (Brewer & Williams, 2019; Campbell & Littleton, 2018). Other stigmas within the African American community have contributed to the increase in social supports networks but a decrease in mental health services. The promotion of mental health services within the African American community can aide in the integration of services. The promotion of mental health services within the African American community can also aide therapists, counselors, and human services professionals with information for treatment plans.

This research will fill a gap and add knowledge to the discipline by providing counselors, therapists, and human services professionals with effective, and integrative treatment plans. In conclusion, Chapter 3 provides the methodology for the research. In addition, this chapter outlines the research design and rationale, role of the researcher, participant selection, sample size, instruments, data collection methods, and the procedures for recruitment. Chapter 3 also includes the data analysis, trustworthiness, and ethical procedures that may have impacted the integrity of the research.

### Chapter 3: Research Method

African American women have high rates of emotional suppression and depression. African American women engage in emotional suppression, which leads to negative mental health outcomes (Bogar et al., 2017; Brewer & Williams, 2019).

Researchers have not explored how African American women's use of social support networks protect against the SBW schema and depression. Specifically, exploring how African American women's experiences of depression and the SBW schema contributed to the use of social supports is necessary. Although some of the perceptions, beliefs, stigmas, and practices of African Americans were revealed in the literature review, scholars have not explored the experiences of African American women who sought social supports instead of traditional mental health services.

The purpose of this basic qualitative study was to understand how social support networks support African American women in addressing the SBW schema and depression. The experiences of African American women who have suffered and/or are currently suffering from depression, and who adhere to the SBW schema and use social support networks are the primary focus. The reason for selecting this particular population is due to the lack of research that focuses on African American women's use of social support networks to address the SBW schema and protect against depression.

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

I used the qualitative method in this study. The foundation of qualitative research methodology is to attribute meaning to participant experiences. Qualitative methodology views are subjective; therefore, qualitative methodology seeks to understand human

behavior and the reasons that dictate the behaviors (Dodgson, 2017). A basic qualitative study was used to identify themes. Researcher interaction with multiple participants allows for the researcher to collect data and discover common themes and patterns. This qualitative method focuses on understanding a phenomenon from the perspective of the participants to uncover the essence perceived by those who shared the experience (Powell & Thomas, 2021). I chose the qualitative methodology because it allowed participants to freely disclose their experiences, thoughts, feelings, and beliefs through interviews, without the constraints of a closed question survey.

The design of the study was a basic qualitative study. A basic qualitative study does not declare a single methodological design (Mihas, 2019). A basic study does not fit the confines of a single methodology; however, a basic qualitative study allows for the incorporation of established methodologies as tools to develop research designs that fit a particular research question. A generic study allows the researcher to maintain flexibility, and blend tools and techniques from more than one established design (Mihas, 2019). A generic study allows the selected participants to reflect upon their personal desires, fears, emotions, and ideas while experiencing a particular phenomenon (Powell & Thomas, 2021). I chose a basic qualitative design because it does not fit the confines of one single methodology. Rather, a basic qualitative study allows flexibility and an opportunity to develop a research design that fits my discipline and research question.

Three other qualitative designs I considered were ethnography, grounded theory, and phenomenology. Ethnography is the study of social interactions and the direct observation of participants in their everyday lives (Dodgson, 2017). Ethnography seeks to



understand behaviors and perceptions by placing the subject in a particular environment over a certain period of time (Harwati, 2019). Grounded theory focuses on the development of theories. A grounded theory focuses on theoretical development through the collection of multiple sources (Turner & Astin, 2021). Grounded theory was not used for this basic qualitative study because I was not collecting data to create a theory. Grounded theory would have been feasible for this study if the focus was to understand the behavior of African American women who use social support networks. Last, phenomenology seeks to study a phenomenon and the perception of the participants, rather than the cause or why the phenomenon occurred (Dodgson, 2017; Neubauer et al., 2019). I did not choose a phenomenological design because the research question for this study sought to understand the experiences, perceptions, and beliefs of the phenomenon (social support networks), whereas a phenomenological approach focuses on the commonalities of a lived experience.

### **Research Question**

How do African American women use social support networks to address depression and the SBW schema?

### **Role of the Researcher**

In qualitative research, the role of the researcher is to assess the beliefs, thoughts, feelings, and experiences of the participants. I was the primary data collection instrument. The secondary instrument used for this study was an interview protocol (see Appendix). According to Holmes (2020), another role of the researcher is to identify and describe personal biases, assumptions, expectations, and experiences that can hinder the research.

Building rapport with the participants, while establishing boundaries and remaining focused on the purpose of the research, is also a role of the researcher. My role as the researcher was that of a researcher-interviewer (see Karagiozis, 2018; Roger et al., 2018). A researcher-interviewer is not immersed into the group of participants and remains neutral (Karagiozis, 2018; Roger et al., 2018). Although my primary goal was to collect and analyze data, I was responsible for being honest and transparent in order to gain the trust of the participants. The researcher-interviewer must display honesty and transparency to eliminate bias and a misinterpretation of experiences out of fear of vulnerability (Roger et al., 2018).

Remaining objective in a qualitative study can prevent bias. Researcher bias is any distortion that can impact the participants or the results of a study (Wadams & Park, 2018). There are four commonly identified types of researcher bias in qualitative research: anticipated outcome biases, questions, conceptual biases, and sampling biases (Wadams & Park, 2018). Researcher bias is problematic because it discredits the validity and reliability of the research. Cypress (2017) defined validity in qualitative research as the integrity and method of application. Reliability has also been defined as the consistency within the procedures of the study (Cypress, 2017). As a researcher-interviewer, validity and reliability must be the cornerstone of the research to establish rapport with the participants and contribute credible research.

I had preconceived ideas about the topic of this study because of my personal struggles with self-silencing and depression. It is important to remain objective in qualitative research to mitigate the misinterpretation of the experiences of the participants

and commonly identified types of bias, such as questions, sampling biases, information bias, and anticipated outcomes biases in qualitative research (Wadams & Park, 2018). Remaining objective in a qualitative study helps to mitigate researcher bias. Bracketing is a conducive qualitative method that mitigates researcher bias (Janak, 2022). Bracketing increases awareness, puts aside assumptions, and allows the researcher to view the study objectively with an open mind (Janak, 2022). According to Janak (2022), bracketing is the identified assumptions, biases, and theories of the researcher pertaining to a phenomenon. Bracketing is also used to improve the validity of the study. A method of bracketing is reflective journaling. A researcher journal contains written record of researcher thoughts, feelings, and actions during the process of analyzing data (Janak, 2022; Karagiozis, 2018). I maintained a reflective journal to keep track of and describe my feelings, assumptions, expectations, and biases related to this research.

## **Methodology**

### **Participant Selection Logic**

The study sample consisted of African American women who self-report suffering from depression, and who used social support networks to address the SBW schema. Research participants were recruited using purposive sampling and snowball sampling. A nonprobability method of sampling, such as purposeful sampling, allows the researcher flexibility and gives the researcher the option of expanding the pool of participants if the number of participants becomes limited (Ghaljaie et al., 2017; Hamilton & Finley, 2020). Purposeful sampling is a technique used in qualitative research when a researcher has limited resources to identify participants, and the

researcher wishes to select participants who have experienced a specific phenomenon (Palinkas et al., 2015). Purposeful sampling allows the researcher to have certain criteria for the participants to meet during selection, which allows the researcher to select participants who have the knowledge to provide data to answer the research question (Hamilton & Finley, 2020). I chose purposeful sampling because it allowed me to select African American women who have experienced depression and who adhered to the SBW schema.

Snowball sampling was used as a secondary recruitment technique that allows participants to assist in the recruitment of other participants (see Ghaljaie et al., 2017). Snowball sampling allows participants to share information about the study with other potential participants who may share a similar interest in the research (Ghaljaie et al., 2017; Parker et al., 2019). I asked recruited participants to identify other potential participants who have similar characteristics that match the criteria of the study.

The participants selected for this study met the following inclusion criteria: Participants were between the age of 25 to 50, self-identified as African American women who suffer from depression and used social support networks to address the SBW schema. Participants were also asked during screening about any recent births of a child to eliminate the possibility of postpartum-related depression. The rationale for establishing inclusion and exclusion criteria for study participants increases accuracy, truthfulness, and answers the study. According to Patino and Ferreira (2018), inclusion criteria are the key features of the target population that a researcher uses to answer the research question, whereas exclusion criteria interfere with the outcome of the study and

impacts the external validity of the results of the study. The criteria for the study increase the likelihood of the study producing valid, dependable, and reproducible results.

I emailed letters and flyers to 50-100 African American women. I identified via social media (Facebook and Instagram). The social media account I used was unassociated with my personal social media accounts. A reminder email via social media was sent to participants who received flyers and mailings within 1 to 2 weeks of submission of introduction letters and recruitment flyers. The introduction letters informed potential participants that incentives were not offered. Participants responded to the flyer with their contact information by contacting me. Then, I emailed letters introducing myself as well as the nature of the study to each participant. The introduction to the study letters included a request for permission to announce the study to other potential participants via social media, if enough participants are not recruited.

