

**The Strong Black Woman Concept: Implications for Research and Practice**

by

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A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
(Nursing)  
in the University of Michigan  
2017

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## **DEDICATION**

This dissertation is dedicated to my family by blood and of the heart. To my mother, thank you for modeling faith in God, love of family and belief in self. Even though you are no longer here physically, there has never been a day in my life that I haven't felt your light, love and support. During the times when I wanted to give up, it was your love that allowed me to continue; I love you mom. To my husband Thomas, you held me up, gave me space, and so many times put me first during this process, I love you beyond measure. To my siblings, thank you for reminding me that even though mom is gone, she was and is always watching over me. To my father, your never-ending love and faith in my ability to complete this means more than you will ever know. To Hava, my sister of the heart, who helped me find my voice on the page and in the classroom. Finally, to my son, you are my world. My boy, for you all things are possible, never give up!

## ACKNOWLEDGMENTS

Thank you to my committee for supporting and guiding me through this process. Dr. Saint Arnault, how do I even begin to thank you for all that you have done for me? You believed and supported me when I had lost hope. Your sometimes gentle and sometimes firm guidance helped me find my academic voice for which I am forever grateful. To Dr. Coleman-Burns, thank you for your kind words of support which set me on this doctoral path. Thank you, Dr. Bonnie Hagerty, for seeing the importance of my work and your commitment to this process. Dr. Daphne Watkins, thank you for trusting me with your data and your enthusiasm for my work.

I would be remiss for not acknowledging the support that I received my PhD friends, Dr. Elisa Torres and Dr. Marie McDade. Elisa, your sage advice was invaluable. Marie, your daily prayers and encouragement touched by heart. Thank you to all my friends and family for supporting me through this process.

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## **ABSTRACT**

The Strong Black Woman concept has been proposed as a cultural factor impacting depression in African American women. This three-manuscript dissertation: 1) examines the breadth of literature on the relationship between the Strong Black Woman concept and depression using a scoping review; 2) examines the relevance of the Strong Black Woman concept for women's roles in their families and community using a qualitative secondary analysis; and 3) synthesizes the findings from manuscripts one and two into a synthesis model for future research and clinical practice. Results from these studies indicate that there are some inconsistencies in definitions of the Strong Black Woman concept between the qualitative and quantitative studies within the scoping review, and between the scoping review and the qualitative study. These inconsistencies make replication and generalization of findings difficult. Moreover, published literature tends to suggest that the Strong Black Woman characteristics are somehow maladjusted or abnormalize or the concept. This tendency obscures the cultural value to African American culture and community. Future research and clinical practice should examine and incorporate the positive aspects of this important cultural concept.

## **CHAPTER I**

### **Introduction**

Major Depressive Disorder (MDD) can be characterized as an insidious psychiatric illness associated with episodes of long duration, high rates of chronicity and relapse, and psychosocial and physical impairment (Holden, Belton & Hall, 2015; Wang et al., 2005). In 2015, the prevalence of depressive disorders reached 5.9% in the United States, with a rate of 8.4% of years lived with the disability (WHO, 2017). Although African Americans [AA] have been reported to have equal or lower rates of depression (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Gibbs et al., 2013, National Alliance on Mental Illness [NAMI], 2009; Williams et al., 2007; U.S. Department of Health and Human Services [USDHHS], 2001) they, as a group, experience a higher rate of chronicity of MDD as compared to non-Hispanic whites (González, Tarraf, Whitfield, & Vega, 2010; Myers & Andersen, 2013; USDHHS, 1999; 2001; Williams et al., 2007).

Although treatment is available for depressive disorders, large epidemiological studies report that only 32% of AA's with any mental health disorder receives medical treatment (Neighbors et al., 2007), and only 45% of those with MDD seek treatment for it (Williams et al., 2007). Even more troubling, help-seeking rates did not increase with the severity of symptoms (Williams et al., 2007). Furthermore, AA's were more likely to be diagnosed inaccurately and to receive poorer treatment as compared to non-Hispanic whites (USDHHS, 2001; Payne, 2012). Those who were diagnosed properly tended to be at more severe stages, and the trajectory of

their illness to be both more chronic as compared to non-Hispanic whites (Breslau et al., 2005; Williams et al., 2007).

The literature reveals that AAs are less likely than non-Hispanic whites to receive needed services and more likely to receive low-quality care (USDHHS, 2001; Payne, 2012). Because of not receiving or seeking treatment, AA's may have greater levels of disability involving impairments in daily functioning and persistence of mental illness (Breslau et al., 2005; Williams et al., 2007). Taken together, these disparate reports support the finding that AAs suffer a disproportionately high disability burden from unmet mental health needs.

Emerging frameworks have begun to look at internal, personal, and social factors that may contribute to the low rates of help seeking in this population. The Surgeon General's first report on mental illness and the associated supplement emphasized the important role that culture plays in the experience of mental illness, especially in minority groups (USDHHS, 2001). This report details how cultural context can affect every aspect of one's mental health, including symptom experience and identification; whether, how, and to whom symptoms are communicated; subsequent diagnoses or misdiagnoses; help-seeking behavior; and course and trajectory of illness (USDHHS, 2001). To address mental health disparities among AA's, mental health must be understood within its broader socio-cultural context (Myers & Andersen, 2013; USDHHS, 2001).

In addition to culture, gender affects the expression and experience of depressive symptoms (Lehti et al., 2010). While rates of MDD among African American women [AAW] are reported to be low (Hasin, Goodwin, Stinson & Grant, 2005), the prevalence of depressive symptoms has been reported to be as high as 13.8% among adult AAW (McKnight-Eily et al., 2009).

Depressive symptoms in AAW are often reported as profound mental and physical exhaustion, frustration, and suppressed anger (Beauboeuf-Lafontant, 2009). Other reported symptoms include anger, irritability, denial of illness, and somatic complaints (Baker et al., 1996). Moreover, self-medicating with unhealthy coping behaviors such as smoking, alcohol use, and overeating can be barriers to appropriate help seeking and diagnosis (Beauboeuf-Lafontant, 2007; 2009; Romero, 2000; Walton & Payne, 2016).

Internal cultural factors among African American women, such as stigma and gendered images of strength, have been linked to experiences of distress and depression (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010; Ward, Wiltshire, Detry & Brown, 2013). In qualitative studies, women have endorsed the beliefs that depression is only a “white” experience, and that AAW are supposed to be “strong” and deal with their problems in isolation (Beauboeuf-Lafontant, 2005; 2007; 2009; Campbell, 2013; Nicolaidis et al., 2010; Ward et al., 2013; Woods-Giscombé, 2008). Adherence to this cultural ideal of “strength” denies AAW both a vocabulary for their suffering and social permission to seek help for it (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010).

This cultural ideal or concept is often called the Strong Black Woman [SBW] (Beauboeuf-Lafontant, 2005; 2007; 2009; Black & Peacock, 2011; Collins, 2000; Hamilton-Mason, Hall, & Everette, 2009; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2006; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombé, 2010). Deeply rooted in a historic, socially-constructed context that has evolved since the beginning of the transatlantic slave trade (Beauboeuf-Lafontant, 2005), the term denotes an ever self-sacrificing woman who is emotionally unaffected, financially self-sufficient (Beauboeuf-

Lafontant, 2007; Simms, 2001), and responsible for meeting the needs of others in her family and community before herself (Chang et al., 2008).

The SBW concept has a long anecdotal history, but there are some issues that make further research problematic. Locating studies of the concept can be difficult because the term “Strong Black Woman” is not a medical subject heading [MESH] term, nor do authors routinely use it as a keyword index term. This may prevent systematic location of articles upon which to base further studies. There are also inconsistencies in definitions of the SBW concept, which can be a barrier to identifying linkages between it and other clinically relevant phenomena. In some qualitative studies, for example, the mere mention of strength may be labeled as the SBW concept without deeper examination, which does not provide a solid evidence base for results on which to further the science in this area.

This dissertation uses three approaches to address some of the problems in the study of the SBW concept and advance the science on its relationship to depression in AAW: a scoping review, a qualitative study, and a synthesis of the findings from the scoping review and the qualitative study to propose a model for research and clinical practice. The following aims are addressed in subsequent chapters:

1. Explore the breadth of research on the relationship between the concept of the SBW and depression.
2. Examine the relevance of the SBW concept to women’s roles in society and their families.
3. Synthesize the data from the scoping review and the qualitative analysis to propose a model of the SBW concept for research and practice.

Chapter 2 of this dissertation presents the results of the scoping review of qualitative and quantitative studies examining the literature for the breadth of studies on the SBW and depression published between 2000 and 2015. Chapter 3 presents a qualitative secondary analysis of focus group data that were reviewed for the relevancy of the SBW concept for AAW in their familial and community roles. Chapter 4 presents a synthesis of findings from the scoping study and qualitative study and presents a model for research and practice. Finally, Chapter 5 concludes with a summary of the dissertation and future directions for both research and practice.



