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# The Lived Experiences of the Strong Black Woman Cultural Convention on Black Women Counselors' Emotional Intelligence

Pranati Walker  
*Walden University*

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Pranati B. Walker

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

Review Committee

Dr. Corinne Bridges, Committee Chairperson, Counselor Education and Supervision  
Faculty

Dr. Geneva Gray, Committee Member, Counselor Education and Supervision Faculty

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

Walden University  
2026

Abstract

The Lived Experiences of the Strong Black Woman Cultural Convention on Black  
Women Counselors' Emotional Intelligence

by

Pranati B. Walker

MA, South University, 2022

BS, Virginia College, 2017

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Counselor Education and Supervision

Walden University

May 2026

## Abstract

Emotional intelligence (EI) is a critical competency for counselors due to the relational and emotionally demanding nature of counseling. Although existing literature explored EI among Black women broadly, limited research examined the experiences of Black women counselors (BWCs). This descriptive phenomenological study was guided by the philosophy of phenomenology and explored the lived experiences and impact of the SBW cultural convention on the EI of BWCs. The researcher explored the lived experiences of BWCs regarding the SBW cultural convention and its impact on emotional intelligence. Participant data from eight semi-structured interviews were collected. The participants identified as female gender identity, assigned female at birth, BWCs who understood the SBW cultural convention and felt it impacted their EI, and were from various socioeconomic backgrounds. Data analysis using Giorgi's descriptive phenomenological method resulted in eight emergent themes: intergenerational transmission of strength and survival, cultural heritage and identity formation, duality and complexity, faith as a foundational source of strength and resilience, healing through therapeutic engagement, the negative side of seeking help, professional identity development, and EI and self-awareness within the context of cultural strength norms. This study contributes to counseling literature by examining how culturally embedded expectations shape emotional awareness and wellness. Implications highlight the need for counselor education programs, supervision, and professional development to address strength norms while promoting emotional expression, boundary setting, and help seeking to support well-being and sustainable professional engagement among BWCs.

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## Dedication

This dissertation is dedicated to my mom, Gwendolyn Ann Kelley, whose unwavering love, sacrifice, and encouragement were the foundation of my journey. Her love, strength, resilience, and faith inspired me every step of the way. She taught me to believe in myself, to persevere through challenges, and to lead with compassion and integrity. This accomplishment is as much hers as it is mine. I am forever grateful to her for being my most excellent role model, steadfast supporter, and source of endless inspiration. I am thankful forever. I am who I am today because of her! I love you Mommy, and I miss you!

Who can find a virtuous woman? for her price is far above rubies (Proverbs 31:10)

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## Chapter 1: Introduction to the Study

In professional counseling, emotional intelligence (EI) fosters effective therapeutic relationships and promotes positive client outcomes (Frajo-Apor et al., 2016). Counselors with high EI are better equipped to empathize with their clients, recognize and manage their emotional responses, and respond sensitively to the emotions of those with maladaptive emotional regulation (Sims, 2017). Understanding and regulating emotions helps counselors create a safe, supportive environment and facilitate deeper trust and rapport building (Van Dusseldorp et al., 2011). Furthermore, EI allows counselors to remain attuned to nonverbal cues and emotional shifts during sessions, enabling them to adapt their approach to meet each client's unique needs (Frajo-Apor et al., 2016). By integrating EI into practice, counselors can enhance their ability to offer guidance, reduce emotional distress, and empower clients to navigate complex emotional issues with greater resilience and insight (Kulkarni & Velhal, 2023). The term EI often refers only to the general population, not specifically professional counselors. Stress, burnout, compassion fatigue, and other mental health issues are prevalent among counselors and can harm their clinical work, but an unhealthy EI can as well (Newell & McNeil, 2010).

The Strong Black Woman (SBW) is a cultural convention that refers to expectations and societal beliefs about Black women's strength, resilience, and emotional endurance (Laye, 2023). This ideal is based on self-sufficiency, emotional toughness, and the ability to persevere through adversity, often in the face of systemic challenges such as racism, sexism, and socioeconomic hardships (Laye, 2023; Lee & Haskins, 2025; Nelson

et al., 2016; Watson & Hunter, 2016). The SBW is frequently seen as someone who remains unshaken, provides care for others, and does so without seeking support or appearing vulnerable (Laye, 2023; Lee & Haskins, 2025). I conducted an exploration of the lived experiences of Black women counselors (BWCs) in relation to the SBW cultural convention because it may be affecting their EI. The internalization of the SBW cultural conventions may lead BWCs to suppress their emotional needs in favor of appearing resilient and self-reliant, which can negatively impact EI by limiting emotional self-awareness, regulation, and the capacity to seek support (Laye, 2023; Lee & Haskins, 2025). These concerns are particularly significant in their roles as helping professionals, where EI is critical for establishing therapeutic alliances, modeling healthy emotional expression, and maintaining personal and professional boundaries. Unless Black women begin to understand how the SBW cultural conventions may be affecting their EI, it will be problematic for them to overcome cultural stigmas, positively present professionally, and potentially achieve their desired life goals.

Due to the limited body of research focused on the EI of BWCs, I explored and synthesized relevant literature pertaining to EI and the professional experiences of Black women within the counseling field. In this chapter, I outline the purpose of the study, define the research problem, examine its significance within the counseling profession, and consider potential implications for promoting positive social change. Additionally, I include operational definitions, the research question, and the conceptual framework supporting this study, as well as the assumptions, scope, delimitations, and limitations.

## **Background**

Seeking professional help outside of spiritual beliefs was not viable or acceptable for Black women for many years (Avent-Harris, 2021). Researchers found that the unique experiences of Black women have been affiliated with societal stressors such as sexism, racism, microaggressions, socioeconomic insufficiency, and their spiritual and religious beliefs (Lee & Haskins, 2025). These stressors are connected to the behavioral issues associated with emotion dysregulation (Kwon, P. et al., 2022). National statistics indicated that Black Americans have worse health outcomes than non-Hispanic White Americans due in part to cultural conventions (Hankerson, et al., 2015). According to Tipre (2022, as cited in Cuffee et al., 2024), Black women reported greater levels of psychological and social stress than White women and carry a disproportionate burden of chronic conditions associated with psychological stress. Woods-Giscombe (2010) and Geronimus et al. (2006) introduced the Superwoman Cultural Convention, a concept highlighting how many Black women internalize stress differently than White women. Both studies found that Black women process and internalize stress differently than White women.

Researchers suggested that stressors may be responsible for increased biological aging in Black women. In 2015, National Center for Health Statistics data indicated that Black women's life expectancy was approximately 3 years shorter than that of White women (nearly 77 vs. 80 years) (Arias, Kochanek, & Anderson, 2015). Such disparities may reflect cumulative stress related to systemic inequities and cultural expectations, consistent with the weathering hypothesis (Geronimus, 1992; Geronimus et al., 2006;

Geronimus et al., 2010), which links sustained psychosocial burden to poorer health outcomes among Black women (CDC, 2015). Moreover, Quin and Grumbach (2015) argued that the differences in experiences between Black women and White American women make it challenging to apply general theories and interventions to understanding Black women when the theories and interventions were intended for and created by Whites.

Researchers have suggested that religious beliefs are protective of mental health in the Black community (Avent Harris, 2021). According to Malone and Hargons (2021), Black individuals use spiritual and religious resources in treatment to address their mental health symptoms. Still, there is minimal research discussing how the spiritual or religious beliefs of BWC have affected their EI and prevented them from seeking professional counseling services to address their mental health challenges. However, cultural backgrounds and/or conventions can significantly affect individuals' emotional expression and regulation style (Ma et al., 2021; Qu & Telzer, 2017). Although researchers have investigated BW and EI (Bond, 2023; Bradshaw, 2008; Grissette Banks, 2014), limited research had been done to understand how the SBW cultural convention might affect the EI of Black women. Further, there was a dearth of research focused on the EI of BWC.

The lack of culturally informed research on the emotional experiences of Black women has significant implications for BWC. Historically, researchers have emphasized perceived emotional shortcomings or negative attitudes among Black women (Ashley, 2014; Doherty, 2020; Watson-Singleton, 2017), often without acknowledging the

strengths, resilience, or systemic and cultural factors contributing to these outcomes. This deficit-based framing overlooks the broader context of generational and cultural influences that shape emotional expression and regulation within Black communities (Ashley, 2014). As a result, BWC may be misrepresented or unsupported in professional and academic discourse, limiting their development and the effectiveness of culturally responsive interventions (Haskins & Singh, 2015).

The field of counseling is a professional discipline rooted in the promotion of mental health, emotional well-being, and personal growth across the lifespan (American Counseling Association [ACA], 2024; Nor, 2020). The field of counseling encompasses a wide range of services, including individual, group, couples, and family therapy, as well as career and school counseling (Mearns et al., 2013; Nor, 2020). Counseling is distinct in its emphasis on holistic development, preventive approaches, and the therapeutic relationship as a central tool for change (ACA, 2024). Grounded in humanistic, developmental, and culturally responsive frameworks, counselors are trained to support clients through challenges such as trauma, grief, identity development, relationship difficulties, academic concerns, and emotional regulation (Nor, 2020). Within the overall counseling profession, there is significant emphasis on the importance of the counselor's self-awareness, EI, and capacity for reflective practice (ACA, 2024). These attributes are essential for fostering authentic therapeutic alliances and for navigating complex interpersonal and systemic dynamics (ACA, 2024; Lichtenberg et al., 2016). Within this context, understanding the experiences and emotional competencies of counselors from

marginalized groups, such as BWC, is vital for advancing equity and enhancing the effectiveness of the profession (Haskins & Singh, 2015).

This contextualization of the counseling profession is essential to understanding the intersection between the SBW cultural convention and EI. The counseling field emphasizes emotional awareness, regulation, vulnerability, and culturally responsive care (ACA, 2014; Nor, 2020), all of which may conflict with the core conventions of the SBW cultural convention, which valorizes emotional restraint, self-reliance, and the suppression of personal needs (Geronimus et al., 2010; Woods-Giscombe, 2010). For BWC, the internalization of the SBW cultural convention may complicate their ability to fully engage with or model key EI competencies, potentially impacting both their personal wellbeing and professional practice (Geronimus et al., 2010; Woods-Giscombe, 2010). By situating the counseling profession within its humanistic and culturally responsive foundations, highlights the importance of critically examining how cultural narratives such as the SBW cultural conventions influence emotional development and expression among Black women in helping roles (Geronimus et al., 2010; Woods-Giscombe, 2010).

BWC are professional mental health practitioners who identify as women of African descent and provide counseling services across a range of settings, including schools, private practices, community health centers, and clinical environments (Ashley, 2014; Kwon, P., 2022). They are often dually situated at the intersection of race and gender, navigating both systemic racism and gender bias within the broader mental health profession and the communities they serve (Ashley, 2014; Watson-Singleton, 2017). As

culturally competent providers, BWC bring unique lived experiences and perspectives that enhance their ability to support diverse populations, particularly clients from marginalized or underserved backgrounds (Ashley, 2014; Watson-Singleton, 2017). Despite their critical role, BWC often face challenges such as underrepresentation, cultural misperceptions, and limited access to mentorship and advancement opportunities (Kwon, E. et al., 2022; Watson-Singleton, 2017). Their experiences reflect both the resilience inherent in their professional identity and the ongoing need for research that centers their voices, emotional labor, and contributions to the field of counseling (Kwon, P. et al., 2022). Addressing these cultural hindrances through strength based, contextually grounded research is essential for advancing equity and fostering a more inclusive understanding of EI in the counseling profession.

EI is broadly defined as the ability to perceive, understand, regulate, and express emotions effectively in oneself and others (Goleman, 1995). First popularized by Daniel Goleman (1995), the concept of EI has since evolved through multiple theoretical models, including Mayer and Salovey's (1997) ability based model, which emphasizes EI as a set of interrelated cognitive emotional skills, and Goleman's mixed model, which incorporates social competencies and personality traits such as motivation, empathy, and interpersonal effectiveness (Goleman, 1995; Mayer & Salovey, 1997).

In the context of counseling, EI is foundational to clinical competency (Gutierrez, & Mullen, 2016). Counselors are frequently required to navigate complex emotional exchanges, demonstrate empathy, and maintain a strong therapeutic alliance with clients, all of which are facilitated by high levels of EI (Easton et al., 2008). EI contributes to

effective communication, conflict resolution, and the counselor's ability to respond to clients in a nonjudgmental and emotionally attuned manner (Gutierrez & Mullen, 2016). Furthermore, EI supports counselors in managing their own emotional responses to client disclosures, ethical dilemmas, and vicarious trauma, making it a key component of counselor resilience and professional sustainability (Gutierrez & Mullen, 2016).

Despite its recognized importance, much of the existing literature on EI focuses on counselors in general, with limited attention to how cultural, gender, and racial identities influence EI development and expression (Harris, R., 2022). For BWC, EI may be shaped by both systemic challenges, such as racialized expectations and gendered stereotypes, and cultural strengths, such as emotional resilience and communal identity (Constantine, 2007). As such, studying EI through a culturally responsive lens not only enhances understanding of individual counselor competencies but also informs training, supervision, and practices that support the wellbeing and efficacy of a diverse counseling workforce.

Ekermans (2009) reported that several of the assessments, like the Mayer-Salovey-Caruso EI Test (MSCEIT), EQI 2.0 (Bar-On) and Emotional Competence Inventory (ECI) by Goleman lacked cultural constructs essential for accurately measuring EI across diverse populations. Bailey, A. et al. (2019) and Bailey, G. et al. (2021) noted that their EI assessment's reliability and validity resulted in lower scores for minority individuals than for majority populations. Specific cultural considerations are missing when assessing EI in Black women, therefore, it would be highly beneficial to learn about their lived experiences and how these lived experiences may have affected their EI. The

intersection of EI and the SBW cultural conventions presents a critical lens through which to examine the experiences of BWC. EI defined by competencies such as self-awareness, emotional regulation, empathy, and interpersonal effectiveness is foundational to effective counseling practice (Gutierrez, & Mullen, 2016). However, the SBW cultural conventions often encourage emotional suppression, hyper independence, and an aversion to vulnerability, which can directly conflict with the emotional openness and self-reflectivity expected in therapeutic work (Harris, R., 2022). For BWC, internalizing the SBW cultural conventions may complicate their ability to fully access or model key EI competencies, particularly in environments where they are both providers of emotional support and members of a historically marginalized group (Geronimus et al., 2010; Harris, R., 2022; Woods-Giscombe, 2010). This dual positioning can create tension between professional expectations and culturally informed coping strategies, potentially leading to emotional exhaustion, diminished relational authenticity, or reluctance to seek supervision and support group (Geronimus et al., 2010; Harris, R., 2022; Woods-Giscombe, 2010). Understanding this overlap is essential for addressing counselor wellness, improving multicultural training, and promoting institutional practices that validate the emotional realities of Black women in counseling roles. The identified gaps in the literature I explored in this study are the effects the SBW cultural conventions can have on the EI of BWC.

These findings underscore the importance of understanding BWC lived experiences to better assess and support their EI development. Addressing this gap, specifically the impact of the SBW cultural convention on EI, contributes valuable

insights into the field and promotes social change by helping BWC recognize and navigate how cultural dynamics influence their professional and emotional expressions.

### **Problem Statement**

The reluctance to regulate behaviors and emotions in Black women is often a result of oppressive lifestyles, situations, and circumstances (Avent-Harris et al., 2023). The SBW cultural convention is a social and cultural convention within Black culture. Much of the depression and anxiety Black women face stems from the influences of the SBW cultural convention (Geyton et al., 2022; Hall et al., 2021). Moreover, SBW cultural convention identifies Black women as inherently strong, resilient, self-sufficient, and emotionally stoic, often at the expense of their wellbeing (Laye, 2023). This cultural convention originates from historical and societal expectations that have pressured Black women to prioritize others' needs, suppress vulnerability, and endure hardship without seeking help (Bailey, V., 2018; Laye, 2023). This SBW cultural convention is universally accepted (Watson & Hunter, 2016) and reinforced as a belief system passed down through generations within Black communities (Laye, 2023). This cultural convention shapes expectations about how Black women think, feel, and behave, particularly in adversity (Jones et al., 2021). Further, it is embedded in historical, social, and cultural contexts, influencing individual identities and societal perceptions (Watson et al., 2016). Understanding the experiences of the SBW cultural convention on BWC could help individuals build stronger, more resilient EI.

When a counselor possesses strong EI, it means they have a well-developed ability to recognize, understand, manage, and express both their own and those of others

(Gutierrez & Mullen, 2016). High EI in counselors is reflected in several key capacities, such as self-awareness, self-regulation, empathy, social skills and motivation (Gutierrez & Mullen, 2016). Strong EI in counselors has a direct and positive impact on client outcomes (Gutierrez & Mullen, 2016). Researchers Gutierrez and Mullen (2016) suggest the following benefits, such as a stronger therapeutic alliance, improved communication, modeling emotional regulation and reduced risk of burnout and countertransference.

Cultural history and traumas have etched permanent marks upon the consciousness of Black people everywhere (Eyerman, 2024 & 2021; Nobles, 2013; Marable, 2006). Coupled with the gender mandate of Black women, it has become second nature for Black women to uphold a mask of physical and emotional strength (Geyton et al., 2022; Hall et al., 2021). Therefore, it can be assumed that the SBW cultural convention significantly affects individuals' emotional expression and regulation styles, which may have meaningful implications for their role as counselors. Specifically, BWC who internalize this convention may feel compelled to present as consistently strong, emotionally contained, and self-reliant, even within professional contexts that require vulnerability, empathy, and reflective practice (Eyerman, 2024 & 2021; Hall, et al., 2021; Marable, 2006; Nobles, 2013). This internal conflict can hinder their ability to engage authentically in the therapeutic relationship, seek necessary support or supervision, and manage the emotional demands of the counseling profession ultimately impacting both their wellbeing and clinical effectiveness (Geyton et al., 2022; Hall et al., 2021; Harris, R., 2016). There is a need to explore this cultural convention of the SBW and the EI of BWC to further inform best practices in counseling.

According to Bailey, G. et al. (2021), much of the depression and anxiety Black women face stems from several factors, including environmental, genetic, biological, relational, and psychological. Since slavery, Black women have been viewed as people who can withstand physical and emotional destruction (Munger, 2023). In many Black families, female children were taught their history by their great grandmothers, grandmothers, aunts, and mothers (Avent-Harris et al., 2023). Terms such as “superwoman” and “SBW” were often used to describe how a Black woman should conduct herself (Avent-Harris et al., 2023). In contrast, their White counterparts were seen as more frail and ‘traditionally’ feminine (Baker, 2015). Many Black women subscribe to the SBW cultural convention as a badge of honor or a rite of passage (Abrams, 2015; Adams et al., 2016). This mindset has been ingrained from early childhood by other women in the Black family and others who may have a significant impact such as religious leaders and teachers. This mindset teaching continues in the present day (Adams et al., 2016; Baker, 2015).

Another school of thought that has been ingrained in many Black women is that “SBW take it to God and leave it with God” (Avent-Harris, 2021; Green et al., 2023c). Strength and spirituality emerged as overarching stereotypes and socially imposed identities associated with Black women. As a result, these expectations often created pressure to suppress emotional vulnerability, endure hardship without expressing distress, and rely primarily on faith as a coping mechanism (Avent-Harris, 2021). Abrams (2014) mentioned that Black women immediately gravitate toward the ability to recognize, understand, manage, and influence emotions in oneself and others. While spirituality has

historically served as a vital source of resilience, identity, and empowerment for Black women, it has also played a role in reinforcing the SBW cultural convention (Abrams, 2015; Adams et al., 2016; Avent-Harris, 2021). Religious and spiritual teachings that emphasize endurance, self-sacrifice, and unwavering faith in the face of adversity may encourage Black women to suppress emotional vulnerability and prioritize strength over selfcare (Avent-Harris, 2021). This internalization can complicate emotional expression, contribute to adverse mental health outcomes, and strain relational dynamics particularly in professional settings such as counseling, where emotional attune, authenticity, and help seeking are essential components of ethical and effective practice (Bailey, R. et al., 2019).

Many Black women have reported attending counseling or participating in professional groups to address concerns, such as pressure to appear strong, composed, and self-sufficient, limited space to express vulnerability or mental health struggles and internal conflict between personal identity and professional expectations (Constantine, 2007; Gonzales et al., 2017). However, most of them reported not feeling supported or understood (Constantine, 2007; Gonzales et al., 2017). Additionally, some Black women mentioned that their peers from other cultures failed to understand their lived experiences (Constantine, 2007; Gonzales et al., 2014). The counseling environment has not always been where Black women have addressed or faced challenges, or sought support (Ward, 2005). Most Black women identified their spiritual/religious environments as a place where they addressed challenges (Ward, 2005). However, their spiritual or religious beliefs may have contributed to their emotional deficits (Avent-Harris, 2021).

Effective emotional processing is suitable not only for clients but also for counselors (Young, 2014). For example, a counselor who can express their own emotions appropriately, such as showing empathy or sharing their emotional responses when relevant, teaches clients that emotions are valid and can be expressed in healthy ways (Goodman, 2015; Jordan, K., 2018; Pau et al., 2020). The SBW cultural convention, which emphasizes emotional suppression, self-reliance, and the appearance of unwavering strength, can significantly impact how BWC engage in emotional expression within therapeutic settings (Goodman, 2015). While emotional regulation is a critical competency in counseling, the chronic suppression of emotion often associated with the internalization of the SBW cultural convention can create emotional distance between the counselor and the client (Avent-Harris, 2021). Counselors who feel compelled to embody the SBW role may struggle to express empathy, attune to the emotional nuances of their clients, or model vulnerability core components of effective counseling (Jordon, C. 2009; Jordan, K., 2018; Pau et al., 2020). However, if the counselor is unaware of how to express their emotions effectively, this could negatively affect the counseling relationship. Deficits in emotional expression can be misinterpreted by clients as a lack of warmth, authenticity, or understanding, potentially eroding the therapeutic alliance (Avent-Harris, 2021). This disconnection may contribute to negative outcomes such as decreased client trust, reduced engagement, and even early termination of services (Jordon, C., 2009; Jordan, K., 2018; Pau et al., 2020). Furthermore, when BWC internalize the expectation to always be strong, they may avoid seeking supervision, fail to process their own emotional burdens, or resist addressing countertransference issues

further compromising the relational integrity of the counseling process (Avent-Harris, 2021; Jordon, C., 2009; Jordan, K., 2018; Pau et al., 2020). The extent and impact of this lack of knowledge could have a negative impact on the relationships they have with their clients and colleagues. Litendahl, et al., 2025 noted how unhealthy EI can affect the therapeutic relationship. They noted a lack of healthy EI may hinder a counselor's ability to accurately perceive and respond to a client's emotional cues, potentially disrupting effective communication and therapeutic rapport. Additionally, Litendahl, et al., 2025 stated, counselors with low EI may struggle to regulate their own emotions during sessions, which can lead to countertransference issues and negatively impact the therapeutic alliance. Without adequate EI, counselors may find it difficult to demonstrate empathy, a core component of effective counseling, thereby reducing clients' sense of being understood and supported. Poor EI in counselors can result in misinterpretations of clients' emotional states, which may lead to inappropriate interventions or a lack of meaningful connection. Finally, a deficiency in EI may impair a counselor's capacity to manage emotionally charged or high conflict situations, potentially leading to client disengagement or dissatisfaction with the counseling process. Understanding how the SBW cultural conventions intersects with emotional expression is essential to fostering culturally responsive training, building professional alliances, reducing counselor burnout, and improving client retention and therapeutic outcomes (Avent-Harris, 2021; Jordan, K., 2018; Pau et al., 2020).

After an exhaustive literature review, I found five current research articles and one book focused on Black women and EI (Bond, 2023; Grissette-Banks, 2014; Hughes,

2014; Jackson, 2023; Jiménez & Moore, 2023; Jordan, C., 2009). However, there is sparse research related to SBW cultural conventions and the effects these conventions may have on the EI of BWCs. Therefore, in this study, I aimed to provide insight into whether the SBW cultural conventions influence the EI of BWC and if it impacts their everyday functioning, their interpersonal relationships, the counseling profession and therapeutic relationships. I sought to inform counseling practices and help address the existing gap in literature. These findings contribute to the personal and professional development of BWC by deepening their self-awareness and EI, particularly in relation to the internalization of the SBW cultural convention. By highlighting how these conventions influence EI and relational dynamics in therapeutic settings, the study informs culturally responsive counseling practices and promote greater awareness of the unique challenges faced by Black women in the counseling profession. This understanding ultimately enhances the quality of care provided to clients and supports the wellbeing of counselors, navigating intersecting cultural and professional expectations.

### **Purpose of the Study**

The purpose of this descriptive qualitative study was to describe the lived experiences and impact of the SBW cultural convention on the EI of BWCs. Using descriptive phenomenology allowed me to explore, gain insight, and describe the participant's lived experiences and their cultural conventions and how they relate to EI (see Giorgi, 2009; Shelton & Bridges, 2018). In this descriptive phenomenological research, I engaged in bracketing to eliminate personal thoughts and experiences related to the topic. The findings from this study could help improve the professional practices of

all counselors, counselor educators, and supervisors, not just BWC, by allowing them the space to become more aware of how their cultural convention may be affecting them within the profession.

### **Research Question**

What are the lived experiences of Black women counselors regarding the Strong Black Woman cultural convention and its impact on emotional intelligence?

### **Theoretical Framework**

The theoretical framework for this study is phenomenology. As a philosophy, phenomenology centers an understanding human experience as they are lived, perceived, and interpreted by individuals (Peoples, 2021; Rogo, 2024). It is a philosophical movement and method of inquiry that focuses on the structure of experiences (Peoples, 2021; Rogo, 2024). Founded by Edmund Husserl, phenomenology emphasizes the importance of exploring consciousness and the meanings people attach to their experiences without filtering them through preexisting theories or biases (Giorgi, 2009; Peoples, 2021). Key philosophical principles of phenomenology include intentionality, the idea that consciousness is always directed toward something, the bracketing of assumptions to achieve pure description, and the pursuit of essences of the core meanings shared across different individuals' experiences (Zahavi, 2018). In this study, the philosophy of phenomenology provided the foundation for exploring how BWC experienced EI within the context of the SBW cultural construct. Focusing on participant's lived experiences ensures that the study remains grounded in authentic, subjective realities rather than generalized assumptions.

### **Nature of the Study**

The nature of this study is qualitative, employing a descriptive phenomenological approach to explore the lived experiences of BWC. This methodology is grounded in the concept of *epoché* (bracketing), as described by Morley (2010), which involves the researcher intentionally setting aside personal biases, assumptions, and preconceptions to engage with the participants' experiences from an open and unbiased perspective. Bracketing allows for a deeper understanding of the phenomenon by focusing on how it is experienced and described by the participants themselves, free from external interpretation (see Giorgi, 2009).

Following the example set by Shelton and Bridges (2018), I used bracketing to ensure that the voices and lived experiences of participants were authentically represented. Specifically, in this study I sought to understand if and how the SBW cultural convention influences the EI of BWC. Descriptive phenomenology provided a structured framework for me to explore the meanings participants assign to their experiences and enables a rich, in-depth analysis and synthesis of the collected data.

Descriptive phenomenology, rooted in the philosophy of Edmund Husserl, emphasizes the pure description of lived experiences. Its philosophical foundation lies in exploring consciousness as it appears to individuals, focusing on intentionality, bracketing, and the search for essences (see Giorgi, 2003). Researchers practicing descriptive phenomenology aim to set aside personal biases and theoretical assumptions to capture the true nature of participants' experiences (see Jackson et al., 2018). Phenomenology focuses on detailed descriptions of phenomena as experienced by

individuals and on the structure of consciousness described by Husserl (see Heotis, 2020). This philosophy focuses on the “what” of the experience rather than the “why” or “how,” essentially capturing the essence of a phenomenon as it appears in consciousness without imposing researcher interpretations; this is achieved by meticulously collecting and analyzing first person accounts from participants (see Shorey, N.D.; Lopez et al. 2004; Willis et al. 2016). In descriptive phenomenology, the researcher aims to achieve descriptive subjectivity (see Giorgi, 2009; Shelton & Bridges, 2018). Descriptive phenomenology is also called “eidetic phenomenology” as it describes the essential features of a phenomenon without interpretation (see Neubauer et al., 2019; Sinfield et al., 2023). This is achieved when the researcher neutralizes biases and preconceptions, so they do not influence the object of study (see Lopez & Willis, 2004).

### **Operational Definitions**

I used the following definitions in this study:

*Black:* Black or African American is a “person having origins in any of the Black racial groups of Africa (United States Census Bureau, 2024; U.S. Department of Health and Human Services, 2024).

*Cultural convention:* A cultural convention refers to a widely held and socially reinforced set of beliefs, behaviors, norms, and values that shape how individuals within a specific cultural group think, act, and interact (Moghadam & Bagheritari, 2007). These conventions are learned through socialization and are often passed down through generations, serving as unspoken guidelines for appropriate conduct within a given cultural context (Acheson & Maule, 2004). Cultural conventions influence perceptions of

identity, gender roles, emotional expression, communication styles, and expectations around social and professional behavior (Acheson & Maule, 2004; Moghadam & Bagheritari, 2007). While they can foster a sense of belonging and continuity, they may also impose restrictive roles or reinforce stereotypes particularly when unexamined or internalized in ways that limit personal or emotional authenticity (Moghadam & Bagheritari, 2007).

*Cultural trauma*: refers to a psychological and emotional response experienced collectively by a group of people because of historical, systemic, or largescale events that cause deep disruption to their cultural identity, dignity, and way of life (Eyerman, 2004).

*Emotional intelligence (EI)*: the ability to positively understand, use, and manage your emotions to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict (BruLuna et al., 2021).

*Professional counselors*: a licensed clinical mental health counselor who works with individuals, families, and groups to treat mental, behavioral, and emotional issues. Counselors have a master's degree or higher from a counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP). Counselors must obtain a license to practice in their state.

*Strong Black Woman (SBW)*: A cultural convention that praises resilience and independence in Black women but often demands emotional silence and self-sacrifice at the expense of wellbeing (Browdy, 2017).

### **Assumptions**

There were several assumptions for this study. The first assumption was that the participants in the study will honestly report their lived experiences as they relate to the SBW cultural convention and if this cultural convention has impacted EI in any way. Everyone possesses distinct and personal experiences, meaning there was no certainty that the participants who volunteered for this study would share similar experiences or fully disclose them during the interview. Nevertheless, this assumption was essential to identifying participants who met the study's criteria and consented to participate.

The second assumption was that BWC would respond better to conflict and adversity if they understood where and what their preconceived oppositions stemmed from and are open to processing their experiences in counseling. By gaining insight into the root causes of their challenges and biases, these women could develop more effective coping strategies, enhance their resilience, and foster greater self-awareness, improving their professional practice and wellbeing. Not every counselor would be open to processing their experiences with a professional counselor. Many factors contribute to a person having positive counseling experiences. Hence, counselors know how to help Black women process their experiences with negative emotional responses, which is essential and takes practice. The assumption was necessary to help fulfill the study's purpose, which is to provide an option for addressing underlying stigmas and provide counselors perspectives on what would be beneficial to them when they experience unhealthy emotional responses and may have caused rifts in professional relationships.

The third assumption was that using a qualitative approach would generate genuine responses highlighting the participants lived experiences with the SBW cultural convention and if this convention impacts their EI and their ability to answer the research question. However, the findings could not be generalized to all BWCs. Therefore, future studies may use a quantitative method with multiple elements, which will contribute to the population's experiences and a large sample to add to the literature and further inform the work of counselors. Additionally, a follow up study using a mixed method approach could add valuable numerical data to inform counselors' work further. The qualitative assumption was necessary to add real experiences and insights from Black women who have been impacted by the SBW cultural conventions. This information was essential to provide deeper insight into what would benefit them in counseling.

A fourth assumption was that counselors, counselor educators, and supervisors needed to learn more about how lived experiences with the SBW cultural conventions affected Black women. Counselors, counselor educators, and supervisors are ethically obligated to be multiculturally competent (see ACA, 2014; Ratts et al., 2015). Therefore, this assumption was essential to facilitate counselors' cultural competencies when working with Black women.

### **Scope and Delimitations**

The scope of this study was to learn from the perspectives of BWCs and how professional curiosity and understanding could help them best in counseling when they have lived experiences with the SBW cultural convention. I chose this topic and population because I found minimal studies that thoroughly expressed the perspectives

specifically of BWCs about their needs in counseling as it relates to the SBW cultural conventions. By adding this perspective to counselors' expertise while working with Black women, I helped to lessen the gap in the research literature on the EI of Black women, specifically BWC and why they may respond as they do. Additionally, there is limited research on working with BWC in the professional counseling literature; therefore, adding information from this study lessens a gap in developing effective interventions that work with this population.

An intentional choice I made was to conduct recorded individual interviews because of the sensitive nature of this topic. I chose to do a qualitative phenomenological study to learn extensive information about the lived experiences of BWC with the SBW cultural convention, which would not be as thorough in a quantitative study. Although there is extensive literature about EI, minimal literature discusses BWC and their experiences in the SBW cultural convention. I chose to focus on the experiences of BWC to add value to the counseling profession and literature. I selected descriptive phenomenology to share personal descriptions and remove biases to focus purely on the participant's experiences. Although I cannot generalize the findings of this study to all BWCs, to support transferability, I provided a clear contextualization, thorough participant description, detailed findings, and transparency so that future researchers can determine how the research findings might apply to their own specific settings or populations.

### **Limitations**

The probing nature of this study was a potential limitation because I could not predict how it would evolve. A second limitation was the small sample size, which prevented the generalizability of all the lived experiences of BWC because it was not a quantitative study. Similarly, I only included persons who identified as Black, which restricted the insights of other women counselors who may identify as African American. Given the qualitative design of this study, I incorporated strategies to enhance the trustworthiness of the data and maintain the overall integrity of the research process. For example, I used member checking to confirm with the participants that I captured their experiences accurately and by working with my chair, I ensured accuracy in my coding. I discuss coding more in Chapter 3.

As a researcher, I knew and stated my position, including values and beliefs about the cultural convention studied, to reduce personal biases from skewing the data (see ACA, 2014; Burke, 2016; Creswell, 2003, 2017; Creswell & Poth, 2016). I managed this bias by remembering how my experiences may affect the data collected and engaged in member checking to mitigate risks (see ACA, 2014). I engaged in bracketing throughout the study to overcome personal biases while developing interview questions and reporting data findings. I was mindful of the opportunity to minimize bias because of personal experiences and impose my values on the participants (Burke, 2016). This was overcome by checking and incorporating feedback from my committee members (Creswell, 2013; O'Connor, 2011; Patton, 2017 & 2018). In addition to staying in step and checking in with my committee members, I asked open-ended questions during the

interviews, avoided giving my individual opinions and making leading comments. I also did not interview anyone with whom I have a personal relationship.

### **Significance**

There was gap in the literature examining the influence of the SBW cultural convention on the EI of BWC and the potential implications for their work with clients and clinical practices. This knowledge created more awareness for counseling professionals working with Black women. The study is unique because it includes participants' perspectives on how professional counselors and counseling colleagues can be supportive of their experiences with this phenomenon. When counselors know about the cultural conventions, they can ask open ended questions to assess and consider the role the SBW cultural conventions have in the presenting problems, behaviors, and responses they may be getting from Black women. Having this knowledge allows counselors and professional colleagues to provide support and reduce the chances of committing further conflicts or misunderstandings.

Improving the understanding and the clinical interventions of clinical supervisors, counselors, and counselor educators can increase positive social change. Counselor professionals, counselor educators, and clinical supervisors function in roles of colleagues, friends, mentors, teachers, and, in some cases, supervisors to BWC. It is essential to develop the skills necessary to work effectively with them (see ACA, 2014; Hess et al., 2014 & 2017; NBCC, 2012; Ratts et al., 2016). The results from the study provided implications for further studies on this topic with other cultural conventions and with Black women. For example, future researchers can examine the effects of lived

experiences, spiritual and religious beliefs, and other cultural conventions on EI. Researchers may also research how cultural conventions affect self-esteem and interpersonal relationships and address serious mental health challenges among African Americans or Black individuals, or individuals from other marginalized cultures (Tran et al., 2015 & 2018).