The flyer for the study detailed the inclusion criteria for the study. I also reiterated inclusion criteria to participants who responded to the flyer. I notified participants who were selected for the study via email, as well as participants who were not selected. I thanked participants who were not chosen via email for their interest in participating. Participants who met the criteria were provided a Teams link via email for a scheduled meeting. I conducted semistructured interviews with participants via Microsoft Teams.

The number of participants intended for the study was 12 or until saturation was reached. According to Vasileiou et al. (2018), some qualitative studies only need a minimum sample size of 12 participants to reach data saturation. Qualitative sample sizes should be large enough to allow new themes to develop, but small enough so the analysis

is not impossible; furthermore, small samples support and add depth to the scope of the study (Vasileiou et al., 2018). Saturation refers to the point in qualitative research where no additional data collection would yield different information than what has previously been found (Saunders et al., 2018; Vasileiou et al., 2018). Saunders et al. (2018) conveyed that saturation is reached when further coding is no longer feasible, and there is enough information to replicate the study. When information in qualitative research becomes repetitive, the sampling process ends after additional interviews confirm data saturation (Saunders et al., 2018; Vasileiou et al., 2018). Although the intended number of participants was 12, the final number of participants in my study was 16.

### **Instrumentation**

I was the primary data collection instrument. The secondary instrument used for this study was an interview protocol (see Appendix). An interview protocol is a guide that researchers use with research participants that detail what to say before the interview, the topic of the interview, participants, consent, research questions and debriefing (Yeong et al., 2018). I used Yeong et al. (2018) as a guide to develop the interview protocol. The interview protocol contained semistructured questions. I created a questionnaire, which included 12 open-ended questions that allowed me to elicit responses that were meaningful to understanding the participants perspective (see Patton, 2015). The semistructured interviews assisted in gaining an in-depth understanding of African American women who use social support networks to address depression and the SBW schema. The use of semistructured interviews allows the researcher to understand the thoughts, beliefs, and experiences of the participants through dialogue (DeJonckheere &

Vaughn, 2019). To ensure trustworthiness, the questionnaire was developed based upon the literature. DeJonckheere and Vaughn (2019) suggested focusing on developing interview questions written differently from research questions, an organization of ordinary conversation, a variety of questions, and a script with prompt and follow-up questions. Semistructured interviews allowed me the opportunity to encourage two-way communication to gain in depth information.

To validate my interview protocol, I used an expert panel review. An expert panel review is composed of professionals who specialize in a particular field of study (Dallinga et al., 2018). Panelist 1 holds a PhD in African Studies and serves as a lecturer. Panelist 1 felt the questions were direct and conducive to probing the experiences of the participants. Panelist 1 also felt the research study and questions would elicit further research into the dynamics of the African American woman. Panelist 2 holds a PhD in human and social services and acts as an expert in qualitative research analysis. Panelist 2 felt the questions were feasible, open-ended questions and effective in eliciting personal experiences and feelings pertaining to the phenomena. Panelist 2 also stated that each question should align with the research question and focus specifically on social support networks, the SBW schema, and depression in the African American community. Panelist 3 serves as a director of a nonprofit organization with 25 years of experience in mental health. Panelist 3 is also an avid community spokesman for the African American community and the positive impact of social support networks. Panelist 3 stated that the questions were comprehensive. The experts were contacted via email to provide

suggestions and feedback pertaining to the interview questions. Feedback and suggestions given by the expert panel were incorporated in the interview questions.

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

I used Microsoft teams to record the interviews using voice only. The participants had the capability to connect to Microsoft teams to complete the interview process. Although qualitative research warrants for a face-to-face interview method, during COVID, face-to-face interviews have been prohibited. A new phenomenon that has proven beneficial, according to Robinson et al. (2021), is virtual interviews. Internet video can provide the same accuracy as face-to-face interviews (Robinson et al., 2021; Weller, 2017). I began recording the interviews once the call began, and recording lasted until the call disconnected. During the interviews, notes were taken based upon participant responses to ensure accurate information of the participants' experiences. I used my computer to conduct the Microsoft Teams interviews and note-taking to annotate the interview responses.

If the sampling strategy resulted in too few participants, I redistributed the flyer using other social media outlets, such as LinkedIn and TikTok. Recruitment efforts remained online. As a secondary recruitment strategy, in the case of not receiving enough participants, snowball sampling was used. Snowball sampling allowed people to share information about the study with other potential participants who may share an interest in the research (Parker et al., 2019). Snowball sampling was implemented by reaching out to existing participants and asking them if they know other potential participants who meet the eligibility criteria. Then, I established contact via email and social media with new



potential candidates and informed them of the study, and requested consent, if interested in partaking in the study. I also asked new potential candidates to identify other candidates who fit the inclusion criteria. I stopped when the prespecified sample size was completed or when saturation was reached.

At the conclusion of each interview, I asked the participant if they had any questions regarding the study. I also reminded the participants that the study is voluntary; therefore, they may withdraw from the study at any time during the research process. I thanked each participant for participating in the study and gave my personal contact information for any questions that may arise later.

### **Data Analysis Plan**

I analyzed my data following Saldana's (2016) thematic analysis, which required the researcher to develop codes based upon participant responses. The coding strategies have cycles; the first cycle will involve identifying codes in the data; the second cycle will involve creating categories of the codes and developing high-level categories (Saldana, 2016). The third cycle is reviewing the high-level categories and synthesizing them to generate themes through analytic memoing; the fourth cycle is applying emerged themes to the research questions of the study (Saldana, 2016). First, I coded the participants' statements. Second, I made a list of the initial codes and annotated the number of times the code appeared. Third, I placed the codes into categories, and I evaluated the categories to create themes. Each code must align with the research topic and the objective of the study. Lastly, I used the themes to answer the research question. Examination of the interviews, audio recordings, meetings notes, and meetings minutes

began the data analysis process. I uploaded the transcripts to Nvivo to assist in organizing the codes, and I organized the categories and themes.

Data that are inconsistent from the majority of the data are considered outliers (Nowak-Brzezinska & Lazarz, 2021). Unlike quantitative researchers who generally disregard outliers, qualitative researchers are interested in the presence of outliers and the experiences that may have contributed to an atypical outcome (Schneider et al., 2017). Interviews allow qualitative researchers the ability to ask about the subject's experiences, thoughts and feeling that shaped an atypical response (Schneider et al., 2017). If an outlier occurs, I will recheck the data collection to ensure there was no error in implementation. Outliers will be labeled and reported in Chapter 4.

### **Issues of Trustworthiness**

#### **Credibility**

Credibility is needed in qualitative research to establish trust. Credibility in qualitative research is equivalent to internal validity in quantitative research, which correlates to the value of the research (Shufutinsky, 2020). Credibility is established when data presented are an accurate reflection of the study participants experiences pertaining to the phenomenon (Shufutinsky, 2020). Credibility in qualitative research refers to the confidence of the data. To provide credibility to a qualitative study, triangulation includes multiple data sources to develop an understanding of the phenomena (Korstjens & Moser, 2018). Triangulation is used to test the consistency of findings to enhance rigor and increase credibility (Moon, 2019). A generic qualitative study allows flexibility and for the researcher to keep a reflective journal, adding to the

trustworthiness of the study. Using a reflective journal during data analysis allows the subjectivity of the researchers' thoughts, and opinions to be acknowledged, which improves credibility (Ahmed, 2020; Moon, 2019). To establish credibility, I used open-ended questions as a triangulation strategy.

### **Transferability**

Transferability refers to the results of a qualitative research that can be used to generalize an entire population. According to Korstjens and Moser (2018), transferability concerns the aspect of appropriateness and relevance. To establish transferability, the researcher must be able to explain the phenomenon to the participants, ensure understanding and comprehension of the qualitative study, and apply this knowledge to recruit and select participants (Korstjens & Moser, 2018). As a researcher, I provided an in-depth description of the participants and the research process to make my findings transferable. Providing supportive information also allows other researchers to duplicate the study.

### **Dependability**

Dependability is comparable to the concept of reliability in quantitative studies, referring to the consistency of the research process. *Dependability* refers to the degree at which a study can be replicated (Langtree et al., 2019). When someone outside of the research is able to follow the steps of the research process, dependability has been established (Korstjens & Moser, 2018). The consistency and reliability of dependability demonstrates trustworthiness. Dependability is strengthened through triangulation and keeping a detailed log of the research methods. To ensure the interpretation of the data is

accurate throughout the research process, I used an audit trail and cross referenced the data with my reflective journal.

### **Confirmability**

The researcher must authenticate data findings and interpretations, which relates to confirmability. Korstjens and Moser (2018) stated that confirmability focuses on the integrity and authenticity of the data collected. In quantitative research, confirmability is comparable to objectivity. Confirmability is used to verify that the findings are unaffected by researcher bias and assumptions (Langtree et al., 2019). I used audio-recorded interviews, audit trailing, and reflective journaling as tools to guard against researcher bias and to ensure confirmability.