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## CHAPTER II

### **The Strong Black Woman Concept and Depression: A Scoping Review**

Major depressive disorder is one of the most prevalent mental health problems in the United States and is associated with significant impairment in daily functioning (World Health Organization, 2012; Pratt & Brody, 2008). Some findings indicate equal or even lower rates of depression among African Americans [AA] than among non-Hispanic whites (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Gibbs et al., 2013, National Alliance on Mental Illness [NAMI], 2009; Williams et al., 2007; U.S. Department of Health and Human Services [USDHHS], 2001). However, AAs experience a greater disability burden related to depression (González, Tarraf, Whitfield, & Vega, 2010; Myers & Andersen, 2013; USDHHS, 1999; 2001; Williams et al., 2007) and higher rates of psychological distress (Keyes, 2007; Lincoln & Chae, 2010) as compared to non-Hispanic whites.

The experience and expression of depressive symptoms are said to be culturally bound (Kleinman & Good, 2004). It has been suggested that the low prevalence of depressive disorders higher chronicity rate of depression inaccurate assessment and misdiagnosis by providers may be due to differences in the way patients express symptoms, specifically AAs (Payne, 2012; Walton & Payne, 2016). Depressive symptoms among AAs are often reported as profound mental and physical exhaustion, frustration, and suppressed anger (Beauboeuf-Lafontant, 2009). Others reported symptoms include anger, irritability, denial of illness, and somatic complaints (Baker et al., 1996). Moreover, self-medicating by way of unhealthy coping behaviors such as smoking, alcohol use, and overeating may create barriers to appropriate help seeking and diagnosis

(Walton & Payne, 2016). Thus, the examination of depression among AAs may require a different approach, such as examining experiences or descriptors of psychological distress rather than just the classic depressive symptoms in standardized assessment tools.

The atypical presentation of depressive symptoms among African American women [AAW] may be especially problematic. In the National Health Interview Survey, it was reported that adult AAW had higher age-adjusted percentages for feelings of sadness (3.9 to 2.9), hopelessness (2.9 to 1.9), worthlessness (1.8 to 1.6), or the feeling that “everything is an effort all of the time” (9.9 to 5.8) when compared to white women (Centers for Disease Control, 2016). Given these data and the impact of culture on the experience and expression of depression and distress, factors such as gender must be examined as well as culture.

One emerging body of research has linked internal, culture-based factors such as stigma and gendered, iconic images of strength to the experiences of distress and depression among AAW (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010; Ward et al., 2013). A group of iconic images of strength and cultural edicts about the proper emotional display of psychological distress have been dubbed the “Strong Black Woman” [SBW] concept. These images and cultural forms have been described as deeply rooted in a historical, socially constructed context that has evolved since the beginning of the transatlantic slave trade (Beauboeuf-Lafontant, 2005). The term SBW denotes a self-sacrificing woman who is emotionally and financially self-sufficient (Beauboeuf-Lafontant, 2007; Simms, 2001) and is responsible for meeting the needs of others in her family and community before herself (Chang, Nitzke, Guilford, Adair, & Hazard, 2008). In some research on the SBW, women reported that the depression was only applicable to “white” women, explaining that AAW are supposed to be “strong” and deal with their problems in isolation (Beauboeuf-Lafontant, 2005; 2007; 2009;

Campbell, 2013; Nicolaidis et al., 2010; Ward et al., 2013; Woods-Giscombé, 2008). Within this cultural frame of “strength,” AAW are not allowed a vocabulary for, or social permission to seek help for, their suffering (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010). AAW exist in a culture that arose from a highly damaging racialized history, and specific role expectations related to race appeared in clusters among various member subcultures. Over time, these role expectations evolved into iconic images or cultural frameworks by which individuals organize and create expectations for physiological, psychological, social, political, and economic behaviors. These iconic images may have positive or negative powers in any given individual; in the case of AAW who are distressed or depressed, the iconic image of the SBW may be negative, limited, and limiting.

Researchers have called for an expanded understanding of the difference in the influence of cultural factors on the lived experiences of AAW. Landrine (1995) used behavioral contextualism in conducting psychological research with minority populations. She viewed behavior as more than a set of observable mechanical actions; instead seeing it as arising from the intersection of cultural history, marginalization and victimization history, lived experience, and knowledge. In this conceptualization, mechanistic behaviors themselves have no intrinsic meaning, but gain meaning only through the context in which they occur. As this context changes, the same mechanistic action can come to be a genuinely different behavior. By treating behavior as a shifting entity in a rich context, testable frameworks for addressing mental health disparities among African American women may be more effective.

The SBW concept has been discussed in feminist literature exploring AAW’s unique cultural context and is emerging as a research area. However, empirical research is difficult because the term “Strong Black Woman” is not a medical subject heading [MESH] term and is

not routinely used by authors as a keyword index term. The concept can also emerge as a theme in qualitative studies whose primary focus is another area.

Given the importance of this concept to understanding mental health disparities among AAW, the dearth of existing reviews of it, and the fact that the available literature is spread across multiple disciplines, a scoping methodology is a good fit for mapping the literature on this construct. The scoping methodology is an iterative process that allows for flexibility in searching ill-defined areas of literature. The research question addressed in this study is “What is known in existing literature about the relationships between the cultural construct of the SBW and depression among adult AAW?”

## **Methods**

### **Scoping Framework**

Scoping reviews are often conducted to examine previous research activity, disseminate findings, identify gaps in the research, and evaluate the utility of a full systematic review (Arksey & O’Malley, 2005). Scoping reviews map the breadth and gaps of a research area by systematically searching, selecting, and synthesizing existing information (Colquhoun et al., 2014). They “can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before” (Mays, Roberts, & Popay, 2001, p. 190). Levac, Colquhoun and O’Brien’s (2010) scoping review methodology was used in this study. The steps are: (1) identifying relevant studies, (2) study selection, (3) charting the data, and (4) collating, summarizing, and reporting the results. Details are provided below.

**Identifying relevant studies.** Scoping reviews are noted for their comprehensiveness. Literature searches were in Medline, PubMed, PsychInfo, CINHALL, Proquest, and Google Scholar for studies published between January 2000 and June 2015. Medline, PubMed,

PsychInfo, CINHALL, and Proquest allow for the use of MESH terms, but Google Scholar does not. The MESH terms included “depression” coupled with the keyword “Strong Black Woman.” In Google Scholar, the term “Strong Black Woman” was entered in the “Exact Phrase” field and “depression” in the “Must Contain” field. The studies were required to be primary research and to examine relationships between SBW and depression. The participants had to be Black or African-American women.

**Study selection.** According to the scoping review method, the study selection is an iterative process of searching the literature, refining search strategies, and reviewing articles for inclusion (Levac et al., 2010). Original studies, including dissertations that specifically examined the relationship between SBW and depression were included. Exploratory qualitative studies in which SBW was an emergent theme were also included. Articles were excluded if they were syntheses of existing research, reviews, commentaries, case studies, or did not contain an empirical discussion of the relationship between SBW and depression.

**Charting the data.** To maintain an audit trail for the review, a charting form was developed to guide the extraction process. The following information was recorded for each study reviewed: author, date of publication, purpose of study, population characteristics, methodology, measures used to assess SBW, and findings on the relationship between SBW and depression. A scoping methodology does not require an evaluation of the methodological adequacy of each included study. The primary interest of this review was in how SBW was defined and measured and what relationships were reported between SBW and depression. Therefore, these areas of the research were included in the charting tool.

**Collating, summarizing, and reporting the results.** The final step consists of analysis and reporting. The analyses should be directly related to the outcome or purpose of the scoping



review (Arksey & O'Malley, 2005; Levac et al., 2010). Studies were organized according to year of publication and the research methodology. The primary units of thematic analysis were operationalization of SBW and relationships with depression.

The definitions of all the measurement tools used to capture the concept and the reported relationships between SBW and depression were extracted from studies that met the inclusion criteria. We also identified the major themes and commonalities in the findings. Summarization of themes was an iterative process of confirming themes that arose from the original charting form data.

## **Results**

The literature searches grossed 648 results (four articles in Medline, four in PubMed, ten in PsychInfo, four in CINAHL, thirty in Proquest and 661 in Google Scholar). The initial full-text review for key terms and inclusion and exclusion criteria resulted in the exclusion of 632 items. The remaining 16 articles were charted on the charting forms and are included in these analyses.

A variety of disciplines were represented, including medicine, sociology, psychology, nursing, social work, and public health. More than half of the articles were from nursing and psychology. Six of the 16 articles were unpublished dissertations. Ten of the 16 articles were published between 2000 and 2010. Qualitative methodologies were used in 62.5% (n = 10) of the studies, 70% of the studies utilized focus groups. The other six studies were quantitative studies, all of which used an explicit measure of the SBW construct. The cultural concept of the SBW was an explicit focus of six of the 16 studies and was an emergent theme in ten of them.

## **Samples of Women in the Studies**

The qualitative studies utilized relatively small sample sizes. The convenience samples ranged between  $N = 12$  and  $N = 63$  of adult self-identified Black American or AAW. The quantitative studies used convenience samples with sizes ranging from  $N = 62$  to  $N = 240$  adult self-identified Black American or AAW.

