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The Strong Black Woman's Perceptions of Self-Care Engagement

Abstract

The purpose of this qualitative phenomenological study was to identify self-care knowledge, perceptions, and behaviors of Strong Black Women (SBW) executives with graduate degrees. Stress has substantial damaging impact on health, and it may cause some of the disproportionately high rates of adverse health conditions that Black women experience. Neglect or postponement of self-care has been identified as a contributing factor to SBW's health disparities. This study sought to identify the factors that limit self-care and those that may lead to engagement, enhanced self-care, and improved health for Black women. The study population consisted of Strong Black Women, between the ages of 40 and 60, with at least a master's degree, and who were employed full-time in an executive or professional position at the time of the study. Using data from personal interviews with 10 Black women who self-identified with the superwoman schema, five themes emerged. The themes were: spirituality, physical being, intentionality, expectations of self and others, and support. The overlapping answers to the research questions concluded that for the participants of this study, self-care is individualized. Findings include that Strong Black Women's definitions and understanding of self-care are multifaceted. The participants did not equate self-care, by their definitions, with contributing to their health but rather as contributing to their overall well-being. Recommendations for SBW regarding self-care include engaging in self-care, as personally defined which can support wellness, relaxation, and happiness, resulting in reduced stress. SBW also need to pay attention to engaging in health-related care practices.

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The Strong Black Woman's Perceptions of Self-Care Engagement

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of the requirements for the degree
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St. John Fisher College

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Dedication

I would like to thank all the Strong Black Women who participated, at any level, in this study. Thank you for your time and your candor in sharing your beliefs, perceptions, and stories.

I would like to acknowledge the supervisors that compelled me to deal with an arduous situation because they saw strength in me when all I felt worn down, stressed out, and nothing close to strong. Unbeknownst to them, they started my journey to deepen my understanding of the strength in Black women.

I am truly glad to have been a member of the great Cohort 8 in New Rochelle. Our time together, conversations, and interaction supported my growth as a leader, and I am pleased you were all part of my journey.

To my colleague who entered those doors on the first day with me, you have been an integral part of my experience and my success. I am truly blessed to have had your support throughout the tough times and comradery during the good, and now I count you amongst my friends.

To my team, DrEdD, this would not have been the same great journey without you. I thank you for continuously contributing to making DrEdD a high-functioning, cohesive team. It was a true pleasure going through this process with you.

Along the way, there were a few faculty members who gave me extra encouragement, direction, and inspiration. Dr. Louis and Dr. Kelly, thank you for all of your support. To my advisor, faculty member and Chair, Dr. Wallis, I am extremely

grateful for your guidance and direction. You have not only made this process bearable but enjoyable (of course, only in hindsight—the journey was rough). I thank you for your wisdom, kindness, structure, and confidence in me.

To my mother and my sister, I thank you for all your support on those many weekends throughout the years and for your faith in my abilities. I set out on this journey for many reasons. The most important ones involve my children to whom I dedicate this work. To my sons—you have brought happiness and joy into my life (amongst other emotions). Always remember that you are already equipped to do those things that you may think are beyond your reach. To my beautiful mini-me, I most importantly do this research for you. It is my hope and prayer that you will be guided and will journey confidently with me—and beyond me—on the path to happiness, good health, life fulfillment, and great joy. You are already an inspiration to me, and I love you immensely.

To my God, thank you for your favor and unending mercies. Take care.

Biographical Sketch

Gina M. Gaines serves as the Associate Dean and Director of the SUNY Westchester Educational Opportunity Center of Westchester Community College. She also teaches business at Westchester Community College as an adjunct professor.

Ms. Gaines attended Howard University and earned a Bachelor of Business Administration degree in computer-based information systems in 1992. She received her Master of Science degree in Organizational Leadership from Mercy College in 2003 where she graduated with distinction. Additionally, she completed the Chair Academy's Academy for Leadership and Development in 2007 and their Academy for Advanced Leadership in 2011.

Ms. Gaines enrolled in the Ed.D. program in Executive Leadership at St. John Fisher College in the spring of 2016 at their New Rochelle, NY site. She pursued her research on Strong Black Women's perceptions of self-care engagement under the direction of Dr. W. Jeff Wallis and Dr. Janice Kelly and received the Ed.D. degree in 2018.

Abstract

The purpose of this qualitative phenomenological study was to identify self-care knowledge, perceptions, and behaviors of Strong Black Women (SBW) executives with graduate degrees. Stress has substantial damaging impact on health, and it may cause some of the disproportionately high rates of adverse health conditions that Black women experience. Neglect or postponement of self-care has been identified as a contributing factor to SBW's health disparities. This study sought to identify the factors that limit self-care and those that may lead to engagement, enhanced self-care, and improved health for Black women.

The study population consisted of Strong Black Women, between the ages of 40 and 60, with at least a master's degree, and who were employed full-time in an executive or professional position at the time of the study.

Using data from personal interviews with 10 Black women who self-identified with the superwoman schema, five themes emerged. The themes were: spirituality, physical being, intentionality, expectations of self and others, and support. The overlapping answers to the research questions concluded that for the participants of this study, self-care is individualized. Findings include that Strong Black Women's definitions and understanding of self-care are multifaceted. The participants did not equate self-care, by their definitions, with contributing to their health but rather as contributing to their overall well-being.

Recommendations for SBW regarding self-care include engaging in self-care, as personally defined which can support wellness, relaxation, and happiness, resulting in reduced stress. SBW also need to pay attention to engaging in health-related care practices.

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Chapter 1: Introduction

Black women in the African diaspora share a collective history dating back to slavery (Nelson, Cardemil, & Adeoye, 2016). Effects and ideologies from their enslavement remain embedded within them and in the U.S. culture's stereotypical views of Black women (Nelson et al., 2016). Racist, sexist, and classist stereotypes continue to affect perceptions of Black women today, and those stereotypes impact how Black women deal with stress that results from their internalization of negative stereotypes (Nelson et al., 2016).

Black women experience disproportionately high rates of adverse health conditions that might relate to how they experience and cope with stress (Woods-Giscombé, 2010). At birth in 2015, the life expectancy of a Black female baby is 78 years. A White female baby born in the same year is expected to live a full 3 years longer, until 81 years of age (National Center for Health Statistics, 2017). Reports between 2011 and 2014 placed body mass index (BMI) in the normal range, below 25, for 34% of White females and only 16% of Black females. The incidence of hypertension between 2001 and 2014 for females over 20 was at 28% for Whites and 44% for Blacks. The death rates from heart disease and stroke were double for Black women compared to White women between the ages of 45 and 64 during 2015 (National Center for Health Statistics, 2017). According to Thoits (2010), stress has substantial damaging impacts on physical and mental health. Evidence also shows that women and racial minority group

members are more severely affected by discriminatory stressors than their counterparts (Thoits, 2010).

This study outlines a qualitative phenomenological examination of Strong Black Women (SBW), focusing on their perceptions of self-care engagement. The research details the evolution of the SBW in an effort to reveal the impact of stress on their health. This study also sought to illuminate the limitations faced by SBW in coping with the stress that leads to health disparities among these women. SBW who are executives were the focus of this study because they were identified as having higher levels of self-care postponement (Woods- Giscombé, 2010). The SBW executives for this study were employed full time, and they typically had knowledge of and access to self-care resources. This study further sought to understand, from the lived experiences of SBW, how they can remove barriers and open viable pathways to self-care and wellness that SBW may engage. This study also aims to contribute to the body of literature on self-care engagement for SBW.

Research into resilience and fortitude revealed several images and constructs that illustrated the roles and experiences of many Black women who were defined for this study as women of African descent, living in the United States, who were not native to Africa. The Sojourner syndrome (Mullings, 2000), the Sisterella complex (Jones & Shorter-Gooden, 2004), and the Strong Black Woman role (Abrams, Maxwell, Pope, & Belgrave, 2014) are overlapping constructs that have properties of unyielding strength, nurturance, care for family, self-sacrifice, and the assumption of multiple roles. Another concept of the *superwoman* developed in part by Black women's efforts to counteract negative societal images as *mammies* or *welfare queens* (Woods- Giscombé, 2010).

These constructs and images that captured the experiences of Black women are detailed in Chapter 2.

The characteristics that emerged across these constructs combine to capture the essence of the Strong Black Woman as a provider, caretaker, and community agent who is resistant to vulnerability, displays strength, suppresses emotions, and succeeds despite the lack of resources. This combined construct illustrates the perception that SBW are obligated to assume many responsibilities, while consistently manifesting strength (Abrams et al., 2014). SBW historically played a critical role in society and the family. It is questionable whether society can afford to live without the hard work that SBW have invoked to provide (Beauboeuf-Lafontant, 2009).

The impact of the images and constructs on the perceptions and actions of Black women were explored, with an emphasis on how they affect Black women's physical and emotional health and self-care practices. Next, a discussion of the problem statement, a review of the concept, the theoretical framework, identification of the research questions, and a listing of the terms used in this work are presented.

Problem Statement

The Strong Black Woman is acclaimed for her positive character traits and survival mechanisms of resilience, fortitude, and perseverance. However, since the strength discourse focuses on the outward behavior of SBW and ignores their actual emotional or physical condition, it relegates being strong to merely appearing strong (Beauboeuf-Lafontant, 2007). The manifestation of strength in the face of stress contributes to major health disparities for SBW (Woods-Giscombé, 2010). Black women experience disproportionately high rates of adverse health conditions, including

cardiovascular disease, obesity, lupus, adverse birth outcomes, and untreated or mistreated psychological conditions, all related to how they experience and cope with stress (Woods-Giscombé, 2010). Adherence to characteristics of the Strong Black Women role may silence women from voicing their personal needs, which end up being ignored and unresolved (Nelson et al., 2016). Perceptions that Black women are unbreakable and self-sufficient contribute to self-neglect and endless stress. This paradoxical presentation of Black women needs to be resolved to reduce stress-related health disparities (Abrams et al., 2014).

Theoretical Rationale

The superwoman schema (SWS) conceptual framework, developed by Woods-Giscombé (2010), provides a framework for understanding how the SBW phenomenon, and the embodiment of it, affect the lived experiences of Black women regarding stress, strength, and health (Woods-Giscombé, 2010). Writers grounded in Black feminist theory, sociology, psychology, and health are credited with providing critical examinations of the development of the SBW role through quantitative and qualitative studies, books, articles, and case studies on the lived experiences of Black women throughout the United States (Beauboeuf-Lafontant, 2003, 2007; Black & Peacock, 2001; Collins, 2009; Gillespie, 1984; Jones & Shorter-Gooden, 2004; Mullings, 2005; Romero, 2000; Walker-Barnes, 2009). This literature and research, with demographically diverse samples of African American women, provided the basis for the development of the formal descriptive superwoman schema framework. The SWS may enhance understanding of the SBW phenomenon and lead to further research and pathways to reduced stress and improved health outcomes for SBW (Woods-Giscombé, 2010). This

framework examines how, for African American women, stress is affected by strength, which is defined in the study as resilience, fortitude, and self-sufficiency, and it analyzes stress outcomes. The SWS contextual framework defines the SBW role as having five major characteristics with contributing contextual factors and perceived benefits and liabilities (Woods-Giscombé, 2010). The following paragraphs provide details on each of these areas.

The first characteristic in the SWS contextual framework is the obligation to manifest strength. There is a need in SBW to consistently present an image of strength for the sake of children, parents, family members, or friends. This need persists even when one does not feel like doing so. Although manifesting an image of strength results in feelings of pride, it also causes distress because of its obligatory nature. The second characteristic is the obligation to suppress emotions. Fear of not being understood, fear of appearing weak, privacy concerns, or not knowing how to express emotion can cause suppression of feelings. The third characteristic is a resistance to being vulnerable or dependent, which manifests as always having one's guard up. There is an avoidance of any opportunity to be hurt or exploited. There is a strong preference to be dominant in groups to avoid dependence on others and to assure that things are done correctly. The fourth characteristic is the determination to succeed despite limited resources. There is a great deal of ambition and intense motivation to succeed in SBW. High personal standards and drive result in a sense of pride related to achieving more than expected, despite resource limitations. The determination to succeed also comes from a desire to provide for children and pressure from others to succeed, which can be burdensome. The fifth characteristic is the obligation to help others. This is also an obligation to meet the

needs of others or to nurture others. There is often difficulty for SBW to say no to requests for help. Taking care of others satisfies an inner need and also causes stress. Multiple roles of taking care of family and community or church organizations can become overwhelming (Woods-Giscombé, 2010).

Woods-Giscombé (2010) also identified contributing contextual factors that included a historical legacy of racial and gender stereotyping or oppression; lessons learned from foremothers; a past history of disappointment, mistreatment, or abuse; and spiritual values. Racist and sexist stereotypes have contributed to the superwoman role, and the resulting inequities have caused difficulty in obtaining resources. Lives are often patterned from what is observed or taught from mothers or grandmothers. These teachings often include lessons on self-sufficiency and how to handle difficult situations. Foremothers usually reserved their emotions, thereby teaching by example. Past experiences of being let down by family members or friends has led to reluctance in expressing emotion or seeking assistance. Resistance to being placed in vulnerable positions, and suspicion, fear, or mistrust of others, has often been experienced by victims of emotional, sexual, or physical abuse. Faith, religion, and spirituality have aided Black women in the manifestation of strength to reach goals and overcome challenges independently. Woods-Giscombé (2010) posited that relying on God strengthens resolve to succeed despite resource limitations, and relying on scripture enhances faith.

Perceived benefits in the SWS include three types of preservation. The preservation of self and survival is one of the most important benefits of the superwoman role. It includes survival—despite personal obstacles, perceived inadequacies, or unique life experiences. The preservation of the African American family is another perceived

benefit that has helped to support family members, particularly children and parents. The benefit of working hard has helped children to be better. The third is the preservation of the African American community, which uses one's talents, skills, resources, and knowledge to help improve the lives of others (Woods-Giscombé, 2010).

The perceived liabilities identified by the SWS include strain in interpersonal relationships, stress-related health behaviors, and the embodiment of stress. The fear of being vulnerable presents a strain in romantic relationships, and fear can hinder someone from being loved or loving fully. The advice of foremothers has also impacted the need for independence and could cause harm in interpersonal relationships. Stress-related health behaviors include emotional eating, smoking, poor sleep patterns, and postponement of self-care. Poor eating or overeating and smoking are often used as stress relievers. Sleep deprivation is exercised to fit more time into an already packed day. Self-care ends up at the bottom of the list as a result of competing demands for time and energy. Guilt is often associated with taking time to care for oneself. The embodiment of stress can be manifested in undesirable health issues including panic attacks, migraines, weight gain, depression, and alopecia, and they can lead to serious negative health outcomes (Woods-Giscombé, 2010).

There is no doubt that the Strong Black Woman plays a critical role in society and the family. However, it is false to assume that all Black women are SBW and embody the characteristics and liabilities of the SWS (Woods-Giscombé, 2010). It is also false to assume that aspects of strength do not exist in all races. It is equally important to note that not all Black women are at risk of health disparities that are related to the embodiment of stress. The Black Women's Health Imperative (2016) focused on healthy

Black women and provided insight into practices and situations that may impact wellness. This was supported by sociological work of Thoits (2010) that revealed that the negative impact of stress on health and well-being could be reduced by possession or acquisition of high self-esteem, social supports, or mastery over life.

Statement of Purpose

The purpose of this phenomenological study was to identify self-care knowledge, perceptions, and behaviors of Strong Black Women executives with graduate degrees. This group of woman has been identified as having a high level of self-care postponement and it was thought that studying this group could provide more significant results than other groups of SBW who have average levels of self-care postponement (Woods-Giscombé, 2010). SBW executives, who are employed full time, with at least a master's degree are extremely likely to have knowledge about caring for themselves, and they generally have access to health care and the financial resources to engage in self-care.