### **Summary**

In this study, I aimed to explore if the SBW cultural conventions impact the EI of BWC because this was an identified gap in the current literature. Unhealthy EI among BWC poses significant risks to their clients and the counseling profession. BWC not addressing the deficits properly can violate the ACA's ethical code of nonmaleficence, which states that counselors must avoid actions that could potentially harm their clients (see ACA, 2024). This may worsen clients' experiences with them in counseling and damage professional relationships. By not addressing their EI deficits properly, BWC could be subjecting themselves to developing mental health challenges such as increased anxiety and depression (Litam et al., 2021). Counselors, counselor educators, and supervisors have a professional obligation to increase their knowledge (see ACA, 2024). Continuing education for the ACA members can help counselors stay current on ethical standards, best practices for all clients, and ways to minimize risks to harm clients and the profession (see ACA, 2024). Therefore, increasing professional knowledge about the effects cultural conventions, including spiritual and religious beliefs, can have on the EI of BWC. This contributes to social change and provides insight for counselors who work with BWC both in practice and in the profession. In Chapter 2, I reviewed the current

literature associated with EI and BWC. I emphasized the gaps in literature and present a case for how this will add value to the counseling profession and promote social change.

## Chapter 2: Literature Review

The reluctance to regulate behaviors and emotions in Black women is often a result of oppressive lifestyles, situations, and circumstances (Avent-Harris et al., 2023). Much of the depression and anxiety Black women face stems from the influences of the SBW cultural convention (Geyton et al., 2022; Hall et al., 2021). EI assessments have positively influenced many sectors, including business, education, health care, and counseling, by improving individual performance, interpersonal relationships, leadership, and organizational outcomes (Ackley, 2016; Bru-Luna, 2021).

Researchers showed that EI assessments can enhance leadership abilities, workplace well-being, and academic success by helping individuals better manage emotions and relationships. However, many EI assessment tools lack cultural considerations, which can lead to incomplete or biased evaluations (Ekermans, 2009). Scholars argued that to gain a complete understanding of an individual's emotional competencies, EI assessments should be used alongside other measures, including cultural assessments, to address these gaps (Ekermans, 2009; Emmerling & Boyatzis, 2012; Huynh et al., 2018). In this chapter, I review previous research addressing the following: the role of EI, its measurement tools, its missing cultural dimensions, and the lived experiences of Black women, particularly focusing on how these experiences impact BWC.

### **Literature Search Strategy**

I conducted a thorough literature review on the EI of BWCs and the influence of their cultural conventions. I used two primary sources: the Walden Library system and

Google Scholar. I used Walden’s library system as the primary source for peer-reviewed research articles. The Walden Library provided free access to the full text of articles. In the Walden library, I found the EBSCO search engine. I searched the following databases: APA Psych Articles, APA Psych Info, Gale Academic OneFile Select, ProQuest Central, Psychiatry Online, SAGE Research Methods Datasets, Scopus, and Taylor and Francis Online. The single search terms I used in the databases were *EI*, *EI constructs*, *EI Assessments*, *EI and education*, *EI and counseling*, *Black Women*, *African women*, *African American women in counseling*, *cultural stigmas*, *cultural conventions*, *counselor stigmas*, *cultural backgrounds*, *EIQ*, *barriers in counseling*, *cultural barriers*, *self-control*, *tolerance*, *relationship management*, *emotional development*, *lifestyle*, *mental health*, *spirituality*, *religion*, *religious*, *emotions*, *emotional regulation*, *stress*, *stress management*, *cultural barriers*, *qualitative*, *career development*, *coping*, *phenomenology*, *descriptive phenomenology*, *professional Black women*, *BWC*, *African American woman counselors*, and *racial microaggressions*. I searched and collected literature published within the last 5 years to consider the most recent debates and theories related to the phenomenon. The search did not yield specific peer-reviewed articles on EI and BWC.

### **Theoretical Foundation**

The theoretical framework for this study was transcendental phenomenology, developed by a German philosopher Edmund Husserl, widely regarded as the “father” of phenomenology (see Hopkins, 2015; Husserl, 1999; Moran, 2005; Peoples, 2021). Dissatisfied with empiricism and rationalism, Husserl aimed to develop a rigorous

philosophy that could access the essential structures of consciousness and human experience (see Hopkins, 2015; Husserl, 1999; Moran, 2005). Out of this dissatisfaction, transcendental phenomenology was developed. Husserl argued that the world does not exist independently of consciousness but through the structures of consciousness (see Husserl 1999; 2012). He proposed that experience is examined on its own terms (see Husserl, 1999; 2012). Husserl sought to establish a presuppositionless philosophy grounded in the reflective analysis of lived experience, one that suspends prior assumptions and attends closely to psychological processes such as perception, awareness, and consciousness. (see Hopkins, 2015; Husserl, 1999; 2012). Husserl also introduced the concept of Lifeworld (Lebenswelt) a term referring to a structural world that is socially shared but individually experienced (see Husserl, 1999, 2012; Luft, 2011). The core concepts of this philosophy include intentionality, epoche' (or bracketing), and phenomenological reduction.

Foundational to Husserl's phenomenological philosophy is the concept of intentionality, which posits that consciousness is always directed toward an object, be it a thing, event, or experience, and that meaning emerges through this relational structure (see Husserl, 2012; Peoples, 2021). Husserl was concerned with uncovering essential structures of experiences and proposed that a change of attitude was necessary to properly engage in phenomenology (De Bruin, 2020; Flood, 2010; Moustakas, 1994; Zahavi, 2003, 2012) In addition to intentionality, Husserl introduced the concept of epoché, phenomenological reduction or bracketing, the suspension of preconceived beliefs and assumptions about external influences to attend more fully to phenomena as

they appear in consciousness (De Bruin, 2020; Flood, 2010; Moustakas, 1994; Peoples, 2021; Zahavi, 2003, 2012). Phenomenological reduction moves beyond surface level psychological and aims to reach level of pure consciousness (see Giorgi, 2009; Hopkins, 2015; Husserl, 1962, 1999; Moran, 2005). Another core concept is essence, the transcendence of preconceived categories and prejudices and describe the pure essence of “the things themselves” (Husserl, 1962). “Husserl was concerned with uncovering the structures that make meaning making of experiences possible” (Jennings, 1986, p. 1232).

In Husserlian phenomenology, the concepts of noema and noesis were also introduced (see Husserl, 1999, 2012; Peoples, 2021). Noesis, the mental process of perceiving, thinking, imagining, or judging (see Husserl, 1999, 2012). It is the intentional activity through which consciousness is directed toward something (Peoples, 2021). Noema refers to the object or content of consciousness as it is experienced, including its meaning or significance for the perceiver (Peoples, 2021). Noema is not the external object itself, but rather the object as it is intended, interpreted, or lived in consciousness (Husserl, 1999; 2012; Peoples, 2021). Together, they form what is known as the noetic-noematic correlation, which is the relationship between subject and object within the consciousness (see Husserl, 1999; 2012; Moran, 2005).

Transcendental phenomenological philosophy is a philosophy of returning things to themselves (see Husserl, 1999, 2012; Moran 2005). It offers a lens for understanding individuals as they are and their behaviors, emphasizing that meaning and knowledge are constituted through subjective, first-person consciousness (Husserl, 1999; 2012, Moran,

2005; People, 2021). Husserl's philosophy provided a rigorous foundation for thinkers such as Heidegger, Merleau-Ponty and Sartre to build upon (Moran, 2005; Zahavi, 2003).

While transcendental phenomenology, as developed by Edmund Husserl, emphasizes the reduction of experience to its pure essence through the suspension of all presuppositions, the purpose is to uncover the conditions of possibility for consciousness itself (Husserl, 1999; 2012, Moran, 2005; People, 2021). However, not all phenomenologists pursued this idealistic turn. In contrast, descriptive phenomenology, especially in the tradition of thinkers like Amedeo Giorgi, whose major contributions to descriptive phenomenology in psychology began to emerge prominently in the 1970s, focuses more directly on the careful description of lived experience as it is given, without necessarily engaging in transcendental reduction (see Giorgi, 2009).

Giorgi's, descriptive phenomenological approach, preserves the philosophical rigor of phenomenology while making it practical and applicable for empirical research in psychology and the human sciences (see Giorgi, 2009). He added to Husserl's philosophy by enhancing the foundational philosophy of phenomenology into a systematic methodology that is applicable to investigating psychological phenomena. Giorgi (2009) stressed that phenomenological research should be descriptive and not interpretive. The researcher should focus on collecting pure, first-person descriptions of lived experiences (Giorgi, 2009; Peoples, 2021). The research should remain free of interpretations or theoretical analysis (Peoples, 2021). Following a meticulous data analysis process, Giorgi's approach allows for clear identifications of key meaning

structures that capture meanings while remaining true to the participant's lived experiences (Giorgi, 2009).

### **Rationale for Method**

I used a phenomenological approach, as it best aligned with the goal of describing individuals lived experiences without imposing interpretation or theoretical explanation. (Giorgi, 2019; Peoples, 2021). The descriptive phenomenological approach emphasized the importance of allowing the phenomenon to emerge as it is experienced by individuals, free from the researcher's assumptions or analytic frameworks. Central to this approach are key Husserlian concepts such as intentionality, the directedness of consciousness toward experience, and bracketing, which involves the suspension of preconceived beliefs and judgments (see Giorgi, 2019). Descriptive phenomenological approach requires the researcher to remain intentionally focused on the research question and to engage in data collection with a posture of openness, ensuring that the description of the phenomenon reflects the participants' perspectives as faithfully as possible.

By applying phenomenological inquiry to the experiences of BWCs as it relates to the SBW cultural convention and EI, researchers can gain deeper insight into how EI is both cultivated and constrained within sociocultural contexts (Watson-Singleton, 2017). This perspective not only humanizes participants' narratives but also expands the theoretical discourse on EI to include culturally nuanced understandings (Watson-Singleton, 2017). The literature I found suggests a critical need for research that honors the emotional complexities of BWCs, situating their experiences within broader

conversations about identity, resilience, emotional health, and professional wellbeing (Doherty, 2020; Gutierrez & Mullen, 2016; Henriksen et al., 2016).

Giorgi's descriptive phenomenological method was employed to address the primary objective of the study: to describe the lived experiences of BWC in relation to the SBW cultural convention and EI. This approach facilitates bracketing, enabling me as the researcher to set aside personal assumptions related to cultural identity, professionalism, and practice. This, in turn, ensured that the analytic process remains centered on authentically capturing the individual's lived experiences. (Giorgi, 2009; Peoples, 2021).

Furthermore, the focus on identifying the pureness of the individuals' experiences offered the identification of underlying meanings and themes that reach beyond the individual recollections while keeping intact the contextual nuances presented within each described experience (see Giorgi, 2009). This approach was appropriate to address the intricacies of intersectionality, cultural traumas and any systemic inequalities that may characterize the professional experiences of BWC. I designed the main research question guiding this study to elicit real first-person accounts of how the SBW cultural convention has affected the EI, professional roles and responsibilities, and life experiences of BWC (Peoples, 2021). The question was aligned with the phenomenological methodology, with specific focus on intentionality and lived experiences (see Giorgi, 2009).

Instead of using quantitative methodologies that utilized testing of predetermined hypotheses, phenomenological methods helped me to describe how the BWC describe

meanings around their lived experiences as they relate to the SBW cultural convention and EI (Peoples, 2021). Consequently, the research question facilitated a discovery process that remained grounded in the participants' subjective lived experiences. The anticipated findings aimed to foster greater insight, inform professional development, and promote culturally responsive practices. They contributed to a deeper understanding of the SBW cultural convention, enhanced training for licensed professional counselors, and potentially support systemic reform within the fields of counseling, education, and supervision by acknowledging the historical resilience, emotional fortitude, and cultural authenticity of BWC. (Woods-Giscombé, 2010).

### **Previous Application in Research**

While there is limited literature exploring the intersection of the SBW, EI, and BWC through the lens of Gorgi's methodology, phenomenological approaches have been utilized in studies relating to examining the emotional and psychological impact of systemic racism, gendered expectations, and workplace marginalization on women of color in clinical roles (see Ashley, 2014; Haskins & Singh, 2015). These studies underscored the emotional labor that BWCs must perform often balancing cultural authenticity with expectations of professional composure in environments where they may be underrepresented or misperceived. Additionally, Donovan & West (2015) provided empirical evidence that internalizing the SBW stereotype could amplify the negative mental health effects of stress for Black women, particularly raising vulnerability to depression. This study also highlighted important targets for culturally sensitive interventions.

Phenomenological research methods, particularly descriptive phenomenology as advanced by Giorgi (2009), offered a valuable framework for exploring layered experiences. For example, these methods were used to illuminate how minority clinicians navigate institutional power dynamics, cultural incongruence, and emotional dissonance within systems not designed with their identities in mind (Henry & Song, 2024). Such approaches emphasize the importance of understanding lived experience without imposing external theoretical structures that may overlook or misrepresent the realities of marginalized groups (Peoples, 2021).

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

EI was first introduced in the 1990s by Peter Salovey and John Mayer. However, it was not popularized until Daniel Goleman in 1995. He is known as the father of EI (Dhillon et al., 2021). Since the conception of EI, constructs have been applied to understand one's emotions and those of others. EI has also been used by psychology, human resources, medicine, law, and education professionals to build strong relationships, effectively manage conflicts, motivate teams, deliver constructive feedback, and navigate challenging situations (Laranjeira & Lesinskiene, 2024).

For decades, measuring EI has been a subject of ongoing debate (Emmerling & Boyatzis, 2012; Huynh et al., 2018). The absence of universally accepted, standardized assessment tools has resulted in inconsistent outcomes, complicating the comparison of findings across different studies (see Roberts, K. et al., 2017; Zeidner et al., 2004). Furthermore, EI is frequently examined in isolation, without considering its interactions with other forms of intelligence, such as cognitive or social intelligence (Lievens &

Chan, 2017). Incorporating these interconnected factors can provide a more comprehensive understanding of human functioning (Roberts et al., 2021; Zeidner et al., 2004).

EI can be studied through self-report questionnaires, ability-based tests, 360-degree feedback assessments, behavioral observation, and analysis of physiological responses (Ackley, 2016; Bru-Luna, 2021). These assessments allow researchers and leaders to measure an individual's ability to perceive, understand, manage, and utilize the emotions of themselves and of others (Dhillon et al. 2021). Researchers have consistently shown that EI is significantly linked to positive outcomes like improved social relationships, better mental health, enhanced academic performance, effective leadership, and increased workplace success (Romanelli et al., 2006). One belief is that EI is the key determinant of success (Brackett & Salovey, 2013; Salovey, 2003; Salovey & Grewal, 2005).

In personal relationships, EI allows individuals to communicate more effectively, understand their partner's emotions, and respond in ways that nurture the relationship (Eull, 2020; Frajo-Apor et al., 2016; Mayer et al., 2001; Rana et al., 2023). For instance, a person with high EI might notice when their partner feels neglected and take steps to reconnect emotionally. High EI in relationships fosters trust, empathy, and mutual understanding, all essential for maintaining strong and fulfilling personal connections (Frajo-Apor et al., 2016). People with high EI tend to have healthier, more supportive relationships (Bru-Luna, 2021; Frajo-Apor et al., 2016).

EI also plays a significant role in coping with stress (Eull, 2020; Singh et al., 2024). For example, someone with high EI might notice the signs of stress early on and use techniques like deep breathing, mindfulness, or reframing negative thoughts to calm themselves. Managing stress effectively is crucial for mental health and wellbeing. Emotionally intelligent people are often better equipped to manage life pressures and maintain balance, preventing burnout and fostering a healthier lifestyle (Eull, 2020).

People with high EI are typically more adaptable to change. They can better adjust to new situations by regulating their emotional responses to uncertainty and ambiguity (Singh et al., 2024). For instance, someone facing a major life transition, like moving to a new city or changing careers, may navigate the process with a positive, flexible attitude. Adaptability enables people to thrive in personal and workplace environments. It promotes growth, resilience, and overcoming challenges without becoming overwhelmed (Eull, 2020).

Being emotionally intelligent helps people build meaningful connections and maintain a sense of purpose and fulfillment in life (Eull, 2020). It promotes a deeper understanding of self and others, fostering personal growth and happiness (Singh et al., 2024). People with high EI tend to have more satisfying relationships, better mental health, and a greater sense of life satisfaction (Bru-Luna, 2021; Eull, 2020; Frajo-Apor et al., 2016; Singh et al., 2024). Based on this information, people with higher EI are more likely to experience overall happiness because they can manage their emotions effectively and respond to life's challenges healthily. While the EI of BWC is the core focus of this study, the idea that healthy EI alone is a determinant of counselor success is

subject to debate. Collectively, these findings support the view that assessing EI is beneficial and important.

While the basics of EI is the ability to understand, manage, and express one's emotions, it can assist with effectively recognizing and responding appropriately to the emotions of others (Laranjeira & Lesinskiene, 2024). EI allows researchers, counselors, educators, and supervisors to understand and label emotions appropriately (Brackett, 2025). EI enables researchers, counselors, educators, and supervisors to accurately recognize and label emotions, improving communication and outcomes in their roles (Brackett, 2025). Researchers use EI to interpret participants' feelings more precisely, enhancing data validity (Brackett, 2025). Counselors apply EI to differentiate complex client emotions for tailored interventions (Brackett, 2025).

Researchers have consistently demonstrated that EI influences various aspects of an individual's life, including physical health, mental wellbeing, workplace performance, interpersonal relationships, financial decision making, and social intelligence (Brackett, 2025). For instance, individuals with higher EI are better equipped to manage stress, which has been linked to improved physical health outcomes and reduced incidence of stress related illnesses such as hypertension and cardiovascular disease (Smith & Jones, 2019). In the domain of mental health, emotionally intelligent individuals tend to recognize and address symptoms of anxiety and depression more proactively, contributing to greater psychological resilience and overall wellbeing (Williams, A., et al., 2020). Workplace studies indicate that EI enhances job performance, leadership capabilities, and team collaboration by enabling effective conflict management,

motivation, and adaptability within organizational settings (Goleman, 1998; Mayer et al., 2008). Additionally, EI facilitates stronger interpersonal relationships through the development of empathy, emotional regulation, and active listening skills, which foster trust and improve communication (Bailey, 2021). Research also suggests that higher levels of EI correlate with more prudent financial behaviors, as emotionally intelligent individuals are less likely to make impulsive financial decisions and more likely to engage in long term planning (Roberts & Taylor, 2017). Finally, EI supports social intelligence by enhancing the ability to interpret social cues and respond appropriately in diverse social contexts (Mayer & Salovey, 1997; Thorndike, 1920). Collectively, this body of literature underscores the importance of healthy EI in enabling individuals to understand and manage their own emotions, relate effectively to others, resolve conflicts, and make informed decisions in both personal and professional domains (Bailey, 2021). Overall, a healthy EI is important because it allows individuals to understand and manage their own emotions, have stronger relationships, better communication, effective conflict resolution, and improve decision making in both personal and professional life (Bailey, 2021).

Since its conception in 1990 as a significant psychological construct, EI has evolved, introducing trait EI, ability EI, and mixed model EI, and over 30 different measure tools have been developed. In 2000, Petrides and Furman proposed the distinction between trait EI (self-report questionnaires), ability EI (performance), and mixed model EI (the combination of traits, social skills, and competencies) (Daus & Ashkanasy, 2005). The significance of EI lies in its ability to enhance interpersonal

relationships, improve decision making, and foster effective communication (Schneider et al., 2013). It enables individuals to recognize, understand, and manage their emotions and empathize with others, leading to better collaboration, conflict resolution, and overall personal and professional success (Schutte et al., 2001). Despite its importance, EI assessments are often criticized for overlooking cultural context, a key factor influencing emotional expression and understanding (Ekermans, 2009).

There are advantages and disadvantages to assessing the various forms of EI. One advantage of ability-based measures is that abilities cannot be faked. One disadvantage lies in the self-reporting measures. People are not always good judges of their emotions, abilities, and tendencies and are susceptible to faking (Brackett et al., 2006; Emmerling & Boyatzis, 2012; Sheldon et al., 2014). This is why mixed EI and tools, such as the Mayer-Salovey-Caruso Intelligence Test (MSCEIT), became so popular and preferred among assessors (MacCann et al., 2014). Though it has evolved since its introduction in 2000, MSCEIT has undergone several revisions. In the current version, the MSCEIT consists of 114 items that measure EI through a series of questions and assess the abilities of the participants to use, understand, and regulate emotions (see Mayer et al., 2002). This assessment takes 30-45 minutes to complete. Once the participant is done, the MSCEIT provides 15 main scores: Total EI score, two area scores, four branch scores (perceiving emotions, using emotions to facilitate emotions, understanding emotions, and managing emotions), and eight task scores (Fiori et al., 2014). A very detailed report is generated and used to measure emotional abilities and competencies. Utilizing trait measures of EI is beneficial when measuring behavioral tendencies and/or emotional efficacy (O'Connor

et al., 2017 & 2019; Petrides & Furnham, 2000). Ability based measures are a valid predictor of job satisfaction and performance (Miao et al., 2017 & 2018; O'Boyle et al., 2011). Assessing ability and trait measures can prove to be beneficial for the field of counseling.

Six main EI scales are widely used and widely researched: Mayer-Salovey-Caruso EI Tests (MSCEIT) (Mayer et al., 2002); Self report EI Test (SREIT) (Schutte et al., 1998); Trait EI Questionnaire (TEI-Que) (Petrides and Furnham, 2001); Bar-On Emotional Quotient Inventory (E-Qi) (Bar-On, 1997); The Situational Test of Emotional Management (STEM) and The Situational Test of Emotional Understanding (STEU) (MacCann and Roberts, 2008) and Emotional and Social Competence Inventory (ESCI) (Boyatzis & Goleman, 2000 and Boyatzis & Sala, 2004). Despite these assessments' popularity and wide use, they all lack the cultural construct element (Ciarrochi et al., 2004; Huang et al., 2006; Zeidner et al., 2004). Assessing for culture is essential for several reasons, as it helps individuals and organizations understand and navigate the diverse cultural contexts in which they operate (Emmerling & Boyatzis, 2012; Huynh et al., 2018). One can foster more inclusive, respectful, and effective environments by considering cultural differences. Assessing culture involves evaluating the cultural influences, values, norms, behaviors, and perspectives within a group or society (Huynh et al., 2018). Understanding how people from different cultural backgrounds perceive and interact with the world around them is crucial (Drame et al., 2021). Whether in a workplace, educational setting, healthcare environment, or community, assessing for culture helps individuals and organizations navigate cultural diversity effectively, build

inclusivity, and ensure that practices are sensitive to cultural differences (Cooper, 1997; Drame et al., 2021; Khalili, 2012; Zeidner et al., 2004).

### **Cultural Conventions**

EI consists of the ability to perceive (recognize and identify emotions in oneself and others), understand (interpret and comprehend emotions), manage (control and regulate emotions), use (employ emotions to improve thinking, reasoning, and communication), and relate (use emotions to enhance interpersonal relationships) (O'Connor et al., 2019). A person with healthy EI can control impulsive feelings and behaviors, take initiative, follow through on commitments, and adapt to changing circumstances (O'Connor et al., 2019). At its purest, EI involves several conventions that work together to guide how people process emotions, interact with others, and make decisions (Ciarrochi et al., 2000; Neubauer & Freudenthaler, 2005). For example, self-awareness allows individuals to recognize their emotional triggers, and self-regulation helps them manage those emotions appropriately (O'Connor et al., 2019; Pfeiffer, 2001). Empathy allows an individual to understand how others are feeling, and social skills help them navigate and manage relationships based on that understanding (Mehta & Singh, 2013; O'Connor et al., 2019). Motivation provides the internal drive to set and pursue goals, often guided by self-awareness and reinforced through self-regulation (Mehta & Singh, 2013; O'Connor et al., 2019; Pfeiffer, 2001).

The most widely recognized model of EI is Daniel Goleman's model, which identifies five key constructs: Self Awareness, Self-Regulation, Motivation, Empathy, and Social Skills (Goleman, 2001; Kanesan & Fauzan, 2019). While Daniel Goleman's

model is widely cited, other models of EI may include slightly different constructs or frameworks (Kanesan & Fauzan, 2019). This model by Peter Salovey and John Mayer includes four branches of EI: Perceiving Emotions, Facilitating Thought, Understanding Emotions, and Managing Emotions. Reuven Bar-On's model expands EI into a broader framework, incorporating multiple factors like interpersonal relationships, stress tolerance, and adaptability (Bar-On, 2010; Kanesan & Fauzan, 2019). As we can see, none of the models specifically include culture.

Weems argued that the differences in experiences between African American and Caucasian American women make it challenging to apply theories and interventions to understanding African American women when the theories and interventions were intended for and created by Caucasians (Hudson-Weems, 2019, 2001). One of the most significant critiques of the MSCEIT is that it may not be fully culture fair (Conte, 2005; Mayer et al., 2014; Murphy, 2014). Emotional expression, recognition, and regulation vary widely across cultures, and the MSCEIT was developed within a Western context (Clement et al., 2023; Conte, 2005). Some tasks (such as identifying emotions from faces or interpreting emotional situations) may not translate well to non-Western populations, potentially leading to biased results (Clement et al., 2023; Conte, 2005). Cross cultural validity studies have shown that people from different cultural backgrounds may interpret emotional cues differently, which raises concerns about the MSCEIT's ability to measure EI equally across all cultures (Clement et al., 2023; Conte, 2005).

## **Factors That Shape EI in Black Women**

EI is a significant aspect of personal development and social interaction, with universal relevance across various demographics (Clement et al., 2023; Conte, 2005; Goleman, 2001; Kanesan & Fauzan, N. 2019; Mayer et al., 2002; Murphy, 2014;). However, understanding how it specifically relates to Black women reveals unique challenges and strengths shaped by cultural factors and societal structures (Grissette-Banks, 2014). The concept of intersectionality, introduced by Kimberlé Crenshaw, refers to the interconnected nature of social categorizations like race, gender, and class, which create overlapping systems of discrimination and privilege (Carbado et al., 2013; Crenshaw, 2015). For Black women, emotional experiences and expressions are shaped not only by gender and EI but also by the racialized experiences of being Black in a predominantly white society (Crenshaw 2013 & 2015). Racial trauma, microaggressions, and the pressure of having to navigate both racial and gender biases can impact a Black woman's emotional wellbeing, emotional regulation, and social interactions (Carbado, 2013; Crenshaw, 2015).

There are several unique challenges to the intersectionality of race and gender (Crenshaw, 2015). For example, Black women often face a double bind where both racial and gender biases intersect, creating unique pressures and expectations that can impact emotional expression and management (Carbado, 2013; Crenshaw, 2015; Smith, 2013). Another challenge for Black Women is cultural stereotypes. Societal stereotypes, such as the "SBW" trope, can impose unrealistic emotional expectations, forcing many Black women to suppress vulnerability and emotional openness finally, discrimination and bias

(Avent-Harris, 2021; Donovan & West, 2015; Thomas, 2023). Regular experiences of discrimination and bias can lead to heightened stress levels, requiring advanced EI to navigate societal structures while maintaining psychological resilience (White, 2021).

Strengths, as a challenge, are worth mentioning because strength is the core of the construct, both in how it is culturally celebrated and how it can become psychologically burdensome (White, 2021). When resilience and adaptability are factors, society has witnessed Black women demonstrate tremendous resilience and adaptability, skills closely tied to high EI, which, for centuries, has helped them manage and overcome adversities (Nelson et al., 2016; Watson, 2016; White, 2021). Another strength is the cultural norms within the Black community (Carter & Rossi, 2021). Cultural norms emphasize communal support and kinship, which enhances empathic abilities and emotional support networks, bolstering EI development. Cultural expressiveness is also another strength (Carter & Rossi, 2021). Rich cultural backgrounds have fostered a diverse emotional expressiveness, enabling Black women to navigate complex emotional landscapes with nuanced understanding (Abrams et al., 2014). There are three significant factors shaping the EI of Black Women; historical contexts, cultural identity, spirituality, and faith (Carter & Rossi, 2021; Nelson et al., 2016; Thomas, 2023; White, 2021; Watson, 2016).

### **Historical Experiences**

Historical experiences, including systemic oppression and periods of resilience, have profoundly influenced the emotional patterns and coping mechanisms of Black women, thereby shaping their EI (Watson, 2016). Centuries of racial and gender-based

discrimination, economic marginalization, and societal devaluation have necessitated the development of emotional survival strategies such as emotional regulation, self-reliance, and the suppression of vulnerability (Watson, 2016). These adaptive responses, often rooted in the cultural expectation to remain strong in the face of adversity, are embedded in constructs like the SBW cultural convention (Watson, 2016). While these patterns have fostered resilience and perseverance, they may also contribute to challenges in recognizing, expressing, or managing emotions in ways traditionally measured by mainstream EI assessments (Clement et al., 2023; Conte, 2005). Consequently, Black women may exhibit a culturally distinct form of EI that reflects both protective coping mechanisms and deep emotional awareness shaped by lived experience (Clement et al., 2023; Conte, 2005). Understanding this cultural and historical context is essential to fully appreciating and accurately assessing EI in Black women.

### **Black Women and Resilience**

Black women's resilience is closely aligned with core dimensions of EI, particularly as defined by the ability model of Mayer and Salovey (1997) and the mixed model proposed by Goleman (1995). Resilience, the capacity to adapt and recover in the face of adversity is a recurring theme in the literature on Black women's psychological and emotional functioning, often framed within the context of cultural narratives such as the SBW cultural convention (Abrams et al., 2014; Woods-Giscombé, 2010). These narratives encourage perseverance and emotional endurance, which map onto several key EI components.

According to Mayer and Salovey's (1997) four branch model, EI involves the ability to (1) perceive emotions, (2) use emotions to facilitate thinking, (3) understand emotional meaning, and (4) regulate emotions. Black women's resilience is reflected in their ability to perceive and interpret their emotional experiences, often in the context of racial and gendered stressors, while still maintaining functionality across personal and professional domains (Nelson et al., 2022). Their capacity for emotional regulation, a central feature of both resilience and EI, is particularly notable, as many Black women report feeling pressure to suppress vulnerability to meet social expectations of strength and composure (Watson-Singleton et al., 2019).

Goleman's (1995) mixed model of EI, which includes self-awareness, self-regulation, motivation, empathy, and social skills, offers another useful framework for understanding this connection. Self-awareness and self-regulation allow Black women to navigate environments that may marginalize or stereotype them, while intrinsic motivation supports their pursuit of goals despite systemic barriers (Nelson et al., 2022). Empathy and social skills, often cultivated through cultural and community bonds, help sustain emotional resilience through collective support, mentorship, and caregiving roles, especially in professional contexts like counseling (Haskins & Singh, 2015).

In summary, Black women's resilience not only reflects but also reinforces EI across multiple domains (Haskins & Singh, 2015; Nelson et al., 2022). However, when resilience becomes rigid or is driven by internalized pressure to perform strength, as seen in the SBW cultural conventions, it may lead to emotional suppression, limiting healthy emotional expression and the relational depth required in professions such as counseling

(Haskins & Singh, 2015). Recognizing this complex interplay is essential for developing culturally responsive models of emotional development and counselor wellness.

### **Cultural Identity**

A strong sense of cultural identity provides a foundation for emotional expression and helps construct positive self-esteem and emotional wellbeing (Watson, 2016).

Cultural identity plays a pivotal role in shaping the EI of Black women by influencing how they perceive, express, and manage emotions within their cultural and social contexts (Watson, 2016). Rooted in shared experiences, values, and traditions, cultural identity informs the development of emotional coping strategies that reflect both strength and adaptability (Watson, 2016). For many Black women, cultural conventions emphasize resilience, emotional control, and collective responsibility, traits that are often cultivated in response to historical and ongoing challenges such as racism, sexism, and socioeconomic inequality (Clement et al., 2023). These culturally informed behaviors may enhance certain aspects of EI, such as empathy and social awareness, while also complicating others, like emotional expression or help seeking (Conte, 2005).

Additionally, cultural identity can foster a sense of pride, connection, and purpose, all of which contribute to emotional wellbeing and relational intelligence (Clements et al., 2023). Recognizing the role of cultural identity in emotional development is essential for understanding the unique emotional landscapes and strengths of Black women.

### **Spiritual and Religious Faith Practices**

Spiritual and religious faith practices often play a critical role in emotional regulation and resilience, providing comfort and a sense of purpose (Avent-Harris et al.,

2023). Spiritual messages communicated through sermons, gospel music, and community teachings have served as tools of both empowerment and discipline, shaping how Black individuals, especially women, understand their purpose and navigate systemic oppression (Avent-Harris et al., 2023). Cultural upbringing significantly shapes how emotions are expressed and managed (Avent-Harris et al., 2021). In some Black communities, there may be a cultural emphasis on resilience and emotional stoicism, which can influence how Black women express vulnerability, pain, or even joy (Avent-Harris et al., 2023; Crowe et al., 2022). The cultural value of “strength” often means that Black women are expected to suppress or regulate their emotions in ways that align with survival strategies in the face of adversity (Avent-Harris et al., 2023; Crowe et al., 2022). At the same time, emotional expression in the form of community bonds and support networks within the Black family and community can provide a strong foundation for emotional awareness and regulation (Avent-Harris et al., 2020). Strong social support systems might help Black women develop high EI regarding empathy and managing social relationships despite challenges (Avent-Harris, 2021).

Spiritual messages have historically played a dual role in shaping Black women’s identities. On one hand, spirituality has been a source of affirmation and healing, enabling women to reclaim narratives of worth in a society that has long devalued Black femininity (Walker-Barnes, 2014). The cultural convention of the SBW often celebrated within religious spaces, draws from spiritual discourses that emphasize endurance, sacrifice, and divine purpose (Harris-Perry, 2011).

However, scholars criticize this cultural convention as both empowering and burdensome (Avent-Harris et al., 2021). While it promotes resilience, it can also silence vulnerability and reinforce expectations of self-sacrifice (Avent-Harris et al., 2021; Beauboeuf-Lafontant, 2009). Religious and spiritual teachings, particularly those rooted in patriarchal Christian traditions, may encourage submission, modesty, and suffering as virtuous traits, which can conflict with feminist interpretations of autonomy and self-worth (Avent-Harris et al., 2021).

Spiritual messages often function as internalized scripts that shape how Black women perceive their intrinsic value. Messages of being “fearfully and wonderfully made” (Psalm 139:14) have been used in many faith communities to counteract the dehumanization Black women face in mainstream media and society (Avent-Harris et al., 2021; Beauboeuf-Lafontant, 2009). Spiritual affirmations, prayers, and rituals serve as practices of selflove and healing, especially in the face of racialized and gendered trauma (Bent-Goodley et al., 2012).

Yet some literature critiques how certain spiritual messages can also reinforce shame, guilt, or conditional acceptance (Bent-Goodley et al., 2012). For example, purity culture and heteronormative teachings in religious spaces can stigmatize Black women’s sexuality, limiting expressions of agency and self-definition (Douglas, 1999; Mitchell, 2004). These tensions reveal a complex interplay between empowerment and restriction within spiritual messaging. In recent years, spiritual messaging has transcended traditional religious institutions, entering new spaces such as social media, podcasts, and wellness platforms. Black women spiritual leaders and influencers use these spaces to

disseminate messages of selflove, divine purpose, and ancestral connection, often blending Christian, African spiritual, and metaphysical teachings (Gill, 2020). These evolving forms of spiritual expression reflect a shift toward individualized, holistic understandings of value and worth that challenge institutional dogma (Gill, 2020). This expansion of spiritual discourse opens up new possibilities for self-definition beyond imposed roles and stereotypes.

### **Stigma or Stereotypes**

The societal stereotypes and racialized expectations that Black women face can also impact their EI (Ashley, 2014). For instance, stereotypes of the SBW archetype may encourage Black women to minimize or hide their emotions, which can affect their self-regulation and lead to emotional suppression or unhealthy coping mechanisms like burnout, anxiety, and depression (Ashley, 2014; Avent-Harris, 2021; Donovan & West, 2015; Thomas, 2023). Implicit bias and negative stereotypes may also affect how Black women are perceived in professional settings, potentially undermining their ability to demonstrate EI in ways that are accepted or appreciated in mainstream or white dominated spaces (Ashley, 2014).