## **Definitions of Strong Black Woman**

**Quantitative studies.** Table 1 depicts the measures used in the quantitative studies. Two of the studies (Green, 2011; Offutt, 2013) used similar measures. Green used the original Strong Black Woman Attitudes Scale (Thompson, 2003) and Offutt utilized the Strong Black Woman Cultural Construct Scale (Hamin, 2008), a revision of Thompson's scale. Both the original and the revision consist of three subscales: Affect Regulation, Caretaking, and Self-Reliance (Hamin, 2008; Thompson, 2003).

Two of the six quantitative studies (Donovan & West, 2015; Watson & Hunter, 2015) were published and used subscales of Thomas et al.'s (2004) eleven-item Stereotypic Roles for Black Women scale. This scale contains items that center on affect regulation ("Black women have to be strong to survive. If I fall apart, I will be a failure"), self-reliance ("It is easy for me to tell other people my problems. I tell others that I am fine when I am depressed or down. I find it difficult to ask others for help"), and caretaking ("I am often expected to take care of family members, I am always helping someone else"). Donovan and West (2015) used the Superwoman subscale, and Watson and Hunter (2015) used both the Superwoman subscale and the Mammy subscale to form what they call the SBW Race–Gender Schema.

*Table 1 Measures/Definitions of Strong Black Woman from Quantitative Studies*

Author/Year	Measure	Subscale/Item Descriptors
Donovan & West, 2015	Superwoman (i.e., SBW) Subscale of Stereotypic Roles for Black Women Scale (SRBWS) (Thomas et al., 2004).	Required to be strong Caretaking Difficulty asking for help Cannot share problems with anyone Overworked, overwhelmed, and underappreciated.
Green, 2011	The Strong Black Woman Attitudes Scale, (Thompson, 2003)	Three Subscales: Affect Regulation Caretaking Self-Reliance
Offutt, M 2013	SBWCCS (Hamin, 2008). Revision of The Strong Black Woman Attitudes Scale, (Thompson, 2003)	Revision of The Strong Black Woman Attitudes Scale, (Thompson, 2003) Threes Subscales: Affect Regulation Caretaking Self-Reliance
Thomas, K. 2009	The Strong Black Woman Questionnaire (Thomas, 2006)	9 items, measuring overall themes of Self-Reliance Responsible for survival of family Affect Regulation
Watson & Hunter, 2015	SBW Race–Gender Schema. A combination of Superwoman and Mammy subscales from the Stereotypical Roles for Black Women Scale (SRBWS; Thomas et al., 2004)	Superwoman: 3 Subscales: Affect Regulation Caretaking Self-Reliance Mammy: Self-sacrificing Guilty if personal needs put over others needs Cannot expect nurturing from others.
Woods, KC, 2013	Strong Black Woman Archetype scale (Woods, 2013)	Dimensions of the Strong Black Woman Archetype: Mask of Strength/Emotional Invulnerability Self-Reliance/Strength Caretaking/Self-Sacrifice

The Mammy subscale prioritizes caretaking and self-sacrifice, with items such as “I often put aside my own needs to help others, I feel guilty when I put my own needs before others, and I should not expect nurturing from others.”

Two studies used measures of Strong Black Woman created by their own authors. Thomas (2009) used a measure called the Strong Black Woman Questionnaire, which she had developed for her master's thesis. This nine-item scale measures the degree to which subjects agree with items that characterize the Strong Black Woman stereotype. Woods (2013) compiled items from previously developed measures, including the Strong Black Woman Cultural Construct Scale (Hamin, 2008); the Mammy and Superwoman subscales of the Stereotypic Roles for Black Women Scale (Thomas, Witherspoon, & Speight, 2004); self-sacrificing items from the Silencing the Self Scale (Jack & Dill, 1992); and other items created by the author to target areas of the construct "untapped by previous measures" (p. 20), such as the cultural mandate of strength, the perception of a life of struggle, and physical strength (Woods, 2009).

**Qualitative studies.** The qualitative studies relied mainly on the authors' labeling participant statements as being part of the Strong Black Woman construct (See Table 2); very few of the quotations in these articles explicitly used the phrase "Strong Black Woman." The social obligation for caretaking of others was expressed by participants in 60% of the studies (Beauboeuf-Lafontant, 2007; Holden & Belton, 2015; Postall, 2011; Waite & Killian, 2007; Weathersby, 2008; Woods- Giscombé, 2010). The suppression of negative emotions and the displaying of strength but never weakness or vulnerability were represented in 80% of studies (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Holden & Belton, 2015; Nicolaidis et al., 2010; Postall, 2011; Ward et al., 2009; Weathersby, 2008; Woods-Giscombé, 2010). Self-sacrifice or the prioritization of others' needs over one's own was reported in five studies (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Postall, 2011; Weathersby, 2008).

*Table 2 Definitions of Strong Black Woman in Qualitative Studies*

Author/year	Qualitative/Quantitative	SBW Descriptors
Amankwaa, L., 2003	Participant Defined.	Be strong and handle whatever life hurled at them, without regard for their physical or mental well-being. “keep on going,” “get over it,” “pick yourself up,” “brush yourself off,” “snap out of it,” “just go on,” “get back on track,” “pull yourself up,” “do what you are supposed to do,” and “handle your problems.”
Beauboeuf-Lafontant, T., 2007	Participant Defined	Caretakers of their own children, aging parents, vulnerable relatives and or coworkers. Always put others needs before your own self-care. Constantly self-sacrificing. Endure whatever struggles life gives you. Present an image of strength to the world at all times. Appear unaffected by the struggles in your life, do not show your emotions.
Holden, Belton & Hall, 2015	Participant Defined	Cannot show weakness or vulnerability. Must balance the competing caretaking demands in their lives.
Jones et al., 2015	Participant Statements	Cultural myth of Strong Black Woman.
Nicolaidis et al, 2010	Participant Statements	Socialized to be strong: “Somebody’s worse off than we are,” so we just got to deal. So that’s where the mask came in. “I’m a strong Black woman,” so I got to be strong and inside you’re breaking down. We’re Empire State Buildings. Have to be strong everyday
Postell, J., 2011	Participant Statements	Independent, stand up for yourself, and a SBW is everything to everybody. Able to handle all of life’s struggles. Never-ending responsibility for others, no acknowledgement of their own needs.
Waite & Killian, 2009	Participant Statements	Looked upon as the “strength” of the family. Responsible for everyone, not allowed to complain or take a break.
Ward et al., 2009	Participant Statement	Blacks are supposed to be strong
Weathersby, J. 2008	Participant Statements	Black women have always had to be strong, to handle all the struggles of life even when they are sick. They have to keep the family together, no matter what.
Woods-Giscombé, C. 2010	Superwoman Women Schema (SWS)	Obligation to manifest strength Obligation to suppress emotions Resistance to being vulnerable or dependent Determination to succeed, despite limited resources Obligation to help others

## **Relationships between Strong Black Woman and Depression**

**Quantitative studies.** Relationships between SBW and depression were inconsistent. The results for the relationship between stress and depressive symptoms so that the greatest levels of depressive symptoms were reported by participants with both the greatest stress levels and the highest SBW endorsement (Donovan & West, 2015). Watson and Hunter's SBW schema significantly predicted higher depression scores (2015). Green (2011) reported a significant positive relationship between depression and SBW endorsement ( $r = 0.30, p < 0.01$ ), such that increased levels of affect regulation predicted increased levels of depression. Woods (2013) reported that the Strong Black Woman Archetype total score and the Mask of Strength and Caretaking subscales were significantly correlated with depressive symptoms but the Self-Reliance subscale was unrelated to depressive symptoms. In Offutt's (2013) use of the Strong Black Woman Cultural Construct Scale, the only statistically significant relationship found was between depression and the affect regulation subscale, and the correlation, though positive, was weak ( $r = 0.28, p < 0.05$ ). Thomas (2009) found that greater depression scores were not predictive of SBW endorsement.

**Qualitative studies.** All ten qualitative studies reported that the SBW construct negatively affected women's experience of depression. The role requirements of SBW were said to induce feelings of powerlessness and helplessness (Beauboeuf-Lafontant, 2007; Weathersby, 2008); to function as a barrier to recognizing depression (Beauboeuf-Lafontant, 2007; Jones et al., 2015; Ward et al., 2009); and to keep women disconnected from their own needs and emotional pain (Holden & Belton, 2015; Postall, 2011; Woods-Giscombé, 2010). Five studies found that women who identified as being a Strong Black Woman felt this prevented them from accepting their depression (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Holden & Belton,

2015; Nicolaidis et al., 2010). In two studies, women reported that being depressed was just a part of being a Strong Black Woman, thus normalizing the experience of depressive symptoms (Beauboeuf-Lafontant, 2007; Ward et al., 2009). Being a Strong Black Women functioned as a barrier to mental-health help seeking (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Holden & Belton, 2015; Jones et al., 2015; Nicolaidis et al., 2010). Finally, Waite and Killian (2009) reported that being an SBW functioned as a coping mechanism for women with depression.

### **Discussion**

The objective of this study was to explore the breadth of research on the relationship between the Strong Black Woman concept and depression. While qualitative evidence exists for the relationship between SBW and depression, the quantitative measures must be further refined to obtain similar findings. This scoping review found that a good deal of research is being conducted on the cultural concept of the SBW and depression.