The literature identified self-care neglect as a contributing factor to health disparities (Abrams et al., 2014; Woods-Giscombé, 2010), and it also offered remedies to assist in enhancing wellness and promoting self-care (Bryant-Davis, 2013; Di Noia, Furst, Park, & Byrd-Bredbenner, 2013; Jones & Guy-Sheftall, 2015; Woods-Giscombé & Black, 2010; Woods-Giscombé & Gaylord, 2014). There remains a need to unveil the reasons why self-care neglect and postponement occur in SBW. Exposing the reasons could help to more effectively diagnose the gap between the neglect and engagement that is lacking in the literature. Identifying the factors that limit self-care and bridging the gap

to engagement may lead to a reduction of these limiting factors and result in enhanced self-care and improved health among SBW.

Research Questions

The research questions under examination within this study were:

1. How do executives who identify as SBW define self-care? What do executives who identify as SBW understand about self-care?
2. What causes some executives who identify as SBW to postpone or neglect self-care?
3. What can influence executives who identify as SBW to actively engage in self-care practices?
4. Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?

Potential Significance of the Study

The manifestation of strength often masks the true suffering that is taking place within. African American women may be suffering in silence, and they do not typically ask for help until their situations are critical (Beauboeuf-Lafontant, 2007). This study may bring awareness to these individuals and their family members. Identifying helpful interventions for SBW may provide direction to enhance their wellness and reduce the effects of stress on their health. This information may also be useful to social services, psychological, or medical professionals who may engage in providing services for these women. Particularly, identifying the experiences of SBW that have caused them to delay or neglect self-care may provide additional variables to influence their engagement.

Definitions of Terms

In this study, the following terms are used:

Black Woman – a female of African descent living in the United States who is not native to Africa.

Executive – a woman employed full-time in an administrative or professional position who has earned at least a master's degree.

Self-Care – an active choice to engage in the activities that are essential to gain or maintain optimal levels of health and well-being (McCoy, 2013).

Strong Black Woman (SBW) – an African American female who identifies with the characteristics of the superwoman schema and possesses the strength characteristics of resilience, fortitude, and self-sufficiency (Woods-Giscombé, 2010).

The terms *African American* and *Black* are used interchangeably.

Chapter Summary

The disproportionately high rates of adverse health conditions that some Black women experience may relate to the strength characteristics and the consequential stress that some of these women embody. The neglect or postponement of self-care has been identified as a contributing factor to these health disparities. The paradoxical presentation of Black women as strong and unbreakable, while simultaneously enduring stress that leads to negative health outcomes, needs to be resolved. Inquiring into the self-care engagement practices of SBW executives may reveal barriers and illuminate gateways to the enhancement of wellness and reduction of the effects of stress on health for these women.

Chapter 2 illustrates the essence of the Strong Black Woman as a provider and caretaker who assumes many responsibilities, consistently manifests strength, suppresses emotions, and is resistant to vulnerability and succeeds, while coping with stress that is detrimental to her health (Abrams et al., 2014). It does this by examining the literature surrounding SBW including the background, history and images, implications for health and health outcomes, constructs and frameworks, and interventions. It also provides a context for the emergence of SBW and the continued prevalence of their image in current society.

The research design, methodology, and analysis is discussed in Chapter 3. Chapter 4 presents a detailed analysis of the results and findings, and Chapter 5 discusses the findings, implications, and recommendations for future research and practice.

Chapter 2: Review of the Literature

The literature on the Strong Black Woman stretches from myth to reality. This literature review first examines the background and historical images of SBW and details their evolution. Next, the literature it looks at the impact on the physical, mental and emotional health, and well-being of SBW as a result of the internalization and embodiment of stress. Finally, conceptual frameworks and interventions are reviewed.

Introduction and Purpose

Gillespie (1984) gave an early account of the Strong Black Woman and noted that the term often applies to a person who is struggling under an impossible load, a person whose life no rational person would choose, a person who has no shoulder to lean on, or a person with no one with whom to share her burden. Others revere SBW with solemn tones and, at times, they stand in awe of them. As a result, the Strong Black Woman's pain, struggle, and complexities become mythical, and she, who desperately needs support, is placed on a pedestal and admired with no help offered. Gillespie (1984) posited that it was time for women to take control and move perceptions from myths to realities and make institutions and organizations aware and responsive to the issues affecting SBW. She contended that this will require women to establish new images of being actively engaged in the struggle for collective strength, survival, and freedom thereby dismissing unrealistic ideals and myths and refusing to accept suffering as a birthright (Gillespie, 1984). Gillespie's words laid the foundation for the evolution of the

SBW and provide empowering actions, but they did not address how to accomplish her recommendations in women who embody the Strong Black Woman characteristics.

Romero (2000) identified the Strong Black Woman as a mantra that is a legendary part of U.S. culture and folklore. Romero likened it to simultaneously adorning the SBW with a suit of armor, a badge of courage, and a metaphoric albatross around her neck. The toll that the mantra takes on the emotional well-being of the African American woman is unseen, and it keeps her from identifying her needs and reaching out for help because of the illusion of control that she possesses. The two prevalent themes discussed are that the African American woman is strong, referring to emotional resilience rather than physical strength, and that it is the African American woman's role to nurture and preserve the family. Romero (2000) suggested that unraveling the messages and contradictions that are inherent in the internalized SBW image may have significant meaning for African American women, particularly those in therapy. The author spoke of the need to have therapeutic alliances and suggested that these may be more likely with a same-sex and/or a same-gendered therapist. A therapist in tune with the inherent messages and characteristics of the SBW paradigm may be better equipped to assist African American women in using their strength as an asset while limiting its liability (Romero, 2000). This illustrates how opposing factors that are both protective and burdensome adorn the Strong Black Woman, leaving her in a constant state of perceived strength that manifests internally as stress. This internal turmoil can cause physical and emotional harm to the SBW (Romero, 2000).

Both Gillespie (1984) and Romero (2000) established the Strong Black Woman as a mythical, legendary being who would not choose to exist in reality. They identified

conflicting themes that occur internally and cause distress for SBW. Both authors speak of the need for the evolution or streamlining of historical messages for the Strong Black Woman. These accounts support the obligatory strength role of Black women that simultaneously causes stress. For this reason, it was thought that the examination of SBW executives who worked full time may mirror the mythical and legendary beings that Gillespie (1984) and Romero (2000) discussed.

Historical Images

In her 1995 article, West discussed the historical origins of the mammy, sapphire, and jezebel images, and she described the impact of each of these labels have had on the African American woman. Slavery history depicts the mammy as an obese, dark-skinned woman. Her roles centered on nurturance and caring for others and households, with long work hours. This depiction may normalize Black cultures view of mothers and caretakers as overweight. Concerns related to eating habits arise from this image.

West (1995) characterized the sapphire as a brown-skinned, loud, angry nag whose primary role is to emasculate men with verbal assaults. The aggression in this image may be used to mask the appearance of being vulnerable, or it may emerge when viewed as the only avenue for expressing feelings. The anger and stress from this image may contribute to hypertension in Black women.

The jezebel image originated during slavery when slave owners controlled Black women's sexuality, and rape and the reproduction of slave women were routine. West (1995) identified the jezebel role as a light-skinned, mixed-race woman with European features, who was viewed as a hypersexualized, promiscuous seductress. This image may become a source of low self-esteem and shame in Black women. The author

summarized that the images are not mutually exclusive and can be internalized simultaneously, which may take a great toll on emotional well-being. West (1995) also provided advice for therapists dealing with women internalizing these images. A disconnect may occur because many of the women with these characteristics may not seek out the help of therapists.

John Henryism (James, 1994) is a term used to describe the effects of high stress and coping-related efforts on hypertension in African Americans with emphasis on men. James (1994) stated that hypertension is the leading cause of premature death in African Americans, and it is one of the stress-related health problems that affect this group disproportionately. He further reported that three independent cross-sectional studies of the John Henryism hypothesis took place in North Carolina in 1983, 1987, and 1992 (James, 1994). The participants in the first and third studies were all Black men ranging in age from 17-60 and 25-50, respectively. The second study was of White and Black men between 21 and 50. The collective findings show that John Henryism has a cultural and socioeconomic base, that affects low-income Black men at triple the rate of other men. John Henryism is a strategy for coping with prolonged exposure to stresses, such as social discrimination, by expending high levels of effort that results in accumulating physiological costs. The name comes from John Henry who was victorious over a mechanical drill only to die at the moment of victory (James, 1994). John Henryism is akin to the adverse health effects Strong Black Women can experience because of the embodiment of stress and the neglect of self-care. Although similar, John Henryism does not consider the details of the role characteristics and perceived benefits of SBW.

Mullings noted in her 2000 article that society continues to define African American women in ways that deny their humanity. She documented, through community collaborations, the multiplicative effects of race, gender, and class on health. The article identified that intersecting and overlapping gendered notions of responsibility may be conceptualized by the Sojourner syndrome. Named for ex-slave and abolitionist, Sojourner Truth, the syndrome embodies issues that still confront African American women today, including the assumption of household, economic, and community responsibilities. The Sojourner syndrome represents a strategy for fostering the reproduction and continuity of the African American family and community, and it is emblematic of the lives of African American women who assume extraordinary responsibilities and experience silencing (Mullings, 2000). Mullings furthered, in her 2005 article, that the name *Sojourner* identifies with strength and resilience in African American women who face numerous obstacles to advancement. Hence, the Sojourner syndrome offers an interpretive framework that speaks to historical oppression and is designed to help understand why African American women and men die younger, compared to Whites, and have higher mortality rates for most diseases (Mullings, 2005). The Sojourner syndrome is a metaphoric model for characteristics that exist in a subset of African American women. These articles tie the existence of strength to slavery roots and Sojourner Truth, who is famous for her “Ain’t I a Woman Too” speech, and to her actions that supported her family, her community, and herself—despite the hard labor, abuse, and oppression that she was endured. This syndrome can be likened to John Henryism (Mullings, 2005). In essence, the Sojourner syndrome is a survival strategy for

the African American community that has many costs including health consequences (Mullings, 2000).

In 2001, Harris-Lacewell explored the myth of the Strong Black Woman, discussed the focus on the negative emotional and psychological consequences, and presented data from a 1999 African American attitudes study. Using the stereotypic language of mammies, sapphires, jezebels, and welfare queens, Harris-Lacewell (2001) examined the origins of the SBW tying in aspects of the Sojourner syndrome and John Henryism. She pointed out criticism for the myth of strength as a possible cause of the health and sanity of Black women. The author concluded that the Strong Black Woman is a complicated cultural myth that is a deeply empowering symbol of endurance and hope. The SBW's unassailable spirit is uplifting, and her courage in the face of seemingly insurmountable adversity emboldens Black men and women facing their life challenges (Harris-Lacewell, 2001). Strong Black Women are also harmful in their perfection, as their titanic strength does violence to the spirit of Black women when the model becomes an imperative for their daily lives. When seeking help means showing unacceptable weakness, real Black women, unlike their mythical counterparts, face the ravages of depression, anxiety, and loneliness (Harris-Lacewell, 2001).

Jones and Shorter-Gooden (2004) completed the African American Women's Voices Project in the early 2000s [SR1]. The study explored the impact of racism and sexism on 333 Black women across America through their perceptions and experiences. These diverse women from ages 18 to 88, representing 24 states, completed surveys about stereotypical perceptions, difficulties as Black women, racial and gender discrimination, joys, the pressure to behave certain ways, and more. In-depth interviews

were also conducted with 71 women throughout the United States between the ages of 18 and 80 who were from all walks of life (Jones & Shorter-Gooden, 2004). Jones and Shorter-Gooden (2004) identified their sample as neither random nor representative of Black women in American, but it meaningfully showcases diversity across the nation. Their findings include the *shifting* principle that identifies a tendency for Black women to shift to hide their true selves to placate others. Black women shift to accommodate differences in ethnicity, gender, class, and the environment or setting. This principle manifests in the Sisterella complex, where like Cinderella, the Black woman suppresses her needs to selflessly promote and provide for the needs of others, often leading to depression (Jones & Shorter-Gooden, 2004). The Sisterella is also an overachiever, who also shifts her mood to always appear in control. Often, she shifts White, then shifts Black, then shifts corporate, then shifts again, and she can lose her true self in all the shifting. She becomes an expert at masking her true feelings, and she suffers silently. The authors suggested that the traditional model of depression is not sufficient to diagnose many Black women and that mental health workers need to be sensitive to the distinct characteristics of depression in some Black women. They also examined many other aspects of Black womanhood including relationships with the church and romantic relationships (Jones & Shorter-Gooden, 2004). This project involved many study participants across a large cross-section of the nation, obtaining specific information from the very diverse sample. The authors claimed that their results were not representative of Black women in America. For a study of this size, it may have been pertinent for the researchers to take steps to have a representative group of participants.

Articles and studies on historical images discuss race and gender stereotypes, rooted in slavery, and their effects and consequences on Black women. They also illuminate the empowering and devaluing survival mechanisms inherent in the constructs and images, and they bring attention to the strength, both physical and emotional, relegated to these images. Silencing of voices, pain, emotions, and needs are threads that are woven through these works. This continues to demonstrate to need to ask SBW directly, and give them a voice about what causes their actions or inactions, and what might influence changes in their behavior.

Impact on Well-Being

Walker-Barnes (2009) examined the SBW stereotype through a theological lens, identifying it as one that Black women consciously attempt to live up to, perceiving it as having high spiritual and moral values. She identified strength as a cultural mandate for African American women, which evolved to mean emotional resilience amid suffering that is often unnoticed or glorified. Through the theological lens, the SBW stereotype represents a system that devalues the personhood of Black women for the benefit of Black men and others, placing it in contrast to the Christian concept that all human beings are created in the image of God (Walker-Barnes, 2009). The author called for the restructuring of Black women's identities as a solution to the embodiment of the construct and suggested a new model for Black womanhood. She specified that Black women need a concrete image to replace the SBW foundation, which emerges from the lived experience of Black women (Walker-Barnes, 2009). In summary, this article suggests that a messiah-type woman is needed to unburden Black women from the oppressive stereotypes of the past. This solution may be difficult to implement.

Watson and Hunter (2015) investigated competing messages in the internalization of the Strong Black Woman schema in a qualitative thematic analysis. Participants in this study were 13 African American women from the Midwest. Three tensions that emerged from the study were being psychologically durable, yet not engaging in behaviors that preserved durability; being equal, yet oppressed; being feminine, yet rejecting traditional feminine attributes. Negative and positive consequences of tension, including the lack of utilization of psychological and self-care resources, could preserve durability. The authors pointed out the tendency in current literature to categorize identification and internalization with the SBW as negative and contend that it is neither good or bad, but functional. Watson and Hunter (2015) suggested that the SBW schema functions to facilitate self-efficacy and resilience in the face of resource limitations, and it puts the onus on psychological researchers and clinicians to advance a social justice agenda so that Black women can live authentically, unencumbered by oppressive expectations.

Beauboeuf-Lafontant (2003) examined how the presumption of strength and deviance may push Black women to develop eating problems by drawing on the feminist theory and the reality of multiple oppressions in Black women's lives using an oblique reading of the literature. The analysis focused on a critical understanding of social assumptions held by Black women and Black women's voices and reflections on social realities. Beauboeuf-Lafontant(20003) illuminated how the strength discourse is a key oppressive experience that results in the origin of eating issues among Black women and masks these problems. The author further contended that Black women's tendencies to mask their frustrations, emotions, anger, and fears to live up to the Strong Black Woman

image, and they contribute to some of the extra weight that some Black women carry. Overeating, not exercising regularly, and believing that focusing on their health needs is trivial or selfish can cause Black women to gain weight (Beauboeuf-Lafontant, 2003). Black culture has a historical reverence for large Black women and the attributes of strength that accompany them. Large Black women are therefore not stigmatized as are large women in other cultures (Beauboeuf-Lafontant, 2003). This uncritical acceptance of being overweight becomes normative among Black women. Being large is evident in Black women's preference to be thick rather than thin, and it may come from adjustments made to meet the approval of the Black men in their lives (Beauboeuf-Lafontant, 2003). Beauboeuf-Lafontant (2003) concluded that an adjustment in cultural and societal expectations could empower Black women to speak, be heard, and to choose their destinies regarding the weight that they carry.