Historically, Black women have been expected to play significant roles in caregiving within their families and professional environments (Rosenthal & Lobel, 2016). Many Black women, particularly those in community or healthcare professions, may be expected to engage in emotional labor-taking care of the emotional wellbeing of others while neglecting their own (Rosenthal & Lobel, 2016). The EI required to navigate these roles (empathy, emotional regulation, and social skills) is often compounded by the

stressors of managing the emotional needs of others while simultaneously facing discrimination, microaggressions, and systemic barriers (Jackson, 2023).

### **Strengths of EI Among Black Women**

This nuanced understanding of EI in Black women highlights how their unique experiences contribute to their overall emotional resilience and adaptability (Grissette-Banks, 2014). The combination of heightened empathy, resilience, community support, and self-awareness equip Black women with a robust framework to navigate various social dynamics (Carter & Rossi, 2021). As they often balance multiple roles within family, professional, and community settings, the EI they cultivate is crucial in fostering leadership and advocacy within and beyond their communities (Bond, 2023). Moreover, this capacity for empathy and resilience often positions Black women as pivotal figures within their communities and the counseling field, advocating for social change and equity while supporting their clients (Carter & Rossi, 2021). These experiences highlight the significant influence of cultural and social factors on the development of EI, offering insight into how the SBW cultural conventions may emerge among Black women and how adversity can serve as a catalyst for growth across personal, professional, and communal domains. (Carter & Rossi, 2021).

### **Building Strong Relationships Within the Community for Counselors**

Growing up in environments where they may experience both racial and gender-based discrimination gives Black women a deep sense of emotional understanding for both them and others in marginalized groups (Bleich et al., 2019). It is essential for counselors to understand that Black women who grow up in environments marked by

both racial and gender-based discrimination often develop a deep, nuanced sense of emotional understanding, not only of their own emotions but also of those of others in marginalized groups (Carter & Rossi, 2021). This heightened emotional awareness stems from navigating complex social realities where resilience, self-regulation, and empathy are necessary for survival and social functioning (Carter & Rossi, 2021). For counselors, recognizing this lived experience is critical to providing culturally competent care. It allows them to validate the EI Black women bring into the therapeutic space, avoid misinterpreting adaptive coping mechanisms as dysfunction, and better tailor interventions that honor their strengths while addressing areas of emotional burden. Without this understanding, counselors risk perpetuating the very systemic misunderstandings that contribute to emotional stress in the first place. They can often form deep, supportive social networks that enhance their EI and create a source of strength in the face of adversity (Carter & Rossi, 2021). Social awareness, a key component of EI, can be seen in how Black women cultivate and maintain strong relationships, particularly within their communities, another key essential for proficient counselors (Callahan, 2023; Smith, 2002).

Historically, Black women have benefited from strong community support through family, church, or other social networks (Avent-Harris, 2021). These networks provide emotional sustenance and communally contribute to EI (Avent-Harris, 2021; Carter & Rossi, 2021). Shared cultural experiences have enhanced understanding and managing emotional responses individually and within a larger social context (Carter & Rossi, 2021). Through these communal bonds, Black women have developed higher

social skills and relationship management competencies, integral components of EI (Smith, 2022). Within African American communities, there is an emphasis on emotional bonding, storytelling, and collective experiences, all of which have contributed to strong emotional support that enhances counselor/client connection (Carter & Rossi, 2021).

Understanding how one's identity impacts emotional responses allows for greater self-regulation and adaptability in different environments, such as work, family, or community (Smith, 2022). The experiences of navigating multiple cultural identities have strengthened self-awareness in Black women and BWC (Sanders, 2021). Their ability to reflect on their emotional responses to race, gender, and societal expectations enhances their emotional insight (Carter & Rossi, 2021). This is foundational for building client rapport and the sustainability of a client showing up authentically in their sessions (Bond, 2023).

### **Challenges to EI for Black Women and Counselors**

As there are strengths to the EI of Black Women, there are challenges. The unique experiences of Black women, shaped by individual, cultural, societal, and racial factors, play a significant role in their EI (Avent-Harris, 2021). While resilience, empathy, and social awareness are prominent, ongoing exposure to racial discrimination, microaggressions, and other stressors can impede the full expression and development of the EI of Black Women (Avent-Harris, 2021; Donovan & West, 2015; Thomas, 2023). Some of the impedances of Black women include racial trauma, deficits in emotional awareness, and mental health (Gibbs, 2013). One of the biggest challenges to the EI of

Black women is the SBW cultural convention (Jones et al., 2021; Walker-Barnes, 2009; Watson & Hunter, 2006; White, 1999).

One of the most significant challenges to the EI of Black women is the internalization of the SBW cultural convention (Jones et al., 2021; Walker-Barnes, 2009; Watson & Hunter, 2006; White, 1999). This cultural convention, deeply rooted in both historical survival mechanisms and cultural expectations, valorizes emotional suppression, self-reliance, and the prioritization of others' needs over one's own (Jones et al., 2021; Walker-Barnes, 2009; Watson & Hunter, 2006; White, 1999). While the SBW ideal has often been celebrated as a source of resilience and strength, scholars argue that it can also undermine emotional awareness, regulation, and expression, the key components of EI (Beauboeuf-Lafontant, 2009; Walker-Barnes, 2014). The pressure to appear unbreakable often discourages vulnerability, fosters emotional burnout, and limits opportunities for psychological wellbeing (Jones et al., 2021). Furthermore, the SBW cultural convention can isolate Black women in both personal and professional contexts, where expressing emotional needs may be perceived as weakness or defiance (Jones et al., 2021). As such, the cultural expectation to embody strength at all costs presents a complex barrier to the cultivation and healthy expression of EI among Black women (Jones et al., 2021; Walker-Barnes, 2009; Watson & Hunter, 2006; White, 1999).

### **The SBW Cultural Convention**

The SBW convention is a cultural and social framework within the Black community that describes the expectation of how Black women should be (Bailey, 2018; Beauboeuf-Lafontant, 2009; Dickson, 2024; Hall et al., 2021). The convention suggests that

Black women should be emotionally resilient (Bailey, 2018; Beauboeu-Lafontant, 2009; Dickson, 2024; Henry, 2024; Laye, 2023; Lee, et.al, 2025). Constantly suppressing emotions and not showing vulnerability. The cultural convention also suggests that Black women should be independent and self-sufficient (Laye, 2023). Avoiding reliance on others, especially in difficult times (Pusey, 2021). And finally, the SBW cultural convention suggests that Black women should always be self-sacrificing caregivers (Bailey, 2018). Prioritizing the needs of others, often at their own expense (Geyton et al., 2022). Pusey (2021) suggested several key features of the SBW cultural convention, including strength as a survival mechanism. This is rooted in historical and societal pressures from slavery, racial discrimination, and gendered expectations. Secondly, SBW cultural convention is an emotional suppression (Pusey, 2021). Pusey (2021) continued by stating, this encourages Black women to endure pain and hardship without complaint. Lastly, Pusey (2021) mentioned the caretaking role of SBW cultural convention. This suggests that Black women are protectors and nurturers within families and communities (Pusey, 2021). The SBW cultural convention provides a sense of pride, purpose, and self-determination, showing that Black women can overcome adversity (Pusey, 2021).

Geyton et al. (2022) discovered that subscribing to this cultural convention produced obligatory manifestations of strength; it also produced suppressions of emotions, rejection of vulnerability, and a lack of dependence on others. The analyses of a study conducted with Black women by Hall et al. (2021) offered evidence and clarification of the negative impact of the SBW ideal on Black women's mental health and identity. Though many have deemed the SBW label as a badge of courage (Geyton et

al., 2022) and fosters resilience and perseverance, and while this identity can be empowering, it also carries emotional and mental health burdens.

There is a stigma surrounding mental health in many Black communities, which can hinder Black women from seeking help or acknowledging emotional distress (Knifton, 2012). This stigma may result in a reluctance to express emotions openly, even though EI requires clear acknowledgment and management of one's feelings (Conner et al., 2024; Corrigan, 2004; Knifton, 2012). Thus, in contexts where mental health issues are stigmatized, EI may not always be developed or utilized to its full potential (Cowen, 2023).

The SBW cultural convention has both positive and negative effects on mental health. The negative effects include emotional suppression, chronic stress & burnout, reluctance to seek help, self-sacrifice and overload, and internalized pressure (Jones et al., 2021). Avoiding vulnerability can lead to emotional detachment and difficulty processing feelings (Beck et al., 2010). Constantly pushing through hardships without seeking help increases anxiety, depression, and physical health issues (e.g., hypertension) (Anderson, 2019). Fear of being perceived as weak may discourage therapy or emotional support (Henry & Song, 2024). Prioritizing others over oneself can lead to exhaustion and neglecting personal wellbeing (Cha'Ke'Sha, 2024). Cultural high expectations for resilience and independence can create feelings of inadequacy when struggling (Cha'Ke'Sha, 2024). Researchers consistently link high endorsement of SBW traits to increased psychological distress, particularly depression, anxiety, and emotion suppression, as well as reduced mental health help seeking (Castelin & White, 2022;

Erving et al., 2023; Watson-Singleton & Hunter, 2016). Qualitative and phenomenological studies (see Simon, 2024) reveal barriers faced by Black professional women embodying the SBW identity, including self-silencing, mistrust in helping systems, and internal conflict between resilience and vulnerability.

### **Black Women, EI, and SBW**

The intersection of Black women, EI and the SBW cultural convention presents a complex dynamic for understanding the emotional lives and self-perceptions of Black women. EI, broadly defined as the ability to recognize, understand, and manage one's own emotions as well as those of others (Goleman, 1995), is influenced not only by individual psychological traits but also by cultural, social, and historical contexts. For Black women, these contexts are shaped by enduring legacies of racial and gendered oppression, which inform the development of identity, coping strategies, and emotional expression (Walker-Barnes, 2014).

One of the most persistent cultural frameworks influencing Black women's emotional experiences is the SBW cultural convention. These conventions, which idealize strength, independence, emotional restraint, and caretaking, have been both celebrated and critiqued in scholarly literature (Beauboeuf-Lafontant, 2009; Harris-Perry, 2011; Walker-Barnes, 2014). While it has functioned as a survival mechanism in the face of systemic racism and sexism, it also imposes unrealistic expectations that can hinder the development and healthy functioning of EI (Beauboeuf-Lafontant, 2009; Harris-Perry, 2011; Walker-Barnes, 2014). The SBW cultural convention often discourages vulnerability, emotional openness, and help seeking behaviors, all essential components

of high EI (Goleman, 1995). Instead, emotional suppression becomes a normalized response, with Black women often internalizing the belief that expressing distress or seeking support may be perceived as weakness or failure (Walker-Barnes, 2014).

Moreover, the constant pressure to exhibit strength can contribute to emotional exhaustion, hinder awareness of one's own emotional needs, and create challenges in engaging authentically in interpersonal relationships (Walker-Barnes, 2014). Researchers have shown that Black women who strongly identify with the SBW cultural convention report higher levels of psychological distress, depressive symptoms, and somatic complaints, often while still maintaining outward appearances of competence and control (Watson & Hunter, 2015). These patterns reveal how cultural imperatives around strength can complicate emotional processing and self-awareness, key dimensions of EI.

At the same time, many Black women actively negotiate the demands of the SBW ideal, using spirituality, community support, and culturally grounded coping strategies to maintain emotional balance (Avent-Harris, 2021). Some scholars argue for a more nuanced understanding of the SBW identity, not as inherently harmful, but as multifaceted and context dependent (Hall et al., 2021). In this light, the cultivation of EI among Black women may involve unlearning harmful aspects of the SBW narrative while retaining its affirming elements, such as resilience and agency (Beauboeuf-Lafontant, 2009).

Understanding the interplay between EI and the SBW cultural convention is essential for advancing culturally responsive mental health frameworks, leadership development, and empowerment initiatives that speak to the lived realities of Black

women. It also invites further exploration into how EI can be redefined within Black cultural contexts not as a departure from strength, but as an integrated practice of emotional awareness, expression, and healing (Beauboeuf-Lafontant, 2009).

### **Impact of Cultural Trauma on EI**

Cultural trauma can significantly impact EI by shaping how individuals perceive, process, and regulate their emotions (Eyerman, 2004). Cultural trauma refers to the collective psychological and emotional distress experienced by a group due to historical oppression, systemic discrimination, or intergenerational adversity (Eyerman, 2004). This trauma can affect EI varies from person to person, but traumas can include hidden emotional and identity injuries, lack of self-awareness, and emotional exhaustion and desensitization (Brown, 2016). Cultural trauma can impact self-perception and emotional awareness, especially in marginalized communities where individuals may internalize negative societal stereotypes, affecting self-esteem and emotional recognition (Eyerman, 2004). Additionally, cultural trauma may influence trust and social interactions, as individuals who experience historical or systemic oppression may develop heightened vigilance or skepticism in relationships, affecting emotional expression and connection (Brown, 2016).

Chronic stress from experiences of cultural trauma can significantly impact the emotional wellbeing of anyone, but especially of Black women (Grissette-Banks, 2014). This emotional toll may lead to burnout or disengagement, affecting their ability to process emotions and manage social and professional interactions. The pressure to adhere to the SBW cultural convention, which demands constant strength and emotional self-

sufficiency, often conflicts with the need for vulnerability and emotional authenticity, further exacerbating stress and burnout, hindering client connection and rapport building, and triggering mental health challenges (Dickson, 2024).

### **Interconnection of Resilience and Emotional Awareness**

Despite the many challenges, Black women exhibit high levels of resilience, empathy, and social awareness (Crenshaw, 2015). Their experiences navigating intersectional identities often foster a deep understanding of complex social dynamics (Crenshaw, 2015). However, their ability to express or develop EI can remain constrained without addressing societal challenges such as racial discrimination and emotional labor (Grissette-Banks, 2014). Understanding and supporting the EI of Black women requires addressing the broader social and cultural issues they face (Grissette-Banks, 2014). Creating spaces encouraging vulnerability, providing emotional support, and prioritizing mental health care can enhance their EI, benefiting their wellbeing and broader community contributions (Prummer et al., 2024).

### **The Importance of EI in Counselors**

Without a doubt, good counselors possess the ability to build trust and rapport and facilitate emotional processing (Harris, 2022). Good counselors also model healthy emotional expression and empower clients to build their EI (Parveen & Shafiq, 2014). Trust is the foundation of the therapeutic relationship. EI helps counselors build trust by demonstrating genuine care, understanding, and respect for their clients' emotions and experiences (Parveen & Shafiq, 2014). Clients are more likely to open up and share sensitive details of their lives when they feel their counselor truly understands them and

responds appropriately to their emotional needs. With this trust, good counselors help facilitate emotional processing (Parveen & Shafiq, 2014).

Counselors with high EI can better guide clients through emotional processing (Parveen & Shafiq, 2014). Using empathy and social skills, they can help clients explore, articulate, and make sense of their emotions in a safe space (Clark, 2010 & 2014). Effective emotional processing helps clients understand their emotional struggles, leading to better emotional regulation and healthier coping strategies (Young, 2014). Effective emotional processing is good not only for clients but also for counselors (Young, 2014). For example, a counselor who can express their own emotions appropriately, such as showing empathy or sharing their emotional responses when relevant, teaches clients that emotions are valid and can be expressed in healthy ways (Goodman, 2015; Jordan, 2018; Pau et al., 2020). This is especially important when working with clients who have difficulty identifying or expressing their emotions due to trauma, repression, or cultural factors (Goodman, 2015; Jordan, 2018; Pau et al., 2020). Counselors can also help clients develop their emotional awareness and skills by demonstrating EI in their interactions. Counselors might teach clients to identify and understand their emotions better, regulate emotional responses, and improve social interactions (Hemmings & Evans, 2018).

Conversely, counselors with low EI may struggle to establish client trust and rapport (Easton et al., 2008; Gutierrez, 2016; Martin et al., 2004). Without empathy and strong social skills, clients may feel misunderstood or disconnected from the therapeutic process (Clark, 2010). Counselors who struggle with emotional regulation may become overwhelmed or reactive during sessions, making it difficult to remain composed when

dealing with clients' intense emotions (Prikhidko et al., 2020). This could hinder the client's progress and lead to an unproductive session. This will, in turn, affect a client's ability to develop healthy EI and impair emotional regulation (Prikhidko & Swank, 2018). In addition, this can lead to challenges in addressing the client's emotional needs. EI is an indispensable trait for counselors, as it directly impacts their ability to connect with clients, understand their emotional needs, manage their emotions, and foster a productive therapeutic relationship (Stelzer, 2023). Counselors with high EI can better navigate the complexities of human emotions, creating a safe and supportive environment for clients to explore and address their emotional struggles (Stelzer, 2023). By developing their EI, counselors can enhance their effectiveness, improve client outcomes, and maintain their wellbeing throughout their careers (Adade, 2024; McKinney, 2023; Stelzer, 2023).

### **EI and Counselors**

Counselors are crucial in helping individuals understand and manage their emotions, overcome mental health challenges, and navigate difficult experiences (Constantine, 2001; Easton et al., 2008; Martin et al., 2004). They guide clients in identifying life changes, building resilience, and developing self-esteem and optimism. Counselors are trained professionals who offer tools, techniques, and an objective perspective to foster personal growth and healing (ACA, 2024; Odaci et al., 2017). In the research, researchers sought to explore the correlation between EI and the counseling skills of prospective psychological counselors. They concluded that unhealthy EI hinders

emotional reflection and general counseling within the counseling setting (Odaci et al., 2017).

A successful counselor possesses unique personal qualities and professional skills, including empathy, patience, and excellent communication skills (Gutierrez, 2016). They approach their work with a nonjudgmental and culturally sensitive mindset, ensuring they are ethically grounded and dedicated to ongoing personal and professional development (Sari, 2024). With these characteristics, counselors provide a safe and supportive environment where clients can explore and address their challenges (Gutierrez, 2016).

EI is integral to effective counseling (Gutierrez, 2016). It allows counselors to manage their emotions and empathize with clients, leading to better therapeutic relationships and outcomes (Mathieu, 2024). Key EI components include empathy, self-awareness, emotional regulation, social skills, and adaptability (Adade et al., 2024). Empathy enables counselors to connect deeply with clients, creating a nonjudgmental space where clients feel understood and validated (Adade et al., 2024; Gutierrez, 2016). Self-awareness helps counselors recognize their emotions and biases, ensuring objectivity in sessions (Adade et al., 2024; Gutierrez, 2016). Emotional regulation allows counselors to remain composed during emotionally charged interactions, providing stability for clients (Adade et al., 2024; Gutierrez, 2016). Social skills are essential for building client trust and rapport, facilitating communication, and resolving conflicts (Adade et al., 2024; Gazioğlu, 2008; Gutierrez, 2016). Effective counselors use these skills to motivate clients and help them achieve their therapeutic goals (Adade et al., 2024; Gazioğlu, 2008;

Gutierrez, 2016). Adaptability allows counselors to tailor their approach to each client's needs, enhancing the effectiveness of their interventions.

Counseling can be emotionally taxing, especially when working with clients who are experiencing significant trauma or emotional distress (Gutierrez, 2016; Mathieu, 2024; McKinney, 2023). High EI helps counselors manage stress and prevent burnout, allowing them to provide sustained support to their clients (Mathieu, 2024). By maintaining their wellbeing, counselors offer empathetic and effective care, empowering clients to reach their potential through therapy (Lewin, 2015).

### **EI and Black Women Counselors**

EI, the capacity to perceive, understand, manage, and use emotions adaptively, has been widely studied, though often from a generalized perspective (Goleman, 1995). In counseling professions, EI is understood as foundational to empathic engagement, regulation, and relational efficacy (Goleman, 1995). Counseling literature (Easton et al., 1995; Gutierrez & Mullen, 2016) highlights how practitioners' own EI affects therapeutic presence and client outcomes, yet little research focuses explicitly on BWC, whose experiences intersect racial, gendered, and professional contexts. EI plays a crucial role in the work of BWC (Harris, 2022; Merrill-Washington, 2008). EI influences how they connect with clients, manage challenging emotional situations, and navigate the complexities of their personal and professional lives (Constantine & Gainor, 2001). For BWC, EI not only supports effective communication and empathy but also aids in the self-awareness necessary to manage the unique challenges they may face, such as societal biases, microaggressions, and the intersectionality of race and gender (Harris, 2022;

Merrill-Washington, 2008). BWC often operates within a cultural context that shapes their emotional responses and understanding (Bond, 2023; Edmonds, 2023; Harris, 2022; Merrill-Washington, 2008). Their heightened awareness of the dynamics of race and gender can enrich their EI, allowing them to establish deeper rapport with clients from similar backgrounds (Jackson, 2023). However, the emotional labor involved in navigating their identities within the counseling profession and the potential for emotional burnout emphasize the importance of EI as a tool for self-regulation and resilience (Constantine & Gainor, 2001; Shell et al., 2021).

By harnessing EI, BWC can build strong therapeutic relationships, effectively manage stress, and engage in meaningful selfcare practices (Shell et al., 2021). Understanding and integrating their own emotional experiences and those of their clients strengthens their ability to provide compassionate, culturally competent care while addressing specific needs and experiences (Constantine & Gainor, 2001). EI empowers BWC to navigate the intersectional challenges of their work while promoting personal growth and professional success (Constantine & Gainor, 2001; Crenshaw, 2015; Shell et al., 2021).

### **Previous Application in Research**

Although literature addressing the intersection of EI and Black womanhood is limited, related studies have examined the emotional and psychological impact of systemic racism, gendered expectations, and workplace marginalization on women of color in clinical roles (Ashley, 2014; Haskins & Singh, 2015). These studies underscore the emotional labor that BWC must perform often balancing cultural authenticity with

expectations of professional composure in environments where they may be underrepresented or misperceived.

Phenomenological research methods, particularly descriptive phenomenology as advanced by Giorgi (2009), offer a valuable framework for exploring these layered experiences. Though underutilized in counseling research focused on the EI of BWCs, phenomenological methods have proven effective in examining marginalized voices across healthcare disciplines (Fernandes-Silva et al., 2020). For example, they have been used to illuminate how minority clinicians navigate institutional power dynamics, cultural incongruence, and emotional dissonance within systems not designed with their identities in mind (Henriksen et al., 2020). Such approaches emphasize the importance of understanding lived experience without imposing external theoretical structures that may overlook or misrepresent the realities of marginalized groups (Peoples, 2021).

By applying phenomenological inquiry to the experiences of BWCs, researchers can gain deeper insight into how EI is both cultivated and constrained within sociocultural contexts (Watson-Singleton, 2017). This perspective not only humanizes participants' narratives but also expands the theoretical discourse on EI to include culturally nuanced understandings (Watson-Singleton, 2017). This literature suggests a critical need for research that honors the emotional complexities of BWCs, situating their experiences within broader conversations about identity, resilience, emotional health, and professional wellbeing (Doherty, 2020; Gutierrez & Mullen, 2016; Henriksen et al., 2016).

## Summary

Previous research on BWC and EI has been limited. However, it is becoming increasingly important as the mental health field continues to focus on multicultural counseling and competencies, diversity, equity, and inclusion, as well as providing more counseling services to marginalized communities. Several articles highlighted the importance of EI but failed to include the importance of EI in BWCs and how their cultural constructs may influence how their EI develops. It is essential to understand how one's cultural constructs, including spiritual and religious beliefs, shape how one interacts with clients and colleagues. While research examining the intersection of EI and BWC is still evolving, existing studies emphasize EI's critical role in professional and personal development (Mustaffa et al., 2013). From managing emotional labor, overcoming career challenges, offering culturally competent care, and building strong client relationships, EI is essential for BWC (Sardi, 2012).

While EI is universally applicable, the experiences of Black women reveal a unique interplay of cultural, societal, and psychological factors. Recognizing these dynamics can foster a better understanding of EI within this group, allowing for more tailored support and empowerment strategies. Enhancing the EI of BWC involves acknowledging their experiences, providing support, and addressing systemic challenges. By fostering environments that validate their experiences and offer the necessary support, we can empower BWC to harness their EI fully, enriching their personal lives and the communities they impact.

In this chapter, I comprehensively reviewed the literature on EI, Black women, and EI in counseling. The previous research provided insight into the intersectionality of the SBW cultural convention and EI and the impact this cultural convention has on EI, but it still lacked insight into BWC. Significant literature is available about EI, but there is minimal literature on the experiences of EI and BWC. Since Black women tend to score differently on most EI assessments due to the lack of cultural considerations, it is imperative to understand their unique experiences relating to life and cultural history. Identifying and mitigating cultural conventions in this population is critical and plays a dual role in reducing burnout and conflicts in BWC while increasing the ability of professional counselors and counselor educators to serve the needs of this community. In Chapter 3, I discussed methodological details, including recruitment, participant selection, data collection and storage, data analysis, and ethical concerns.

### Chapter 3: Research Method

This qualitative descriptive phenomenological study explored the lived experiences of BWCs as they navigated the intersection of the SBW cultural convention and EI. Descriptive phenomenology is a research approach rooted in phenomenological philosophy that seeks to understand how individuals make meaning of their experiences through reflection and description (Peoples, 2021). The goal of this approach is to capture the essence of a shared phenomenon by exploring how it is perceived and experienced from the first-person point of view (Giorgi, 2009). By using a phenomenological lens, I prioritized the voices and subjective realities of participants, and I aimed to uncover the deeper meanings behind their emotional responses, coping mechanisms, and cultural conventions. The phenomenological approach was particularly appropriate given the focus on understanding complex, culturally embedded experiences that are often overlooked or misinterpreted by more traditional quantitative research methods (Giorgi, 2009).

The purpose of this descriptive phenomenological study was to describe the lived experiences and impact of the SBW cultural convention on the EI of BWC. The philosophy of phenomenology (Husserl, 1999) and the methods of descriptive phenomenology allowed me to achieve this (see Giorgi, 2009; Shelton & Bridges, 2018; Stelzer, 2023). In this study, I engaged in bracketing to eliminate personal thoughts and experiences related to the topic. The findings from this study may provide insight to help improve the professional practices of all counselors, counselor educators, and

supervisors, not only BWC, by allowing them space to become more aware of how their cultural conventions may be affecting them within the profession.

There have been qualitative and quantitative studies on Black females (Jones, M., et al., 2022); however, there was a dearth of literature exploring the lived experiences of BWC using a descriptive phenomenological approach. Although BWC may share many similar experiences, understanding the experiences of BWC could provide counselors and other mental health professions with insights and understanding that may contribute to more meaningful and effective considerations for BWC.

In this chapter, I outline the methodological components of my study: research design, research question, rationale, and procedures. I address my positionality and role in the research, including exploring bias. I describe the methodology for descriptive phenomenological exploration, including sample selection, size, and procedures. I also discuss the data collection and analysis plan, and outline considerations and decisions related to trustworthiness and ethics.

## **Research Design and Rationale**

### **Research Question**

What are the lived experiences of Black women counselors regarding the Strong Black Woman cultural convention and its impact on emotional intelligence?

### **Central Phenomenon**

The central phenomenon of this study was the experiences of BWC, their EI, and the impact of the SBW cultural conventions. Negative impacts of the SBW convention on EI could include several things, such as limited emotional awareness, restricted emotional

expression, barriers to empathic connection, and burnout and disconnection (Nelson, et al., 2016). The expectation to “be strong” can lead Black women to suppress or ignore their emotional states, limiting self-awareness, a key component of EI (Nelson, et al., 2016). Restricted emotional expression, the fear of being labeled as “angry,” “weak,” or “unstable” discourages honest emotional expression, reducing emotional regulation and authenticity (Nelson et al., 2016). Moreover, barriers to empathic connection reflects how chronic emotional self-silence may hinder the development of empathy and authentic connection with others, as vulnerability is a core part of emotional intimacy (Nelson et al., 2016). Further, burnout and disconnection result in constant emotional labor without reciprocation or acknowledgment which can lead to emotional fatigue, empathy burnout, and emotional disengagement (Nelson, et at, 2016; Watson & Hunter, 2016).

In workplaces, the SBW persona could result in Black women being overlooked for emotional support or development opportunities while being burdened with excessive responsibility (Watson-Singleton, 2017). In counseling settings, providers may underestimate Black women’s emotional pain, contributing to disparities in mental health outcomes (Jones et al., 2021). Black women who internalize the SBW cultural convention may present as highly self-reliant, emotionally guarded, and reluctant to express vulnerability, which can make it difficult for counselors to accurately assess their emotional distress or mental health needs (Watson & Hunter, 2015). As a result, counselors may unintentionally overlook or minimize symptoms of anxiety, depression, or burnout. Additionally, without cultural competence, counselors may misinterpret strength as resilience rather than a coping mechanism rooted in racialized and gendered

expectations (Jones et al., 2021). These dynamic underscores the need for culturally responsive counseling approaches that recognize the burdens of the SBW role and create space for authenticity, emotional expression, and healing.

Interpersonally, relationships may suffer when emotional needs are buried or dismissed by both self and others (Jones et al., 2021). To further explore how these emotional dynamics manifest in the lived experiences of Black women, particularly in the context of their interpersonal relationships and internalized roles, qualitative research offers a valuable approach for capturing the depth and nuance of these experiences.

Qualitative research is a method of inquiry focused on understanding human experiences, behaviors, and social phenomena from the perspectives of those involved (Creswell, 2003, 2013 & 2017). It emphasizes depth over breadth, aiming to uncover the meaning individuals or groups assign to their experiences within natural settings (Creswell, 2003, 2013 & 2017). Unlike quantitative research, which relies on numerical data and statistical analysis, qualitative research uses methods such as interviews, focus groups, observations, and content analysis to gather rich, detailed narratives (Creswell, 2013 & 2017; Hammarberg, et al., 2016; Naeem, et al., 2023). This approach is valuable in exploring complex or sensitive topics where context, emotion, and subjective interpretation play a critical role (Naeem, et al., 2023). By prioritizing participants' voices and lived experiences, qualitative research provides nuanced insights that can inform theory, practice, and policy (Grossoehme, 2014). Rather than focusing on statistics or measurable outcomes, qualitative research seeks to uncover deeper insights into how individuals perceive and make sense of their world (Aspers & Corte, 2019;

Fossey et al., 2002; Hammersley, 2012; Pathak et al., 2013). In contrast to quantitative research, qualitative research operates under the assumption that reality is subjective, socially constructed, and context dependent (Aspers & Corte, 2019). This means individuals interpret their experiences uniquely, influenced by their personal, cultural, and social backgrounds (Jordan-Zachery, 2007). Additionally, descriptive qualitative research is appropriate when little information is known about a phenomenon (Mulisa, 2022).

Phenomenology is a qualitative research approach that seeks to explore and understand how individuals experience a particular phenomenon from their own perspective (Giorgi, 2003). Rooted in the philosophical traditions of Edmund Husserl and further developed by scholars like Martin Heidegger and Amedeo Giorgi, phenomenology emphasizes the lived experience as the foundation of meaning (Jackson et al., 2018; Sundler et al., 2019). Researchers using this method aim to describe the essence of a phenomenon by carefully analyzing participants' firsthand accounts while bracketing their own assumptions to minimize bias (Giorgi, 2003). The goal is not to explain or generalize but to uncover the core structures of experience that are shared across individuals (Jackson et al., 2018; Sundler et al., 2019). Phenomenology is especially useful in fields like psychology, education, and health sciences, where understanding human consciousness, perception, and meaning making is central (Jackson et al., 2018; Sundler et al., 2019).

### **Role of the Researcher**

The qualitative researcher is both an investigator and a primary instrument, deeply engaged in understanding human experiences in their natural settings (Råheim et al., 2016). I conducted semi-structured, audio-recorded, face-to-face interviews with participants. I recruited participants through social media platforms, such as Facebook, Instagram and LinkedIn, and online counseling forums through the American Counseling Association. I also utilized my state counseling organizations, the Virginia Counseling Association and local chapter of the Virginia Association of Counselor Educators and Supervisors. Through this descriptive study, I sought to uncover the essential structures to gain a deeper understanding of the participant's experiences as they are lived rather than how they are theorized or interpreted through external frameworks.

### **Positionality**

As the researcher, my personal and professional connections to the topic of this study played a significant role in shaping both my interest and my approach to the research process. My lived experiences and cultural background provided me with an intimate understanding of the phenomenon under investigation, allowing me to approach participants with empathy, sensitivity, and awareness of contextual nuances. Professionally, my work as a licensed professional counselor has deepened my commitment to addressing the systemic and interpersonal dynamics that influence this topic. While these connections enhanced my insight and motivation, they also required me to engage in reflexivity, critically examining my own biases and assumptions throughout the research process. By acknowledging my positionality, I aimed to uphold

the integrity of the study, ensuring that participants' voices remain central and that findings are grounded in authentic representation rather than personal projection. As a BWC, I felt deeply committed to using my privilege to increase awareness of the SBW cultural convention and its effects on Black women's EI. As a licensed professional counselor with over 10 years of clinical experience working with Black women from various backgrounds, my passion for studying the lived experiences of Black women and EI is of personal and professional interests.

For centuries, the United States has had a strained political climate (Lieberman, 2011; Macias, 2016; Segura et al., 2006). The current political climate in the United States is highly polarized and contentious, shaped by deep ideological divisions, debates over democracy, and ongoing cultural and economic challenges (Flores-Robles et al., 2025; Zaman et al., 2025). The political atmosphere is tense, deeply divided, and unpredictable, with high voter engagement and significant implications for democracy and governance (Craig et al., 2018; Lieberman, 2011). This research study took place during a time when Diversity, Equity, and Inclusion programs were under attack (Harris, 2020; Myeong, 2024; Reisch, 2025; Rubin, 2025; Yako, 2025). My experience as a BWC working with individuals in the Black cultural community during that time in history was a potential source of bias in collecting and analyzing the data. The process of descriptive phenomenology, bracketing, and reflexivity was helpful in challenging preconceived or biased opinions and allowed me to set them aside in favor of new information from the participants (see Peoples, 2021). This methodological rigor was significant because, like

the research participants, I had irrefutably experienced the effects of the SBW cultural conventions on my EI.

### **Marginalized Populations**

The population I am sought to study has experienced trauma and systemic challenges that impact emotional, psychological, and physical wellbeing (Akerele, 2021; Brown, 2016); therefore, additional ethical considerations applied. Studying a marginalized population that has experienced trauma posed an ethical issue. However, this was not a sufficient reason to avoid seeking to understand the experiences of this population (Jefferson et al., 2021). I asked open ended questions about potentially traumatic events and responses. While there were risks of exposing the participants to psychological and cultural stress during the interview, they are limited (see Alessi & Kahn, 2023; Decker et al., 2011; Jorm et al., 2007 & Larsen, 2014). I explained that sharing their experiences would benefit the profession and support future studies. However, some discussions of family history, cultural teachings, and cultural responsibilities may have elicited stress, anxiety, or depression; therefore, I provided resources in the informed consent (e.g., referrals to support/counselors) to help any participants. Congruent with Ushioda (2011), I provided participants with opportunities to express themselves. The informed consent clearly stated that the participants could leave the interview at any time, and I reiterated this at the beginning of each interview.

Additionally, having worked in the professional counseling field for 13 years as a skill builder and clinical counselor, I was aware of the lack of adequate education and training for counselors on EI and how to address cultural conventions effectively. In

conducting this research, I needed to acknowledge the weight of my roles as a counselor, researcher, and doctoral candidate with the power and privileges each of these identities and positionalities entails. I closely monitored myself through techniques such as reflexive journaling, triangulation, and member checking to ensure that my study remains free of bias.

### **Informed Consent**

I developed and implemented a comprehensive informed consent form aligned with ethical mandates and the Walden University Institutional Review Board (IRB). The informed consent was necessary when working with participants from any group, as it made them aware of the potential risks involved with being a study participant. The document allowed participants to make informed decisions about their participation, and it described the process for withdrawing consent at any time (see Rubin & Rubin, 2012; Smith et al., 2022).

For this dissertation study, I obtained informed consent electronically to accommodate remote data collection and ensure accessibility for all participants. Participants received a digital informed consent form via email. Should they choose to participate, they responded via email, "I consent." The informed consent clearly outlined the purpose of the study, procedures, potential risks and benefits, confidentiality measures, and participants' rights, including the voluntary nature of participation and the right to withdraw at any time without penalty. This electronic acknowledgment, "I consent," served as documentation of informed consent, as approved by the IRB.