There is a lack of consensus on the definition of SBW between qualitative studies and quantitative studies. The qualitative studies shared commonalities such as caretaking, suppression of negative emotions, the mandate to display strength, and self-sacrifice, which were identified by the authors. However, additional characteristics of marginalization and struggle were voiced by participants, but not included in definitions of the SBW concept. While qualitative findings can form the basis for and enhance construct validity of quantitative measures (Weiner, 2007), clarification is needed on definition of the SBW concept in order to serve as a solid foundation. Subsequently, future studies could utilize cognitive interviewing to evaluate the relationship of these characteristics to depressive symptomology.

The quantitative studies used five measures of the SBW; two of the researchers used modifications of previously published measures, and one developed her own. The relationships

between these concepts and depression were also inconsistent. This inconsistent use and continual modification of measures may confound the generalization of study findings. The lack of consensus on the characteristics of the construct suggests that additional research is needed to understand both the features of the construct and its impact on health outcomes. Weiner (2012) said that the systematic use of measures is necessary to build a scientific base for research. This emerging body of literature could help researchers and practitioners detect whether this construct impairs help seeking, intervene if so, and educate practitioners about cultural barriers to symptom expression. Systematic reviews are also necessary to tease out the impact of specific concepts within the construct, and a mixed method study would help us illuminate the inconsistent findings.

There is some evidence for the inclusion of other culturally relevant descriptors of psychological distress, rather than depression alone, as gleaned from participants' statements in qualitative studies. The qualitative studies suggested that the SBW is more closely related to symptoms of distress than to depression alone. For example, Beauboeuf-Lafontant (2009) found that AAW reported feelings of frustration, anger, and physical and mental exhaustion more frequently than depression. This is consistent with Ayalon and Young (2003) and Courtenay (2003), who reported that AAW describe experiences of anger, irritability, and somatic complaints rather than "depression." It also maps onto calls by the National Alliance on Mental Illness (NAMI; 2012) and Walton and Payne (2016), who argue for the incorporation of culturally specific symptom presentation into the study and treatment of depression among AAs. These findings suggest that future examination of depression in AAs must include these types of descriptors in screening.



In the larger body of feminist literature, which was beyond the scope of this review, the SBW is often linked to historical marginalization, Black struggles, poverty, and overall disenfranchisement. Some of the women in the qualitative studies also expressed these linkages. However, the authors of these studies did not explicitly include this subject in their themes, and none of the measures used in the quantitative studies addressed these linkages. In addition, most of the larger public-health studies of African Americans and depression focus on the impact of structural factors such as racism, discrimination, low socioeconomic status, and stress (Belle & Doucet, 2003; Williams, Mohammed, Leavell, & Collins, 2010). Given the importance of these structural factors, future research could use both structural indices and cultural ones to help illuminate these relationships.

### **Limitations**

The articles in this review were limited to those that contained the terms “Strong Black Woman” and “depression.” Articles that examined psychological distress or descriptors thereof not specifically marked as “depression” might thus have been missed. A critique of the methods used in the synthesized articles was also not included, as it would be beyond the scope of this type of review. These findings strongly suggest that a systematic review is warranted for this phenomenon.

### **Conclusions**

The cultural prescription of strength, represented in the cultural construct of the Strong Black Woman, has definite implications for the mental health of African American women, as do structural factors of racism, discrimination, socioeconomic status, and stress. To understand the impact of the SBW construct for mental health, a consensus must be achieved on its definition and consistency in measurement must be maintained. Only then can a systematic review be

performed to examine the relationship of the SBW not only to depression but to cultural expressions of distress. Understanding how the Strong Black Woman affects the experience of distress would allow for improved methods of diagnosis and treatment among African American women.

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## CHAPTER III

### **The Strong Black Woman, Family and Community: A Qualitative Analysis**

In 2015, the prevalence of depressive disorders reached 5.9% in the United States, with a rate of 8.4% of years lived with the disability (WHO, 2017). While rates of Major Depressive Disorder [MDD] are lower in African Americans [AA] than other groups (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Gibbs et al., 2013, National Alliance on Mental Illness [NAMI], 2009; Williams et al., 2007; U.S. Department of Health and Human Services [USDHHS], 2001), they do experience a higher rate of chronicity of MDD (González, Tarraf, Whitfield, & Vega, 2010; Myers & Andersen, 2013; USDHHS, 2001; Williams et al., 2007).

The experience and expression of depressive symptoms are said to be tied to culture (Kleinman & Good, 2004). It has been suggested that the contrasting findings of lower prevalence and higher chronicity of depressive disorders among AAs may be due to differences in the way symptoms are expressed (Walton & Payne, 2016). Depressive symptoms among African American women [AAW] are often reported as profound mental and physical exhaustion, frustration, and suppressed anger (Beauboeuf-Lafontant, 2009). Others found depressive symptoms include anger, irritability, denial of the illness, and somatic complaints (Baker et al., 1996). Thus, the study of depression among African Americans may require a novel approach, such as examining experiences or descriptors of psychological distress. The atypical presentation of depressive symptoms among AAW may be especially problematic. Research has shown that, in comparison to Non-Hispanic white women, higher percentages of AAW report of feelings of sadness, hopelessness, worthlessness, and the feeling that everything

is an effort (Blackwell & Villarroel, 2016). These data, along with the impact of culture on the experience and expression of depression symptoms, and factors such as gender and culture should be examined in the study of the experience of MDD among African Americans.

Since culture may be a factor in AAW's experience and expression of depressive symptoms, it is important to examine AA cultural concepts that may be related to depression symptomology. One recurrent theme in AAW depression research is the concept of strength (Beauboeuf-Lafontant, 2005; 2007; 2009; Black & Peacock, 2011; Collins, 2005; Hamilton-Mason, Hall, & Everette, 2009; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2000; 2006; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombé, 2010). Among African American women, internal cultural factors such as stigma and the gendered cultural concept of strength have been connected to experiences of distress and depression (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010; Ward et al., 2013). This attribute has been examined in a variety of ways but is generally is denoted by the label "Strong Black Woman" [SBW] among researchers (Beauboeuf-Lafontant, 2005; 2007; 2009; Black & Peacock, 2010; Collins, 2000; Hamilton-Mason, Hall, & Everette, 2009; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2006; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombé, 2010).

AAW have been reported to feel that depression is not something experienced in their culture, and that AAW should be "strong," dealing with their problems in isolation (Beauboeuf-Lafontant, 2005; 2007; 2009; Campbell, 2013; Nicolaidis et al., 2010; Ward et al., 2013; Woods-Giscombé, 2008). Adherence to this cultural concept of "strength" (contained in the SBW concept) does not allow AAW the vocabulary for describing their suffering or the social permission to seek help with it (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010).

However, there is no clear definition of the SBW concept, and there is a paucity of quantitative studies of its relationship to the mental health of AAW. Although studies have examined a number of characteristics of the SBW concept in depression, little is known about how understandings about or enactment of the SBW concept affects the roles women play in their communities and families. The purpose of this study was to understand how the SBW concept affects these roles.

### **Philosophical Perspective**

A behavioral contextualist philosophical approach was taken in this study. This approach treats behavior as more than a set of observable or mechanical actions; rather, behavior is interpreted as arising from the intersections among cultural history, marginalization and victimization history, lived experience, and cultural knowledge (Landrine, 1995). In this frame, mechanistic behaviors have no intrinsic meaning, but gain meaning only in context. As the context changes, therefore, the same mechanistic action can come to be considered a genuinely different behavior.

Intersectionality researchers argue that research and discourse on race, ethnicity, class, and gender that examine these factors as independent constructs that exert independent influences on outcome variables and are inherently problematic (Cole, 2009; Crenshaw, 1991). Therefore, intersectionality was also used as a lens through which to interpret the relevance of the Strong Black Woman concept on women's roles in their families and communities.

### **Methods**

#### **Study Design**

This study was a secondary analysis of the qualitative dataset generated in the "Black Women's Perceptions of Black Men's Depression" [BWP] study. The purpose of the parent

study was to explore Black women's experiences with depression in Black men (Watkins, Abelson, & Jefferson, 2013). The goal was to gather information about Black women's perceptions and integrate them into interventions to increase knowledge, reduce the stigma of mental illness, and encourage help seeking among Black men with depression.

**Parent study participant characteristics and recruitment.** Black women who had known a Black man with depression were recruited via posted flyers and via snowball sampling (Morgan, 2008). Interested women called or emailed the project coordinator and were screened in accordance with the study's inclusion and exclusion criteria: whether they were 18 years of age or older, their county of residence, and whether they identified as Black or African American. The parent study involved 46 Black female participants (Table 3). Thirty percent (n = 14) were 20–25 years old, and 40 percent (n = 16) were 26–35. Sixty-seven percent (n = 31) were unmarried. Seventy-four percent (N = 34) had either a college degree, some graduate or professional school, or a graduate degree. Fifty percent were employed either full-time or part-time. Seventy-two percent answered “yes” to the question “Have you ever been depressed?” and 26 percent reported that they had been diagnosed with depression at some point. The current study used data from all 46 participants.