Beauboeuf-Lafontant (2007) conducted a study investigating the possible relationship between the constructs of strong Black womanhood and selflessness and silencing experiences. Studying 44 working, middle-class, Black women from the Southwest, Midwest, and Southeast United States, Beauboeuf-Lafontant used voice-centered interviews during the 5-year study. Participants ranged in age from 19 to 67. The study examined the overlap between depressed and presumed Strong Black Women. The study maintains that experiences of depression are both race and gender related (Beauboeuf-Lafontant, 2007). The author argued that the construct of strength is rooted in a set of problematic assumptions that SBW are: the stark and deviant opposite of appropriately feminine, weak, White women; that strength is a natural quality for Black woman and representative of their womanhood; and that being strong is an accurate

characterization of Black women's behaviors and motivations. The strength discourse focuses on the outward behaviors of Black women and ignores their actual emotional or physical condition, thereby making being strong essentially about appearing strong. Beauboeuf-Lafontant (2007) further stated that the strength discourse obstructs an understanding of depression in Black women, because it views these women as either subhuman or superhuman and neglects the reality of their individual lives. Selflessness, struggle, and internalization of strategies normalizes the strength discourse for Black women. Beauboeuf-Lafontant's (2007) findings suggest that being strong entrenches Black women in social expectations that render them unable to ask for help, take their feelings seriously, and they are thereby, basically, voiceless.

Feminist paradigms liken depression to silencing when women disconnect from aspects of reality to attempt to meet cultural standards of goodness (Beauboeuf-Lafontant, 2008). In her 2008 study, Beauboeuf-Lafontant used a voice-centered method to bring light to conflict areas between cultural scripts and individual meaning-making. The author forwarded that being strong is a depiction of Black feminine goodness and a contributor to depressive episodes. The author illustrated aspects of Black women's gender experiences that are relevant to depression using interview data from a non-clinical sample of 58 Black women ranging in age from 19 to 67. The study reveals that strength as a double-sided performance of being silenced and engaging in self-silencing. The author concluded that strength is not a natural quality of Black women, but rather, it is an assigned state of being that hierarchies of race, class, and gender seek to normalize. For Black women, strength is not an identity but rather a scripted presentation of self. This scripted presentation fosters a chasm between reality and representation, so that

appearing strong is mandated by the strength discourse without regard for the actual experiences of Black women. The voice-centered method provides a basis for documenting the presence of distress in women commonly viewed as impervious to emotional or physical harm (Beauboeuf-Lafontant, 2008).

Hamilton-Mason, Hall, and Everett (2009) conducted a review of the theoretical and empirical literature using relational culture, lifespan, and stress and coping theories, along with Black feminist thought, to discuss the interlocking effects of race, gender, and class on the psychological well-being of Black women aged 18-55. The authors acknowledged the enduring resilience and adaptive strategies employed by Black women during their history, and the authors proceeded on the premise that these women constituted a pivotal force within their communities and society. The study indicates that those in the social work profession should recognize how the influence and impact of racism and sexism on life outcomes for Black women differ from White women and men of color (Hamilton-Mason et al. 2009).

In a qualitative study of 30 Black women ranging in age from 18 to 66, Nelson et al. (2016) examined perceptions of the Strong Black Women/superwoman role using a constructivist-interpretive framework. Participants were found to conceptualize the role through the five characteristics of independence, caretaking of family and others, being hardworking and high achieving, and overcoming adversity and being emotionally contained. The study supports the work of other research and further links the constructs of superwoman and Strong Black Woman. Nelson et al. (2016) emphasized the need for practitioners to understand the complexities of how Black women relate to the SBW role, relative to seeking help for physical and mental health. Nelson et al. (2016) further

suggested that researchers may want to explore how the concepts of SBW or superwomen and the intersecting identities of Black women relate to how they understand and seek help for personal mental and physical health (Nelson et al., 2016).

Using role accumulation theory, a study by Black, Murry, Cutrona, and Chen (2009) looked at the direct and indirect effects of stressors, coping behaviors, and role management on the healthy functioning of 747 African American mothers in Iowa and Georgia. This study was the secondary analysis of data from in-home interviews in a family and community health study, and it focused on financial strain as the stressor. Findings indicate there was a direct association between financial strain and decreases in effective coping and compromised mental health, which adversely affected physical health (Black et al., 2009). The findings also support role accumulation theory by showing that Black mothers fulfilling responsibilities to families, communities, and religious organizations benefit from increased mental health, optimizing physical health (Black et al., 2009). This study illuminates the contrasting roles that achievement and stress can have on mental health and the relationship to physical health.

Black and Peacock (2001) focused on the African American woman's response to responsibilities and stressors and the levels of health and wellness in the process. The authors reviewed and analyzed 20 magazine articles and 10 blogs, were related to the Strong Black Woman script from African American women's popular media. The study examined daily life management, which is defined as role management, coping, and self-care, by looking at issues relevant to Black women's health. The findings link African American women's health outcomes to an adherence to self-reliance, self-sacrifice, and self-silencing behaviors. As it relates to self-care, actions were often a low priority or

they were postponed. The women perceived that they had no choice in postponing their self-care and that postponement was an expectation. Although managing stress in silence and giving self-sacrificial assistance to others garnered respect and admiration, it simultaneously increased vulnerability to illness, further supporting that Black women are inherently strong and resilient at a cost to their health and well-being (Black & Peacock, 2001). These authors went to where Black women traditionally get and share information to view their lived experiences and hear their voices. The messages on daily life management and self-care came to the forefront when in popular media.

The attention paid to Strong Black Women has increased in popular media over the last 20 years, as did the research studies. The number of qualitative studies on the SBW topic outweighs quantitative studies, as researchers seemed anxious to know about the lived experiences of Black women. The collective voices of the researchers identified relationships between historical oppression and the existing embodiment of stress-related factors that manifest as strength, meaning resilience, fortitude, and self-efficacy. Researchers identified the relationship to both race and gender, and sometimes class, on the tensions, identities, and perceptions that SBW have. The impact of these tensions, identities, and perceptions on the well-being of the Strong Black Woman can be profound and lead to the many health disparities identified. The messages surmise that research needs to be forwarded towards enhanced well-being and engagement in protective and self-care practices.

Health Outcomes

Donovan and West (2015) conducted a quantitative study of 92 Black female college students to address how the endorsement of the SBW stereotype might influence

their association between stress and mental health. The study examined the research that indicates that endorsement of the perception that Black women are naturally strong, resilient, self-contained, and self-sacrificing appeared to be a good thing, but anecdotal and qualitative evidence suggests limits to SBW's ability to cope healthfully, which negatively affects the mental health outcomes of stress. Donovan and West (2015) identified the varying names and labels given to the similar image of Black women with strength and go on to support the work of Beauboeuf-Lafontant (2008), Harris-Lacewell (2001), Romero (2000), Jones and Shorter-Gooden (2004) and Woods-Giscombé (2010). The goal of the study was to test whether the SBW role moderates the relationship between stress and mental health. The study participants came from a diverse urban commuter university in New England, where ethnic minorities represented over 30% of the student population, and nearly 60% were female with an average age of 28. The results of the survey-based study showed that moderate and high-level SBW endorsement increased the positive relationship between stress and depressive symptoms, but low levels did not. These findings further extend previous qualitative data that embracement of the SBW stereotype might result in increased depressive symptoms for some Black women. The study found no relationship between SBW's endorsements and anxious symptoms, which was surprising to the authors. Limitations identified included the small, regionally specific sample of college students (Donovan & West, 2015).

Geronimus, Hicken, Keene, and Bound (2006) examined allostatic load scores to determine if African Americans experience early health deterioration caused by repeated exposure and adaptation to stressors. Allostatic load is a medical term comprising biomarkers that indicate adverse health conditions. An allostatic load algorithm was used

to survey data from a National Health and Nutrition Examination. Participants were Black and White, ranged in age from 18 to 64 and were from various economic classes. The quantitative study results indicated higher load scores for Blacks, and increased the probability of high scores at all ages, but especially between 35 and 64. Economic levels did not affect the results (Geronimus et al., 2006). Black women were also found to have higher scores than Black men at all ages. The authors concluded that racial inequalities in health exist between Blacks and Whites and that Black women that engage in high-effort coping may be most affected by living in a race-conscious society (Geronimus et al., 2006). This high-effort coping is similar to John Henryism. Allostatic load measures enzymes, chemicals, and functioning of the human body, and it provides more tangible results of the effects of stress on health.

In her 2015 dissertation, James sought to investigate if the superwoman schema had an impact on the psychological health in African American women. The specific areas examined included the relationship of the superwoman schema to the experiences of the psychological distress, coping styles, and help-seeking attitudes of African American women. The quantitative study included 105 women between the ages of 18 and 65 who self-identified as being of African descent. The Superwoman Schema Scale was among the instruments used to survey participants. The findings indicate a relationship between the superwoman schema and depression. There was also a positive correlation between the schema, coping styles, and help-seeking attitudes (James, 2015).

Rivers (2015) identified obesity and weight-related diseases as a major issue for African American women. She examined the relationship between acceptance of the SBW cultural construct and body mass index (BMI), high blood pressure, stroke, and

diabetes to determine if a positive relationship existed. Convenience sampling was used to steer 127 African American women, at least 18 years of age, to an online survey. The Strong Black Woman Cultural Construct Scale, which measures self-reliance, affect regulation, and caretaking, was one of the measurement tools used. The findings include that mental and emotional strength are significantly related to BMI and high blood pressure, and that there was no significant relationship between mental and emotional strength and heart disease, stroke or diabetes. Limitations of the study included the sample size and online location so that the results cannot be generalized to the total population (Rivers, 2015). The measurement tools, although validated, could not encompass the entirety of the SBW construct.

The dissertation Abrams (2015) sets out to examine the relationship between cardiovascular disease (CVD) risk, chronic stress, emotional regulation, and the Strong Black Woman schema. This quantitative study surveyed 200 participants from the Mid-Atlantic region of the United States, using the Stereotypic Roles for Black Women Scale (SRBWS) tool (Thomas, Witherspoon, & Speight, 2004) to measure internalization of the SBW schema through its four subscales. The author indicated that even though Black women's risk for CVD is overrepresented, the study reveals that risk was not significantly related to the internalization of the SBW schema and emotional regulation. However, it did reveal that having aspects of the schema did predict higher or lower cardiovascular risk (Abrams, 2015). This illustrates the complexity of interactions within the schema. Limitations included the measurement tool with the explanation that there were no other validated tools available at the time of the study.

Most researchers identified negative health outcomes of stress induced by the strength discourse. Studies were focused on the impact on depression, obesity, and cardiovascular disease by Abrams (2015), Donovan and West, (2015), and James (2015). They identify these conditions as disproportionately present or undertreated among African American women. Although the studies had varying results, all linked some degree of stress to negative health outcomes. The Superwoman Schema Characteristics and Scale used in one of the studies showed correlations between the SWS and psychological distress, furthering the support for the use of the SWS Scale in this study.

SBW Frameworks, Instruments, and Criticism

Thomas et al. (2004) set out to develop and validate a SRBWS. The study concentrated on four stereotypical images of the mammy, sapphire, jezebel, and superwoman. The authors theorized that the internalization of these roles related to self-esteem in Black women. There were 186 participants from the Midwest, ranging in age from 18 to 63, surveyed for the Thomas study. The SRBWS is a 61-item scale, developed by the researchers, that has four subscales that correspond to the stereotypic images of dedication to caring for others, obligation to exude strength, emotional suppression, and independence. Findings from a regression analysis indicate that the mammy and sapphire roles have a negative correlation to self-esteem. The jezebel and superwoman roles were not found to have any relationship to self-esteem for the participants. This finding was identified as a limitation of the study (Thomas et al., 2004).

The SWS conceptual framework, developed by Woods-Giscombé (2010), provides a framework for understanding how this phenomenon and the embodiment of it,

affect the lived experiences of Black women regarding stress, strength, and health (Woods-Giscombé, 2010). The SWS is of particular importance because the manifestation of strength in the face of stress may contribute to major health disparities in Strong Black Women. These women experience disproportionately high rates of adverse health conditions, including cardiovascular disease, obesity, lupus, adverse birth outcomes, and untreated or mistreated psychological conditions, which relate to how they experience and cope with stress (Woods-Giscombé, 2010). The formal descriptive framework may enhance understanding of this phenomenon and lead to further research and pathways to reduced stress and improved health for the SBW (Woods-Giscombé, 2010). The framework examines how, for African American women, stress is affected by strength, which is defined as resilience, fortitude, and self-sufficiency, and the framework analyzes stress outcomes. The contextual framework defines the superwoman role as having five major characteristics with contributing contextual factors and perceived benefits and liabilities (Woods-Giscombé, 2010). The first characteristic is the obligation to manifest strength. There is a need to consistently present an image of strength for the sake of children, parents, family members, or friends. This need persists even when one does not feel like doing so. Although manifesting an image of strength results in feelings of pride, it also causes distress because of its obligatory nature. The second characteristic is the obligation to suppress emotions. Fear of not being understood, fear of appearing weak, privacy concerns, or not knowing how to express emotion causes suppression of feelings. The third characteristic is resistance to being vulnerable or dependent, which manifests as always having one's guard up. There is an avoidance of any opportunity to be hurt or exploited. There is a strong preference to be dominant in groups to avoid

dependence on others and to assure that things are correct. The fourth characteristic is the determination to succeed despite limited resources. There is a great deal of ambition and intense motivation to succeed. High personal standards and drive result in a sense of pride that relates to achieving more than expected—despite resource limitations. The determination to succeed also comes from a desire to provide for children and from pressure from others to succeed, which can be burdensome. The fifth characteristic is the obligation to help others. This is also an obligation to meet the needs of others or to nurture others. It is often difficult to say no to requests for help. Taking care of others satisfies an inner need, and it also causes stress. The multiple roles of taking care of family and community or church organizations can become overwhelming (Woods-Giscombé, 2010). Contributing contextual factors include a historical legacy of racial and gender stereotyping or oppression; lessons learned from foremothers; a history of disappointment, mistreatment, or abuse; and spiritual values (Woods-Giscombé, 2010). The perceived benefits of the SWS include three types of preservation. The preservation of self and survival is one of the most important benefits of the superwoman role. It includes survival, despite personal obstacles, perceived inadequacies, or unique life experiences. The preservation of the African American family is another perceived benefit that helps to support family members, particularly children and parents. The third is the preservation of the African American community (Woods-Giscombé, 2010). The perceived liabilities of the SWS include strain in interpersonal relationships, stress-related health behaviors, and the embodiment of stress. The fear of being vulnerable presents a strain in romantic relationships and hinders some from being loved or loving fully. Stress-related health behaviors include emotional eating, smoking, poor sleep

patterns, and postponement of self-care. Taking time to care for oneself can cause guilt. The embodiment of stress manifests in undesirable health issues including panic attacks, migraines, weight gain, depression, and alopecia, and it can lead to serious negative health outcomes (Woods-Giscombé, 2010). In summary, the superwoman role is a multidimensional phenomenon that encompasses characteristics of obligation to manifest strength, emotional suppression, resistance to vulnerability, resistance to dependence, determination to succeed, and obligation to help others. This role involves sociohistorical and personal contextual factors as well as themes of survival and health status (Woods-Giscombé, 2010). The terms superwoman and Strong Black Woman are used interchangeably by this author and many other researchers, and they are used similarly by this researcher. This conceptual framework, which also has an accompanying evaluation scale, is more comprehensive than other tools, and it is built on the comprehensive body of literature predating it.

Steed (2013) evaluated the validity of the 35-item Superwoman Woman Schema Scale instrument using structural equation modeling (SEM) techniques. The study reviewed previous constructs and scales and their validations. The participants of ages 18-39 were called *young women*, and those ages 40-65 were called *middle-aged women*. The SEM approach is a multigroup confirmatory factor analysis and a multiple-indicators, multiple-causes model. The findings from Steed's detailed study confirm that the instrument is reliable in measuring the five characteristics of the schema (Steed, 2013).