**Safety**

Physical and psychological safety considerations were at the forefront of my data collection. I offered audio- recorded face-to-face interviews (either in person or via Zoom) based on the participant's schedule. According to Goodwin & Tiderington (2022), settings and offering choices related to interpersonal interactions promote a sense of safety. To ensure participant's safety and comfort, I provided a range of time slots on both weekdays and weekends, allowing participants to select a convenient time to complete the interview. Additionally, I used Zoom Workplace-Healthcare, a videoconferencing platform that was adjacent and aligned with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also knew that participants could discuss other content they perceive as cultural pressure. Therefore, I included information on the risks of reviewing content that might bring up unsettling emotions or feelings within the informed consent form. Additionally, I provided information about local mental health resources in case a participant discovered they were negatively affected by their participation, they could seek support immediately.

**Confidentiality**

Maintaining the confidentiality of participants is a critical ethical concern during all stages of data collection and analysis. To address this, I assigned pseudonyms to the participants, so their identities were only known to me. I used audio recording technology to record interviews and hired a transcription service to produce the necessary post interview transcript (Creswell & Creswell, 2017 & 2018; Smith et al.,2022). To meet the data collection standards, I stored audio recordings and interview transcripts from outside

sources on an encrypted external hard drive physically stored in a fireproof lockbox. Moreover, I analyzed data on a computer with biometric security at my home office (Caffrey & Horn, 2021; Fiske & Hauser, 2014). After completing the study, I stored data on the encrypted external hard drive at my home in the same secured environment (Caffrey & Horn, 2021; Fiske & Hauser, 2014). I will store the data for five years. After five years, if the data is no longer needed, I will erase it from the external hard drive.

## **Methodology**

### **Participant Selection Logic**

I recruited participants who met specific inclusion criteria. Participants identified as BWCs. The participants needed to understand the SBW cultural convention and felt that it impacted their EI. The participants came from various socioeconomic, religious, and ethnic backgrounds; however, they must have been assigned female at birth (AFAB) and currently self-identify as a female gender identity.

### **Exclusion Criteria**

Study exclusions included participants who did not agree to sign an informed consent form. Exclusions also included people who identified with a binary or male gender identity were not included in this study. Non-English-speaking individuals were also not included in this study. This study did not involve counselors who are not fully licensed, “residents in counseling” or “licensed eligible” or are still in school. Additionally, people who are not Black were not included in this study.

### **Sampling and Sampling Size**

Giorgi (2009) stated that no less than three participants should be interviewed for descriptive phenomenological inquiry. Englander (2012) suggested 5–20 participants, and Creswell (2013) suggested up to 10 with no minimum. To ensure saturation, I aimed to recruit 6–10 participants (Creswell, 2013). Reaching saturation meant I had gathered enough data to understand the topic thoroughly without new emergent data, thus capturing the diversity of perspectives related to the research question (Saunders, 2018).

### **Recruitment Criteria**

I recruited Licensed Counselors practicing in the United States who identified as Black, who were assigned female at birth (AFAB), and were socialized with the expectations associated with the SBW cultural convention. Recruitment began with permission from the IRB to distribute an invitation infographic (see Appendix C) via social media platforms (e.g., Instagram and Facebook groups) and using a recruitment flyer (see Appendix D) for existing professional networks with licensed counselor colleagues. I used purposive sampling methods including snowball sampling to identify licensed counselors interested in participating in and sharing their lived experiences related to the study topic (Peoples, 2021; Shelton & Bridges, 2021).

### **Recruitment Procedures**

Purposive sampling was an appropriate method of participant recruitment for studies using nonprobability designs (Peoples, 2021; Smith et al., 2022). In qualitative research, selecting participants with direct experience with the phenomenon of interest ensures that participant interviews will answer the research questions, and that rich data

can be gathered from the participants' interviews (Peoples, 2022). In this study, inclusive criteria ensured that participants selected for the study have experiences with the SBW cultural convention and EI.

Allowing participants to refer additional participants is called snowball sampling (Parker et al., 2019). Snowball sampling was appropriate for research involving hard to reach, hidden, or specialized populations where participants are not easily accessible through traditional sampling methods (Martsolf et al., 2006). This sampling method was useful for recruiting research participants focused on addressing the needs of marginalized groups, as it takes place in a way that is both familiar and comfortable for the population being studied (Woodley & Lockard, 2016).

### **Instrumentation**

To align with descriptive phenomenological traditions, I conducted semi-structured interviews as the primary data collection method (see Giorgi, 2003; Peoples, 2021). The data for this study came from semi structured, audio recorded, and face-to-face (in person or video/Zoom platform) individual interviews. I was the primary research instrument during data collection. Qualitative semi- structured interviewing allowed participants to share their experiences, perspectives, and emotions in their own words, providing rich, in-depth insights into the research topic while allowing the interviewer to ask follow-up questions if additional information was needed (Noon, 2018; Seidman, 2019; Smith et al., 2022). I used a semi-structured interview protocol containing a determined set of questions for all participants (Dahlberg & Dahlberg, 2020). I designed open ended and expansive questions to encourage participants to speak

freely about their experiences (see Appendix E). I used member checking to increase trustworthiness (Dahlberg & Dahlberg, 2020; Noon, 2018; Smith et al., 2022). Member checking is a way the researcher can ensure an accurate representation of the data. I contacted the participants afterward, via email, with a summary narrative of data for them to review (Shelton & Bridges, 2021).

The semi-structured interviews with participants were 60 minutes (Noon, 2018). Also, prior to the start of the interviews, I sent interested participants, via email, a brief demographic questionnaire and ask them to disclose their age, pronouns, sex assigned at birth, gender identity, geographical location, type of professional license and years of counseling (Myrie & Schwab, 2023; Shelton & Bridges, 2021). For individuals meeting the inclusion criteria, I emailed the informed consent provided by the IRB. Before the interviews, I reviewed the informed consent with each participant. After the formalities, I allowed the participants to ask additional questions and provide time for voluntary withdrawal from the study (Shelton & Bridges, 2021).

To follow research guidelines, I used audio-recordings for each interview. To help support phenomenological research, I took memos immediately after each interview to note any observations related to body language or other nonverbal reactions that added to the interpretation of the data (Myrie & Schwab, 2023; Smith et al., 2022). I reminded the participants about member checking, a technique particularly beneficial when working with marginalized or traumatized populations (Jefferson et al., 2021). Due to the chances of unresolved issues arising during the interviews, I provided support resources. Once all interviews were completed, I listened to the interviews and took additional notes if

necessary (Myrie & Schwab, 2023; Smith et al., 2022). Throughout the entire process, I ensured privacy of all notes, audio recordings, and transcripts by storing all paper copies of documents and the encrypted hard drive in a lockable, fireproof safe in my home office. My home office remained locked with a key that remained in my possession only.

### **Data Analysis Plan**

The key components of data analysis in this research study involved gathering participant data and examining essential contexts for describing the findings and exploring the meaning of the lived experience (Giorgi, 2009; Shelton & Bridges, 2018). I selected descriptive phenomenology as the approach for the study to immerse myself in an empathic way (see Peoples, 2021) and to uncover and describe the essence of lived experiences as they are perceived by individuals, without imposing external interpretations or theoretical frameworks.

Giorgi (2009) developed a structured approach to analyzing qualitative data using the principles of descriptive phenomenology, which is particularly suited for psychological and human science research. His method focuses on revealing the essential structure of a lived experience, using the participant's own words while applying psychological insight (Giorgi, 2009). When using multiple interviews, Giorgi recommends creating individual structural descriptions first and then conducting a cross-case synthesis to identify the general structure across all participants. This approach enabled in- depth exploration of participants' experiences and provided a clear, systematic approach to data interpretation (Lochmiller, 2021).

Giorgi's data analysis (2003, 2010, 2013) includes five steps: (1) reading the entire description to get a sense of the whole; (2) breaking the text into meaning units; (3) transforming meaning units into psychologically sensitive expressions; (4) synthesizing the transformed units into a consistent structural description and (5) development of a general structural description. According to Giorgi (2009), in step one, reading the entire description to get a sense of the whole, the researcher reads the full transcript multiple times to become immersed in the participant's experience. The goal is to grasp the overall meaning without analyzing or segmenting the data. Giorgi (2009) went on to explain that this step ensures the researcher approaches the text with openness and begins to see the experience in its entire context. In the second step, breaking the text into meaning units, Giorgi (2009) explained that the researcher identifies shifts in meaning or psychological significance. These are segments of the text that express distinct parts of the lived experience. Giorgi (2009) stated that the original wording is preserved, but the text is divided based on changes in tone, focus, or content. This step is done without interpreting; the goal is simply to segment. In step three, Giorgi (2009) stated that transforming meaning units into psychologically sensitive expressions involves the researcher translating the information from the participant's language into psychological language while retaining the original intent, allowing for a deeper understanding of the lived experience. This step requires bracketing the researcher's biases and involves moving from descriptive to phenomenologically informed psychological insight. In step four, Giorgi (2009) stated that by synthesizing the transformed units into a consistent structural description, the researcher integrates all the transformed units into a coherent

narrative or general structural description. And in the final step, the development of a general structural description, Giorgi (2009) encouraged the researcher to synthesize the individual situated structures into a general structural description. Meaning that the researcher should articulate the essential components of the phenomenon across participants. In sum, this synthesis expresses the essential meaning of the experience across participants, highlighting the invariant features of the phenomenon (Giorgi, 2009).

I used NVivo software as a tool for data management in this study. NVivo is a qualitative software program that supports the organization, coding, and interpretation of textual data, making it particularly suitable for phenomenological research (Allsop et al., 2022). It allows for systematic categorization of participants' narratives, identification of emergent themes, and tracking of patterns across individual transcripts (Allsop et al., 2022; Dhakal, 2022). Using NVivo enhanced the rigor and transparency of the analytic process by providing a clear audit trail and facilitating the storage of memos, codes, and annotations in a centralized location (Allsop et al., 2022; Dhakal, 2022). While the software did not analyze data independently, it served as a valuable aid in supporting my engagement with the data and ensuring consistency throughout the interpretive process (Allsop et al., 2022; Dhakal, 2022).

I treated discrepant cases, or instances in the data that diverge from emerging patterns or dominant themes, with intentional and rigorous analysis to ensure the credibility and trustworthiness of the findings (Booth, 2013). Rather than being dismissed, I carefully examined those cases to determine whether they reveal limitations in the developing themes, suggested alternative interpretations, or contributed to a deeper

understanding of the phenomenon under investigation (Booth, 2013). For each discrepant case, I coded and analyzed with the same level of detail as other data, and any insights gained I integrated into the final thematic structure, if appropriate (Booth, 2013). This process helped to guard against researcher bias, supported a more nuanced interpretation of the data, and strengthened the overall validity of the study's conclusions (Booth, 2013).

### **Issues of Trustworthiness**

Qualitative researchers prioritize the extent to which a study authentically captures individuals lived experiences, as opposed to relying on standardized instruments or numerical scores typical of quantitative approaches (Burke, 2016; Ravitch & Carl, 2021). In 2015, Noble and Smith noted that trustworthiness is essential in research because it ensures that the study's findings are credible, meaningful, and reflective of the participants' true experiences. In qualitative research especially, trustworthiness determines the confidence that readers, practitioners, and other researchers can place in the results. They went on to note that trustworthiness encompasses credibility, transferability, dependability, and confirmability each addressing various aspects of rigor and transparency. The authors concluded that when researchers establish trustworthiness through strategies like triangulation, member checking, and maintaining an audit trail, they strengthen the integrity of their work. Trustworthiness not only enhances the quality of the research but also supports its impact on future studies, policy decisions, and professional practice (Noble & Smith, 2015).

While operating as a researcher, I adhered to the precautions and adhered to the ACA Code of Ethics (2015) when operating as a clinician within the community. Considering my identity as a BWC and my professional commitment to advocacy for the protection of human rights for marginalized people, it was necessary to consider my experience within the current sociopolitical context. I was also mindful of the marginalized status of the population I sought to study. In establishing the trustworthiness of the research, I considered key criteria to such as credibility, transferability, dependability, and confirmability.

### **Credibility**

Credibility in qualitative research refers to the confidence in the truth and accuracy of the findings as they represent individuals lived experiences (Adeniran et al., 2024). It is the qualitative equivalent of internal validity in quantitative research and is established through strategies that ensure the data and interpretations are authentic, well grounded, and reflective of individuals' perspectives (Adeniran et al., 2024; Sousa, 2014; Sundler et al., 2019). To enhance credibility, I employed practices such as prolonged engagement with data, member checking, and debriefing with my dissertation committee. Prolonged engagement allowed me to experience deeper immersion in participant's narratives, while member checking provided the participants with the opportunity to review and confirm the accuracy of interpretations (Adeniran et al., 2024; Jackson et al., 2018; Sousa, 2014; Sundler et al., 2019). The debriefings with my dissertation committee offered an external check on the research process by involving knowledgeable experts to review findings and challenge potential biases (Wilson, 2015). These strategies

contributed to the trustworthiness of the research by affirming that the findings were not merely the product of my assumptions but were firmly rooted in the participant's own meanings and experiences.

Key strategies include bracketing (*epoché*), a fundamental principle in descriptive phenomenology, that entails the deliberate suspension of the researcher's personal biases, assumptions, and prior knowledge to engage with the phenomenon from a neutral and unprejudiced standpoint (Adeniran et al., 2024; Sousa, 2014; Sundler et al., 2019). This methodological approach is intended to ensure that the findings authentically represent the individual's lived experiences rather than being influenced by the researcher's interpretations (Giorgi, 2009; Chang et al., 2013; Husserl 2012). Such an approach ensures that the research remains firmly anchored in the essence of the lived experience (Bernet, 2016; Chang et al., 2013; Giorgi, 2009, Husserl 2012; Schmitt, 1959).

An audit trail, in research, refers to a transparent, detailed record of all the decisions, procedures, and processes followed throughout a study (Carcary, 2009). It includes documentation of data collection methods, coding schemes, analytic strategies, reflexive notes, and any changes made during the research process (Carcary, 2009). The purpose of an audit trail is to provide a clear pathway that others can follow to understand how the study was conducted and how conclusions were reached, thereby enhancing the dependability and confirmability of qualitative research (Carcary, 2009). Rich, thick descriptions, offering nuanced descriptions of participants lived experiences, enable readers to grasp the contextual depth and complexity of the phenomenon, thereby strengthening both the credibility and transferability of the research findings (Jackson et

al., 2018). While credibility ensures the findings accurately reflect participants' experiences, transferability focuses on the extent to which those findings can be applied to other contexts or settings.

### **Transferability**

Transferability in qualitative research refers to the extent to which the findings of a study can be applied or “transferred” to other contexts, settings, or groups (Ravitch & Carl, 2021). Unlike quantitative research, which seeks generalizability through statistical representativeness, qualitative research achieves transferability by providing rich, detailed descriptions of the research context, participants, and findings (Ravitch & Carl, 2021; Smith et al., 2022). This allows readers to determine whether the results are applicable to their own settings or experiences (Ravitch & Carl, 2021; Smith et al., 2022). I supported transferability in this study by providing thick description, including comprehensive accounts of participant demographics, the research setting, and the social and cultural context surrounding the phenomenon (Smith et al., 2022). By offering this level of contextual detail, the study enables others to make informed judgments about the relevance and applicability of the findings to different populations or environments (Ravitch & Carl, 2021; Smith et al., 2022). While transferability addresses the extent to which the findings of this study may be applicable to other contexts, it is equally important to consider the dependability of the research process itself. Ensuring dependability involves demonstrating that the study's findings are consistent and could be repeated under similar conditions.

**Dependability**

Dependability in qualitative research refers to the consistency and reliability of the research process over time (Patton, 2015). It addresses whether the study's findings are stable and could be replicated with similar participants in similar contexts, given the same data and procedures (Levitt et al., 2018; Patton, 2015). To ensure dependability, the research process must be clearly documented and logically traceable (Levitt et al., 2018; Patton, 2015). I supported dependability in this study by maintaining an audit trail that includes detailed records of the research design, data collection methods, coding decisions, and analytical procedures. In addition, I ensured each interview was as close to 60 minutes as possible. By providing transparent and systematic documentation, the study enhances its methodological integrity, allowing others to assess how conclusions were reached and increase confidence in the overall trustworthiness of the research (Levitt et al., 2018). While dependability addresses the consistency of the research process, confirmability ensures that the findings are shaped by the participants' experiences rather than researcher bias or personal assumptions.

**Confirmability**

Confirmability in qualitative research refers to the degree to which the findings are shaped by the participants' experiences and not influenced by researcher bias, motivations, or assumptions (Ravitch & Carl, 2021). It emphasizes objectivity and neutrality in the research process, ensuring that the results can be traced back to the data rather than the researcher's perspective (Ravitch & Carl, 2021). I used an audit trail to enhance confirmability in this study, this included documentation of data collection

procedures, coding decisions, analytic memos, and theme development. To acknowledge and monitor my positionality and potential biases, I used reflexive journaling throughout the study. Additionally, I employed debriefings with my dissertation committee to challenge interpretations and provide external checks on the data analysis (Levitt et al., 2018; Patton, 2015). These strategies collectively ensured that the study's findings were credible and grounded in the participants' voices rather than my interpretations alone (Levitt et al., 2018; Patton, 2015). To enhance confirmability in my study, I employed self-reflective evaluation and member checking and provided detailed documentation of the entire research process, ethical guidelines, and procedure to my committee.

### **Ethical Procedures**

As with all professional activities of licensed counselors and counselor educators and supervisors, adherence to relevant ethical standards is essential. The American Counseling Association (ACA) Code of Ethics (2014) includes a dedicated section on conducting research ethically, emphasizing that although multiple individuals may contribute to a research project, the principal investigator holds ultimate responsibility for ensuring ethical compliance throughout the study (ACA, 2014, Standard G.1.f.). Beyond the counseling profession and the ACA Code of Ethics, the Belmont Report serves as the cornerstone of modern research ethics and underpins the establishment of the IRB. The report outlines three fundamental ethical principles: respect for persons, beneficence (the obligation to do no harm), and justice (Seidman, 2019). In alignment with these principles, IRBs are tasked with reviewing research proposals to ensure that participant

rights and welfare are adequately safeguarded, balancing the potential benefits of the research against any associated risks.

For this study, I adhered to the ethical standards set forth by the ACA (2014) and Walden University's IRB requirements. Upon receiving IRB approval (Walden IRB approval no: 12-02-25-0122804), I recruited participants using purposive and snowball sampling methods via social media platforms (e.g., Facebook and Instagram), professional listservs, and referrals through professional networks and colleagues. I gave those who provided referrals an overview of the study and contact details to disseminate to prospective participants. After making initial contact, I sent emails with the informed consent, which included the details and purpose of the study, as well as how I intended to use the information gathered in my doctoral dissertation. The body of the email included instructions on how to reply to the informed consent. Following emails included a brief questionnaire to gather additional information about the participants and an invitation to schedule their audio-recorded, face-to-face interview (either in person or via Zoom).

Because answering questions about their experience with the SBW cultural convention could trigger trauma responses, as part of informed consent, I included information on available resources should participation cause distress. Additionally, because unintentional misinterpretation of narrative details could cause distress or embarrassment, I provided the participants with a summary of the data that aligned with themes and use this to member check.

I stored the participant's information under their assigned pseudonym and demographic data on a password protected external hard drive that meets all HIPAA

requirements. To maintain compliance, I collected interview data in an audio only format, with all interviews conducted using the HIPAA compliant Zoom for Healthcare platform (Zoom, 2021). I stored all digital data on an encrypted external hard drive and analyzed using a laptop in my home office. This laptop was protected by multiple layers of security, including biometric authentication and physical storage, within a fireproof lockbox. After data collection, all research materials remained on the encrypted external hard drive, stored in the exact secure location for the duration required by IRB regulations. For data analysis, I stored the data on a password protected and biometrically secured laptop that uses end to end encryption. This encryption system secures the entire drive using AES256 and AES128 encryption to ensure data integrity and confidentiality. I also used an external hard drive for additional backup, and it was also encrypted and password protected.

To facilitate transcription and data management, I used NVivo's student license. NVivo (2024) is qualitative data software designed to facilitate the examination of unstructured data, including text, audio, video, and images. It is compatible with transcription tools and provides a comprehensive suite of features for data coding, thematic analysis, and the generation of analytic reports. I stored the NVivo transcription data exclusively on servers that comply with the General Data Protection Regulation (GDPR). I did not share any data with third parties. I deleted audio files seven days after transcription, and I permanently removed transcripts following download.

### **Summary**

This chapter was a review of the methodological process I used to complete the study. The research question focused on exploring the SBW cultural convention impacts the EI of BWCs. In this chapter I addressed how I recruited participants and the methods I used to collect, analyze, and protect the data. I provided an overview of the key concepts related to trustworthiness and examples of the strategies I used to ensure credibility, transferability, dependability, confirmability, and ethical procedures.

## Chapter 4: Results

In Chapter 4, I present the findings of the study addressing the central research question “What are the lived experiences of Black women counselors regarding the Strong Black Woman cultural convention and its impact on emotional intelligence?” Consistent with Giorgi’s (2009) descriptive phenomenological method, I begin this chapter with a description of the participants and their relevant demographic characteristics, followed by a presentation of the findings derived from the thematic analysis of interview data. I organized the results into themes that emerged through the identification of meaning units, their transformation into psychologically sensitive expressions, and the synthesis of invariant structures representing the essence of the phenomenon. I include a brief overview of data collection procedures in which I reference the sample size, data sources, and transcriptions process I described in Chapter 3. I also address trustworthiness and ethical considerations to support methodological rigor and conclude with a summary that integrates the essential structures of participants lived experiences.

### **Setting**

I obtained data for this study through individual face-to-face audio-recorded interviews in the United States. I conducted two in-person meetings and six virtual meetings. I used audio-based software to conduct qualitative interviews. The use of audio-based software presented significant advantages, primarily enabling me to engage with participants who were geographically distant while preserving the quality of the data collected (see devillers-Réolon et al., 2022; Oliffe et al., 2021). Key benefits of using

virtual meetings included convenience for me and the participants, increased comfort for participants, and reduced costs associated with travel and logistics (see Feroz et al., 2024; Irani, 2019; Oliffe et al., 2021). I conducted the in-person interviews in my professional office and the virtual interviews in my home office, which is a private location free from distractions. The in-depth individual interviews lasted approximately 60 minutes. In-person face-to-face qualitative interviews offer the benefit of capturing rich, nuanced data through direct observation of body language, tone, and other nonverbal cues, fostering deeper insights and stronger rapport with participants (Feroz et al., 2024; Rahman, 2023). During the in-person interviews, I observed several nonverbal cues such as participants looking up, fidgeting with their hands, and adjusting nervously in their chairs.

There are several challenges associated with in-person and virtual interviews. Both formats pose concerns regarding privacy and confidentiality, with in-person interviews requiring secure spaces and virtual interviews needing digital safeguards (Rahman, 2023). In-person qualitative interviews can be limited by logistical challenges such as travel, scheduling conflicts, and access to participants in remote areas (Johnson et al., 2021). Building rapport and observing nonverbal cues can be easier in person, whereas virtual settings may hinder these crucial aspects of qualitative data collection (Rahman, 2023). Virtual interviews, although more flexible, often suffer from technical issues such as poor internet connectivity or platform unfamiliarity (Oliffe et al., 2021).

There were no logistical challenges to report. During three of the interviews, I encountered internet connectivity issues due to a weak cellular signal, but I resolved this by moving to a different location within my home office. For the two in person meetings,

I used a sound machine to prevent anyone outside the office from hearing the interviews. For the virtual meetings, I verified the environments were private and confidential environments by asking the participants and confirming for them that I was in a secure space. I built rapport by engaging the participants in greetings and inquiring about their day.

### **Practices in the Study**

I began recruitment after I obtained permission from the Walden IRB. I posted an invitation infographic via social media platforms (e.g., LinkedIn, Instagram and Facebook groups). I emailed the informed consent to interested individuals. I asked for the individuals to reply “I consent” to my Walden email address noted on the flyer. After I received their consent, I emailed them the demographic questionnaire and a link to schedule a meeting time. I reviewed the informed consent with each participant at the scheduled interview for understanding prior to the start of the interview. Participants who selected a virtual interview, I emailed a secure link to access their scheduled session via the Zoom Workspace for Healthcare and Professionals platform.

Although I offered all participants the option of an in-person interview, only two participants elected to participate in person. For the participants scheduled for in-person interviews, I emailed the address to my professional office. I asked the participants to arrive 10 minutes prior to their scheduled interview time to ensure an on time start. For the participants scheduled for virtual interviews, I advised them to access the Zoom link in advance of the interview to ensure technological compatibility. I instructed the virtual participants to select a private, quiet, and distraction free location to support

confidentiality and minimize interruptions. I informed the participants that they could contact me via my Walden University email address should they experience technical difficulties or have questions prior to or during the interview process.

At the start of each virtual interview, I conducted an audio technology check to ensure clear communication. I verbally confirmed that the interview was being audio-recorded and conducted in a private and secure location appropriate for confidential data collection. I also requested the participants to confirm their privacy. After the greetings and reading of the informed consent, I asked introductory questions designed to help participants become comfortable with the interview format. I employed supportive communication strategies, such as asking open-ended questions, that encouraged participants to share their experiences openly and in detail. At the outset of every interview, I maintained a professional and respectful demeanor and expressed appreciation to participants for their time and willingness to participate in the study. I informed the participants they would receive an email with a summary of their interviews along with the emergent themes to ensure I captured their descriptions accurately.

### **Demographics**

To protect the participants' identities, I assigned pseudonyms. I did not include any identifying information. The demographic information for each participant is outlined in Table 1.

**Table 1***Participant Demographics*

| Participant ID | Age   | Counseling experience (years) | Licensure status | Location (work setting)                         |
|----------------|-------|-------------------------------|------------------|---|
| Megan          | 45–54 | 6–10                          | LPC              | Georgia (hospital)                              |
| Cyndy          | 45–54 | 6–10                          | LPC & LCPC       | Texas (nonprofit)                               |
| Hannah         | 25–34 | 1–5                           | LPC              | Virginia (private practice)                     |
| Donna          | 45–54 | 6–10                          | LPC              | Alabama (private practice)                      |
| Ashely         | 35–44 | 11–20                         | LPC              | Georgia (clinical setting)                      |
| Deborah        | 45–54 | 6–10                          | LPC              | Virginia (private practice)                     |
| Kelli          | 45–54 | 6–10                          | LPC              | Virginia (private practice and nonprofit)       |
| Samantha       | 35–44 | 6–10                          | LPC              | Florida (private practice and clinical setting) |

**Licensed Professional Counselors**

At scheduling and prior to engaging in the interview, I asked each participant to complete a demographic questionnaire (see Appendix F). Each participant identified as a BWC. The years of practicing ranged from 2-20 years. Five participants indicated that they own private practice, two work in dual settings, and one work within a hospital setting. All participants indicated they have a master's degree, with four indicating they have a doctorate degree in Counselor Education.

**Sample Size**

Eight licensed counselors met the criteria (see Appendix F) and moved forward with the process. I collected data through 60-minute, semi-structured, audio recorded interviews. I developed semi-structured interview questions (see Appendix E) and I recorded all interviews via Zoom. Each participant provided definitions, their experiences

of the SBW cultural convention and their understanding of EI. Participants were invited to reflect and elaborate on moments of emotional conflict, growth and dissonance. I interviewed each participant one time face-to-face. I hired a professional transcriptionist to transcribe the interviews verbatim as approved by the IRB. I did not encounter any unusual circumstances during data collection.

### **Participants**

#### ***Megan, LPC***

Megan identifies as a Christian and identifies with the Middle-Class socioeconomic status. Megan came to understand the SBW cultural convention and EI through watching and modeling her mother and other female family members growing up. She shared that she sought therapeutic intervention to address past traumas that stemmed from observing her female family members and considers her EI “better than it was growing up.”

#### ***Cyndy, LPC***

Cyndy uses the term gender woman to describe their gender identity. She uses she/her/hers pronouns. Cyndy identifies as a Christian. She holds two licenses: Licensed Professional Counselor (Texas) and Licensed Clinical Professional Counselor (Maryland). Cyndy came to understand the SBW cultural convention and EI through watching and modeling her mother who was a single mother. She mentioned that most of her family during her childhood was comprised of females. Cyndy stated she has not sought therapeutic intervention for herself. When asked why not, she stated “My family was big on, pray about it and take it to God, instead of seeking out professional help.”

Cyndy mentioned that throughout her life and into adulthood, she adapted the mindset of “I can do it myself, instead of waiting on people to help me. I did not want to show any vulnerability, nor did I want to be a burden to others.” Cyndy stated that adopting a strong mindset has helped and hurt her.

***Hannah, LPC***

Hannah mentioned a Creole heritage, yet she identifies as a Black woman. She identifies as Spiritual/Nonreligious. Hannah came to understand the SBW cultural convention and EI through her mother. She mentioned though her mother never used the term SBW, she modeled the characteristics of a SBW in her daily actions. Hannah stated that her mother faced adversity but never shared what she was going through with other members of the family. Hannah shared that she sought therapeutic intervention for herself as a way of overcoming people-pleasing, anxiety and low self-esteem. She mentioned that her family demonstrated many practices rooted in the Creole traditions, but very few identified any specific religious or spiritual traditions. She added that many of these traditions mimicked characteristics of how women can overcome the adversities of life. When asked about how she showed up in interpersonal relationships, Hannah stated “I did not want to show any vulnerability because that was not something I was taught to do.” She stated that adopting a strong mindset helped her achieve milestones in her personal and professional life, but it often hinders her from addressing issues within herself.

***Donna, LPC***

Donna identifies as a Christian and expressed dealing with various traumas from childhood to early adulthood. Donna shared that learning to deal with her traumas came at a cost to her overall mental health and wellbeing. She stated she came to understand the SBW cultural convention and EI through interactions with a professor in college. Donna stated it was during that time that she learned how the SBW cultural convention had impacted her life and the lives of many women in her family. Donna shared that she sought therapeutic intervention to address past traumas and considers her EI healthy. She stated “I’m in a much better place than I was. It took years for me to even acknowledge how this cultural convention impacted me.”

***Ashley, LPC***

Ashley works as a supervisor and clinical therapist. She stated that she was a young mother and faced many challenges. She stated she came to understand the SBW cultural convention and EI through watching and modeling her mother. She added that she chooses not to identify with the SBW cultural convention as one entity but looks at each term for what it represents. Ashley mentioned “Strong” represents resilience and fortitude, “Black” as strength and pride, and “Woman” as beautiful. She stated she has never sought therapeutic intervention but used her spiritual foundation and mental fortitude to overcome her life’s challenges.

***Deborah, LPC***

Deborah expressed coming from a high achieving middle-class family. She mentioned that the expectation was for her to always do her best and to excel at all she

does. She stated she came to understand the SBW cultural convention from the modeling of her mother. Deborah stated it was through this modeling that she learned how the SBW cultural convention had impacted her life and the lives of many women in her family. She stated she sees a desperate need for BWC to address the challenges with their EI because she how a counselor with unhealthy EI has played out in negative ways. Deborah has sought therapeutic intervention to address perfectionism. She stated “I always felt like I had to be the best at everything. As a Black woman, I feel like we must do 10 times more and be 10 times better to prove that we belong.”

***Kelli, LPC***

Kelli expressed dealing with various traumas during childhood. She expressed witnessing traumas from watching how her parents interact and the effects the interactions had on her mother. She mentioned learning avoidance behaviors to deal with these traumas. She stated she came to understand the SBW cultural convention by watching how her mother dealt with the challenges in the family and from various Black women throughout history. Kelli stated it was from reading and talking with other BWC that she learned how the SBW cultural convention had impacted her life and the lives of many other BWC. Kelli expressed she sought therapeutic intervention to address past traumas and considers her EI “better than it was.” She stated “I learned from my mom good things and bad. The bad has caused me to struggle in interpersonal relationships. I really don’t trust people. I want to be in a healthy relationship, but after what my mom went through with my dad, I still have some work to do. I didn’t realize the impact of their relationship until I was doing a couple’s therapy session.”

***Samantha, LPC***

Samantha is from Jamaica, but she identifies as Black and identifies as Spiritual but nonreligious. She expressed being from the islands, “where everyone was a person of color.” She mentioned her parents provided an “excellent” example for character and integrity.” She stated her mom was always “well put together,” and that is the example she followed throughout life. Samantha mentioned that if her mom struggled, she did not know because “she always presented with the face of strength.” She stated she came to understand the SBW cultural convention by watching her mother. Samantha also mentioned that in various work settings she has often been the only Black woman. She expressed this presented with challenges and self-imposed expectations of having to prove that she is strong and capable. Samantha stated it was during the times of her parents passing and in the face of major health challenges that she learned she did not have to have it all together, “I did not have to be strong all the time.” She stated that she sought therapeutic intervention and considers her EI healthy. She stated, “I don’t have to be it all and I’m ok with that.”

**Data Collection**

As mentioned previously, my recruitment strategies included dissemination of a study flyer via social media platforms. I also utilized snowball sampling, and outreach through professional listservs with the ACA and Virginia Counseling Association. My recruitment efforts resulted in approximately 30 inquiries from individuals expressing interest in participating in the study. I communicated with potential participants via my Walden email address to ensure consistency and confidentiality

### **Semistructured Interviews**

I used a semistructured interview protocol (see Appendix E) to guide the interviews with each participant. Prior to beginning each interview, I provided a clear explanation of the purpose of the study and emphasized that participation was voluntary, with the option to withdraw at any point, which is outlined in the informed consent. I encouraged the participants to take their time and speak openly and at length about their experiences. I used the built-in recording feature in Zoom Workplace to audio record all interviews to ensure the accuracy of the data collected. I designed the interview questions to elicit participants' personal experiences and perspectives related to the SBW cultural convention and EI. I asked the participants to share information such as what does the phrase "SBW" mean to you personally, what lessons and challenges shaped your current beliefs and values, how has the SBW cultural convention influenced your personal EI and how has the strength of Black women throughout history shaped your own understanding of power and resilience. At the conclusion of each interview, I debriefed each participant. I explained the planned procedures for data processing and analysis and reiterated the overall purpose of the study. I also introduced the concept of member checking, a valuable validation technique, particularly used when working with marginalized populations. I informed participants that they would receive a follow up email containing a summary of their interview data and emergent themes for review. Participants were advised that the member checking process would take approximately 20 minutes, and they will have 10 days to respond with revisions. I encouraged the participants to contact me via email with any questions, requests for clarification, or concerns. Additionally, I

reminded the participants of the availability of support resources should they require any assistance processing any issues to arise during the interview process.

### **Memos**

Qualitative interviewing produces both verbal and nonverbal data as elements. Elements such as body language, vocal inflections, pauses, and changes in tone or speech rate can offer valuable insight into participants lived experiences (Ravitch & Carl, 2021; Smith et al., 2022). To capture these nuances, all interviews were audio-recorded. Additionally, I recorded memos to document observations related to the mentioned, which served to enrich the description of the data.

Following the completion of each interview, I used Zoom's transcription feature to generate preliminary transcripts to assist with initial data organization. I then reviewed each transcript alongside the corresponding audio recording to ensure accuracy. To further enhance the reliability of the data, I hired a professional transcriber to produce verbatim transcripts of all audio recorded interviews. All digital materials, including recordings, transcripts, and notes, were securely stored on a password protected computer with biometric authentication. Handwritten memos were stored in a fireproof lockbox located in my home office.

### **Data Analysis**

For this descriptive qualitative study, I employed Giorgi's (2009) data analysis plan. I discussed this plan in detail in Chapter 3. I selected descriptive phenomenology as the methodological approach due to my interest in understanding and desire to describe the lived experiences of BWC with the SBW cultural convention and if this cultural

convention impacts their EI. Giorgi's (2009) data analysis plan focuses on identifying thematic patterns across participant narratives through an iterative, inductive approach grounded in phenomenological methodology. The data analysis process for this research study involved me gathering comprehensive data from participants and including cultural factors that were essential in understanding and describing the meanings of their lived experiences (Smith et al., 2022). Describing a phenomenon is inherently situated within context (see Husserl, 1999, 2012), and the central aim is to articulate how individuals describe and make meaning of their lived experiences, from their own perspectives and using their own words. Descriptive phenomenology aims to understand and describe the essential structures of human experience by setting aside preconceived beliefs and biases to reach the pure essence of phenomena as they appear to consciousness (see Husserl, 1999, 2012).

