Walden Dissertations and Doctoral Studies

2-27-2024

# Strong Black Woman Schema and its Impact Among Black Women

Charissa Simon
*Walden University*

# Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Charissa Simon

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Benita Stiles-Smith, Committee Chairperson, Psychology Faculty
Dr. Yoly Zentella, Committee Member, Psychology Faculty

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

Walden University
2024

Abstract

Strong Black Woman Schema and its Impact Among Black Women

by

Charissa Simon

MS, Walden University, 2021

MS, Perdue Global University, 2014

BS, University of Arizona Global Campus, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2024

Abstract

This qualitative phenomenological study explored the impact of the Strong Black Woman (SBW) schema on the mental health and help-seeking behaviors of Black/African American professional women, contributing novel insights to existing literature. Despite possessing access and financial means for mental health services, a strikingly low rate of Black/African American professional women seek such resources. The study was grounded in intersectionality theory and the self-silencing theory. Eleven Black/African American professional women participants volunteered. Thematic analysis illuminated common barriers including pride, distrust in the mental health system, a strong inclination towards self-reliance, feelings of being misunderstood, and a lack of emotional support. However, the study also revealed motivating factors and positive aspects behind the endorsement of the SBW schema among these women. Participants provided nuanced perspectives on both the affirmative and detrimental facets of the SBW schema, acknowledging the stressors inherent to being Black/African American women. While they expressed adverse effects on mental health and initial hesitance to seek assistance, they continued to utilize the SBW schema for perceived positive outcomes such as motivation, adaptive coping, and challenging stereotypes. In conclusion, this study underscores the importance of addressing the SBW schema's impact on mental health and help-seeking behaviors among Black/African American professional women. Its findings have significant positive social change implications, including fostering positive mental health outcomes, shifting help-seeking behaviors and attitudes, and informing policy initiatives aimed at supporting this demographic

Strong Black Woman Schema and its Impact Among Black Women

by

Charissa Simon


MS, Walden University, 2021

MS, Perdue Global University, 2014

BS, University of Arizona Global Campus, 2010



Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology



Walden University

February 2024

Dedication

This study is dedicated to all the Strong Black Women who have contributed to our collective narrative, those that currently share in this journey, and those that will follow. Your experiences are acknowledged, and voices are valued. It is important to remember that we, SBW, stand on our ancestors' shoulders that came before us.

Acknowledgments

First and foremost, I would like to thank God for giving me the strength and opportunity to complete this journey. I chose the path, but God ordered my steps (Proverbs 16:9).

Next, I would like to express my deepest gratitude to the members of my dissertation committee for their invaluable guidance, support, and encouragement throughout this research journey. I am immensely thankful to my chair, Dr. Benita Stiles-Smith, for her unwavering commitment to my academic and personal growth. Her insightful feedback, constant encouragement, and patience have been instrumental in shaping this study and pushing me to strive for excellence. I am also grateful to Dr.Yoly Zentella for her valuable contributions and critical insights. Her constructive comments and thorough review of my work have significantly enriched the quality of this dissertation.

To my esteemed colleagues, Dr. Irma Perez, and Lindella McDowell, we made it! I extend my deepest gratitude for your invaluable contributions in refining my scattered thoughts and providing crucial insights in shaping this research endeavor. A special acknowledgment goes to my Resi Buddy and dearest friend, Dr. Irma Perez, who has been a steadfast companion on this journey. Although our paths have intersected for a relatively brief period of 5 years, it feels as though I have known you for a lifetime. Your compassionate words, candid discussions, and unwavering motivational support have significantly contributed to my growth as an individual, clinician, writer, and friend.

This dedication is extended to my family, a pillar of support in this endeavor. I pay tribute to my grandmothers, Nancy and Theresa, who watch over me from above. I express deep gratitude to my beloved mother, Gloria J. Simon, my most ardent advocate, who consistently emphasized the values of diligence and education. Likewise, I acknowledge my sister, Theresa R. Simon, along with my nieces and nephews. Your words of motivation and gestures of kindness have been instrumental throughout the entirety of my graduate school journey. My sons, Meiko G. Kuhnlein and Yeomen V. Jackson, I hope I have made you proud of your mother.

Last but by no means least, my husband, Michael L. Wright. Without your support in so many ways, encouragement, laughs, tears, and hugs I could not have completed this journey. You believed in me when I, myself, had doubts. I had a dream and you made it a reality. You are my "Superman." I love you more than what words can express.

Table of Contents

i

iv

List of Tables

Chapter 1: Introduction to the Study

**Introduction**

Studies have indicated that there is a significant gap with depression among men and women and further indicate that Black/African American women are more likely to suffer from psychological distress than their White counterparts. According to the 2013–2016 National Health and Nutrition Examination Survey, depression was almost twice as common among women as among men and the proportion of adults with depression increased with decreasing family income level (Brody et al., & National Center for Health Statistics, 2018, p. 1), which has implications for socioeconomically disadvantaged Black/African American women. For example, Black/African Americans living below the poverty level, as compared to those over twice the poverty level, are three times more likely to report psychological distress. Moreover, Black/African Americans are 10% more likely to report having serious psychological distress than Non-Hispanic Whites. Despite these statistics, Black/African American women are unlikely to utilize psychological services (Brody et al., &National Center for Health Statistics 2018, p. 2), which may be linked to a cultural obligation to self-silence as a "Strong Black Woman" or SBW. The cultural obligation of self-silence as an SBW is in fact a cognitive schema adopted by many Black/African American women as a coping mechanism to deal with the multiple oppressions experienced.

Depression among Black/African American women has significant implications for the social and psychological well-being of the Black/African American community. According to the Centers for Disease Control (2016) the percentages of Non-Hispanic

Black women who reported sadness, hopelessness, and worthlessness was significantly greater than those reported by Non-Hispanic White women. Most relevant to the SBW schema, 9.9% of Non-Hispanic Black women reported symptoms indicative of depressions compared to 5.8% of Non-Hispanic White women (CDC, 2016). Despite experiencing psychological distress, Black/African American women are less likely to seek mental health treatment. The SBW schema appears to have a significant impact on Black/African American women's mental health as well as their help-seeking behaviors.

Research has revealed that racism is deeply embedded in American culture and can contribute to adversely affecting mental health in multiple ways (Williams & Mohammed, 2013). In this study, I explore how a cultural schematic belief, SBW, impacts the experiences, thoughts, behaviors, mental health, and beliefs among Black/African American women. Within this chapter, I present the background of the research problem, research problem statement, and purpose statement. A discussion of the theoretical and conceptual framework follows the three research questions. The nature of the study, key terms, assumptions, scope, delimitations, and delimitations are also presented. I conclude with a discussion the significance of the study and a summary.

**Background**

This section systematically reviews pertinent literature within the realm of the SBW schema and its implications for the lives of Black/African American women. An analysis of existing literature is presented, highlighting the critical need for this study to address a discernible gap in disciplinary knowledge. The articulation of the identified knowledge deficit is accompanied by a comprehensive discussion elucidating the

imperative nature of this research endeavor. The subsequent discourse rationalizes the necessity of undertaking the present study to contribute meaningfully to the extant academic discourse and address the identified gap in understanding within the discipline.

Cultural racism has been found to elicit unconscious bias which can subsequently lead to limited access to health-promoting resources and opportunities for non-dominant racial and ethnic groups. This phenomenon has been widely observed in medical care, including mental health care. Research indicates that negative stereotypes can influence expectations and interactions with individuals from stigmatized social groups, leading to reduced quality of service provided by mental health professionals. These stereotypes operate through normal, subtle, and often unconscious processes, highlighting the need for increased awareness and training to prevent discrimination and promote diversity in mental health care settings (Gopal et al., 2021). The American Psychological Association Presidential Task Force on Preventing Discrimination and Promoting Diversity (2012) has emphasized the importance of addressing this issue to ensure equitable and effective mental health care for all individuals, regardless of their race or ethnicity.

It is important to note that even well-intentioned and consciously egalitarian individuals who hold negative stereotypes of certain social groups are likely to exhibit discriminatory behavior towards members of those groups during social encounters. These universal processes can impact the quality of care provided by physicians and other healthcare professionals. A landmark report from the National Academy of Medicine in 2003 found that across virtually all types of medical interventions, Blacks and other minorities receive fewer procedures and lower quality care than Whites.

Scientific research has shown that most physicians, like other professionals and the general population, have an implicit preference for whites over blacks. This implicit bias is often associated with biased treatment recommendations in the care of minority patients, and it can also negatively impact the quality of patient-provider communication and lower patient evaluations of the medical encounter, including provider nonverbal behavior (Sabin et al., 2009).

Evidence from the existing scientific literature, as well as the examples presented here, suggest that people experience intersecting forms of stigma to influence their mental and physical health and corresponding health behaviors. As different stigmas, based on their race, ethnicity, gender, sexual orientation, religion, socioeconomic status, and other intersecting identities, are often correlated and interrelated, the health impact of intersectional stigma is complex, generating a broad range of vulnerabilities and risks.

Williams (2019) posited one indicator of the persistence of racism in American culture is the high levels of negative stereotypes in the population. Discrimination must be understood and assessed within the context of other mechanisms of racism. Social disadvantages and stressors often cluster in people and places. In addition, institutional/structural racism can give rise to stress proliferation processes, in which an initial stressor can initiate or exacerbate stressors in other domains of life. Thus, living and working conditions created by racism can initiate and sustain differential exposure to a broad range of stressors that, at face value, may not appear to be related to racism. These can include "traditional stressors" such as violence, criminal victimization, neighborhood conditions, financial stress, and relationship stress. These are the "serious

stressors," patterned by social disadvantage, that capture major hardships, conflicts, and disruptions in life, and are especially virulent when they are chronic and recur in major social roles and domains (Williams, 2019).

The SBW stereotype can significantly impact the thoughts, emotions, and behaviors of Black/African American women across various areas of their lives, including relationships, work, and mental and emotional health. This belief can create pressure to maintain a facade of strength and confidence, take on additional responsibilities, and avoid vulnerability or seeking support, leading to stress, anxiety, and burnout. In relationships, adherence to the SBW stereotype can impact communication and intimacy, as Black/African American women may feel that expressing their emotions or asking for help goes against the stereotype. The SBW schema can also contribute to neglect of self-care and a tendency to internalize emotions, ultimately negatively affecting overall well-being. Given the complex and pervasive nature of the SBW schema, further exploration in research and clinical practice is warranted (Bond et al., 2021).

Black/African American women have historically been associated with the notion of "superhuman strength" that emerged during slavery and has persisted into contemporary society as a symbol of perseverance and empowerment. However, according to Black feminist theorists, this construct of strength masks the internal hardships faced by these women, including feelings of sadness, hopelessness, and depression. The term "Strong Black Womanhood" (SBW) schema describes a culturally specific and multidimensional construct that has been internalized by Black/African

American women to overcome oppression from racism and sexism. The SBW schema involves cognitive characteristics and stress-coping behaviors, such as emotional suppression, self-reliance, and caregiving. While the SBW schema has been associated with increased self-efficacy in response to stressors, recent research has linked it to negative outcomes, including depression, anxiety, and binge eating among Black/African American women. However, the mechanisms underlying these outcomes have not been extensively studied (Abrams et al., 2019; Jack & Dill, 1992).

## Problem Statement

Out of the intersectionality of racism, sexism, and sexual objectification a well-known stereotype developed, SBW. The SBW stereotype created what psychologists term a cognitive schema. The SBW cognitive schema often was seen as a protective factor by the field of psychology. However, studies are emerging with results that many Black/African American women report feeling pressured to act like a superwoman, projecting themselves as strong, self-sacrificing, and free of emotion to cope with the stress of race- and gender-based discrimination in their daily lives (Young, 2018). According to Bowleg (2012), enduring multiple oppressions such as racism, sexism, discrimination, and sexual objectification is a phenomenon that is significantly experienced among Black/African American women causing an increase in health disparities and barriers to mental health treatment. More research is needed to study the lived experiences of Black/African American women that have adopted the SBW cognitive schema in order to comprehensively understand if the SBW cognitive schema is more of a hinderance to this population than thought previously by clinicians.

**Purpose of the Study**

The aim of this qualitative study was to comprehensively understand the lived experiences of Black/African American professional women, and the significance of adopting the SBW schema. The psychological distress and emotional agitation that arise from the endeavor to sustain an idealized self-image strengthened by the cultural archetype of SBW can result in adverse effects on adaptive coping mechanisms and physical well-being. Specifically, the perpetuation of the SBW persona may hinder prompt initiation of help-seeking behaviors among Black/African American women (Ward et al., 2009). This study will equip clinicians with an enhanced understanding of the impact of SBW on Black/African American professional women and provide them with further means for planning.

**Research Questions**

The following qualitative research question is proposed for this study:

1. What role does the cognitive schema, SBW, play in the daily lives of professional Black/African American Women?

2. What do Black/African American women believe are the emotional and behavioral impacts of adopting the SBW schema?

3. What are the perceptions associated with receiving mental health services among Black/African American women who have adopted the schematic belief of the SBW?

**Theoretical Framework**

The framework for this study is based on the intersectionality theory developed by Kimberle Crenshaw, law professor and social theorist. Crenshaw first coined the term intersectionality in her 1989 paper "Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics." The theory emerged 2 decades earlier when Black feminists began to speak out about the difficulties in identifying with the mainstream (White) feminist movement issues, such as the pressure to be a homemaker. Black/African American women often had to work one or more jobs to financially support their family, and therefore did not have the luxury of being stay at home mothers and did not thus feel as though these issues pertained to their experiences. Simultaneously, many Black/African American women experienced sexism while participating in the Civil Rights movement and were often shut out of leadership roles. This intersectional experience of facing racism in the feminist movement and sexism in civil rights encouraged Black women to call for a feminist practice that centralized their lived experiences (Bowleg, 2012).

Intersectionality is in many places, even in the healthcare field. According to Serrant (2020), "understanding the needs of Black/African American women within a cultural and medical framework which recognizes the impact on health and well-being on the spaces where culture, health, and expectation intersect remains a challenge" (p. 1). Part of this challenge stems from the oppressive culture in the United States ignoring marginalized communities so that they feel silenced and increasing the belief that they do

not have a voice. This feeling of being silenced holds back marginalized individuals from speaking up, speaking out, and demanding better healthcare treatment.

Bowleg (2012) posited that intersectionality is not a theory but is rather more like a framework. Women of color are members of multiple sub-populations within the United States and can often be disregarded when it comes to physical health, mental health, and economic prosperity. This researcher observed that although research was conducted about women, minorities, and low-income individuals, there is little research done with Black/African American women who fall in multiple demographics., woman, minority, and low socioeconomic status that negatively impact their quality of life. In the field of psychology, the intersectionality theory is not well-known and its effects on Black/African American women's mental health are not fully considered. Bowleg (2012) also reviewed the history of intersectionality and the core tenants related to public health and outcomes. Also addressed, was the need for further studies that include women of color and how their health is being impacted to help improve their quality of life.

The self-silencing theory (SST) constitutes the second theoretical framework employed in this study. Originating from the research endeavors of Dana Jack, a psychologist with training from Harvard (1991), SST emanates from the phenomenological exploration of the experiences of clinically depressed women. The genesis of their depression, as explicated by the theory, is attributed to self-silencing behaviors. SST adopts a social-cognitive framework to elucidate the mental health dynamics of women.

Within the construct of SST, a discernible pattern emerges among female subjects grappling with depression. This pattern manifests as a proclivity towards self-silencing, delineated as "the inclination to engage in compulsive caretaking, the pursuit of pleasing others, and the inhibition of self-expression within relationships as a means to attain intimacy and fulfill relational needs." Dana Jack's longitudinal investigations underscore the erudition that this learned behavior, deeply entrenched in societal gender norms, is intricately associated with an escalated susceptibility to depression.

Scott et al.'s (2023) study delved into the nuanced interplay when women from marginalized communities, who are already subject to societal silencing in the American context, grapple with the concept of self-silencing. Drawing on the qualitative study conducted, the research systematically explores how young Black/African American women incorporate the notion of self-silencing into the fabric of their lives.

Scott et al.'s (2023) study yielded four discernible themes, shedding light on the temporal evolution of self-silencing within the lives of young adult Black/African American women. The research probes into the contextual domains where silencing becomes a recurrent phenomenon and elucidates the perceived impact of self-silencing on their physical and mental well-being. The findings underscore the intricacies of the self-silencing experience for Black/African American women, suggesting its multifaceted development in response to instances of racism and/or in anticipation of potential racist encounters. This research underscores the importance of understanding the complex dynamics surrounding self-silencing within the specific context of young Black/African American women facing marginalization in American society.

The participants elucidated that their decision to engage in self-silencing was intricately tied to their marginalized identities, notably their dual status as Black individuals and women. This deliberate deployment of silence emerged as a protective mechanism, driven by the apprehension that their conduct might inadvertently align with prevailing stereotypes, a phenomenon recognized as stereotype threat. The participants articulated a pervasive consciousness of the societal judgments, labels, and stereotypes systematically imposed on Black women by the dominant cultural milieu (Scott et al., 2023).

Within this clinical narrative, the act of self-silencing was portrayed as a conscious and intentional decision executed in real-time. The mental distress associated with this self-imposed silence, however, transcended the immediate temporal confines, manifesting as an enduring emotional burden. The findings underscore the complex interplay between marginalized identities, stereotype threat, and the active decision-making process inherent in self-silencing, thereby enriching our understanding of the nuanced psychological experiences within this demographic group (Scott et al., 2023).

Within healthcare settings, Black/African American women frequently exhibit a pattern of engagement marked by self-silencing. Participants consistently reported instances where they proactively chose to withhold their voices, a behavior largely rooted in the anticipation of encountering discrimination from healthcare providers. This self-silencing phenomenon was particularly pronounced when individuals perceived the potential for being disregarded or deliberately silenced by their healthcare providers (Scott et al., 2023).

Notably, participants disclosed a reluctance to communicate their symptoms or share their experiences with healthcare providers, a decision driven by pervasive skepticism regarding the likelihood of being believed. This clinical observation illuminates a critical aspect of the healthcare dynamic for Black women, highlighting the impact of self-silencing on their willingness to disclose pertinent health information. The findings underscore the intricate interplay between self-silencing behaviors, discriminatory experiences in healthcare settings, and the resultant challenges in effective communication between Black/African American women and their healthcare providers (Scott et al., 2023).

The erosion of mental well-being was occasionally linked to the imperative of "remaining composed" in the face of decisions surrounding self-silencing. Participants articulated the cognitive burden associated with the continuous evaluation of whether to engage in self-silencing. Subsequently, many participants recounted revisiting their decisions to abstain from speaking, revealing heightened stress and anxiety as consequential emotional responses (Scott et al., 2023).

This clinical narrative underscores the intricate interplay between the decision-making process of self-silencing and its toll on mental health. Participants' retrospective reflections on their choices, coupled with the emergence of stress and anxiety, illuminate the intricate emotional landscape entwined with the practice of self-silencing. Notably, coping mechanisms, such as alterations in eating behaviors and other adaptive strategies, emerged as responses to navigate the complex emotional repercussions of the self-silencing experience (Scott et al., 2023).

Participants frequently shared clinical insights into their encounters with self-silencing, detailing their acute awareness of the phenomenon in specific moments. Notably, many recounted instances from their professional lives, encompassing both workplace and educational settings. In the professional domain, self-silencing often manifested as a strategic response to fulfill obligations, particularly the imperative to "sustain employment for the sake of providing for their family," reflecting a profound sense of responsibility (Scott et al., 2023).

Within this clinical context, participants articulated the conundrum of navigating professional commitments while contending with the repercussions of self-silencing. The intersection of work-related self-silencing and familial responsibilities emerged as a poignant theme. Participants lamented the weight of their decisions, expressing sentiments of retrospection with statements such as "do I continue to go home every day thinking like, oh man, I wish I said something." This clinical discourse sheds light on the nuanced interplay between self-silencing, professional obligations, and the enduring impact on participants' psychological well-being (Scott et al., 2023).

**Nature of the Study**

The nature of this study is qualitative. The qualitative methodology is considered best for generating data to understand people's thoughts, concepts, or experiences via interviews, focus groups, case studies, discourse analysis, and literature review. A qualitative study method allows exploration to understand individuals' lived experiences with multiple oppressions through the adoption of the SBW cognitive schema (Wong, 2008). Qualitative, quantitative, and mixed methods approaches are required to reduce

the significant knowledge gaps that remain in our understanding of intersectional stigma, shared identity, and their effects on health (Turan et al., 2019).

Data were analyzed through the creative process of inductive reasoning, thinking, and theorizing, focusing on the exploring of values, meanings, beliefs, thoughts, experiences, and feelings characteristic of the phenomenon of SBW syndrome experienced by study participants (Wong, 2008). Data for the study included transcripts from the open-ended questions of semi-structured interviews, narrative inquiries, researcher's observation notes.

## Data Sampling

The degree to which the sample corresponds to the intended study population is a crucial determinant of the comprehensiveness of the various factors at play. For a qualitative study, a sample size of 10-30 individuals is often deemed sufficient. The most important factor is to include adequate participants to achieve a detailed and extensive understanding of the phenomenon under investigation (Tenny et al., 2017). In this study, criterion sampling with pre-determined factors was utilized to select 11 participants. Participants were recruited through various social media platforms that specifically cater to Black/African American women in professional roles. The rationale behind limiting the selection criteria to only professional Black/African American women was to mitigate ethical concerns related to vulnerable individuals. Research shows that Black/African American women in professional roles are more likely to adopt the SBW schema, have greater access to mental health resources, and are more likely to engage in self-silencing behaviors in both work and familial settings (Abrams, 2019). Participants were asked

about their own experiences with adopting the SBW schema, experiencing multiple forms of oppression based on gender and race, and seeking mental health services. Participation was voluntary, and participants were informed of how their contribution can impact the future of mental health well-being among Black/African American women. Overall, the primary objective of this qualitative phenomenological study was to examine the ways in which the SBW schema influences various factors that impact the lived experiences, thoughts, beliefs, behaviors, and willingness to seek mental health services among Black/African American women.

## Definitions

For the purpose of the study the following terms are defined.

*Black/African American Woman*: A female that was born in the United States and has ethnic heritage and ancestry of United States African enslaved people due to the African Diaspora (Lewellen et al., 2021, p. 2).

*Intersectionality*: "the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage" (Perlman, 2018, p.1). Intersectionality acknowledges that everyone has their own individualized experiences with discrimination or inequality.

*Mental health services*: All types of interventions, including evaluations, diagnoses, therapies, or counseling, provided in various settings such as private practices, public institutions, inpatient facilities, or outpatient clinics, with the aim of preserving or improving mental well-being and addressing individual and group mental or behavioral disorders (APA, 2022).

*Multiple oppressions*: Clear connections between specific oppressions such as racism, sexism, and classism. Multiple oppressions are experienced by individuals who fall into the category of female, low socioeconomic status, and women of color, in their daily lives at any given time (Lynn, 2014, p. 2).

*Professional*: An individual that has an occupation due to their educational qualifications that may also include a license or certification.

*Schema*: A cognitive psychological term defined as a point of view that an individual has of the self, others, or the world that is developed by individual experiences beginning in childhood and continues despite objective reality (American Psychological Association [APA], 2022).

*The schema "The Strong Black Woman"*: A culturally gender-based belief that one must take care of everyone's needs, cope with daily life stressors in silence, and all while taking on multiple roles (Liao et al., 2019, p. 84).

*Self-silencing*: the restriction of self-expression within intimate relationships that is the product of a gendered society (Jack, 1991).

*Socioeconomic status*: A social standing in society based on an individual's income, education, occupation, and other social and economic factors (Darin-Mattsson et al., 2017, pp. 2-3).