The goal of the study conducted by Abrams et al. (2014) was to integrate overlapping attributes of other constructs into a single term, and it further defines a

comprehensive SBW framework. Focus groups of a convenience and snowball sample were of 44 diverse Black women from the mid-Atlantic region of the United States, who ranged in ages from 18 to 91. The study identifies the superwoman schema, Sojourner syndrome, Sisterella complex, and the Strong Black Woman schema as key SBW constructs. In the explanation of the constructs, the researcher points out that the perception of Black women as unbreakable and self-sufficient contributes to self-neglect and incessant stress. The study participants posited that the SBW is independent, resilient, has high confidence in her identity, is self-sacrificing, assumes responsibility for others, suppresses emotions and needs, has multiple roles, and is strong. Four main themes emerged from the research, indicating that SBW: embody and display multiple forms of strength, possess self/ethnic pride despite intersectional oppression, embrace being every woman, and are anchored by spirituality or religion. The characteristics that emerge across all four constructs combine to capture the essence of the SBW as a provider, caretaker, and community agent, who is resistant to vulnerability, displays strength, suppresses emotions, and succeeds despite the lack of resources. This construct demonstrates the perception that the SBW is obligated to assume many responsibilities, while consistently manifesting strength. A recommendation for future study is to investigate how identification with the SBW schema influences self-care, including health-promoting and compromising behaviors (Abrams et al., 2014). Abram's work expanded the body of literature on SBW, but it may have fallen short of its goal of uniting all constructs under one specific term.

Sumra and Schillaci (2015) examined stress and the multiple-role woman. The study looked at different superwoman characteristics, including the SWS, in a sample of

women in North America. This study did not find any correlation between stress and engagement in multiple roles or being a superwoman by their definition (Sumra & Schillaci, 2015). These findings are significant for the SWS because the participants were Canadian women, and they were not all members of the same racial group. This supports the concept that the superwoman or SBW is both race and gender related (Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010).

Additionally, Kramarae (2005) explored communication theories and language and discussed muted group theory. Muted group theory posits that accepted language practices are constructed mainly by men to express their experiences (Kramarae, 2005). Differences in interests and concerns span marginalizing aspects of gender, race, sexuality, and class, and they cause these groups to become muted because their speech is disrespected by those in dominant groups. Individuals are encouraged to take on representation by the dominant discourse (Kramarae, 2005). The intersection of marginalized traits can cause individuals to be further silenced by the absence of language that is relevant to their experiences and world view.

Many different images and constructs exist to try to capture the essence of the SBW. Similarly, constructs and scales have been developed and refined over time. In the construction of the superwoman schema and measurement tool, Woods-Giscombé (2010) built on the work of other researchers, such as Beauboeuf-Lafontant (2007, 2008), Black and Peacock (2001), Gillespie (1984), Harris-Lacewell (2001), Jones and Shorter-Gooden (2004), Mulling (2005), Romero (2000), Thomas et al. (2004), and West (1995).

The measurement tool was also initially validated by a quantitative study. Support for this body of work is evident through the characteristics and images that

emerged in the literature and the goal of integration under a common theme. Criticism is also identified, which brings light to nuances and areas for concentrated study. The hope is that this study will add to the essence of the SBW by identifying what causes self-care neglect and what may help enhance engagement in self-care activities, and it is the hope that this study will provide a link from stress-related health outcomes to interventions and to bridge the gap toward well-being for SBW.

Interventions

From her psychotherapist vantage point, Bryant-Davis (2013), an African American woman, recounted her sister friendship through personal reflection, discussion, and analysis with her sister friend. She identified that friendships have been shown to enhance the health and mental well-being of ethnically diverse women, and that sister friends can be a vital component for overcoming stress. The author also examined the case of a 40-year-old African American female medical doctor who came to her, suffering from debilitating panic attacks, and she presented with gaps in beneficial female relationships. Through addressing these gaps, and by building same-gender relationships, the client experienced a reduction in stress (Bryant-Davis, 2013). The author suggested sister-friend networks as a group therapy intervention for African American women. She also pointed out that having female friends does not have the same relationship value as having sister friends. Suggestions also include that therapists need to have their own sister friends to avoid vicarious trauma (Bryant-Davis, 2013). The author could provide clarity to the reader by further defining sister-friend characteristics.

Woods-Giscombé and Gaylord's (2014) study explored the cultural relevance of mindfulness meditation for African Americans. The authors identified the impact of

stress on health disparities in African Americans, which are most evident between the ages of 35 and 64, and they stated that emphasis should shift to identifying interventions to reducing or preventing stress-related health disparities. This qualitative study of 15 African American adults, with mindfulness meditation training, used a purposeful sampling and open-ended interviews. Findings include the congruence between spirituality or religion and mindfulness meditation. Findings also indicate that African American practitioners of mindfulness meditation recommend the practice for enhanced stress management and health improvement in the African American population (Woods-Giscombé & Gaylord, 2014).

Woods-Giscombé and Black (2010) examined the role of mind-body interventions as a tool for preventing or reducing health disparities in African American women. The authors first discussed the effects of health disparities on this group and then discussed how stress is affected by strength using the superwoman schema and the Strong Black Woman script. The authors then identified three interventions that might be useful for Black women. Mindfulness-based stress reduction and loving-kindness meditation focus on meditation. The NTU therapeutic framework is a culturally derived intervention that focuses on meditation and elements of holistic well-being. The authors conclude with identifying the theoretical relevance of the three interventions and point to the need for more empirical evidence to support the efficacy of each (Woods-Giscombé & Black, 2010).

Di Noia et al. (2013) examined dietary interventions for African Americans. They noted the high prevalence of morbidity and mortality from diet-related diseases in this population. Cultural-sensitivities considerations affecting diet included historical

legacies from slavery; social and environmental stressors; race, body image, and role of women, among others. The authors also noted an Afrocentric worldview, including spirituality, collectivism, orality, and harmony is prevalent with African Americans, and they affect their choices and habits. They conclude that interventions to improve dietary practices of African Americans that consider their customs, cultures, and worldview are urgently needed (Di Noia et al., 2013).

Jones and Guy-Sheftall (2015) discussed black feminist thought and how black feminists' perspectives can provide ideal frameworks in therapy for services that are culturally responsive to the needs and values of Black women. Jones and Guy-Sheftall identified feminist therapy as a mental health service that is empowerment focused and woman centered. The therapy systemically incorporates women's psychology, developmental research, cognitive-behavioral techniques, social activism, and multicultural awareness in one platform (Jones & Guy-Sheftall, 2015). The authors offered a case vignette as an example of the use of Black feminists' perspective in a therapy group. The perspective reflects an integration of race, gender, sexuality, and class, and it offers a holistic approach to therapy. The authors further identified the need for more culturally responsive treatment initiatives for Black women (Jones & Guy-Sheftall, 2015).

The interventions identified include different forms of meditation, being mindful, having mutually beneficial same-gender friendships, being culturally sensitive and begin to offer solutions to some of the issues SBW face throughout the literature. As indicated by Woods-Giscombé & Gaylord (2014), emphasis needs to converge on interventions to reduce the effects of stress on health for Strong Black Women. Since the identification of

such interventions does not guarantee engagement, an assessment needed to be made from SBW to determine what would increase the likelihood of their participation in such interventions (Woods-Giscombé & Gaylord (2014).

Chapter Summary

The literature supports the theory that some Black women exhibit strength characteristics at significantly higher rates than White women. The research identified perceived strength traits resulting from Black women's dual minority status and history of oppression. The literature agreed that the constructs identified were overlapping and based on the effects of racism, sexism, and classism. While all researchers in the literature discussed the effects of strength on stress, some authors focused on disparate physical health outcomes, including cardiovascular disease and obesity, while others looked at depression. These foci demonstrated the multidimensional repercussions of strength on stress and well-being and the need for self-care or restorative practices. Researchers suggested that steps should be taken to advance the social justice agenda so that Black women can live authentic lives free of the expectations of an oppressive past (Watson & Hunter, 2015). Reframing strength as being able to ask for help instead of suffering silently may also be helpful (Donovan & West, 2015). Self-awareness, self-care, restorative healing, and a redefinition of inner strength could decrease stress-related responses for the SBW (Woods-Giscombé & Black, 2010).

The superwoman schema identified self-care neglect as one of the stress-related health behaviors that is a perceived liability of the SBW role (Woods-Giscombé, 2010). This study attempts to identify the perspectives of Strong Black Women about self-care engagement and what may cause them to neglect or postpone it. It also seeks to discern

what might influence SBW to change their behaviors relevant to self-care engagement. These aspects may help reduce the dual minority impact on mental and physical health and wellness.

Chapter 3 outlines the design of the study. The tools and populations identified in the literature informed the context, participants, and instruments used to answer the research questions.

Chapter 3: Research Design Methodology

Introduction

The intersection of race and gender impact the perceptions and actions of some Black women, particularly affecting their physical and emotional health and self-care practices (Woods-Giscombé, 2010). This study sought to identify self-care knowledge, perceptions, and behaviors in Strong Black Women who were defined as women of African descent living in the United States, who were not native to Africa, and who identified with the characteristics of the superwoman schema. This chapter reviews the SWS characteristics and tool and the research questions for this study. The research design, participants, instruments, context, and the positionality of the researcher are explained and detailed.

The Strong Black Woman role is a multidimensional phenomenon encompassing the characteristics of obligation to manifest strength, emotional suppression, resistance to vulnerability, resistance to dependence, determination to succeed, and obligation to help others. It also involves socio-historical and personal contextual factors as well as themes of survival and health status (Woods-Giscombé, 2010). The superwoman schema provides a conceptual framework for understanding the Strong Black Woman phenomenon, and the embodiment of it, affects the lived experiences of Black women regarding stress, strength, and health (Woods-Giscombé, 2010).

The SWS examines how, for Black women, stress is affected by strength, which was defined in the study as resilience, fortitude, and self-sufficiency (Woods-Giscombé,

2010). The SWS contextual framework defines the SBW role as having five major characteristics with contributing contextual factors and perceived benefits and liabilities (Woods-Giscombé, 2010). The first characteristic is the obligation to manifest strength. There is a need to consistently present an image of strength for the sake of children, parents, family members, or friends. The second characteristic is the obligation to suppress emotions. Fear of not being understood, appearing weak, or not knowing how to express emotion causes the suppression of feelings and emotions. The third characteristic is a resistance to being vulnerable or dependent. There is an avoidance of any opportunity to be hurt or exploited. The fourth characteristic is the determination to succeed despite limited resources. There is a great deal of ambition and intense motivation to succeed. The fifth characteristic is the obligation to help others. This is also an obligation to meet the needs of others or to nurture others (Woods-Giscombé, 2010).

Woods-Giscombé (2010) also identified the contributing contextual factors that include a historical legacy of racial and gender stereotyping or oppression; lessons learned from foremothers; a past history of disappointment, mistreatment or abuse; and spiritual values. The perceived benefits of the SBW role include three types of preservation: self, the African American family, and the African American community. The preservation of self and survival is one of the most important benefits of the SBW role. It includes survival—despite personal obstacles, perceived inadequacies, or unique life experiences (Woods-Giscombé, 2010).

The perceived liabilities of the SWS include strain in interpersonal relationships, stress-related health behaviors, and the embodiment of stress. The fear of being

vulnerable presents a strain in romantic relationships and hinders some from being loved or loving fully. Stress-related health behaviors include emotional eating, smoking, poor sleep patterns, and postponement of self-care. Poor eating habits or overeating and smoking are often used as stress relievers. Sleep deprivation is practiced to fit more time into an already packed day. Self-care ends up at the bottom of the list because of competing demands for time and energy. Guilt is often associated with taking time to care for oneself. The embodiment of stress is manifested in undesirable health issues including panic attacks, migraines, weight gain, and depression, which can lead to serious negative health outcomes (Woods-Giscombé, 2010).

The SWS and other literature detail aspects, characteristics, and liabilities of the SBW (Abrams et al., 2014; Beauboeuf-Lafontant, 2003, 2007; Black & Peacock, 2001; Nelson et al., 2016; Watson & Hunter, 2015; Woods-Giscombé, 2010) and outline the effects of stress on her. The literature also exposes the need for self-care to balance the disparate health outcomes that are prevalent among SBW.

Research Context

The intended timeline for the research was 2 to 4 months. Flyers were distributed within 2 weeks of receipt of IRB approval (Appendix A). Interviews were planned over 8 weeks, which began 1 month after the flyer distribution began.

The researcher contacted, via email, those individuals interested in participating, to confirm that they meet the initial criteria. Further information on the study process was provided if requested. The introductory letter and a flyer (Appendix B) were sent to participants, along with an informed consent form (Appendix C) as attachments in the email. When the signed consent form was returned to the researcher, the participants

were sent links to the demographic questionnaire and the SWS Scale questions in Qualtrics. The researcher was available to answer any questions by email or phone throughout this stage. The data from the questionnaire and survey tool are being kept in a password-protected file on the researcher's computer and on an encrypted USB device. This data will be destroyed 3 years after the completion date of the study by deleting it from the devices.

The SWS tool provides a percentage as to how much an individual identifies with or endorses the SWS (Woods-Giscombé, 2010). The study sample was selected based on high SWS identification, in addition to the criteria in the demographic questionnaire. The individuals selected were contacted and informed that they had been selected to participate in the interview portion of the study. All participants were thanked for their participation.

Interviews were scheduled at the convenience of the participant and took place near their geographic location, in a private room or area, at a public place. The participants' comfort level guided the location selection. The researcher reserved 1 hour for each interview session and informed the participants that the interview would take approximately 30-60 minutes. The researcher ensured that the room was comfortable and temperate. At the time of the interview, the researcher informed the participant that the session was being recorded. The researcher reviewed the purpose of the study and reminded the participants that they had already completed the informed consent. The researcher also reminded the participants of their right to stop at any point in the interview if they felt uncomfortable. The interviews commenced with the prepared interview questions (Appendix D). The researcher conducted the interviews and noted

any nonverbal cues and responses made by the participants. The interview questions were pretested with a volunteer to ensure clarity and understanding, in addition to estimating an adequate time be allotted for the interview. Information on support for Strong Black Women, including literature and online support groups, were available for the participants. If the participant expressed or showed any signs of distress during the interview, a list of local clinical professionals was given to the participant. No compensation was offered to the participants. After the interviews, the researcher spent a few minutes making analytic notes, and notating any unusual circumstances or events that took place during the interviews (Creswell & Poth, 2018).

Each participant interviewed was assigned a pseudonym for maintaining confidentiality. The name was attached to the interview tapes, interview notes, and transcripts. A key for the participant identity and pseudonym was developed and kept in a separate password-protected file on the researcher's computer and on a separate encrypted USB drive that is kept in a sealed envelope in a secure location^[SR2]. This data will be destroyed 3 years after the completion date of the study by deleting it from the devices.

Research Design

A qualitative phenomenological research process was used to answer the following research questions.

1. How do executives who identify as Strong Black Women define self-care?
What do executives who identify as SBW understand about self-care?
2. What causes some executives who identify as SBW to postpone or neglect self-care?

3. What can influence executives who identify as SBW to actively engage in self-care practices?
4. Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?

The existence of the Strong Black Woman role, as defined through the literature, was the phenomena of this study. There are many paradoxical attributes to the SBW including how strength and a positive attribute can produce negative consequences for some Black woman (Abrams et al., 2014). The internalization of the Strong Black Woman role produces internal competition and entails being psychologically durable, yet not engaging in behaviors that preserve durability; being equal, yet oppressed; and being feminine, yet rejecting traditional feminine attributes (Watson & Hunter, 2015). For Strong Black Women, the identification with the SWS is functional and facilitates self-efficacy and resilience in the face of resource limitations and competing messages. There are negative and positive consequences of this internalization, including the lack of utilization of psychological and self-care resources that could preserve durability (Watson & Hunter, 2015).