### **Ethical Procedures**

This research conformed to ethical considerations to protect human participants. Potential participants were recruited through self-selection. Recruitment was contingent upon inclusion and exclusion criteria, IRB approval, and my contact information to encourage communication and transparency. Direct contact was not made, due to COVID, which further aided in confidentiality and discretion. The Walden University IRB approval was requested prior to obtaining data collection. After authorization from the IRB, participants who were selected for the study had to acknowledge informed consent that addressed voluntary participation, the rationale behind the data collection and study, and any associated risk and benefits of participating in the study. Each participant had to sign and return a consent form via email. I also informed each participant of their right to withdraw from the study at any time via email. All

participation and confidentiality forms were stored in a designated password-protected file on my computer. I stored all handwritten documents in a password-protected safe in my home. The data will be kept for 5 years. The destruction of the protected files and documents will occur in accordance with federal regulations, using a professional shredding company. Digital shredding will be used to destroy electronic data.

### **Summary**

This chapter included the research methodology that was used to explore how social support networks support African American women in addressing the SBW schema and depression. I used semistructured, open-ended interview questions to explore the participants' experiences of depression, emotional suppression, the SBW schema, and how social supports have aided in addressing mental health problems. This chapter also included the research design and rationale, which is a basic qualitative study that gave participants the freedom to freely express their personal thoughts and feelings pertaining to the phenomena. These experiences will assist in providing counselors, therapists, and human service professionals with effective and integrative treatment plans.

Chapter 3 addressed my role as the researcher, such as a participant observer. Chapter 3 also outlined purposive sampling and snowball sampling as procedures of recruitment. Chapter 3 also included the qualifications for participants to partake in the study, as well as exclusion criteria. This chapter also addressed ethical procedures to ensure protection and compliance were assessed to safeguard participants and the researcher.

In Chapter 4, the results of the study are discussed, including a discussion of the participants experiences and demographics, the data collection and analysis process, and the trustworthiness of the study findings.

## Chapter 4: Results

The purpose of this study was to understand how social support networks support African American women in addressing the SBW schema and depression. I sought to understand how individuals make meaning of a phenomenon based upon the research question. Social change implications include bringing awareness to African American women and how the SBW schema and depression affect the community. Increased knowledge of mental illness with sensitivity to African Americans culturally may improve the rates of African American women who seek help with mental health, and minimize the risk of self-silencing, depression, and stigmatization. This research adds knowledge to the discipline by providing counselors, therapists, and human services professionals with effective and integrative treatment plans. Therefore, I completed this study to answer the following research question: How do African American women use social support networks to address depression and the SBW schema?

In this chapter, I present the interview settings, the demographics, the data collection and analysis, and the development of themes. Also, in this chapter, I present the evidence of trustworthiness by describing what transpired to ensure credibility, transferability, dependability, and confirmability, as mentioned in Chapter 3. Last, I present the results of the study and a summary of the participants' responses on their experiences with social support networks and addressing the SBW schema and depression.

## Settings

I completed this study during a global pandemic, referred to as COVID-19. I was located overseas in 2019 and 2020, during the first and second year of the pandemic. During this time society relied on technology for social interactions, work, and education. Although qualitative research generally warrants for a face-to-face interview method, during COVID-19, face-to-face interviews were prohibited. I did not make direct contact with the participants. I conducted virtual interviews via Microsoft Teams to mitigate risks of contracting COVID-19. To ensure protection and compliance, all participation and confidentiality forms were stored in a designated password-protected file on my computer. I stored all handwritten documents in a password-protected safe in my home. I conducted the interviews remotely, within my home. I communicated with participants via email for written communication and Microsoft Teams for video communication.

On October 20, 2022, Walden's IRB gave approval for me to start collecting data and recruitment began on October 21, 2022. Social media outlets such as Instagram, Facebook, LinkedIn, and TikTok were the instruments used to recruit participants. The participants were given access to view the recruitment flyer via a social media posting. The flyer gave participants access to the inclusion criteria, as well as my contact information to email me for the consent form to partake in the study. After completing the consent form, the participant scheduled a time and date for the interview to take place. The first virtual interview occurred on October 24, 2022, and the last was held on November 22, 2022. The interviews were held individually, via Microsoft Teams, which required each participant to have internet access.



### **Demographics**

The population for this study was Africa American women who used social support networks to overcome depression and the SBW schema. All participants met the inclusion criteria for this study. I did not collect other demographic information because it was not pertinent to the research. The inclusion criteria consisted of the following: Participants were between the age of 25 to 50, self-identified as African American women who suffered from depression, used social support networks to address the SBW schema, and were not actively using professional help/support. In addition to meeting the inclusion criteria, all participants must have completed the consent form and needed to have the capacity to be interviewed remotely via Microsoft teams.

### **Data Collection**

After receiving approval from Walden's IRB to conduct research, I began collecting data in accordance with the approved methods. I recruited participants by posting a flyer on Facebook, Instagram, LinkedIn, and TikTok. Participants then contacted me via email regarding the flyer for the study posted on social media. Participants who met the criteria were provided a consent form and a Teams link via email for scheduling a meeting. I had 23 participants express interest in participating in the study, with 18 responding to the consent form and scheduling an interview; however, only 16 interviews were kept. I scheduled the interviews via Microsoft Teams.

The average interview lasted 25 minutes. The longest interview lasted 30 minutes, and the shortest interview lasted 20 minutes. I began each interview with a scripted interview introduction to the study, reviewing the research process. Next, I asked 12

open-ended questions with probing questions to gain clarity. During the interviews, notes were taken based upon participant responses to ensure accurate information of the participants' experiences. Also, during the interviews, via Microsoft Teams, I started a live transcription of the interviews and the text appeared alongside the meeting video or audio in real time. The transcripts and audio recordings were downloaded to a locked file on my computer. There were no variations in data collection or analysis from Chapter 3, and I did not encounter any unusual circumstances during data collection.

### **Data Analysis**

The process of thematic examination began during the audio recorded interviews. During the interviews, Microsoft Teams provided a live transcription of the recordings. I reviewed the transcripts for accuracy, as I listened to the audio files. Microsoft Teams allowed me to focus on the participant using a pin feature, by highlighting the words of speaker as they were spoken. Microsoft Teams also allowed me to save and download the transcriptions as Word documents, which allowed me to highlight and make additional notes and corrections. During the first step in the coding process, I read the transcripts several times and listened to the audio recordings to ensure that the participants' statements were captured and to ensure I identified pertinent statements in comparison to the notes I wrote during the interviews. The notes I wrote depicted my thoughts, and personal understanding of the participants' responses to ensure I was capturing the participants beliefs, thoughts, and understanding accurately during the interview. I also asked probing questions to avoid bias and assumptions during the interviews.

The data analysis process involved using NVivo qualitative software, which aided in sorting, categorizing, linking, and charting codes into categories, and then categories into themes, to answer the research question and give suggestions for future research and investigation. NVivo allowed me to create a project by importing the audio recordings from my computer.

Once the audio transcriptions were uploaded, I coded each document using the highlighted statements from the Word documents. I discovered 56 codes, and some examples of the codes included slavery, shutting down and self-silencing, unrealistic expectations, spiritual supports, advice, judgement, perception, trust, refuge, safe place, familial support, spouse, and scripture. The codes were then separated and grouped into categories using two visualizations, a mind map and a word cloud, to compare and group based on similarities in the highlighted participant responses. After reviewing the mind map and word cloud, and exploring the data from the coded transcripts, I identified 12 categories. The identified categories were communication, comfort, spiritual supports, self-expression, refuge, nonjudgement, slavery, coping mechanisms, dismantling stigmas, variations of strength, mental health awareness, and practical resolutions to aide African American women going forward.

I used the data from the categories and identified the emerging themes that allowed me to answer the research question. I combined like terms and phrases from the transcripts during the coding process. Then, I reviewed the data and grouped the statements from the participants into categories.

## **Themes**

I identified and determined that there were nine themes from the interviews. Theme 1 was communication skills improved in social support networks. Theme 2 was a nonjudgmental place of refuge thrived in social support networks. Theme 3 was a faith-based initiative combatted depression. Theme 4 was slavery contributed to depression and the SBW schema. Theme 5 was different variations of strength resilience affected the SBW schema. Theme 6 was resolutions for depression and the SBW schema emerged in social support networks. Theme 7 was male perspectives of the SBW stigma affected the SBW schema. Theme 8 was the SBW schema contributed to self-silencing. Theme 9 was familial support mitigated depression.

## **Evidence of Trustworthiness**

### **Credibility**

Credibility requires transparency and establishes trust. Transcripts were typed simultaneously as the audio recordings via Microsoft Teams and sent to the participants via email to ensure an accurate reflection of the participants experiences. I used open-ended questions as a triangulation strategy and reflective journaling during the interview process to establish credibility. Further, credibility was established during the interview by asking probes to clarify and explore richer answers to ensure the data collected reflected the participants' experiences.

### **Transferability**

To achieve transferability, I maintained an audit trail during data collection and data analysis. To ensure comprehension of the study, I provided an in-depth description

of the participants and the research process to make my findings transferable. Providing supportive information also allows other researchers to duplicate the study. The qualitative research strategies used in this study can add knowledge to the discipline by providing counselors, therapists, and human services professionals with effective and integrative treatment plans in helping create supportive environments for African American women seeking treatment of depression and mental health problems.