## Assumptions

In this study, there were several assumptions made. It was assumed that all the potential participants were honest in answering questions associated with the criteria required to be a participant of the study as defined for the purposes of the study. It was

assumed that all the participants in the study were honest in their responses to the semi-structured interview questions. I assumed I possess the requisite skills to conduct efficacious interviews for the purposes of gathering the necessary data. Participants' responses were reviewed and interpreted for truthfulness to identify themes and potential emerging ideologies that will promote social change.

## Scope of Delimitations

The study serves to understand the lived experiences of Black/African American professional women that have adopted the schematic belief of the SBW and how it has shaped their mental health, beliefs, and behaviors. Specifically, this study explored: What were the perceptions associated with the reception of mental health services among Black/African American professional women who have adopted the schematic belief of the SBW? What do Black/African American professional women believe are the behavioral and emotional impacts of adopting the SBW schema in the workplace? What role did the schema, the SBW, play in the daily lives of Black/African American professional women? This population was chosen for the study due to an inadequate amount of psychological research conducted amid this population.

The present study yielded significant findings that may facilitate social progress towards enhancing the quality of life for the targeted population. Participants that met the specified inclusion criteria of being Black/African American women who identify as professionals and may exhibit the SBW schema were included in the study. Men and women who do not identify as Black/African American, and individuals who do not meet the professional criteria were excluded.

**Limitations**

Initially limitations of this study were identified as participant vulnerability, accessibility, role delineation, geographical constraints. However, after completion of this study the following were the actual observed limitations of this study; In future research, researchers may consider expanding the scope of the study to include a more diverse and representative sample of Black/African American women who identify with the SBW schema. This would enhance the generalizability of findings and provide a broader understanding of the experiences and perspectives within this demographic. Researchers could explore the potential variations in experiences related to the SBW schema across different socioeconomic, educational, and cultural backgrounds to capture a more comprehensive view of this phenomenon. Furthermore, incorporating qualitative methods alongside quantitative approaches may offer a more nuanced exploration of the intricacies surrounding the SBW schema and its impact on mental health and help-seeking behaviors.

Subsequently, as mentioned in Chapter 3, face-to-face interviews were found to be both efficacious and instrumental in the data analysis process. While video conference interviews proved to be operationally efficient, it was observed that the capacity to establish rapport with participants may have been somewhat constrained. In qualitative research, establishing rapport with participants is crucial for obtaining rich and genuine data. The use of video conference interviews, while operationally efficient, might introduce barriers to building a strong rapport compared to face-to-face interactions. The limitation here lies in the potential bias introduced by my perception of the impact on

rapport-building, which is inherently subjective. This limitation may affect the depth of the data collected and the quality of the relationship between the researcher and participants. Participants were afforded the opportunity to seek clarification or provide supplementary information.

Questions were structured to elucidate the criteria employed for participant inclusion in the study. In the context of this research, demographic information was solicited on a voluntary basis from all participants. Furthermore, it is important to recognize that results may be contingent on the individual psychosocial functioning of each participant. The extent of a participant's insight and self-awareness has the potential to influence the observed outcome findings. This variability underscores the importance of considering individual differences in the interpretation of results. Participants may have provided responses that they think are socially desirable or what they believe the researcher wanted to hear which impacts the study's creditability.

Ultimately, it is imperative to acknowledge that this study does not offer a comprehensive representation of all Black/African American professional women which impacts the transferability of the study. Consequently, variables including socioeconomic status, educational attainment, mental health status, marital status, and sexual orientation may exert a substantial influence on the observed outcome findings. These considerations are crucial for contextualizing and interpreting the results within the broader demographic landscape.

In adherence to research ethics, I am cognizant of my role, crafted unbiased open-ended questions to elicit substantive responses without introducing potential biases.

These limitations, duly recognized and addressed, are integral aspects of the study's methodological framework, designed to safeguard the validity and reliability of the ensuing findings.

## Significance

Noteworthy gaps in the existing literature underscored a compelling imperative to enhance comprehension regarding the adverse effects of multiple oppressions on Black/African American women. The spectrum of oppressions endured by this demographic encompasses, though is not exhaustively inclusive of, racism, sexism, classism, and sexual exploitation. In light of these multifaceted challenges, it becomes incumbent upon clinicians to strategically enhance treatment accessibility, individualize therapeutic interventions, and enhance favorable treatment outcomes.

Clinical interventions tailored to the specific needs of Black/African American women necessitate a nuanced understanding of the interplay between various forms of oppression. Addressing these complexities mandates clinicians to engage in psychoeducation and cultivate cultural competence. Such concerted efforts aim to dismantle barriers impeding effective and tailored treatments, ultimately fostering more positive treatment outcomes within this demographic. These clinical imperative underscores the importance of a comprehensive and culturally informed approach in the provision of mental health services to Black/African American women.

The ability to highlight the issues regarding multiple oppressions, i.e., racism, sexism, discrimination, and sexual objectification among Black/African American, will help clinicians develop a more accurate conceptualization leading to improvement of

mental health treatment. Mitigating barriers to mental health services can help improve the quality of life for many individuals with mental health concerns or issues. It can also allow individuals who would otherwise never seek assistance to do so. Therefore, the clinical relevance of this study was to provide a framework for clinicians to treat Black/African Americans professional women who encompass the schema.

## Summary

A knowledge gap exists in research concerning the effect of racism and sexism on the mental health of marginalized populations such as Black/African American women. Previous studies have primarily concentrated on help-seeking beliefs and attitudes of both African American men and women. Thus, this study investigated the perceptions, beliefs, emotional and behavioral impacts of daily experienced multiple oppressions among Black/African American professional women. The second chapter of this study presents a thorough literature review on intersectionality, the SBW schema, and the impact of multiple oppressions.

Chapter 2: Literature Review

**Introduction**

In this section selected articles relating to the SBW schema, Black/African American Women, mental health vulnerabilities, trauma, multiple oppressions, intersectionality theory, and SST will be reviewed. The goal was to identify and validate current phenomena and implications impacting Black/African American women. There have been many studies on the barriers such as cultural, financial, and systemic, to treatment among Black/African American women. The literature presents minimal documentation regarding exploration and attempts to understand the existing barriers.

Depression among Black/African American women has significant implications for the social and psychological well-being of the Black/African American community. According to the Centers for Disease Control (2016) the percentages of Non-Hispanic Black women who reported sadness, hopelessness, and worthlessness was significantly greater than those of Non-Hispanic White women. Most relevant to the Strong Black Woman schema, 9.9% of Non-Hispanic Black women reported symptoms indicative of depressions compared to 5.8% of Non-Hispanic White women (CDC, 2016). Knowing that despite experiencing psychological distress, Black/African American women are less likely to seek mental health treatment, in this study explored how the cultural schematic of the SBW impacts the experiences, thoughts, and beliefs of seeking mental health treatment among Black/African American professional women.

The primary objective of this qualitative study was to gain insight into the lived experiences of Black/African American professional women and the significance of

adopting the SBW schema. Theoretically, the SBW schema was conceived as a countermeasure to the prevailing negative stereotypes associated with Black/African American women in the cultural context of the United States. These stereotypes encompassed the assertive and domineering figure of the Sapphire; the hypersexualized portrayal of the Jezebel; the nurturing and asexual archetype of the Mammy, predominantly catering to European American families; and the image of the dependent Welfare Queen (West et al., 2016).The stress and anxiety associated with maintaining a self-image reinforced by the cultural stereotype of the SBW can have detrimental effects on coping behaviors and overall health. Adherence to the idealized image of the self-reliant Black woman may result in a delay or reluctance to seek treatment among Black/African American women (Ward et al., 2009, p. 4). This study may help to equip clinicians with a better understanding of the impact of the SBW schema on Black/African American professional women and provide them with perspectives for planning culturally tailored treatment and interventions. Although strength is often considered a defining characteristic of Black/African American womanhood, the SBW race-gender schema has attracted considerable practical attention due to its association with negative health outcomes. Consequently, there is a dearth of information regarding how Black/African American women simultaneously experience the advantages, e.g., increased self-efficacy, and drawbacks, e.g., adverse health outcomes, of this schema (Watson & Hunter, 2016).

This chapter serves as an introduction to the study and includes a brief overview of the research problem, the search strategies employed in the study, and the theoretical framework of intersectionality and self-silencing. The literature review was organized

into five critical variables, including the mistrust of mental health service providers in the Black/African American community, the perceptions of receiving mental health services/help-seeking attitudes of Black/African American women, the emotional impact of the SBW schema, the behavioral impact of the SBW schema, and the SBW impact of the daily life among Black/African American women. A comprehensive summary of the literature review was provided for a critical evaluation of the primary variables and research problems. The conclusions highlight gaps in the literature and emphasize the need for Black/African American women's inclusion in future mental health research.

## Literature Search Strategy

A search strategy was created to conduct an iterative search process. First the decision had to be made as to what will be included or excluded to determine the main concepts to be searched in databases to identify germane scholarship materials. The search included peer reviewed journal articles and dissertations published between 2016 and 2022 for current relevancy of materials except for seminal articles that are dedicated subject of this study's theoretical framework intersectionality and self-silencing. Research materials were searched using the English language which is relevant as for the target population of this study whose primary language is English, being born or at one time residing in the United States where English is the primary language spoken.

The databases utilized to search for research material were as follows: APA Psychinfo, Google Scholar, SAGE Journals, Walden University Library, PsychiatryOnline, ProQuest, and Thoreau. The following are the search terms within this study: *classism, sexism, racism, oppression, intersectionality, self-silencing, SBW*

*syndrome, African American Women, gender bias, Black Women, workforce discrimination, gender inequities, African American Women stereotypes, mental health, inequities psychological distress, microaggressions, counseling, depression, African American Women help seeking attitudes, mental health stigma, African American Women's barriers to mental health treatment,* and *gender roles.*

## Theoretical Foundation

The present study was anchored on two theoretical frameworks, namely, the intersectionality theory and SST. The rationale for utilizing these frameworks stems from their relevance in elucidating the nature of systemic racism and discrimination encountered by Black/ African American women, as well as their significant contribution to psychological distress. Specifically, these frameworks provide a comprehensive understanding of the development of SBW cognitive schema, including emotional and behavioral implications.

### Intersectionality Theory

Intersectionality as a rationale for the nature and causes of social inequality propositions that the effects of multiple forms of oppression are cumulative, and as the term suggests, interwoven. Towards the application of this concept in health, Bowleg (2012) defined intersectionality as a theoretical framework that posits that multiple social categories, e.g., race, ethnicity, gender, sexual orientation, socioeconomic status, intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at macro, social-structural levels such as sexism and racism.

Intersectionality theory was first developed by Black feminists Kimberle Crenshaw (1989, 1991) and Patricia Hill Collins (1990) as an analytical lens for theorizing the oppressions faced by women of color in the United States. Crenshaw observed that Black women are located at the crossroads of multiple oppressions. A key insight of intersectionality theory is that the social categories by which hierarchies are constructed "intersect." That is, the categories are co-constitutive and synergistic; no category has a single, fixed meaning. This insight serves as an admonition against universalizing claims about women. Intersectionality acknowledges that identity markers such as female and Black, do not exist autonomously of each other. It takes into account people's overlying individualities and experiences in order to understand the complexity of discrimination they face (Marecek, 2016). According to the literature the intersectional model should be considered based on the complex experiences of many individuals who are constrained by the restrictions of mainstream society so that these matters of social justice can be successfully addressed (Foley, 2019).

Intersectionality as a theoretical framework enables public and population health researchers to explore and address the interconnectedness of the identities associated with social categories, towards the goal of achieving health equity more effectively. An effective investigation of the social factors implicated in health disparities, therefore, requires an intersectional lens. Research in various health conditions including diabetes, health and well-being, mental health, obesity, and HIV, suggests that attention to intersectionality is an important approach to understanding and addressing the disparities in health outcomes (Okoro et al., 2021).

The literature indicates that researchers have recently augmented their use of an intersectional viewpoint to evaluate gendered racism. Thomas et al. (2008) explored the concept of gendered racism and its relation to psychological suffering and coping styles among a sample of Black/African American women. Results yielded that there are substantial positive association amid experiences of gendered racism and psychological distress. The relationship was partially mediated by the utilization of avoidant coping mechanisms, so much in fact that greater perceived gendered racism was related to more use of avoidant coping and increasing psychological distress.

Researchers Jones and Shorter-Gooden (2003) facilitated a qualitative study utilizing a structured interview of 196 Black/African American women to explore the concurrent experience of racism and sexism and discovered that the participants conveyed experiencing both race and gender-related stereotypes, especially in their work environment. Numerous participants stated to researchers that they were unable to differentiate if the discrimination was based on race, gender, or the intersection of the two. The study suggested that future researchers that use categorical race and gender identities as a commission to explore racism and sexism are likely miscue the intersectional and vigorous character of these intertwining forms of oppression.

According to the theory of silencing the self, silencing behaviors involve restraining self-expression to continue relationships and elude reprisal, possible loss, and opposition. The theory suggests women "bite their tongues" due to a loss of self in a relationship or fear of one's genuine self, refutation, loss, and/or isolation. Self-silencing displays in four different behaviors:

"(a) silencing the self involves women not directly asking for what they want or telling others how they feel, (b) divided-self entails women presenting a submissive exterior to the public despite feeling hostility and anger, (c) care as self-sacrifice leads to women putting needs and emotions of others ahead of their own, and (d) externalized self-perceptions in which women evaluate themselves based on external [cultural] standards." (Abrams et al., 2019)

**Self-Silencing Theory**

Within the theory of silencing the self, social interactions and interpersonal relationships can impact a woman's schematic interpretations to affect her vulnerability to depression (Jack & Dill, 1992). Regarding the endorsement of the SBW schema and accompanying silencing, behaviors can be related to symptoms of a mood disorder such as depression among Black/African American women. Abrams et al. (2019) examined the impact of different forms of self-silencing on the relationship between perceived strength, obligations, and depressive symptoms, and the specific mechanisms contributing to psychological distress experienced by Black/African American women who significantly internalize the cultural expectation of strength.

The theory of self-silencing has been known in the field of psychology for at least the past 30 years. This theory was brought to the forefront in 1992 by Dana Jack and Diana Dill after they conducted research on cognitive schemas contributing to depression among women. Within the study the researchers discovered that there are attachment behaviors that are related to cognitive schemas of self-sacrifice, self-silencing, and pleasing, depressed women display. The cognitive schemas assist women in creating and

maintaining "safe relationships" that are unequal in power and lead women to put other individuals' needs before their own and to silence specific feelings, thoughts, and behaviors. Over time, self-silencing leads to low self-esteem and a loss of one's own identity (Jack & Dill, 1992).

Self-silencing has psychological and sociocultural dimensions that can contribute to negative health outcomes. SST allows for social and cultural progressions that have been overlooked by scholars and has not received the attention it deserves. A woman's self-silencing is compounded by her gender, sexuality, socioeconomic status, and ethnicity. Researchers have found that Black/African American women are more likely to adhere to self-silencing than their Caucasian counterparts. Ethnicity alone does not account for why Black/African American women are more likely to self-silence; however, it is a contributing factor. Fear is also a contributing factor to self-silencing. Black/African American women are less likely to be in positions of power and therefore the fear of losing relationships, jobs, housing, and standing with their communities, can amplify influencing a woman to self-silence (Emran et al., 2020; Jack, 2011).

Prior studies have centered on the theory of self-silencing and its correlation with the mental health of women in intimate relationships. However, a recent qualitative investigation conducted in 2020 by Maji and Dixit delved into the occurrence of self-silencing in the workplace, an area that has yet to be fully explored. The researchers utilized semi-structured, in-depth interviews to investigate the impact of self-silencing on the professional relationships of 21 female software engineers. Results indicated that self-silencing resulted in an increase in psychological distress and impeded professional

advancement. Furthermore, self-silencing behaviors by female employees obstructed organizational growth, as negative events often remained unreported, and women refrained from sharing their views and opinions during group meetings, leading to organizational ignorance and impediments to growth.

<div align="center">**Literature Review Related to Key Concepts**</div>

**Distrust of Mental Health Service Providers**

Multiple research studies have indicated possible significant correlation between racism and the reported reasons among black individuals for not seeking treatment for mental health issues. Alang (2019) conducted a mixed methods study among 30 Black/African American participants to explore the reasons as to why Black African Americans do not seek mental health services. The fear of experiencing dual discrimination appears to be more prominent among middle-class Black/African American individuals who work, compete, and are evaluated alongside white counterparts. The phenomenon of increased racial discrimination with upward social mobility further compounds the effects of discrimination based on race and mental illness, leading to a reluctance to seek treatment. Consequently, solely addressing mental health stigma without addressing racism is unlikely to mitigate the existing racial disparities in unmet mental health needs (Alang, 2019). Alang suggested that further studies should be conducted to learn how to center the margins in behavioral health systems and health policy research that will create meaningful outcomes for marginalized groups.

Abrams (2019) conducted a mixed methods study with 194 Black/African American women to explore the SBW schema that is often associated with Black/African American women being expected to be tough, independent, and to not show weakness or vulnerability. This can lead to stigma surrounding mental health and seeking mental health services, as there is a belief that seeking help is a sign of weakness or is an admission of failure. As a result, many Black/African American women may avoid seeking mental health services, despite experiencing mental health issues (Abrams, 2019). In addition, systemic barriers such as lack of access to care, cultural mistrust, and limited representation of Black therapists can also contribute to negative perceptions and experiences of mental health services (Wright, 2021).

**Help Seeking Attitudes**

Black/African American women are less likely to pursue psychological services than their White counterparts. Disparities in seeking mental health services between Black/African American women and White/Caucasian may be contributed to by cultural beliefs and norms (Chin et al., 2021). One of the cultural norms that contributes to this disparity is the SBW schema. The SBW schema requires Black/African American women to conceal emotional and physical pain all while portraying strength, resiliency, and serve as caretaker for their family and community (Beaubouef-Lafontant, 2007).

A quantitative study conducted by Woods (2013) with 234 Black and White college female college students employed the planned behavior theory to investigate the help-seeking attitudes of Black/African American women regarding mental health services. The study was based on the premise that cultural norms can greatly influence

attitudes, norms, and control beliefs about behaviors, making the SBW schema crucial to consider when predicting psychological help-seeking among this population. Woods examined the relationship between the SBW cognitive schema, depressive symptoms, the theory of planned behavior, and intentions to seek therapy for depression. The study analyzed data from the SBW Scale of 244 women, including Black/African American and White/Caucasian women, and identified themes such as the mask of strength, care taking, and self-reliance. The analysis showed that Black/African American women scored significantly higher than White/Caucasian women on the SBW Scale total score, as well as on the subscales of mask of strength and self-reliance.

A second analysis was conducted solely among the Black/African American female participants. Woods then examined the relationship between the SBW cognitive schema, the theory of planned behavior, and intentions to seek therapy. The study concluded that high scores among the subscales of the SBW scale along with adopting the SBW cognitive schema was accompanied with severe depressive symptoms. The study was also able to examine how women that adopted the SBW cognitive schema were predictable in their intentions to seek mental health services. In conclusion, it was deemed imperative when promoting mental health services among Black/African American women to inform individuals how the SBW schema can act as a barrier in obtaining mental health services and for clinicians to be aware of how the SBW contributes to Black/African American Women's depression (Woods, 2013).

Ligon (2022) aimed to quantitatively investigate the relationship between the SBW schema and Black women's willingness to seek mental health services, as well as

the potential mediating and moderating variables that may influence this relationship. A sample of 439 Black/African females completed an online survey, where attitudes, subjective norms, perceived behavioral control, age, and religiosity were examined using the theory of planned behavior (Ajzen, 1991) as a framework. The results indicated that greater endorsement of the SBW schema was associated with negative attitudes, negative subjective norms, and less perceived behavioral control, which were related to various barriers to seeking help, including self-stigma, in-group stigma, cultural barriers, lack of knowledge, lack of access, and discomfort with emotions. However, the SBW schema was not directly seen as related to intentions to seek help for general distress or suicidal ideation.

Further examination utilizing basic mediation, simple moderation, and moderated serial mediation analyses unveiled that the correlation between SBW and the inclination to pursue mental health care lost its significance when considering the mediation of self-stigma and discomfort with emotions through the moderation of lack of knowledge and lack of access. Instead, the determination to seek mental health services was predominantly influenced by attitude, subjective norms, and perceived behavioral control, with the SBW schema exerting merely a minor impact on the intentions to seek assistance. The SBW schema in this study demonstrated that it can be utilized as a positive protective factor (Ligon, 2022).

Overall, the findings suggested that the SBW schema may be utilized in a positive manner by increasing intentions to seek help from a mental health professional with the right interventions. However, addressing the barriers to seeking help, such as self-stigma,

in-group stigma, cultural barriers, lack of knowledge, lack of access, and discomfort with emotions, may have a more significant impact on Black/African American women's willingness to seek mental health services (Ligon, 2022).

There are several factors that hinder individuals of color from utilizing mental health services, such as mistrust and disparities. Past research has primarily focused on studying mistrust, disparities, and stigma, yet there is limited comprehension regarding how one's attitude impacts their engagement with mental health services. Fripp and Carlson (2017) conducted a survey of 129 African American and Latino community members to investigate the correlation between attitudes, stigma, and help-seeking behavior. Through linear regression analyses, the authors discovered that an individual's attitude is a distinct predictor that influences their decision to seek counseling, and it is influenced by the presence of stigma (Fripp & Carlson, 2017).

Turan et al. (2019) engaged in a scholarly discourse concerning the intersecting forms of stigma experienced by individuals, their subsequent influence on mental and physical health, and the corresponding health behaviors. The study employed a mixed-method approach, encompassing an analysis of participants' lived experiences and the measurement of intervention effectiveness and strategies. The findings established that intersecting forms of stigma exert a profound effect on an individual's behaviors, mental well-being, and physical health. In order to alleviate the detrimental impact experienced by marginalized and vulnerable populations, behavioral health systems can play a pivotal role by offering services that reduce stigma, foster empowerment, and enhance overall quality of life. Turan et al. suggested the necessity for further research to develop

intersectional approaches that aim to reduce stigma and promote inclusive policies. Overall, effectively addressing the complexities of intersecting forms of stigma and their impact on mental health necessitates a multifaceted approach. This approach should encompass efforts to address systemic issues, promote culturally responsive care, and facilitate social support and community engagement.

The SBW schema can have both positive and negative impacts on Black/African American women's behavior in the workplace. On one hand, the stereotype may lead to Black/African American women being seen as competent and resilient, and they may be expected to take on additional responsibilities and to be successful despite facing obstacles. On the other hand, the belief in the SBW schema can also lead to a disregard for self-care and mental health, which can impact life areas such as employment and overall well-being. The stereotypes may also lead to feelings of burnout and fatigue as Black/African American women feel pressure to maintain a strong and confident demeanor, even when facing personal or professional challenges. This can also lead to a tendency to internalize stress, as opposed to seeking support or expressing vulnerability (Abrams, 2019).

**Emotional Impacts of the SBW Schema**

The acceptance of the SBW schema has been found to result in negative emotional consequences, although the precise mechanisms through which this schema affects mental well-being remain unclear. Lio et al. (2020) conducted a quantitative study among 194 Black/African American women to investigate the direct links between the SBW schema and symptoms of depression, anxiety, and loneliness. The study is

particularly relevant as Black/African American women are more likely to report depressive symptoms than their White counterparts, and often employ maladaptive coping styles such as perfectionism to manage these symptoms. Maladaptive perfectionism is associated with lower levels of self-compassion and self-care, which can further exacerbate psychological distress. Lio et al. suggest that interventions aimed at challenging maladaptive perfectionism and promoting self-compassion may improve treatment outcomes.