Abrams et al. (2014) recommended investigating how identification with the SWS influences self-care, including health-promoting and compromising behaviors in SBW. This information was not contained in the current literature and was gathered directly from the SBW by inquiring into their lived experiences, habits, and actions. An inquiry design stemming from the lived experiences of individuals about a phenomenon is termed *phenomenological* research (Creswell, 2014). This approach was, therefore, used to gather primary data from the study participants. The research questions asked about

individual understanding and reasons for certain behaviors that nominal or ordinal data cannot answer, but rather, the answers required detailed explanations from the participants. Qualitative research seeks to explore and understand meaning (Creswell, 2014), and therefore, a phenomenological research design was most appropriate for the participants to answer the research questions. The study consisted of a questionnaire and survey tool (Appendix E) to identify the sample, which was followed by face-to-face, in-depth interviews.

Positionality

The researcher is a Strong Black Woman who has negative health outcomes as the result of experiencing stress and of neglecting self-care. The researcher's positionality met the inclusion criteria of the study participants and thus benefitted the understanding of and relationship with the participants. It also increased the comfort level and openness during the interviews as the participants felt that there was a vested interest in their experiences (Creswell & Poth, 2018). The researcher served as the key instrument for conducting the interviews and coding the data. The researcher guarded against interjecting personal bias into the process by bracketing, or setting aside personal experiences, during the interview and coding process (Creswell & Poth, 2018). This was accomplished by the establishment of interview questions and specific, non-leading follow-up questions that could be asked to garner clarification or request expansion of the participants' statements. The researcher engaged a peer, who was familiar with the study and coding, for the purpose of debriefing, as a validating strategy (Creswell & Poth, 2018).

Research Participants

The population consisted of Strong Black Women (Black women who self-identified with the superwoman schema), between the ages of 40 and 60, with at least a master's degree, who were (at the time of the interview) employed full-time in an executive or professional position. These criteria were established through the literature and by the research questions.

According to Woods-Giscombé (2010), SBW with terminal or professional degrees identify as having the highest level of self-care postponement. Focusing on this group could yield a higher percentage of participants with desired characteristics to respond to the research questions. Woods-Giscombé and Gaylord (2014) identified the age range of 35-64 year as having the highest disparity in health outcomes for SBW. The age range for this study was further narrowed to 40-60 to yield participants with more similar life experiences. The population and sample resided within 250 miles of southern Westchester County, New York.

This study utilized a purposeful sampling because members of the sample group needed to meet the inclusion criteria established by the nature of the research questions (Huck, 2012). The study also used snowball sampling to increase the participant pool. Potential participants were asked to share the study information with friends or colleagues who met the criteria. The targeted sample locations were professional organizations, businesses, places of worship, and online communities that served or had the target population as an audience. Recruitment took place at predominantly Black churches and hair salons in the study area and through researcher's personal networks and by word of mouth.

Saturation should be the deciding factor in determining sample size in qualitative research (Mason, 2010). Creswell (1998) identified an appropriate sample size guideline for phenomenological studies as between 5 and 25. This study targeted between 8 and 12 participants for inclusion. Data review and coding began after the first interview.

Interviews progressed until a level of saturation was identified within the 2 to 12 range.

Instruments Used in Data Collection

The data collection instruments included an introduction letter and informational flyer (Appendix B) that contained prescreening questions, the Superwoman Schema Scale (Appendix F), a participant informed consent form (Appendix C), a demographic questionnaire (Appendix E), an electronic recording device and the researcher who conducted the face-to-face interviews. The informational flyers were distributed through email, social media, and in hard copy form, and they were used to recruit participants for the study. The flyer contained information on the researcher, institution affiliation, purpose of the study, target population, and prequalifying questions. The flyer also contained directions that if the individual could answer yes to all questions, they qualified to participate in the study, and that they should contact the researcher by email at her St. John Fisher College address. The questions were pretested with volunteers to ensure clarity and reliability. The researcher requested and received permission (Appendix F) to use the Superwoman Schema Scale from Dr. Cheryl Woods-Giscombé. The scale is a 35-item instrument that measures endorsement level to the SWS (Woods-Giscombé, n.d.). The SWS Scale was used to screen participants to see if they would meet the initial inclusion criteria of the study for interviews based on their level of endorsement of the superwoman characteristics. Those with the highest levels of endorsement were selected

for the interviews. Steed (2013) evaluated the SWS Scale and found it to be valid. The demographic questionnaire was pre-tested with volunteers to ensure clarity and reliability.

Procedures for Data Collection and Analysis

The data analysis commenced with the professional transcription of the interview tapes. The recordings were sent immediately after the interviews. As the transcripts were received, the researcher reviewed them against the original recordings for accuracy and to record any verbal emphasis, pauses, or changes in tone on the hard copy transcripts that may have existed on the tapes. Any nonverbal cues or responses from the session notes and information from the analytic notes were added to the hard copy transcripts at this time.

The researcher sought to be fully immersed in the data and, therefore, engaged in solo, manual coding (Creswell & Poth, 2018). However, to ensure internal validity, the first transcript was also coded by a colleague to check for intercoder agreement. This process included the researcher and the colleague both reviewing and coding the same transcript sections. Codes were then compared with the goal of reaching 80% agreement, which represents good qualitative reliability (Creswell, 2014). If this percentage was not attained, the coders would review and discuss the codes together to come to a consensus. The process would have been repeated with additional sections or transcripts until reliability was achieved. To honor and prioritize the voices of the participants, in vivo coding was used. This coding technique helped to provide an understanding of the phenomena from the participants' experiences, in their own words (Saldana, 2016).

The coding process involved identifying and recording initial codes and then categorizing or developing the codes into clusters of meaning or themes (Creswell & Poth, 2018). These codes and themes were developed into a code book and are maintained in an electronic spreadsheet. Through an examination of the codes, the researcher was able to determine if new codes continued to emerge as the interviews and coding progressed. The code book was developed into a chart to report the major emergent themes from the study. Tables and direct quotations are also presented in this writing to illustrate and articulate the participants' meaning.

Summary

The superwoman schema identifies neglect of self-care as one of the stress-related health behaviors that are perceived as a liability in the SBW role (Woods-Giscombé, 2010). This qualitative, phenomenological study attempted to identify Strong Black Women's perspectives and understanding regarding self-care and what might have caused them to neglect, postpone, or engage in lack of self-care by inquiring into their lived experiences. The study also sought to discern what might influence SBW to change their behaviors relevant to self-care and to potentially reduce the disparate health outcomes that result from the stress produced by the strength discourse. Uncovering these aspects may help reduce the dual minority impact of stress on the mental and physical health of Strong Black Women.

Chapter 4: Results

Black women experience disproportionately high rates of adverse health conditions that might relate to how they experience and cope with stress (Woods-Giscombé, 2010). This qualitative phenomenological study of Strong Black Women's perspectives relative to self-care and engagement in related practices examined a sample of Black women from the New York City area through semistructured interviews. The study answers helped to ascertain their practices, perceptions, and beliefs in their voice, from their lived experiences. Self-care postponement was identified as a stress-related health behavior and a perceived liability of the superwoman role (Woods-Giscombé, 2010). There remains a need to unveil the reasons for self-care neglect or postponement of self-care among Black women who endorse the SWS characteristics. These characteristics include the obligation to manifest strength, the obligation to suppress emotions, resistance to being vulnerable, determination to succeed despite limited resources, and the obligation to help others (Woods-Giscombé, 2010). Identifying the factors that limit self-care, and those that may bridge the gap to engagement, may lead to enhanced self-care and improved health outcomes for some Black women.

Research Questions

The research questions instrumental in this study were:

1. How do executives who identify as SBW define self-care? What do executives who identify as SBW understand about self-care?

2. What causes some executives who identify as SBW to postpone or neglect self-care?
3. What can influence executives who identify as SBW to actively engage in self-care practices?
4. Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?

Data Analysis and Findings

The population consisted of Strong Black Women (Black women who self-identified as endorsing the superwoman schema), between the ages of 40 and 60, with at least a master's degree, who were, at the time of the interviews, employed full-time in an executive or professional position. This study utilized purposeful sampling as all members of the sample group met the inclusion criteria established by the nature of the research questions (Huck, 2012). Recruitment took place at predominantly Black churches and hair salons in the study area by flyer distribution and through personal networks, social media and word of mouth. There were no responses from the flyers left at churches or hair salons, although there was evidence of interest reported from a proprietor. Most responses resulted from personal networks through social media. Snowball sampling was also implemented, and it produced more interest and two additional participants. All participants were familiar to the researcher or familiar to a friend or acquaintance of the researcher or another participant. There was substantial interest in the study by individuals who met most, but not all, inclusion criteria.

Data collection instruments. The data collection instruments included an informational flyer that contained prescreening questions and an introduction letter

(Appendix B), a participant informed consent form (Appendix C), a demographic questionnaire (Appendix E), the Superwoman Schema Scale (Appendix F), an electronic recording device, and the researcher who conducted the face-to-face interviews. The flyer directed interested individuals to email the researcher indicating their interest in participating in the study. The introductory letter and informed consent form were sent to those individuals indicating interest. Upon return of the signed informed consent form, the individuals were assigned a participant ID and sent a link to the demographic questionnaire and the SWS survey in Qualtrics. The demographic questionnaire and SWS survey were pretested with two volunteers.

Sample. There were 17 individuals who expressed interest in participating in the study, and they were sent informed consent forms. All individuals responded with completed consent forms, and they were sent links to the demographic questionnaire and the SWS survey. Of the 17 potential participants, 14 completed the survey and demographic questionnaire. Of the sample of 14 survey results placed seven in the high SWS range of 71-105, based on summed SWS endorsement; five participants placed in the mid-range of 36-70, and two placed in the low range of 0-35. The 10 participants who placed in the top 40% of the range were invited to interview, and all participated. This number was selected to capture an interview pool within the range identified for this study that had high to moderately high endorsement of SBW characteristics as measured by the SWS Scale.

Participant demographics. To preserve confidentiality, the participants were all assigned pseudonyms at the point of the interview transcriptions. At the time of the interviews, all participants were Black females who were employed full time in executive

or professional positions with access to health insurance and self-care resources. Three reported being born outside of the United States. The age of the participants ranged from 44 to 56 with a mean age of 51. Of the 10 participants, six were married, two were divorced, and two had never been married. Of the 10 participants, three held doctorate degrees, and seven of the participants had at least a master's degree. Three participants had body mass indexes (BMIs) within the normal range of below 24.9. Three were in the overweight category of with BMIs of 25-29.9, and four were classified as obese with BMI indexes over 30. Table 4.1 details other participant data related to the study.

Table 4.1

Participant Data

Pseudonym	SWS Score	Children	Care for Others	Exercise	Health Issues	Postponed Self-Care
Monica	92	N	N	N	N	Y
Denise	89	n/a	Y	Y	Y	Y
Renee	88	Y	N	Y	N	Y
Sandra	87	N	Y	N	Y	N
Ruth	81	Y	Y	N	N	Y
Rachael	79	Y	Y	N	Y	Y
Sophia	71	N	N	Y	Y	Y
Felicia	65	N	N	Y	N	N
Carla	64	Y	N	Y	Y	Y
Patrice	63	Y	N	N	Y	N

Note. Information gathered from the demographic questionnaire. n/a = no answer.

Interview questions. The interview questions were pretested with a volunteer to ensure clarity and understanding, in addition to verifying an adequate time allotment.

The questions were revised and retested to ensure that they garnered the type of

response sought. The interview questions (Appendix D) were administered by the researcher.

Interviews. The interviews took place in private rooms at public places that were convenient to the participants' preferred locations including libraries, offices, schools, and hotel lobbies. The participants lived within 250 miles of Westchester County, NY. Interviews ranged between 15 and 50 minutes, averaging about 30 minutes each. Each participant was reminded that she signed an informed consent form and that she did not have to answer any questions that she was not comfortable answering and the participants could stop at any time. The interviews were recorded using an application on a cell phone, they were assigned a pseudonym, saved, and then uploaded to a website to be professionally transcribed. None of the interviewees exhibited any trauma or signs of discomfort during the interviews.

Coding. The coding process commenced when the first transcript was received from the transcription service. The transcript was first reviewed for accuracy against the audio recording. It was found to be relatively accurate. The transcript was reviewed again, and preliminary codes were assigned. A colleague was engaged in reading the transcript and reviewing the codes for intercoder agreement. The colleague agreed that the codes represented the information in the transcripts. A process of the initial coding was used utilizing in vivo codes, which was drawn from the participants' own language (Saldana, 2016) in the interview. These codes were notated by being highlighted on the hard copy transcript or marked within the margins depending on length. The initial coding process continued for all transcripts as they became available. The next stage of coding utilized focused coding which categorizes codes based on conceptual similarities

and looks for frequent and significant codes (Saldana, 2016). This process required concurrent review of the initial codes in all transcripts and produced a refined second level of codes. These focused codes were refined and grouped into categories by looking for common or similar meaning. Common themes were extracted from the categories, and they are represented in Table 4.2.

Table 4.2

Themes, Categories, and Codes

Theme	Category	Codes
Spirituality	Religion	Conversations with God, Relationship with Christ
	Beliefs	Prayer, meditation, reflection
Physical Being	Activity	Exercise, workout, gym, yoga, walk, sports, take care of body
	Diet	Proper diet, healthy eating, fine food, wine
	Relaxation	Relax, downtime, time to heal, laugh, massage, unwind
Intentionality	Prioritizing	Setting limits, set boundaries, following own agenda, active engagement, personal responsibility
	Planning	Advanced planning, use calendar, schedule time, plan made by other, define time, set protocols, set priorities, be mindful, plan, setting goals, use calendar, focus
	Time	Limited time, competing priorities, not in routine, work
	Busy	Overcommit, multitasker, organized, take on everything, always on, multiple roles
	Rewards	Pamper self, rewards, spa, indulge, travel, shop, dessert
Expectations of Self and Others	Expectations of Self	Self-imposed obligations to be perfect or consistently exceed expectations, honest with self, of self
	Expectations of Others	Honest communication with others, Manage expectation of others, expectations of others
	Care of Others	Focusing on others, caring for others, distractions from family, Life getting in the way, sacrifice self for others
	Self-Sacrifice	Caretaker, nurturer, support collective, doesn't take time to heal
	Fear	Scared, fear, avoidance, worry, frustration, disheartened
	Achiever	Intelligent, focused, wealth of knowledge and ability, represents best self, dependable, expert, perfectionist, high expectations
	Fortitude	Perseverance push through pain, delay going to doctor
Tradition	"What we do," "How we are wired," customs, historical roles	
Support	Socialization	Engaging with others, being with friends, time with like-minded people, hanging with girlfriends, family
	Support	Support from boss, support from team, support from spouse/family
	Partnerships	Accountability partner, girlfriends, friends' checking-in, partnerships

Themes. The five themes that emerged from the research were spirituality, physical, intentionality, expectations of self and others, and support. The following sections detail each theme and its components.

Spirituality. Spirituality was referenced by three of the participants. It included belief systems and formalized religion. Carla identified that she was more spiritual than religious, “I don’t see myself as being religious. I see myself as like leaning more on God, and that helps me to take care of more of myself.” For her, prayer and alignment with God were essential. In times of stress, Carla would lean on God for strength. Sophia was anchored by her deep faith, which directed her actions:

My spiritual life is very important. If I’m not praying regularly, reading my Bible, reflecting on what my purpose is, that’s when I really get stressed out . . . it’s part of my faith. I’m reminded that my body is a gift. My ability to think, talk; it’s not by accident. That’s part of my purpose. I have to take care of the gifts that I have.

Being fully engaged spiritually was essential for Sophia’s self-care, and it helped to reveal her purpose, which directed her activities. Ruth began her days with prayer, “so I get up and I [have a] . . . conversation with God. I just sit, and I’m like, ‘okay, God, this is what I got to do today.’” She had a substantial relationship with Christ, and she sees it as a part of her self-care.

For these participants, their spiritual lives and beliefs were integral parts of their self-care practices. Their relationships ground them and gave them purpose and strength. Carla sometimes wondered, “How do they do that without God in their lives?,” when she would see others going through rough times.