### **Dependability**

Dependability refers to replication. The data collection process approved from the Walden IRB was administered in completing this study. I followed the steps outlined in the data collection and data analysis sections documented in Chapter 3, providing a consistent research process for replication for other researchers. All of the participants in the study met the inclusion criteria. All interviews were transcribed using Microsoft Teams, and I used an audit-trail and a reflective journal as triangulation strategies to strengthen dependability.

### **Confirmability**

Confirmability focuses on integrity and authenticity. I stated the exact words of the participants when analyzing and coding the data to ensure confirmability. I used audio recorded interviews, audit trailing, and a reflective journal to ensure integrity and authenticity and that the data were unaffected by researcher bias and assumptions. I maintained a reflective journal to keep track of and describe my feelings, assumptions, expectations, and biases related to this research to ensure confirmability.

## Results

The research question for this study was the following: How do African American women use social support networks to address depression and the SBW schema? I attempted to answer the research question by gaining insight into the experiences and perceptions of the participants by asking open-ended questions during semistructured interviews. The participant responses to the interview questions were grouped into nine themes:

- Theme 1: Communication skills improved in social support networks,
- Theme 2: A nonjudgmental place of refuge thrived in social support networks,
- Theme 3: A faith-based initiative combatted depression,
- Theme 4: Slavery contributed to depression and the SBW schema,
- Theme 5: Different variations of strength resilience affected the SBW schema,
- Theme 6: Resolutions for depression and the SBW schema emerged in social support networks,
- Theme 7: Male perspectives of the SBW stigma affected the SBW schema,
- Theme 8: The SBW schema contributed to self-silencing, and
- Theme 9: Familial support mitigated depression.

### **Theme 1: Communication Skills Improved in Social Support Networks**

Theme 1 was communication skills improved in social support networks. The participants within the study used verbal communication, which aided in self-expression and having an active voice. The participants were comfortable expressing themselves verbally among their social support networks with the intent to use their voices outside of

their circles to combat requests that they were not capable of or did not want to do.

Participant 5 said,

As an African American woman, we carry a lot of the load, a lot. We do a lot, carry a lot, wear a lot of hats and you know, it's during that time that you go and say you know what I just can't. I just can't and my support system, they let me know that it's OK that I can't. It's OK that I cannot be there for everybody, it's OK that I can't do this, it's just OK and by listening and saying it I know that it's OK and I find my voice. I cannot accomplish everything and be everything to everybody and it's OK.

Participant 18 acknowledged the role of saying no in relation to her communication skillset, stating,

Actually, allowing myself to be vulnerable not biting off more than I can chew and when I say biting off more than I can chew, I'm not signing up or doing things that I know is well beyond my means or my capability. Like using my voice and speaking up for myself. I have to communicate that just because I'm a Black woman if I can't do it, I can't do it, if I'm going to say no, I'm gonna say no, if I'm gonna say I don't want to, I don't want to. I'm going to free myself of this expectation that family members and my grandmother, my great grandmother my mother. I'm going to free myself from that expectation that they put on me that I didn't willingly sign up for and they silenced me into. I'm going to free myself from that by being completely honest with myself about my limits, speaking up for myself and about what I can and cannot do.

Participant 12 said,

I don't have that kind of support system that will allow it to affect our relationship and I think that is a good thing. Again, I have known my husband my entire life and my sister. They know when to give me space and they also know when I need a push. But honestly, I am so upfront and vocal, even when I'm being overly dramatic and overreacting. I'm not the type to hold my feelings in. I like to be very open and honest with people, regarding my feelings. I learned that from my parents at a young age, which I now appreciate that my husband encourages. Holding things in will resolve nothing. So, I guess you can say my support system taught me how to communicate which I now use effectively with other people.

Participant 15 said,

I know for me it helped me get to the root of the problem and actually pluck out problems within my mind and heart. It also helped me regain my voice and learn to speak effectively and in a way that builds instead of tears down myself and others.

Most of the participants attributed their voices and communications skills to their social support networks. The participants acquired communication skills that were used outside of their social support networks to advocate for themselves.

## **Theme 2: A Nonjudgmental Place of Refuge Thrived in Social Support Networks**

Theme 2 was a nonjudgmental place of refuge occurred in social support networks. The participants identified the security and privacy of social support networks as a place of refuge. Participant 3 said,



I consider us close friends that I can confide in. So, if I'm gonna have that hard conversation or emotional conversation I need it to be with a loved one and a lot of times I feel like my sisters is not there to judge me they're just there to support me and make me feel safe.

Participant 15 said,

They reassure me that my feelings are warranted. I feel safe with them. Some people downplay your feelings and make you feel as though you have overreacted or the way you feel is unnecessary or they'll judge you for your own personal feelings. But my support reassures me and tells me that how I feel is normal and that I am allowed to feel that way but now that we have surfaced the emotion or the issue, how are we going to uproot and get to the cause it.

Participant 9 said,

Yes, somebody that I have good rapport with not somebody that has betrayed me or told my business in the past or somebody that could use the information that I tell them about what I'm dealing with as ammunition against me in the long run. It's a safe place free of judgement. So, I think that, and rapport is an important thing to have if you're going to consider somebody a part of your social support network.

Participant 8 stated,

My pastor and first lady and two of my friends I met in church, and we just clicked, and we've been friends ever since. They make me feel heard, seen, valued and I know that they will provide truth and wisdom without judgment but

also with honesty. I prefer to speak with somebody that has a strong biblical foundation.

Most of the participants described their social support networks as a place of peace and safety that was free of judgment. This place of refuge provided by social support networks contributed to the improvement of communication for African American women among their familial supports to address depression.

### **Theme 3: A Faith-Based Initiative Combated Depression**

Theme 3 was a faith-based initiative that participants used to combat depression. According to various participants, a faith-based initiative allowed for the participants to establish effective partnerships that aided them in dealing with depression from a spiritual approach. Participant 12 stated,

That I'm human and that Jesus was only the perfect human who walked this earth. A constant reminder or message that they give me is, in the life you will have trials and tribulations but take heart, for I have overcome it all. Jesus promised us that we would go through things down here, but he also reassured us that he has already overcome everything I am experiencing.

Participant 15 stated,

As a child I would become very quiet because I was acclimated to my parents yelling at me for various reasons for speaking. But with my new family they encouraged me to speak and express myself. That took some time to get use to. To go from being silenced to encouraged to talk is completely different. I'm

grateful for the time and the patience they had with me as a child because it has molded me into a very articulate and well-spoken young woman.

Participant 7 stated,

Um it's hard to receive it first and then I then I eventually accept it because when I do go to her, she usually is never wrong and not like she perfect or something. But she has a lot of wisdom and most of the time I don't even be having peace in my spirit with stuff I be doing then I be depressed. So, it is better to pray and stuff first instead of just going ahead and doing and saying stuff then asking God and people around me to help me with a decision that I made. My faith has been carrying me a lot dealing with depression.

Participant 8 stated,

Yes, when I'm feeling depressed, down and sad I like to journal, to be able to write it out. I also talk to my pastor and first lady because I need someone Biblically sound to remind me of the word of God. Also, I said worship because I believe that praying and crying out to God is essential to my mental health. I take my problems and concerns before the Lord and I lay it down at his feet

Participant 13 stated,

Oh yes being a PK which is a preacher's kid I you know went to church and Bible study and you know we applied scriptures and the word of God and not just you know it's just reading it we would actually allow the Bible to read us and then in doing so my dad was being was very big on practicing what you preach and so the things that he would preach about are the things that he would read and share with

me and our you know our small groups because he always broke the Bible down on a child's level but in him doing that you know he gave me a strong foundation with Christ you know and that is what I build everything else around me and so that comes down to communication and you know even if I've been sad or feeling depressed like I just naturally always go back to scripture with everything in life that I face.

Most of the participants attributed their faith and usage of scripture as a mechanism to combat depression. The participants attributed faith, worship, scripture, and their relationship with Jesus as a guide to overcome depression and the trials and tribulations experienced in life.

#### **Theme 4: Slavery Contributed to Depression and the SBW Schema**

Theme 4 was that slavery contributed to depression and the SBW schema. Several of the participants stated that slavery was the foundation for depression and the strength that has been passed down throughout history that impacts African American women today. Participant 18 stated,

We started to discuss the why, like why do we feel a need to be strong black women, who told us we had to be strong black women? Eventually we had to be completely honest with ourselves that it was stemming from our grandmothers our mothers and our great grandmothers and literally every black woman that we encounter has basically put you know this idea on us that we have to be something that we never signed up for. Like I signed up go to college, to be a lawyer, but I never signed up to be what society calls a strong Black woman. Like

what actually does that look like, like what is that in real time, how is that displayed, like who was the first person that did it, you know? Like where is the idea of it coming from and we've had to trace it back to the realism that it came from slavery you know and the impact that it had on the life of Black women back then. It's to the point where a lot of us are facing like you know different obstacles that we have to go through now even on jobs like with your hair and you know and sometimes people saying you're not qualified or experienced for this and that. I personally have saw you know women of other races that are not experienced or who have the same background as I, fresh out of college and still end up with a job because they have a family member that works there or something like that. Also, who said that their hair, you know women of other races is more acceptable on the job than my hair because I want to wear dreads or an Afro or bantu knots like I find that crazy. All this going back to slavery is why I feel Black women are depressed and trying to be so strong now.