Watson-Singleton (2017) aimed to explore the potential mechanisms by which the SBW schema may lead to detrimental health outcomes among Black/African American women. Specifically, they examined whether perceived emotional support may mediate the relationship between the SBW schema and psychological distress in a sample of 158 Black/African American women aged between 18 to 59 years, residing across the United States. Watson-Singleton utilized the PROCESS macro function, a modification to statistical programs like SPSS, for the quantitative study to conduct mediation analysis.

The results showed that perceived emotional support partially mediated the association between the SBW schema and psychological distress. In addition, the SBW schema was also found to have a direct negative impact on perceived emotional support and a positive impact on psychological distress. These findings provide evidence for the role of the SBW schema in contributing to psychological distress among Black/African American women. Further research is needed to identify other potential mediators and moderators of this relationship (Watson-Singleton, 2017).

Black/African American women's bodies have been historical sites of trauma, bearing the weight of past and present-day stereotypes that dehumanize and reflect the traumatic effects of gendered and racial injustices, resulting in spiritual, emotional, and psychological harm. Waldron (2017) utilized an intersectional analysis to investigate the pervasive societal representations and images of Black/African American women that have adversely affected their lives. Waldron conducted a systematic review with the aim of critically analyzing existing literature to gain insights into how intimate partner violence (IPV) intersects with help-seeking behavior among African American women. Among the initial 85 empirical studies found, 21 were chosen for inclusion in the review. The study sheds light on both formal and semiformal pathways utilized by African American women when seeking help in IPV situations.

Waldron (2017) explored how these representations contribute to the development of a Black/African American feminist consciousness, which encompasses Black/African American women's unique position at the intersection of race, gender, class, and other social identities. By examining the transformative agency of Black/African American women, the study concluded with an examination of how a Black/African American feminist consciousness not only impacts Black/African American women's experiences with mental illness but also serves as a resource for coping, managing, and seeking help for these issues (Waldron, 2017).

Young (2018) delved into a scholarly examination of the heightened vulnerability of Black/African American women to IPV, primarily due to the compounding effects of multiple oppressions and societal expectations associated with the "Strong Black

Woman" (SBW) archetype. The study primarily focused on investigating the impact of attitudes towards seeking help and beliefs surrounding the SBW persona on the perpetuation of abusive relationships. The findings revealed prevalent negative attitudes towards seeking help, particularly concerning IPV, as it is often condemned as a private matter. Moreover, the belief that Black/African American women must do whatever it takes to maintain family unity, even if it entails enduring multiple jobs or remaining in an abusive domestic relationship, further discourages seeking assistance from others due to the fear of appearing weak. Consequently, this dynamic has resulted in an increase in post-traumatic stress disorder and various mental and physical health issues among Black/African American women. The results underscored the adverse impact of internalized strength, the experience of multiple oppressions, and negative attitudes towards seeking help on the overall well-being of Black/African American women. Young emphasized the necessity for additional research to explore the influence of social media, the reinforcement of the SBW archetype, and their effects on attitudes towards seeking mental health services for intimate partner abuse.

**Behavioral Impacts of the SBW Schema**

De-Cuir-Gunby et al. (2020) employed a qualitative study utilizing semi-structured interviews, focusing on topics such as racism in employment settings, racial microaggressions, coping abilities, and job satisfaction. Data analysis was conducted utilizing a comprehensive five-point process. The findings of the study indicated that participants consistently reported experiencing frequent racial microaggressions within

various higher education work environments. Regarding coping strategies, participants employed both adaptive and maladaptive mechanisms to manage the stress associated with race-related experiences. The most utilized adaptive coping mechanisms included confronting through communication, setting boundaries, and establishing support networks, ultimately resulting in a reduction of race-related stress levels. On the other hand, maladaptive coping strategies, such as avoidance and overworking, were also observed. While these maladaptive strategies initially elevated race-related stress, they ultimately contributed to an increase in such stress over time.

The study sheds light on the prevalence of racism within higher educational institutions, such as universities and colleges, and underscores the systemic nature of this issue. The continued employment of predominantly White males in leadership positions, coupled with the minimal representation of Black/African American faculty, perpetuates an inequitable environment. The negative impact of this inequity extends beyond the Black/African American faculty themselves, affecting students and mentees with whom these faculty members engage (DeCuir-Gunby et al., 2020).

Gaines (2018) conducted a qualitative investigation to explore the self-care practices of Black/African American women who identify with the SBW schema. These women often delay seeking medical care and neglect self-care, which can contribute to the development of various adverse health outcomes such as diabetes, high blood pressure, and cancer. Gaines suggested that it is crucial to recognize the influence of cultural stereotypes and societal expectations on health outcomes, and to promote the prioritization of health and well-being among Black/African American women. Strategies

to promote self-care practices, regular medical check-ups, and challenging the misconception that strength and resilience necessitate self-sacrifice may be particularly effective in improving health outcomes for this population.

   Tipre and Carson (2022) conducted a qualitative study that explored the impacts of chronic stress on physical and mental health among 33 Black/African American women. Black/African American women tend to have behavioral responses to social perceptions. Some of the potential behavioral impacts of the SBW schema among Black/African American women include suppression of emotions. Black/African American women who adhere to the SBW schema may feel pressure to suppress their emotions and always present a stoic front, even when they are struggling or in pain. This can lead to emotional exhaustion and burnout over time. Because the SBW schema emphasizes self-sufficiency, Black/African American women may be reluctant to ask for help or support from others, even when they need it. This can lead to isolation and a lack of social support. The chronic stress associated with trying to live up to the SBW schema can take a toll on Black/African American women's physical and mental health. Tipre and Carson posited that there was a link in the SBW schema to higher rates of chronic illness, including heart disease and diabetes, as well as higher levels of anxiety and depression. Overall, while the SBW schema can be a source of strength and resilience for Black/African American women in some situations, it can also have negative behavioral impacts and contribute to a range of health and social problem (Tipre & Carson, 2022).

**Impact of the SBW on Daily Life**

Taylor-Lindheim (2016) conducted a mixed method study on 69 college-educated Black/African American women in the Los Angeles region to examine the impacts of being a strong Black woman (SBW). The study found that these women experienced high levels of stress, depression, and perceived racism measured by utilizing, the Strong Black Woman Archetype Scale (Woods, 2014). The scale's initial pool consisted of 63 items which were modified from other existing SBW scales (Hamin, 2008; Thomas et al., 2004), a general measure of self-sacrifice (the Silencing the Self Scale; Jack & Dill, 1992). The study also identified eight themes, based on qualitative data, that described both positive and negative aspects of being an SBW. The positive aspects included being a role model for family and community, and feeling empowered, while the negative aspects included prejudice, internalized bias, stress, masking, self-neglect, and relational strain. Taylor-Lindheim posited that the SBW schema, or "strong Black woman" schema, could have a significant impact on the daily lives of Black/African American women. Black/African American women who have adopted the cognitive schema, SBW, may feel pressure to work harder and longer hours than their colleagues to prove themselves as strong and competent. This can lead to burnout and work-related stress. The SBW schema can make it difficult for Black/African American women to form close relationships or to rely on others for support. They may feel that they need to be self-sufficient and independent, which can lead to feelings of isolation or mistrust in relationships. The chronic stress associated with the SBW schema had more negative than positive impact on Black/African American women's mental health. They

experienced increased symptoms of anxiety, depression, or other mental health distress because of the perception of having to live up to the expectations of the SBW schema.

Black/African American women who adhere to the SBW schema may neglect their own self-care needs to take care of others or to prioritize their work. This can lead to exhaustion, burnout, and a lack of self-care practices that are essential for overall well-being. Overall, the SBW schema can impact many aspects of Black/African American women's daily lives, from their education, work, and relationships to their physical and mental health. (Taylor-Lindheim, 2016).

Watson et al. (2016) conducted a quantitative study aimed at examining the intricate associations between various forms of oppressive experiences, such as racism, sexism, and sexual objectification, and trauma symptoms within the context of Black/African American women. The study additionally explored the role of self-esteem as a partial mediating variable, while also considering the potential buffering effect of ethnic identity strength on the negative associations between multiple forms of oppression and self-esteem. The authors implemented these methodological approaches and theoretical principles to assess the influence of personal self-esteem, sexism, sexual objectification, and ethnic identity strength on trauma symptoms among Black/African American women. The study's participants consisted of 368 undergraduate students, with a mean age of 23, who were enrolled in universities located in the Midwest and Southern regions of the United States. Researchers measured participants' perceived experiences of sexism, racism, sexual objectification, self-esteem levels, trauma symptomatology, and ethnic identity strength. The study's outcomes revealed a significant link between the

multiple oppressions encountered by Black/African American women, diminished levels of self-esteem, and increased manifestation of trauma symptoms. These findings suggest that clinicians tasked with treating Black/African American individuals should address the connections between multiple forms of oppression and low self-esteem to optimize treatment outcomes.

## Summary and Conclusions

In the literature review, several themes emerged. Black/African American women often experience multiple forms of oppression, which can lead to psychological distress. Additionally, they may adopt the SBW cognitive schema, which can be linked to psychological distress due to the ongoing oppressions they face (Watson-Singleton, 2017). Self-silencing is a coping mechanism utilized to avoid conflict or instability in relationships, particularly in situations where power dynamics are uneven. However, engaging in self-silencing behaviors has been found to increase depressive symptoms (Parnell et al., 2022). Unfortunately, Black/African American women are less likely to seek mental health services due to various external and internal barriers such as limited access, cultural beliefs and norms, and systemic inequalities in healthcare (Ward, 2009). These barriers may further exacerbate the adoption of SBW cognitive schema behaviors.

The findings of this literature review underscore the urgency of including Black/African American women in future psychological research. This population has historically been overlooked, and their inclusion is crucial for promoting social change. Increased research will enhance our understanding of the unique challenges they face, including barriers to mental health services, and contribute to identifying effective

solutions to mitigate these challenges (Banji et al., 20121). Chapter 3 provides a

comprehensive overview of the study's methodology, research design, qualitative

approach, rationale, data collection method, and analysis plan.

Chapter 3: Research Method

## Introduction

The aim of this qualitative study was to comprehensively comprehend the lived experiences of Black/African American professional women, and the significance of embracing the SBW schema. The psychological distress and emotional agitation that arise from the endeavor to sustain an idealized self-image strengthened by the cultural archetype of SBW can result in adverse effects on adaptive coping mechanisms and physical well-being. Specifically, the perpetuation of the SBW persona may hinder prompt initiation of help-seeking behaviors among Black/African American women (Ward et al., 2009). Additionally, this study will equip clinicians with an enhanced understanding of the impact of SBW on Black/African American women. In this chapter, I further go in depth regarding the research design and rationale, role of the researcher, methodology, instrumentation, procedures for recruitment, data analysis plan, issues of trustworthiness, ethical procedures, and a summary of the chapter.

## Research Design and Rationale

This section defines this study's central phenomenon, identifies the research tradition as well as provide a rationale for the chosen tradition.

### Research Questions

1. What role does the cognitive schema, Strong Black Woman, play in the daily lives of professional Black/African American Women?

2. What do Black/African American women believe are the emotional and behavioral impacts of adopting the Strong Black Woman schema?

3.  What are the perceptions associated with receiving mental health services among Black/African American women who have adopted the schematic belief of the Strong Black Woman?

**Design and Rationale**

This study employed phenomenological approach to examine the lived experiences of Black/African American professional women who have adopted the SBW cognitive schema and investigated its impact on their mental health and behaviors. The research design aligns with phenomenology, as the objective was to gain an in-depth understanding of the participants' lived experiences related to this phenomenon. The primary aim of this study was to recognize the specific experiences of the participants and how they relate to the SBW cognitive schema.

The phenomenological approach is a research tradition that emphasizes the exploration of human experience through in-depth, detailed examination of individuals' subjective experiences, perceptions, and perspectives. This research approach was first introduced by philosopher Edmund Husserl and further developed by scholars such as Martin Heidegger and Maurice Merleau-Ponty. In 1945, Merleau-Ponty conducted research on the phenomenology of perception. He developed a definition of phenomenology as the examination of fundamental natures, encompassing the core aspects of perception and consciousness(Baldwin, 1998). Merleau-Ponty's phenomenology emphasizes that to fully understand the natural and social world we live in we must consider how our experiences give meaning to the objects we encounter. In other words, our perception and interpretation of the world around us play a crucial role

in shaping our understanding of it. Phenomenology is involved with providing an undeviating account of human experiences. In this research tradition, researchers aim to understand the essence of a particular phenomenon by studying it from the perspective of those who have experienced it. This involves engaging in detailed, open-ended interviews, observation, and/or analysis of written or visual materials that capture individuals' experiences. Through careful analysis and interpretation of these data, researchers aim to identify common themes, patterns, and meanings that are characteristic of the phenomenon in question (Neubauer et al., 2019).

One of the key features of the phenomenological approach is its focus on bracketing or setting aside preconceived assumptions or biases about the phenomenon under study, in order to allow for a more open and reflective exploration of the data. This approach requires researchers to be attentive to their own subjective experiences and to engage in ongoing reflection on how their own biases and perspectives may influence their interpretation of the data (Tuffour, 2017). This approach involves describing and interpreting the essence of lived experiences and recognizing their significance in psychology based on collected experiences. It is a rigorous and consistent method that considers the ethical dimensions of everyday experiences that are difficult to access through other research methods (Fuster, 2019). Overall, the qualitative phenomenological approach is a valuable research tradition for exploring the subjective experiences of individuals and understanding the unique meanings and perspectives that they bring to a particular phenomenon.

There are several rationales for choosing a phenomenological research tradition, depending on the research question and context. Phenomenological research is particularly useful when the research question involves understanding the meaning of complex human experiences. This approach can help to uncover the essence of a phenomenon from the perspective of those who have experienced it, rather than imposing preconceived categories or theories (Prosek & Gibson, 2021). Phenomenological research often involves collecting rich and detailed data through in-depth interviews, observation, and/or analysis of written or visual materials. This can provide a nuanced and contextualized understanding of the phenomenon being studied, which can be useful for informing theory or practice. Phenomenological research places a strong emphasis on the subjective experience of individuals, recognizing that each person's experience is unique and valuable. This approach can help to uncover the complexities and nuances of individuals' experiences, rather than reducing them to objective categories or variables.

The phenomenological approach encourages researchers to be aware of their own biases and assumptions, and to engage in ongoing reflection on how these may be shaping their interpretation of the data. This can help to ensure that the research is rigorous and trustworthy (Prosek & Gibson, 2021). Overall, the qualitative phenomenological research tradition was well-suited for exploring complex, subjective experiences and generating rich, detailed data that can provide valuable insights into the phenomenon being studied such as the SBW cognitive schema effects among Black/African American professional women.

**Role of the Researcher**

In the context of social psychological research, the researcher may take on different roles in relation to the group or individuals they are studying. One of these is as an observer taking a position of detachment to observe the behavior and interactions of the group or individuals without directly participating. The researcher may take notes or use recording equipment to document what they observe. Alternatively, as a participant, the researcher takes an active role in the group of individuals they are studying. They may engage in conversations, take part in activities, and build relationships with the participants. This approach can provide the researcher with a deeper understanding of the experiences and perspectives of the participants (Power at al., 2018).

As an observer-participant, the researcher takes on both roles of observer and participant. They may observe the group or individuals while also participating in their activities or conversations. This approach can provide the researcher with a nuanced understanding of the social dynamics and interactions within the group. Each of these roles has its own advantages and disadvantages, and the choice of which role to take on will depend on the research question, the nature of the group or individuals being studied, and the researcher's own preferences and expertise (Power et al., 2018). In this current study I, the researcher, was an observer-participant as an involved interviewer. I participated in conversations with participants in order to gain an understanding of their lived experiences but also observed their verbal and non-verbal body language.

Researcher-participant relationships can vary in their level of personal and professional involvement, depending on the nature of the research study and the role of

the researcher. In cases where the researcher has a supervisory or instructor relationship with the participants, there may be additional considerations related to power dynamics and potential conflicts of interest. In general, it is important for researchers to maintain professional boundaries and to avoid exploiting their power over participants (Franco &Yang, 2021). In this study, there were no current personal or supervisory or instructor relationships with participants. Participants were included based on a self-selected participant pool meeting criterion.

Researchers must manage their biases and power relationships to conduct ethical research that is unbiased and respectful of participants' rights and autonomy. There are some strategies that researchers can use to manage biases and power relationships. Researchers should reflect on their own biases and assumptions and how these might influence their research. They should consider how their own identities, experiences, and beliefs might shape their research questions, methods, and interpretations. Researchers can use techniques such as journaling or peer review to encourage reflexivity and self-awareness. Researchers can work collaboratively with other researchers or community members to help manage their biases and power relationships. Collaboration can help to ensure that research is conducted in a culturally sensitive and respectful manner and can also provide diverse perspectives on the research questions and methods (National Ethics Advisory Committee, 2019).

Researchers should be transparent about their biases and power relationships with participants, colleagues, and the broader research community. They should acknowledge any potential conflicts of interest and be clear about their roles and responsibilities in the

research process. Researchers should obtain informed consent from participants that are free from coercion or undue influence. Informed consent should be obtained in a manner that is culturally sensitive and respectful of participants' rights and autonomy. Researchers should use rigorous and transparent data analysis methods to minimize the potential for bias. They should use techniques such as inter-coder reliability, peer review, and reflexivity to ensure that their data analysis is rigorous and unbiased (National Ethics Advisory Committee, 2019).

The above stated strategies are what was employed to manage any biases and ensure participant autonomy. Managing biases and power relationships required a commitment to ethical research practices and a willingness to engage in ongoing reflection and collaboration. By being transparent, reflexive, and culturally sensitive in research practices, I ensured that the research was respectful of participants' rights and autonomy.

## Methodology

This was a qualitative, transcendental phenomenological study. The criteria to participate in this study were (a) a woman who identifies as Black/African American, (b) is 18 years of age or older, and (c) who has or had a professional career. Participants were recruited by social media posts on Facebook groups for Black/African American women professionals and LinkedIn groups for Black/African American women professionals.

### Sampling Strategy

The degree to which the sample corresponds to the intended study population is a crucial determinant of collecting comprehensive and valid information regarding the

various factors at play. For a qualitative study, a sample size of 10-30 individuals is often deemed sufficient (Tenny et al., 2017). The most important factor is to include adequate participants to achieve a detailed and extensive understanding of the phenomenon under investigation. In this study, criterion sampling with pre-determined factors were utilized to select 20 participants (see Tenny et al., 2017). Participants were recruited through social media platforms on Facebook and LinkedIn that specifically cater to Black/African American women in professional roles (See Appendix B). The rationale behind limiting the selection criteria to only professional Black/African American women was to mitigate ethical concerns related to research with vulnerable individuals. Research shows that Black/African American women in professional roles are more likely to adopt the SBW schema, have greater access to mental health resources, and are more likely to engage in self-silencing behaviors in both work and familial settings (Abrams, 2019).

Once potential participants were identified, a recruitment plan was developed that outlined the process and the strategies that were used to contact and persuade participants to participate in the study. The plan also included information about the eligibility criteria for participation, the benefits, and risks of participating, and whether there was compensation for participation (Bonisteel et al., 2021). The current study's recruitment plan consisted of recruiting participants through multiple online social media platforms. Information shared on these platforms included information about the voluntary study, eligibility criteria for participation, the benefits and potential risks of participating, and my contact information (See Appendix B).Before contacting and recruiting participants, ethics approval was obtained from the relevant institutional review board or ethics

committee of Walden University; approval number 10-31-23-0995449. This approval

included informed consent procedures that are appropriate for the study context and

population (Bonisteel et al., 2021).

Once the recruitment plan has been developed and ethical approval has been

obtained, potential participants will be sought. The initial contact included a brief

explanation of the study and an invitation to participate. It is important to be respectful of

participants' time and to clearly communicate the benefits and risks of participating

(Bonisteel et al., 2021). Initial contact with this study's participants was through social

media platforms such as Facebook and LinkedIn. Once a participant expressed interest,

then contact was made through email, phone, or an online secure video conference

platform. Participants who expressed interest in participating were provided with a

detailed explanation of the study, including the purpose, procedures, risks, and benefits

for participating. Informed consent was obtained in writing or electronically, and

participants were given the opportunity to ask questions and to withdraw their consent at

any time (see Bonisteel et al., 2021).

After informed consent has been obtained, data collection can be scheduled.

Depending on the research question, data collection methods can include in-depth

interviews, focus groups, observation, or analysis of written or visual materials. The data

collection process should be flexible and responsive to the needs and preferences of

participants (Bonisteel et al., 2021). For this study, data collection methods consisted of

semi-structured interviews, field notes, and audio recordings. Largely, the process of

identifying, contacting, and recruiting participants in qualitative research requires careful

planning, ethical considerations, and clear communication with potential participants. It is important to be respectful of participants' time and to provide detailed information about the study in order to obtain informed consent.

Saturation and sample size are two important concepts in qualitative research. Saturation refers to the point at which new data no longer reveals any additional information or themes related to the research question. Sample size, on the other hand, refers to the number of participants or cases included in the study.

The relationship between saturation and sample size is that saturation is often used as a criterion for determining sample size in qualitative research. In other words, researchers may continue to collect data until they reach saturation, at which point they may conclude that they have collected a sufficient sample size to adequately answer their research question (Braun & Clarke, 2021). For example, in a phenomenological study exploring the experience of Black/African American women lived experiences of sexism and racism all while holding true to the SBW cognitive schema, the researcher may conduct interviews with participants until they no longer uncover any new themes or insights related to the research question. At this point, they may conclude that they have reached saturation, and that they have a sufficient sample size to answer their research question (Braun & Clarke, 2021).

It is important to note that the relationship between saturation and sample size is not always straightforward or predictable. The amount of data required to reach saturation can vary depending on the research question, the richness of the data, and the complexity of the phenomenon being studied. Additionally, researchers may choose to

sample purposively or strategically in order to ensure that they are collecting data from a diverse range of participants, rather than aiming for a specific sample size (Braun & Clarke, 2021). The interface of sample size and saturation of the study was handled by conducting purposeful sampling by identifying participants who can provide diverse and rich perspectives on the research topic. This approach helped me maximize the depth of insights obtained from a smaller sample (Hennink et al., 2022).This study employed rigorous clinical strategies to ensure methodological robustness. Ongoing analysis served as a pivotal approach, facilitating the identification of emerging themes and patterns while systematically assessing the attainment of data saturation. The application of constant comparison further fortified the analytical framework, involving a continuous juxtaposition of new data with existing information. This iterative process proved instrumental in discerning both commonalities and distinctions, enabling the timely recognition of redundancy in acquired information.

Supplementing these methodologies, an additional strategic measure involved the establishment of stringent data saturation criteria. Deliberate criteria, meticulously predefined, delineated the point at which no novel themes or insights surfaced within a predetermined number of consecutive interviews or data sources. This methodological rigor ensures the comprehensive exploration of the research landscape while minimizing the risk of overlooking critical nuances and saturating the data with meaningful and representative content (Hennink et al., 2022).

**Instrumentation**

Phenomenological research involves the exploration of people's experiences of a particular phenomenon, and data collection is crucial to this process. It is important to choose data collection tools that are appropriate for the research question and the population being studied, and to ensure that the tools are reliable and valid (Bastos et al., 2014). This study utilized semi-structured interviews, audio recordings of the interviews with participants, and field notes, as data collection tools.