**Parent study data collection.** Focus groups were used for data collection during the summer of 2010. Each group consisted of 4–10 participants. Two groups were created per income level, and the income levels were defined as less than \$19,999; between \$20,000 and \$59,999; over \$60,000; and mixed income levels. The project investigator for the parent study, who matched for gender and race with the participants, facilitated the focus groups. The group sessions lasted approximately 90 minutes and included dinner and a \$25 honorarium. All

*Table 3 Characteristics of Focus Groups Participants*

Variable	N (%)
Age	
20–25	14 (30)
26–35	16 (40)
36–45	7 (15)
46–55	7 (15)
56+	2 (4.4)
Relationship status	
Married	8 (17)
Living w/ partner	1 (2.2)
Divorced	4 (8.7)
Widowed	1 (2.2)
Never been married	31 (67)
More than one status	1 (2.2)
Education	
Less than high school	1 (2.2)
High school diploma	3 (6.5)
Some college	8 (17)
College degree	12 (26)
Some graduate or professional school	16 (35)
Graduate degree	16 (35)
More than one category	1 (2.2)
Kinds of training	
Therapy counseling	4 (22)
Direct health care	3 (17)
Public health	4 (22)
Social work	2 (11)
Other	5 (28)
Work status	
Employed full-time	20 (43)
Employed part-time	3 (6.5)
Unemployed	4 (8.7)
At-home mother	1 (2.2)
Student	9 (20)
Other	3 (6.5)
Multiple categories	6 (13)
Ever been depressed	
Yes	33 (72)
No	10 (23)
Maybe (not sure)	3 (6.5)
Ever clinically diagnosed with depression	
Yes	12 (26)
No	32 (70)

Watkins, D. C., Abelson, J. M., & Jefferson, S. O. (2013). "Their depression is something different... it would have to be" Findings from a qualitative study of Black women's perceptions of depression in Black men. *American Journal of Men's Health*, 7(suppl), 48S. doi:1557988313493697.

sessions were audio-recorded and transcribed. This present project used the transcribed interviews.

**Parent study interview schedule.** The research team for the parent study developed interview questions on the topic of depression in Black men. These asked about opinions on the causes and symptoms of depression in Black men; personal experiences with Black men who were depressed; unique characteristics of depression in Black men; and experiences talking to Black men about depression. The focus groups were also asked about barriers, facilitators, and potential challenges to support systems and about social support for mental-health help seeking among Black men with depression (Watkins, Ableson, & Jefferson, 2016).

**Human subjects.** The Internal Review Board at a Midwestern university approved the parent study. Before each focus group discussion, the moderator informed the participants of the study's purpose, about the how the focus groups would operate, and about the types of questions to be asked. Informed consent for participation and audiotaping was obtained from each participant. Participants were served dinner and received a \$25 honorarium for their participation.

### **Secondary data analysis**

Thematic analysis was used to analyze the data in this study. Braun and Clarke (2006) described thematic analysis as a method for identifying, analyzing, and reporting themes in data. The purpose of thematic analysis is to identify or detect patterns of meaning across a dataset to address a research question. Patterns were identified in the data through a rigorous process of immersion in the data, generating initial codes, searching for themes, developing themes, and revising themes (Braun & Clarke, 2006). A theme is a defined cluster of linked categories or sub-themes that convey similar meanings (Bogdan & Biklen, 2003). As mentioned earlier, this researcher used the contextual and intersectionality perspectives to examine how experiences,

events, and meanings are the effects of a variety of discourses functioning within society (Braun & Clarke, 2006).

**Reflexivity.** Bracketing is a “scientific process in which a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon” (Gearing, 2004, p. 1430). An audit trail was used to bracket personal beliefs, values, and experiences as a woman as well as a Black woman. In addition, because the researcher had extensive knowledge of the literature on the SBW concept, the audit trail was used to bracket this background knowledge to decrease its impact on the thematic analysis process. While familiarity with the relevant literature can enhance analysis through sensitivity to more nuanced aspects of the data (Tuckett, 2005), this research made no attempt to test or otherwise confirm any existing conceptualizations. In addition, patterns and themes related to current knowledge of the SBW concept were examined, but information, patterns, and themes that emerged outside the literature were also actively identified. Thus, thematic analysis was chosen to extend the discourse on the SBW concept.

The ATLAS.ti qualitative data analysis software was used for data management (Muhr, 2006). Consistently with Creswell and Miller (2000), forms of peer debriefing and peer review were used. A peer reviewer is someone knowledgeable about the phenomenon who provides support and questions the researcher’s choice of methods and interpretations (Creswell and Miller, 2000). The dissertation chair served as the peer in both processes. Throughout the analysis process, the audit trail was maintained using the memos feature of the Atlas.ti program. The analytic memos were time-ordered, written accounts of how the analysis evolved intellectually, what data were examined in what sequence and format, and the decisions, questions, and definitions addressed in the process. Personal memos were also kept of each

analysis session to document and track reflexivity, and included details of life issues, physical, experiential, or psychological, for the researcher during the research process. Finally, theoretical memos were used to sort out the materials coming from the voices and from the previous literature. All memos were examined at the beginning of each session for possible relevance to the previous session's coding or analytic decisions.

The transcripts were read repeatedly, line by line, in their entirety. Segments of general interest were highlighted and notes were entered into the ATLAS.ti memo manager for review in subsequent readings. In the first-round coding phase, 101 defined codes were assigned. With input from the dissertation chair, ill-defined or overlapping codes were refined and resolved so that each identified a discrete occurrence, resulting in a list of 11 subthemes. Again, with supervision, overlapping sub-themes were reconciled or merged, resulting in a final list of five subthemes. Subthemes and corresponding definitions were examined for unifying or overarching commonalities, and these yielded four themes. The one global theme, the four core themes, and their subthemes are reported here. Themes occurring less than five times in the data were deemed to be idiosyncratic for those participants, and not included in the final analysis.

## **Results**

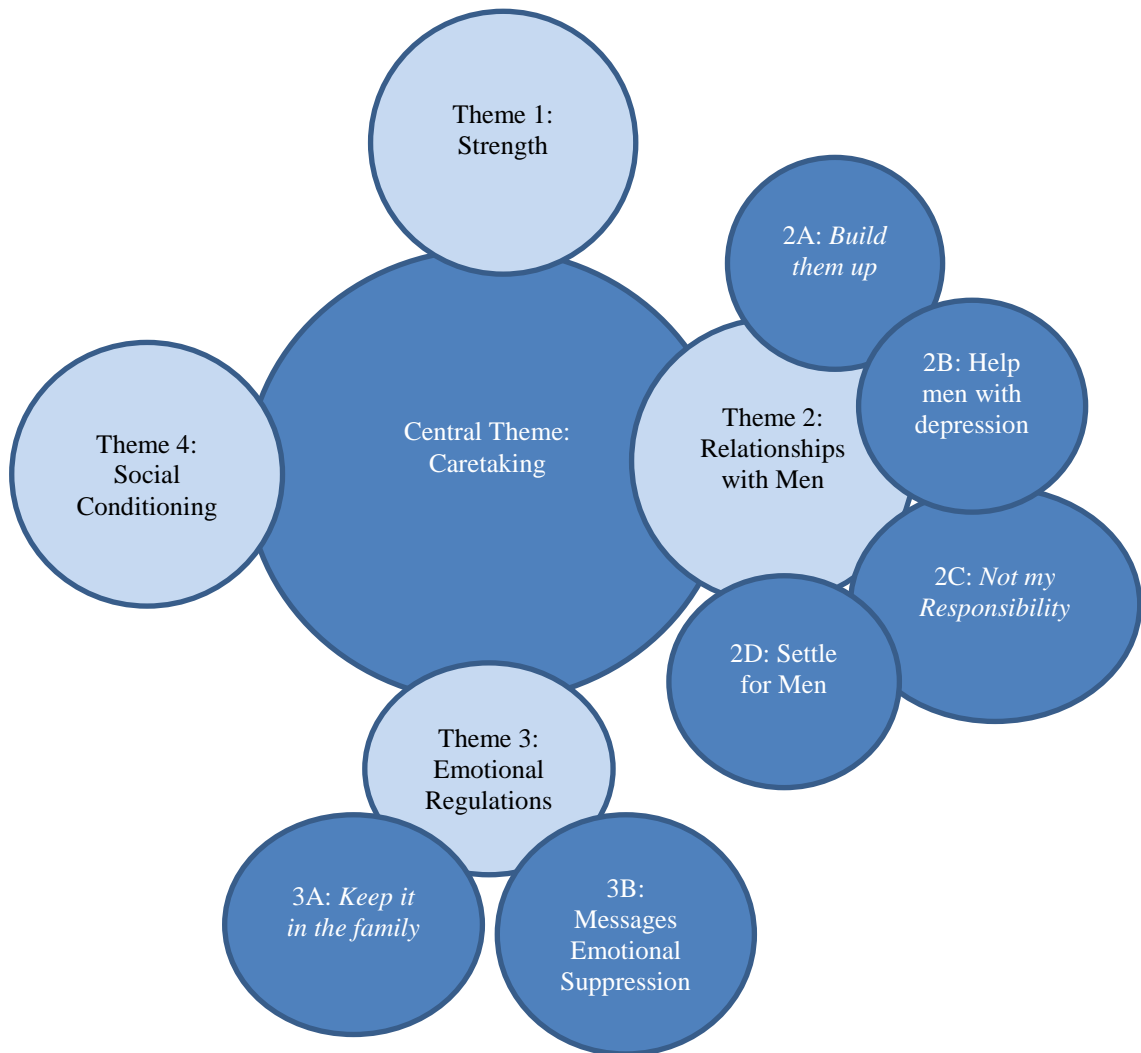
One global theme, four core themes, and six associated subthemes were identified (See Fig. 1). The definition and sample quotes from participants are provided to illustrate each.