Participant 9 stated,

I think it's helping us be more vocal as African American women because during slavery that was stripped from a lot of our ancestors and unfortunately our ancestors passed those things down to our great grandmothers and great-great-great grandmothers and so forth and so now this generation of Black women struggles. But because of our social support networks and us building that rapport and vulnerability are we're able to be soft and use our voices in a positive way. I think social support networks help women gain back their voices. Slavery helped

with depression and this notion of strong black women and now we have to acknowledge it and remove it.

Participant 12 stated,

Gladly. During slavery, African American women did not have a choice but to be strong. I mean think about it. Slaves were brought to a foreign land and forced to adapt, adjust, change their names, and extreme labor to cultivate land for someone else. African men were abused, beat and stripped of everything because it was easier to control women and children if you terrified them by mistreating, selling and abusing the men. That alone caused African American women to adapt to these roles that they were forced to be in, such as child rearing, working and a lot of other things. Then our ancestors passed this resilience down and now we're seeing the impact of it in modern day African American women's mental health.

Multiple participants associated depression and the SBW schema with slavery. The participants were aware that the idea of resilience and strength had been passed down from the women within their families and the adoption of strength was necessary to thrive in society. Several of the participants rejected the SBW schema as an attempt to regain their voices and decrease the impact of depression.

#### **Theme 5: Different Variations of Strength Resilience Affected the SBW Schema**

Theme 5 was different variations of strength resilience affected the SBW schema. Some participants highlighted the term SBW as a one-size fits all term that impacts African American women. Several of the participants also stated that strength resilience varies in African American women, therefore discrediting the SBW schema.

Participant 9 stated,

A Black woman being vocal years ago was a sign of disrespect or different things like that, to the point where it's trickle down into this generation that now we're saw as loud and disrespectful and unlearned and ignorant but our voices matter, how we feel matters, how we respond to pain matters, but they've grouped us all in one category instead of pinpointing that we're all different. So, if we're all different physically on the outside then we're all different mentally, emotionally and spiritually on the inside and therefore, my response to pain is going to be different than somebody else's response to pain. My response to trauma or depression or happiness or anything. My emotional responses to things and what I can carry and what I can bear is completely different than the next Black woman. So, if we're all different physically and we're all different emotionally, mentally and spiritually then why are people grouping us under one umbrella as being strong Black women? That is a false narrative that is causing African American women to have depression.

Participant 10 stated,

That we're all different this isn't like a one-size-fits-all but I think that's how people have made that whole, oh you're a strong black woman thing. People have made that seem like a one size fits all and it's not. Everybody's level of strength is different.

Participant 16 stated,

We address you know this strong Black women thing by simply not addressing it we give each other the opportunity to be human to be vulnerable and not be considered weak and we find it comical because you know we're so big in the African American community about being different and you know having your own grind, your own hustle ,your own this and your own that but then we basically placed all Black women under one thing and just said you know what you're Black so all of y'all are strong and that is so inaccurate, you know. If we experience pain differently, then that means that we experience strength differently.

Participant 11 stated,

We tell each other that we're different and to express the problem so whoever is strong in that area can help. The whole strong Black woman thing sounds like a one size fits all but we're not all same in the same areas. We're quite different and history shows that in our failures as well as our accomplishments.

The participants were competent of their level of strength; however, they felt the SBW schema grouped all African American women into the same category regarding strength, which is inaccurate because all women display different strengths and weaknesses, therefore their tolerances for mental and physical strength varies.



## **Theme 6: Resolutions for Depression and The SBW Schema Emerged in Social Support Networks**

Theme 6 was resolutions for depression and the SBW schema emerged in social support networks. Several participants stated that, in their social support networks, they were given practical steps to address depression and the SBW schema.

Participant 9 stated,

I think I pretty much covered it, but I would like to say that I just hope that your research isn't overlooked and that somebody picks up the baton after you, pass it on and that this issue is not only just talked about but that some solutions come out of this in order to help African American women. I have a network that helps me come up with solutions to tear down depression and this strong Black woman mess. But some people or other women so to speak don't have the same social support networks that I have so they don't have that space to be soft but I believe it should be presented to African American women in some form of a resource so we can tear down the stigma that's honestly working against us and not for us.

Participant 15 stated,

I perceive it as problem-solving. My pastor and first lady take the time to problem solve with me. They always have since I was a child. We work through the problem, assess the problem, uproot the problem, replace it with something more practical and conducive and we move on with a new path. It has proven beneficial in my life versus sitting in the problem with no resolution.

Participant 8 stated,

They help us grow and gain wisdom. I would like to see more of a space for honest raw conversations and not just conversations where each person is like this is where I'm hurt but a little more of solution driven, compassion driven, sympathy driven, selflessness driven communities where I guess a safe place especially when there's a friend group of Black women who all feel like they're strong it's almost feel like there's a competition well who's struggling the most who has the hardest .Who you know who has to be the strongest and I would like to see that debunk where there is an even playing field where all voices are heard and that there is practical steps where we all can talk through the journey of healing and overcoming together and share resources. You know rewrite the narrative surrounding Black women. I have that in my network, but a lot of black women don't, who should.

Participant 16 stated,

I just want Black women to understand that friendships matter the impact that they have on our lives matter and that is why biblically God says how can two walk as one unless they agree. That means how can you and this person and this person hanging together be together, rather you're sleeping together or whatever it is like how can you guys you know be friends and not be on the same page, in the same book and you two are not in agreement biblically. A house divided cannot stand and so I think that we should seize more opportunities to create stronger covenant relationships stronger striving relationships stronger thriving relationships that are actually you know trying to diminish depression and

diminish this idea that every Black woman is strong we should be trying to do that together in agreement. This helps us formulate practical steps for mental health, emotionally, physically and spiritually. A lot of practical resolutions we discuss are rooted in scripture and relationship with Christ.

Participants shared their positive experiences of having a social support network. Positive experiences included the practical steps and resolutions for depression and having a social support network that encouraged and contributed to their healing journey.

### **Theme 7: Male Perspectives of the SBW Stigma Affected the SBW Schema**

Theme 7 was the male perspective of the SBW stigma affected the SBW schema. Multiple participants stated that the perspective of male members within their social support networks aided them in the relinquishing of the SBW schema and the nonconformity of a societal standard that impacts the health of African American women. Participant 12 stated,

Now this is good. Honey my husband loves that I'm a "strong Black woman" yes, I said that with air quotations; but he makes it crystal clear that it has no place in our home and we both agree. I think people have made the strong Black woman schema more of a dominance stigma. Yes, I can dominate on my job and in my business but when I go home. I don't have to dominate. My husband is more than competent and secure in his masculinity, as a leader, coverer, provider and protector. I just don't have to be a strong Black woman at home because he literally creates an aura in our home where I want to be soft with him. He provides the space that I don't even have to act in that manner in my home. He

grew up with my sister and I and he talks to us about the perspective of a man and how that stigma impacts the psych of African American women more than it helps. I for one have done my research and at the expense of earning all this money, high paying jobs and what not. African American women have sacrificed their mental health to conform to a role that based on history was never even created as a positive term but as a negative.

Participant 15 stated,

We discuss the need for wanting to be strong. Being under the leadership of a pastor. He asked me once I went to college, “why do you need to be a strong black woman” and my response was “because I’m supposed to.” He then proceeded with asking me why, why do I think I have to be a strong Black woman and what does that mean to me. I told him because everyone says that I am and it looks like being able to do everything, not expecting handouts and doing things on my own. His response to that was crippling, but “who said you have to do it alone, if you know that you have help.” It was in that moment that I realized that I had allowed society to place an unrealistic expectation on me and I willingly picked it up and started carrying it and I didn’t have to. It was a choice that I made based upon people and it was a choice I walked away from that day forward. I now choose to do something as simple as ask for help, not overextend myself, set up boundaries and say no, and that is okay. Honestly his perspective shifted my entire thought process about the portrayal and responsibility of strength.

Participant 13 stated,

I perceive it as love and concern, a male point of view in that respect. You know them giving me the space and the opportunity to actually be verbal and express myself, whereas you know some men would think, oh you're being annoying you're nagging you're whining about something else, they don't make me feel like that. Their views make me feel heard, respected and like I can be myself and not who society says I have to be. I can be vulnerable, vocal and cognitive of my level of strength and what I can and cannot do.

Participants who had males as a part of their social support networks noticed that their male supports perspective affected their view of the SBW schema. One participant's perspective of strength changed based upon the perspective of a male from her social support network.

### **Theme 8: The SBW Schema Contributed to Self-Silencing**

Theme 8 was the SBW schema contributed to self-silencing. Several participants stated that the stigma in reference to African American women being strong has contributed to the silencing of the voices of African American women. Participant 10 stated,

I think it wasn't until recently that we all noticed that you know the being a strong Black woman was affecting all of us because we're so used to constantly pushing each other that now it's like a breath of fresh air that we're all kind of like, "hey we are human, we are tired, we've had enough". So, I say that my support helps me with this strong Black woman schema because we help each other be human

and honestly, I got my voice back. Instead of shutting down, I'm saying what I can and cannot do. Being a strong Black woman had me quiet and struggling for a very long time.