Physical being. Physical being includes physical activity, diet, and relaxation. Four participants identified aspects of physical being as having a relationship to self-care. Five participants are engaged in regular physical activity, which included working out, going to the gym, doing yoga, or walking. The five participants identified that they did not participate in any regular exercise, but three participants identified a proper or healthy diet as relating to their self-care. One participant said that enjoying fine food and wine was important to her. Relaxation was identified as something sought after, an occasional occurrence, or something rarely achieved by the various participants. Two participants identified that they took regular time to relax and recuperate. Monica shared, “I love being pampered, so going to get a facial, going to get my nails done, going to go get a massage. Those things just help my body, I think, relax.” Reading was identified by four participants as an activity that helped them relax. These attributes are related in that they produce an effect on the physical body. The need to “take care of their ‘temple’ or ‘gift from God,’” referring to their physical being was identified by three participants including Carla who stated, “I define self-care first in the physical. What is obvious. I got to take care of my temple.”

Intentionality. The theme of intentionality includes categories where individual intention or initiative are key. These categories are prioritizing, planning, rewards, and time. All the participants identified aspects of this theme relevant to self-care. Specifically, prioritizing included setting an agenda for themselves based on criteria, such as spirituality or relaxation and setting limits and goals and being responsible for upholding their own agenda. Denise stated, “I think self-care is . . . setting aside some time to do things that really matter to me.” Patrice shared that, “self-care is knowing

when I need to stop and take care of me, by doing things that I want to do.” Felicia believed that her self-care goal was to, “show up every day on earth as my obligational responsibility to be the best expression of myself that I possibly can be.” For these participants, priorities also competed for their time. Renee, Rachael, Ruth, Felicia, and Sophia placed heavy importance on work, and they often spent more time at work or on work-related tasks than was required. Rachael revealed:

If I was going to be brutally honest with myself, it’s like the time that you have to spend to do it is better suited someplace else. So, it’s, to some degree, demeaning my own value of self. Part of it might be that I can take care of it later, kind of deal.

Renee owned that, “I’m not good at anything that takes me too far away from my day-to-day. I don’t do well. Anything that takes me out of my routine . . . I fall really short.”

Ruth acknowledged:

I think we over commit, and we overstretch, and then for fear of not showing up well, we find ways to just stretch ourselves some more to make sure that we meet what we promised we said we’d do, and it becomes a cycle.

The participants identified the need to be mindful of self-care and noted that planning for it was essential. Monica stated:

I think planning [self-care] out and not letting anything get in the way . . . carving out little points of the day to also just do something nice . . . just putting it on a calendar and saying, “this is gonna happen this day,” and nothing moves it.

Monica believed this to be essential. Sandra characterized her ideal actions to include:

[I] Look at my schedule and say, “this day, I’m going to devote this amount of time,” whether it’s in the morning or after work or during my lunch hour, to exercising. I think if I scheduled more time during the weekend to perhaps prepare better meals and have a sense of better planning for meal prep and those kinds of things during the week, I won’t find myself just grabbing whatever there is to eat.

Strategies included using their calendar to set aside or define time, setting priorities to ensure that self-care happened, setting protocols and boundaries to mitigate any situations that threatened going off track. Felicia, Monica, and Patrice spoke about purposefully rewarding or providing special or indulgent opportunities for themselves. Patrice shared, “When I’m eating my favorite [dessert] . . . oh, my goodness, it just tastes so wonderful. Not that it does anything for my waistline, but that’s a whole different story, but it makes me feel good.” Felicia proudly stated, “I take time for myself, I always make sure that I pamper myself, I treat myself right, and I never feel guilty about it.” These rewards of massages, spa days, pampering, dessert, and other treats provide care at an emotional level for the participants, and they affected their physical and mental well-being.

Purposeful, active engagement in relevant activities is required by this theme.

Ruth pondered:

Sometimes, I almost ask myself, “is it a mental illness?” When is the DSM going to create a diagnosis for this, and if they do, will the Strong Black Woman be willing to take the prescriptive action necessary to take care of herself? I don’t think there’s a cure for it. I think it’s almost like a chronic disease.

Expectations of self and others. The expectations of self and others theme encompasses many aspects where expectations drive behavior. These expectations may not always be evident on the surface, but they do impact self-care engagement. This theme encompasses care for others, self-sacrifice, tradition, fear, fortitude, expectations of self, and expectations of others. Six participants identified caring for others, including parents, children, and significant others, as something that was an obligation and they had limited time or ability to engage in personal self-care. Sandra stated:

When you're trying to give 100% to everybody, caring for everyone, taking care of family, taking care of everything at your job, trying to be a mediator, trying to direct . . . sometimes a Black woman gets lost in that because they're always trying to take care of everything else. Whether it's the home, whether it's a relationship, or kids, or all of that. A job, whatever. We get lost in those priorities or things that we need to do. We neglect ourselves.

Monica articulated how, "Life just gets in the way, and I think when you're involved with so many things, and you're trying to help so many other people, you put yourself on the back burner." The participants explained that within the roles of caretaker, nurturer, and caring for the collective, there is a sacrifice of self that does not allow for recuperation and adequate time to heal. Rachael pondered:

It should be absolutely normal, accepted, to put myself first and let everything else end up being second, third, fourth, and whatever; but honestly, I don't. I know I don't put myself first. It's kind of like making sure there's gas in the car if you're going to be going someplace. It would be really stupid of me to get in the car and drive . . . without looking at the gas gauge at some point, but I don't

see that in regard to myself and how I approach what are the things that I am supposed to do, or have to do, or want to do, or what I'm here to do.

Monica proclaimed, "Strong Black Women don't take time to heal." Ruth, Carla, Monica, and Renee sited tradition based on "it's what we do," "how we're wired," and "how we were raised," based on historical female roles that became an expectation of how they should behave today. Sandra remarked as, "just being 'it,' just being expected to take on everything." Renee explained, "when you're in the midst of doing, you just do. That's how we do." Renee furthered:

I started at a very young age thinking that it was my responsibility to take care of people, so it was my responsibility to take care of my sisters and to make sure they had their needs met, and then as I grew, I just kinda always took that role on even with friends.

Monica's remarks concurred, stating:

I think this constant need to be the rescuer in every situation, and so there's always gonna be a situation. And if I'm saving everybody else, and if I'm doing for everybody else, then I don't do it for myself. I think there's also some historical pieces to that where Black women were slaves, and they were to tend to their master, pick the cotton. And then when they went home, they didn't get a break. They cooked the dinner while their man sat. So, I think it's some of this historical and just passed down. Even in my house growing up, my mom was always the person that came from home . . . from work, cooked dinner, took care of the kids.

Feelings of fear and worry were identified by five participants regarding potential health outcomes related to postponing or neglecting care. The anticipation of some of these potentially negative outcomes led one participant to delay further or avoid seeking care. Monica, Rachael, and Renee revealed that much of their excessive work might be self-imposed and an expectation that they initiated the activity rather than a supervisor or other entity. Renee admitted, “I’m a little bit of a workaholic . . . as a Black woman, I always have to try harder,” and that, “the biggest reason why I don’t go to the doctor is because I don’t want to miss work.” Similarly, Ruth stated:

When I realized the extent to which I forced my body to continue to overwork itself, to make adjustments to accommodate my lack of care, I was angry at myself. I wasn’t angry at anyone else, because no one else made me do it. No one said, “you can’t take off of work.” No one said, “you can’t stop.” No one said, “you can’t go to the doctor.” It was me making 20 million excuses and putting everyone else’s needs before mine because that’s how I was always wired and that’s what I’ve seen around me. That’s what we do. I think, sometimes we wear the tiredness or the stress as a badge of honor.”

Monica further shared:

I feel like I often put myself in the position of the rescuer. Even when people don’t need my help, I feel like they need my help . . . and I realized that some of that stuff is self-inflicted wounds, I think, and or, a learned behavior.”

Many participants identified that expectations from others drive their actions.

Carla shared how:

We're women. And there was something that I once heard that, an adage . . . we love our boys, but we train our daughters. So, we go ahead, and we actually prepare our daughters to take on the mantle of caring for us as we get older. We have expectations that they do so. And I fell into that. Or I feel like as if it's my obligation. So, with my mom, it was my obligation to take care of her, there's an expectation that I am going to pick up this mantle, and I did.

Patrice stated that clear communication is needed to mitigate conflicts that others have for time and work. Having fortitude or being a pillar of strength in difficult situations was identified by three participants as an expectation of Black women both at work and at home. Carla alluded to discrepancies:

Strong Black Women have an inner source of strength. They have a place where they can go to be replenished. You know what is a challenge? The challenge is that historically Strong Black Women have been the Proverbs 31 women, who can do all things. You know, Proverbs 31 sets it up where she is, she represents her husband, and she represents her . . . children at the marketplace. She keeps a house clean. She's able to be all and do all. And she brings home the bacon. All of that stuff. She's a multitasker . . . when I read that proverb again, she had maidservants. I read it. She takes care of her maidservants. So, she had help. So, I think to get away from that whole thing where we're supposed to be able to be all of that without asking for help is something that we need to get away from.

Sophia explained an ideal role of a SBW using, "this cliché phrase, 'you need to put the oxygen on yourself in order to help other people' . . . so, remembering that is

really important. You need to make sure that you're taking care of yourself, so you can fully engage."

Support. The theme of support encompasses partnerships, support, and socialization. Ruth and Carla engaged accountability partners to help them stay on track to meet their goals. Ruth admitted, "I've engaged some accountability partners because being accountable to yourself is a joke, because you could lie to yourself, and you can reset every day and reset every day, for the next 10 years, and never really get accountable." Two other participants referenced engaging in activities with friends as an approach to promote socialization. Rachael shared how her friends support each other by checking in on a regular basis, especially when one is going through a difficult time. The term, *sister girlfriends*, was also used by Ruth to identify the support network that female friends can build and be. Carla also identified:

What helps me to take care of myself is partnerships with other people. Finding the accountability. I know I can go to my boss. He's more than my boss. And he can give me a different perspective. I know that I can go to people that are in my Bible study group. They can give me a different perspective. And that helps me to disconnect from that which isn't going to be helpful for me.

Sophia, Renee, Carla, and Rachael identified that support or encouragement from their supervisors could make the difference in them taking time to care for themselves. Sophia shared, "It helps when you have a boss who cares. It's not just about the bottom line. It's also nice to be reminded that you don't have to do it all." Carla also shared, "So, I have my boss. He'll say, 'Okay, it's time for our walk.' Or I will go to him and say, 'It's time for my walk.'" The support from supervisors was needed in addition to the

leave time that they already possessed. Socialization was very important for some participants. Felicia, Patrice, Sandra, and Sophia shared that engaging with like-minded people, hanging out with girlfriends, and setting aside time to be with friends were all priorities for them. Rachael shared that she enjoyed spending time by herself or with a pet. Ruth, Carla, and Renee identified support from family members as instrumental to their self-care engagement or lack of it. Renee reflected, “if my family . . . weren’t as needy as they are around my time and their expectations, and if they were more self-sufficient . . . that would help.” Ruth noted, “even though you have lots of supports around you, you don’t always tap into them.”

These five themes and their components capture the experiences, feelings, and beliefs of the participants as expressed during their interview sessions. They are the basis for the following answers to the research questions.

Research question answers. The first two research questions: *How do executives who identify as Strong Black Women define self-care?* and *What do executives who identify as SBW understand about self-care?* are answered jointly by the themes of spirituality, support, intentionality, and physical being. The SBW defined self-care by things that were pleasing to them or that brought them pleasure. The self-care definitions were multifaceted and very individualized. Within the spirituality theme, beliefs and following any requisite religious guidelines were an important aspect of the SBW’s self-care. Spirituality was at the core being of some participants who expressed that without elements like prayer, reading their Bible, and conversations with God, they would not be able to engage fully, deal with daily challenges, or move through their day. Spirituality represented a basic, essential level of care for these participants. Other participants

identified spirituality as a vehicle for replenishment or rejuvenation through meditation and reflection. These practices brought them energy and a sense of clarity.

The socialization aspect of the support theme and social engagement were important to many of the participants. For many, spending time with friends, girlfriends, and like-minded individuals was indicated as a source of positive energy and relaxation, and it was necessary for the care of their social selves and caused a reduction in their levels of stress. One participant identified time in solitude as refreshing and stress relieving. Self-care was identified as having a positive effect on their physical being, leaving their bodies in an optimal state. Some participants identified that state as being more euphoric, or they were delighted as a result of indulgence in a pleasurable activity like pampering, eating, or drinking. Others identified that state as being energized or stronger because of walking or exercising. A few participants were very clear that care for the physical body was an obligation for them, stemming from their spiritual beliefs. Self-care also requires initiative and for one to be intentional about engaging in it. The participants identified self-care activities as those beyond routine everyday occurrences, like brushing one's teeth or bathing. The activities require time and need to be planned and prioritized within the day around work and other family obligation to ensure that they occur.

The third research question, *What causes some executives who identify as SBW to postpone or neglect self-care?* is answered by the themes of intentionality and expectations. Within the theme of intentionality, the categories of time and busy illustrate the core reasons for self-care postponement or neglect for some participants. The high-performing lifestyles of some participants engulfed the static number of hours

in a day on a routine basis. The demands from these categories expand without constraint into other areas like the relaxation category within the spirituality theme. Many of the participants noted that the absence of prioritization and planning played a large part in their self-care practices. The role of expectations is very significant and was identified by all the participants. All categories within this theme combine to become a great force that requires tools and strategies to break through and manage. Expectations come in many forms, including customs and traditions, and perceptions that those have the power to guide one's current behavior. Fortitude and self-sacrifice can be both an expectation of self and an expectation from others, simultaneously, which compounds self-care neglect. Care of others for many participants was obligatory and took precedence over care of self. Expectations are self-imposed or accepted from others as obligations and impose limitations on self-care on the individual.

The fourth and fifth research questions are answered jointly by the themes of support of intentionality and expectations. The questions are: *What can influence executives who identify as SBW to actively engage in self-care practices?* and, *Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?*

Self-care engagement influencers and strategies include having support from work and family to commit the needed time to self-care activities. This was emphasized more significantly from the participants who were married or cared for children or others. The participants noted that being accountable to others positively influenced their level of engagement. Accountability partners or partnerships with others, including colleagues or girlfriends, was identified as a strategy that could increase self-care engagement. The

prioritizing and planning categories in the intentionality theme presented the strongest potential impact for self-care engagement. Many of the participants emphasized the need to have identified time during the day to prioritize self-care at a higher level. The most common strategy noted was putting time for self-care on the calendar. This also helped them to remain mindful of the need for self-care and to focus on completing that task. Changing the expectations of others, relative to time commitment and traditional roles, was noted as possibly having an influence on self-care. A few participants mentioned needing to adjust self-imposed expectations of overcommitting or overworking and limiting self-sacrificing roles.

Summary of Results

This study utilized a qualitative phenomenological research design to gain perspective from the lived experiences of Strong Black Women about their self-care beliefs and engagement. Five themes emerged from personal interviews with the 10 women who endorsed the SWS Scale relating to self-care engagement. The themes are spirituality, physical being, intentionality, expectations of self and others, and support, and they impacted the level of self-care engagement of the participants. The overlapping answers to the research questions identified that for the participants, self-care was individualized and something that was pleasing or pleasurable. Self-care must also be intentional, requires planning, and is best achieved with levels of support in place, while managing expectations. The SBW's perceptions and meanings of self-care outlined their reasons for self-care postponement and strategies for engagement.

Chapter 5: Discussion

This chapter, first, provides a discussion of the implications of the findings of the research. It then identifies limitations of the study and recommendations for further research. Lastly, it summarizes the research and provides a conclusion.

Introduction

This research identified that the disproportionately high rates of adverse health conditions that some Black women experience might relate to strength characteristics and the consequential stress that some of these women embody. The neglect or postponement of self-care has been identified as a contributing factor to these health disparities. The paradoxical presentation of Black women as strong and unbreakable, while simultaneously enduring stress that leads to negative health outcomes, needs to be resolved. Inquiring into the self-care engagement practices of SBW executives revealed barriers and illuminated pathways that may lead to the enhancement of wellness and reduction of the effects of stress on health for these women.