Upon completion of the interviews, I exported the transcripts to a password protected Word file, saved the file under the participant's assigned pseudonym, and emailed each document to the professional transcriptionist. After receiving the professional transcriptions, I began the data analysis process. In keeping with Giorgi's (2009) data analysis plan, I followed his five-step plan. First, I read the interview to get a sense of the whole. I read thorough each transcript three times to get a sense of the whole interview and to gain a holistic understanding of each participant's experience. I also listened to the audio recordings of each interview while simultaneously reviewing the corresponding transcripts for accuracy and to listen for the nonverbal cues. This process allowed me to immerse myself in the data and for an appreciation of the overall context

and meaning of participants' accounts. Second, I began the process of determining meaning units. I reread the transcripts and segmented key statements into meaning units. These key statements reflect shifts in meaning relevant to the research questions. I identified meaning units based on psychological and experiential significance rather than grammatical structure. I also imported the transcriptions into the NVivo data analysis software to organize and analyze patterns and themes. The third step is transformation of meaning. I transformed each meaning unit into psychologically sensitive statements using disciplinary language while remaining grounded in participants' original descriptions. This step involved me clarifying implicit meanings and articulating how participants experienced the phenomenon without imposing interpretive or theoretical assumptions. On the fourth step, I engaged in the synthesis of the transformed meaning. I transformed meaning units that were clustered across participants to identify recurring patterns, similarities, and variations in experiences. While engaging in this comparative process, I noticed themes emerge that represented invariant structures of the cultural convention across the data set. The final step is the development of a general structural description. I synthesized the themes into an integrated structural description that captured the essence of the SBW cultural convention. This synthesis reflects how participants collectively experienced the cultural convention within their cultural, relational, and professional contexts. The resulting thematic analysis provides a comprehensive representation of the shared meanings derived from the data and serves as the foundation for the presentation of findings in this chapter.

### **Evidence of Trustworthiness**

Smith et al. (2022) stated that ensuring validity and quality is paramount in the design and evaluation of a qualitative research study and recommended assessing the quality of interview by examining how well the research captures the lived experiences of participants. To ensure the rigor and trustworthiness of this qualitative study describing the experiences of BWC in relation to the SBW cultural convention and EI development, I employed multiple strategies. These strategies align with established criteria of credibility, transferability, dependability, and confirmability, as outlined by Lincoln and Guba (1985) and subsequent qualitative research standards.

#### **Credibility**

I prioritized credibility by engaging in meaningful interactions with participants throughout the data collection process, allowing for rich and authentic narratives to emerge. Member checking was utilized whereby participants were provided their interviews and thematic summaries to verify the accuracy and resonance of the description of their lived experiences. This step helped ensure that the findings authentically reflected participants' perspectives and minimized my misinterpretation. Additionally, to enhance credibility of this study, I had discussions with my dissertation chairs who are experienced in qualitative methods and the SBW cultural convention to review the analytic process and emerging themes.

#### **Transferability**

To support transferability of the research context, I included the participants' demographic characteristics, and their personal and professional backgrounds. I provided

information from their cultural and professional environments in which participants navigated the SBW cultural convention to allow readers to assess the applicability of the findings to other contexts or populations. By situating participants' experiences within their broader sociocultural and historical frameworks, my study offers a nuanced understanding that can inform similar research or practice settings.

### **Dependability**

I addressed dependability through maintaining a comprehensive audit trail that documented all phases of the research process, including data collection procedures, coding decisions, theme development, and methodological reflections. This transparent record keeping enables other researchers to trace the logic and consistency of the study's methods and findings. I engaged in reflexive journaling to facilitate ongoing critical reflection on potential biases and decision points, contributing to methodological rigor and consistency.

### **Confirmability**

I established confirmability by actively seeking to minimize bias and ensuring that findings were grounded in participants' narratives rather than my assumptions by utilizing reflexivity. I practiced reflexivity throughout the research by acknowledging my positionality as a Black woman and a BWC and by reflecting on how these identities influenced data interpretation. Triangulation of data through multiple participant interviews and the integration of participant feedback further strengthened confirmability. My dissertation chair, who is a qualitative research expert, reviewed the thematic analysis to verify that the findings were supported by the data.

I used these trustworthiness strategies to underscore my commitment to producing credible, transferable, dependable, and confirmable findings. By engaging in these practices, I provide assurance that the results are meaningful and authentic and that they represent the complex experiences of BWC navigating the SBW cultural convention and their evolving EI.

### **Results**

I describe the lived experiences of BWCs through the detailed data collected from eight participants. The descriptive phenomenological inquiry provided a robust foundation for acquiring information, understanding meanings, and describing the lived experiences of the phenomenon. Through semi-structured interviews, participants conveyed their lived experiences of the SBW cultural convention on BWC's EI.

### **Purpose and Research Question**

The purpose of this qualitative descriptive study was to describe the lived experiences and impact of the SBW cultural convention on the EI of BWC. By using descriptive phenomenology, I gained insight into participants lived experiences and examined how the SBW cultural conventions related to EI (Giorgi, 2009; Shelton & Bridges, 2018). In this descriptive phenomenological research, I engaged in bracketing to eliminate personal thoughts and experiences related to the topic. The findings from this study can have positive implications by improving the professional practices of all counselors, counselor educators, and supervisors, not just BWC, by allowing them the space to become more aware of how their cultural convention may be affecting them within the profession.

## **Emergent Themes**

Through semi structured interviews with the eight participants across diverse age groups, geographical locations, and educational backgrounds, I sought to deepen the understanding of how the SBW cultural convention is internalized, enacted, and negotiated within the context of EI. I analyzed the data by segmenting the transcripts into meaning units, transforming each unit into psychologically sensitive expressions, and synthesizing these expressions into consistent structural descriptions, which culminated in the development of themes (see Table 2). Using this analytic process, I identified eight interconnected themes and 13 subthemes. The emergent themes are (1) Intergenerational Transmission of Strength and Survival, (2) Cultural Heritage and Identity Formation, (3) Duality and Complexity, (4) Faith as a Foundational Source of Strength and Resilience, (5) Healing Through Therapeutic Engagement, (6) The Negative Side of Seeking Help, (7) Professional Identity Development: and (8) EI and Self Awareness in the Context of Cultural Strength Norms. I identified subthemes for 2, 3, 5, 6 and 7. These emergent themes and subthemes describe how cultural expectations shaped by the SBW cultural convention influence Black women's inner lives, personal relationships, their interactions within professional spaces and their EI. I present and discuss the emergent themes in detail in the sections that follow.

**Table 2***Themes and Subthemes*

| Theme  | Subtheme   |
|--|--|
| Intergenerational transmission of strength and survival                      |  |
| Cultural heritage and identity formation                                     | Cultural responsibility<br>Cultural trauma<br>Cultural pride                     |
| Duality and complexity   | Endurance and persistence<br>Art of pausing                                      |
| Faith as a foundational source of strength and resilience                    | Spiritual reflection   |
| Healing through therapeutic engagement (positive)                            | Permission   |
| Negative side of seeking help  | Guilt and shame<br>Cultural and historical norms                                 |
| Professional identity development:<br>Navigating complex vocational journeys | Supportive professional community<br>Professional roles and personal development |
| EI and self-awareness in the context of cultural strength norms              | Mask wearing<br>Self-awareness   |

**Theme 1: Intergenerational Transmission of Strength and Survival**

All participants consistently described strength as a deeply embedded, intergenerational construct, shaped by implicit modeling and relational dynamics within their families. Strength was internalized primarily through the repeated observation of close family members, especially maternal figures, who demonstrated endurance and emotional restraint as default coping mechanisms. Kelli stated, “I saw my mom be strong through some of the toughest times in her life. Strength and survival were demonstrated daily in my house.” Donna shared,

Though my grandmother had her own issues, she took me in when my mom was no longer able to care for me. She never complained. Later in life I asked her why, she said, that's just what we do. We help and don't complain.

This modeling, often nonverbal and implicit, shaped participants' beliefs about acceptable emotional expression and perseverance.

Similarly, Megan reflected on how her understanding of strength developed through observing the women in her family:

My mom never talked about her pain; she kept going but we could see that she had been crying. I learned that's just what you do; you handle things without complaining or showing emotions. I think my mom saw my grandmother do the same. My aunts definitely did it.

Likewise, Cyndy described her experience:

I grew up seeing my grandmother, aunts and mother just carry everything without ever showing it. It wasn't something they talked about; it was just how we survived. But now I'm trying to learn to say when I need help, even if it feels like I'm breaking a family code.

These quotes illustrate how strength was communicated less through explicit instruction and more through observed behavior and expectations. Strength, in this context, was defined as persistence without complaint, reinforcing a silent endurance that minimized personal needs or emotional vulnerability. The intergenerational nature of strength was experienced not merely as an individual trait but as a collective familial identity transmitted across generations.

All eight participants recognized the transmission of emotional norms and coping strategies that prioritized survival through self-sacrifice and caretaking roles, often inherited unconsciously. This legacy extended to patterns of unresolved emotional distress, where emotional burdens and mental and physical stress were managed by endurance rather than open processing, perpetuating cycles of emotional suppression. Donna described operating in a constant survival mode, where strength was not a flexible or situational strategy but a necessary and default response to ongoing adversity. She explained:

Survival was all I knew. My mom and grandmother displayed how to survive despite the circumstance. Strength wasn't a choice; it was just how we kept going. I grew up in a home with a lot of dysfunction and chaos. I had to learn how to survive. It was a necessity for me. Though my mom displayed dysfunction, she taught me how to survive.

Importantly, all participants described engaging in intentional efforts to disrupt these intergenerational patterns, which Ashley characterized as “being the SBW at all costs.” By cultivating awareness and seeking support, they aimed to disrupt inherited patterns of emotional suppression and self-neglect, creating space for vulnerability and self-care. This intentional disruption reflects a transformative process toward redefining strength beyond silent endurance.

These findings align with existing literature on intergenerational trauma and culturally specific models of strength (Thomas A. et al., 2019; Thomas, T, 2023; Woods Giscombe, 2010), emphasizing how inherited emotional norms shape coping and identity

across generations in Black women. The collective transmission of strength highlights the nuanced balance between resilience and risk for emotional burnout, underscoring the need for culturally informed therapeutic approaches.

### **Theme 2: Cultural Heritage and Identity Formation**

Eight participants described their cultural upbringing as a foundational force shaping their evolving self-understanding and identity. The experience of embodying Black womanhood was articulated as a complex, multifaceted phenomenon, influenced by intersecting cultural, familial, and societal narratives. They used terms such as pride, courage, strength and expected to describe their experiences. Ashley shared:

Being a Black woman brings me a sense of pride, it's what keeps me grounded even when everything else feels like it's falling apart. No matter what is going on, being a black woman just makes me hold my head higher. Throughout history black women have endured, I want to make sure I set that same example. There is just something about being a black woman. It means we can overcome all adversities in life.

For all the participants, this cultural pride served as a source of affirmation and resilience, anchoring participants to a collective history and ancestral strength that inspired perseverance. This pride and embodiment of heritage emerged as a critical resource for identity formation and emotional sustenance.

All eight participants explained what Deborah described as “a lived tension between their internal sense of self and external societal and cultural expectations,” a dual perception that complicated their identity development. This tension often manifested as

cultural dissonance, where participants felt caught between honoring ancestral values and conforming to dominant societal norms. Six of the eight participants described adopting hyper independence and forced self-sufficiency as protective responses to cultural responsibilities, emotional invalidation and feelings of rejection within professional and community contexts. Donna noted, “I had to learn to be strong on my own because no one else was going to carry my pain. My grandmother said, “that’s just what we as Black women do.” Samantha mentioned:

In my homeland of Jamaica being strong was a part of our identity. We all had a sense of pride in ourselves. My parents dressed impressively every day, especially my mom. She would tell me that it was important for us to look our very best when we left the house. We are treated based on how we are dressed. Even when we moved to the United States, my mom made sure we understood the importance of our cultural heritage and what it meant to be black women. She would say, no matter what we show strength.

Such narratives reveal how strength was often perceived as an expectation imposed by cultural or communal pressures rather than a freely chosen identity.

Internalized cultural expectations to maintain resilience without complaint often resulted in emotional suppression and self-neglect. All participants expressed that they recognized these norms as harmful but difficult to resist, reflecting the powerful influence of community and familial beliefs on emotional expression. Seven of the eight participants expressed sentiments similar to Megan’s reflection: “We just didn’t share family business. What happens in the family stays in the family.” However, all

participants reported actively challenging these beliefs, questioning the necessity of stoicism, and exploring new ways of relating to their cultural and emotional experiences. Megan noted, “I’m learning that strength isn’t about hiding how I feel and upholding cultural norms, it’s about being honest with myself and others.”

***Subtheme 2:1: Cultural Responsibility***

All participants articulated a profound sense of responsibility that extended beyond the self to encompass family and community. Cyndy shared, “My family is close. We know that we can depend on each other. Megan mentioned:

I am the youngest of the four children. My mom made sure we were all cared for. As I got older, I took on those same roles as my mom. I may be the youngest, but I made sure my siblings were good and they had what they needed. It was important that I could stand on my own feet. Even as a teenager, I didn’t want to be a bother to my mom because I knew she was struggling. My mom, my aunts and my grandmother were my examples of how women should be responsible for everything and everyone.

Kelli expressed, “Though I have older siblings, it was me who handled all the funeral and burial arrangements for both of my parents. I felt like I had to.” This duty was not merely personal but deeply intertwined with cultural values and relational expectations. Ashley noted, “Taking care of my family is just who I am, it’s what I was raised to do.” Cyndy shared:

It feels like I’m carrying everyone’s problems, and sometimes I forget to take care of myself. I only notice that I haven’t been taking care of myself when I am short

tempered or I get annoyed by the smallest thing. Being ‘the strong one’ isn’t always a blessing, it’s a lot of pressure. However, I feel that it is my responsibility to always show up as the strong one.

This embracing of responsibility functioned both as a source of identity and as a mandate shaping daily life and decision making within the cultural expectations.

Many participants reported assuming adult-like roles and obligations from a young age, which shaped their developmental trajectories and limited opportunities for self-care. Several participants expressed experiences similar to Deborah’s reflection, “That’s just what we do as young Black girls; we learned how to care give early.” This early responsibility often required managing household tasks, caretaking siblings, or supporting parental figures. Hannah expressed:

There was a time that my mom was in financial trouble. She never told me because she knew I would do everything I could to help her. I felt it was my responsibility. My mom never said I had to but by her example, I always feel a sense of responsibility to help when needed. She wore responsibility as a badge of honor. For a long time, I couldn’t understand why but then I found myself in the same position.

Kelli shared, “I was the one who cared for both of my parents when they got sick.” Ashley mentioned, “I became a mother at 18, so I had to step into adult roles very early.” Ashley reflected, “I had to grow up fast; there wasn’t time for me to be a kid. Responsibility started early and it continues today.” This cultural premature maturity frequently contributed to challenges in attending to personal needs later in life.

Community responsibility emerged as a cultural theme, reflecting participants' dedication to collective welfare and mutual support. Ashley and Cyndy shared that their family was the family who helped others in the community. Donna mentioned, "Though things were unsettling at home, my guardians made sure others in the community were provided for." Participants valued contributing to and receiving from cultural networks of encouragement, which fostered a sense of belonging and shared resilience. Samantha shared, "Providing for the community added to our cultural pride." This collective orientation was described as both uplifting and, at times, demanding. Cyndy shared, "We look out for each other, but it can be exhausting carrying that weight all the time."

A significant tension arose from experiencing over responsibility, wherein participants felt excessive pressure to manage others' emotional and practical needs. All the participants described their mothers as being the source of strength and an example of cultural pride and womanhood. Megan stated she never saw her mother cry. Cyndy mentioned that any time someone needed something, her mother and grandmother did what they could to help. Donna shared, "My grandmother helped everyone." Ashley reported, "My mom was the woman who helped everyone she could. I think that's where I get it from." Deborah stated:

I saw my mom push herself. She would go out of her way to help other people, even though she didn't have it. Family and friends alike knew they could depend on my mom. I often heard people say that my mom was the only person they knew to call because she was responsible. I took that as a sign that I needed to be more responsible. I wanted to be just like my mom.

Each participant shared their stories about responsibility being demonstrated. Kelli mentioned, “My mom was the kind of person who would help anyone she could.” Samantha expressed, “My mom was a helper.” Deborah, Megan, Kelly and Samantha expressed being the person everyone in your family or friend group looks to when they need help often carry a heavy weight. This burden was compounded by the stereotype of being of what Megan described as “the strong one.” This stereotype limited emotional expression and reinforced expectations of unyielding resilience. Several participants described feeling trapped by these roles, with Megan stating, “I was always the one who had to hold it together, no matter how I felt inside.” The nonverbal transmission of these cultural and personal expectations through family systems reinforces findings by Thomas et al. (2019), who noted that emotional norms within Black families frequently emphasize endurance and self-sacrifice as protective mechanisms rooted in historical and systemic oppression.

Providing sustained emotional and practical support for others was a pervasive experience. While caretaking fostered connection and purpose, it often came at the expense of participants’ own wellbeing, leading to neglect of self-care and emotional exhaustion. Seven of the eight participants expressed taking on caretaking roles at the expense of their own mental, physical, and emotional health. The phrase expressed by Deborah, “others before self” captured the prioritization of external needs over personal health, a dynamic that contributed to burnout and often frustration. Five of the eight participants expressed in some form, caring for others is one of the primary reasons they began counselors. Ashley in part shared what Donna’s grandmother stated to her, “this is

just what Black women do, we help.” Woods-Giscombé’s (2010) Superwoman Schema conceptualizes strength as a culturally adaptive response to intersecting racialized and gendered stressors, emphasizing obligations to be strong, suppress emotions, and prioritize caregiving. “I wanted to become who I needed,” said Donna.

All participants acknowledged the replication of relational patterns learned within families and communities, which sometimes compromised emotional health. Ashley shared, “I just saw my mom keep going no matter how she felt.” Megan mentioned, “If something bothered my mom, we didn’t know it.” Deborah stated, “Even though I saw the women in my family keeping going, I learned that behavior was not sustainable.” The challenge of balancing cultural helping behaviors with healthy boundaries emerged as a critical aspect of personal growth. Hannah, Megan, Deborah and Samantha shared “I’m learning to say no without feeling guilty.” This statement of boundaries highlights the ongoing negotiation of balanced helping for BWC.

Navigating inherited family expectations and cultural narratives shaped participants’ roles and self-perceptions. Cyndy stated, “It is expected of me to conduct my life like the other women in my family.” These norms often valorized sacrifice and resilience but simultaneously overshadowed the importance of self-care. All participants expressed the struggle to honor family values while asserting personal needs. Deborah mentioned, “I honor my family and my cultural values, but not at the expense of my own mental health. Samantha shared, “I’ve learned to say no and be ok with it.”

### ***Subtheme 2:2: Cultural Trauma***

Five participants described pervasive yet unspoken familial wounds and breaches of trust that profoundly influenced their relational dynamics and emotional wellbeing. Kelli discussed parental infidelity. Donna shared about physical abuse that derived from substance abuse. Megan and Hannah mentioned the divorce of their parents. These hidden traumas often remained undiscussed within families, creating an invisible weight carried across generations. Kelli reflected:

There are things no one talks about, but they're always there, shaping how we relate to each other. For example, people knew my father was cheating, maybe my mom did too, but no one talked about it. This went on for years. The trauma that I faced was at times unbearable. I had to put on a happy face despite how I was feeling, because we didn't discuss family business. This was something I learned from my mom. No matter what, we never saw her hurt. I mean the trauma from my dad's infidelity ran deep. But in our family culture we never talked about it. We just went on with life like everything was normal. I can say this trauma hindered a lot of my interpersonal relationships.

All participants shared how this silence fostered a legacy of pain that subtly affected participants' capacity for trust and emotional safety within their own relationships.

The narratives revealed that individual experiences of cultural trauma were embedded within a broader context of collective and intergenerational pain, rooted in systemic oppression and cultural adversity. When asked about historical women, each participant mentioned a Black woman they admired because of her resilience to

overcome life's adversities. Kelli shared about Harriet Tubman. Ashley mentioned a noted phrase of former first lady Michelle Obama, "When they go low, I go high." Hannah and Deborah shared how Nikki Giovanni used her love for writing to address her traumas. Donna shared about a psychology professor who helped her overcome her life's traumas. Participants acknowledged that cultural and historical trauma exerted a persistent influence on their identities and coping mechanisms. Samantha explained, "What happened to my ancestors still echoes in my life, it's part of who I am." All participants shared thoughts about the women throughout the Civil Rights Movement such as Rosa Parks and Coretta Scott King. This legacy underscored how cultural trauma is not only personal but also communal, shaping mental health and resilience across time.

***Subtheme 2:3: Cultural Pride***

Cultural pride emerges as a central and nuanced dimension of the SBW cultural convention, functioning as a source of empowerment. All participants described actively reclaiming and affirming their Black identity as a source of empowerment. Ashley stated, "Being black is powerful. Being black is strength and being black is a sense of pride. I smile at the thought of being black." Samantha said:

Black is beautiful and where I grew up, though it was predominantly Black, we held being black as a sense of pride. We are proud to be people of color. We hold a deep, rich history of beauty, resilience and pride. There is just something about being black that makes me hold my head higher and smile bigger. Being black to me means I can overcome anything because those before me did so.

Deborah, Megan, Kelly and Samantha expressed that being the only black in the room was empowering at times. This process involved embracing cultural heritage and ancestral strength, which provided resilience amidst societal challenges. All participants shared in part Samantha's sentiments, "Learning about my history helped me stand taller and be proud of who I am." Based on statements made by the participants, this cultural pride operates as a protective identity resource, buffering against internalization of deficit-based stereotypes and providing a counter-narrative to dominant societal messages that devalue Black womanhood. By embracing the SBW cultural conventions, many BWCs experience a heightened sense of self-efficacy, purpose, and belonging, particularly in familial, professional, and community contexts where they are relied upon as stabilizing forces. This spoken cultural pride reinforces positive self-concept and reinforces commitment to excellence, leadership, and advocacy.

### **Theme 3: The Duality and Complexity of Strength**

Six of the eight participants stated strength was expressed through duality, both nurturance and ambition, toughness and tenderness. All participants articulated strength as emotional invisibility, frequently masking vulnerability through stoicism or "mask wearing." This emotional concealment, while adaptive for survival, sometimes resulted in isolation and overextension, as participants took on excessive caregiving roles at personal cost.

Chronic self-sacrifice was a recurrent theme, where caring for others was prioritized over self-care, contributing to physical and emotional exhaustion. However, all participants stated that they began to redefine strength on their own terms, embracing

vulnerability and personal boundaries as integral to resilience. Megan, Hannah, Deborah, Kelli and Samantha shared similar sentiments to Donna's statement of, "I'm learning that strength doesn't mean hiding all my feelings, it means being honest with myself and others, even when it's hard." Cyndy mentioned, "Though strength was required of me, I am learning to define it on my terms." This redefinition represents a transformative shift toward authenticity and sustainable wellness.

Each participant described a profound evolution in their understanding of strength, shifting from cultural and traditional views centered on physical endurance or silent perseverance to a more dynamic and holistic conception. Participants described strength as being no longer seen as a fixed trait but as an adaptable and multifaceted experience encompassing emotional openness and self-compassion, with Deborah sharing, "Strength has its place. I'm learning when strength needs to be at the forefront and when I just need to relax and just be." Six of the eight noted that they thought being strong meant never showing weakness, now they see strength as knowing when to be vulnerable. Deborah shared:

Being strong helped me get through a lot of difficult situations, but sometimes it also meant I didn't allow myself to feel what I was really going through. Strength was something I was taught to value growing up, but it also came with the expectation that I should handle everything on my own. For a long time, I thought being strong meant not showing emotions, but I've learned that holding everything in can take a toll on you. I'm proud of how resilient I am, but at times that resilience made it hard for me to ask for help when I really needed it.

And Hannah shared:

Strength gave me the ability to keep pushing forward, but it also created pressure to always appear like I had everything under control. There's power in being strong, but sometimes that strength turns into feeling like you have to carry everything by yourself. I learned that strength can look different than what I was taught growing up. It doesn't always have to mean suffering in silence.

This redefinition process reflected an intentional reshaping of internalized beliefs, influenced by life experiences and therapeutic engagement. Several participants shared that this conscious effort to redefine strength allowed participants to challenge rigid cultural expectations and embrace a broader, more authentic sense of resilience.

### ***Subtheme 3:1: Endurance and Persistence***

Endurance and persistence emerged as core components of eight narratives. This illustrated their capacity to sustain effort despite ongoing challenges. All the participants spoke of resilience as a lived process, marked by both hardship and recovery, which required inner resolve and adaptive coping strategies. For example, all participants shared in some form that, even when everything seemed impossible, they kept pushing forward. Kelli stated, "It wasn't just about surviving, but about hoping for something better." Ashley stated, "Being a young mother meant I had to keep going, not just for me, but for my son. I learned early on that life doesn't slow down for your struggles, so you learn to endure and keep going." Donna shared, "I wanted something different from what I knew growing up, so I had to keep looking for that." Kelli explained:

There were times when I felt overwhelmed, but I was taught that quitting wasn't an option. You push through and keep moving forward. Endurance meant showing up every day, even when I was tired emotionally or mentally. I saw my mother work through challenges without giving up, and that taught me how to persist even when things felt impossible.

This sentiment highlighted resilience as both a survival mechanism and a forward-looking commitment to growth.

Strength was increasingly understood as inclusive of courage to show emotional honesty and to seek support when necessary. This theme underscored a move away from stoicism toward relational and emotional authenticity. Participants recognized that embracing vulnerability did not diminish their strength but rather enhanced it by fostering connection and self-awareness. Megan explained, "Real strength is owning your pain and reaching out, not carrying it all alone."

### ***Subtheme 3:2: The Art of Pausing***

This important and emergent theme was the conceptualization of pausing, not as weakness, but as a deliberate act of resistance and self-care. All participants emphasized the significance of taking breaks, setting boundaries, and recognizing limits as vital strategies for preserving wellbeing and sustaining strength over time. Even though these acts were not originally taught. Several expressed that as they progressed in their career as a counselor, the art of pausing became necessary. Samantha reflected, "Learning to say no and rest felt like reclaiming my power. It's a way to protect my energy and keep going stronger." Megan stated, "Pausing is necessary." Deborah stated, "It is essential to take

breaks in what we do.” Hannah shared, “I can’t expect my clients to pause, rest and set boundaries if I am not doing it myself.” Cyndy mentioned, “Pausing is a work in progress for me, but I am getting better at it.” This reframing challenged cultural norms that valorize constant perseverance without regard for personal needs, suggesting a more sustainable and empowered approach to strength.

The integration of vulnerability into participants’ evolving definitions of strength marked a critical psychological shift. Kelli shared, “I don’t have to do this alone.” Hannah and Deborah mentioned, “Our clients need to see that we are norm too.” Cyndy stated:

I had to let go of the idea that strength meant being unbreakable. Now I see that pausing, asking for help, and being real with my feelings, that’s true strength.

Strength for me is knowing when to pause and when to take a break and not feeling bad about it. When I got to that point, I knew I was healing from cultural expectations.

Collectively, these reflections illustrate a transformative shift in how participants understand and embody strength. Rather than equating strength with constant endurance and emotional suppression, participants began to recognize that sustainable resilience requires intentional pauses, emotional honesty, and the willingness to seek support. This evolving perspective reflects a conscious effort to challenge culturally inherited expectations that prioritize relentless perseverance over personal wellbeing. Ultimately, redefining strength to include rest, vulnerability, and boundary setting allowed

participants to cultivate a more balanced and authentic approach to caring for both themselves and those they serve.

#### **Theme 4: Faith as a Foundational Source of Strength and Resilience**

Though all participants expressed a foundation of spirituality and faith, Cyndy consistently described faith and spirituality as integral to her experience of inner resilience and empowerment. Faith served not only as a coping mechanism, but a way of life. Cyndy shared:

Growing up, we were always taught to take things to God first. That belief helped me trust that I could make it through whatever challenges came my way.

Watching the women in my family rely on their faith taught me that strength didn't always have to come from within; sometimes it came from trusting something greater than yourself. My faith has always been the foundation that helped me get through difficult moments. When things felt overwhelming, prayer was where I found my strength.

All participants described faith as a sustaining force that enabled perseverance through various life adversities. Each stated spirituality was woven into daily practices, providing a sense of grounding and hope. Ashley explained, "My faith is the rock I lean on when everything else feels unstable, it gives me strength I don't always find inside myself." Megan expressed, "There were times when I felt like I couldn't handle things on my own, but leaning on my faith reminded me that I wasn't alone. This integration of spiritual belief was fundamental to how participants understood and accessed their strength.

Six of the eight participants mentioned that they frequently relied on spiritual practices such as prayer, meditation, and ancestral grounding to manage psychological and emotional difficulties. Prayer was often used as a solitary form of emotional expression and communication with a higher power, sometimes substituting for interpersonal dialogue. Cyndy mentioned prayer sometimes contributed to emotional suppression when spiritual coping replaced the processing of painful feelings or interpersonal support. For example, six participants reflected on how they sometimes pray instead of talking about what's really hurting them. Kelli stated, "it feels safer that way." However, the same six participants mentioned that though they prayed, they sought help and support from close friends and family when it came to severe health challenges. Megan shared in part the same sentiments as Samantha, "when it came to major health challenges, my faith helped but I couldn't hide behind it. I knew people were put in my life to help me through those tough days. I didn't have to do this alone." This pattern illustrated a dual function of spirituality as both a source of comfort and, at times, a barrier to emotional processing.

Ashley, Donna, and Samantha revealed a nuanced relationship between religious socialization and spiritual conflict. They described learning religious beliefs and norms that sometimes clashed with their personal values or emotional needs, generating moral incongruence and internal tension. They all mentioned seeing conflict in what was being taught spiritually and what was being demonstrated at home. Ashley stated, though her family went to church, they were not "churchy." Donna shared that the people who abused her the most were leaders in the church, and Samantha stated her parents went to

church, but she never subscribed to the images of Christ that were displayed. She stated, “how can I be made in His (Jesus) image, if we don’t look alike?” All participants expressed the notion that religious environments discouraged the open expression of difficult emotions, leading to spiritual suppression or silence of psychological distress. Cyndy shared, “I was taught that feeling angry or sad was a sign of weak faith, so I learned to hide those feelings, even from myself.” Hannah stated:

I believe my spirituality helped me stay resilient, but I also felt pressure to appear strong because I believed that showing weakness meant I wasn’t trusting God enough. Faith helped me survive many challenges, but I had to learn that trusting God and seeking help could exist at the same time. My spiritual beliefs gave me strength, but they also made it hard to acknowledge when I needed counseling because I felt like I should be able to handle things through prayer.

This dynamic contributed to complex struggles around authenticity, emotional regulation, and spiritual identity. This reflection illustrates the complex role of spirituality as both a source of resilience and a contributor to internalized expectations of unwavering strength. The participant’s narratives during the interviews suggest that while faith provided emotional grounding and endurance, it also created internal pressure to suppress vulnerability and delay seeking professional support.

#### ***Subtheme 4:1: Spiritual Reflection***

Despite challenges, all eight participants engaged in critical spiritual reflection, deliberately questioning and reinterpreting their inherited beliefs to foster personal growth and emotional integration. This reflective process involved reconnecting with

ancestral wisdom and spiritual legacies as sources of empowerment and identity affirmation yet making it relevant to their present-day life. Cyndy described:

I used to suppress so much pain because my religion told me to be strong and not complain. Now, I'm learning to hold my faith and my feelings together, both can exist without one overshadowing the other. It is a balancing act.

Ancestral grounding emerged, where participants drew strength from the spiritual endurance of forebears, reframing their faith in ways that supported holistic wellness. Hannah articulated, "I honor my ancestors by living my truth, even if it means redefining what faith looks like for me."

Cyndy reported turning to spiritual practices such as prayer as primary coping strategies. She stated, "My family would ask, "did you pray about it first, as a way to avoid dealing with problems." The emphasis on prayer as a first, and often exclusive, response to emotional pain mirrors literature suggesting that faith based coping may inadvertently discourage emotional disclosure or professional help seeking when distress is framed as a spiritual matter rather than a psychological concern (see Holt et al., 2014). Three of the participants stated these spiritual engagements substituted for interpersonal emotional communication, often limiting opportunities for vulnerability and open dialogue. Ashley mentioned, "My parents were people of faith. They didn't talk about their problems." Hannah and Samantha talked about other cultural traditions their family used. Hannah mentioned Creole traditions and Samantha mentioned Jamaican traditions. This preference sometimes stemmed from faith traditions that discouraged

external expression of distress or emphasized spiritual solutions over therapeutic intervention.

Five participants articulated a profound sense of divine calling, a spiritual motivation that fueled their dedication to therapeutic work. Donna stated, “I knew God was leading me to become a counselor.” Cyndy stated, “I couldn’t do this without God.”

All participants expressed in part what Deborah stated:

Though we are counselors, we are still human, and we deal with the same things as our clients deal with, which means we use several of the same spiritual resources our clients use. The clients understand that, but at times I don’t think we as counselors understand it. We are constantly trying to appear as though we have it all together.

Kelli shared:

I’m not overly spiritual or religious but I will say spiritual reflection gave me the opportunity to slow down and really think about what I was feeling instead of just pushing through it. Spiritual reflection gave me permission to explore my feelings and emotions without feeling bad about doing it.

Strong religious beliefs influenced five participants’ attitudes toward counseling, with some perceiving therapy as unnecessary or even conflicting with their faith. All participants expressed that their families choose their spiritual beliefs and resources over seeing a counselor. Ashley, Cyndy and Deborah mentioned their parents sought help from their pastor or other leaders at their church. Ashley noted, “I believed that God’s guidance was all I needed, so I didn’t see counseling as relevant.” Cyndy stated, “I think

my family used spirituality as a crutch, or an excuse not to seek help.” Deborah expressed, “We don’t share family business.” Deborah went on to say:

Years ago, seeking counseling would have been frowned upon and something I would have kept a secret. However, I prefer seeing a counselor rather than seeking a religious leader. I need practical ways to deal with my issues. I have strong faith, but I need practicality to go with the scriptures, and I believe I can get that more in counseling.

The participant’s reflections illustrate the complex and evolving role of spirituality in the emotional lives and behaviors of participants. The statements highlight the tension the participants experience between their family roles and cultural norms and their own personal values, revealing an expectation within the family culture to maintain composure and appear emotionally stable even while navigating personal struggles.

Authors of previous literature suggested that these attitudes are often shaped by historical, cultural norms of self-reliance, and the valorization of spiritual endurance as a moral virtue (see Bryant-Davis & Ocampo, 2005; DeGruy, 2005). The author’s perspectives highlight the complex interplay between spiritual beliefs and mental health help seeking behaviors. Prior research has consistently identified spirituality and religious faith as central sources of resilience within Black communities, particularly in contexts marked by historical trauma, racial oppression, and limited access to formal mental health care (see Bryant-Davis et al., 2014; Chatters et al., 2008; DeGruy, 2005).

### **Theme 5: Healing Through Therapeutic Engagement**

Six participants described counseling and psychotherapy as pivotal avenues for emotional recovery and personal growth. Megan shared, “It was through getting my own help that I learned the value of counseling.” Kelli expressed understanding countertransference and how it shows up session with clients. She shared “It was during a couples’ session that I realized I was still holding on to how my dad’s cheating affected my mom.” Donna mentioned, “Therapy was the turnaround for me.” Hannah and Deborah expressed how therapy has helped them be better therapists. Engaging in therapy was experienced not only as a means of symptom relief but also as a process of empowerment and self-discovery. Hannah shared:

Therapy gave me tools to finally understand myself, to feel free from the patterns I’d been stuck in. Therapeutic engagement allowed me to unpack experiences I had been carrying for years and begin to release them. Therapy really helped me to embrace me.

And Megan stated:

Through therapy, I began to see that strength could include vulnerability and self-care, not just endurance. Talking to a professional helped me identify how the SBW expectations had shaped my self-perception and emotional patterns.

Therapy provided a space to explore my identity and relationships, which helped me make healthier choices and set boundaries.