Participant 7 stated,

Um yes um sometimes like when I get when it gets too overwhelming, I seem to isolate myself. I guess I feel like I'm supposed to be strong and strong people don't complain or sometimes I will end up saying certain things when I know I need to save them. Then eventually I say you know whenever I'm ready to chat then I can have my words together. Sometimes I just isolate myself and just not say anything from time to time which is often. I guess silence has come with strength and it sucks.

Participant 16 stated,

I say they know how to give me space because you know sometimes we're all going to have those moments where we just want to be left alone and then they know how to give me grace because in those moments they still you know reassure me that hey we're here for you whenever you are ready to talk. Whenever you are ready to communicate you know. They want to pray with me, they want to cover me, they want to get to the root of whatever the problem is so it doesn't repeat itself and so that's what I mean by when I say that they know when to give me grace and when to give me space and I know that that discernment that they have has to come from God because vulnerability gives you a voice, shutting down and being so strong silences you.

Participant 11 stated,

I love that we're able to say, "you know what, this don't work from me." I'm not just this automatically assumed strong woman just because I'm Black. I hurt, bleed, get tired and fed up, like any other race of women. People just expect Black women to keep on pushing and pulling through. We're not all the same and what I love about my support is that we acknowledge that. If we didn't have that we would be trying to conform to being a strong Black woman and probably lose our voices and keep quiet so people would think we are strong, when we actually are not.

Most of the participants associated the SBW schema with silence, highlighting the impact that the SBW schema has on the voice of African American women. One participant even stated that "being strong silences you," indicating that the presence of strength means the absence of a voice and communication skills.

### **Theme 9: Familial Support Mitigated Depression**

Theme 9 was familial support mitigated depression. Several participants stated that their spouses, mother, siblings, and church support groups were their family support, who aided them with depression. Multiple participants also highlighted nonjudgmental environments, trust, and rapport as the foundation of their familial support. Participant 18 stated,

My fiancé because this is somebody that I intend to spend my life with, and we were friends first. We've known each other since high school. We have a great relationship where I know I can talk to him. I can express myself and I never have

to worry about him throwing anything that I say back in my face. I think that's one of the biggest things for me because in my past I've had people use my pain against me and he doesn't do that. With my best friend it's the same thing. Of course, not like me and her are getting married but she is going to be one of my bridesmaids and I just love the way that she carries herself and her walk with Christ and I love how when I'm having moments or days, or you know episodes of depression or sadness or you know whatever you want to call it that she's just there for me. Sometimes you know she really just understands that it's nothing about the words it's just that silence like even Jesus experienced silence and you know in certain situations throughout the Bible. So, she understands that beauty that can take place in silence that beauty that can take place in tears and I just absolutely love that about her, and I love that she pushes me in my walk with Christ, that I push her in her walk with Christ and that we, literally you know met in college and it just feels like I've known her my entire life. It's because of their support that I feel less depressed.

Participant 10 stated,

Of course, my mom because she raised me, so she knows me and my sister because we grew up together, of course we're sisters but we're best friends too. You know ever since I was a little girl, I tell her everything and then my best friend that I met in 4th grade she's just became like a sister to me and so I just talk to these three about everything because they are my family, they are my support system. They've been there through everything with me. I know they love me and



they're going to give me the best advice possible to their ability. They care about me they respect me, and I trust them. Having them definitely has helped with those moments and times that I am depressed.

Participant 11 stated,

Yes, because my pastor is my family, and she has a lot more experience and I remember listening to her testimony as a child and I love how transparent and open she was about what she has been through. She was so unapologetic about her testimony and where God has brought her from. Her support has helped me a lot with depression.

Most participants acknowledged their spouses, siblings, parental figures, and pastors and first ladies as their social support networks. Many of the participants associated trust, familiarity, and rapport as the foundation of these relationships that impact their mental state.

### **Answering the Research Question**

There were no discrepant cases identified during the study. The nine themes I identified through the interviews of African American women were the improvement of communications skills, a nonjudgmental place of refuge thrived, a faith-based initiative combatted depression, slavery contributed to depression and the SBW schema, different variations of strength resilience affected the SBW schema, resolutions for depression emerged, male perspectives of the SBW stigma affected the SBW schema, the SBW schema contributed to self-silencing, and familial support mitigated depression. The participants' experiences, with the comfortability of communicating about depression and

the SBW schema, answered the research question because the usage of social support networks provided a place of refuge to effectively communicate with their familial supports without judgment. Many participants experienced a faith-based initiative and resolve for depression, which answers the research question because the participants were able to use religion as a practical step to combat depression and the SBW schema, which was supported and encouraged by their social support networks. Several participants also found that slavery contributed to depression and the SBW schema and the SBW schema contributed to depression, which answers the research question because they were able to address slavery as the foundation of depression and the SBW schema within the African American community. Also, the perspective of a male was provided in social support networks, which answers the research question because it aided African American women in the acknowledgment of different variations of strength resilience. Lastly, many participants use familial supports to mitigate depression due to the established rapport and trust, which answers the research question. The interpretation of the results will be discussed further in Chapter 5.

### **Summary**

Chapter 4 reviewed the setting, demographics, data collection, data analysis, and evidence of trustworthiness. Nine major themes were developed from the participants responses to address the research question. The themes were directly related to African American women and how they address depression and the SBW schema using social support networks.

The first theme involved the improvement of communication skills in social support networks. The primary method of communication was verbal communication. The participants described self-expression and having an active voice as reinforcers for advocating for themselves and establishing boundaries. The second theme, a nonjudgmental place of refuge thrived, was established from security and privacy in social support networks. The third theme was a faith-based initiative which combatted depression by establishing effective partnerships using a spiritual approach. The fourth theme highlighted the generational impact of slavery and how it contributed to depression and the SBW schema. Different variations of strength resilience affected the SBW schema, which allowed the participants to acknowledge that strength is not a one size fits all. The sixth theme was the emergence of practical steps and resolutions for depression and the SBW schema that were related to social support networks. Male perspectives of the SBW stigma affected the SBW schema by encouraging nonconformity to social norms and stigmas was the seventh theme. Based on participant responses, the SBW schema contributed to self-silencing which impacted the communication skills of African American women; however, the use of social support networks gives African American women their voices back. The last theme related to the trust and rapport established among familial supports to mitigate depression, which highlighted pertinent individuals who play major role in social support networks, such as spouses, mothers, siblings, and church groups.

In Chapter 5, I will provide an interpretation of the findings, discuss limitations of the study, and offer recommendations to further the research on African American

women and social supports to address depression and the SBW schema. Also, I will discuss implications for social change, and a conclusion.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to understand how social support networks influence African American women in addressing the SBW schema and depression. The results of this study may provide human service professionals with interventions and services that promote social support networks and the insight from this study may be used to alleviate the stigmas associated with the SBW schema and depression among African American women.

The research question that guided this study was the following: How do African American women use social support networks to address depression and the SBW schema? The main themes that emerged from this study included communication skills improved in social support networks, a nonjudgmental place of refuge thrived in social support networks, a faith-based initiative combatted depression, slavery contributed to depression and the SBW schema, different variations of strength resilience affected the SBW schema, resolutions for depression emerged in social support networks, male perspectives of the SBW stigma affected the SBW schema, the SBW schema contributed to self-silencing, and familial support mitigated depression. In this chapter, I present my interpretation of the findings, the limitations of the study, my recommendations, potential implications, and a conclusion to this study.

### **Interpretation of the Findings**

#### **Theme 1: Communication Skills Improved in Social Support Networks**

Theme 1 aligned with the existing literature review presented in Chapter 2, specifically in highlighting that African American women usage of effective

communication improved in social support networks. Some African American women have the necessary skills to effectively communicate and sustain relationships. According to Davis and Afifi (2019), African American women show higher levels of friendship to other African American women during supportive communication, due to shared experiences. The shared experiences between African American women and their peers allowed for the women to feel connected and supported. When African American women are not able to voice their opinions and speak freely during communication, this contributes to depressive symptoms that limit intimacy and autonomy (Abrams et al., 2019; Davis & Afifi, 2019; Tariq & Yousaf, 2020). The participants expressed that social support networks improved their communication skills and mental health.

The improvement of communication theme does not align with the SBW collective theory. Although social support networks provide an environment for effective communication during times of distress, strength regulation impedes emotionality and vulnerability during communication. Some African American women may be uninterested in providing efforts to regulate the emotions of other women (Davis, 2015). Davis (2015) also stated that some African American women do not value communication skills to aid in the emotional regulation of their friends; however, African American women may be interested in their own personal thoughts, emotions, and stressors being regulated by their friends. The SBW collective theory does not align with this theme, although the social support networks of African American women provide a group of friends and trustable cohorts for African American women to communicate with effectively. Some African American women are using the support to

communicate effectively and have their stressors modified but not to offer that same communication and support to regulate another woman's stressors.