### **Global theme: Caretaking as a Central Family and Community Role**

The global theme of this project is the evolution of Black women as caretakers. Caretaking as a Central Family and Community Role is defined as being physically and emotionally responsible for the care of both children and male partners. This role also serves as the foundation of both the family and the community. This role was described as having arisen



out of Black people’s history of struggle of in the United States. In addition, the role was described as a result of racist policies that made Black men absent from their communities and families and led to Black women to adopt the role of primary family caretakers in families, ultimately leaving little space in the family for Black men.



*Figure 1 Relationships Among Themes*

Participants viewed caretaking as central to their roles in families and relationships. For example, one woman said:

...you know trying to be that man role but like they were talking back about history you know we had to carry so much weight when our husbands were stripped away from us, taken out of homes in the middle night ... who had to take care of the children but us as Black women...we're the foundation, we're the backbone of families...(Participant 14)

The importance of being the caretaker of the family, whether or not a male partner was in the household, was echoed by another participant:

I think that Black women do more so actually even so than other races have a role in being responsible, not just for the men in their life but for their families because much more often than not our Black women single mothers so when you're growing up the one who's taking care of all the things that have to do with kind of rearing you as a human being is your mother or your big mother or your aunt or your sister or whoever regardless of whether or not there's a man in the household who's the head of the household. (Participant 10)

While many participants voiced that everyone in the Black community has the responsibility to take care of Black men, it falls on women to take care of Black men the most:

...it should be everyone's responsibility to take care of people in your life that you care about and but I do think it disproportionately falls on women and specifically you know Black women that are dealing with Black men for which is sort of unfair but you know everybody's gotta a struggle. (Participant 9)

Although being the primary caretaker in their families may be common for women, it can lead to conflicts with the men in their lives. Black men can feel as though they don't have a place in the family now that their traditional role of provider has already been taken.

...but us as Black women sometimes we're used to having to take on that role and do everything for ourselves so then that male primary instinct of ok let me provide, let me make sure that she needs me, that's sort of stripped away because we're doing all this stuff for ourselves...he's like what am I hear for, why am I needed ... (Participant 13)

This lack of a defined role further perpetuates the absence of Black men from the family and increases the weight of responsibility for Black women.

I think for sure because back to what they were saying the Black man has been so emasculated and continues to be emasculated and so I feel like in large part the weight of our culture it's been put on our back. (Participant 12)

## Core Theme 1: Strength

Theme one was defined as shouldering the responsibilities of the head of the household, whether or not a male partner was present, and not breaking under the pressure. As a theme in the descriptions of the roles of Black women, strength was described as evolving in response to the historical struggle of being a Black woman or as role-modeled by important women in the participants' lives. Strength is so important that women suggested it was tantamount to a requirement for Black women. Participant 20 described the weight of caretaking:

Your mom's having brain surgery...I got two kids, I own my own business... you know my stepfather moved in too and he's a diabetic, so I'm taking care of him and I'm taking care of her... people are just like oh you were you [are] very strong but ... that's a product of that environment that I grew up in...

Being the head of the household, the backbone of the family, is not an individual choice.

Participant 41 described the role as historically accepted and enacted by Black women:

...historically I mean we have accepted that role.... Not like the White women and any other woman doesn't have to be as strong as we were, ... I mean even during slavery it had to be one of us, Harriet Tubman to pull folks out of slavery, you know.

Being self-sufficient, or not needing a man, is also a demonstration of strength. Participant 38 described her mother's warnings to her about being able to stand on her own, "... my mother...trained me to stand on my own....she said if you knew you always have your own. You always take care of yourself; don't depend on a man to take care of you."

Whether derived from historical referents or mothers' lessons, the message was that the Black woman needed to be able to survive whatever trouble came her way, "one could say that you, over the years you learn how to handle life, you learn how to tackle situations, you learn how to not let everything devastate you" (Participant Unidentified).

## **Core Theme 2: Relationships with Men**

Theme two was defined as a close familial or intimate connection with a man. It comprised four subthemes. The first was *Build them up*, defined as the need to bolster men's self-esteem in intimate relationships and the family and to provide a role for them as the center of the family. The second was Help men with depression and was defined as the responsibility to either provide therapeutic help for men's depression or to encourage connections to formal health providers. The third subtheme was *Not my responsibility* and was defined as not having a responsibility to either provide help or facilitate connections to formal health care providers for Black men with depression. The fourth subtheme was Settle for men with problems and was defined as being in relationships with men with limited financial prospects. Each subtheme is discussed below.

Navigating relationships with the men in their lives was a substantial focus of discussion. There was friction between the goals of enacting strength and providing help for men with whom one was in relationships. The emphasis was on the delicacy of communication with Black men, so that they felt important but their depression could also be acknowledged. Here too the onus was on the Black woman to develop trust with men in order to discuss depression. Participant 21 spoke about the difficulty of discussing emotions with her partner:

... developing that emotional trust with Black men is a little bit difficult... ...when I talk about emotional issues guys just in general don't use a lot of words. So if you only have 20 words in a given day...we might get a couple of words about an emotional issue or one half of a conversation and he's finished. He's finished for the day. ... I realize that I have to keep myself open to whenever he's ready to circle back for those conversations.... (Participant 21)

**Subtheme 2a: *Build them up*.** This subtheme focused on how the women perceived it as a woman's responsibility to buffer society's marginalization of Black men by building them up rather than tearing them down. Being strong and capable in the family and community seemed to

come into conflict with taking care of men's feelings of worth and social value. This dilemma was resolved by putting the family and community first. In building up Black men, women believed they were providing strong men for their families, "And when you took the Black woman out the family so now we as Black women we need to build our Black men up because you need to be the foundation for your children" (Participant 29).

Another woman put it this way:

... I've realized that he's so much more sensitive than I ever thought he was, you constantly are blasted with different images of men, you know supposed to do this and that, this and that and you know ...let's not joke you know so I have to be very, very protective of you know his self-esteem as a man, you know, just to make sure that I'm constantly building him up and I'm not a part of the group that's tearing him down. (Participant 21).

This participant expanded on the conflict between being the strong caretaker of the family and the desire to provide support for Black men:

As the Black woman and so I think it becomes, it became very hard for us to maybe let a Black man be a Black man, because we're so busy you know carrying the weight because that's what we had to do ... so I think that them having to deal with the pressure of society and then sometimes not being able to come home and give the emotional support that they need because I'm so busy trying to be a Black man too, you know I gotta be the Black man and the Black woman, you know I want a Black man but even though that's hard....So if you are going through something you going to have to go through that in your own time, when all the bills paid so I think it's a added pressure (Participant 12)

**Subtheme 2b: Help men with depression.** Some women believed it was women's responsibility to either help Black men with depression or facilitate connections for helping them. This responsibility was not only an aid for the men in their lives but for the Black community as a whole. However, this help was often described as difficult both for women to give and for Black men to receive because of the delicate position that Black women occupy as both caretakers and partners. One participant stated,

I think it's more than a role... it's a responsibility.... it goes back to knowing where we stand as far as our culture ... it should be the husband and the wife... the family so I

think it's our responsibility because we cannot complain about a issue if we're not taking a active role in trying to remedy the situation ...we can't wait for everyone else to, you know do it so I think it's our responsibility for sure (Participant 12)

Two participants focused on the delicate balance between the requirement of strength and the responsibility to men with depression. Ultimately, the responsibility was to help Black men:

...I would say is that... yes we are strong Black women, yes we have to carry a lot of responsibility, yes men need us, you know yeah sometimes they're coddled but we as women, when our men are depressed, we have to rebound from the rebuttals, we have to rebound from the accusations, we have to rebound from the daggers that are thrown, we have to rebound from the denials, and stand by your man. ... but at some point if we are really gonna help our race we have got to stand by our men because of the position that they have been put in ... if we're really going to promote a change, then we have to stick together and try to understand and try to see things through his eyes. And really, really just give him the support that he needs. (Participant 17)

I think we do because we're talking about men who are gonna father our children. We're talking about a man whose gonna be not this generation but be part of the next generation so if we don't help 'em out, cause women have always been the backbone in men, I mean behind every man is a good woman, you know? (Participant 29)

**Subtheme 2C: *Not my responsibility.*** While the dominant opinion was that getting men help for depression was a Black woman's responsibility, a good portion of the women expressed the opposite feeling, with statements such as "I'm not responsible to get men help" (Participant 35) "...it's not the Black woman's responsibility to you know to take the Black man to the doctor (Participant 41) and "I'm not talking to my men about depression. I'm not...I think it's something men need to, I don't know, I don't know I kind of sort of feel like as women we take on too much, men need to be trained to take care of this stuff themselves" (Participant 23).