This reflects the conceptualization of psychology as a form of liberation from internalized oppression and maladaptive coping. The participant’s narratives describe how therapeutic

engagement created space for them to critically examine long-standing beliefs and expectations that constrained emotional expression. Through this process, individuals began to reconstruct healthier narratives of strength that incorporate vulnerability, self-awareness, and intentional self-care.

***Subtheme 5:1: Permission***

A recurring theme was the newfound permission participants granted themselves to experience and express emotions without shame or judgment. Deborah shared:

Giving myself permission to rest and heal was something I had never done before because the SBW was always about endurance. Therapy helped me give myself permission to put my needs first without feeling guilty. I finally realized I could take a break, and it wouldn't make me weak, it was permission I hadn't allowed myself before. I had to learn to give myself permission to be vulnerable and honest about what I was feeling and what I really wanted.

All participants expressed in some form the freedom they have to be themselves because of participating in therapy. This shift was characterized as essential to healing and growth, challenging longstanding cultural norms that equated vulnerability with weakness. Cyndy shared, "Even though my family still struggles with secrets and the ideal that we should keep things in the family, I still seek to live my truth." Megan stated, "I gave myself permission to stop overextending and to focus on what matters to me, not just what others expect." The six participants that shared they have participated in therapy before becoming a counselor described therapy as a safe space where they could practice this emotional authenticity, fostering greater self-compassion and resilience. Megan and

Samantha shared they participated in therapy while they were pursuing their master's degrees. Megan shared:

My master's program made it mandatory they we participate in counseling. They felt it was imperative that we put ourselves in the seat of the people we would be helping. Participating in therapy during my program was the best decision. I was able to sit in the seat of a client and experience many of the same feelings that they will feel. I was also able to deal with several traumas. This was good because I didn't want those to come up while I was working with clients.

These narratives illustrate a significant shift in how the participants understood strength within the context of the SBW cultural convention. Previously, strength was associated with continuous endurance and self-sacrifice, which limited the participant's ability to prioritize rest, healing, and personal needs. Through therapeutic engagement and giving themselves permission, Megan, Donna, Deborah, Hannah, Kelli and Samantha shared in part that they began to challenge these internalized expectations and recognized that prioritizing self-care did not represent weakness but rather an essential component of emotional wellbeing.

Demonstrating courage in confronting difficult emotions and personal challenges was integral to participants' therapeutic journeys. Donna stated, "I felt like therapy saved me." This bravery enabled her to face trauma and unpack maladaptive coping. Megan and Samantha shared that counseling helped them to reframe illness and distress. Kelli mentioned, "Therapy was the catalysts for my transformation." Six participants described

their pain as a motivating force that inspired purpose and growth, underscoring resilience as an emergent and dynamic process.

For those engaged in therapy professionally as counselors, maintaining self-awareness and clear boundaries was emphasized as essential to prevent countertransference and preserve therapeutic efficacy. As I previously mentioned, Kelli stated during a couple's therapy session that she realized she was experiencing countertransference. This stemmed from her listening to the couple discuss infidelity, that she remembered her father's infidelity and how that impacted her as a child into adulthood. Kelli shared:

I felt myself getting upset. I knew something was wrong, but I couldn't clearly identify it in the session. The more the couple talked the angrier I got. After a while I realized why I was getting upset. I knew then I needed to dig deeper while I was in my therapy sessions.

All participants highlighted the importance of practices to safeguard both client and therapist wellbeing, reflecting advanced emotional regulation and professional growth.

All participants shared that clinical supervision and mentorship have been instrumental in helping them to address countertransference and other personal and cultural issues that arose as they were pursuing licensure.

### **Theme 6: The Negative Side of Seeking Help**

All participants described a persistent reliance on self as a deeply ingrained pattern, often reinforced by internalized cultural expectations of independence and strength. Cyndy, Hannah, and Kelli, shared Megan's sentiments "I just do it myself"

when it came to addressing issues or asking for help. This habitual self-reliance was coupled with a reluctance to seek external support, reflecting concerns about vulnerability and the perceived need to manage adversity alone. Hannah and Megan expressed “not wanting to look or feel vulnerable.” Ashley explained, “I’ve always been taught to handle my problems myself, asking for help felt like admitting defeat.” Cyndy shared:

I don’t want to bother anyone. If it’s something I feel I can do on my own, I will do it. I also don’t like waiting on people to decide if they are going to help me or not. I saw women in my family make things happen on their own. I adopted that mentality. At times it has been helpful and others not so much. I felt the same way about counseling. I felt that if I can deal with the situation on my own, why do I need to go sit down and talk with someone. My mindset was that they will judge me, or they won’t understand.

This sentiment underscores how self-sufficiency can function as both a protective mechanism and a barrier to care. These reflections illustrate how intergenerational modeling of not seeking help outside of the family shaped the participant’s tendency to handle challenges independently and avoid seeking support. While these mindsets fostered resilience and autonomy, they also contributed to reluctance toward counseling due to fears of judgment and beliefs that others would not fully understand their experiences.

All participants expressed in some form Ashley’s statement, “we were taught not to share family business” and that they should only trust people in their families. Three participants shared negative or unhelpful previous interactions with mental health

services fostered skepticism and wariness among participants. Kelli shared, “I needed to talk with someone that looked like me because others didn’t seem to connect with me or understand what I was going through.” Six shared they witnessed colleagues professional harm to clients and how this deterred them from seeking help of any kind, especially counseling. All participants expressed concerns about seeking help from individuals who may not share an understanding of their lived experiences as Black women. Ashely stated, “It’s hard to talk with someone who doesn’t share your lived experiences.” This distrust was compounded by fears of professional judgment, cultural and gender misunderstanding, and exacerbation of distress.

Participants described that they avoided seeking support due to concerns about adding stress to family or social networks. When asked what hindered her from seeking help, Cyndy stated, “I didn’t want to bother anyone.” In various ways, all participants shared not asking for help due to not wanting to be a burden to others. Megan said, “I am the one everyone comes to for help.” Ashley and Deborah stated, “I am looked to as the strong one.” Hannah did not want to be a burden to her mother who was struggling. She said, “whatever I needed, I just got it myself.” The desire to protect themselves from additional emotional load resulted in secrecy and delayed disclosure of personal struggles.

### ***Subtheme 6:1: Guilt, Shame and Vulnerability***

Participants’ narratives revealed that vulnerability was frequently intertwined with experiences of guilt and shame, particularly when emotional needs or personal struggles were acknowledged. Six of the eight participants described internal conflicts when

expressing vulnerability, as doing so often felt inconsistent with the cultural expectation to remain strong and self-reliant. Kelly shared, “I often felt embarrassed when I shared my vulnerabilities with others; both personally and professionally.” Deborah mentioned, “In this profession we are expected to have it all together, so it is embarrassing when I have to show my vulnerabilities.” This tension contributed to feelings of guilt when participants prioritized their own emotional wellbeing or sought support, as they perceived these actions as potentially burdening others or deviating from familial and cultural norms. Cyndi stated, “my family often made me feel bad when I shared that I needed time for myself.” In addition, shame emerged when participants struggled to reconcile their personal experiences of distress with internalized beliefs about strength, resilience, and responsibility. Kelli mentioned, “I felt bad when I had to take time for myself.” As a result, vulnerability was not only emotionally challenging but also psychologically complex, as participants navigated the tension between honoring their authentic emotional experiences and maintaining culturally reinforced expectations of unwavering strength.

Four participants expressed feelings of guilt or shame were commonly reported when accepting help, reflecting internalized messages about self-sufficiency and responsibility. The common statement shared by several participants was the statement first shared by Megan, “I am supposed to be the one helping.” Hannah and Megan expressed not feeling comfortable with vulnerability. Hannah stated:

I really struggled with vulnerability. I didn't see my mom express vulnerability. I am better now. Though I still struggle with being vulnerable around friends, I can

be vulnerable with my husband. Vulnerability was looked upon as being weak when I was growing up. Though I struggled, I didn't want to look weak. So, I masked it, and that's when the feelings of shame grew more intense. It got so bad that I began experiencing social anxieties. I thought everyone saw me as being weak and vulnerable. Then I felt guilty. It was a vicious cycle.

Megan shared, "Vulnerability was not something I showed. It wasn't until I was faced with a life-threatening health crisis that I opened up to others." Deborah shared, "I felt shame and guilt asking for help." Several participants expressed vulnerability was frequently postponed until they felt their challenges were "resolved" internally, highlighting barriers to timely emotional support.

Maintaining secrecy around distress was a common coping strategy to avoid stigma, leading to isolation and a pronounced tension between public composure and private suffering. All participants expressed what Deborah called "putting on a strong face" when in professional environments. Megan stated, "no matter what was going on with me, I put on a strong face because that's what I saw my mom do. I never allowed anyone to see me cry." Donna shared, "I didn't want anyone to know what was going on with me. I already felt isolated." Deborah and Kelli expressed "putting on a face" because that's what they felt they "should" do. Kelli also mentioned, "Everyone else can be falling apart but I still must save face. And no matter what is going on in my life, I still need to hold it together when I'm around others." Several participants shared they chose not to show expression out of professional concern of being seen as angry or aggressive.

This dynamic perpetuated silence and reinforced cultural taboos being a Black woman.

Kelli shared:

As a black woman we are so misunderstood. We can't cry, because we may be viewed as emotional. We can't express ourselves, because we may be labeled as angry. We can't laugh, because we may be viewed as loud. We can't smile too much because we may be perceived as flirting. Then we feel guilty for not being our true selves. We can't win.

These reflections highlight the restrictive social expectations placed on Black women and the constant monitoring of emotional expression shaped by racialized and gendered stereotypes. The participant's narratives illustrate how these external perceptions create pressure to regulate behavior in ways that limit authentic self-expression. Six of the eight participants shared experiencing an internal conflict where they attempted to navigate societal judgments and it led to feelings of frustration, guilt and shame for not being able to fully express her true self.

Several participants expressed at some point they minimized or denied their mental health needs due to feeling guilt or shame. Six of the eight shared how they often normalized dysfunction within cultural or familial contexts. Five participants pointed to family norms. The common phrase that was first shared by Ashley was "Throughout history, Black families have faced dysfunction, what makes me any different." Donna shared, "a family norm for me was physical and emotional abuse along with substance use that triggered it all." Ashley shared, "stress is just a part of life." Samantha stated, "I put everyone else's needs above mine." Deborah expressed ignoring her own needs. Kelli

shared during specific difficult times in her life, she kept quiet out of fear of being judged as emotional. Hannah shared, “I feel like my anxiety got worse because I wouldn’t talk about it.” These normalizations contributed to delayed or absent engagement with therapeutic resources.

***Subtheme 6:2: Cultural and Historical Norms***

All participants shared about cultural and historical norms that caused them to suppress or ignore psychological distress. Samantha shared, “Some of the pressures I felt as a young woman weren’t just personal, they reflected broader historical and cultural expectations of Black women. When asked about the historical contexts, all participants pointed to slavery and what people of color went through. The lasting impact of professional judgement, collective and ancestral trauma and family spiritual expectations and norms were identified as a critical factor shaping participants’ cautious attitudes toward help seeking. Ashley stated, “As a Black woman, I am expected to endure difficulties without showing weakness. That expectation felt normal because it’s been in my family for generations.” All participants shared that help seeking was perceived as potentially unsafe, threatening personal or communal identity. Each participant shared historical and personal knowledge of cultural traumas. Kelli shared “it’s hard to talk with someone who may not share your same lived experiences.” Hannah shared, “I didn’t want to add to my family’s worries, so I kept things inside. Therapy felt like something people didn’t do in my community; it just wasn’t talked about.” Deborah mentioned:

Growing up, I learned from my mom and aunts that you just handle things quietly, no complaints. That’s how Black women have always been expected to cope. My

grandmother never talked about her struggles, and my mother did the same. I realized that's just what women in our family do. There's a history of surviving hardships in silence. We were taught to be strong because that's what our mothers and grandmothers did before us. The idea of always being resilient comes from generations before me. It's not just about me; it's about family legacy. I noticed that many of the things I thought were personal expectations were cultural norms passed down over time.

These reflections illustrate how participants understood their emotional coping patterns as deeply rooted in cultural and historical norms rather than solely individual choices.

References to slavery, ancestral trauma, and generational expectations highlight how endurance and emotional restraint have been transmitted across generations as survival strategies for Black women. Consequently, these historical and cultural influences contributed to participants' cautious attitudes toward help-seeking, as seeking external support was often perceived as inconsistent with family traditions of resilience and collective protection.

### **Theme 7: Professional Identity Development: Navigating Complex Vocational Journeys**

All participants described professional identity development as an evolving and dynamic process, deeply influenced by personal experiences and systemic societal factors. Four reflected on nonlinear career paths marked by unexpected shifts and adaptations that underscored resilience and the ability to respond to external barriers. Kelli shared, "My career hasn't been a straight line. I've had to pivot and adjust, but each

step taught me something new about myself and my purpose.” All participants expressed dedication to professional development, learning new ways to meet their clients’ needs and continual growth as counselors.

Megan, Kelli and Samantha expressed the same sentiments as Deborah, “I’ve had to learn how to code switch, not just the way I talk, but how I carry myself. It’s exhausting, but it’s necessary for me to be taken seriously and to be safe in certain environments.” Megan and Samantha discussed being the only person of color in their work environments. “Throughout my career as a counselor, I’ve always been the only person of color in the office,” Samantha said. Kelli shared, “I didn’t learn that I was the only person of color in my department until my first day. I’ve been at this job for several years and I am still the only person of color.” The experience of working within predominantly White professional environments, often termed “white spaces,” was a consistent theme. Participants articulated the ongoing challenge of negotiating belonging and authenticity in settings where cultural norms often felt alienating. Deborah and Kelli shared about times they had to prove they belonged in these predominately white spaces. “I feel like I must be 10 times better than some of my colleagues, Deborah said. Kelli shared, “I always feel like I have to prove I know my job.” To manage this, many employed code-switching, an adaptive behavioral and linguistic strategy used to protect themselves from potential bias or exclusion. For example, Hannah explained, “I’m constantly monitoring how I speak and present myself, sometimes it feels like I’m performing just to be accepted.” Kelli talked about being authentic in professional spaces, “It is important for us to be true to who we are, even in professional spaces, yet it can be

difficult to actually do it.” This self-monitoring was both a survival strategy and a source of emotional labor. Ashely echoed the other participants by sharing:

Early in my career, I felt pressure to always be perfect. Over time, I learned that professionalism doesn’t mean perfection, but it does require resilience and self-awareness. Being a Black woman in my field has always meant proving myself twice as much as others, and that has shaped how I show up professionally. I had to navigate spaces where I was often the only Black woman, and that made me hyperaware of how I presented myself and how I handled challenges. My professional identity developed alongside my understanding of strength; I learned when to advocate for myself and when to step back.

Skepticism and distrust toward institutional authority were common, shaped by historical and personal experiences of marginalization. “It was just recently that licensed counselors, let alone Black counselors, were even recognized. Industries like the military only recognized social workers.,” Deborah shared. Kelli shared, “I’ve even had to challenge psychiatrist because I was being undermined.” Several participants talked about the historical and foundational pillars of the counseling field. Ashely, Megan, Donna, and Samantha all spoke of “being called” to be a counselor. This duality highlighted the complex interplay of faith, purpose, and critical awareness in shaping professional identity.

### ***Subtheme 7:1: Supportive Professional Communities***

All participants emphasized the critical role of belonging to supportive professional communities that provided validation, encouragement, and shared

understanding. “We need a space to just talk,” Deborah said. The importance of mentorship was highlighted not only as a personal resource but also as a commitment to future generations. Three participants described mentorship as what Megan called “paying it forward,” nurturing others in a way that cultivates collective empowerment and sustains the legacy of Black professionals’ counselors. When asked about the future generation of BWC, several participants offered encouragement. Megan offered “Do your own inner work.” Kelli shared “Be authentic.” Deborah expressed “Take supervision and/or counseling serious.” Donna mentioned, “Ask yourself what you want to get out of mentorship” and Hannah shared, “Take the triggers seriously.”

Career flexibility emerged as an intentional strategy to create meaningful and sustainable professional pathways, often involving advocacy for Black counselors to increase visibility and equity in the field. “Even though it gets exhausting always trying to prove myself as a professional, so we need to continue to advocate for ourselves, especially at conferences,” Kelli said. All participants expressed valuing safe spaces, environments where counselors could express vulnerability, recharge, and find solidarity free from judgment. Deborah reflected:

Even counselors need places where they don’t have to be “the strong one” all the time. Mentorship and observing other Black women in leadership helped me understand how to assert myself and navigate complex work environments. My professional identity evolved as I recognized the importance of setting boundaries and prioritizing my mental and emotional wellbeing. I see now that my career

journey was intertwined with personal growth, I had to reconcile family and cultural expectations with my own vision of success.

Participants described career flexibility as a purposeful strategy for developing meaningful and sustainable professional paths while also advocating for greater visibility and equity for Black counselors. They emphasized the importance of safe and supportive environments where counselors could express vulnerability, recharge, and experience solidarity without judgment. Additionally, participants reflected on how mentorship, boundary setting, and prioritizing emotional wellbeing contributed to the evolution of their professional identities, highlighting the interconnected nature of personal growth and career development.

However, several participants described being the sole representative of one's racial or cultural group in professional contexts often led to feelings of isolation and loneliness, particularly in leadership roles. As mentioned, Megan and Samantha shared, "I've always been the only person of color in my professional settings." Megan stated, "I think because I came across as strong, I was given the "hard" cases. I had to put a stop to that." Hannah shared, "not only am I a person of color, but I also have natural hair. I was told having natural hair was not professional enough." Participants described the heavy burden of representation, carrying expectations to advocate for an entire community, sometimes beyond personal capacity. Ashley stated, "Black women are often seen as loud, aggressive and angry, I felt like I had to show up differently because of that stereotype." Several participants expressed having to carry the load for the entire culture to prove people wrong. Additionally, many engaged in performative identity work,

consciously shaping self-presentation to meet external expectations or to avoid negative judgments, a process described by Deborah and Kelli as “wearing a mask that fits what others expect, even when it’s exhausting.”

Deborah, Megan and Samantha expressed workplace isolation. The ongoing need to prove competence under heightened scrutiny was a salient experience for participants, contributing to workplace racial isolation. Deborah stated, “I always feel like I have to prove what I know and that I belong in the room.” Kelli shared, “there is a need to prove what I know and my ability.” The pressure to demonstrate skill and worthiness was compounded by subtle and overt marginalization, reinforcing the challenges Black women professionals face in predominantly White institutional settings. Megan shared, “It’s impossible to find someone with lived experiences at work.” Ashley mentioned, “They just don’t understand what it means to be a Black woman.”

### ***Subtheme 7.2: Professional Roles and Personal Development***

Despite challenges, all participants recognized the reciprocal influence between their professional roles and personal development. Their careers facilitated increased self-awareness, emotional maturity, and identity integration. Hannah noted, “My work as a counselor has helped me understand myself better, to grow not just professionally but as a whole person.” Kelli mentioned, “Being in counseling myself has helped resolve a lot of my inner issues that stemmed from childhood.” Donna shared, “Counseling saved my life and helped me to grow as a person.” Megan mentioned, “Counseling produced personal growth. I am more open with those who are close to me.” Samantha explained,

“Being in counseling has me to grow as a person. I no longer feel as though I have to do everything.” Deborah shared:

Counseling has given me a space to just be. Balancing my role as a therapist with my personal life has taught me a lot about setting boundaries and prioritizing self-care. My work requires me to support others emotionally, which pushed me to confront my own patterns and grow personally. I realized that developing professionally meant also developing emotional awareness and resilience in my personal life.

Ashley shared:

Managing multiple professional responsibilities helped me understand my limits and the importance of asking for support. My career has challenged me to integrate the lessons from my upbringing with the person I want to become. The demands of my professional role often mirrored the expectations I grew up with, which made personal growth both necessary and difficult. I’ve learned that success in my professional role requires ongoing self-reflection and emotional intelligence, not just technical skill. Through my work, I’ve discovered areas of strength and growth I didn’t recognize in myself before. Balancing professional expectations with personal development has been a journey of understanding how to care for others without neglecting myself.

Participants emphasized the reciprocal relationship between their professional roles and personal development, noting that their work as counselors facilitated greater self-awareness, emotional maturity, and identity integration. They described counseling both

their own and their work with clients as a catalyst for personal growth, helping them confront childhood patterns, set boundaries, and prioritize self-care. Across participants, professional experiences not only mirrored cultural and familial expectations but also provided opportunities to develop EI, resilience, and a deeper understanding of themselves, highlighting the intertwined nature of career and personal development.

### **Theme 8: EI and Self-Awareness in the Context of Cultural Strength Norms**

The findings revealed a complex interplay between EI development and culturally embedded norms of strength within the SBW cultural convention. All participants consistently described a delayed or constrained development of EI due to limited emotional modeling and a restricted emotional vocabulary in their early environments. Megan shared, “I learned early that showing emotions wasn’t always acceptable, but therapy helped me recognize what I was feeling and why.” Donna expressed, “Growing up, I thought being strong meant hiding my feelings, but I’ve learned that understanding my emotions is actually a form of strength.” Seven participants frequently described processing emotions intellectually rather than experientially, which served as a form of emotional distancing. Kelli stated, “I checked to see if I was being emotional before seeking help.” Ashely mentioned, “I just keep it to myself because I got it and I don’t have the luxury of being emotional.” Cyndy expressed, “I learned to deal with my emotions after I dealt with whatever was going on.” Samantha shared, “Emotional expression just wasn’t something I saw.” Donna described seeing a lot of “arguing.” She said, “Growing up I saw a lot of arguing and fighting. It was a lot of negative emotions, so I suppressed mine. Donna and Ashley expressed being disconnected from their

feelings. This cognitive approach allowed individuals to manage distress without fully engaging in vulnerable emotional experiences, aligning with cultural norms that prioritize logic and control over affective expression. Ashley shared, “Growing up, emotions were never talked about, it was always ‘keep it together.’ I didn’t even know how to name what I was feeling,” Megan said. Hannah expressed, “I didn’t know how to describe how I was feeling.” This absence of emotional language contributed to difficulties in recognizing and articulating emotions, particularly pain that was often masked by anger or stoicism.

Donna shared that much of her childhood was colored with physical abuse. She mentioned that her abusers struggled with substance abuse. She shared that it was not until she began her counseling journey that she learned that the abusers also had mental health issues. Donna discussed how this childhood traumas led her down a path of accepting domestic abuse as a norm. “I just thought it was normal and a way to receive love,” Donna stated. Kelli shared how familial traumas caused “dysfunction” in many of her interpersonal relationships. Megan and Hannah expressed increased social anxieties due to traumas. Ashley, Deborah and Samantha reflected on the history of Black women and the struggles they faced. Each participant reflected on either cultural, professional or personal traumas to support a lack of EI. The embodied impact of both hidden family trauma and historical oppression manifested in chronic physical health challenges and psychological distress. Seven participants reported symptoms ranging from anxiety and depression to somatic complaints, indicating the profound toll of unaddressed trauma. Samantha talked about internalizing stress that trigger life threatening physical health

issues. These health consequences highlighted the interconnectedness of trauma's psychological and physiological effects. Kelli shared:

Sometimes it feels like my body carries the stress my mind can't shake. The cultural expectation to always be resilient made it hard to notice my own needs, but developing self-awareness changed that. I've learned to recognize the ways I internalize family and societal expectations, and that awareness has improved how I handle stress and communicate with others. Understanding my emotional patterns helps me separate what I choose to carry from what I inherited as part of the cultural strength norms. EI has taught me to check in with myself regularly, instead of just pushing forward to meet expectations of toughness or endurance. Self-awareness allows me to redefine strength on my own terms, integrating resilience with emotional authenticity.

The findings revealed that participants' development of EI was deeply influenced and often constrained by culturally embedded norms of strength within the SBW cultural convention. Early environments limited emotional modeling and vocabulary, encouraging participants to process feelings cognitively rather than experientially, which fostered emotional distancing and suppression. Many described learning to manage distress through logic and control, masking pain with stoicism or anger, which contributed to delayed recognition and articulation of emotions.

#### ***Subtheme 8: 1: Mask Wearing***

Secrecy and silence emerged as protective coping mechanisms aimed at shielding individuals and families from judgment, stigma, or further harm. However, these

mechanisms also contributed to isolation and inhibited open dialogue and healing. Kelli shared, “Even though we knew it, no one talked about my father’s infidelity.” Hannah shared about her mother’s struggle but never speaking openly about it. Megan poignantly described the weight of unspoken trauma, “We never talked about the things that hurt us the most. It was easier to pretend they didn’t exist, but it made everything harder to bear inside.” Cyndy stated, “If something was wrong, we never talked about it outside of the family.” Five participants described the difficulty of breaking the cycle emotional immaturity, with Donna noting, “Keeping quiet feels safer, but it also keeps the pain alive.” This tension illustrates the complexity of trauma related communication within cultural and familial contexts.

Deborah shared:

At work, I often have to put on a face of confidence even when I’m feeling overwhelmed inside. I learned early that showing vulnerability professionally could be seen as a weakness, so I mask my emotions to stay respected. Sometimes I feel like I’m performing strength for everyone around me, just to meet expectations of professionalism. Masking my emotions helps me navigate the workplace, but it can be exhausting because it’s not who I really feel like being.

These narratives illustrate how secrecy and silence birthed and contributed to mask wearing. Participants described how unspoken family struggles, such as infidelity or personal trauma, created an environment in which acknowledging pain was discouraged, making it difficult to process emotions or seek support. In professional settings, participants extended these “masking” coping strategies by presenting confidence and

composure while concealing vulnerability to maintain respect and meet expectations of strength, a practice that, while adaptive, often resulted in emotional exhaustion and tension between authenticity and performance.

Anger and isolation were commonly experienced as a “masked pain,” serving as a protective barrier against vulnerability. Kelli reflected, “When I get angry, it’s really just pain I’m hiding because I’m afraid to seem weak.” This emotional guardedness was a strategy to navigate expectations of strength that prioritized perseverance over emotional expression. Six participants described therapy as a crucial turning point in their emotional development. The therapeutic space provided an opportunity to expand their emotional vocabulary and cultivate self-awareness, which many had not experienced previously. “Therapy taught me that vulnerability isn’t weakness, it’s part of strength. I’m learning to sit with my feelings instead of pushing them away” Hannah shared. Megan mentioned, “It is because of therapy that I opened up when I faced my health crisis.” Participants commonly describe emotional suppression as a deliberate or automatic strategy to manage stress and adhere to cultural expectations. Donna reflected on the tension between cultural expectations and emotional authenticity:

Growing up, feelings were a luxury we couldn’t afford. Now, I’m trying to unlearn that, to give myself permission to feel without guilt. I’ve had to hide my true emotions to protect myself and maintain credibility, even when I’m struggling inside. The mask I wear professionally is different from my personal self and learning when and how to take it off has been a process. Professional

mask-wearing is exhausting, but it's part of how I've learned to navigate expectations of strength and competence.

Participants described how therapy emerged as a pivotal context for challenging cultural patterns, allowing them to develop emotional vocabulary, cultivate self-awareness, and recognize that vulnerability can coexist with resilience. Despite these gains, participants continued to navigate the tension between cultural norms and emotional authenticity, often balancing professional mask-wearing with the gradual unlearning of ingrained suppression strategies.

Emotional expression was often inhibited to maintain composure and avoid vulnerability in contexts where openness was perceived as risky or stigmatized. Megan, "I learned early on not to show pain, it just wasn't safe." This finding aligns with stoic norms emphasizing emotional restraint as strength. Kelli shared, "If my mom was hurt by the betrayal, I didn't know it. She never showed if she was bothered or not, so I learned emotional suppression for her." Hannah stated, "I didn't show emotion." Emotional regulation was understood variably among participants, ranging from adaptive management to more restrictive control that prioritized silence and concealment. All participants shared they used emotional withholding to shield themselves and others from distress, often internalizing pain to preserve social harmony.

### ***Subtheme 8:2: Self-Awareness***

This redefinition of self-awareness emerged as a theme. Strength was no longer seen as relentless endurance but as inclusive of vulnerability, self-care, and sustainable wellness. These reframing challenges dominate cultural narratives of strength as fixed

and unyielding, instead positioning it as situational and adaptive. However, the fusion of identity with the SBW cultural convention sometimes resulted in emotional and physical burnout. Participants reported feeling exhausted by the constant pressure to appear strong. Deborah noted, "It's like I have to be on 24/7, and it wears me down emotionally. Sometimes I just want to let it all out, but I can't." Kelli expressed two years ago she took a break from being a counselor due to burnout and professional exhaustion. She stated:

Self-awareness helped me see that some of my reactions were shaped by my family's expectations of strength, not necessarily what I truly felt. I started noticing patterns in my behavior that were automatic and understanding them helped me make better choices. Being self-aware allowed me to separate what I was carrying from what I actually needed to handle.

Self-awareness was described as the foundation for the participants to rebuild and break away from cultural and family norms and expectations.

Secrecy and silence emerged as themes, serving as coping mechanisms to protect against judgment and uphold social or familial expectations. Megan and Hannah shared they never showed vulnerability amongst friends and that they kept quiet even when life was array. Kelli shared, "I don't want to look weak." Cyndy shared "Even when I was nine months pregnant, I didn't ask for help." All participants shared that silence and secrecy were part of their family's culture. Six of the eight participants recounted times when they engaged in emotional suppressions and refrained from sharing feelings, driven by fear of rejection or misunderstanding. This "no voice" phenomenon often perpetuated isolation and internal conflict. For instance, Kelli shared, "Speaking up felt like a risk, I

wasn't sure anyone would understand or believe me." Ashley stated, "I often thought I would come across as being the angry Black woman." Deborah, Kelli, Megan and Samantha mentioned that speaking up meant being misunderstood, especially if they were the only person of color in the room. Such experiences illustrate the complex interplay between cultural norms and personal safety in emotional expression.

Samantha described prioritizing reasoning and intellectualization as safer ways to manage emotions perceived as destabilizing. Deborah stated, she often kept quiet so she could read the room before sharing. Cyndy, Hannah and Kelli expressed concerns about overthinking speaking up in fear of being misunderstood or taken as being emotional. This cognitive approach, sometimes described as "logic as safety," involved analyzing feelings rather than directly experiencing them, which functioned as a protective buffer against overwhelming vulnerability. Five participants expressed at one point during their journey difficulty naming or articulating emotions, reflecting limited emotional literacy and socialization that discouraged open emotional exploration. This emotional numbing and delayed response further indicated challenges in trauma processing and accessing authentic emotional states.

All participants articulated a redefinition of self-care, recognizing it as a vital and non-selfish practice necessary for maintaining holistic wellness. Hannah, Deborah, Megan and Samantha all stated self-care activities and tools are essential to daily life as a counselor. Kelli expressed "burnout in our field is real, so I had to change how I approach everything if I wanted to stay in this field long term." Ashley shared, "This perspective contrasted with previous beliefs that prioritized caretaking others at personal expense."

Megan noted, “Learning to take care of myself felt revolutionary, it wasn’t selfish, it was survival.” Samantha shared, “I found it necessary to pause and take care of myself because if I didn’t, I wasn’t going to make it.” Both Megan and Samantha shared about intense health challenges in recent months where they had to prioritize taking care of themselves if they wanted to keep living. This reorientation toward balanced self-care was linked to enhanced emotional regulation and sustainable coping. The findings underscored the significance of safety and validation in fostering EI. When participants found environments where their feelings were accepted without judgment, they were better able to develop emotional regulation and empathy. Hannah shared:

Through reflection, I became more aware of how I respond to stress and how it impacts my relationships. Self-awareness helped me identify when I was overextending myself because of the pressure to appear strong. I learned to check in with myself emotionally before reacting, which has helped me respond more thoughtfully to challenges. Being aware of my own needs and feelings allowed me to make choices that were healthier for me personally and professionally. Self-awareness has been the first step in redefining what strength means for me, integrating resilience with emotional authenticity.

Self-awareness enabled participants to identify patterns of emotional suppression and internalized strength that had been reinforced across generations. By recognizing these influences, they described making intentional choices about how to express emotions, set boundaries, and prioritize self-care. Furthermore, participants described how developing self-awareness facilitated the integration of personal values with professional roles,

allowing participants to redefine strength in ways that honored both cultural heritage and individual wellbeing.

The process of identifying, labeling, and understanding emotions, termed emotional mapping, emerged as a critical skill fostered through therapy. Kelli stated, “I had to find out where these emotions were coming from.” Hannah mentioned, “I had to ask myself why I struggled with emotional regulation.” Ashley expressed the desire to understand her drive. These participants described this practice as foundational to building EI and strengthening the capacity for self-awareness. Deborah stated, “It used to bother me that I felt like I always had to over explaining myself in certain environments. That made me anxious. Now I speak my peace and that’s it.” Developing this vocabulary and insight allowed participants to move beyond numbing and suppression toward more adaptive emotional engagement and strengthen their self-awareness.

### **Summary**

In this chapter, I presented the qualitative findings of this study. I described the lived experiences of BWC through the lens of the SBW cultural convention and its relationship to EI. Overall, the themes I highlighted support the resilience and complexity in how BWC navigate cultural expectations of strength while cultivating emotional authenticity and intelligence. What I discovered supports and extends existing literature on the SBW cultural convention by emphasizing the experiences of BWC and the transformative potential of emotional self-awareness in the context of cultural norms (Thomas et al., 2019; Watson & Hunter, 2016). My analysis of participant narratives yielded eight emergent themes and 13 subthemes. The emergent themes I described

reflect the depth, complexity, and interrelated nature of strength, identity, emotional regulation, and healing across personal, cultural, and professional domains.

The participants described strength as an intergenerationally transmitted survival strategy, modeled through familial and cultural norms that emphasized endurance, emotional restraint, caretaking, and self-sacrifice. While this inherited strength fostered resilience and perseverance, it also contributed to emotional suppression, delayed emotional literacy, and difficulty prioritizing personal needs. Cultural heritage and identity formation emerged as both grounding and conflicted, as participants navigated pride in Black womanhood alongside societal and internalized expectations to remain stoic, self-reliant, and emotionally contained.

I identified faith and spirituality as foundational sources of resilience, providing meaning, hope, and grounding. However, the participants also described tensions within religious socialization that at times discouraged emotional expression or substituted spiritual coping for emotional processing. Across narratives, participants demonstrated critical reflection and intentional reinterpretation of faith, integrating spirituality with emotional authenticity and ancestral grounding as part of their healing journeys. I noticed a significant shift was evident in how participants redefined strength over time, from a rigid ideal rooted in silent endurance to a multifaceted, adaptive construct inclusive of vulnerability, rest, boundaries, and self-compassion. I also noticed how emotional suppression functioned as a protective regulation strategy shaped by cultural expectations, secrecy, and fear of judgment, yet was increasingly recognized as emotionally costly and unsustainable.

I identified therapeutic engagement as a pivotal mechanism for healing and emotional growth. More than half of the participants expressed that counseling provided them with permission to feel, tools for emotional mapping, and opportunities to develop EI through self-awareness, regulation, and relational authenticity. At the same time, four participants described persistent reluctance toward help seeking, shaped by internalized self-reliance, spiritual coping preferences, distrust of mental health systems, historical trauma, and fears of burdening others. The participants also highlighted the weight of cultural and relational responsibility, including early assumption of adult roles, community caretaking, and the burden of stereotyped strength. I discovered that hidden family trauma and historical oppression further compounded emotional challenges, reinforcing patterns of silence, secrecy, and mistrust that affected relational safety and wellbeing.

I discovered that professional identity development reflected another critical site of intersection, as participants navigated predominantly White spaces, code-switching, representation burden, and the emotional labor of proving competence. Despite these challenges, all participants emphasized the importance of mentorship, community, advocacy, and safe spaces for healers, as well as the reciprocal growth between personal healing and professional purpose. Finally, I noted how EI development was shaped by early emotional restriction and later expanded through therapy, reflection, and supportive environments. Six participants described increased emotional vocabulary, self-awareness, empathy, and regulation as they challenged SBW cultural conventions. They embraced vulnerability as strength. I discovered that across themes, safety, validation, and

culturally responsive spaces were essential for fostering emotional authenticity and sustainable resilience.