### **Theme 2: A Nonjudgmental Place of Refuge Thrived in Social Support Networks**

Theme 2 aligned with the existing literature review presented in Chapter 2, specifically highlighting the security and privacy of social support networks as a place of refuge. Several participants talked about how the reassurance and safety provided in social support networks allowed for the participants to freely express themselves without fear of judgment. During slavery, community leaders created small groups for African Americans to privately share their transgressions and hopes for freedom among themselves (Collier et al., 2017). The privacy among these groups allowed for African Americans to form positive relationships and for African Americans to openly express their thoughts and strategies for empowerment to alleviate their negative experiences. According to Nelson et al. (2020), African American women show higher levels of help-seeking and higher levels of friendships among other African American women, based upon rapport (Davis & Afifi, 2019). A lack of social supports contributes to psychological distress. The participants also stressed the importance of the bonds that were established in their social support networks and the alleviation of the stressors due to the help rendered.

The nonjudgmental place of refuge theme aligns with the SBW collective theory in that participants found satisfaction in the wisdom and guidance rendered in their social support networks. Several participants associated their progress with their stressors to the safety, resolutions, and messages obtained from their social support networks.

Affirmative messages from social groups can buffer the impact of stressors (Davis, 2015). Davis (2015) also stated that some women place higher expectations on their female friends to offer supportive environments and respond to their needs, compared to their male counterparts. The participants' social groups comprise of other African American women allowed them to maintain a sense of safety and produce thriving environments that meet their needs and alleviate stressors.

### **Theme 3: A Faith-Based Initiative Combated Depression**

Theme 3 aligned with the existing literature review presented in Chapter 2, specifically highlighting faith as a source of encouragement because African American women were able to connect through faith with their social support networks using their spirituality as a coping mechanism to combat depression. Spiritual supports are the acknowledgment of God or a higher power to address the stressors of life (Jones et al., 2021). According to Lorenz et al. (2019), the role of religion may buffer the impact of the stressors of life and depressive symptoms. Religion in social support groups contributes to mental health regulation. Some African American women have relied on their faith and religion to face the challenges of survival, establish self-worth, build their families and communities, and navigate life (Jones et al., 2021). African American women were able to create a faith-based environment, using scriptures, music, and worship within their social support networks to combat depression, which had a positive effect on their mental health.

The faith-based initiative theme does not align with the SBW collective theory in that, although the SBW collective theory highlights the importance of social groups and



support, there is a lack of information pertaining to the impact of faith-based initiatives within social groups. According to Davis (2015), during social support groups, members of the SBW collective theory place a high importance on elevating their peers and building bonds. The social support groups play a proactive role in the development of relationships, empowerment, and strengthening of Black women. Group unification and solidarity creates a space for the development of resources that gravely impact African American women (Davis, 2015). According to the participants, spiritual supports within social support networks are one of the resources that are developed and encouraged within their networks. The SBW collective theory does not align with this theme because more research is needed to address the impact of spiritual supports in social support networks.

#### **Theme 4: Slavery Contributed to Depression and The SBW Schema**

Theme 4 aligned with the existing literature review presented in Chapter 2, specifically highlighting slavery as a contributor of depression and the SBW schema. According to Davis and Afifi (2019), the basis for the SBW schema was derived from the ideology of the powerful Black woman, which was traced back to slavery. Several participants expressed how the generational influence of strength impacted their mental health. During slavery, African American women conformed to the image of strength to prepare and strengthen their children to navigate an inhumane life in society (Lia et al., 2020). African American women adopted the image of strength from their mothers and grandmothers. However, adopting the image of strength has contributed to depression

among African American women. Several participants expressed that nonconformity to the generational role of the SBW schema could aid in mitigating depression.

The contribution of slavery theme aligns with the SBW theory in that participants found satisfaction in knowing the root of the SBW schema and depression and what needed to take place to go forward without the unrealistic expectation of strength based upon the color of their skin. Images of strength pertaining to African American women, or the “strong Sistah,” have been imminent since slavery (Davis, 2015). African American women have been praised for demonstrating unyielding strength and resilience physically, economically, and socially, despite adversity (Davis, 2015). However, the participants expressed that the term “SBW” adopted in slavery negatively impacts their mental health and restrains African American women from defining their own identities.

#### **Theme 5: Different Variations of Strength Resilience Affected the SBW Schema**

Theme 5 does not align with the existing literature review presented in Chapter 2. According to the literature in Chapter 2, the ability to struggle amidst caretaking creates strength (Carter & Rossi, 2019; Davis & Afifi, 2019). However, the participants expressed a disdain for the SBW schema being based upon their ability to function in stressful environments just because their ancestors were not given an option to be anything other than strong during slavery. Several participants also highlighted that the depiction of strength oppressed and marginalized more than it liberated African American women. According to Davis and Afifi (2019), the image of strength was designed during slavery to oppress and exploit African American women. Participants

expressed that strength cannot be marginalized and the acknowledgment of different variations of strength could debunk the SBW schema.

The different variations of the strength resilience theme aligned with the SBW theory in that participants highlighted that the term “SBW” groups all African American women into one category, omitting the fact that all African American women share differences; therefore, their strength tolerances are also different. Davis (2015) advocated for African American women to embrace their unique standpoint as a marginalized group, and to become advocates for themselves in redefining their own encounters without the influence of the SBW schema. Several participants stated that support from their social support networks aided in their advocacy for self, pertaining to mental health and strength resilience. According to Davis (2015), African American women are beginning to use their communication skills to speak out against societal structures that marginalize African American women. The SBW collective theory allowed me to highlight the participants’ experiences and how it has shaped their knowledge of the SBW schema.

#### **Theme 6: Resolutions for Depression Emerged in Social Support Networks**

Theme 6 aligned with the existing literature review presented in Chapter 2, specifically highlighting the importance of social support networks and the emergence of resolutions that surface within these groups. Social networks are social relationships and social engagements, and the act of meeting friends, and participating in group activities (Kelly et al., 2017). According to the participants, social networks provided practical steps for combating depression through the usage of engagement with other African

American women. Many African American women have relied on social supports, spirituality, and an engagement coping style to face the challenges of life and mental health (Jones et al., 2021). The participants stressed the importance of having social networks that provide more than personal experiences and advice but also practical solutions to preexisting problems, such as communicating more effectively, religion, therapy and counseling, and social engagements.

The resolutions for depression theme aligns with the SBW collective theory because, according to Davis (2015), resolutions to decrease depression and cultural stigmas are not for the purposes of alleviating or minimizing the strength of the Black woman but for African American women to experience liberatory strength in relationships. African American women can experience liberatory strength by embracing and affirming their individual strengths and understanding that strength is a blessing that needs to be nurtured (Davis, 2015). Once African American women embrace their strength separate from a societal construct and create resources that aide in supportive resolutions, African American women can experience liberation from depression and cultural stigmas.

#### **Theme 7: Male Perspectives of the SBW Stigma Affected the SBW Schema**

Theme 7 does not align with the existing literature review presented in Chapter 2. Within the literature review there are multiple points regarding the absence of male African American counterparts; however, the trajectory of a male presence in the life of an African American woman is omitted pertaining to social support networks, depression, and the SBW schema. However, the literature does highlight that during slavery, African

American women adopted the image of strength due to the absence of the African American males who were either sold and separated from their families or who were emasculated by slave owners in the presence of their families (Green, 2019). In present day, the incarceration rate is another factor that contributes to the absence of African American men in the household (Liao et al., 2020). A lack of presence of African American men in the home has contributed to African American women acting as the head of household and voice of reasoning for their children. Several participants highlighted the impact of a male perspective as the reason they chose not to conform to the image of the SBW schema. Participants found a male's perspective empowering and enlightening versus that of their mothers and grandmothers who endorsed the SBW stigma.

The male perspective of the SBW schema theme does not align with the SBW theory. The SBW collective theory highlights that African American women have been told by their mothers and grandmothers not to need a man, which has been associated with strength because of a Black woman's inability to need a man (Davis 2015). However, based upon participant responses, the need for a male perspective in a romantic or platonic capacity has contributed to the reassurance that African American women needed to separate from the acceptance of their mothers and grandmothers who raised them to be strong. According to Davis (2015), Black women emulate their mothers and grandmothers because that is the familial support that they had in their lives and that is where their strength originates from. Some participants stated that there is a softness that they developed in the presence of a dominant African American man that they had not

previously experienced in the presence of other Black women. Some participants also stated the safety that was experienced in the presence of what participants coined a masculine man that allowed them to embrace their femininity and receive a perspective from someone besides a woman.

### **Theme 8: The SBW Schema Contributed to Self-Silencing**

Theme 8 aligned with the existing literature review presented in Chapter 2, specifically highlighting the SBW schema as a contributor of self-silencing and emotional suppression. Green (2019) and Carter and Rossi (2019) stated that slavery conditioned African American women to self-silence. During slavery, African American women grew accustomed to racial injustices and being silent strugglers. According to the participants, having a voice and being able to express their emotions, thoughts, and what they can and will not do has been liberating. Conforming to the image of strength causes emotional suppression (Nelson et al., 2020). Multiple participants stated that, out of fear of appearing weak, they would conform to the image of strength; however, conforming to the image was causing negative psychosocial outcomes.