A common and effective way to collect data for a phenomenological study is through in-depth interviews. This allows the researcher to explore the individual experiences of participants in detail and gain a deep understanding of the phenomenon being studied (Bastos et al., 2014).The methodical execution of a comprehensive literature review played a pivotal role in shaping the formulation of interview questions. This strategic alignment aimed to solicit nuanced responses from participants, facilitating a profound exploration of their lived experiences within the contextual framework outlined by the research questions posed in this study. The iterative process of synthesizing relevant literature informed the crafting of targeted and purposeful interview inquiries, thereby enhancing the study's capacity to extract rich and contextually relevant insights from the participants (See Appendix A).

Content validity of the researcher developed interview questions was established by conducting a final review of the interview questions to ensure they align with the research objectives and address the key constructs identified. Then, based on the research objectives and the insights gained from the literature review, I drafted a set of interview

questions. I ensured that the questions were clear, concise, and directly related to the research objectives, all while remaining open to feedback and willing to adjust questions, if necessary, based on emerging insights or unforeseen issues. Ssufficiency of data collection instruments to answer the research questions was established by following the above-mentioned steps, which enhanced the content validity of the study's interview questions and increased the likelihood that study will yield meaningful and relevant data.

Audio recording of interviews was useful in capturing the participants' experiences in their own words, as well as their tone, emotions, and nonverbal communication (Bastos et al., 2014). The audio recordings also assisted with transcribing the interviews with participants. Field notes are a record of observations made by the researcher during their interaction with the participants. These can be helpful in providing context for the interviews and in understanding the nuances of the phenomenon being studied and was utilized within this study (Bastos et al., 2014).

## Procedures for Recruitment, Participation, and Data Collection

Individual face-to-face interviews were conducted that lasted approximately 60 - 90 minutes. The participants choose their preferred option of meeting in person or via a secure virtual video conference call. Prior to the initiation of the interview, informed consent from each participant was obtained. Each interview was recorded for transcription purposes.

Data were collected via my private password protected hard drive. I was the only individual collecting the data for this study. The frequency of data collection events was based on the number of participants within the study. I met with each participant

individually for an allotted time of 60-90 minutes for the semi-structured interviews. Data were recorded via a digital voice recorder and field notes, and any backup copies or written documents were kept in a locked file cabinet.

The methodical implementation of the recruitment plan resulted in the acquisition of an adequate participant cohort, preventing the necessity for an extension of the recruitment timeframe or modifications to the study's eligibility criteria. Prioritizing the protection of participant rights, safety, and well-being throughout the study, as well as during the exit process, underscores the ethical imperative governing the research endeavor.

Participants were afforded the option to either complete the study in its entirety or withdraw at their discretion. Following the conclusion of interviews, each audio-recorded session underwent meticulous transcription, with transcripts subsequently provided to participants for review and approval. The pivotal step of participant approval alleviated the need for additional study-related tasks, further safeguarding the ethical principles governing participant engagement and upholding the integrity of the research process.

**Data Analysis Plan**

Data analysis in qualitative research typically involves multiple steps and a multifaceted process that requires careful attention to detail and a systematic approach. The approach or method that was utilized for the study was the Moustakas method (Alhazmi & Kaufmann, 2022). It emphasizes the importance of approaching the data with an open mind and of suspending preconceived notions in order to uncover the essence of the participants' experiences. This method allowed me to gain a deep understanding of

the phenomenon being studied and to describe it in a way that was meaningful and relevant to others (Kostere & Kostere, 2021).

Coding, a fundamental component of qualitative research, assumes a pivotal role in the systematic organization and interpretation of data, elucidating discernible patterns and themes germane to the research questions at hand (Kostere & Kostere, 2021). The initial phase involved organization and preparation of data, encompassing the transcription of interviews with a rigorous verification of accuracy. Subsequently, an immersive engagement with the data transpired, wherein repeated readings were undertaken to cultivate a comprehensive and nuanced familiarity, fostering a profound understanding of the content's intricacies. This methodological rigor facilitated a structured and in-depth analytical process aimed at elucidating salient insights and themes within the qualitative data set.

Following the preliminary preparatory stages, the coding procedures unfolded in a systematic progression. The inaugural phase, characterized as open coding, involved the identification of initial codes and corresponding labels to encapsulate the essence of the data. Subsequently, axil coding ensued, focusing on elucidating the relationships between codes and categories while discerning overarching themes and their respective sub-themes.

The subsequent phase, selective coding, narrowed in on identifying a central theme and rigorously examining the interplay between this central theme and other codes (Kostere & Kostere, 2021). This methodological progression served to distill and illuminate the core narrative embedded within the dataset. The culminating phase

involved a meticulous analysis of the coded data, undertaken with the explicit aim of cultivating a profound understanding of the research questions and drawing substantiated conclusions for meaningful interpretation, aligning with established frameworks (Wong, 2008). This systematic coding approach ensures a rigorous and clinically informed analytical process, contributing to the robustness of the study's findings.

NVivo is a software package designed specifically for qualitative research. It provides a range of tools and features that can enhance the research process in several ways. NVivo can help with the management of large amounts of qualitative data, such as interview transcripts, field notes, and documents. It allows the researcher to organize data into categories, themes, and sub-themes, making it easier to analyze and interpret the findings. NVivo enables the researcher to code data, identifying and labeling different themes or categories that emerge. This process helps to identify patterns and relationships within the data, and to develop a deeper understanding of the key themes that are present in the research. NVivo permits the researcher to analyze the data in a variety of ways, including through visualizations, queries, and matrix coding. This can help to identify patterns, trends, and relationships within the data, and to explore the meaning and significance of these patterns (Dhakal, 2022). The decision to utilize the manual hand-coding method was employed as opposed to utilizing NVivo software due to several reasonings discussed in Chapter 4.

In qualitative research, discrepant cases are defined as data points that do not align with the prevailing themes or patterns derived from the analysis (Kostere & Kostere, 2021). The approach taken to address a discrepant case involved revisiting the

research questions. A retrospective examination of the research questions allowed for an exploration of whether the discrepant case introduced new insights or challenges to the research question. This facilitated a reconsideration or refinement of the research question.

Secondary member checking was employed as an additional strategy. Sharing findings with participants enabled an assessment of whether the discrepant case resonated with their experiences, contributing to the verification of data interpretation accuracy. Bracketing, as a methodological approach, involved acknowledging the existence of the discrepant case and consciously setting aside assumptions and preconceptions to maintain openness to alternative perspectives.

Dealing with discrepant cases in the qualitative study necessitated a critical examination of the data, openness to new perspectives, and the utilization of multiple methods to either validate or invalidate findings (Kostere & Kostere, 2021). Validation methods included participant involvement in the validation process through follow-up interviews for reviewing and providing feedback on findings, interpretations, and conclusions. Peer validation was also employed, involving the sharing of research findings and interpretations with other researchers or field experts to garner additional perspectives, critiques, and validation, thus enhancing the credibility and trustworthiness of the study.

**Trustworthiness**

In this study, the trustworthiness of the data collected, and results obtained was addressed. To ensure the trustworthiness of the study, the four criteria—credibility, transferability, dependability, and confirmability—were employed.

**Creditability**

Establishing credibility is essential in any research or academic work to ensure that the information presented is trustworthy, valid, and reliable. Several strategies were employed in this study to establish credibility, including member checks, saturation, and reflexivity. Member checks involved sharing the research findings with the participants and soliciting their feedback to ensure that the findings accurately reflected the participants' experiences and perspectives (Shufutinsky, 2020).

The second strategy for credibility employed in this study was saturation, which refers to the point at which new data no longer adds significant information to the research findings. By reaching saturation, the researcher can be confident that enough data had been collected to accurately represent the phenomenon under study. The third strategy of reflexivity involved me reflecting on their positionality, biases, and assumptions and how these factors may have influenced the research process and findings. By acknowledging and addressing potential biases, I increased the credibility of the work (Shufutinsky, 2020).

Establishing credibility in research required careful consideration of multiple factors, including the methods used, my positionality, and the perspectives of the participants. By employing strategies such as member checks, saturation, reflexivity, and

peer review, the researcher increased the credibility of the work and ensured that the findings were valid, reliable, and trustworthy.

**Transferability**

Transferability is the extent to which research findings from one context can be applied to other contexts or settings. To establish transferability, several strategies were used, including thick description. Thick description involved providing rich, detailed descriptions of the research context and the participants involved in the study. This allowed readers to gain a deeper understanding of the context and the experiences of the participants, helping them determine whether the findings were applicable to their own contexts (Shufutinsky, 2020).

Transferability in transcendental phenomenological research related to the extent to which the findings could resonate with and be relevant to other individuals or contexts. By employing transparent reporting, rich descriptions, reflexivity, and seeking diverse perspectives, the researcher enhanced the transferability of their findings and facilitated meaningful connections to other settings or populations (Neubauer et al., 2019).

**Dependability**

Dependability is the degree to which the findings of a research study are consistent and can be trusted. Several strategies were used to establish dependability, including audit trails and triangulation. In this study, both audit trails and triangulation strategies were employed (Shufutinsky, 2020).

An audit trail, a detailed record of the research process encompassing data collection, analysis, and interpretation, served the purpose of providing an explicit and

transparent record of the decision-making process used in the study. This facilitated the establishment of dependability by allowing others to review the research process and determine whether the findings were consistent with the data (Shufutinsky, 2020).

Triangulation, a method involving the use of multiple sources of data to confirm or corroborate findings, was employed to establish dependability by enhancing the consistency and reliability of the findings. This included utilizing multiple methods of data collection, such as interviews, surveys, and observation, or using data from different time periods or different participants. Ensuring dependability necessitated meticulous attention to the research process and the collected data. Strategies such as audit trails and triangulation assisted in ensuring that the findings were consistent and trustworthy (Shufutinsky, 2020).

**Confirmability**

Confirmability, a concept in research methodology referring to the degree to which the results of a study can be confirmed by others, is related to the idea of objectivity, emphasizing research findings based on facts rather than subjective interpretations. To establish confirmability in this study, appropriate strategies were used to ensure the credibility and verifiability of the results (Shufutinsky, 2020).

Reflexivity, a strategy employed to establish confirmability, involves reflecting on one's biases, assumptions, and values that might influence the research process and findings. Engaging in reflexivity enabled the identification and acknowledgment of biases, with steps taken to minimize their impact on the research process (Shufutinsky, 2020). Ongoing reflection and self-awareness were integral during the study, with biases,

assumptions, and preconceived notions about the researched phenomenon acknowledged and documented.

Transparency, another strategy utilized in this study to establish confirmability, involved providing a detailed account of the research process, encompassing methods, data collection, and analytical procedures. This level of detail enabled other researchers to verify the results and assess the study's credibility. By employing reflexivity and transparency, confirmability was established, ensuring that the findings were credible and verifiable by others (Shufutinsky, 2020). To enhance transparency, a clear and detailed description of the research design and methodology, participant selection and sampling processes, inclusion and exclusion criteria, participant characteristics, data collection methods, data analysis procedures, and coding or categorization procedures were outlined (Garg, 2016).

## Ethical Procedures

The agreements to acquire access to participants, documents, permissions, approvals, and ethical concerns associated with recruitment and data collection were developed in this proposal and were presented to Walden's Institutional Review Board (IRB) upon approval of the proposal. Approval from Walden University's IRB was obtained prior to participant selection (IRB approval number 10-31-23-0995449). Throughout the study, ethical mindfulness was practiced, and best practices were followed. Participants in the study were assigned numeric identifications, informed of their rights as study participants, and all data and written information were stored securely and will be retained for 5 years.

**Summary**

In this chapter, the methodology, research design, participant recruitment plan, data analysis plan, trustworthiness measures, and ethical procedures for the proposed qualitative phenomenological study on the impact of the SBW cognitive schema on the mental health and behaviors of Black/African American professional women were reviewed. Participants were recruited through various online social media platforms, and data analysis involved a systematic process to identify significant statements. The study aimed to establish credibility, transferability, dependability, and confirmability to ensure trustworthiness. Ethical concerns were addressed using best practices. Chapter 4 presented the study's findings.

Chapter 4: Results

## Introduction

The objective of this qualitative study was to gain a comprehensive understanding of the lived experiences of Black/African American professional women, and the consequential importance of adopting the Strong Black Woman (SBW) schema. The psychological distress and emotional perturbation stemming from the pursuit of an idealized self-perception reinforced by the cultural paradigm of the SBW can lead to detrimental effects on adaptive coping strategies and physical well-being (Ward et al., 2009). This study was guided by three research questions.

1. What role does the cognitive schema, Strong Black Woman, play in the daily lives of professional Black/African American Women?

2. What do Black/African American women believe are the emotional and behavioral impacts of adopting the Strong Black Woman schema?

3. What are the perceptions associated with receiving mental health services among Black/African American women who have adopted the schematic belief of the Strong Black Woman?

The current chapter will present the following sections in detail: the research processes, research questions, data collection, data analysis, study results, and final summary.

## Setting

Prior to commencing the semi structured interviews, a comprehensive information and consent procedure was followed. This involved providing participants with a brief purpose and objectives. Subsequently, participants were presented with an informed

consent document and a statement of confidentiality (refer to Appendix A for details). Prior to obtaining consent, a thorough explanation of the research topic and interview objectives was provided to each participant. Moreover, the informed consent document was meticulously reviewed, and any queries from participants were addressed before their consent was obtained.

Participants were also given the option to have the interview audio-recorded, in accordance with the guidelines outlined in the informed consent. It was ensured that each participant's preference regarding audio-recording was noted. It is noteworthy that all participants unanimously opted for audio-recording.

Finally, participants were explicitly informed of their right to withdraw from the study at any point if they experienced any form of discomfort during the interview process. This assurance of autonomy and comfort was consistently emphasized throughout the study.

Throughout the interview process, a standardized approach was maintained to ensure clarity and precision in communication. Specifically, questions were reiterated, and participant remarks were reformulated when deemed essential, guaranteeing a mutual understanding between the participant and myself. An interview guide, outlined in Appendix A, was systematically employed to ascertain that core inquiries were consistently posed to each participant. Furthermore, the utilization of prompting techniques was integrated into every interview, serving as a facilitative tool for me as the researcher to gain insight.

**Demographics of Participants**

The sample comprised of eleven female individuals of Black/African American ethnicity, aged between 28 and 54 years, who willingly enrolled in the research endeavor. All subjects self-identified as Black/African American females within the specified age range. Their educational attainment spanned from an associate degree to enrollment as PhD doctoral candidates. Participant's occupational fields consisted of education, behavioral health, and law enforcement. Participants of the study reported having multiple roles such as grandmother, mother, wife, employee, and family caretaker.

**Data Collection**

Data acquisition involved the utilization of semi-structured, in-person interviews conducted with the cohort of 11 participants. The interviews were conducted in a controlled environment, specifically within a private conference room at a local library, ensuring utmost confidentiality. All interviews were systematically documented in audio format and subsequently transcribed utilizing the Rev phone application (version 2.6). Following transcription, a manual coding procedure was employed. This manual coding process facilitated the systematic organization of data and the identification of prevalent thematic elements elucidated by each participant over the course of the interviewing sessions.

Semi structured face-to-face interviews were conducted in a controlled environment. Alternatively, interviews conducted via the Zoom platform were conducted within a secure, locked home office. Transcripts of interviews were refined and consolidated for codes, categories, and themes, to capture the essence of the data. On

average, each interview session had a duration of approximately 70 minutes, while the subsequent review of the transcripts averaged 25 minutes.

The interview protocol consisted of a set of nine interview question posed to every participant. From these, emphasis was placed on seven specific items to foster the emergence of recurrent themes throughout the interviewing sessions. Furthermore, meticulous notetaking was undertaken during the interview process, prioritizing the identification and documentation of primary thematic elements. This included observation of nonverbal communication cues, encompassing facial expressions, hand gestures, and vocal tone. Concluding the interview, participants were invited to offer any supplementary information they deemed pertinent to augment the interview data. Most participants, with a predominant focus, expressed by all participants on the necessity and significance of societal and community change.

The manual hand-coding method was employed as opposed to utilizing NVivo software, as delineated in Chapter 3 for the following rationales: (a) my capacity to discern terms that might be construed as acronyms, thereby averting potential computerized misinterpretation of said acronyms; and (b) my proficiency in interpreting the substantive content of the data as opposed to relying on NVivo, which may offer multiple interpretations of a participant's response or statement. The potential for erroneous spelling input could have led to misclassification of responses, consequently resulting in the misinterpretation of findings, and potentially yielding invalid results (Zamawe, 2015). While collecting data, no unusual circumstances were encountered.

**Data Analysis**

The interview data underwent transcription using the Rev phone application
(Version 2.6). Subsequently, the transcribed data underwent a process of clarification in
follow-up interviews, with each session lasting approximately 25 minutes per participant.
Coding, an integral component of qualitative research, was employed to augment the
rigor and depth of the analyses and findings. It is important to underscore that coding
transcends mere labeling; rather, it entails the establishment of connections between leads
derived from the data and the conceptual framework, and reciprocally, from the
conceptual framework to all pertinent data associated with that framework (Creswell,
2018). Furthermore, coding served as a mechanism for organizing recurrent thematic
patterns throughout the course of the interviewing process. Detailed field notes were
diligently documented in a journal, and subsequently underwent transcription for further
analysis.

Moving inductively from coded units to larger representations, including
categories and themes, is a crucial step in qualitative data analysis. The process involved
progressively organizing and synthesizing data to uncover underlying patterns and
insights. The manual hand-coding method was employed as opposed to utilizing NVivo
software, as delineated in Chapter 3 (Zamawe, 2015).

In the analytical phase, a data reduction technique was employed to condense
substantial volumes of information, initially transcribed, into more manageable units of
codes, which encapsulated the perspectives of the participants. Seven distinct tables were
generated to align with specific queries or prompts presented to each participant (see

Results section below). Each table featured three columns: participant identification number, verbatim statements from the participant, and descriptive themes (adjectives) derived from the gathered information (see Results section below).

Following a comprehensive review of all identified themes, an overarching thematic construct was formulated to encapsulate the aggregate insights garnered from participants across each inquiry, and this is detailed in the Results section below. This principal theme serves as a comprehensive representation of the lived experiences of Black/African American women who have embraced the SBW schema.

Within this study's data there were discrepant cases. The approach taken to address discrepant cases involved revisiting the research questions. A retrospective examination of the research questions allowed for an exploration of whether the discrepant cases introduced new insights or challenges to the research question.

The concluding phase of the analysis, as delineated in the demographics section of this chapter, encompasses a summation of individual participant experiences along with a composite description of the collective experiences shared by all participants. The specific themes that emerged from the data were (1) Unrelenting Standards, (2) Workplace Behavior Modification Imperatives, (3) Factors Contributing to Protection and Risk, (4) Influence on Mental Health, (5) Propensity for Seeking Assistance, and (6) Support.

## Evidence of Trustworthiness

**Credibility**

In research and academic endeavors, the establishment of credibility is paramount to guarantee the reliability, validity, and trustworthiness of the presented information (Shufutinsky, 2020). The study prioritized the substantive content derived from participant responses over the sheer quantity of interviews conducted to ascertain qualitative saturation. To solidify the credibility of the results in this study, once saturation was achieved, member checking was employed. This involved furnishing each participant with a summarized version of their respective interview transcript, disseminated either electronically or in person. Participants were encouraged to offer feedback if any modifications were warranted. It was noteworthy that, upon review, participants unanimously indicated that no alterations were necessary.

**Transferability**

Transferability encompasses the process of confirming research findings through the provision of a comprehensive account of the methodological approach and the contextual framework of the study. Given that the fundamental objective of this investigation was to gain an in-depth understanding of the phenomenon pertaining to Black/African American women who adopt the SBW schema, it is imperative to emphasize that phenomenological inquiry hinges on an exhaustive explication of the research process hitherto conducted. This serves to enhance the potential for applicability and generalizability of the obtained results. As noted by Creswell (2018), qualitative researchers aim to furnish comprehensive descriptive accounts of a given setting or

present diverse perspectives on a particular theme. This approach contributes to the relative richness and enhances the validity of the research findings. In this specific study, the aspect of transferability was attended to through the meticulous provision of detailed descriptions pertaining to participant experiences. This involved presenting themes replete with information, thus offering a nuanced understanding of Black/African American women who have encompassed the SBW schema.

**Dependability**

To fortify the dependability of the findings, I implemented audit trails, which involved meticulously tracking the progression of information from data documentation, through data collection, to data analysis, and culminating in the development of thematic constructs. The accuracy of the findings was further safeguarded through a combination of audit trials, member checking, and manual coding techniques. These measures collectively served to bolster the robustness and trustworthiness of the study's outcomes.

**Confirmability**

The confirmability of the study results was strengthened through the provision of an exhaustive presentation, encompassing transcripts and verbatim quotations from the participants. This encompassed psychological expressions, in the form of emotions, which were meticulously documented within the audit trails. The meticulous record-keeping, inclusive of handwritten notes and transcriptions of interview notes, as well as the judicious preservation of the data, further bolstered the confirmability of the data findings.

**Results**

The purpose of this study was to comprehensively understand the lived experiences of Black/African American professional women, and the significance of impact the SBW schema on their daily lives. Specifically, the research was guided by the following research questions.

1. What role does the cognitive schema, Strong Black Woman, play in the daily lives of professional Black/African American Women?

2. What do Black/African American women believe are the emotional and behavioral impacts of adopting the Strong Black Woman schema?

3. What are the perceptions associated with receiving mental health services among Black/African American women who have adopted the schematic belief of the Strong Black Woman?

The findings have been systematically structured to present insights pertaining to each domain of interview questions, along with comprehensive analysis of the overarching outcomes. The emergent themes, encompassing (1) Unrelenting Standards, (2) Workplace Behavior Modification Imperatives, (3) Factors Contributing to Protection and Risk, (4) Impact on Mental Health, (5) Propensity for Seeking Assistance, and (6) Support are discerned and articulated with precision.

**Interview Questions**

Item 1 asked, "Can you tell me about your experiences as a Black/African American woman and how you have navigated the societal expectations of the Strong Black Woman schema?" This question was incorporated into the interview

protocol to gauge the extent to which the SBW schema permeated the daily lives of each participating Black/African American professional woman. Furthermore, this question served as a means of capturing the authentic experiences of participants in their day-to-day existence. The ensuing analysis yielded the identification of emergent codes in this study such as but not limited to pressure, strength, difficulties seeking assistance, fear of judgment, ramifications on mental well-being, challenging, strength, misunderstood, persevere, and the need for support from the community.

I found that the following items evoked responses that focused further on aspects of the Black/African American professional women's experiences with the SBW schema. Item 2 asked, "How do you feel about the idea of the Strong Black Woman, and what do you think it means for Black/African American women?" Item 3 asked, "Have you ever felt pressure to conform to the Strong Black Woman persona, and if so, can you describe how that has affected you?" Item 4 asked, "In what ways has the Strong Black Woman schema helped you to cope with challenges or difficulties, and in what ways has it been a hindrance?" Item 5 asked, "How do you think the Strong Black Woman archetype is perceived by society at large, and how does that impact Black/African American women who embody it?" Item 6 asked, "Can you speak to the relationship between the Strong Black Woman schema and mental health, and whether you have ever struggled with seeking help when needed?" Item 7 asked, "Have you ever felt you had to change how you behave or cope with stress while at work? If so, was this change in behavior influenced by perceived discrimination or the Strong Black Woman schema?" Item 8

asked, "What do you think needs to change in order for Black/African American women to feel less pressure to conform to the Strong Black Woman archetype and to feel more comfortable seeking help when needed?" And Item 9 asked, "In your opinion, what role do you think the broader Black/African American community can play in supporting Black/African American women who are navigating the challenges associated with the Strong Black Woman schema?" Each item evoked a series of common themes that most participants shared. Additionally, supplementary contextual information was provided to elucidate the development of these identified themes.