This study was a qualitative phenomenological examination of Strong Black Women that focused on their perceptions of self-care engagement. The research detailed the evolution of SBW and revealed the impact of stress on their health. The study also illuminated limitations faced by SBW that limit their self-care engagement, which can lead to health disparities among these women. SBW who were executives at the time of this research were the focus of the study because they have been identified as having higher levels of self-care postponement (Woods-Giscombé, 2010). SBW executives, for

this study, were employed full time and they typically had knowledge of and access to self-care resources.

The superwoman schema contextual framework defines the SBW role as having five major characteristics with contributing contextual factors and perceived benefits and liabilities (Woods-Giscombé, 2010).

First, in the obligation to manifest strength, there is a need to consistently present an image of strength for the sake of children, parents, family members, or friends. Second, the obligation to suppress emotions or feelings results in fear of not being understood, fear of appearing weak, situations with privacy concerns, or not knowing how to express emotion. Third, resistance to being vulnerable or dependent manifests as always having one's guard up. Fourth, the determination to succeed despite limited resources presents with a great deal of ambition and an intense motivation to succeed. High personal standards and drive result in a sense of pride related to achieving more than expected, despite resource limitations. Fifth is the obligation to help others or an obligation to meet the needs of and to nurture others. There is often difficulty saying no to requests for help. Taking care of others satisfies an inner need and also causes stress (Woods-Giscombé, 2010).

Woods-Giscombé (2010) also identified contributing contextual factors that include a historical legacy of racial and gender stereotyping or oppression; lessons learned from foremothers; a past history of disappointment, mistreatment, or abuse; and spiritual values. Lives are often patterned from what is observed or taught from mothers or grandmothers. These teachings often include lessons on self-sufficiency and how to handle difficult situations. Faith, religion, and spirituality aid in the manifestation of

strength to reach goals and overcome challenges independently. Relying on God strengthens the resolve to succeed despite resource limitations (Woods-Giscombé, 2010).

The perceived benefits in the SWS include three types of preservation. The preservation of self and survival is one of the most important benefits of the superwoman role. It includes survival, despite personal obstacles, perceived inadequacies, or unique life experiences. The preservation of the African American family is another perceived benefit that helps to support family members, particularly children and parents. The third is the preservation of the African American community that uses one's talents, skills, resources, and knowledge to help improve the lives of others (Woods-Giscombé, 2010).

The perceived liabilities identified by the SWS include strain in interpersonal relationships, stress-related health behaviors, and the embodiment of stress. The advice of foremothers impacts the need for independence and could cause harm to interpersonal relationships. Stress-related health behaviors include emotional eating, smoking, poor sleep patterns, and postponement of self-care. Poor eating or overeating and smoking are often used as stress relievers. Sleep deprivation is exercised to fit more time into an already packed day. Self-care ends up at the bottom of the list due to competing demands for time and energy. Guilt is often associated with taking time to care for oneself. The embodiment of stress is manifested in undesirable health issues including panic attacks, migraines, weight gain, and depression, and stress can lead to serious negative health outcomes (Woods-Giscombé, 2010).

The study utilized the Superwoman Schema Scale (Woods-Giscombé, n.d.) to identify the endorsement level of SWS characteristics to determine inclusion as a participant for an interview. The study further sought to understand, from the lived

experiences of SBW, how to remove barriers and open viable pathways to self-care and wellness that SBW may engage in. The following research questions were posed:

1. How do executives who identify as SBW define self-care? What do executives who identify as SBW understand about self-care?
2. What causes some executives who identify as SBW to postpone or neglect self-care?
3. What can influence executives who identify as SBW to actively engage in self-care practices?
4. Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?

The findings include the emergence of five themes from the participant interviews. These themes include spirituality, physical being, intentionality, expectations of self and others, and support.

Implications of Findings

First, the study examined how Black women define self-care. The question presented a broad range of definitions that were as varied as the participants.

Major finding 1. Strong Black Women's definition and understanding of self-care are multifaceted. The participants did not equate self-care, by their definitions, with contributing to their health but, rather, as contributing to their overall well-being. They used words and terms like relaxing, indulging, laughing, socializing, working out, reading, praying, walking, rejuvenating, and being happy. These activities may contribute to increased good health outcomes, but they do not encompass the level of self-initiated care outlined in the literature (Woods-Giscombé, 2010). Some of the items,

like indulging in fine food, wine, and desserts, were the participants' examples of self-care, but they are in opposition to health care standards of self-care. Differing degrees or types of self-care are not contained in dominant group language (Kramarae, 2005) as a standard. As there are all kinds of health, such as physical, mental, emotional, and spiritual, there are differing aspects of self-care as well. This may be obvious, but it needs to be stated clearly in the literature and in definitions. Personal wellness was defined by the participants in this study. It was different for each individual, and it seemed to depend on their lifestyle and beliefs. It cannot be combined into a single definition beyond what makes them happy or is pleasing.

The participants did, however, have a sense of the dominant definition of self-care as it related to supporting their physical health. When asked about neglect and postponement of self-care, eight participants spoke about health-related circumstances or issues. They shared current or past health conditions and diagnoses. They spoke about doctors' appointments or lack thereof. They discussed medications and prescriptive actions that they took. They confessed that they had not followed doctors' orders. They contemplated the impact that their actions may have had on their physical well-being and overall health. This demonstrates a deep understanding of the common definition of self-care; yet, it did not encompass their lived experiences and meaning as they had defined. Therefore, it may be inaccurate to measure self-care in this population by language that is ambiguous to them, if it is not done in context. The demographic questionnaire asked whether the participants had postponed or neglected self-care in the past. The answers to this question are no longer significant because the context in which they were answered is

not known. In future studies, when the topic of self-initiated care is broached, it may be necessary to include delineators to ensure that the intended meaning is communicated.

Major finding 2. Beauboeuf-Lafontant (2009) stated that it is questionable whether society can afford to live without the work of SBW. The researcher supports Beauboeuf-Lafontant and posits that there would be a detrimental effect on the Black family without SBW's hard work. The caretaking and nurturing that SBW do is necessary for the rearing of children and the preservation of elders. Many times, if a SBW does not provide the care, it does not get done, and children become part of other statistics, and parents or other family members deteriorate at faster rates, further contributing disproportionate rates. This may have something to do with economics as well. One participant expressed that although care was being provided for a relative, she did not have daily physical responsibility for the care, but she was in a position to provide financial resources. The situation did not cause her stress, and she did not experience adverse health outcomes, as she was able to meet all of her own self-care needs.

Several participants expressed the hands-on requirement of time and energy in caring for relatives and the large toll that it took on them physically and emotionally. The difference between the participants seemed to be personally performing the helping versus paying others to do it, and the extent of financial resources. Expectations and customs of who are the true caregivers also comes into play. As a reminder, all the study participants were employed full time in executive or professional positions.

There is a larger incidence of stress for individuals when they are directly caring for others. The issue with SBW is that they over perform and do so with perceived ease to the point that their struggle and need for assistance and support go unnoticed or

ignored. Contributing to their stress is the high expectation and tradition that they will take care of their elders at home. This is learned and becomes an expectation of others and of self. This also preserves dignity, which is very important in the Black culture, and it may be absent with other kinds of contracted care or facility for elders.

A few participants outlined the “here it is, deal with it” scenario posed to them, and then the “getting it done” action that they took on themselves. What was not seen was the cost to self. The embodiment of stress and the toll on the body is the hidden cost that is measured in health disparities totals. One participant outlined the serious medical condition that she was diagnosed with that her doctor attributed to her stress levels. Another participant described a simple condition that grew until surgery was required, which was due to the delay of her care—while she cared for others—and the increased stress that was exerted on her body. If this is accepted as an outcome, it leaves the SBW almost doomed during the period of convalescence, long or short, of others. This is not an acceptable outcome.

I believe the participants had it right. In stressful times, the care of personal well-being may need to take precedence for a short period of time over the care of health-related issues. The cheesecake or the glass of wine may be a prescriptive antidote that lowers the blood pressure quicker than the medication because of its immediate effect on pleasure sensors. Those behaviors that cause pleasure support the immediate well-being of the individual and should be integrated, although some need to be in moderation, into all care practices. I extend caution, as this might be a reason for the increased obesity rates in Black women as well. I posit that there needs to be balance and, above all, their needs to be support.

Additionally, unspoken language cues from SBW give the perception that all is well. The literature is dense with indications of how intersectionality plays a role in the muteness of this group to express and gain support for their true feelings and experiences (Abrams et al., 2014; Beauboeuf-Lafontant, 2007; Crenshaw, 1989; Kramarae, 2005; Nelson et al., 2016). This needs to be illuminated further to express the continued oppression of SBW by their circumstance. The Strong Black Woman's cries are equivalent to screaming in space. No one can hear them.

Major finding 3. The theme of intentionality answered all five of the research questions. This theme encompasses the categories of prioritizing, planning, time, being busy, and rewards. These categories present the largest areas of challenge and opportunity to shift current practices. This suggests that although Black women are busy and time is limited, they realize that planning and prioritizing for self-care encompasses the most significant strategy for self-care engagement. Heavy focus should be placed in this area to have the most comprehensive effects. A specific strategy could include the use of technology. One participant suggested using an app that tracks daily self-care with a goal of at least one activity a day, big or small. For this to be more useful to SBW than current apps, it would need to be linked to a network for accountability and support. Ideally, a platform or website geared specifically to Black women and their holistic care could contain this feature.

Major finding 4. Directly related to Research Question 3, and identified by three participants as the reason why they recently paid attention to and engaged in self-care activities, is the study itself. Hearing about the study and the research about health disparities and some of the data and stories from the researcher had a direct effect on their

engagement. Many more Black women who were not part of the study but were privy to the research through connection with the researcher identified that they had engaged in self-care that they had been putting off. One participant has been sending regular links to the researcher of related magazine articles that she has come across, which in turn have been forwarded to others, thereby building a new informal network. This is most closely related to the theme of support. Socialization and partnerships have the potential to have the largest impact on this group as they are heavily influenced through a sisterhood.

Unexpected finding 1. One half, or 50%, of the participants self-identified with having had hysterectomies. There were no questions asked about individual conditions or procedures, so these items were disclosed as parts of other conversations. Other participants may have also had this procedure, but they did not volunteer that information. The incidence of hysterectomy in Black women is higher than that of White women, but the percentage of women in this study who have undergone the procedure far exceeds the national average for either population by about 35% (National Center for Health Statistics, 2017).

Unexpected finding 2. The spirituality theme and the tradition category within the theme of expectations of self and others aligns with the contributing contextual factors in the SWS contextual framework. This further supports the impact of those contributing contextual factors on the actions of Strong Black Women and strengthens the SWS schema. This finding was unexpected because the questions that produced those responses centered around self-care and not SBW characteristics. Although unexpected, the finding is not surprising.

Limitations

All the individuals who responded had a degree of connection to the researcher. They were known by the researcher or by someone in close proximity to the researcher, like a colleague, family member, or friend. This may demonstrate that there was a need to have some degree of relation, comfort, or safety to discuss the related issues.

The pre-qualification criteria limited the sample pool more than expected. Reducing the level of the criteria would expand the pool significantly. It would probably also increase the number of individuals placing in the low SWS range, and therefore, they would not qualify for interviews.

Language and the use of dominant group language with an intersecting group produced unexpected answers surrounding one research question. This limitation illuminated a greater issue with language use with this group.

Recommendations

Incidence of depression was mentioned by some study participants. The participants indicated not being comfortable with the term depression or initially taking medication. Discussions with other Black women was a resource and relief for them. Language surrounding mental health was also a challenge to accept for one participant. Further studies can concentrate on how language mutes the experiences of this group and produces unwarranted shame. I posit that “stress of obligatory strength” is language that may be more readily acceptable by Strong Black Women when talking about their mental state. Further research is recommended to explore this.

Further study is suggested around the incidence of non-elective hysterectomy in Black women who endorse SWS. Of the 10 participants, 50% indicated that they had

undergone a hysterectomy although no direct questions were asked about medical procedures.

Are health disparities reduced by only health care options or does increased self-care affect health disparities by increasing pleasure and reducing stress? I recommend a quantitative study on self-care and personal health care and incidence of disease to see what has a larger impact on reducing health disparities in SBW: attention to health care or attention to emotional wellness? It might be interesting to also look at the impact of spirituality or, specifically, the act of engaging in regular communal worship.

Conclusion

The Strong Black Woman is acclaimed for her positive character traits and survival mechanisms of resilience, fortitude, and perseverance. However, since the strength discourse focuses on the outward behavior of the SBW and ignores her actual emotional or physical condition, it relegates being strong to merely appearing strong (Beauboeuf-Lafontant, 2007). The manifestation of strength in the face of stress contributes to major health disparities for the SBW (Woods-Giscombé, 2010). Black women experience disproportionately high rates of adverse health conditions, including cardiovascular disease, obesity, lupus, adverse birth outcomes, and untreated or mistreated psychological conditions, all related to how they experience and cope with stress (Woods-Giscombé, 2010). Adherence to characteristics of the Strong Black Woman role may silence women from voicing their personal needs, which end up being ignored and unresolved (Nelson et al., 2016). Perceptions that Black women are unbreakable and self-sufficient contribute to self-neglect and endless stress (Abrams et

al., 2014). This paradoxical presentation of the Black woman needs to be resolved to reduce stress-related health disparities.

The purpose of this phenomenological study was to identify self-care knowledge, perceptions, and behaviors of Strong Black Women executives with graduate degrees. Focusing on this group, which has been identified as having a high level of self-care postponement (Woods-Giscombé, 2010), may provide more significant results than other groups of SBW with average levels of self-care postponement. SBW executives who are employed full time in senior-level positions with at least a master's degree are extremely likely to have knowledge about caring for themselves, and they most likely have access to health care and financial resources to engage in self-care. The lived experiences of these SBW contribute to the literature with the absence of the common limiting factors to engagement of knowledge and access. This study also expands the body of literature by concentrating on the factors that contribute to self-care neglect or postponement and the perceptions of SBW about these factors. The literature identifies self-care neglect as a contributing factor to health disparities (Abrams et al., 2014; Woods-Giscombé, 2010). The literature also offers remedies to assist in enhancing wellness and promoting self-care (Bryant-Davis, 2013; Di Noia et al., 2013; Jones & Guy-Sheftall, 2015; Woods-Giscombé & Black, 2010; Woods-Giscombé & Gaylord, 2014). There remains a need to unveil the reasons why self-care neglect and postponement occurs in SBW.

The research questions under examination within this study were:

1. How do executives who identify as SBW define self-care? What do executives who identify as SBW understand about self-care?

2. What causes some executives who identify as SBW to postpone or neglect self-care?
3. What can influence executives who identify as SBW to actively engage in self-care practices?
4. Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?

The literature on the Strong Black Woman stretches from myth to reality. The literature first examined the background and historical images of the SBW and detailed her evolution. Then it looked at the impact on the physical, mental, and emotional health and well-being of the SBW resulting from the internalization and embodiment of stress. Finally, conceptual frameworks and interventions were reviewed. The next paragraph will detail excerpts of the literature.

Beauboeuf-Lafontant (2007) conducted a study investigating the possible relationship between constructs of strong Black womanhood and the selflessness and silencing experiences. The study examined the overlap between depressed and presumed Strong Black Women. The study maintains that experiences of depression are both race and gender related (Beauboeuf-Lafontant, 2007). The author argued that the construct of strength is rooted in a set of problematic assumptions that SBW are: the stark and deviant opposite of appropriately feminine, weak, White women; that strength is a natural quality for Black woman and representative of their womanhood; and that being strong is an accurate characterization of Black women's behaviors and motivations. Beauboeuf-Lafontant (2007) further stated that the strength discourse obstructs an understanding of depression in Black women because it views these women as either subhuman or

superhuman and neglects the reality of their individual lives. Selflessness, struggle, and internalization of strategies normalize the strength discourse for Black women. Findings suggest that being strong entrenches Black women in social expectations that render them unable to ask for help, take their feelings seriously, and are thereby basically voiceless (Beauboeuf-Lafontant, 2007).