**Subtheme 2D: *Settle for men with problems.*** Participants also discussed being attracted to men they considered less than desirable. In order to have a man in their lives, they would need to settle for, and also try to fix, those who had limited financial prospects. If these men were physically appealing, the attraction was undeniable, despite their limited prospects.

It's like a piper syndrome... if he has looks Black women will work on anything else...we try to make things better like ok, he's fine, I can have some children with him... I'm gonna work on everything else, I'm gonna get him a job... (Participant 32)

Women were upfront about what they perceived as a difference in the relative power within the family between themselves and their men, often reporting that they were working hard to make a living while the men they desired were unemployed and still living at home. Women stated they would put in the emotional work to fix the men so that they might make them ideal partners.

...women accept it, you know cause he got the basement all you know he's fresh and he this and he that and he got you know his mom's house ... this man don't have no job. ...He look good...but he ain't got no job. What kind of future does he have with you? ...you driving to this man's house, his mama's house, going in the basement, having sex with him, get a life. (Participant 29)

Participants also expressed an underlying concern that once they had “fixed” a man, another woman would take their place, and all of their hard work would be for nothing.

Yeah and that's the biggest fear, you don't want anybody... to benefit from your struggles and all the time and effort .. it's like you've been staring at this flower, waiting on it to blossom and then you take your eyes off of it for a second and it blossom while somebody else looking at it... (Participant Unidentified)

### **Core Theme 3: Emotional Regulations**

Theme three was defined as culturally determined rules of emotional experience, expression, and mental-health help seeking, and had two subthemes. The first subtheme was *Keep it in the family*, which was defined as the lack of permission for formal mental health help seeking: family was the only allowable source of help. The second was Messages of emotional suppression, defined as implicit family and cultural rules forbidding the acknowledgment of experiences of emotional distress or depression. Participants expressed several beliefs about their experience and expression of emotional distress. Both their families and their communities were

reported to have implicit and explicit rules about how to deal with negative emotions and to whom one can speak to about them.

**Subtheme 3A: *Keep it in the Family.*** The women verbalized various community edicts related to seeking help for depression or emotional distress. They saw experiences of distress as minimized by their community. One woman related that seeking help for depression is not an option in Black families; depression is something to be endured until it passes: "...my family or in other people's families and among friends it's just such, it's not even an option, it's a time heals all wounds..." (Participant 10).

Family rules on formal help-seeking for depression were described as restrictive. If someone was depressed or in need of counseling, the only sanctioned sources of help were the church and the family: "You definitely don't talk to professional people about your family's business and problems" (Participant 20). One woman said, "You know we (are) taught that what stays in our house, stays in our house, hmm... (Participant 38)". Any another said, "Exactly, hmm mmm, yeah...family business... (Full Group)."

One woman expressed it this way:

...you deal with it or you lean on the family and we'll get through it together, it's never like seek professional help. Yeah, you pray about it. Bring it to the church. But they never bring it to you know a trained professional. (Participant 10)

**Subtheme 3B: Messages of Emotional Suppression.** Community and family regulations extend to the experience of emotional distress and depression for women. From their families and communities as a whole, women do not feel as though they have permission to be depressed or have negative feelings. One said: "I think, especially for Black families, you don't get permission to be depressed. (Participant 20)." Another reported: "It's not a tolerable to be



depressed in the African American, it's not socially acceptable (Participant 32)." Participant 20 said,

...so I do think that our ... culture doesn't give us permission to have feelings and especially negative feelings... you don't get my support, you don't get my sympathy... you kind of pull yourself up from the boot straps ... you deal with it and move on and you know you don't talk to people outside of your connection. ...you don't get permission to have a, no one has time for me to cry about my mom having brain surgery and seeing her come out and taking care of her and you know for months on end, you don't get permission to do that, you just do what you have to do (Participant 8)

Depression was viewed as a part of the Black experience or the Black Struggle, which was something all Black people dealt with, and as such it should be easy to get past or at least suppress. One woman said,

I think you need some church women in here because they look at depression as sometimes like they can go on a fast it'll all be over and so they just suppress everything and then after a few years everything that had taken place in their mind it takes place in their mind in 24 hours and they have a nervous breakdown...(Participant 19)

Another said,

...but that whole Black struggle thing is like ... if I was having ... an emotional response to something so what everyone goes through it, it's the Black struggle. Build a bridge, get over it, let's move on to something more important or fun ...(Participant 5)

#### **Core Theme 4: Social Conditioning**

The fourth theme was defined as the cultural absence of education on the expression of feelings and emotional distress. Being able to talk about one's feelings and to express emotional distress was described as an interpersonal quality that was absent from the Black community.

Even though the women preferred expressing emotional distress, they felt it this was not something that Black women were raised to do. One said,

... you know you get years and years of this reinforcement of you need to act this particular way ... you know deny your feelings and then when it's causing a problem with your health and someone wants to say, well let's talk about your feelings, well from day one you were told don't even trust those, don't even you know, forget about those this is you know we've been taught, ... forget what you think is or what you feel or what

you experience, this is you know we've been taught, this is your experience. (Participant 23)

Another woman put it this way; "...in general Black people don't talk about their feelings cause you're not supposed to, strong Black men, strong Black woman, and we don't want to hear about your problems, again everybody has problems (Participant 22). A third woman said: I just I really think that social conditioning plays so much into it ...we socially conditioned not to have these conversations...(Participant 5). Not only were the women were raised not to express emotions, they described giving the same message to their own children. One expressed regret for her continuation of this legacy and described how she attempted to counteract its harmful influence on her daughter:

...it wasn't a message, a good message that I sent to my daughters ... they were nervous to cry... but why would they cry? I didn't cry..... you know I have to consciously tell my girls, you know you don't have to feel ok about everything, sometimes you know things are make you sad, they don't make me sad, but it's ok if they make you sad... (Participant 20)

## **Discussion**

The purpose of this study was to understand the relevance of the Strong Black Woman concept to women's roles in society and their families. Some of the major themes in this study echoed findings from the SBW literature, including the cultural evolution of caretaking; the importance of the woman's strength to the family (Beauboeuf-Lafontant, 2003; 2007; 2009; Black & Peacock 2008; Collins, 2005; Donovan & West, 2015; Green, 2011; Hamilton-Mason, Hall, & Everette, 2009; Hamin, 2008; Holden & Belton, 2015; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2006; Offutt, 2013; Postell, 2011; Romero, 2000; Thomas, 2009; 2009; Thomas, Witherspoon, & Speight, 2004; Thompson, 2003; Waite & Killian, 2007; Wallace, 1990; Watson & Hunter, 2015; Weathersby, 2008; Woods, 2013; Woods-Giscombé, 2010); and a cultural tendency toward emotional suppression (Amankwaa, 2003; Beauboeuf-Lafontant,

2003; 2007; 2009; Black & Peacock, 2010; Collins, 2000; Donovan & West, 2015; Green, 2011; Hamilton-Mason, Hall, & Everette, 2009; Hamin, 2008; Holden, Belton & Hall, 2015; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2006; Nicolaidis et al., 2010; Offutt, 2013; Parks, 2010; Postell, 2011; Romero, 2000; Thomas, 2006; 2009; Thomas, Witherspoon, & Speight, 2004; Thompson, 2003; Waite & Killian, 2005; Ward et al., 2009; Watson & Hunter, 2015; Weathersby, 2008; Wallace, 1990; Woods, 2013; Woods-Giscombé, 2010). However, the relationships between these concepts, and how they are defined, do differ.

The central theme of this study was the cultural evolution of the role of Black women as caretakers. The definition of caretaking and its inclusion in the SBW concept is consistent with other studies (Beauboeuf-Lafontant, 2003; 2007; 2009; Black & Peacock, 2010; Collins, 2000; Hamilton-Mason, Hall, & Everette, 2009; Jones & Shorter-Gooden, 2003; Mullings & Schultz, 2000; 2006; Parks, 2010; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombé, 2010). However, other themes related to caretaking were explored by the women in this study, including caretaking as an expression of strength, and the importance of caretaking as an aspect of Black women's relationships with men. Women in this study described the view that a woman is strong when she can be the backbone of the family and be financially independent. The role of their relationships with men depended on whether women believed it was their responsibility to help men with depression. While the discussion of these relationships was illuminating, this dataset was explicitly about depression in Black men, so it is unknown how important it is to Black women's roles overall. However, emotional distress in families is probably an important concern for women in general, so this finding is an important one.

The theme of relationships with men was not a major focus in the Strong Black Woman literature, so this study contributes to the literature base. Negative stereotypes of Black woman may play a role in the quality of relationships between Black women and Black men (Collins, 2000; Staples, 1982; Willis, 1989) and have been said to be destructive factors in interpersonal relationships, which in turn contributes to difficulties in Black families (Bethea, 1995; Dickson, 1993; Willis; 1989). Researchers have noted that Black women often receive conflicting cultural messages about relationships with men. On the one hand, men cannot be counted on to be the sole family providers; on the other, the woman's goal from childhood is to find a Black man who will take care of her (Boyd-Franklin & Franklin, 1998). Woods-Giscombé (2010) reported that the internalization of the Superwoman Schema did put a strain on interpersonal relationships, but concluded that this strain resulted from the resistance to feeling vulnerable rather than, as we found, from the difficulty in balancing the enacting of strength as the central caregiver of the family with the need to ensure that Black men felt central to the family and to build their self-esteem. Attempts to maintain this balance may be a nontraditional contributing factor to emotional distress and should be considered as such in the clinical setting.