Collectively, what I discovered underscores the dual nature of the SBW cultural convention as both a protective and restrictive framework. I discovered that while strength facilitated survival and achievement, its rigid expectations often constrained EI development and contributed to burnout. The results I highlight possess transformative potential for redefining strength, cultivating emotional literacy, and engaging in culturally informed healing practices. The data I collected provides a critical foundation for the discussion in Chapter 5, where implications for counseling practice, training, and future research are explored.

## Chapter 5: Discussion, Conclusions, and Recommendations

In this descriptive phenomenological study, I sought to describe and effectively articulate the lived experiences of BWC in relation to the SBW cultural convention and its influence on their EI. By centering the voices and narratives of these women, my research provided a deeper, more nuanced understanding than quantitative data could capture. I illuminated the complex ways in which the SBW cultural convention shapes emotional processes and professional dynamics for Black women in counseling roles, both within broader societal frameworks and in the specific context of engaging in therapy. The themes I discovered offer critical insights and contribute to a more culturally informed understanding of the unique challenges and strengths that BWC navigate. My insights may inform more effective, empathetic, and culturally competent approaches to counseling Black women.

I discovered themes that encompassed understanding versus judgement of BWC and the SBW cultural convention. I mentioned how the themes often shape expectations BWCs place on themselves and how they manifest in their personal and professional identities. I illuminated the participants' assumptions, negative experiences, identity struggles, and strategies of self-preservation within the context of the SBW cultural convention. The data I collected revealed the emotional consequences of SBW internalization, including emotional suppression, resilience, self-reliance, and participants' evolving awareness of their EI. My themes inform the discussion in Chapter 5 by underscoring implications for counseling practice, supervision, and counselor education, particularly regarding trauma-informed culturally responsive approaches that

support emotional expression, identity integration, and sustainable professional and personal well-being across familial, social, and professional contexts. In this chapter, I provide an in-depth interpretation of the findings, highlight the study's limitations, offer recommendations for further research based on the results, and reveal the implications of the study for the counseling profession.

### **Interpretation of the Findings**

While interviewing the participants for this study, I discovered how the SBW cultural convention carried multiple, often conflicting meanings, that were shaped by culture, history, personal experiences, society, family and often spiritual and religious expectations. These meanings I uncovered can be empowering, restrictive, or both depending on the context. The purpose of this section is to interpret the findings presented in Chapter 4 and situate them within existing literature on the SBW cultural convention and EI. The data I collected illuminated how culturally embedded expectations of strength shape emotional development, coping strategies, help-seeking behaviors, and professional identity among BWC. The data I collected revealed strength not as a static trait but as a culturally negotiated construct that simultaneously fosters resilience and constrains emotional expression. I noted the emergence of eight themes and 13 subthemes and how these themes underscore the complexity of the participants lived experiences and highlight the multilayered ways that cultural norms, intergenerational patterns, spirituality, trauma, and professional contexts intersect to influence EI and well-being.

### **Intergenerational Transmission of Strength and Survival**

The data I collected illustrates that strength, as understood and embodied by participants, is not merely an individual characteristic but an intergenerationally transmitted cultural construct closely aligned with the SBW cultural convention. The participants' narratives reveal that strength was learned primarily through implicit familial modeling rather than explicit instruction, particularly through maternal and matriarchal figures who demonstrated perseverance, emotional restraint, and self-sacrifice in response to chronic adversity. I noticed how this modeling communicated powerful, unspoken messages about survival, emotional expression, and self-worth that became internalized early in participants' development. I read prior literature that consistently documented that strength among Black women is often learned through observation rather than explicit instruction, with maternal and grandmother figures serving as primary models of endurance, emotional restraint, and perseverance (see Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010).

Interpreted through the SBW cultural convention, I discovered how strength functioned as a normative expectation rather than a flexible coping strategy. I also discovered how participants learned that endurance without complaint was both necessary and admirable, reinforcing the belief that emotional vulnerability was incompatible with strength. I learned why this expectation shaped participants' emotional socialization by constraining emotional expression and prioritizing functionality over emotional processing. Throughout the interviews, I learned that as a result, emotional needs were often minimized, and distress was managed privately through endurance

rather than relational support. The data I collected underscore how the SBW cultural convention operates subtly and relationally, embedded within family systems, and transmitted across generations as a survival imperative.

The participants' descriptions further suggest that intergenerational strength served as a collective family identity, wherein being "strong" was synonymous with love, responsibility, and survival. However, I learned how this identity also perpetuated cycles of emotional suppression and unresolved distress. The participants' noted strength was experienced as compulsory rather than chosen, particularly in environments marked by ongoing stressors such as emotional strain, economic instability, and gendered expectations. Within this context, I noted how emotional suppression became a culturally sanctioned coping mechanism that protected familial stability while simultaneously increasing vulnerability to emotional exhaustion and burnout. Importantly, the participants' awareness of these inherited patterns reflects a critical turning point in their emotional and professional development. All participants described intentional efforts to disrupt the SBW narrative of strength at all costs by cultivating emotional awareness, seeking support, and redefining strength to include vulnerability, boundaries, and self-care. I discovered how this process represents not a rejection of cultural resilience, but a transformation of it. By consciously challenging intergenerational norms, I learned how the participants equated strength with silence, participants engaged in a restorative process that allowed for emotional authenticity and psychological sustainability.

Jointly, in this study I found that SBW cultural convention plays in shaping identity development through both affirmation and constraint. While cultural pride and

ancestral strength foster resilience and continuity, I learned how unexamined SBW expectations can contribute to emotional suppression and identity fragmentation. The participants' intentional redefinition of strength underscores the importance of culturally responsive spaces, particularly within counseling and supervision, which allow BWCs to integrate cultural pride with emotional authenticity. Consistent with prior research, I noted how cultural pride and ancestral strength functioned as sources of resilience and continuity (see Collins, 2000; Lewis et al., 2013). I express how this integration supports not only individual healing but also the evolution of strength as a culturally grounded yet emotionally inclusive construct.

Throughout this study, I illustrate how the participants reauthored the meaning of strength in ways that honor cultural resilience while rejecting narratives that demand emotional invisibility and self-neglect. Within the context of the SBW cultural convention, I noted how strength evolved from silent endurance to emotionally informed, sustainable resilience. This evolution underscores the importance of culturally responsive counseling approaches that support EI development and affirm vulnerability, rest, and relational support as integral dimensions of strength rather than threats to it.

The insight on intergenerational trauma also aligned with existing literature on the SBW cultural convention, which highlights the dual role of culturally transmitted strength as both a protective resource and a psychological risk factor (see Thomas et al., 2019; Woods-Giscombe, 2010). Positioned within this literature, the participants' experiences demonstrate how inherited emotional norms shape EI development, identity formation, and help seeking behaviors. The conscious disruption of these norms reflects an adaptive

recalibration of strength, one that honors cultural resilience while mitigating its emotional costs. The intergenerational nature of strength identified in my study further aligns with literature on intergenerational trauma and family based coping strategies among Black women (see Bryant-Davis et al., 2014; DeGruy, 2005).

Overall, my descriptive analysis underscores the importance of culturally responsive counseling approaches that recognize the historical and intergenerational origins of strength among BWCs. Therapeutic interventions that validate endurance while also creating space for emotional processing are essential in supporting the redefinition of strength as a dynamic, emotionally inclusive construct. Such approaches not only promote individual healing but also hold the potential to interrupt intergenerational cycles of emotional suppression, contributing to broader patterns of collective and community wellbeing.

### **Cultural Heritage and Identity Formation**

Participants' cultural upbringing served as a foundational framework shaping their identity, emotional resilience, and self-understanding. Interpreted through the SBW cultural convention, I highlight how the participants' experiences of Black womanhood reflect a dynamic interplay between cultural pride, ancestral resilience, and internalized expectations of strength. Consistent with Woods-Giscombe's (2010) conceptualization of the SBW cultural convention, the participants described strength as an internalized cultural mandate rooted in historical survival, racialized gender expectations, and intergenerational transmission. I noted how cultural identity served as both a source of empowerment and a site of constraint, shaping how participants understood themselves

emotionally, relationally, and professionally. Participants' articulation of pride, courage, and strength aligns with the SBW cultural conventions emphasis on resilience rooted in collective survival and historical endurance. Their expressions of perseverance mirror existing research that identifies cultural strength and ancestral resilience as central components of Black women's identity formation (see Collins, 2000; Thomas et al., 2019). I learned that this cultural pride anchored participants to a shared lineage of perseverance, offering emotional grounding and affirmation in the face of systemic adversity. Within the SBW cultural convention, I discovered how such pride operates as a protective cultural asset, reinforcing self-worth and belonging while fostering emotional endurance. However, I also suggest that this pride was often intertwined with expectations to remain composed, capable, and emotionally self-contained, reinforcing the notion that strength is an essential and nonnegotiable aspect of Black womanhood. The literature consistently shows that intersecting cultural, familial, and sociopolitical narratives construct Black womanhood and transmit values of resilience, pride, and survival across generations. (see Collins, 2000; Thomas et al., 2009). I discovered how this aligns with Black feminist literature that frames strength as a form of cultural resistance and survival. (see Beauboeuf-Lafontant, 2007; Collins, 2000; Woods-Giscombe, 2010).

### ***Cultural Responsibility***

The tension participants described between their internal sense of self and external societal expectations reflects a core feature of the SBW cultural convention: the demand to navigate multiple realities simultaneously. Participants experienced identity

development as a balancing act between honoring cultural and familial values and adapting to dominant cultural norms that often devalued or misinterpreted BWCs emotional expression. The participants' expression aligns with research indicating that professional and institutional environments often reward emotional containment while penalizing authenticity (see Beauboeuf-Lafontant, 2007; Settles et al., 2012). Dual consciousness required heightened vigilance, self-monitoring, and emotional regulation, contributing to the adoption of hyper independence and self-sufficiency as protective strategies. Interpreted through the SBW cultural convention, I discovered how these strategies functioned as adaptive responses to emotional invalidation, racialized gender stereotypes, and limited relational safety. Strength, as described by participants, emerged as a deeply complex and dual construct, simultaneously nurturing and burdensome, empowering and isolating. While participants acknowledged strength as a source of competence, ambition and cultural responsibility, they also described emotional invisibility and "mask wearing" as necessary for survival, even within their families. The "mask wearing" described by participants closely aligns with SBW cultural convention that equate emotional exposure with weakness and reinforce stoicism as a marker of respectability, resilience, and moral worth (see Beauboeuf-Lafontant, 2007).

The concealment of vulnerability aligns with SBW cultural convention that equate emotional exposure with weakness and reinforce stoicism as a marker of respectability and resilience. Prior literature suggests that when vulnerability is perceived as unsafe or unsupported, Black women may adopt emotional self-reliance as a means of survival rather than choice (see Beauboeuf-Lafontant, 2009). This is an exercise all the

participants describe as something they did in familial, personal and professional environments. I discovered that over time this pattern contributed to chronic self-sacrifice, overextension, and emotional fatigue, illustrating how culturally sanctioned strength can inadvertently compromise emotional wellbeing. Previous literature has linked these norms to patterns of chronic self-sacrifice, overextension, and emotional fatigue, with implications for psychological distress and stress related health outcomes (see Donovan & West, 2015; Harrington et al., 2010).

Importantly, participants' narratives reveal a critical shift in how strength was conceptualized and embodied within their culture. All participants described a process of redefining strength on their own terms, moving away from rigid SBW cultural expectations toward a more expansive and sustainable understanding that includes vulnerability, emotional honesty, and boundaries. I derived how this redefinition represents a transformative rupture in the SBW narrative, wherein strength is no longer measured by emotional invisibility or self-denial but by self-awareness, authenticity, and self-preservation. Such shifts reflect growth in EI, particularly in self-awareness, emotional expression, and relational boundaries. This shift aligns with recent literature emphasizing the importance of self-defined cultural strength and healing centered frameworks that privilege emotional integration over cultural responsibility and endurance alone (see Woods-Giscombé et al., 2022).

The data I collected reflect a critical transformation in how participants conceptualized and embodied cultural strength, aligning with prior literature that characterizes strength among Black women as both culturally inherited and

developmentally renegotiated over time. Within the SBW cultural convention, the participants narratives highlighted how strength has historically been defined by silent endurance, self-reliance, and emotional containment, traits that function as survival mechanisms within contexts of cultural, racialized and gendered oppression (see Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010). Participants' early understandings of strength as fixed, obligatory, and emotionally restrictive mirror empirical findings indicating that SBW cultural convention often prioritizes cultural responsibilities and perseverance over self-compassion and emotional expression (see Harrington et al., 2010). These norms position cultural strength as something to be performed rather than critically examined.

Participants' intentional redefinition of strength reflects what previous scholars describe as a process of identity reauthoring, wherein individuals actively disrupt internalized cultural scripts that no longer support psychological wellbeing (see Woods-Giscombé et al., 2022). Influenced by life experiences, professional training, and therapeutic engagement, participants moved toward a dynamic and emotionally inclusive conceptualization of strength that integrated vulnerability, discernment, and relational support. This shift aligns with EI frameworks that emphasize self-awareness, emotional regulation, and tolerance of vulnerability as core components of adaptive functioning and leadership capacity (see Goleman, 1995; Salovey & Mayer, 1990). Rather than abandoning strength, participants expanded its meaning, reframing it as flexible and responsive to context rather than rigid and performative.

Although perseverance and resilience remained central to participants' identities, these constructs were increasingly understood as purposeful and meaning oriented rather than reactive survival strategies. I discovered how this reframing is consistent with contemporary resilience literature that conceptualizes resilience not as mere endurance but as a process of intentional adaptation, growth, and future oriented meaning making (see Ungar, 2011). Within the SBW cultural convention, this shift represents a movement from survival-based coping toward self-directed resilience that preserves cultural fortitude while reducing emotional costs. Participants' emphasis on hope, responsibility, and transformation reflects an evolved resilience rooted in agency rather than obligation.

The emergence of pausing, rest, and boundary setting as legitimate expressions of strength further aligns with literature critiquing the self-sacrificial demands embedded within SBW cultural convention. Previous research has documented how chronic overextension and caregiving expectations contribute to burnout and emotional exhaustion among Black women, particularly in helping professions (see Donovan & West, 2015). The participants' reframing of rest as resistance echoes feminist and liberation-based frameworks that conceptualize self-preservation as an ethical and political act rather than a personal failure (see Lorde, 1988). These practices reflect advanced EI skills, including self-regulation, boundary awareness, and ethical responsibility, and capacities especially salient within participants' roles as counselors.

Integrating vulnerability into strength emerged as one of the most transformative aspects of participants' journeys and aligns with literature challenging stoic models of competence and resilience (see Donovan & West, 2015). Participants' embrace of help

seeking, emotional honesty, and interdependence represents a departure from SBW cultural convention of emotional invulnerability toward relational authenticity (Jordan, 2017). Consistent with previous literature and theories, vulnerability functioned not as a diminution of strength but as its expansion, enhancing connection, congruence, and professional integrity (see Miller & Stiver, 1997). Participants' narratives reinforce emerging evidence that emotional openness strengthens rather than undermines resilience, particularly within relational and caregiving professions.

The data I collected reveal that participants consistently articulated a profound and multifaceted sense of responsibility extending beyond themselves to encompass family and community, reflecting deeply ingrained cultural values associated with the SBW cultural convention. This resonates with prior research that situates Black women's caregiving roles within a collective cultural mandate rather than individual preference, highlighting the relational and intergenerational transmission of responsibility (see Beauboeuf-Lafontant, 2007; Collins, 2000;). The participants' narratives about early assumption of adult roles and caregiving responsibilities correspond with studies documenting the phenomenon of premature maturity among Black girls and women, which often results in compromised opportunities for selfcare and heightened emotional exhaustion later in life (see Thomas et al., 2009; Woods-Giscombé, 2010).

The intersection of caregiving, endurance, and sacrifice as hallmark features of the SBW cultural convention aligns with extensive literature describing the cultural valorization of unyielding strength and self-sacrifice as both empowering and limiting (see Abrams et al., 2019; Donovan & West, 2015). Participants' experiences managing

complex family and community obligations illustrate the dual edged nature of SBW cultural responsibility, while it fosters identity, pride, and resilience, it simultaneously generates significant psychological pressure and internal conflict (Beauboeuf-Lafontant, 2009). This tension has been characterized by scholars as a paradox within SBW cultural convention and ideology, wherein strength functions as both a protective resource and a constraint that risks overextension and burnout (see Watson & Hunter, 2015).

Community-oriented responsibility highlighted in the data I collected further underscores the collective nature of strength in Black cultural convention. This reflects the reciprocal models of care and interdependence described in the literature, which emphasize relational connectedness as a source of resilience, yet recognizes the potential for caregiving demands to strain individual wellbeing (see Hill & Thomas, 2009; Mattis, 2002). Participants' accounts of balancing communal obligations with personal limits echo research emphasizing the necessity of boundary setting to mitigate the emotional toll of caretaking roles within the SBW framework (see Woods-Giscombé et al., 2022).

The intergenerational transmission of caregiving roles, especially through maternal figures who exemplified relentless caregiving and emotional suppression, aligns with documented patterns of modeled strength and emotional containment that become normative across Black women's life courses (see Beauboeuf-Lafontant, 2009; Collins, 2000). Participants' reflections on the unsustainability of relentless endurance and their intentional efforts to develop healthy boundaries represent a meaningful disruption of these inherited cultural scripts. I recognized that boundary setting, though difficult at times, emerges in this context as a form of resistance and self-preservation, consistent

with growing scholarship that frames such practices as integral to sustainable strength and holistic wellness (see Abrams et al., 2019; Jordan, 2017).

Notably, many participants' identification of their counseling careers as a response to these caregiving dynamics reflects a transformative engagement with their cultural legacy, aligning with studies that highlight how professional caregiving roles may function as spaces for healing and reauthoring cultural narratives around strength and care (see Bryant-Davis & Wong, 2013; Woods-Giscombé et al., 2016). This professional trajectory illustrates an active renegotiation of SBW responsibility, shifting from self-neglect toward advocacy for self-care and support within both personal and communal spheres.

The participants' ongoing negotiation between honoring inherited values and asserting individual needs underscores the complexity of integrating self-care within SBW cultural convention ideology. This ambivalence is consistent with prior literature describing Black women's navigation of cultural expectations that simultaneously valorize sacrifice and challenge expressions of vulnerability (see Watson & Hunter, 2015). The data I collected illuminate the emotional labor embedded within SBW cultural convention and the necessity of critical reflection and redefinition to foster more sustainable expressions of strength.

Collectively, the data I collected contribute to a nuanced understanding of the interplay between cultural identity, cultural and relational responsibility, and personal wellbeing. They echo and extend existing literature by highlighting how the SBW cultural convention, while a source of empowerment and resilience, also imposes

significant constraints that necessitate intentional boundary setting, self-compassion, and the cultivation of caregiving roles that honor both self and community (see Woods-Giscombé et al., 2022). These emergent strategies reflect a critical evolution in the lived experience of strength, one that supports holistic wellness and challenges the traditional narratives of sacrifice embedded within SBW cultural convention.

### *Cultural Trauma*

Participants' contextualization of personal and familial trauma within a broader historical and collective framework resonates with scholarly perspectives on the intersection of individual trauma and systemic oppression (see Bryant-Davis, 2005; Evans-Campbell, 2008; Kira et al., 2010; Woods-Giscombé, 2010). The invocation of ancestral figures such as Harriet Tubman and individuals throughout slavery and the Civil Rights Movement reflects the concept of historical trauma as a communal phenomenon affecting identity and coping strategies across time (see Evans-Campbell, 2008; Kira et al., 2010). This intergenerational transmission of trauma underscores how personal distress is embedded within a shared narrative of cultural resilience and survival, reinforcing the theoretical understanding that trauma among BWCs cannot be disentangled from the legacy of racialized oppression (see Bryant-Davis, 2005; Woods-Giscombé, 2010). Samantha's reflection that ancestral trauma "still echoes in my life" exemplifies the enduring influence of collective history on emotional and psychological experiences.

The embodied manifestations of trauma reported by participants, including social anxiety, depression, and somatic symptoms, are consistent with extant research

documenting the holistic impact of early childhood adversities on mental and physical health outcomes (Szymanski & Lewis, 2016; Woods-Giscombé & Lobel, 2008). Donna's insight into normalized domestic abuse aligns with studies that identify how early exposure to violence distorts perceptions of safety and relational love, contributing to maladaptive attachment and emotional dysregulation (see Bryant-Davis & Ocampo, 2005; hooks, 2000). The data I collected reinforces the necessity for integrated therapeutic approaches that address both psychological and physiological consequences of trauma in BWCs.

During my research, I discovered the paradoxical role of secrecy and silence as both protective and isolating coping mechanisms echoes well established literature within trauma and cultural studies. (see Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Woods-Giscombé et al., 2022). Silence often functions as a culturally meaningful strategy to protect family honor and avoid stigma or further harm yet simultaneously perpetuates cycles of emotional suppression and relational disconnection (Abrams et al., 2014; Woods-Giscombé et al., 2022). Donna's reflection that "keeping quiet feels safer, but it also keeps the pain alive" encapsulates this ambivalence, illustrating how culturally rooted silence sustains trauma by hindering opportunities for emotional expression and healing (see Beauboeuf-Lafontant, 2007). This dynamic contributes to the intergenerational transmission of trauma by limiting narratives of pain and resilience within families.

The data I collected notes how participants vividly described unspoken familial wounds and breaches of trust as a pervasive yet silent legacy shaping their relational

dynamics and emotional wellbeing. This aligns with existing literature on intergenerational trauma within Black families, which highlights how hidden familial adversities, such as parental infidelity, substance misuse, and physical abuse, are often shielded from open discussion, thereby perpetuating a legacy of trauma across generations (see Bryant-Davis & Ocampo, 2005). The silence surrounding these wounds intensifies their psychological impact, shaping survivors' capacity to establish trust and experience emotional safety in intimate relationships (Bryant-Davis et al., 2017; Hook et al., 2016).

Together, the data I collected highlight the profound influence of unspoken familial and historical trauma on BWCs relational patterns, emotional regulation, and health outcomes. They underscore the importance of recognizing silence not simply as absence but as a complex cultural and protective practice that simultaneously serves and constrains emotional wellbeing (see Bryant-Davis et al., 2017). The persistence of this silence represents a critical barrier to authentic connection and therapeutic engagement, pointing to the urgent need for culturally responsive interventions that honor historical legacies while creating safe spaces for disclosure, emotional processing, and resilience building (see Goodman et al., 2017; Woods-Giscombé et al., 2016).

### ***Cultural Pride***

The findings indicate that cultural pride functions as a significant and empowering component within the SBW cultural convention. Participants described actively reclaiming and affirming their Black identity as a source of strength, resilience, and self-definition. This pride was closely connected to an awareness of cultural heritage

and ancestral resilience, which participants viewed as a foundation for perseverance in the face of social and systemic challenges. By grounding their identity in a broader historical narrative of survival and achievement, participants were able to reinterpret their experiences through a lens of collective strength rather than deficit (see Goodman et al., 2017; Woods-Giscombé et al., 2016).

Participants' reflections suggest that cultural pride operates as a protective psychological resource that counters negative societal stereotypes about Black womanhood. Rather than internalizing deficit-based narratives, participants emphasized pride in their racial and cultural identity, which fostered a sense of empowerment and confidence. This protective function aligns with research suggesting that positive racial identity development can buffer against the psychological impact of discrimination and marginalization (see Goodman et al., 2017; Woods-Giscombé et al., 2016). For several participants, occupying spaces where they were the only Black individual was reframed not as a limitation but as an opportunity to represent resilience, competence, and cultural excellence.

Additionally, participants' narratives highlight how cultural pride reinforced a sense of purpose and responsibility within familial, professional, and community contexts. Embracing the SBW cultural convention often strengthened participants' commitment to leadership, advocacy, and service to others. This sense of cultural responsibility was intertwined with pride in their heritage and a desire to honor the sacrifices and resilience of previous generations. Participants frequently described

drawing motivation from historical and familial examples of perseverance, which further reinforced their belief in their own capabilities.

At the same time, these findings illustrate the nuanced nature of cultural pride within the SBW cultural framework. While cultural pride served as a source of empowerment and identity affirmation, it also intersected with expectations of resilience, competence, and responsibility. Participants' narratives suggest that pride in Black womanhood can strengthen identity and reinforce the cultural expectation to remain strong and dependable in multiple roles. Understanding this complexity is essential for interpreting how cultural pride operates not only as a protective identity resource but also as a factor shaping how Black women navigate societal expectations, professional spaces, and personal wellbeing.

### **Duality and Complexity of Strength**

The findings suggest that participants' understanding of strength was deeply shaped by the cultural expectations embedded within the SBW cultural convention, which historically emphasizes emotional restraint, endurance, and unwavering responsibility. Consistent with prior literature on the Superwoman Schema (see Woods-Giscombé et al., 2016), participants initially conceptualized strength as emotional invisibility, where vulnerability was concealed through stoicism and "mask wearing." While this form of strength functioned as an adaptive survival strategy within sociocultural contexts marked by systemic stressors and familial expectations, it simultaneously contributed to emotional isolation, chronic self-sacrifice, and psychological exhaustion. The expectation to remain strong for others often required

participants to prioritize caregiving and responsibility over their own wellbeing, reinforcing patterns of overextension and emotional suppression (Bryant-Davis et al., 2017; Hook et al., 2016).

However, the findings also reveal a significant transformation in how participants conceptualized strength over time. Through life experiences, professional development, and engagement in counseling or therapeutic processes, participants began to critically examine and challenge rigid cultural definitions of strength. This process facilitated and aligned with previous literature as a shift from viewing strength as silent endurance to understanding it as a dynamic and multifaceted construct that includes vulnerability, emotional awareness, and the ability to establish personal boundaries (see Watson & Hunter, 2015). In this way, strength was reconceptualized not as the absence of emotion but as the capacity for emotional honesty and self-compassion.

The emergence of endurance and persistence as central themes further illustrates how resilience operated as both a culturally learned coping strategy and a mechanism for personal growth. Participants described resilience as an active and ongoing process that enabled them to navigate adversity while maintaining hope for improved circumstances. Their narratives suggest that endurance was not merely about surviving hardship but also about sustaining effort toward personal and professional transformation (see Watson & Hunter, 2015). Observing maternal figures and other influential women who modeled perseverance reinforced these beliefs, highlighting the intergenerational transmission of resilience within cultural and familial contexts.

At the same time, a notable shift occurred in participants' recognition of the importance of pausing and setting limits. The conceptualization of rest and boundary-setting as acts of strength rather than weakness represents a critical departure from traditional SBW cultural norms that valorize constant perseverance. Participants increasingly understood that sustained caregiving and professional responsibilities required intentional self-care practices, including rest, emotional reflection, and the willingness to seek support. These reframing positions self-preservation and aligns with previous literature as a form of resistance to cultural expectations that historically required Black women to endure without relief (see Bryant-Davis et al., 2017; Hook et al., 2016).

Finally, the integration of vulnerability into participants' evolving definitions of strength reflects a broader movement toward emotional authenticity and relational connection. Participants recognized that acknowledging their own needs and seeking help did not diminish their resilience but instead strengthened their capacity to cope effectively with stressors. This shift suggests that redefining strength to include vulnerability may serve as a critical pathway for healing, emotional development, and sustainable wellbeing. Collectively, these findings highlight the dynamic nature of strength within the SBW cultural convention, demonstrating how individuals can honor cultural resilience while simultaneously reshaping inherited narratives to support healthier and more balanced expressions of strength.

### *Endurance and Persistence*

The narratives around endurance and persistence illustrate that resilience among participants is both a culturally informed survival strategy and a forward-looking commitment to personal growth. Participants described sustaining effort despite adversity as a learned pattern, often modeled by maternal figures, that emphasized showing up consistently, even in the face of emotional and physical exhaustion. This endurance reflected a dual function: it served as a mechanism for survival within challenging circumstances while also signaling an aspirational drive toward better outcomes, demonstrating the interplay between historical, familial, and personal influences on coping.

An emergent theme within this endurance was the intentional practice of pausing, setting boundaries, and prioritizing self-care, actions participants reframed as essential rather than signs of weakness. This shift represents a psychological and cultural recalibration, challenging longstanding norms that valorize continuous perseverance without regard for personal needs. By integrating vulnerability and emotional authenticity into their evolving definitions of strength, participants demonstrated a reconceptualization of resilience as inclusive of self-awareness, help-seeking, and relational connection. This interpretation underscores the dynamic and multifaceted nature of strength in the SBW cultural convention, suggesting that true resilience encompasses both persistence and the courage to pause, reflect, and seek support when needed.

### **Faith as a Foundational Source of Strength and Resilience**

The data I collected support existing literature showing that spirituality and faith function as central organizing forces shaping participants' resilience, identity development, and emotional endurance, and identifying spirituality as a culturally embedded coping resource among BWCs. (see Chatters et al., 2014; Mattis, 2002). Interpreted through the lens of the SBW cultural convention, spirituality functioned not only as a sustaining resource but also as a culturally sanctioned mechanism for managing emotional distress. Prior literature suggests that faith traditions within Black communities have historically served as sites of collective resistance, meaning making, and psychological survival in the face of systemic oppression (see Avent-Harris, 2022; Avent-Harris et al., 2023; Collins, 2000; Taylor et al., 2004). Participants' narratives also align with this literature, illustrating how faith provided continuity, hope, and grounding during periods of instability while reinforcing expectations of endurance, perseverance, and internal fortitude (see Avent-Harris, 2022; Avent-Harris et al., 2023; Collins, 2000; Taylor et al., 2004).

Within the SBW cultural convention, spirituality has been described as a primary coping strategy that supports emotional survival while simultaneously shaping norms around emotional expression (Woods-Giscombé, 2010). Participants' reliance on prayer and spiritual practices as substitutes for interpersonal emotional disclosure mirrors findings that Black women often turn to private spiritual coping when vulnerability is perceived as unsafe or socially discouraged (see Avent-Harris et al., 2023; Mattis & Jagers, 2001). Prayer offered participants a culturally acceptable outlet for emotional

release that did not violate SBW expectations of composure and self-reliance. While this strategy has been shown to reduce distress and foster emotional containment, prior literature cautions that exclusive reliance on intrapersonal spiritual coping may limit opportunities for relational support and emotional processing (see Avent-Harris et al., 2023; Lewis et al., 2015). Participants' experiences reflect this tension, as spiritual coping provided comfort yet sometimes reinforced emotional suppression consistent with SBW cultural norms.

Tensions within religious socialization further complicated participants' emotional and spiritual development, echoing research on the restrictive emotional climates present in some faith communities (see Avent-Harris et al., 2023; Pargament et al., 2013). Participants' descriptions of religious messages that discouraged expressions of sadness, anger, or doubt align with SBW cultural conventions narratives that equate emotional struggle with weakness or moral failure (see Beauboeuf-Lafontant, 2007). I discovered how such environments may inadvertently foster internalized shame and hinder emotional awareness and regulation, core components of EI. Prior studies have similarly documented how religious incongruence or perceived hypocrisy within spiritual institutions can intensify disillusionment, identity fragmentation, and emotional distress among Black women (see Avent-Harris et al., 2023; Watson & Hunter, 2015). Participants' accounts extend this literature by highlighting how religious and SBW cultural conventions can intersect to silence emotional pain while maintaining an outward appearance of faith and strength.

Despite these challenges, participants' engagement in critical spiritual reflection reflects an important pattern of agency and resistance documented in emerging literature on spiritually integrated healing (see Avent-Harris, 2022; Avent-Harris et al., 2023; Collins, 2000; Taylor et al., 2004). By redefining faith to include emotional authenticity, participants enacted what scholars describe as spiritual reauthoring, a process through which individuals reclaim spirituality as a source of empowerment rather than constraint (see Mattis, 2002; Woods-Giscombé et al., 2022). Participants shared that reconnecting with ancestral wisdom served as a culturally affirming practice that allowed them to honor historical resilience while rejecting the notion that suffering must be endured silently. This ancestral grounding aligns with Afrocentric frameworks that emphasize wholeness, interconnectedness, and the integration of emotional, spiritual, and communal life (Nobles, 2013, 2006).

The participants' reinterpretation of spirituality facilitated growth in EI by fostering self-awareness, emotional acceptance, and integration of internal experiences. Participants' ability to "hold faith and feelings together" reflects an evolved conceptualization of strength that challenges traditional SBW and religious narratives separating emotional expression from spiritual devotion. Rather than abandoning faith, participants transformed it into a flexible, life affirming resource that supported holistic wellbeing. Collectively, these findings extend existing literature by illuminating spirituality as a dynamic and culturally embedded dimension of the SBW cultural convention, one that can function as both a protective factor and a barrier to emotional

expression (see Avent-Harris, 2022; Avent-Harris et al., 2023; Collins, 2000; Taylor et al., 2004).

For counseling practice, the data I collected reinforce calls for culturally responsive approaches that recognize the dual role of spirituality in Black women's emotional lives (see Bryant-Davis & Wong, 2013). Counseling and supervision spaces that respectfully explore faith, emotional expression, and cultural expectations can support EI development, spiritual integration, and healing centered care. By honoring spirituality while challenging narratives that equate silence with strength, clinicians can help BWCs integrate cultural pride, emotional authenticity, and spiritual meaning in ways that promote sustainable wellness. For BWCs and clients alike, spirituality can serve as both a protective factor and a potential barrier to emotional expression. Counseling approaches that acknowledge and respectfully explore this duality are essential in supporting EI development, spiritual integration, and culturally responsive healing.

### ***Spiritual Reflection***

The participants' reflections demonstrate that spirituality functions as both a source of empowerment and a culturally embedded framework for coping within the SBW cultural convention. Through critical spiritual reflection, participants reinterpreted inherited beliefs, integrating ancestral wisdom and personal faith to support emotional processing, identity affirmation, and holistic wellness. This process allowed participants to reconcile traditional expectations, such as endurance and emotional restraint rooted in religious teachings with their contemporary needs for vulnerability, self-expression, and therapeutic engagement.

However, findings also highlight the tension between spiritual reliance and help-seeking behaviors, as some participants described using prayer or faith practices as primary coping strategies, sometimes limiting emotional disclosure or delaying engagement with counseling. At the same time, spirituality served as a motivational and guiding force for their professional roles, with many perceiving their work as a divinely inspired calling, which reinforced their resilience and dedication. Collectively, these findings suggest that spirituality is a dynamic and multifaceted factor: it can provide strength, guidance, and identity affirmation while simultaneously shaping emotional expression, coping strategies, and the perceived relevance of professional mental health support.

### **Healing Through Therapeutic Engagement**

The data I collected illuminate that participants' engagement in counseling and psychotherapy functioned as a critical counter-space to the SBW cultural convention, which historically emphasizes emotional restraint, self-sacrifice, and unwavering strength. Consistent with emerging literature, therapy emerged not only as a mechanism for personal healing but also as a site of resistance against internalized expectations that discourage vulnerability and emotional expression (see Abrams et al., 2019; Woods-Giscombé et al., 2016). Participants' accounts of therapy as pivotal to emotional recovery and self-discovery reflect a disruption of SBW cultural convention norms that prioritize endurance over emotional processing, aligning with studies demonstrating that counseling can facilitate the unlearning of maladaptive coping strategies rooted in cultural scripts (see Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015).

Several participants entered therapy carrying unresolved familial trauma, relational wounds, and internalized beliefs that their emotional needs were secondary to those of others, mirroring literature on the psychological costs of SBW internalization, such as diminished help seeking and emotional suppression (see Donovan & West, 2015). Participants shared how therapy provided a structured, culturally corrective space in which these beliefs could be examined and reframed, allowing participants to challenge the notion that strength requires silence or emotional suppression. I observed how the participant's discoveries align with frameworks that conceptualize healing as a redefinition rather than abandonment of strength, one that integrates vulnerability, boundary setting, and support seeking as authentic expressions of resilience (see Abrams et al., 2019; Woods-Giscombé et al., 2022).

The recurrent finding of “permission to feel” was particularly salient, representing a profound departure from cultural messages equating vulnerability with weakness or failure. The SBW cultural convention expectation to “keep things in the family” and maintain a composed exterior often restricts emotional authenticity (Beauboeuf-Lafontant, 2007). The participants identified therapy's role as a space where emotions could be named, validated, and expressed without fear of judgment facilitated participants' cultivation of self-compassion and emotional congruence. This shift reflects an expansion of EI, especially in domains of emotional awareness and expression, which had previously been constrained by SBW cultural convention (see Goleman, 1995; Mayer, Salovey, & Caruso, 2004).