**Theme 1: Unrelenting Standards**

Theoretically, the SBW schema was conceived as a countermeasure to the prevailing negative stereotypes associated with Black/African American women in the cultural context of the United States. These stereotypes encompassed the assertive and domineering figure of the Sapphire; the hypersexualized portrayal of the Jezebel; the nurturing and asexual archetype of the Mammy, predominantly catering to European American families; and the image of the dependent Welfare Queen (West et al., 2016). Initially, I asked, "Can you tell me about your experiences as a Black/African American woman and how you have navigated the societal expectations of the Strong Black Woman schema?" This question was asked to gauge the extent to which the SBW schema permeates the daily lives of each Black/African American woman and to obtain an authentic experience of the participants. Item 5 asked, "How do you think the Strong Black Woman archetype is perceived by society at large, and how does that impact Black/African American

women who embody it?" The answers by participants in Item 5 provided

supplemental and contributed information for the theme of *Unrelenting Standards* as

well. Most participants mentioned that to be a Black/ African American woman in

America was difficult and the SBW schema adds stress to an already stressful life.

Offered in Table 1 is a summary of participants' responses to Item 1 and 5 and the

developed codes contributing to this theme.

**Table 1**

*Theme of Unrelenting Standards*

| Participant | Quote | Code |
|---|---|---|
| P1 | "Black/African American Women are expected to do everything with very little." | High expectations |
| P2 | "Black/African American Women persevere." | Persevere |
| P3 | "Challenging to live in America as a Black/African American Women." | Challenges |
| P4 | "Black/African American Women need to be courageous." | Courageous |
| P5 | "Experiences of discrimination creates frustrations." | Frustration |
| P6 | "Black/African American Women must be strong." | Strong |
| P7 | "Black/African American Women must be tough." | Tough |
| P8 | "Negative perceptions of Black/African American Women.' | Negativity |
| P9 | "Black/African American Women have strength." | Strength |
| P10 | "It is harder for Black/African American Women in America." | Hard |
| P11 | "Black/African American Women are treated unfairly." | Unfair |

_____

Item 1: Can you tell me about your experiences as a Black/African American woman and

how you have navigated the societal expectations of the Strong Black Woman schema?

Item 5: "How do you think the Strong Black Woman archetype is perceived by society at

large, and how does that impact Black/African American women who embody it?"

Participant P1 said, "I think American society oppresses Black people in

general, especially Black women. So, it's easier for society to dismiss the struggles of

a Black woman and which it makes it easier for Black women to embrace the SBW archetype. Black women who embody it, reinforce the neglectful nature it brings and normalizes it."

Participant P2 added, "The SBW archetype is perceived by the society as whole that Black women are capable of enduring any obstacle placed in front of them and it leads to a lot of Black women not practicing self-care."

Participant P3 added, "I love the idea of a SBW, and I believe it brings positivity to the image of the Black woman."

Participant P4 added, "I believe that I am an SBW, and I carry myself with confidence and authority commanding respect and I give it. I have this confidence to be a SBW because I trust God's word over my life."

Participant P5 added, "The SBW idea/is heartbreaking to me. We suffer tremendous trauma trying to remain within parameters others have set for us."

Participant P6 added, "Being a SBW means we have to always be perfect and strong. Sometimes this can be frustrating. We're expected to not have feelings and always need to be there for everyone even when we are struggling with our own problems."

Participant P7 added, "I honestly don't like the SBW mantra. It puts an invisible pressure on Black women to be a certain way. It also means that Black women tend judge themselves and other women too."

Participant P8 added, "Being a SBW means you have to be successful, over achievers, dedicated, and outgoing. I feel I am in competition all the time

with all races including men. Being Black/African American woman comes with many responsibilities, challenges, and struggles daily."

Participant P9 added, "We're strongly impacted by the entertainment industry, music, TV, celebrities, and Black men. It's developed an expectation for us. It makes us feel that we must represent what's been said and shown."

In Table 1, in nine out of 11 instances, Black/African American women reported encountering impediments and complexities in their efforts to uphold the SBW schema, while concurrently managing societal expectations. Conversely, two out of 11 Black/African American women asserted that the SBW schema contributes to fostering positive self-perceptions and bolstering confidence levels.

**Theme 2: Workplace Behavior Modification Imperatives**

Black/African American women who internalize the SBW schema tend to establish elevated and impractical benchmarks for themselves, which may be correlated with heightened maladaptive perfectionism convictions. During interviews, Black/African American women who internalized the SBW schema disclosed a tendency to project an external image of flawless competence to others. (West et al., 2016). Item 7 elicited a response indicating a necessity to conceal emotions and modify behaviors among Black/African American women in a workplace setting.

The majority of participants cited various reasons for this need, encompassing concerns of potential judgment, reprimand, constriction of advancement opportunities, or the apprehension of being perceived as aggressive or

as harboring anger "the angry black woman" by colleagues. Summary of participant's responses to Item 7and the emerging codes to the theme *Workplace Behavior Modification Imperatives* are shown in Table 2.

**Table 2**

*Theme of Workplace Behavior Modification Imperatives*

| Participant | Quote | Code |
|---|---|---|
| P1 | "I changed behavior because I was unable to be comfortable at work." | Uncomfortable |
| P2 | "I changed my behavior in order to not be perceived as unprofessional." | Negative perception |
| P3 | "The SBW schema has influenced my behavior at work." | Influenced |
| P4 | "I am self-assured and don't change myself for anyone." | Self-assured |
| P5 | " I am unbothered by others at work." | Unbothered |
| P6 | "I changed my behavior at work to not be perceived as threatening." | Misunderstood |
| P7 | "I had to change my behavior because there is a double-standard." | Inequity |
| P8 | "I have to change my behavior in order to not be labeled as aggressive." | Negative Label |
| P9 | "I change my behavior to avoid being punished." | Consequences |
| P10 | "Black women need to adjust their behavior at work." | Misunderstood |
| P11 | "Yes, I change my behaviors to avoid negative perceptions from colleagues." | Negative perception |

Item 7: Have you ever felt you had to change how you behave or cope with stress while at work? If so, was this change in behavior influenced by perceived discrimination or the Strong Black Woman schema?

Participant P8 stated, "Yes, the required change of my behavior at work is due to discrimination and at the same time due to being a SBW I do stand my ground and stand up for what is right. Being outspoken and a Black woman of strength and character it's a challenge to cope with stress at work. I like to resolve issues so at times I have to change how I behave to rectify a problem so that my demeanor is not misunderstood. Often SBW are perceived as aggressive."

Consistent with literature about Black/African American women and masking emotions, at least nine out of 11 participants believed it was necessary to mask their emotions and adjust their behaviors while at the workplace. Participant P1 stated, "Yes, I can't show anyone at work that I am stressed or dealing with anything, so I smile through it all while at work. I believe my decision to act like nothing is wrong when it has everything to do with my expectation to be strong at all times." Participant P2 articulated a tendency to engage in emotional suppression, a behavior that she identified as presenting challenges due to her preference for open communication in issue resolution. Additionally, she noted that Black/African American women in professional environments often navigate a need to be mindful of their verbal communication, attire, and hairstyle choices in order to mitigate the risk of being perceived as unprofessional. She reported, "I feel I can't show my emotions at work. This is hard because I am such an open communicator. I feel the discrimination in the workplace, the way we dress, the way we express ourselves, our hairstyles is viewed unprofessional and it can be difficult to stand up for yourself and others if you are going to be perceived as 'angry' or 'aggressive'."

Participant P4 similarly reported a proclivity for concealing emotions and adjusting her behavior within the workplace. She additionally expressed a recurrent sensation of needing to substantiate her suitability for her current position to fellow co-workers. On occasion, she acknowledged experiencing episodes of imposter syndrome: "I feel, I definitely have to change my behaviors and the way I cope with stress while at work. I feel like I have been influenced by the SBW schema to prove co-workers wrong

that I belong here." Participant P6 asserted a belief in the necessity to suppress her

emotions and adjust her behavior within the workplace to preempt potential

discrimination and avert any perception of threat towards management. This practice

introduces an unwarranted source of stress to the work environment, which ideally should

be mitigated.

Participant P7 conveyed an observation of a double standard in treatment between

herself and her White colleagues within the workplace. She articulated, "I am not allowed

at work to express myself nor defend myself in fear of being considered the aggressive

Black woman and management will feel threatened."

Participant P9 articulated a need to adapt her personality in certain contexts. She

characterized herself as naturally exuberant and inclined to laughter but indicated a

tendency to temper these traits while in the workplace. She expressed, "Speaking your

truth often offends others. At work I feel pressed. I naturally talk and laugh a bit loud,

and I find myself having to quiet myself. I also feel like if we speak up about a problem,

we are more likely to get punished for it than other women."

Participant P10 affirmed a recognition of the necessity to conceal emotions and

adjust her behavior, while concurrently expressing a perception of an increased demand

to exert greater effort compared to her White counterparts within the workplace. She

stated, "When it comes to a work setting, I feel that I have to work even harder and

adjust." Participant P11 similarly acknowledged the imperative to suppress emotions and

adapt to her behavior. She cited a specific motivation for doing so, aiming to prevent her White colleagues at work from perceiving her through the lens of the SBW archetype.

Two out of 11 participants reported not feeling a need to mask their emotions or modify their behaviors while in the workplace. Participants P4 and P5 articulated a shared perspective in their approach to workplace conduct. They indicated a lack of inclination towards concealing emotions or adjusting behaviors. Furthermore, they both expressed a stance of indifference towards the opinions of their co-workers and management within the workplace. Participant P4 specifically emphasized her commitment to maintaining self-respect and refusing to tolerate disrespect in the workplace. She underscored her identification as a an SBW and asserted her refusal to permit the influence of others' apprehensions or biases in dictating her behavior.

**Theme 3: Factors Contributing to Protection and Risk**

The SBW label carries significant connotations. It may convey an image of steadfast strength, yet it may also inadvertently downplay the existence of hardship or adversity for Black/African American women who embody strength and resilience. In relation to Item 4, participants were tasked with discerning perceived advantages and disadvantages associated with embracing the SBW schema. Item 2 asked, "How do you feel about the idea of the Strong Black Woman, and what do you think it means for Black/African American women?" The answers by participants in Item 2 provided supplemental and contributed information for the theme of *Factors Contributing to Protection and Risk* as well. Notably, the responses yielded a diverse range of perspectives. While the majority identified both

advantages and disadvantages, a minority of participants exclusively recognized

benefits, failing to identify any drawbacks associated with adopting the SBW

schema. Despite a widespread awareness among participants regarding the

drawbacks associated with adopting the SBW schema, the prevailing perception was

that the advantages eclipsed the disadvantages. A substantial number of participants

conveyed a belief that the incorporation of the SBW schema served as a catalyst for

goal attainment and provided fortitude during challenging circumstances.

Participant's responses to Item 4and 2 and the emerging codes to the theme *Factors*

*Contributing to Protection and Risk* are shown in Table 3.

**Table 3**

*Theme of Factors Contributing to Protection and Risk*

| Participant | Quote | Code |
|---|---|---|
| P1 | "Innate strength of SBW's / Very little sympathy is given to SBW's" | Lack of empathy |
| P2 | "We have a lot of responsibilities with little support." | Overwhelmed |
| P3 | "The SBW schema is a motivator for but when I am overwhelmed I can't ask for help or I will look weak." | |
| Motivator/Overwhelmed | | |
| P4 | "My faith in God is my motivator." | Faith |
| P5 | " I feel like we are prejudged." | Misunderstood |
| P6 | "As an SBW I don't get empathy from others." | Lack of empathy |
| P7 | "The SBW schema helps me push myself." | Motivator |
| P8 | "I find the SBW schema to be a motivator." | Motivator |
| P9 | " The SBW schema does motivate me to be better however I often feel alone." | Advantages/Disadvantages |
| P10 | "I find the SBW as a motivator." | Motivator |
| P11 | Participant was unable to discern. | |

Item 4: In what ways has the Strong Black Woman schema helped you cope with challenges or difficulties and in what ways has it been a hinderance?

Item 2: How do you feel about the idea of the Strong Black Woman, and what do you think it means for Black/African American women?

Participant P1 delineated an advantageous aspect of the SBW schema, highlighting its function in signaling to society at large the innate strength and resilience inherent in Black/African American women. Additionally, she underscored a significant personal drawback associated with the SBW schema, citing a perceived deficit of empathy directed towards Black/African American women from both American society and her own community. She reported, "Being a SBW has its advantages and disadvantages. One of the best advantages is that the world acknowledges Black Women's superpower to stay strong and weather the storm. One

disadvantage is that I am never given grace or sympathy if I fall short in any capacity towards meeting the standard of the SBW." Participant P6 echoed comparable drawbacks associated with the SBW schema. She indicated a recurrent experience of being misunderstood and highlighted a deficit of empathy from a significant portion of society and her social milieu.

Participant P3 conveyed that the advantage of the SBW schema is that it has been a motivator to persevere, but the disadvantage is that she is apprehensive about looking weak to others. She explained, "The SBW schema helped to motivate me to keep going and to never give up. Also, at the same time it makes me not to want to be considered weak." Participants P7, P8, and P10 also perceived the SBW schema as a motivator. Participant P8 stated, "It makes me a better woman every day. Being an SBW has never been a hindrance to me. It continues to push me to want more and do more while encouraging others."

Participant P9 provided an extensive and insightful examination of the profound influence exerted by the SBW schema on her personal experience. She conveyed that while the SBW schema served as a motivational force enabling her to surmount challenges, it concurrently engendered feelings of isolation and being unheard. She articulated, "Embracing the role of an SBW has presented its own set of difficulties, yet it has also fortified my resolve and bolstered my self-assurance. Nevertheless, in moments of solitude, I found myself succumbing to emotional distress, sensing a lack of support. It was as if I had no one to lean on, overshadowed

by the perception that my narrative was redundant and unwarranted. This left me feeling isolated in a crowded room."

Among the 11 participants, three were unable to discern any specific advantages or disadvantages associated with adopting the SBW schema. Conversely, five participants were able to identify both advantages and disadvantages. One participant solely recognized an advantage, while another participant exclusively identified a disadvantage tied to the SBW schema. This diverse range of responses underscores the non-homogeneous nature of perceptions among Black/African American women regarding the SBW schema.

**Theme 4: Impact on Mental Health**

Item 3 focused on the internal and external pressures of the SBW schema. This item necessitated certain prompts, as a subset of participants initially exhibited guardedness in their responses. Prompting strategies involved reframing inquiries rather than employing coercive interviewing techniques. This approach proved conducive to a more open and facilitated exchange of information. More than half of the participants reported that they often felt pressured to conform to both societal expectations and their community expectations of an SBW. The theme outlining Item 3 was *Impact on Mental Health*. In Table 4 are participant's responses and the codes that emerged.

**Table 4**

*Theme of Impact on Mental Health*

| Participant | Quote | Code |
|---|---|---|
| P1 | "I conform to the SBW schema so that I don't get labeled." | Labeled |
| P2 | "I have seen my relatives endure the pressure of being an SBW." | Generational |
| P3 | "I don't feel pressured to conform." | Self-reliance |
| P4 | "I think conforming leads to low self-esteem and low self-confidence." | |
| P5 | "The Negative images of Black/African American women cause pressure to conform to the SBW schema." | |
| Pressure | | |
| P6 | "I find it difficult to express myself because of the SBW schema." | Masking |
| P7 | "Conforming to the SBW schema has caused me unhappiness." | Unhappy |
| P8 | "Conforming to the SBW doesn't allow any downtime." | Lack of self-care |
| P9 | "I feel the pressure to conform is driven by the need to be independent." | Need for Independence |
| P10 | "I don't feel pressure to conform." | Self-reliance |
| P11 | "I feel pressured to take on others' responsibilities." | Self-Sacrifice |

Item 3: Have you ever felt pressure to conform to the Strong Black Woman persona, and if so, can you describe how that has affected you?

Participant P1 explained how conforming to the SBW persona has added pressure and stress that impacted her mental health. "I feel pressured to conform to the SBW daily. Doing so has ultimately affected my mental health and value of myself."

Participant P2 provided an account of her distinct experience with the SBW schema. She articulated that she did not perceive any external pressure compelling her to adopt this schema. Instead, she posited that her grandmother bore the brunt of societal expectations and the imperative to conform to the SBW archetype. She

stated, "I myself don't feel pressured but watching my grandmother growing up as a child I saw the amount of pressure she had endured to conform to the SBW." Participant P3 explained that she too has never felt pressured to conform to or adapt to the SBW schema. She also mentioned that she loves the idea of the SBW and works towards becoming an SBW.

Participant P4 articulated a divergence from succumbing to external pressures. She posited that individuals who do yield to such pressures may exhibit lower levels of self-esteem and self-confidence. Moreover, she pointed out that those in society advocating for the conformity of Black women to the Strong Black Woman (SBW) persona may themselves harbor underlying insecurities. She emphatically asserted, "I am my own person." Participant P5 provided an account of her lack of inclination to adhere to the SBW schema. She explicitly stated that she does not identify as an SBW, and thus, she steadfastly maintains her authenticity. She articulated, "I don't conform to anyone's pressure. I refuse to allow my confidence to be bothered by other's insecurities."

Participant P6 conveyed that she experiences daily pressure associated with the SBW schema and persona. Being a mother of five, a wife, and the eldest of five siblings, she finds herself frequently relied upon for emotional fortitude, particularly following her mother's passing two years ago. She expressed a sentiment of being restricted from expressing negative emotions or even succumbing to physical illness. She revealed, "I am expected to be strong all the time especially as a wife, mother and older sister of 5. I am not allowed to get sick, be tired, angry, nor frustrated because my family and job depend on me."

Participant P8 conveyed experiencing external societal pressure, as well as internal familial expectations, to embody the SBW schema. She noted a persistent lack of personal time and a perpetual sense of obligation to uphold this role. Despite finding this demanding, she acknowledged that the pressures associated with being an SBW serve as a motivating factor in her pursuit of achieving goals. She conveyed, "Yes, I am pressured every day. Challenged by my skills, education, and culture. I'm challenged mentally, I never have down time to remove my crown. At the same time, it also challenges me to push through it and set higher goals."

Participant P9 explained that she does not experience a direct compulsion to adhere to the SBW schema, yet she acknowledges the presence of associated pressures. She elaborated on her upbringing, which emphasized the values of strength and independence, influenced by her mother's embodiment of the SBW schema. She pointed out that she holds the belief that adopting the SBW schema has yielded adverse effects, not only on herself but also on her interpersonal relationships. She expressed, "Being raised by a SBW I was always told to never depend on anyone. I grew up just wanting my own thing and making my own rules. I feel like the, I can do anything. I'm strong mentality, affected not just me but my relationships with others."

Participant P10 relayed that she does not experience a direct compulsion to conform to the SBW schema. However, she acknowledged that the SBW schema exerts a societal pressure on Black/African American women to embody strength. She further

disclosed that her indifference towards external opinions serves as a mitigating factor in alleviating any perceived pressure.

Participant P11 communicated experiencing a distinct pressure to adhere to the SBW schema. She observed that Black/African American women and girls are commonly encouraged to adopt this schema, often characterized as a positive imperative. Additionally, she noted that there exists an internal pressure within the community for Black/African American women to conform and assume the responsibilities of others. A near-equitable division emerged among participants, with six out of 11 indicating a sense of pressure to adhere to the SBW schema, while five out of 11 expressed no such inclination

**Theme 5: Propensity for Seeking Assistance**

The SBW archetype is deeply ingrained in U.S. culture to the extent that its impact on the emotional well-being of African American women is often underestimated. While it may afford a semblance of mastery, it hinders their ability to discern their own needs and seek assistance when required. (Romero, 2000). Participant P1 stated, "Black women need to be given a safe space and grace to express when they are not okay without judgement. Black women have been strong and unbothered so long that we need to learn how to ask for help without feeling bad about it." Summary of responses to Item 6 and the developed codes for the theme *Propensity for Seeking Assistance* is presented in Table 5.

**Table 5**

*Theme of Propensity for Seeking Assistance*

| Participant | Quote | Code |
|---|---|---|
| P1 | " I have pretended to be okay when I was not." | Masking |
| P2 | "Many of us are uneducated about mental health." | Lack of information |
| P3 | "I believe that the SBW schema can increase feelings of being overwhelmed." | Overwhelmed |
| P4 | "It can be hard for us to seek help outside of our community." | Unfamiliar |
| P5 | " Often abnormal or negative feelings are normalized." | Unhealthy Normalizing |
| P6 | "Let go and let God and use faith to overcome adversities." | Faith |
| P7 | " We need to learn to ask for help." | Seeking Help |
| P8 | "I think the experiences of SBW's are often misunderstood." | Misunderstood |
| P9 | " I feel like we have to handle stressors alone because asking for help is weak." | Alone |
| P10 | "It can keep you guarded." | Guarded |
| P11 | "It make me feel overwhelmed at times." | Overwhelmed |

Item 6: Can you speak on the relationship between the SBW schema and mental health, whether you have ever struggled with seeking help when needed?

Participant P2 observed that within the Black/African American community, conversations about mental health and mental health treatment are relatively infrequent. This scarcity of discourse results in a deficiency of education regarding coping mechanisms and the significance of seeking assistance. Participant P6 echoed a similar sentiment in relation to Item 6. She divulged that in the Black/African American community, there tends to be a contrast in approaches, with White individuals more inclined to seek formal mental health treatment, while Black/African Americans often turn to their faith in God as a primary means of support.

Participants P8 and P4 jointly conveyed the challenge of seeking support or mental health services within the context of Black/African American women's experiences. They indicated that this difficulty arises from a prevalent misunderstanding of their experiences. The unique burden of responsibility placed upon Black/African American women, which may not be fully comprehended or relatable to individuals of other cultures, often results in a tendency to either withdraw emotionally or seek support within their own community. Participant P8 articulated, "As SBW we need help and assistance like everyone else. Help and assistance is available but not everyone or other cultures understand our path or struggles. So, in return the support often comes from other SBW."

Participants P3 and P11 acknowledged the distinctive stressors experienced by Black/African American women, which frequently culminate in sensations of being inundated. Participant P3 expressed, "SBW cares a great deal with family, work, school, community that we tend to get so overwhelmed. We tend to shut down instead of asking for help. This leads to us being misunderstood."

Participant P6, in turn, disclosed a prevailing sentiment within the community wherein intense negative emotions are normalized. She articulated, "There is a prevailing belief that trauma, anxiety, and depression are commonplace experiences for Black women, and seeking assistance is not within the expected norm."

Participant P7 revealed an initial adherence to traditional cultural perspectives on mental health, wherein seeking assistance was construed as a manifestation of

vulnerability. This apprehension hindered her from initially pursuing mental health services, despite acknowledging her need for them. Over time, she ultimately opted to engage in such services. She stated, "If I believe that I should always work hard and depend on no one then of course my mental health is going to be effected. I used to struggle with seeking mental health treatment because the fear of it making me look weak in the eyes of others. I realized that I was only hurting myself. I needed help to learn how to cope with my feelings."

Participant P9 stated, "I totally believe that the SBW schema had a huge impact on me. Feeling forced to handle not only your problems alone but others as well all while being expected to be just fine. Feelings can get so built up but at the same time feeling embarrassed and guilty for sharing. It really gets to me. I should be able to handle it on my own, right?" Her statement exemplifies the challenge faced by numerous Black/African American professional women who possess the resources and financial means to avail themselves of mental health services yet grapple with relinquishing deeply ingrained traditional cultural beliefs.