The contribution of the SBW schema to self-silencing theme aligns with the SBW theory. Davis (2015) stated that the strength of the African American woman is not just in a Black woman's physical strength but also in her vocal strength. Silence has been enforced on Black women due to the conformity of the SBW schema; however, the perceived strength capacity of the Black woman can be regulated if African American would communicate their weaknesses (Davis, 2015). Finding an alternative way to

showcase the strength of the Black woman through communication can help mitigate emotional suppression and self-silencing.

### **Theme 9: Familial Support Mitigated Depression**

Theme 9 aligned with the existing literature review presented in Chapter 2, specifically highlighting the mitigation of depression because of familial support. Familial supports are trusted coworkers, friends, church member, and individuals who are close to the family (Hood et al., 2017). According to the participants, due to the established relationships with their familial supports, these are the individuals who make up their social support networks. Religion and familial supports are pivotal to African American women who endorse the SBW schema (Abrams et al., 2019; Brewer & Williams, 2019). Participants stated that fear of ruining their families would cause them to conform to the image of strength to not appear weak or incapable; however, it was causing them to suffer from depression and other mental disparities. Several participants also stated that their familial support mitigated their depression and released them from the unrealistic expectations of strength resilience.

The familial support theme does not align with SBW theory because the participants stated that familial supports mitigate depression; however, the theory highlights Black mothers as the primary familial support for their daughters and a contributor of the SBW schema that causes depression. Some Black daughters state that their mothers are their primary sources for their racial identities and cultural practices (Davis, 2015). Black mothers and grandmothers are also sole contributors for the strength resilience of African American women and the belief system that manifesting strength

will help perseverance through trials (Davis, 2015). The participants stated that although they were raised and partially raised by women, they did not adopt their customs or if they did, they easily abandoned those customs once they realized the impact that conformity plays in depression. The participants also noted the importance of familial support within social support networks to alleviation stressors versus contributing to those stressors.

### **Limitations of the Study**

There were various limitations that occurred during the study. The small purposeful snowball sample may not have a large enough sample size for replication, which can be a limitation of the study. The data obtained from this study came from 16 participants, and I assumed that the participants were honest pertaining to their experiences, thoughts, and opinions regarding social support networks, the SBW schema, and depression. All of the participants were American citizens, between the ages of 25-50 and African American women. Potential limitations may include the participants' age and ethnicity; therefore, no other inferences can be made pertaining to other age groups or racial/ethnic groups.

Another potential limitation to this study is researcher bias because I am an African American woman between the age of 25-50. Due to the nature of study, some of my experiences may align with those of the participants; therefore, I mitigated my personal biases by bracketing. I used a journal for bracketing to document my personal thoughts and beliefs pertaining to the phenomenon. Also, due to Walden University's IRB guidelines, the interviews were not conducted face to face, therefore presenting



another limitation of the study. I conducted the interviews via Microsoft Teams, and I may have missed some of the participants' nonverbal social cues. During the interviews, notes were taken based upon participant responses to ensure accurate information of the participants' experiences.

### **Recommendations**

I conducted this generic qualitative study to explore African American women's perceptions of how social support networks address the SBW schema and depression. Although researchers have conducted research on social support networks, I recommend further research to explore African American women's experiences of using social support networks to address depression and the SBW schema. I also recommend future research to explore African American women's experiences with spiritual support in social support networks. I would also increase the number of participants and explore African American women between the ages of 18-24 to establish if a different generation would have different views and experiences with the SBW schema, social support networks, and depression.

Additionally, unlike my study, I recommend unstructured interviews to allow more patterns to develop among the participants. Unstructured interviews are more conversational, and the questions are not predetermined, which allow the researcher to ask questions and probe the respondent, based upon the participants' responses. I used semistructured interviews, which were predetermined questions that allowed for limited comparison among participants. I also recommend a quantitative analysis of social support networks among African American women to address depression and the SBW

schema to determine the relationship between social support networks and other variables, such as emotional suppression, help-seeking, counseling, and spiritual supports within the African American female community to establish an association between the variables. I am making these recommendations because understanding these relationships can allow for a larger sample size and structured research instruments and to draw the right conclusion from the statistical analysis.

### **Implications**

This study promotes positive social change as it provides a better understanding of African American women's experiences of social support networks aide in addressing depression and the SBW schema. This study may lead to positive social change by bringing awareness to the impact of depression and the SBW schema on African American women. This study also may increase the knowledge of mental illness in the African American community and increase help-seeking that can decrease emotional suppression and self-silencing. Other African American women can view the positive outcomes and challenges of depression and the SBW schema in this study to increase their success at developing social support networks and an active voice to further improve their communication skills. Also, this study can encourage human services practitioners and counselors to create effective treatment plans related to the cultural background and spiritual needs of the individual. Human services practitioners and counselors can also offer referrals to private practices that offer faith-based counseling sessions to better accommodate their clients who request a faith-based initiative in their treatment plans. The study showed the experiences of African American women whose

needs were met by being provided safe places to communicate, a different perspective, a faith-based initiative, and practical steps for resolution through their social support networks. The needs of the society are met through fulfilling the needs of the people within society. The information provided in this study should bring attention to the importance of social support networks for citizens who need resources.

### **Conclusion**

The purpose of this generic qualitative study was to explore African American women's perceptions of how social support networks address the SBW schema and depression. African American women used verbal communication to effectively communicate their wants and needs. Verbal communication aided African American women in self-expression and active voice. The participants were comfortable communicating within their social support networks regarding depression and the SBW schema due to the establish rapport, which was contradicting to the documented impact of the SBW schema within the study. According to the participants, the SBW schema contributed to self-silencing and emotional suppression. However, the participants stated that the SBW schema placed an unrealistic expectation on them to display unyielding strength amidst adversity resulting in silence. Several of the participants were highlighting their social support networks as advocates for their mental health which allowed them to be comfortable openly expressing themselves and discover their voice.

The faith-based initiative in social support networks was attributed to faith, hope, worth, and their relationship with Jesus as a guide to overcome depression and the trials of life. Several participants used scripture as a method of reassurance to choose their

thoughts wisely because it would determine their actions and reactions to life and people. Some of the participants even used faith as a practical step and resolution to navigating sacrifices and what is eternal versus what is transient. Lastly, some of the participants experienced freedom in scripture because of their faith, which aided them in combatting depression.

The impact of slavery has left a lasting impression on African American women within society contributing to depression and the stigma that Black women are strong, negating the fact that strength varies. Some participants stated that the SBW schema stripped them from the willingness to communicate about their stressors out of fear of being viewed as weak; however, several participants acknowledged that a differing variance in strength and communicating stressors should not be associated with weakness. Several other participants highlighted the SBW stigma as a generational norm that slaves had to conform to for survival. However, the participants also stated that, although African American women were mislabeled based upon the color of their skin, they now have the option to choose how they want to be labeled.

The perspectives of males within social support networks aided in the dismantling of the SBW schema for several participants. Several participants highlighted the need for nonconformity based on the perspective of a male in their social network and the identification of a term "SBW" that was created in the absence of a man during slavery. Furthermore, most of the participants stated that the perspectives of their male counterparts aided them in relinquishing the SBW schema and mitigating depression. The males within the social support networks of African American women played a role in

their familial support, all of which were pertinent according to the participants in establishing their identity and maintaining their mental health.

In conclusion, the findings of this study have shown that social support networks have a significant effect on African American women and their mental health. African American women acknowledged the support and resources provided from their social support networks. The participants were successful in addressing the SBW schema and mitigating depression by using the support of their social support networks. From this study, the conclusion was that social support networks changed the perspectives of African American women pertaining to strength resilience and contributed to African American women's consideration of their mental health and the impact it has on their lives and society.

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### Appendix: Interview Protocol

*Thank you for agreeing to meet with me today. Your participation will aide in the better understanding of the experiences of African American women who have experienced depression. The informed consent form that was signed and returned via email stated the nature of the study, minor discomforts that can be encountered, and that no incentives will be provided. Before we begin, are you still agreeance with the interview, and do have any further questions about the research?*

1. How do you use social support networks to address depression?
2. Who do you consider a part of your social support network that can aide you in addressing depression?
3. What message do you receive from your social support networks about depressive symptoms?
4. How does your perceived thoughts of the messages received from your social support network aide you in coping with depression?
5. How does depression affect your relationships with your social support network?

*Now, I will ask you questions about how social support networks help you address the strong Black woman schema. The strong Black woman schema has been defined as a race-gendered schema that places unrealistic expectations on African American women to exhibit unyielding strength in many roles.*

6. How do you use social support networks to address the strong Black woman schema?

7. What messages do you receive from your social support network about the strong Black woman schema?
8. How does your perceived thoughts of the messages received from your social support network aide you in coping with the strong Black woman schema?
9. What do you think social support networks do to help women like yourself, who are or have experienced the impact of the strong Black woman schema?
10. *What else do you think would be important for me to know to better understand your experiences with depression, social networks, and the strong Black woman schema?*

*I thank you for taking the time to speak with me today. Your participation in this research study will provide insight into this important topic. If you have any questions, comments, or concerns, I can be reached via email at Teia.Simpson@Waldenu.edu and via cell 919-396-0839 between the hours of 4:00 p.m.-6:00 p.m. (EST). At the conclusion of the study, I will share the results of the study with you via email. All data will be destroyed 5 years after the completion of the study. Thank you for your time and participation.*