Similarly, participants' redefinition of self-care within the context of SBW cultural convention expectations marked a meaningful renegotiation of a cultural script that frames chronic caretaking and self-neglect as moral obligations and measures of worth (Woods-Giscombé, 2010). Interpreted through an EI lens, this reorientation reflects enhanced self-regulation, boundary setting, and emotional responsibility. Participants' acknowledgment of burnout, illness, and emotional depletion echoes literature documenting the psychological toll of prolonged adherence to SBW cultural convention expectations and underscores the necessity of self-care for sustainable wellness and professional functioning (see Donovan & West, 2015; Watson & Hunter, 2015).

The development of emotional mapping and self-awareness further illustrates participants' movement away from SBW driven emotional suppression. Many participants described lifelong patterns of minimizing or disconnecting from their emotions to remain functional and dependable, consistent with prior findings on SBW related emotional containment (see Beauboeuf-Lafontant, 2009). I discovered how therapy facilitated deeper exploration of emotional origins, bodily responses, and relational patterns, enhancing emotional literacy and enabling intentional emotional engagement rather than avoidance. This growth aligns with core EI competencies such as self-awareness and emotional regulation (see Salovey & Mayer, 1990).

Courage and transformation emerged as central elements of participants' therapeutic journeys, particularly in relation to the SBW cultural convention narratives of strength. Participants reframed courage not solely as endurance but as the willingness to confront pain, embrace vulnerability, and seek support, challenging dominant SBW

messaging that equates strength with emotional invulnerability (Jordan, 2017). Their reinterpretations position emotional engagement as an act of strength and suggest that resilience becomes more adaptive and sustainable when paired with emotional insight and social support (Woods-Giscombé et al., 2022).

Finally, participants' emphasis on professional boundaries and countertransference reflects the intersection of SBW internalization and counselor identity. The SBW cultural convention often encourages emotional overextension and blurred relational boundaries, increasing vulnerability to countertransference in clinical work (Abrams et al., 2014). Engagement in personal therapy, supervision, and mentorship enhanced participants' ability to recognize triggers and maintain ethical boundaries, underscoring the importance of addressing SBW related internalized beliefs within counselor training and supervision (Bryant-Davis & Wong, 2013).

Together, the data I collected suggest that therapy plays a crucial role in helping BWCs dismantle restrictive SBW cultural narratives, develop EI, and cultivate healthier relationships with themselves and others. By providing space for emotional authenticity, self-compassion, and reflection, therapy supports both personal healing and professional integrity, the participants shared that they felt "free to just be." These results affirm call for culturally responsive counseling practices that acknowledge the enduring impact of the SBW cultural convention while affirming vulnerability, emotional expression, and holistic wellbeing as integral components of strength.

### ***Permission***

The duality of presenting a strong public façade while privately experiencing distress reflects the core tension of the SBW cultural convention (West, 2008).

Participants' narratives of managing the split between public composure and private vulnerability aligning with studies identifying this duality as a source of psychological strain and stigma around emotional expression (see Beauboeuf-Lafontant, 2009; Watson & Hunter, 2015). Participants express the normalization of psychological distress denial within familial and cultural systems often delays recognition of mental health needs and inhibits engagement with support, reinforcing cycles of silence and isolation.

Importantly, participants' growing awareness and critical reflection mark an emergent shift in the relationship to the SBW cultural convention script. Several described moments of crisis or relational safety as catalysts for vulnerability and the beginning of redefining strength beyond emotional invisibility. This evolving conceptualization parallels recent literature that frames resilience not merely as endurance but as encompassing self-compassion emotional honesty, and strategic help seeking (see Jordan, 2017; Woods-Giscombé et al., 2022). I noticed that these shifts indicate participants' development of greater EI and agency in negotiating cultural expectations with personal wellbeing.

### **The Negative Side of Help Seeking**

The data I collected illustrate how participants' persistent reliance on self was not merely an individual coping preference, but a culturally reinforced pattern deeply embedded within the SBW cultural convention. This aligns with extensive literature

describing self-sufficiency as a central tenet of the SBW schema, wherein Black women are socialized to embody strength through independence and emotional containment as both a moral and relational obligation (see Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010). Participants' internalization of self-reliance as a marker of strength and responsibility echoes prior studies demonstrating that help seeking is often perceived as vulnerability or weakness within this cultural framework (see Donovan & West, 2015; Harrington et al., 2010). The moral imperative to endure silently, coupled with fears of burdening others, reflects culturally transmitted narratives that prioritize caretaking and emotional endurance, even to the detriment of personal wellbeing (Watson & Hunter, 2015). This internalization not only preserves dignity and autonomy but also functions as a significant barrier to disclosing emotional struggles and accessing mental health support.

Spiritual coping emerged prominently as a culturally sanctioned substitute for emotional dialogue, particularly within familial contexts emphasizing faith-based resilience. Participants' reliance on prayer and spiritual practices as primary coping strategies aligns with literature recognizing spirituality as a foundational pillar in Black women's resilience (see Avent-Harris, 2022; Avent-Harris et al., 2023; Collins, 2000; Mattis, 2002; Taylor et al., 2004). However, consistent with Woods-Giscombé's (2010) and Avent-Harris et al (2023) analysis of the SBW cultural convention, spirituality simultaneously operated as an emotional bypass, offering comfort and meaning while discouraging open emotional expression and external help seeking. Participants' framing of therapy as unnecessary or incongruent with faith-based values reflects documented

skepticism toward mental health services in Black communities, often rooted in distrust of culturally misaligned providers and concerns about confidentiality within the family system (see Bryant-Davis & Wong, 2013; Thompson et al., 2017). These dynamics perpetuate SBW narratives that valorize endurance and internal resolution over intervention and relational support.

### ***Guilt and Shame***

The data I collected further highlight cognitive processing of emotions as a distancing strategy consistent with SBW cultural conventions expectations of composure and control. Participants' prioritization of logic, reasoning, and problem solving over experiential emotional engagement echoes prior research documenting intellectualization as a common emotional regulation tactic within this cultural context (see Beauboeuf-Lafontant, 2009; Gross & Thompson, 2007). I learned that while such strategies facilitate maintaining outward composure, they often contribute to emotional disconnection and hinder the development of EI capacities essential for adaptive coping and relational intimacy.

### ***Cultural and Historical Norms***

Distrust of mental health services emerged as a substantial barrier to help seeking, shaped by both individual experiences and collective historical trauma. Participants' concerns about provider cultural insensitivity and fears of misjudgment resonate with literature emphasizing the lasting impact of systemic oppression and medical mistrust on Black women's engagement with mental health care (see Hankerson et al., 2015; Snowden, 2012). I derived that the participant's knowledge of the legacy of slavery,

discrimination, and exploitation has fostered a cultural wariness that frames help seeking as potentially unsafe, threatening personal and communal identity. Within the context of the data I collected, emotional self-reliance is understood not simply as personal preference but as a survival strategy forged through historical necessity.

When considered together, these findings underscore the complex interplay between cultural resilience and psychological risk inherent within the SBW cultural convention. While self-reliance, spirituality, and emotional control have historically served as adaptive responses to systemic oppression, they simultaneously pose significant challenges to emotional health and therapeutic engagement in contemporary contexts. This duality highlights the need for culturally responsive counseling approaches that honor cultural strengths while gently challenging narratives that equate help seeking with weakness, supporting Black women in cultivating sustainable wellness.

### **Professional Identity Development: Navigating Complex Vocational Journeys**

A salient theme in participants' narratives was the experience of "white spaces," where BWCs frequently find themselves isolated as the sole person of color, necessitating code-switching as a protective and survival strategy. This phenomenon corroborates findings from Black feminist literature on double consciousness and identity negotiation, as originally theorized by Du Bois (1903) and extended by Collins (2000). Such research underscores how Black women must engage in constant self-monitoring and emotional labor to navigate intersecting racialized and gendered stereotypes within professional contexts (Settles et al., 2019; Thomas et al., 2020). The emotional toll of maintaining performative identities in these spaces echoes previous studies highlighting

the psychological costs of code-switching and invisibility pressures (Jones & Shorter-Gooden, 2003; West et al., 2016).

The burden of representation and emotional labor described by participants parallels literature documenting the “tokenism” and heightened scrutiny faced by Black women in leadership and visible roles (see Settles et al., 2020; Thomas et al., 2021). This pressure to prove competence under systemic barriers contributes to professional isolation and stress, reinforcing documented challenges of navigating predominantly White institutions (Jones et al., 2020). Despite these obstacles, participants’ acknowledgment of counseling as a site of personal healing and identity integration is consistent with findings that professional roles can facilitate growth in emotional maturity, self-awareness, and relational authenticity (see Bryant-Davis et al., 2016; Woods-Giscombé et al., 2016).

Spirituality as a foundational influence for becoming a counselor that was shared by many participants, allowed me to see the effects spirituality can have on professional identity. This insight also resonates with prior research that highlights the integral role of faith and divine calling in motivating BWC and professionals (see Mattis, 2002). Participants’ simultaneous skepticism toward institutional authority and historical marginalization reflects the complex interplay between spiritual empowerment and critical consciousness, a dynamic recognized in culturally responsive counseling literature (Bryant-Davis & Ocampo, 2005; Watson & Hunter, 2015).

### *Professional Communities, Roles and Development*

The importance of professional community and mentorship emerged as a critical counterbalance to code-switching and navigating “white spaces” challenges, aligning with literature emphasizing the role of culturally congruent support networks in fostering resilience, validation, and professional sustainability for Black women (see Brown et al., 2021). Participants’ emphasis on “paying it forward” reflects a collective ethos rooted in Black feminist thought, which situates individual success within communal advancement and legacy building (Collins, 2000). Career flexibility, support and advocacy as intentional strategies further mirror documented approaches to navigating systemic barriers while sustaining professional authenticity and self-care (see Arnold et al., 2021).

The data I collected noted how participants experienced professional identity development as a fluid and evolving journey, deeply intertwined with their personal histories and the broader systemic challenges of navigating predominantly White professional environments. This aligns with existing literature that characterizes Black women’s career trajectories as nonlinear, marked by resilience, adaptability, and the need to negotiate obstacles related to race, gender, and cultural identity (see Lewis et al., 2017; Settles et al., 2019). Kelli’s reflection on multiple career pivots reflects the broader core idea of perseverance amid unpredictability, a pattern documented in studies exploring Black women’s career resilience within oppressive structures (see Jones et al., 2020; Shelton et al., 2017).

Jointly, the data I collected illuminate the complex processes by which BWC construct and negotiate professional identities amidst systemic and cultural challenges.

Their narratives reveal not only resilience and agency but also the critical need for culturally responsive mentorship, support systems, and organizational change that honor both their professional contributions and personal humanity (Brown et al., 2021; Patton et al., 2016). This study contributes to expanding the literature on Black women's professional development (see Brown et al., 2021; Patton et al., 2016) by foregrounding the emotional labor, spiritual grounding, and communal ethos that shape their journeys within counseling and mental health fields.

### **EI and Self-Awareness in the Context of Cultural Strength Norms**

The data I collected reveals a nuanced and complex interplay between the development of EI and the culturally ingrained norms of strength embedded in the SBW cultural convention. Consistent with prior research, participants described delayed or constrained EI growth stemming from limited emotional modeling and a restricted emotional vocabulary within their formative environments (see Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015). The absence of open emotional discourse, where vulnerability was discouraged and emotions were masked through stoicism or anger, reflects the cultural scripts that equate emotional expression with weakness, a core feature of SBW norms (Abrams et al., 2019; Woods-Giscombé, 2010). Ashley's and Megan's reflections on emotional silencing align with literature documenting how such environments limit emotional literacy, complicating the ability to identify, label, and regulate complex affective states (see Barksdale & Molock, 2009).

### *Mask Wearing*

As I mentioned previously, while participants acknowledged strength as a source of competence, ambition and cultural responsibility, they also described emotional invisibility and “mask wearing.” The “mask wearing” closely aligns with SBW cultural convention that equate emotional exposure with weakness and reinforce stoicism as a marker of respectability, resilience, and moral worth (Beauboeuf-Lafontant, 2007). The manifestation of anger and isolation as “masked pain” resonates with studies that characterize emotional guardedness among Black women as a protective response to culturally mandated strength and endurance (see Beauboeuf-Lafontant, 2007; Woods-Giscombé & Lobel, 2008). Participants’ descriptions of anger veiling vulnerability mirror findings by Lewis et al. (2017) and Hall & Fields (2013), who note how anger functions both as a socially sanctioned outlet and a barrier to authentic emotional expression within Black communities. These dynamic underscores the emotional complexity and tension involved in balancing internal distress with externally imposed ideals of stoic perseverance.

The data I collected indicate that emotional suppression functioned as both an adaptive coping strategy and a culturally reinforced expectation among participants, consistent with extensive literature on the SBW cultural convention. Within this context, and consistent with previous literature, I derived that emotional restraint is internalized as essential to strength, survival, and maintain respectability (see Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010). Participants’ early socialization around emotional containment echoes prior research showing that Black women learn to manage

expressions of pain, vulnerability, and need cautiously, due to relational and social risks including judgment, rejection, and stereotype confirmation (see Thomas et al., 2009; Watson & Hunter, 2015). The intergenerational transmission of stoicism, modeled by caregivers who managed distress silently, reinforces the cultural script that emotional endurance supersedes disclosure, reflecting a survival strategy rooted in historical and systemic marginalization and mask wearing (Collins, 2000).

I discovered that within the SBW cultural convention, mask wearing serves to uphold composure, protect relational harmony, and conform to familial and cultural expectations, yet this protective function often shifts toward restrictive control that prioritizes silence and concealment over emotional processing (Beauboeuf-Lafontant, 2009). Participants share while such strategies enable functioning in invalidating or unsafe environments, they can simultaneously hinder emotional awareness and diminish opportunities for authentic relational support. These patterns align with findings that SBW internalization correlates with chronic emotional suppression and reduced relational safety, contributing to psychological distress and isolation (see Donovan & West, 2015; Harrington et al., 2010).

Secrecy and silence further emerged as culturally sanctioned mechanisms for managing vulnerability, particularly within racialized and professional contexts where Black women navigate the risk of confirming negative stereotypes such as the “angry Black woman” (West, 2008). Within this intersection, I discovered how silence operates as a form of self-protection that reflects the complex interplay of race, gender, and emotional safety (Crenshaw, 1989). Participants’ prioritization of cognitive processing

over experiential feeling, characterized as “logic as safety,” resonates with literature describing intellectualization as an emotional regulation strategy that allows control over affective intensity but may delay emotional processing and reduce emotional literacy (see Gross & Thompson, 2007). From an EI perspective, I derived that such reliance on intellectualization suggests constraints in emotional identification and expression, foundational capacities for adaptive regulation and relational connection.

Collectively, the data I collected elucidate the dual function of mask wearing and emotional suppression within the SBW cultural conventions, a historically adaptive survival strategy and a contemporary barrier to emotional wellbeing. Participants’ efforts to reclaim emotional expression represent a transformative process that honors cultural resilience while promoting psychological integration and sustainable wellness. My insights underscore the critical need for culturally responsive counseling approaches that validate protective emotional strategies while fostering the development of emotional literacy, authentic expression, and relational safety for Black women.

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

A central subtheme in the data I collected is the redefinition of strength from a fixed, unyielding trait toward a dynamic construct inclusive of vulnerability, self-care, and wellness, a conceptual shift documented in emerging SBW scholarship (see Abrams et al., 2019; Woods-Giscombé, 2010). These reframing challenges traditional SBW cultural conventions that demand relentless resilience without rest, highlighting the psychological and physiological toll of maintaining a “24/7” façade of strength (Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015). Deborah’s and Kelli’s accounts

of burnout reinforce studies linking rigid adherence to SBW norms with emotional exhaustion and professional fatigue (Hall & Fields, 2013; Woods-Giscombé et al., 2016).

I noticed how therapeutic engagement emerged as a pivotal catalyst for EI development and self-awareness, offering validating spaces that challenge internalized SBW narratives equating vulnerability with weakness (Abrams et al., 2019; Watson & Hunter, 2015). Participants' experiences of expanding emotional vocabulary, self-awareness, and acceptance through counseling align with research emphasizing the transformative potential of psychotherapy in disrupting maladaptive coping rooted in cultural scripts (see Bryant-Davis & Ocampo, 2005; Woods-Giscombé et al., 2016). Hannah's and Megan's testimonies illustrate how therapeutic spaces facilitate the reclaiming of emotional openness, a key dimension of EI, fostering self-regulation and relational authenticity (Brackett et al., 2006).

Participants' recognition of internalized cultural expectations to endure without complaint highlights the pervasive influence of familial and communal narratives in shaping emotional behavior. The normalization of secrecy around "family business" reinforces the SBW cultural convention ideal of self-contained resilience and perpetuates isolation and internal conflict (Beauboeuf-Lafontant, 2007). However, participants' growing awareness and critical reflection marked a pivotal shift toward emotional agency. Their active challenge of these internalized norms, through processes of reflection, unlearning, and redefinition, aligns with emerging literature on resistance to restrictive cultural scripts and the cultivation of authentic emotional expression (see Woods-Giscombé et al., 2022). This transformation reflects enhanced EI, particularly in

self-awareness and emotional acceptance, and signifies movement toward strength conceptualized as authenticity rather than emotional invisibility.

Importantly, the data I collected emphasize the critical role of safe and validating environments in nurturing EI growth. When participants encountered culturally responsive spaces that embraced emotional expression without judgment, they demonstrated improved emotional regulation and empathic capacity, underscoring that emotional development is deeply relational and context dependent (Miller & Stiver, 1997). This supports calls in counseling literature for culturally affirming interventions that create therapeutic safety to facilitate emotional healing and resilience among Black women (Watson & Hunter, 2015; Woods-Giscombé et al., 2016).

When considered together, my insights illuminate the intricate ways in which SBW cultural conventions shape emotional development, both constraining and fostering resilience. The transformative potential of therapeutic and supportive contexts enables Black women to reclaim a more holistic and sustainable conception of strength, one that integrates emotional authenticity, self-awareness, and wellness, thereby advancing both EI and culturally grounded resilience (Abrams et al., 2019; Woods-Giscombé, 2010).

### **Limitations of the Study**

While my study provided valuable and in-depth insights, I must acknowledge several limitations. The sample was composed exclusively of Black, female, college educated, and licensed counselors. This homogeneity was intentional and aligned with the study's inclusion criteria and shaped by my professional background and access within the counseling field. While participants offered thoughtful reflections and

expressed empathy for other marginalized groups who may also contend with culturally embedded expectations affecting their personal and professional identities, it is important to recognize that culture as an organizing principle of identity may not resonate similarly for individuals from majority or differing cultural backgrounds. Notably, I did not include the perspectives of women of color from other ethnic or cultural groups, such as those who identify as Brown, African, African American or with those from different regional identities such as Caribbean, nor did it account for varied educational environments such as educated at a predominately white institution or a historically black institution. These unrepresented perspectives may have influenced both the participants' experiences and my interpretation of those experiences.

The bracketing process of the transcendental phenomenological process requires that I consider my fore conceptions to the phenomenon in question (Giorgi, 2009). Additionally, my inhabited positionality may have shaped the description of participants' experiences in ways that could differ in meaning or significance for a researcher from a different cultural background. Although I bring professional familiarity with Black women and BWC through my work as a licensed professional counselor, I do not personally experience the world through the lens of the specific traumas that impacted their EI that some participants associated with the SBW cultural convention. This positional difference may have influenced how I described their lived experiences. Additionally, the scope of the study presents a limitation, as it focused on a specific subset of participants within a particular professional and cultural context, which may not fully capture the broader range of experiences related to the SBW cultural convention.

Although prior research has highlighted the importance of examining Black women, BWC, EI, and the SBW cultural convention as distinct constructs, such an in depth, individual exploration was beyond the scope of this study. Furthermore, my study did not investigate each construct in isolation or as a separate silo but rather considered their interrelated influence on the participants lived experiences.

### **Evidence of Trustworthiness**

Ravitch and Carl (2021) highlighted that the absence of quantitative data and the inherently active role of the researcher in qualitative inquiry can pose challenges to establish trustworthiness. In response, intentional and systematic strategies were implemented to strengthen my study's trustworthiness across transferability. The sample consisted of a relatively small group of BWC who self-selected into the study and met specific inclusion criteria. While this purposive sampling approach is appropriate for qualitative research and aligns with my study's exploratory aims, it limits the transferability of findings to broader populations. The experiences described may not fully represent the diversity of BWC across geographic regions, theoretical orientations, career stages, or intersecting identities such as socioeconomic status, sexual orientation, or disability. Additionally, participants were individuals who had already engaged in reflective processes related to emotional development and professional identity, which may have influenced the depth of insight shared. Those who are less reflective or less connected to therapeutic or professional support networks may experience the SBW cultural convention differently.

### **Self-Report and Retrospective Narratives**

My study relied on self-reported narratives, which are inherently subject to recall bias and retrospective interpretation. Participants' reflections on childhood, intergenerational dynamics, and emotional development were shaped by their current perspectives, professional training, and therapeutic experiences. As such, narratives may reflect meaning making processes rather than objective accounts of past events. However, within qualitative inquiry, these subjective descriptions are considered meaningful data, as they reveal how participants understand and construct their lived experiences.

### **Researcher Positionality and Interpretive Lens**

As with all qualitative research, the findings were shaped by my positionality, theoretical orientation, and interpretive lens. Although reflexive practices were employed to minimize bias, complete neutrality is neither possible nor desired in qualitative inquiry. The shared cultural and professional identity between myself and the participants may have enhanced rapport and depth of disclosure, while also introducing the possibility of shared assumptions influencing interpretation.

### **Methodological Scope**

My study focused exclusively on licensed counselors (e.g., LPCs, LCPCs, LMFTs), intentionally excluding other mental health professionals such as psychologists, psychiatrists, and social workers. While this focus strengthened conceptual coherence, it limits comparisons across professional disciplines. Additionally, my study's cross-sectional design captured participants' experiences at a single point in time, restricting insight into how EI and conceptualizations of strength evolve longitudinally.

## **Recommendations**

Building on the findings and limitations of this study, I provided several recommendations for future research. I propose these recommendations to expand understanding of the SBW cultural convention, BWCs, EI, and counselor development.

### **Expanding Participant Populations**

Future studies should include a broader range of mental health professionals, such as psychologists, social workers, and psychiatrists, to explore whether and how SBW cultural conventions manifest differently across disciplines. Research involving Black women at earlier stages of professional development, including counseling students and pre-licensed clinicians, may provide insight into when and how cultural strength norms begin to shape emotional regulation and professional identity. Additionally, examining the role of mentorship, supervision, and professional support could help identify protective factors that buffer against the potentially negative effects of internalized strength expectations among BWCs across professional settings. Investigating these factors may inform strategies to enhance EI, self-care, and sustainable resilience while navigating culturally prescribed expectations of strength.

### **Longitudinal and Developmental Approaches**

Longitudinal research designs could examine how EI help seeking behaviors, and definitions of strength shift over time, particularly in response to therapy, supervision, or professional milestones. Such designs would offer valuable insight into the developmental trajectories of BWC and the sustainability of redefined strength models. These studies could also explore how personal and professional experiences interact with

cultural norms to influence coping strategies, emotional regulation, and boundary setting over the lifespan. Additionally, examining the long-term impact of mentorship and professional support could highlight mechanisms that promote development, resilience and emotional wellbeing. Finally, longitudinal approaches may identify critical periods when interventions or support systems are most effective in fostering adaptive EI and sustainable strength.

### **Intersectional and Comparative Studies**

Future research should more explicitly examine intersectionality, including the influence of gender identity, sexuality, class, and religious affiliation on experiences of strength and emotional expression. Comparative studies involving other culturally specific strength frameworks may further illuminate shared and distinct patterns of emotional regulation across marginalized groups. Such research could help identify unique protective factors and stressors that influence EI and coping strategies within diverse cultural contexts. Additionally, exploring these intersections may inform culturally responsive interventions tailored to the specific needs of different subgroups. Finally, these studies could contribute to a more nuanced understanding of how cultural, social, and structural factors collectively shape the development of resilience and professional identity.

### **Intervention and Training-Focused Research**

Empirical studies evaluating culturally responsive interventions aimed at enhancing EI among Black women clients and clinicians are warranted. Research examining the effectiveness of counselor education curricula, supervision models, and

wellness interventions that explicitly address SBW norms would contribute meaningfully to training and practice. Future investigations could assess how integrating discussions of culturally specific strength norms into professional development impacts self-awareness, emotional regulation, and help seeking behaviors. Additionally, studies could evaluate the role of reflective practices, mentorship, and peer support in mitigating the potential negative effects of internalized strength expectations. Such research would provide evidence based guidance for designing interventions that promote sustainable resilience, emotional wellbeing, and culturally competent practice among Black women in mental health professions.

### **Quantitative and Mixed-Methods Research**

While this qualitative study provides depth and nuance, quantitative or mixed methods research could examine relationships among SBW cultural convention, EI, burnout, and help seeking behaviors on a larger scale. Such studies could enhance generalizability and support the development of evidence-based interventions. Future research could employ validated measures of EI, resilience, and culturally specific strength constructs to identify patterns and predictive factors across diverse populations. Additionally, longitudinal quantitative designs could track changes over time, revealing how professional experiences and personal development influence the interplay between SBW norms and emotional wellbeing. Integrating mixed methods approaches would allow researchers to contextualize statistical findings with rich qualitative insights, providing a comprehensive understanding of how cultural strength norms affect both personal and professional functioning.

## **Terminology**

Although my study employed the term *SBW cultural convention* to conceptualize participants shared experiences, it is important to acknowledge that not all Black women may identify with or resonate with this terminology. For some individuals, the expectations commonly associated with the SBW framework may be understood instead as a norm, identity, role, persona, or set of internalized beliefs rather than a culturally defined convention. The language used to describe these expectations may influence participants' willingness to engage, self-identify, and disclose personal experiences.

Future research may benefit from utilizing alternative conceptual labels, such as *SBW schema*, *SBW identity endorsement*, *strength norm internalization*, or *strength-based persona*, to explore how Black women interpret and negotiate expectations of strength across diverse contexts. Employing varied terminology may facilitate deeper engagement, reduce potential resistance to the SBW label, and capture a broader range of lived experiences. Additionally, comparative studies examining how different conceptual framings shape meaning-making, emotional expression, and help seeking behaviors could further refine theoretical understanding of strength socialization among Black women. Such methodological flexibility may enhance cultural responsiveness and increase the inclusivity and depth of future qualitative inquiry.

## **Implications**

The results of my study highlight the critical need for enhancing EI assessments, counselor competencies, educational curricula, and training initiatives to effectively promote positive social change within the counseling profession. My research highlights

the critical importance of understanding the SBW cultural convention and its pervasive impact on the lives of BWC. Specifically, my study demonstrates that simply avoiding subtle signs of questionable EI or overlooking the traumas linked to cultural conventions is inadequate for fostering meaningful healing and development within this population. My study presents a foundational call to action for the counseling profession to advance training and educational practices. Counselor education programs must deepen their commitment to cultural competency by equipping future counselors to navigate the complex interplay of identity, cultural conventions, and EI. Emphasis should be placed on fostering a comprehensive understanding of the pervasive impact of the SBW cultural convention on Black women. My research offers valuable insights for novice residents and counselors aiming to expand their client base, by enhancing their understanding of the distinct stressors and challenges experienced by Black women. In clinical practice, my study highlights the imperative for the counseling profession to effectively address cultural pressures and societal expectations, while also equipping counselors to engage in nuanced discussions of intersectional identities, ultimately promoting more comprehensive client wellness. By incorporating these insights into counselor education and clinical practice, the counseling profession can more effectively support Black women by ensuring their unique experiences and needs are recognized, validated, and addressed through comprehensive and culturally responsive care.

Husserl's (1999) descriptive phenomenology served as a rigorous methodological framework in my study, facilitating an in-depth exploration of the lived experiences of BWC, the SBW cultural convention, and EI. This approach facilitated a comprehensive

examination of participants lived experiences by identifying and analyzing emergent themes through a descriptive and systematic engagement with the data. Through adherence to the principles of transcendental phenomenological inquiry, my study utilized my prior familiarity with the phenomenon and clinical interest as a foundation for facilitating a collaborative and descriptive exploration of participants lived experiences. This approach enabled a nuanced articulation of both individual and shared experiences, wherein insights from one participant served to illuminate and deepen the understanding of others (Smith et al., 2022). Consequently, my study offers a credible and meaningful contribution to the existing body of literature on Black women, BWC' EI and the SBW cultural convention, providing a comprehensive understanding of participants lived experiences. My study highlights the value of utilizing a transcendental phenomenological framework to deepen the understanding of complex human experiences and to strengthen the trustworthiness and rigor of qualitative research.

### **Conclusion**

This qualitative study explored how the SBW cultural convention shapes EI, identity development, help seeking behaviors, and professional formation among BWC. Through in-depth participant narratives, the data I collected illuminate the complex and intergenerational processes through which culturally embedded norms of strength are learned, embodied, challenged, and ultimately redefined. Participants' stories revealed that strength is not an individual attribute developed in isolation, but a relational and intergenerational construct transmitted through family modeling, cultural heritage, faith traditions, and community expectations. While these norms foster resilience,

perseverance, and survival, they also carry emotional costs, including emotional suppression, hyper independence, over responsibility, and delayed help seeking. The data I collected underscores the dual nature of the SBW cultural convention as both a protective cultural asset and a potential risk factor for emotional burnout and diminished EI development.

My results further demonstrate that EI among participants was shaped within environments that often discouraged emotional expression and limited emotional vocabulary. Participants described navigating early emotional socialization characterized by silence, stoicism, and cognitive coping, which constrained emotional awareness and regulation. Therapy emerged as a critical site of transformation, providing safety, validation, and permission to feel. Through therapeutic engagement, participants expanded their emotional literacy, redefined vulnerability as strength, and cultivated greater self-awareness and self-compassion.

Faith and spirituality were also central to participants' experiences of resilience, functioning as both sources of grounding and, at times, mechanisms of emotional avoidance. Participants' journeys toward critical spiritual reflection and ancestral grounding highlight the importance of integrating spirituality in ways that support emotional authenticity rather than suppression. The data I collected contributes to a more nuanced understanding of spiritual coping within culturally responsive counseling frameworks. Professional identity development was deeply intertwined with participants' personal healing processes. Navigating predominantly White professional spaces, representation burden, and the emotional labor of code-switching required sustained

resilience and adaptability. Participants' vocational journeys reflected a commitment to advocacy, mentorship, and community care, while also revealing the need for professional spaces where BWC can release the expectation of unyielding strength and attend to their own emotional wellbeing.

Importantly, participants described a profound shift in their conceptualization of strength, from a rigid expectation of silent endurance to a multifaceted and sustainable experience inclusive of vulnerability, boundaries, rest, and emotional honesty. This redefinition represents a critical psychological and cultural transformation that challenges dominant narratives of strength and expands possibilities for emotional freedom and wellness. Collectively, the data I collected extend existing literature on the SBW cultural convention by centering the voices of BWC and explicitly linking cultural strength norms to EI development. My study highlights the necessity of culturally responsive counseling practices, education, and supervision that honor resilience while addressing its emotional costs. By reframing strength as adaptive, relational, and emotionally inclusive, counselors and counselor educators can better support Black women in cultivating sustainable wellbeing and authentic self-expression.

In conclusion, my study affirms that healing and growth do not require the abandonment of cultural strength, but rather its transformation. When EI is nurtured within culturally affirming and emotionally safe contexts, strength becomes not a burden to carry alone, but a dynamic resource that supports connection, authenticity, and collective resilience.

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## Appendix A: Email Invitation

### **Subject line:**

Interviewing Black women licensed professional counselors.

### **Email message:**

There is a new study about *the lived experiences of Black women counselors (BWC) as they relate to the strong Black woman (SBW) cultural convention, and potential impacts to their emotional intelligence (EI)*. For this study, you are invited to describe your experiences with the SBW cultural convention and the extent to which, if any, this cultural convention influenced your EI.

### **About the study:**

- One 60minute face to face audio recorded Zoom interview
- To protect your privacy, the published research will not share any names or details that identify you.

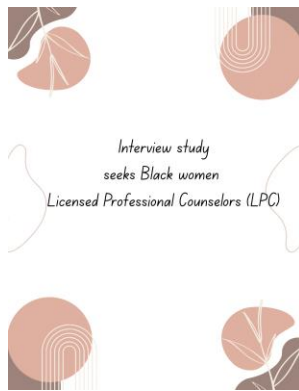
### **Volunteers must meet these requirements:**

- Licensed professional counselors
- English speaking
- assigned female at birth (AFAB)
- currently, self identify as a female gender identity
- Understand than SBW cultural convention and feels it has impacted their EI.

This interview is part of Pranati Walker's doctoral study as a Ph.D. student at Walden University. Interviews will take place in Fall and Winter 2025.

Please email [Pranati.Walker@waldenu.edu](mailto:Pranati.Walker@waldenu.edu) if you are interested in participating. Please forward it to others who might be interested.

## Appendix B: Social Media Invitation



There is a new study about the experiences of Black women licensed professional counselors (BWC) who understand the Strong Black Woman (SBW) cultural convention and the potential impact on their emotional intelligence. This study could help provide insight to help improve the professional practices of all counselors, counselor educators, and supervisors. For this study, you are invited to describe your experiences with the SBW cultural convention and whether it has had an impact on your emotional intelligence.

### **About the study:**

- One 45-60minute audio recorded Zoom interview
- To protect your privacy, the published research will not share any names or details that identify you.

### **Volunteers must meet these requirements:**

- Licensed professional counselors,
- English speaking,
- assigned female at birth (AFAB), and
- currently, self identify as a female gender identity

This interview is part of the doctoral study for Pranati Walker, a Ph.D. student at Walden University. Interviews will begin in Fall 2025.

Please email Pranati Walker at [pranati.walker@waldenu.edu](mailto:pranati.walker@waldenu.edu) if you are interested in participating this study.

## Appendix C: Flyer

**The qualitative study seeks Black women who are licensed professional counselors.**

There is a new study seeking to describe the lived experiences and impact of the Strong Black Woman cultural convention on the emotional intelligence of Black women counselors. The insight gained could benefit society by providing insight to help improve the professional practices of all counselors, counselor educators, and supervisors, and emotional intelligence. The study also seeks to promote greater self-awareness among Black women counselors regarding the potential impact of cultural expectations within their professional lives. For this study, you are invited to describe your experiences with the SBW cultural convention and any influence SBW has had on your emotional intelligence.

**About the study:**

- One 60minute audio recorded Zoom or face to face interview
- To protect your privacy, the published study will not share any names or details that identify you

**Participants must meet these requirements:**

- Licensed professional counselors,
- English speaking,
- assigned female at birth (AFAB), and
- currently self-identify as a female gender identity
- Understand than SBW cultural convention and feels it has impacted their EI.

This interview is part of the doctoral study for Pranati Walker, a doctoral student at Walden University. Interviews will take place in Fall and Winter 2025.

**To confidentially volunteer, contact the researcher:**

**Pranati Walker**

**(804) 5561530 or [Pranati.walker@waldenu.edu](mailto:Pranati.walker@waldenu.edu)**

## Appendix D: Interview Questions

1. Please tell me about how you grew up. Think of it like a story with a beginning and end, where the beginning of the story includes important family members and friends as well as the environment, family traditions, beliefs, and values and the end is your decision to become a counselor.
  - a. What lessons and challenges shaped your current beliefs and values.
  - b. What unspoken family rules or values shaped how you view the world?
  - c. What traditions do you still carry on today? Please describe the importance or relevance of these traditions.
  - d. What specific experiences growing up shaped how you perceive strength in Black women?
2. What does the phrase “Strong Black Woman” mean to you personally?
3. What were you told about being a SBW?
4. In what ways do you think your family’s views or expectations about the strength of Black women have influenced how you see yourself or navigate challenges?
5. How has the strength of Black women throughout history shaped your own understanding of power and resilience?
6. In what ways has being a Strong Black woman shaped your approach to dealing with adversity?

7. In your experience, how has the SBW cultural convention influenced your personal emotional intelligence?