**Theme 6: Support**

The Strong Black Woman schema was associated with psychological distress, which was partially mediated by Black/African American women's perception of lack of emotional social support. Regrettably, the SBW schema has engendered a persistent challenge for many Black/African American women in seeking validation and empathic support from individuals who comprehend their unique lived experiences. Item 8 asked, "What do you think needs to change in order

for Black/African American women to feel less pressure to conform to the Strong

Black Woman archetype and to feel more comfortable seeking help when needed?"

The answers by participants in Item 9provided supplemental and contributed

information for the theme of Support. Participants' responses to Item 8 and 9 as well

as the emerging codes from this data to the theme of *Support* are presented in Table

6.

**Table 6**

*Theme of Support*

| Participant | Quote | Code |
|---|---|---|
| P1 | " We need to feel safe to share." | Safe |
| P2 | "We need to not judge each other." | No judgement |
| P3 | " There needs to solidarity among the community." | Community |
| P4 | " We need more support from our community and our Black males." | Support needed from Blk men |
| P5 | " We need to feel heard and for professionals to pay attention to us." | A voice |
| P6 | "Black women need to support other Black women." | Support needed from other Blk women |
| P7 | " We need to support one another." | Supportive |
| P8 | "We need to encourage each other." | Encouragement |
| P9 | " People in our community need to learn healthy ways to cope." | Learning |
| P10 | "It is important that we advocate for ourselves and others." | Advocate |
| P11 | "I think we need to teach our younger generations that it is okay to ask for help." | Teach |

Item 8: "What do you think needs to change in order for Black/African American women to feel

less pressure to conform to the Strong Black Woman archetype and to feel more comfortable

seeking help when needed?"

Item 9: In your opinion, what role do you think the broader Black/African American community

can play in supporting Black/African American women who are navigating the challenges

associated with the SBW schema?

Most participants discussed the need for support from society, fellow Black/African American women, family, and Black/African American men. Participant P1 underscored the imperative for Black/African American women to have access to a secure and supportive milieu to freely articulate their emotions. Additionally, she emphasized the importance of receiving support from Black/African American men in fostering such an environment and participant P6 also stressed the importance of support from Black/African American men. Participant P1 stated, "Our community can support a safe environment for Black women to feel both physically and mentally safe. Our Black men can stop dragging Black women through the mud and help support us emotionally."

Participant P2 expressed, "Black women need to have and make our own paths in America. As long as we work under an oppressed society nothing will change."

Participant P3 emphasized the crucial necessity for communal solidarity. Furthermore, participants P4, P7, and P8 concurred on the significance of Black/African American women extending mutual support within the community. Participant P8 stated, "We need to stick together, support each other, encourage each other, and develop Black women support groups."

Participant P6 articulated, "Showing a fellow Black woman, she is a Queen and lending a helping hand when they see it is needed. We are so afraid of looking weak in our community that dates back all the way to slavery. We have to get rid of that mindset that we have to compete with our sisters and brothers in order to feel

important or successful. We need to support each other to help them reach their goals."

Participant P10 underscored the imperative for Black/African American women to advocate for themselves. She emphasized the importance of Black/African American women taking proactive steps to establish their own secure environments, potentially through entrepreneurial ventures.

Participants P9 and P11 both underscored the significance of imparting and acquiring knowledge, particularly among younger generations, in order to establish realistic expectations and promote the normalization of seeking assistance when needed. P9 stated, "Putting themselves out there more for the next generation. Help them learn to know when it's time to ask for help."

## Summary

The aim of this qualitative study was to gain insight into the experiences of Black/African American women who have been impacted by the SBW schema. The study was guided by the three research questions and the analysis of responses obtained through semi-structured interviews revealed consistent patterns and shared phenomena across all participants, as well as some inconsistencies.

Participant feedback was meticulously summarized in connection with six prominent themes: (1) Unrelenting Standards, (2) Workplace Behavior modification Imperatives, (3) Factors Contributing to Protection and Risk, (4) Impact on Mental Health, (5) Propensity for Seeking Assistance, and (6) Support.

Participants conveyed that the adoption of the SBW schema exerts multifaceted effects on their day-to-day existence, yielding divergent outcomes. In certain instances, it imparts a sense of empowerment, fortitude, and motivation, while concurrently engendering sensations of pressure, strain, and isolation. Several participants articulated that, owing to the SBW schema, Black/African American women are frequently subjected to specific stereotypes in the workplace, being perceived as harboring anger, displaying aggression, exhibiting an assertive demeanor, and demonstrating uncooperativeness. Predominantly, participants indicated a pervasive sentiment of restraint in expressing their authentic selves in the professional milieu, hesitating to advocate for themselves or voice their opinions due to apprehension of scrutiny from colleagues. Lastly, a substantial number reported encountering challenges in initiating the process of seeking assistance, though remaining receptive to the prospect of pursuing such support in the future or at a later juncture in their lives as a strategy for coping with everyday stressors.

The participants' experiences of the impact of the SBW schema were marked by a spectrum of emotional responses, including sensations of inundation, the need for concealing genuine emotions, encountering dual sets of expectations, unfavorable assessments, challenges in seeking assistance, and a prevailing sense of insufficient support from their social milieu. The majority of participants articulated a discernment of both merits and demerits associated with adopting the SBW schema, with the latter predominantly manifesting as deleterious effects on their psychological well-being. Despite uniformly self-identifying as possessing professional acumen, educational

attainment, and occupational accomplishment, each participant underwent incidents of discriminatory treatment within the professional sphere which often led to adjusting their comportment in the workplace to avert being perceived unfavorably by their peers.

I discovered that regardless of their level of educational attainment, the adoption of the SBW schema was observed to exert a detrimental influence on the mental well-being of individuals. Furthermore, it emerged as a hindrance to the inclination to seek mental health assistance, despite the availability of such services to participants. All participants uniformly articulated the necessity for broader societal shifts, particularly within the context of the Black/African American demographic, wherein individuals should be afforded the opportunity to voice their concerns, experience a sense of security, and be free from judgment in order to assist in reducing the stigma of asking for help. Moreover, each participant expressed a consensus on the imperative for transformative measures within the Black/African American community, encompassing heightened support from Black/African American males and the promotion of a culture wherein younger generations are encouraged to embrace the pursuit of mental health support and treatment without reservation to mitigate negative factors associated with the SBW schema.

Every female participant engaged in this study unanimously articulated a shared sentiment of feeling misunderstood, inadequately heard, and lacking support both from society at large and within the Black/African American community. They expressed a need for support from their male counterparts, solidarity between all Black/African American women, and emphasized the importance of creating an environment where they

feel secure in disclosing their vulnerabilities. All 11 participants recognized the necessity for external support and acknowledged that relying solely on internal resources is insufficient.

At the end of each interview, I asked the participant if she wanted to add anything else to the interview pertaining to her experience with the SBW schema, but none contributed any additional thoughts or opinions. All 11 participants encouraged seeking help from others or from a mental health professional. The words strong and strength were used 52 times throughout the interview process among participants.

In the context of this clinical research, two discrepant cases emerged, presenting noteworthy deviations from anticipated patterns. In the first instance, a participant perceived herself as unaffected by the SBW schema across all aspects of her life. This stands as a notable departure from the prevailing trend observed in the study. In the second discrepant case, the participant predominantly construed the SBW schema in a positive light, asserting that it had not adversely impacted her life. Intriguingly, she expressed an aspirational goal to embody the characteristics of an SBW.

In accordance with established qualitative research principles, these instances of non-conforming data signify deviations from the expected thematic and patterned outcomes identified during the analytical process. The first case challenges the assumption of universal impact, highlighting an individual who perceives herself as exempt from the influence of the SBW schema. Conversely, the second case introduces a positive orientation towards the SBW schema, diverging from anticipated negative ramifications. These non-conforming cases, crucial for a comprehensive understanding,

underscore the importance of recognizing and analyzing data that diverges from anticipated trends within the clinical exploration of the SBW schema.

In the clinical context of this research study, these discrepant cases assume significance as they defy straightforward categorization within established themes. Their emergence introduces alternative perspectives, experiences, and responses that diverge from the anticipated patterns. In qualitative research, the recognition and exploration of non-conforming data holds substantial value, as they have the potential to provide crucial insights that challenge or extend prevailing theoretical frameworks and assumptions.

The two discrepant cases documented in this study warrant careful consideration, as they bear the potential to contribute to a more nuanced comprehension of the underlying phenomenon. Their divergence from the expected outcomes prompts a reevaluation of existing assumptions and theories. Notably, these discrepancies have unveiled two distinctive research avenues: the positive perception of the SBW schema among Black/African American women and their experiences of deliberately distancing themselves from or not conforming to the SBW schema. These novel research topics have the capacity to deepen our understanding of the complexities inherent in the experiences of Black/African American women, underscoring the pivotal role of non-conforming data in refining and expanding our theoretical frameworks within this clinical investigation.

In summary, participants' emphasis on societal shifts, the freedom to voice concerns, a sense of security, and the promotion of mental health support reflects a recognition of the impact of societal expectations, including those associated with the

SBW cognitive schema. The call for transformative measures within the community aligns with the need to challenge and reshape cultural norms and expectations that may contribute to mental health challenges, especially for Black/African American women.

 Chapter 5 furnishes the reader with a comprehensive outline of this study, encompassing an in-depth interpretation of the findings, a delineation of the study's limitations, proposed recommendations, a distilled essence of the study's core, and implications for effecting societal change. Furthermore, it proffers a comparative analysis between this study and previous research endeavors targeting Black/African American women and their relationship with the SBW schema.

Chapter 5: Discussion, Conclusions, and Recommendations

**Introduction**

The purpose of this qualitative study was to comprehensively understand the lived experiences of Black/African American professional women, and the significance of impact the SBW schema. The psychological distress and emotional agitation that arise from the endeavor to sustain an idealized self-image strengthened by the cultural archetype of SBW can result in adverse effects on adaptive coping mechanisms and physical well-being. Specifically, the perpetuation of the SBW persona may hinder prompt initiation of help-seeking behaviors among Black/African American women (Ward et al., 2009). The overarching objective of this research endeavor was to employ qualitative methodologies to deepen the comprehension of individuals' lived experiences entwined with multiple oppressions, as facilitated by the Strong Black Woman (SBW) cognitive schema, as posited by Wong (2008). The findings aligned with the perspective that Black/African American women contend with a dual societal dynamic. They are simultaneously tasked with embodying attributes of intelligence, resilience, and composure, while also confronting systemic challenges of discrimination, sexism, and racism, resulting in a perception of powerlessness.

Throughout the interview duration, this inquiry elicited a pronounced affective response characterized by expressions of profound sighs, manifestations of sadness, and overt displays of frustration. Each participant conveyed their experiences with a discernible undercurrent of contemplation yet exhibited a marked fervor in their articulations. Notably, these responses were firmly grounded in authentic lived

experiences. The recurrent theme of pressure was evident in the narratives provided by each participant, illuminating their experiences as Black/African American women navigating a delicate balance. This Item 7 elicited accounts of instances in which participants perceived a compelling need to conform in their mannerisms, speech, and appearance to avoid potential negative judgement.

The findings yielded from the 11 semi-structured interviews also revealed that the lived experiences of Black/African American professional women that are impacted by the SBW schema were characterized by a combination of positive and negative aspects. The SBW schema has been established as a protective factor and a cornerstone for resilience, as corroborated by prior research. However, it has exerted a detrimental influence on the mental health of Black/African American women, exhibiting a noteworthy association with their propensity to seek assistance. In the contemporary context of the United States, where a significant number of Black/African American women possess elevated educational credentials and enjoy ready access to proficient mental health resources, a considerable proportion still opt not to pursue support when confronted with psychological distress (Geyton et al., 2020). The apprehension of being perceived as vulnerable with diminished womanhood, or inept impeded eight participants in this study from seeking assistance, leading to a state of enduring distress in silence.

The SBW schema comprises three key components: emotion regulation, caretaking within African American familial contexts, and attainment of economic independence. These attributes serve as potential mitigating factors against the propagation of adverse stereotypical portrayals of Black/African American women

(Lio et al., 2019). Consequently, individuals adopting this schema may manifest tendencies towards maladaptive perfectionism, wherein an unyielding pursuit of flawlessness and unwavering strength become salient features of their behavioral repertoire.

Contemporary researchers have delved into the examination of potentially effective methodologies aimed at alleviating help-seeking behaviors and coping disengagement among Black/African American Women who internalize the SBW schema. The imperative to address help-seeking behaviors and coping disengagement in this demographic necessitates the implementation of culturally sensitive and specifically tailored strategies, given the heightened association of the SBW schema with increased tendencies towards disengagement coping. Some potentially efficacious approaches include but are not limited to: implementing intersectional approaches by acknowledging and addressing the intersectionality of identities, recognizing that Black/African American women may face multiple forms of discrimination, promoting of self-compassion by emphasizing the importance of self-compassion and challenging the notion that strength is synonymous with emotional suppression, implementing education and awareness programs that raise awareness about the impact of the SBW schema on mental health and encouraging open discussions within communities to reduce stigma associated with seeking help (Moody et al., 2023).

Both public and private mental health facilities are advised to focus on providing services tailored to women of color. This includes addressing cultural

stigma and dispelling misconceptions surrounding engagement in mental health treatment. Clinicians are tasked with the responsibility of deploying strategies and interventions conducive to developing coping skills during adversities. Culturally appropriate techniques, including humor and storytelling, represent two methods employed to facilitate Black/African American women in harnessing their innate strengths within the psychotherapy context (Ahad et al., 2023). The alignment between current literature and this study lies in the narrative accounts of Black/African American professional women.

These narratives encompass themes of strength, resilience, experiences of racism, sexism, discrimination, elevated stress levels, internal and external pressures, educational attainment, maladaptive coping mechanisms, and a dearth of support. These accounts serve to affirm that these individuals are not isolated in their experiences, and their stories hold the potential to enhance the psychological field. Specifically, they contribute to the augmentation of clinician proficiency in delivering mental health services. In the study conducted by Knighton et al. (2022), statistical analyses demonstrated that educated, middle-class Black/African American women, endorsing a perceived obligation to exhibit strength and suppress emotions in the face of racial microaggressions, exhibited heightened levels of psychological distress. In examining the lived experiences of Black/African American professional women, due consideration was given to the vulnerability of the participants included in this study. This entailed a deliberate and mindful approach to formulating questions and interpreting responses, involving both verbal

and nonverbal communication. Each participant shared her unique experiences in relation to the SBW schema.

The outcomes of this study elucidate the repercussions of the SBW schema on professional Black/African American women. The research endeavor was structured around three delineated research questions, guiding the systematic exploration were,

1. What role does the cognitive schema, Strong Black Woman, play in the daily lives of professional Black/African American Women?

2. What do Black/African American women believe are the emotional and behavioral impacts of adopting the Strong Black Woman schema?

3. What are the perceptions associated with receiving mental health services among Black/African American women who have adopted the schematic belief of the Strong Black Woman?

### Interpretation of the Findings

The findings of this study confirms that the SBW schema has both advantages and negatives aspects, but the negative factors increase Black/African American women's vulnerability to mental health issues. Noted in Chapter 2's literature review, one of the cultural norms that contributes to this disparity is the SBW schema. The SBW schema requires Black/African American women to conceal emotional and physical pain all while portraying strength, resiliency, and serve as caretaker for their family and community (Beaubouef-Lafontant, 2007). Also, the findings have expanded knowledge in psychology by having new information, which is despite having a higher level of

education and access to mental health resources many Black/African American women hesitate to seek mental health treatment or resources. As mentioned in Chapter 2, Alang (2019) conducted a mixed methods study among 30 Black/African American participants to explore the reasons as to why Black African Americans do not seek mental health services. The fear of experiencing dual discrimination appears to be more prominent among middle-class Black/African Americans. This further validates the findings of this study. Further research needs to focus on how to change help seeking attitudes/behaviors among a community for the most part do not trust or fear medical professionals.

The findings of this study align with the context of the theoretical framework. Intersectionality, coined by Kimberlé Crenshaw (1989), is a theoretical framework that recognizes that individuals hold multiple social identities (such as race, gender, class, sexuality, etc.) and that these identities intersect and interact to create unique and often compounded forms of privilege and oppression. The framework emphasizes that the experiences of individuals cannot be understood solely by examining each identity category separately but must consider the intersections of these identities.

Self-silencing, on the other hand, is a concept associated with psychological and interpersonal dynamics. Developed by Dana Jack (1991), self-silencing refers to the tendency of individuals, particularly women, to inhibit the expression of their thoughts, feelings, and needs in order to maintain relationships, avoid conflict, or conform to societal expectations. Self-silencing can be influenced by various factors, including gender roles, power dynamics, and cultural norms.

The intersectional lens helps us understand that self-silencing may be shaped by the simultaneous influence of multiple social identities. For example, an individual may experience different expectations or pressures related to self-expression based on the intersection of their gender, race, and socioeconomic status. The intersectional framework suggests that certain groups may face unique challenges when it comes to self-expression due to the intersections of various forms of social privilege and oppression. Thus the findings of this study demonstrate that Black/African American professional women have such unique challenges that creates or promotes invisible lines that are not to be crossed due to being a woman of color.

**Theme 1: Unrelenting Standards**

In this study, Item 1 asked, "Can you tell me about your experiences as a Black/African American woman and how you have navigated the societal expectations of the Strong Black Woman schema?" This question was used to explore the extent to which the SBW schema permeates the daily lives of each Black/African American professional woman. Item 5 asked, "How do you think the Strong Black Woman archetype is perceived by society at large, and how does that impact Black/African American women who embody it?"

Through the analysis of participant responses, I acquired a more comprehensive understanding of the genuine impact of the SBW schema on their day-to-day lives. Each participant articulated their perceptions of how American society regards the SBW archetype, as well as their personal interpretations of the SBW schema and its effects on their individual and professional lives. As cited in Chapter 2, Black/African American

women often employ maladaptive coping styles such as perfectionism to manage mental health symptoms. Maladaptive perfectionism is associated with lower levels of self-compassion and self-care, which can further exacerbate psychological distress. Lio et al. (2020) suggested that interventions aimed at challenging maladaptive perfectionism and promoting self-compassion may improve treatment outcomes.

**Theme 2: Workplace Behavior Modification Imperatives**

Item 3 asked, "Have you ever felt pressure to conform to the Strong Black Woman persona, and if so, can you describe how that has affected you?" This question more so than the others, served as a pivotal point in comprehending the supplementary experiences elucidated by Black/African American professional women pertaining to the SBW schema. Moreover, it contributed significantly to discerning how each woman's distinct experiences influenced her perception of the SBW schema. Every participant delineated her lived experiences while traversing American society in the capacities of a Black/African American woman, mother, wife, sister, and employee, all while juggling multifaceted roles. This endeavor entailed a concerted effort to maintain equilibrium amidst various responsibilities. The SBW schema functions dually, delineating both the ideal attributes expected of a woman and serving as a coping mechanism (Abrahms, et al., 2019). Also, the findings of De-Cuir-Gunby et al. (2020) indicated that participants consistently reported experiencing frequent racial microaggressions within various higher education work environments. Regarding coping strategies, participants employed both adaptive and maladaptive mechanisms to manage the stress associated with race-related experiences. The most utilized adaptive coping mechanisms included confronting through

communication, setting boundaries, and establishing support networks, ultimately resulting in a reduction of race-related stress levels. On the other hand, maladaptive coping strategies, such as avoidance and overworking, were also observed. While these maladaptive strategies initially elevated race-related stress, they ultimately contributed to an increase in such stress over time.

**Theme 3: Factors Contributing to Protection and Risk**

Item 4 asked, "In what ways has the Strong Black Woman schema helped you cope with challenges or difficulties and in what ways has it been a hinderance?" The responses of this item aligned with the previous and current literature as well. Most participants, five out of 11, were able to discern advantages and disadvantages of embracing the SBW schema. The perception of the SBW schema as both positive and negative among many Black/African American women likely stems from its complex nature and multifaceted impact on their lives. Positively, the SBW schema can be seen as empowering and reflective of resilience. It embodies qualities such as strength, independence, and emotional fortitude, which are highly valued traits in overcoming adversity and navigating societal challenges.

This perception may provide a source of pride and identity for many Black/African American women. Conversely, the SBW schema can also have negative implications. It may place unrealistic expectations and burdens on Black/African American women to constantly display strength and self-reliance, potentially leading to emotional suppression, neglect of self-care, and an aversion to seeking help when needed. This can contribute to the risk of mental health issues, including depression and anxiety.

Waldron (2017) posited Black/African American feminist consciousness not only

impacts Black/African American women's experiences with mental illness but also serves

as a resource for coping, managing, and seeking help for these issues.

**Theme 4: Impact on Mental Health**

Most participants shared similar responses to Item 7, "Have you ever felt you had

to change how you behave or cope with stress while at work? If so, was this change in

behavior influenced by perceived discrimination or the Strong Black Woman schema?"

This item exhibited a noteworthy prevalence of participants reporting a propensity to

conceal emotions, regulate or adapt behaviors in order to mitigate potential judgment or

repercussions stemming from perceived experiences of discrimination. Black/African

American women often perceive discriminatory treatment or microaggressions in the

workplace. This can include experiences of being unfairly judged, overlooked for

opportunities, or facing biases based on their race and gender. In response to these

experiences, they may feel compelled to modify their behavior in an attempt to navigate

these challenges and protect themselves from further harm. As previously discussed in

Chapter 2, Young's (2018) research findings revealed prevalent negative attitudes

towards seeking help, particularly concerning IPV, as it is often condemned as a private

matter. Moreover, the belief that Black/African American women must do whatever it

takes to maintain family unity, even if it entails enduring multiple jobs or remaining in an

abusive domestic relationship, further discourages seeking assistance from others due to

the fear of appearing weak. Consequently, this dynamic has resulted in an increase in

post-traumatic stress disorder and various mental and physical health issues among

Black/African American women. The results underscored the adverse impact of internalized strength, the experience of multiple oppressions, and negative attitudes towards seeking help on the overall well-being of Black/African American women.

Resilience, while a valuable trait, does not inherently equate to optimal mental health and well-being. Instead, it serves as the foundational platform upon which each Black/African American professional woman participants in this study relied to confront and navigate experiences of workplace-related challenges, including racism, sexism, microaggressions, discrimination, and societal/community-based stigmatization. In spite of the recognition of the adverse effects associated with adopting the SBW schema among the majority of participants in this study, resilience has been manifested through distinct mechanisms, including: (a) steadfast perseverance, (b) a dedicated commitment to acquiring insights and personal growth from adversities, (c) introspection and redirection to effectively address challenges, and (d) the establishment of a self-generated support system, augmented by religious and spiritual resource (Harden, 2023). While the exhibition of resilience among Black/African American professional women participants in this study has facilitated their navigation of challenges, a significant number reported an augmented awareness regarding the necessity and significance of seeking support from external sources.

**Theme 5: Propensity for Seeking Assistance**

In alignment with prior and current research, several adverse outcomes associated with the adoption of the SBW schema were evident, and the impediments to engaging in psychotherapy persisted among the participants in this study. Notably, responses

provided by participants for Item 6, "Can you speak on the relationship between the SBW schema and mental health, whether you have ever struggled with seeking help when needed?", elicited a range of emotional reactions. The SBW schema has a complex relationship with the mental health of Black/African American women. While it can serve as a source of empowerment and resilience, it can also contribute to challenges in seeking help when needed.