Nelson et al. (2016) examined perceptions of the Strong Black Women/superwoman role using a constructivist-interpretive framework. The participants were found to conceptualize the role through the five characteristics of independence, caretaking of family and others, being hardworking and high achieving, overcoming adversity, and being emotionally contained. The study further links the constructs of superwoman and Strong Black Woman. Nelson et al. (2016) emphasized the need for practitioners to understand the complexities of how Black women relate to the SBW role relative to seeking help for physical and mental health. The authors further suggested that researchers may want to explore how the concepts of SBW or superwomen and the intersecting identities of Black women may relate to how they understand and seek help for personal mental and physical health (Nelson et al., 2016).

The study by Black and Peacock (2001) focused on African American women's responses to responsibilities and stressors and the levels of health and wellness in the process. The study examined daily life management, which is defined as role management, coping, and self-care by looking at issues relevant to Black women's health. The findings link African American women's health outcomes to adherence to self-reliance, self-sacrifice, and self-silencing behaviors. As it relates to self-care, actions were often of low priority or postponed. Women perceived that they had no choice in

postponing their self-care and that postponement was an expectation. Although managing stress in silence and giving self-sacrificial assistance to others garnered respect and admiration, it simultaneously increased vulnerability to illness, further supporting that Black women are inherently strong and resilient—at a cost to their health and wellness (Black & Peacock, 2001).

Sumra and Schillaci (2015) examined stress and the multiple-role woman. The study looked at different superwoman characteristics, including the SWS, in a sample of women in North America. This study did not find any correlation between stress and engagement in multiple roles or being a superwoman by their definition (Sumra & Schillaci, 2015). These findings are significant for the SWS because the participants were Canadian women and not all were members of the same racial group. This supports the concept that the superwoman or SBW is both race and gender related (Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010).

The literature supports the theory that some Black women exhibit strength characteristics at significantly higher rates than White women. The research identifies perceived strength traits resulting from Black women's dual minority status and history of oppression. The authors agreed that the constructs identified are overlapping and based on the effects of racism, sexism, and classism. While all researchers discussed the effects of strength on stress, some authors focused on disparate physical health outcomes including cardiovascular disease and obesity, while others look at depression. These foci demonstrate the multidimensional repercussions of strength on stress and well-being and the need for self-care or restorative practices among SBW. Researchers have suggested that steps should be taken to advance the social justice agenda so that Black women can

live authentic lives free of the expectations of an oppressive past (Watson & Hunter, 2015).

The SWS identifies self-care neglect as one of the stress-related health behaviors that is a perceived liability of the SBW role (Woods-Giscombé, 2010). The SWS contextual framework includes characteristics of: (a) the obligation to manifest strength, (b) the obligation to suppress emotions, (c) resistance to being vulnerable or dependent, (d) the determination to succeed despite limited resources, and (e) the obligation to help others. Abrams et al., (2014) recommended investigating how identification with the SWS influences self-care, including health-promoting and compromising behaviors in SBW. These aspects may help reduce the dual-minority impact on mental and physical health and wellness.

The researcher is a Strong Black Woman who has negative health outcomes due to experiencing stress and by neglecting self-care. The researcher's positionality meets the inclusion criteria of the study participants and thus benefits the understanding of and relationship with the participants. It also increased the comfort level and openness during the interviews as the participants felt that there was a vested interest in their experiences (Creswell & Poth, 2018).

The population consisted of women between the ages of 40 and 60, with at least a master's degree, who were employed full-time in a senior level, executive, or professional position at the time of their interviews. The participants lived within 250 miles of Westchester County, NY. The interviews ranged between 15 and 50 minutes, averaging about 30 minutes each.

This study utilized a qualitative phenomenological research design to gain perspective from the lived experiences of Strong Black Women about their self-care beliefs and engagement. Five themes emerged from personal interviews with 10 women who endorsed the SWS Scale relating to self-care engagement. The themes uncovered are spirituality, physical, intentionality, expectations of self and others, and support, and they impacted the level of self-care engagement of the participants. The overlapping answers to the research questions identified that for the participants, self-care was individualized and something that was pleasing or pleasurable. Self-care must also be intentional, requires planning, and is best achieved with levels of support in place, while managing expectations. The findings identified SBW perceptions and meanings of self-care and outlined the reasons for self-care postponement and strategies for engagement. These aspects can be used by health professionals and by other Black women to help increase rates of self-care engagement and to reduce health disparities.

A process of initial in vivo coding was used, which drew from the participants' own languages (Saldana, 2016) in the interviews. These codes were notated by a highlight on the hard copy transcript or marked within the margins of the transcription, depending on length. The initial coding process continued for all transcripts as they became available. The next stage of coding utilized focused coding, which categorizes codes based on conceptual similarities and looks for frequent and significant codes (Saldana, 2016). This process required concurrent review of the initial codes in all transcripts, and it produced a refined second level of codes. These focused codes were refined and grouped into categories by looking for common or similar meaning. Common themes were extracted from the categories. The five themes that emerged from

the research were spirituality, physical being, intentionality, expectations of self and others, and support.

The findings include that Strong Black Women's definition and understanding of self-care are multifaceted. The participants did not equate self-care, by their definitions, with contributing to their health, but rather as contributing to their overall well-being. Definitions included terms such as relaxing, indulging, laughing, socializing, working out, reading, praying, walking, rejuvenating, and being happy. The participants did, however, have a sense of the dominant language definition of self-care as it related to supporting their physical health. Consequently, when the topic of self-initiated care is broached, it may be necessary to include delineators to ensure that the intended meaning is communicated.

Additionally, SBW overperform and do so with perceived ease to the point that their struggle and need for assistance and support go unnoticed or ignored. Contributing to their stress is the high expectation and cultural custom that they will be the caretaker of all. Furthermore, unspoken language cues from SBW give the perception that all is well when they are actually struggling. This research supports that the SBW's caretaking role is necessary for the rearing of children, preserving of elders, and support of the Black family and community. Engaging in self-care, as personally defined, is critical for the SBW. This personal definition of self-care can support wellness, relaxation, and happiness. There also needs to be attention paid to engaging in health-related care practices as defined by the dominant language. Above all, SBW need support.

The theme of intentionality answered all five of the research questions. The intentionality theme encompasses the categories of prioritizing, planning, time, busy, and

rewards. These categories present the largest areas of challenge and opportunity to shift current practices. This suggests that although Black women are busy and time is limited, they realize that planning and prioritizing for self-care encompasses a significant strategy for self-care engagement. Heavy focus should be placed in this area to have comprehensive effects.

Finally, just having knowledge of the study caused some Black women to change their behaviors and engage in self-care practices. In the future research, it is pertinent for researchers to make sure that the study is shared in popular media, workshops, conferences, and gatherings—both big and small—of Black women to impact their well-being and health.

Strong Black Women do not intentionally neglect self-care. However, postponement or neglect is a consequence of the obligatory nature of the expectations of self or others that are imposed upon them. SBW need to be intentional about both self-care as defined by them and as defined by popular language. Intentionality, planning, prioritization, accountability, and support are all needed to increase the probability and instances of engagement. As Beauboeuf-Lafontant (2009) surmises, it is questionable whether society can live without the hard work the Strong Black Woman is invoked to provide.

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Appendix A

St. John Fisher IRB Approval



March 16, 2018

File No: 3850-021518-19

Gina Gaines
St. John Fisher College

Dear Ms. Gaines:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, "The Strong Black Woman's Perceptions of Self-Care Engagement."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at irb@sjfc.edu.

Sincerely,

A handwritten signature in cursive script that reads "Eileen Lynd-Balta".

Eileen Lynd-Balta, Ph.D.
Chair, Institutional Review Board

ELB: jdr

Appendix B

Introductory Letter and Flyer

Dear Participant,

Thank you for your interest in this study. My name is Gina Gaines, and I am a doctoral candidate in the Executive Leadership (Ed.D.) program in the School of Education at St. John Fisher College. I am conducting research for my dissertation which explores the perceptions of Strong Black Women executives about self-care engagement.

The study will take place in two phases. All participants will complete an online demographic questionnaire and survey tool which should take no more than 30 minutes. A select group of those participants will be asked to participate in an interview that will last between 60 and 90 minutes. The interviews will be held in person, at a public location that is convenient for the participant and will be audio recorded.

All identifying information will be kept strictly confidential and will not be linked to the results of the study. Names will be replaced with pseudonyms and identifying information will be removed from interview transcripts. Participation is voluntary, and one may withdraw from the process or interview at any time.

The Institutional Review Board (IRB) of St. John Fisher College has reviewed and approved this study. For any concerns regarding this research, you may contact Jill Rathbun at _____ or by email at: irb@sjfc.edu.

If you meet the study criteria outlined in the flyer, and you are interested in participating or if you have any questions, please contact me at _____@sjfc.edu or _____. Thank you again for your willingness to participate in this research. Your perceptions and unique experiences may contribute to the body of knowledge about self-care engagement among Strong Black Women.

Are You Interested in Participating in a Study on Strong Black Women and Self-Care?

If you can answer YES to all the questions below, you qualify!

- *Are you female?*
- *Are you African American?*
- *Do you live in the Northeast region of the United States?*
- *Are you between the ages of 40 and 60?*
- *Have you earned at least a master's degree?*
- *Are you employed full-time?*
- *Do you hold an executive or professional position?*

If you answered yes to all questions, you qualify. Please email _____@sjfc.edu. Put SBW Self-Care study in the subject line and include your name, email address and phone number in the body. The researcher will contact you.

*The study will take place between March 2018 and August 2018.
If you are viewing this after those dates, the study has already concluded. Thank you for your interest.*

This study was reviewed and approved by the St. John Fisher College Institutional Review Board

Gina Gaines ~ Doctoral Candidate ~ -----@sjfc.edu
St. John Fisher College ~ Ralph C. Wilson Jr. School of Education ~ Ed.D. Program in Executive Leadership

Appendix C

Informed Consent Form

St. John Fisher College

INFORMED CONSENT FORM

Title of study: The Strong Black Woman's Perceptions of Self-Care Engagement

Name of researcher: Gina Gaines

Faculty Supervisor: Dr. W. Jeff Wallis

Phone for further information: _____

Purpose of study: The purpose of this study is to identify self-care knowledge, perceptions and behaviors of Strong Black Women executives with graduate degrees.

Place of study: Various. Demographic questionnaire and survey tool screening will be administered online. Interviews will take place within 100 miles of southern Westchester County.

Length of participation: Approximately 30 minutes (questionnaire) to two hours (with interview).

Method(s) of data collection: Demographic questionnaire and SWS Scale will be administered online via Qualtrics. The health questionnaire will be hard copy before the interview. Interviews will be conducted and recorded digitally.

Risks and benefits: Participation is voluntary. The expected risks and benefits of participation in this study are explained below:
Minimal risk exists for most participants. Some participants may experience some emotional discomfort through recalling personal experiences about health and wellness. There is minimal to no risk of physical harm. There is no direct benefit to the participant although the research will contribute to the current body of research on self-care among Strong Black Women.

Method for protecting confidentiality/privacy of subjects:

Pseudonyms will be assigned to all participants. Participant names and any identifying information will remain confidential and not appear in transcripts or the final study.

Your information may be shared with appropriate governmental authorities ONLY if you or someone else is in danger, or if we are required to do so by law.

Method for protecting confidentiality/privacy of data collected:

All digital audio recordings and transcriptions of interviews will be maintained using a private, locked, and password-protected file and password-protected computer stored securely in the private home of the principal researcher. Electronic files will include assigned identity codes and pseudonyms; they will not include actual names or any information that could personally identify or connect participants to this study. Other materials, including notes or paper files related to data collection and analysis, will be stored securely in unmarked boxes, locked inside a cabinet in the private home of the principal researcher. Only the researcher will have access to electronic or paper records. The digitally recorded audio data will be kept by this researcher for a period of five years following publication of the dissertation. Signed informed consent documents will be kept for five years after publication. All paper records will be cross-cut shredded and professionally delivered for incineration. Electronic records will be cleared, purged, and destroyed from the hard drive and all devices such that restoring data is not possible.

Your rights: As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Withdraw from participation at any time without penalty.
3. Refuse to answer a particular question without penalty.
4. Be informed of the results of the study.
5. Be informed of appropriate courses of treatment, if any, that might be advantageous to you.

I have read the above, received a copy of this form, and I agree to participate in the above-named study.

_____	_____	_____
Print name (Participant)	Signature	Date

<u>Gina M. Gaines</u>	_____	_____
Print name (Investigator)	Signature	Date

If you have any further questions regarding this study, please contact the researcher(s) listed above. If you experience emotional or physical discomfort due to participation in this study, please contact your personal health care provider or an appropriate crisis service provider (WJCS – Westchester Jewish Community Services, 914-761-0600). The Institutional Review Board of St. John Fisher College has reviewed this project. For any concerns regarding this study/or if you feel that your rights as a participant (or the rights of another participant) have been violated or caused you undue distress (physical or

emotional distress), please contact Jill Rathbun by phone during normal business hours at _____ or irb@sjfc.edu. She will contact a supervisory IRB official to assist you.

Appendix D

Interview Questions

Research Question	Interview Questions
	What are your experiences with stress?
How do executives who identify as strong Black women define self-care?	How do you define self-care?
What do executives who identify as SBW understand about self-care?	How do you take care of yourself? What activities does it (self-care) include? What are your experiences taking care of others?
What causes some executives who identify as SBW to postpone or neglect self-care?	Have you postponed or neglected self-care? <ul style="list-style-type: none"> • How? Why? • How does this make you feel? • Do you think this has had an impact on your health? How so? Is there anything that may cause you to postpone or neglect taking care of yourself?
What can influence executives who identify as SBW to actively engage in self-care practices?	What would help you to engage in self-care activities? Are there resources that you need that you do not have access to that would aid in self-care engagement? How do you think you will feel if/when you engage in self-care?
Are there self-care strategies that executives who identify as SBW have engaged in that have had a positive effect on their health?	Are there strategies that help you actively engage in self-care activities? What strategy? What activities? How do you feel when you engage in self-care? Has self-care had a positive effect on your health? How? What are characteristics of Strong Black women? <ul style="list-style-type: none"> • Do you think you possess any of these? Which ones? • Do these characteristics have an influence on your self-care activities? How so? Is there anything else that you would like to add?

Appendix E

Demographic Questionnaire

Administered via Qualtrics

Name

Email

Phone

City, State, Zip

Age

Gender

Race/Ethnicity

Country of Birth

If other than the US, how long have you lived in the US

Are you employed full-time (yes/no)?

Occupation

Job Title

What is your highest level of education?

Degree type

Marital status

Body Mass Index or height and weight

Number of children

Ages of children

Do you care for a parent or other dependent? (yes/no)

Do you have health insurance? (yes/no)

Do you smoke? (yes/no)

Do you exercise on a regular basis? (yes/no)

Do you have any health issues? (yes/no)

In the last five years, have you postponed or neglected self-care? (yes/no)

Appendix F

Superwoman Schema Permission and Scale Administered via Qualtrics



January 9, 2018

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL
CARRINGTON HALL
CAMPUS BOX 7460
CHAPEL HILL, NC 27599-7460
<http://nursing.unc.edu>

Your request to review research instruments has been approved. The instrument is attached, with the appropriate reference citations. Relevant publication(s) are also attached.

Please recall that if you use this instrument in your research, you agreed to provide results of your research project following its completion, to properly cite the source of the instruments that are being provided to you, and to comply with copyright laws.

Should you need additional assistance, please do not hesitate to contact me. I wish you continued success in your work.

Sincerely,
Cheryl L. Woods Giscombé, Ph.D., PMHNP-BC
Cheryl.Giscombe@unc.edu

Attachments:
Superwoman Schema Scale
SWS Scale –Terms for Use

Woods-Giscombé, C.L. (2010). Superwoman Schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20*, 668-683.

Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-body interventions to reduce risk for health disparities related to stress and "strength" among African American women: The potential of mindfulness-based stress reduction, loving kindness, and the NTU therapeutic framework. *Complementary Health Practice Review, 15*, 15-31.

Cheryl Woods Giscombe, PhD, PMHNP-BC

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**SUPERWOMAN SCHEMA (SWS) PRELIMINARY
INSTRUMENT**

CHERYL L. WOODS-GISCOMBÉ, PHD, PMHNP-BC

For further information, contact:

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