While all participants acknowledged encountering instances of racism, discrimination, sexism, and psychological distress none permitted these experiences to impede their pursuit of advanced educational achievement demonstrating their resiliency. Even with post-secondary education, a notable portion of participants frequently encountered challenges in seeking assistance during episodes of psychological distress. This study underscores the presence of internal impediments to help-seeking behavior, even when external obstacles are addressed or reduced. Ligon (2022) findings suggested that the SBW schema may be utilized in a positive manner by increasing intentions to seek help from a mental health professional with the right interventions. However, addressing the barriers to seeking help, such as self-stigma, in-group stigma, cultural barriers, lack of knowledge, lack of access, and discomfort with emotions, may have a more significant impact on Black/African American women's willingness to seek mental health services (Ligon, 2022).

**Theme 6: Support**

Item 8 asked, "What do you think needs to change in order for Black/African American women to feel less pressure to conform to the Strong Black Woman archetype

and to feel more comfortable seeking help when needed?" and Item 9: In your opinion,

what role do you think the broader Black/African American community can play in

supporting Black/African American women who are navigating the challenges associated

with the SBW schema? Elicited a very common theme of support, validation, and feeling

safe. Participants shared specifics as to how the broader Black/African American

community can play a crucial role in supporting Black/African American women who are

navigating the challenges associated with the SBW schema. Watson-Singleton's (2017)

research results showed that perceived emotional support partially mediated the

association between the SBW schema and psychological distress. In addition, the SBW

schema was also found to have a direct negative impact on perceived emotional support

and a positive impact on psychological distress. These findings provide evidence for the

role of the SBW schema in contributing to psychological distress among Black/African

American women. Further research is needed to identify other potential mediators and

moderators of this relationship (Watson-Singleton, 2017).

Participants at large expressed the need for the encouragement of open

conversations about mental health, including discussions on the complexities of the SBW

schema. Provide opportunities for education and awareness-building on mental health

issues within the community, work to challenge and dismantle stigmas surrounding

mental health in the community, address misconceptions and stereotypes that may hinder

individuals from seeking help, create safe and inclusive environments where individuals

can openly discuss their experiences, challenges, and emotions without fear of judgment

or stigma, and validation and recognition for the strength and resilience exhibited by

Black/African American women and the need to acknowledge their contributions to the community and affirm their worthiness of support. By actively engaging in these supportive measures, the broader Black/African American community can contribute to creating an environment where individuals, particularly Black/African American women, feel seen, heard, and supported in their mental health journey (Ahad et al., 2023).

## Connection of Results to Theoretical Base

This study's theoretical base were the theories of intersectionality developed by Kimberle Crenshaw (1989) and self-silencing developed by Dana Jack (1991). Having multiple identities within a marginal community often results in significant factors that contribute to the negative impacts on an individual's mental health and quality of life. Often individuals from marginal communities feel that they are not heard. This can lead to a mindset of not wanting to express thoughts and feelings or an individual may feel the need to suppress emotions to avoid judgement by others.

### Intersectionality

Racism and sexism manifest as pervasive phenomena within our societal framework, necessitating a meticulous examination of the cognitive repercussions associated with biases related to race and gender. Billups et al.'s (2022) study aimed to quantify and visually represent the compounded impacts of race and gender on individual judgments, employing data-defined dimensions, specifically the Semantic Differential. Findings indicate that gender and race function as orthogonal dimensions of divergence in the perception of individuals. While White males, White females, and Black males align with additive effects on these dimensions, Black females are perceived with a more

neutral disposition, suggesting that neither their gender nor their race is treated as predictive factors.

This study expanded upon existing research, addressing limitations observed in prior studies that predominantly focused on Black/African American women as a collective or monolithic entity. Notably, this investigation delved into a more nuanced examination of a specific sub-population within the Black/African American community, namely professional Black/African American women employed in the educational and mental health sectors. This identified subgroup was found to have encountered exposure to the prevailing culture within American workplaces, concurrently contending with the distress associated with racism and sexism as per the SBW schema. The study's findings illuminate the theoretical framework of intersectionality and the cognitive processes associated with the SBW schema, highlighting impediments to progress across diverse contextual domains.

**Self-Silencing**

The SBW schema places an emphasis on exhibiting strength, resilience, and emotional fortitude. While these qualities can be empowering, they can also create pressure for Black/African American women to continuously project an image of unwavering strength, even in the face of stress or adversity. This expectation often leads them to not express emotions in fear of being judged or perceived as weak and alter their behavior to conform to this idealized role.

The combination of these factors can create a complex dynamic for Black/African American women in the workplace. They may feel a need to balance authentic self-

expression with the perceived demands of the SBW schema and the need to navigate potential discriminatory experiences. Ultimately, understanding these dynamics is crucial for creating inclusive and supportive work environments that allow individuals to thrive authentically, without feeling the need to constantly adapt or suppress aspects of their identity or coping mechanisms (Abrahms et al., 2019). Overall, the dual nature of the SBW schema reflects its complexity and the intricate interplay between cultural identity, societal expectations, and individual well-being for Black/African American women. It is essential to recognize and navigate this complexity in order to promote holistic health and well-being within this demographic.

For many Black/African American women, the SBW schema is tied to cultural identity and a source of pride. It reflects a legacy of strength and perseverance in the face of historical and contemporary challenges. As mentioned prior the SBW schema can serve as a coping mechanism, providing a framework for managing stress and adversity. It encourages a proactive, self-reliant approach to problem-solving, however this same coping mechanism distorts the perception of many Black/African American women that may create an expectation that Black women should always project strength and self-sufficiency. This can lead to a reluctance to seek help for fear of being perceived as vulnerable or weak. Some participants shared in this study that they feared being viewed as weak by others. It may also instill a sense of responsibility to care for others, potentially leading to a hesitancy to seek help and burden others with their problems often feeling misunderstood (Abrahms et al., 2019).

Limitations of the Study

Future researchers may consider expanding the scope of the study to include a more diverse and representative sample of Black/African American women who identify with the SBW schema. This would enhance the generalizability of findings and provide a broader understanding of the experiences and perspectives within this demographic. Researchers could explore the potential variations in experiences related to the SBW schema across different socioeconomic, educational, and cultural backgrounds to capture a more comprehensive view of this phenomenon. Furthermore, incorporating qualitative methods alongside quantitative approaches may offer a more nuanced exploration of the intricacies surrounding the SBW schema and its impact on mental health and help-seeking behaviors.

Subsequently, as mentioned in Chapter 3, face-to-face interviews were found to be both efficacious and instrumental in the data analysis process. While video conference interviews proved to be operationally efficient, it was observed that the capacity to establish rapport with participants may have been somewhat constrained. In qualitative research, establishing rapport with participants is crucial for obtaining rich and genuine data. The use of video conference interviews, while operationally efficient, might introduce barriers to building a strong rapport compared to face-to-face interactions. The limitation here lies in the potential bias introduced by the researcher's perception of the impact on rapport-building, which is inherently subjective. This limitation may affect the depth of the data collected and the quality of the relationship between the researcher and participants. Participants were afforded the opportunity to seek clarification or provide supplementary information.

Questions were structured to elucidate the criteria employed for participant inclusion in the study. In the context of this research, demographic information was solicited on a voluntary basis from all participants. Furthermore, it is important to recognize that results may be contingent on the individual psychosocial functioning of each participant. The extent of a participant's insight and self-awareness has the potential to influence the observed outcome findings. This variability underscores the importance of considering individual differences in the interpretation of results. Participants may have provided responses that they think are socially desirable or what they believe the researcher wanted to hear which impacts the study's creditability.

Ultimately, it is imperative to acknowledge that this study does not offer a comprehensive representation of all Black/African American professional women which impacts the transferability of the study. Consequently, variables including socioeconomic status, educational attainment, mental health status, marital status, and sexual orientation may exert a substantial influence on the observed outcome findings. These considerations are crucial for contextualizing and interpreting the results within the broader demographic landscape.

## Recommendations

### Effective Strategies for Treating Women of Color

Researchers may want to interview other professional women of color who struggle with cultural stigmatization and help-seeking and compare them to other ethnicities to discover appropriate strategies. Researchers may also want to delve into whether Black/African American women who hold a positive perception of the SBW

schema experience diminished levels of pressure compared to those who view it through a negative lens.

According to the Substance Abuse and Mental Health Services Administration (2014), the integration of counselor education curricula may serve as a valuable asset to the counseling community, offering a deeper understanding of the psychological landscape of Black/African American women and the cultural perspectives of a demographic frequently marginalized within the counseling profession. Conducting a study involving Black/African American women within the mental health field could be beneficial in generating further strategies. This perspective, derived from Black/African American professional women actively working as mental health clinicians, may offer valuable insights for enhancing support and interventions within the field.

**Increase Community Involvement**

Researchers may consider engaging stakeholders, community leaders, or other pertinent individuals from the community as consultants for their studies. This proactive approach can assist in mitigating the challenges associated with participant recruitment. Additionally, establishing a communication plan prior to the study can enhance effectiveness, efficiency, and overall benefit to both the researcher and participants. Such planning can also facilitate the member-checking process subsequent to the data analysis stage.

**Mixed Methods Research**

Future research endeavors may benefit from integrating both qualitative and quantitative methodologies, as previously noted in the limitations section of this study.

This combined approach can provide a more comprehensive examination of the complexities associated with the SBW schema and its influence on mental health and help-seeking behaviors among Black/African American women. Within mixed methods research one can measure a significant relationship between the SBW schema and mental health well-being. Additionally, investigating the effectiveness of cognitive behavioral therapy in promoting the reframing of negative cognitions regarding the significance of seeking support, while preserving the positive attributes of the SBW schema (Watson-Singleton, 2017), could offer valuable insights into enhancing mental health and help-seeking behaviors within this demographic.

## Implications

### Positive Social Change

The research study on professional Black/African American women and the SBW schema carries several potential implications for positive social change within the defined scope. The study's findings can serve to heighten awareness within the Black/African American women demographic, mental health professionals, and the broader populace regarding the detrimental ramifications of the SBW schema on both mental well-being and help-seeking behaviors. This awareness serves as a pivotal initial stride in addressing this concern and instigating constructive transformation.

This research may empower Black/African American women by affording them a platform to candidly share their encounters and challenges with the SBW schema. This collaborative forum can foster a sense of community and solidarity amongst

Black/African American women, fostering an environment that encourages mutual support in mitigating the adverse impacts of this cultural archetype/cognitive schema.

**Positive Mental Health Treatment Outcomes**

Mental health professionals and counselors may derive valuable insights from this research concerning the distinct hurdles confronted by Black/African American women and the SBW schema. Such knowledge equips them to better engage and formulate therapeutic strategies and interventions that are culturally attuned and tailored to this demographic. Health personnel can access information from this qualitative study through various means, ensuring they derive valuable insights for improving healthcare practice by access through institutional subscriptions, online databases, or open-access journals or by engaging in continuing education programs that incorporate findings from this study or similar studies. By promoting a proclivity for seeking help among Black/African American women, this research may contribute to a reduction in disparities in mental health care engagement and outcomes.

**Changing Help Seeking Attitudes/Behaviors**

This study holds the potential to diminish the stigma surrounding mental health and help-seeking behaviors among Black/African American women. By acknowledging and affirming the experiences of Black/African American women contending with the SBW schema. Showing empathy and compassion can play a crucial role in encouraging someone to seek mental health treatment. Individuals experiencing mental health challenges may feel isolated, stigmatized, or apprehensive about seeking help. Demonstrating empathy and compassion can create a supportive environment, reduce

stigma, and increase the likelihood that they will consider and pursue mental health treatment. It fosters an environment of greater empathy and comprehension towards mental health issues. Consequently, it may encourage individuals to seek assistance without harboring feelings of shame or embarrassment.

**Policies and Initiatives**

These findings of this study are poised to inform policymakers and advocates about the distinct challenges faced by Black/African American women in relation to the SBW schema. Disseminating the findings of this qualitative study on the impact of the SBW schema on Black/African American women to policymakers and advocates involves strategic communication and outreach efforts. For example, Share the study findings with relevant professional organizations, advocacy groups, and associations working in the field of mental health, women's health, or racial equity. By underscoring the adverse impacts of this cultural archetype on mental health and help-seeking behaviors, the research may contribute to the development of policies and initiatives aimed at addressing these concerns and catalyzing positive transformation.

**Methodological Implications**

Researchers need to be culturally sensitive and reflexive about their own cultural biases. Understanding the cultural context of Black/African American women's experiences is crucial for conducting meaningful and respectful research.

Qualitative studies often employ multiple data collection methods, such as interviews, focus groups, or participant observations. I carefully chose methods that allowed participants to express their experiences with the SBW schema in a way that felt

comfortable and authentic. While this study did not aim for statistical generalizability, I strived for transferability by providing detailed descriptions of the study context and participants. This allows readers to assess the relevance of findings to other contexts.

**Theoretical Implications**

The findings bear theoretical significance by extending current frameworks pertaining to intersectionality and self-silencing. This investigation contributes to the refinement of the intersectionality theory, enabling a more intricate examination of the mechanisms through which privilege and oppression manifest in specific contexts. It elucidates the complex experiences of individuals who may encounter privilege in one facet of their identity while concurrently grappling with oppression in another. Moreover, the study augments the understanding of the SST through its implications on societal expectations, shedding light on the broader cultural dynamics and social norms that shape gender roles and communication within the targeted population. The insights garnered from participants underscore the nuanced interplay between individual experiences and overarching societal constructs, thereby enriching our comprehension of the intricate dynamics at play.

<div align="center">Conclusions</div>

It is imperative to acknowledge that the sample size of 11 Black/African American professional women participated in this study may not comprehensively represent the diverse array of perspectives held by Black/African American women regarding the role of the SBW schema in their day-to-day lives.

This study has provided a framework to contribute valuable insights to the existing literature concerning the influence of the SBW schema on the mental health and help-seeking behaviors of Black/African American professional women. Moreover, the study's concentration on resiliency within the context of accomplished Black/African American women has brought a more nuanced understanding of the experiences of those who adopt the SBW schema. These individuals may grapple with emotional challenges in isolation, an experience that is often trivialized or misinterpreted.

This phenomenon is further compounded by the notably low rate of Black/African American professional women seeking professional mental health services, despite having both access and financial means to avail themselves of such resources. Lee (2016) posited that Black/African American female college students exhibit notable levels of resilience, robust self-identities, intrinsic motivation, and effective coping mechanisms. These attributes, while sometimes underutilized, have the potential to catalyze significant personal and academic growth when appropriately nurtured and supported within the contexts of life and higher education. This demonstrates that there is some change towards reducing the negative consequences of the SBW schema.

Through this study, I have confirmed many of the barriers presented in past literature about Black African American women's experiences with the SBW schema. Most participants confirmed encountering common barriers such as pride, distrust in the mental health system, a strong inclination towards self-reliance, a pervasive sense of being misunderstood, and a deficiency of emotional support. However, this study revealed compelling insights into the motivating factors and positive aspects that lead

Black/African American professional women, an often marginalized, stigmatized, and disenfranchised demographic in the United States, to endorse the SBW schema. Notably, the term *"strong"* and its variations were collectively referenced 52 times during the interviews, potentially indicating that most participants perceived a societal imperative to project strength, even in the face of overwhelming challenges.

Within this study, an examination was conducted on the influence of the SBW schema on the daily experiences of professional Black/African American women. Prior literature has predominantly concentrated on aspects such as the SBW schema itself, help-seeking attitudes, and the experiences of Black/African American women, often without consideration for instances where there is heightened accessibility and reduced or mitigated barriers to mental health services.

Nelson et al. (2020) explored the help-seeking process for depression among Black/African American women in the United States. Despite positive attitudes towards seeking help, many participants hesitated or declined treatment. The research identified three key themes in the help-seeking process: (1) the belief that seeking help is important, but not for oneself; (2) questioning the necessity of seeking help; and (3) prioritizing self-care despite external opinions. The study also highlights the influence of the SBW role, revealing three themes: (1) masking or ignoring pain, (2) struggling to ask for help, and (3) neglecting self-care. Overall, the findings underscored the significance of understanding how the SBW schema affects help-seeking behavior for depression in Black/African American women. In this study, nine out 11 Black/African American women masked or ignored pain, 10 out 11 struggled to seek help, and six out 11

mentioned not having time for self-care. This study sought to contribute to the existing body of knowledge by exploring this specific context.

Consistently, participants articulated significant elements of their lived experiences associated with the endorsement of the SBW schema. All participants conveyed nuanced perspectives on both the affirmative and detrimental facets of the SBW schema, and how it may have affected their daily lives. The majority concurred that they often grapple with the sole responsibility of managing the daily stressors inherent to being a Black/African American woman in the United States. Additionally, most participants identified distinct stressors prevalent within their workplace, including experiences of racial and gender discrimination, as well as perceived double standards in comparison to their White counterparts. Lastly, each participant expressed their viewpoints regarding the societal and communal support they deemed essential.

In conclusion, the prevailing consensus among participants was that embracing the SBW schema exerted adverse effects on their mental health and initially hindered their inclination to seek assistance. Nonetheless, participants continued to find themselves drawn to the SBW schema due to its perceived positive outcomes, including serving as a source of motivation, an adaptive coping mechanism, and a means of challenging societal stereotypes of Black/African American women. An underlying theme that emerged was the participants' intrinsic drive to substantiate their worth, whether it be in their professional roles, in demonstrating strength, or in asserting their independence.

Black/African American women in the United States bear the weight of a historically ingrained negative perception, originating from the enslavement of West

African people during U.S. history. This enduring legacy extends to encompass the burdens carried by their ancestors and previous generations of Black/African American women, who are descendants of enslaved Africans. Consequently, Black/African American women navigate a unique set of stressors that are both unfortunate and unjust, stemming from the intersectionality of oppression, racism, and sexism. These factors have given rise to negative perceptions, entrenched stereotypes, and the marginalization of Black/African American women. As a result, the SBW schema has emerged as a coping mechanism, compelling Black/African American women to project strength, self-reliance, and independence, often at the cost of suppressing their own voices. Education attainment plays a pivotal role in mitigating the impact of miseducation and fostering a more nuanced understanding of the experiences of Black/African American women.

References

Abrams, J. A., Hill, A., & Maxwell, M. L. (2019). Underneath the mask of the Strong Black Woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among U.S. Black women. *Sex Roles, 80,* 517–526.

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the "Strong Black Woman" schema. *Psychology of Women Quarterly, 38*(4), 503–518. https://doi.org/10.1177/0361684314541418

Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus, 15(*5), e39549. https://doi.org/10.7759/cureus.39549

Alang S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research, 54*(2), 346–355. https://doi.org/10.1111/1475-6773.13115

Alegría, M., Alvarez, K., Ishikawa, R. Z., DiMarzio, K., & McPeck, S. (2016). Removing obstacles To eliminating racial And ethnic disparities in behavioral health care. *Health Affairs (Project Hope), 35*(6), 991–999. https://doi.org/10.1377/hlthaff.2016.0029

Al-Faham, H., Davis, A. M., & Ernst, R. (2019). Intersectionality: From theory to practice. *Annual Review of Law and Social Science, 15*(1), 247–265.

Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological Qualitative Methods Applied to the Analysis of Cross-Cultural Experience in Novel Educational Social Contexts. *Frontiers in psychology*, *13*, 785134. https://doi.org/10.3389/fpsyg.2022.785134

Allen, A. M., Thomas, M. D., Michaels, E. K., Reeves, A. N., Okoye, U., Price, M. M., Hasson, R. E., Syme, S. L., & Chae, D. H. (2019). Racial discrimination, educational attainment, and biological dysregulation among midlife African American women. *Psych Neuroendocrinology, 99*, 225–235.

Assari, S., Moazen-Zadeh, E., Caldwell, C. H., & Zimmerman, M. A. (2017). Racial discrimination during adolescence predicts mental health deterioration in adulthood: Gender differences among Blacks. *Frontiers in Public Health, 104*.

Baeza, M. J., De Santis, J. P., & Cianelli, R. (2022). A concept analysis of self-silencing. *Issues in Mental Health Nursing*, 1-10.

Baldwin, T. (1998). The Phenomenology of Perception. In Merleau-Ponty, Maurice (1908–61). In The Routledge Encyclopedia of Philosophy. Taylor and Francis. Retrieved 19 Mar. 2023, from https://www.rep.routledge.com/articles/biographical/merleau-ponty-maurice-1908-61/v-1/sections/the-phenomenology-of-perception. https://doi.org/10.4324/9780415249126-DD045-1

Banaji, M. R., Fiske, S. T., & Massey, D. S. (2021). Systemic racism: Individuals and interactions, institutions and society. *Cognitive Research, 6*, 82. https://doi.org/10.1186/s41235-021-00349-3

Banks, K. H., & Kohn-Wood, L. P. (2002). Gender, ethnicity and depression: Intersectionality in mental health research with African American women. *Scholarship, 6.* https://digitalcommons.iwu.edu/psych_scholarship/6

Bastos, J. L., Duquia, R. P., González-Chica, D. A., Mesa, J. M., & Bonamigo, R. R. (2014). Field work I: Selecting the instrument for data collection. *Anais Brasileiros de Dermatologia, 89*(6), 918–923. https://doi.org/10.1590/abd1806-4841.20143884

Bernard, D. L., Lige, Q. M., Willis, H. A., Sosoo, E. E., & Neblett, E. W. (2017). Impostor phenomenon and mental health: The influence of racial discrimination and gender. *Journal of Counseling Psychology, 64*(2), 155.

Billups, S., Thelamour, B., Thibodeau, P., & Durgin, F. H. (2022). On intersectionality: Visualizing the invisibility of Black women. *Cognitive Research, 7*, 100. https://doi.org/10.1186/s41235-022-00450-1

Bond, K. T., Leblanc, N. M., Williams, P., Gabriel, C. A., & Amutah-Onukagha, N. N. (2021). Race-based sexual stereotypes, gendered racism, and sexual decision making among young Black cisgender women. *Health Education & Behavior, 48*(3), 295–305. https://doi.org/10.1177/10901981211010086

Bonisteel, I., Shulman, R., Newhook, L. A., Guttmann, A., Smith, S., & Chafe, R. (2021). Reconceptualizing recruitment in qualitative research. *International Journal of Qualitative Methods, 20*, 16094069211042493.

Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. Qualitative Research in Sport, Exercise and Health, 13(2), 201-216.

Brody, D. J., Pratt, L. A., & Hughes, J. P. (2018). Prevalence of depression among adults aged 20 and over: United States, 2013-2016.

Brown, D., Blackmon, S., Griffin-Fennell, F., Darden, T., & Bannerman, D. (2020). Intersectional Perspectives of Black Women's Mental Health: Strategies for Clinical Training. Women & Therapy, 43(3-4), 330-347. https://doi.org/10.1080/02703149.2020.1729467

Butina, M. (2015). A Narrative approach to qualitative inquiry. American Society for Clinical Laboratory Science, 28(3), 190-196. DOI: https://doi.org/10.29074/ascls.28.3.190

Calaza, K. C., Erthal, F. C. S., Pereira, M. G., Macario, K. C. D., Daflon, V. T., David, I. P. A., Castro, H. C., Vargas, M. D., Martins, L. B., Stariolo, J. B., Volchan, E., & de Oliveira, L. (2021, July 16). Facing racism and sexism in science by fighting against social implicit bias: A latina and Black Woman's Perspective. Frontiers. Retrieved June 5, 2022, from

https://www.frontiersin.org/articles/10.3389/fpsyg.2021.671481/full

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013).
INTERSECTIONALITY: Mapping the Movements of a Theory. Du Bois
Review: Social Science Research on Race, 10(2), 303–312.
https://doi.org/10.1017/S1742058X13000349

Carr, E. R., Szymanski, D. M., Taha, F., West, L. M., & Kaslow, N. J. (2014).
Understanding the Link Between Multiple Oppressions and Depression Among
African American Women: The Role of Internalization. Psychology of Women
Quarterly, 38(2), 233–245. https://doi.org/10.1177/0361684313499900

Center for Substance Abuse Treatment (US). (2014). Improving Cultural Competence.
Substance Abuse and Mental Health Services Administration (US).

Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health Equity Among Black Women
in the United States. Journal of Women's Health (2002), 30(2), 212–219.
https://doi.org/10.1089/jwh.2020.8868

Cook, B. L., Trinh, N. H., Li, Z., Hou, S. S., &Progovac, A. M. (2017). Trends in Racial-
Ethnic Disparities in Access to Mental Health Care, 2004-2012. Psychiatric
Services (Washington, D.C.), 68(1), 9–16.
https://doi.org/10.1176/appi.ps.201500453

Creswell, J. W., Creswell, J. D. (2018). Research Design: Qualitative, Quantitative, and
Mixed Methods (5th ed.). Thousand Oaks, CA: Sage.

Davis, Deanna R. (2016). "The Journey to the Top: Stories on the Intersection of Race and Gender for African American Women in Academia and Business," Journal of Research Initiatives, 2(1), Article 4. Available at: https://digitalcommons.uncfsu.edu/jri/vol2/iss1/4

DeCuir-Gunby, J. T., Johnson, O. T., Womble Edwards, C., McCoy, W. N., & White, A. M. (2020). African American Professionals in Higher Education: Experiencing and Coping with Racial Microaggressions. Race Ethnicity and Education, 23(4), 492-508.

de la Torre-Pérez, L., Oliver-Parra, A., Torres, X., et al. (2022). How do we measure gender discrimination? Proposing a construct of gender discrimination through a systematic scoping review. International Journal of Equity Health, 21(1). https://doi.org/10.1186/s12939-021-01581-5

Dentato, M. P. (2012, April). The Minority Stress Perspective. Psychology and AIDS Exchange Newsletter. http://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress.

Dhakal, K. (2022). NVivo. Journal of the Medical Library Association, 110(2), 270-272.

Edwards, R. R. (2008). The association of perceived discrimination with low back pain. Journal of Behavioral Medicine, 31(5), 379–389. https://doi.org/10.1007/s10865-008-9160-9

Fisher, F. D., & Coleman, M. N. (2017). Gendered-Racial Stereotypic Beliefs about African American Women and Relationship Quality. Journal of Black Sexuality and Relationships, 3(3), 91-104. doi:10.1353/bsr.2017.0006.

Foley, B. (2019). Intersectionality: A Marxist Critique. New Labor Forum, 28(3), 10–13. https://doi.org/10.1177/1095796019867944

Franco, P., & Yang, Y. (2021). Exiting fieldwork "with grace": Reflections on the unintended consequences of participant observation and researcher-participant relationships. Qualitative Market Research: An International Journal, 24(3), 358-374.

Fripp, J., & Carlson, R. (2017, April 10). Exploring the influence of attitude and stigma... - Wiley Online Library. Retrieved March 7, 2023, from https://onlinelibrary.wiley.com/doi/abs/10.1002/jmcd.12066

Fuster Guillen, D. E. (2019). Qualitative Research: Hermeneutical Phenomenological Method. Journal of Educational Psychology-Propositos y Representaciones, 7(1), 217-229.

Gaines, G. (2018, August). The strong black woman's perceptions of self-care engagement. Retrieved February 21, 2023, from https://fisherpub.sjf.edu/cgi/viewcontent.cgi?article=1380&context=education_etd

Garg, R. (2016). Methodology for research I. Indian Journal of Anaesthesia, 60(9), 640–645. https://doi.org/10.4103/0019-5049.190619

Geyton, Taylor & Johnson, Nia & Ross, Katrina. (2020). 'I'm good': Examining the internalization of the strong Black woman archetype. Journal of Human Behavior in the Social Environment. 32. 1-16. 10.1080/10911359.2020.1844838.

Gopal, D. P., Chetty, U., O'Donnell, P., Gajria, C., & Blackadder-Weinstein, J. (2021). Implicit bias in healthcare: Clinical practice, research and decision making. Future Healthcare Journal, 8(1), 40–48. https://doi.org/10.7861/fhj.2020-0233

Green, B. N. (2019). Strong like my mama: The legacy of "strength," depression, and suicidality in African American women. Women & Therapy, 42(3-4), 265-288.

Grzanka, P. R., Santos, C. E., & Moradi, B. (2017). Intersectionality research in counseling psychology. Journal of Counseling Psychology, 64(5), 453-457. http://dx.doi.org/10.1037/cou0000237

Hall, S. (2017). Black Girl Magic? The Influence of the Strong Black Woman Schema on the Mental Health of Black Women in the United States (Doctoral dissertation). Georgia State University. https://scholarworks.gsu.edu/sociology_diss/99

Hamilton, M. (1967). Development of a rating scale for primary depressive illness. The British Journal of Social and Clinical Psychology, 6(4), 278–296. https://doi.org/10.1111/j.2044-8260.1967.tb00530.x

Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. Journal of Counseling Psychology, 65, 74-85. https://doi.org/10.1037/cou0000248

Harden, K. E. (2023). How We Thrive: Black Clergywomen Experiencing Intersectionality and Influenced by the Strong Black Woman Schema.

Harvey, C. C. C. H., & Ricard, R. J. (2018). Contextualizing the concept of intersectionality: Layered identities of African American women and gay men in the Black church. Journal of Multicultural Counseling and Development, 46(3), 206–218. https://doi.org/10.1002/jmcd.12102

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. Social Science & Medicine (1982), 292, 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Henry, T. L., Jetty, A., Petterson, S., Jaffree, H., Ramsay, A., Heiman, E., & Bazemore, A. (2020). Taking a Closer Look at Mental Health Treatment Differences: Effectiveness of Mental Health Treatment by Provider Type in Racial and Ethnic Minorities. Journal of Primary Care & Community Health. https://doi.org/10.1177/2150132720966403

Hernandez-Wolfe, P., Killian, K., Engstrom, D., &Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. Journal of Humanistic Psychology, 55(2), 153–172. https://doi.org/10.1177/0022167814534322

Jaffe, R. (2017). The Relationship Between Perceived Gender Discrimination and Counterproductive Work Behaviors. Honors Undergraduate Theses. 198. https://stars.library.ucf.edu/honorstheses/198

Jones, V. (2020, October). The "s" factor: Exploring the relationship ... - rutgers university. Retrieved March 7, 2023, from https://rucore.libraries.rutgers.edu/rutgers-lib/64898/PDF/1/play/

Jones, L. V., Hopson, L., Warner, L., Hardiman, E. R., & James, T. (2015). A Qualitative Study of Black Women's Experiences in Drug Abuse and Mental Health Services. AFFILIA-Journal of Women and Social Work, 30(1), 68–82.

Kawaii-Bogue, B., Williams, N. J., &MacNear, K. (2017). Mental health care access and treatment utilization in African American communities: An integrative care framework. Best Practices in Mental Health: An International Journal, 13(2), 11–29.

Knighton, J. S., Dogan, J., Hargons, C., & Stevens-Watkins, D. (2022). Superwoman Schema: a context for understanding psychological distress among middle-class African American women who perceive racial microaggressions. Ethnicity & health, 27(4), 946–962. https://doi.org/10.1080/13557858.2020.1818695

Kostere, S., &Kostere, K. (2021). The generic qualitative approach to a dissertation in the social sciences: A step by step guide. Routledge.

Krieger N. (2020). Measures of Racism, Sexism, Heterosexism, and Gender Binarism for Health Equity Research: From Structural Injustice to Embodied Harm-An Ecosocial Analysis. Annual review of public health, 41, 37–62. https://doi.org/10.1146/annurev-publhealth-040119-094017

Lara-Cinisomo, S., Clark, C. T., & Wood, J. (2018). Increasing diagnosis and treatment of perinatal depression in Latinas and African American women: addressing stigma is not enough. Women's Health Issues, 28(3), 201-204.

Lee, J. A. (2016). From underdog to overcomer: Counter-stories of academic resilience from Black, first generation college students from low-income backgrounds, studying at a Predominantly White Institution. Michigan State University.

Lewis, J. A., & Grzanka, P. R. (2016). Applying intersectionality theory to research on perceived racism. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), The cost of racism for people of color: Contextualizing experiences of discrimination (pp. 31–54). American Psychological Association. https://doi.org/10.1037/14852-003

Lewis, J. A., Mendenhall, R., Harwood, S. A., & Browne Huntt, M. (2016). "Ain't I a woman?" Perceived gendered racial microaggressions experienced by Black women. The Counseling Psychologist, 44(5), 758-780.

Ligon, J. L. (2022, January 5). Being a strong black woman and willing to seek help. Deep Blue Repositories. Retrieved March 6, 2023, from https://deepblue.lib.umich.edu/handle/2027.42/171099

Lindsay, K. (2015). Beyond "Model Minority," "Superwoman," and "Endangered Species": Theorizing Intersectional Coalitions among Black Immigrants, African American Women, and African American Men. J Afr Am St, 19, 18–35. https://doi.org/10.1007/s12111-014-9286-5

Liao, K. Y.-H., Wei, M., & Yin, M. (2020). The Misunderstood Schema of the Strong Black Woman: Exploring Its Mental Health Consequences and Coping Responses Among African American Women. Psychology of Women Quarterly, 44(1), 84–104. https://doi.org/10.1177/0361684319883198

Loren Schweninger. (2014). Freedom Suits, African American Women, and the

    Genealogy of Slavery. The William and Mary Quarterly, 71(1), 35–62.

    https://doi.org/10.5309/willmaryquar.71.1.0035

Maier, W., Buller, R., Philipp, M., & Heuser, I. (1988). The Hamilton Anxiety Scale:

    reliability, validity and sensitivity to change in anxiety and depressive disorders.

    Journal of Affective Disorders, 14(1), 61–68. https://doi.org/10.1016/0165-

    0327(88)90072-9

Maji, S., & Dixit, S. (2019). Self-silencing and women's health: A review. International

    Journal of Social Psychiatry, 65(1), 3-13.

Maji, S., & Dixit, S. (2020). Exploring Self-Silencing in Workplace Relationships: A

    Qualitative Study of Female Software Engineers. The Qualitative Report, 25(6),

    1505-1525. https://www.proquest.com/scholarly-journals/exploring-self-

    silencing-workplace-relationships/docview/2421383620/se-2

Marecek, J. (2016). Invited Reflection: Intersectionality Theory and Feminist

    Psychology. Psychology of Women Quarterly, 40(2), 177–181.

    https://doi.org/10.1177/0361684316641090

McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., et al. (2021). Racial and Ethnic

    Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and

    Increased Substance Use Among Adults During the COVID-19 Pandemic —

    United States, April and May 2020. MMWR Morb Mortal Wkly Rep, 70, 162–

    166. DOI: http://dx.doi.org/10.15585/mmwr.mm7005a3

Michaels, E., Thomas, M., Reeves, A., et al. (2019). Coding the Everyday Discrimination Scale: Implications for exposure assessment and associations with hypertension and depression among a cross section of mid-life African American women. J Epidemiol Community Health, 73, 577-584.

Miles, A. L. (2019). "Strong Black Women": African American Women with Disabilities, Intersecting Identities, and Inequality. Gender & Society, 33(1), 41–63. https://doi.org/10.1177/0891243218814820

Miranda, R., Soffer, A., Polanco-Roman, L., Wheeler, A., & Moore, A. (n.d.). Mental Health Treatment Barriers Among Racial/Ethnic Minority Versus White Young Adults 6 Months After Intake at a College Counseling Center. JOURNAL OF AMERICAN COLLEGE HEALTH, 63(5), 291–298. https://doi-org.ezp.waldenulibrary.org/10.1080/07448481.2015.1015024

Moody, A. T., Lewis, J. A., & Owens, G. P. (2023). Gendered Racism, Coping, and Traumatic Stress Among Black Women: The Moderating Roles of the Strong Black Woman Schema and Womanist Attitudes. Psychology of Women Quarterly, 47(2), 197-212. https://doi.org/10.1177/03616843221143752

Myers, H. F., Wyatt, G. E., Ullman, J. B., Loeb, T. B., Chin, D., Prause, N., Zhang, M., Williams, J. K., Slavich, G. M., & Liu, H. (2015). Cumulative burden of lifetime adversities: Trauma and mental health in low-SES African Americans and Latino/as. Psychological Trauma: Theory, Research, Practice, and Policy, 7(3), 243–251. https://doi.org/10.1037/a0039077

National Ethics Advisory Committee. (2019). National ethical standards for health and
disability research and quality improvement. Wellington: Ministry of Health.

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking Strength: Black
Women's Perceptions of the "Strong Black Woman" Role. Psychology of Women
Quarterly, 40(4), 551–563. https://doi.org/10.1177/0361684316646716

Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I Really Need to Go and See
Somebody? Black Women's Perceptions of Help-Seeking for Depression. Journal
of Black Psychology, 46(4), 263-286. https://doi.org/10.1177/0095798420931644

Neubauer, B. E., Witkop, C. T., &Varpio, L. (2019). How phenomenology can help us
learn from the experiences of others. Perspectives on Medical Education, 8(2),
90–97. https://doi.org/10.1007/s40037-019-0509-2

Okoro, O. N., Hillman, L. A., &Cernasev, A. (2021). Intersectional invisibility
experiences of low-income African American women in healthcare encounters.
Ethnicity & Health. DOI: 10.1080/13557858.2021.189913

Parnell, R. N., Lacey, K. K., & Wood, M. (2022). Coping and Protective Factors of
Mental Health: An Examination of African American and US Caribbean Black
Women Exposed to IPV from a Nationally Representative Sample. International
Journal of Environmental Research and Public Health, 19(22), 15343.
https://doi.org/10.3390/ijerph192215343

Perlman, M. (2018, October 23). The origin of the term 'intersectionality'. Columbia
    Journalism Review. Retrieved March 6, 2023, from
    https://www.cjr.org/language_corner/intersectionality.php

Power, S. A., Velez, G., Qadafi, A., & Tennant, J. (2018). The SAGE model of social
    psychological research. Perspectives on Psychological Science, 13(3), 359-372.

Prosek, E. A., & Gibson, D. M. (2021). Promoting rigorous research by examining lived
    experiences: A review of four qualitative traditions. Journal of Counseling &
    Development, 99(2), 167-177.

Radcliffe, P., Gadd, D., Henderson, J., Love, B., Stephens-Lewis, D., Johnson, A.,
    Gilchrist, E., & Gilchrist, G. (2019). What Role Does Substance Use Play in
    Intimate Partner Violence? A Narrative Analysis of In-Depth Interviews with
    Men in Substance Use Treatment and Their Current or Former Female Partner.
    Journal of Interpersonal Violence. https://doi.org/10.1177/0886260519879259

Romero, R. E. (2000). The icon of the strong Black women: The paradox of strength. In
    L. C. Jackson & B. Greene (Eds.), Psychotherapy with African American
    Women: Innovations in Psychodynamic Perspective and Practice (pp. 225–238).
    New York, NY: Guilford.

Sanchez, D., &Awad, G. (2016). Ethnic group differences in racial identity attitudes,
    perceived discrimination and mental health outcomes in African American, Black
    Caribbean and Latino Caribbean college students. International Journal of Culture
    and Mental Health, 9(1), 31-43. DOI: 10.1080/17542863.2015.1081955

Scott, J., James, K. F., Méndez, D. D., Johnson, R., & Davis, E. M. (2023). The wear and tear of racism: Self-silencing from the perspective of young Black women. *SSM. Qualitative research in health*, *3*, 100268. https://doi.org/10.1016/j.ssmqr.2023.100268

Shariff-Marco, S., Breen, N., Landrine, H., Reeve, B. B., Krieger, N., Gee, G. C., Williams, D. R., Mays, V. M., Ponce, N. A., Alegría, M., Liu, B., Willis, G., & Johnson, T. P. (2011). Measuring everyday racial/ethnic discrimination in health surveys: How Best to Ask the Questions, in One or Two Stages, Across Multiple Racial/Ethnic Groups? Du Bois Review: Social Science Research on Race, 8(1), 159–177. https://doi.org/10.1017/S1742058X11000129

Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. OD Practitioner, 52(1), 50-58.

Smolak, L. (2010). Gender as culture: The meanings of self-silencing in women and men. In D. C. Jack & A. Ali (Eds.), Silencing the Self Across Cultures: Depression and Gender in the Social World (pp. 129–146). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195398090.003.0007

Spates, K., Evans, N.M., Watts, B.C. et al. (2020). Keeping Ourselves Sane: A Qualitative Exploration of Black Women's Coping Strategies for Gendered Racism. Sex Roles, 82, 513–524. https://doi.org/10.1007/s11199-019-01077-1

Stanton, A. G., Jerald, M. C., Ward, L. M., & Avery, L. R. (2017). Social Media Contributions to Strong Black Woman Ideal Endorsement and Black Women's Mental Health. Psychology of Women Quarterly, 41(4), 465–478. https://doi.org/10.1177/0361684317732330

Taylor-Lindheim, T. (2016). A Mixed-Methods Study Exploring the African American Woman's Experiences of the Strong Black Woman Stereotype (Order No. 10125629). Available from ProQuest One Academic. (1796968920). ProQuest link

Taylor, D., & Richards, D. (2019, April 24). Triple Jeopardy: Complexities of Racism, Sexism, and Ageism on the Experiences of Mental Health Stigma Among Young Canadian Black Women of Caribbean Descent. Frontiers. DOI: 10.3389/fsoc.2019.00043

Tenny, S., Brannan, G. D., Brannan, J. M., & Sharts-Hopko, N. C. (2017). Qualitative study.

Tipre M, Carson TL (2022). A qualitative assessment of gender- and race-related stress among black women. Women's Health Report, 3(1), 222–227. DOI: 10.1089/whr.2021.0041

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. Cultural Diversity and Ethnic Minority Psychology, 14(4), 307.

Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. Journal of healthcare communications, 2(4), 52.

Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Pescosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. BMC medicine, 17(1), 7. DOI: 10.1186/s12916-018-1246-9

Vargas, S. M., Huey Jr, S. J., & Miranda, J. (2020). A critical review of current evidence on multiple types of discrimination and mental health. American Journal of Orthopsychiatry, 90(3), 374.

Waldron, I.R.G. (2019). Archetypes of Black Womanhood: Implications for Mental Health, Coping, and Help-Seeking. In: Zangeneh, M., Al-Krenawi, A. (eds) Culture, Diversity and Mental Health - Enhancing Clinical Practice. Advances in Mental Health and Addiction. Springer, Cham. DOI: 10.1007/978-3-030-26437-6_2

Ward, E. C., Clark, l., & Heidrich, S. (2009). African American Women's beliefs, coping behaviors, and barriers to seeking mental health services. Qualitative Health Research, 19(11), 1589–1601. DOI: 10.1177/1049732309350686

Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. Nursing Research, 62(3), 185–194. DOI: 10.1097/NNR.0b013e31827bf53

Watson, L. B., Deblaere, C., Langrehr, K. J., Zelaya, D. G., & Flores, M. J. (2016). The influence of multiple oppressions on women of color's experiences with insidious trauma. Journal of Counseling Psychology, 63(6), 656-667. DOI: 10.1037/cou0000165

Watson, N. N., & Hunter, C. D. (2016). "I Had To Be Strong": Tensions in the Strong Black Woman Schema. Journal of Black Psychology, 42(5), 424–452. DOI: 10.1177/0095798415597093

Watson-Singleton, N. N. (2017). Strong Black Woman Schema and Psychological Distress: The Mediating Role of Perceived Emotional Support. Journal of Black Psychology, 43(8), 778–788. DOI: 10.1177/0095798417732414

West L. M., Donovan R. A., Daniel A. R. (2016). The price of strength: Black college women's perspectives on the strong Black woman stereotype. Women and Therapy, 39, 390–412. DOI: 10.1080/02703149.2016.1116871

Williams, D. R., & Mohammed, S. A. (2013). Racism and health II: a needed research agenda for effective interventions. *American behavioral scientist*, *57*(8), 1200-1226.

Woods-Giscombé C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. Qualitative Health Research, 20(5), 668–683. DOI: 10.1177/1049732310361892

Woods, K. C. (2013). The strong black woman archetype and intentions to seek therapy for depression: A cultural application of the theory of planned behavior (Order No. 3599504). Available from ProQuest One Academic. (1461804481). ProQuest link

Wong L. (2008). Data analysis in qualitative research: a brief guide to using nvivo. Malaysian Family Physician: The Official Journal of the Academy of Family Physicians of Malaysia, 3(1), 14–20.

Worboys M. (2013). The Hamilton Rating Scale for Depression: The making of a "gold standard" and the unmaking of a chronic illness, 1960-1980. Chronic Illness, 9(3), 202–219. DOI: 10.1177/1742395312467658

Wright, E. (2021). The Intersectionality of Systemic Barriers to Mental Health Services and the Perception of Mental Health in the Black Community (Doctoral dissertation, The Chicago School of Professional Psychology).

Yearby, R. (2019). Internalized Oppression: The Impact of Gender and Racial Bias in Employment on the Health Status of Women of Color. Seton Hall Law Review, 49(5), 1037.

Young, M. S. (2018). The relationship between the strong Black woman archetype and attitudes towards seeking professional psychological help in intimate partner violence relationships among African American women.

Zamawe F. C. (2015). The Implication of Using NVivo Software in Qualitative Data Analysis: Evidence-Based Reflections. Malawi Medical Journal: The Journal of the Medical Association of Malawi, 27(1), 13–15. DOI: 10.4314/mmj.v27i1.4

Appendix A: Semi-Structured Interview Protocol

**Date:** _____
**Time:** _____
**Participant ID Number:** _____

1. Can you tell me about your experiences as a Black/African American woman and how you have navigated the societal expectations of the Strong Black Woman schema?

2. How do you feel about the idea of the Strong Black Woman, and what do you think it means for Black/African American women?

3. Have you ever felt pressure to conform to the Strong Black Woman persona, and if so, can you describe how that has affected you?

4. In what ways has the Strong Black Woman schema helped you to cope with challenges or difficulties, and in what ways has it been a hindrance?

5. How do you think the Strong Black Woman archetype is perceived by society at large, and how does that impact Black/African American women who embody it?

6. Can you speak to the relationship between the Strong Black Woman schema and mental health, and whether you have ever struggled with seeking help when needed?

7. Have you ever felt you had to change how you behave or cope with stress while at work? If so, was this change in behavior influenced by perceived discrimination or the Strong Black Woman schema?

8. What do you think needs to change in order for Black/African American women to feel less pressure to conform to the Strong Black Woman archetype and to feel more comfortable seeking help when needed?

9. In your opinion, what role do you think the broader Black/African American community can play in supporting Black/African American women who are navigating the challenges associated with the Strong Black Woman schema?

Appendix B: Social Media Recruitment Flyer

The Strong Black Woman:
How do stereotypes impact our mental health?

Seeking Black/African American Women professionals 18years of age and older.

Dissertation Title: Strong Black Woman Schema and the Impact Among Black/African American Women

The aim of this qualitative study is to comprehensively understand the lived experiences of Black/African American women, and the significance of embracing the "Strong Black Woman" (SBW) schema. The knowledge gained from the research may be used in designing and implementing culturally tailored therapeutic interventions and specific training for mental health professionals and furthermore, contribute to positive treatment outcomes and benefits for clients, clinicians, agencies, and the communities they serve.

Participation will consist of one 60–90-minute face-to-face interview, and one 20–30-minute follow up meeting to ensure interview transcripts are correct.

Criteria for participation
- Women ages 18yrs of age or older.
- Identifies as a Black/African American woman.
- Have or had a professional occupation due to their education, license, or certification.

For further information please contact the researcher Charissa Sutton at ~~charissasutton@waldenu~~