Certainly, strength is the core of the SBW concept. This strength has been described as an obligation to resist vulnerability and an unwillingness to ask for help (Beauboeuf-Lafontant, 2007; 2009; Black & Peacock, 2011; Woods-Giscombé, 2010). However, this study found a slightly different definition of strength. While the participants did discuss having to be strong as an obligation, they did not mention an unwillingness to ask for help. The self-sufficiency strength uncovered in this study is more in line with Mullings's (2000) 'sojourner's syndrome,' which she described as a behavior that reveals "the assumption of economic, household, and community responsibilities, which are expressed in family headships, working outside the home

(like a man), and the constant need to address community empowerment—often carried out in conditions made difficult by discrimination and scarce resources” (Mullings, 2000, p. 8). We found that this strength behavior was also perceived as a result of necessity and habit rather than actual difficulty in seeking assistance. The cultural mandate of strength, of caring for others before oneself, could leave Black women with little time or energy for self-care, and as a result with many unmet mental and physical healthcare needs.

Still, many of our findings were consistent with the current SBW literature. Within the cultural frame of “strength,” African American women are denied a vocabulary for their suffering or permission to seek help with it (Beauboeuf-Lafontant, 2004; 2007; 2009; Nicolaidis et al., 2010). While stigma about mental illness in the Black community has been described as a substantial barrier to emotional expression and help seeking (Watkins, Abelson, & Jefferson, 2013; Campbell, 2013), our findings suggest that for AAW, this may be due to fear of violating cultural edicts about expression, experience, and conditioning. Cultural emotion display rules can mask depression and make it difficult for clinicians to accurately diagnose and provide appropriate treatment to AAW, leaving many of them with unmet mental health care needs. More research is needed to examine the role these display rules play in the low prevalence of depression but high percentages of sadness, hopelessness, and worthlessness in this population.

### **Limitations**

This study was a secondary analysis of previously collected qualitative data. The purpose of the earlier study was to examine Black women’s perceptions of depression in Black men. The questions asked were mainly aimed at eliciting their experiences with depressed men, so the findings here may be biased toward negative experiences with Black men. Differences by income group were not analyzed for this study, but this is suggested for future work. Even with

these limitations, this study's focus on relationships exposes the strength–relationship dynamic and makes a valuable contribution to knowledge about the role of the Strong Black Women concept in the lives of Black women.

### **Conclusion**

The role of the Strong Black Woman concept in the health disparities experienced by Black women has long been discussed, but there is a paucity of published studies in this area. This limitation led us to carry out this secondary analysis and explore whether the SBW concept would emerge as a substantial component of women's lives even when the subject of conversation was Black men.

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## CHAPTER 4

### **The Strong Black Woman Concept and Mental Health: A Synthesis Model**

Major depressive disorder [MDD] is the greatest contributor to global disability. In the United States, 5.9% of the population suffered from it in 2015, with a rate of 8.4% of years lived with disability (World Health Organization, 2017). Some findings indicate equal or even lower rates of depression among African Americans [AA] as compared to non-Hispanic whites (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Gibbs et al., 2013; National Alliance on Mental Illness [NAMI], 2009; Williams et al., 2007; U.S. Department of Health and Human Services [USDHHS], 2001). However, as compared to non-Hispanic whites, AA's experience a greater disability burden related to depression (González, Tarraf, Whitfield, & Vega, 2010; Myers & Andersen, 2013; USDHHS, 2001; Williams et al., 2007) and higher rates of psychological distress (Keyes, 2007; Lincoln & Chae, 2010).

Mental health experiences and expression are said to be culturally influenced (Kleinman & Good, 2004). It has been suggested that the contrasting lower prevalence and higher chronicity of depressive disorders among AA's may be due to cultural differences in expression (Walton & Shepard Payne, 2016). Depressive symptoms among AAW have been reported as profound mental and physical exhaustion, frustration, actual and suppressed anger, irritability, denial of the illness, and somatic complaints (Beauboeuf-Lafontant, 2009; Baker et al., 1996). Subsequent examination of depression among AAW may require a different approach, such as examining experiences or descriptors of psychological distress rather than the measures conventionally used in clinical practice.

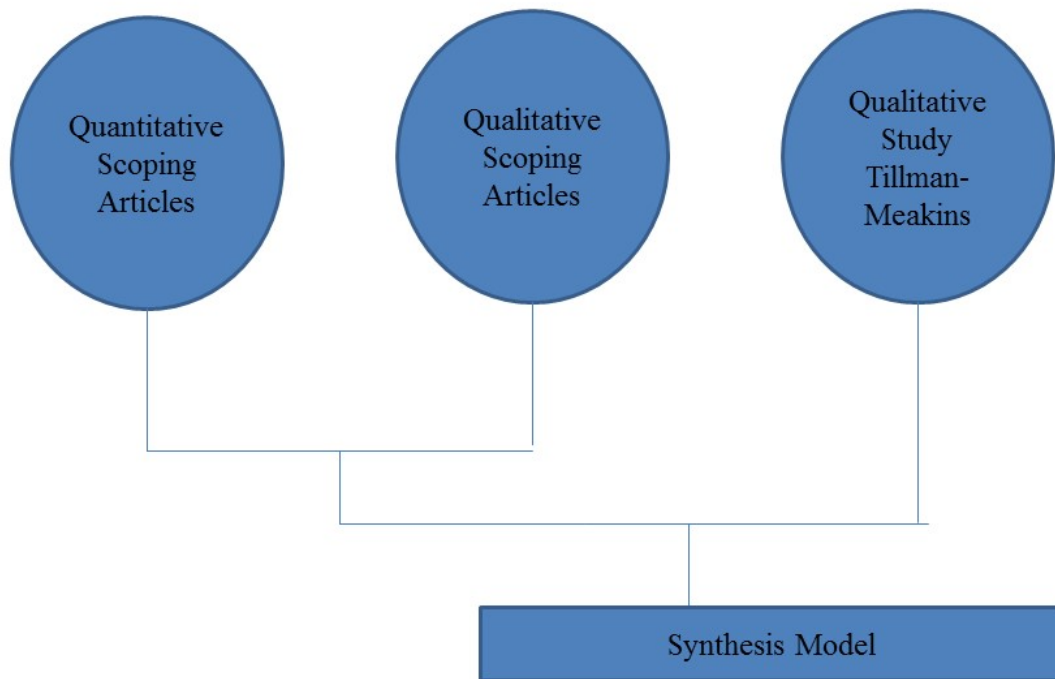
Internal, cultural factors such as stigma and the gendered cultural concept of strength have been described as influencing the experience of psychological distress and depression among AAW (Beauboeuf-Lafontant, 2005; 2007; 2009; Nicolaidis et al., 2010; Ward et al., 2013). These attributes have been discussed, and examined in a number of ways. The concept of strength has been studied specifically, and has generally been glossed with the label ‘Strong Black Woman’[SBW] (Beauboeuf-Lafontant, 2005; 2007; 2009; Black & Peacock, 2011; Collins, 2000; Hamilton-Mason, Hall, & Everette, 2009; Jones & Shorter-Gooden, 2003; Harris-Lacewell, 2001; Kerrigan et al., 2007; Mullings & Shultz, 2006; Parks, 2010; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombé, 2010).

In general, the SBW is a self-sacrificing, emotionally and financially sufficient woman (Beauboeuf-Lafontant, 2005; Simms, 2001) who is responsible for meeting the needs of others in her family and community before herself (Beauboeuf-Lafontant, 2003; 2007; 2009; Black & Peacock, 2011; Chang et al., 2008; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Woods-Giscombé, 2010). Research has also suggested that the SBW concept dictates the suppressing of negative emotions and the display of only strength and never weakness, and does not allow women a vocabulary for the identification of their negative emotions or permission to seek help with them (Beauboeuf-Lafontant, 2005; 2007; 2009; Donovan & Williams, 2002; Donovan & West, 2014; Greene, 1994; Harrington, Crowther, & Shipherd, 2010; Holden, Belton & Hall, 2015; Jones, Hopson, Warner, Hardiman & James, 2015; Romero, 2000; Nicolaidis et al., 2010; Woods, 2015; Woods-Giscombé, 2010). However, there is no consensus on the definition of the SBW concept, and there have been few quantitative examinations of it.

## Methods

### Comparison of Scoping Review and Qualitative Analysis

This study is a qualitative evaluation of the similarities and differences between the definitions of the SBW concept from the two data-generating activities (See Fig. 2). We examine the findings of the scoping review (Tillman-Meakins, 2017a) and the themes that emerged from a secondary qualitative analysis (Tillman-Meakins, 2017b). The shared themes of these two datasets make up the central domains that were used to structure the analysis (See Table 4). These domains include Implicit struggle, Self-sacrifice in caretaking, Handling emotion, Strength, Self-reliance, and Relationships. Each is defined and discussed below.

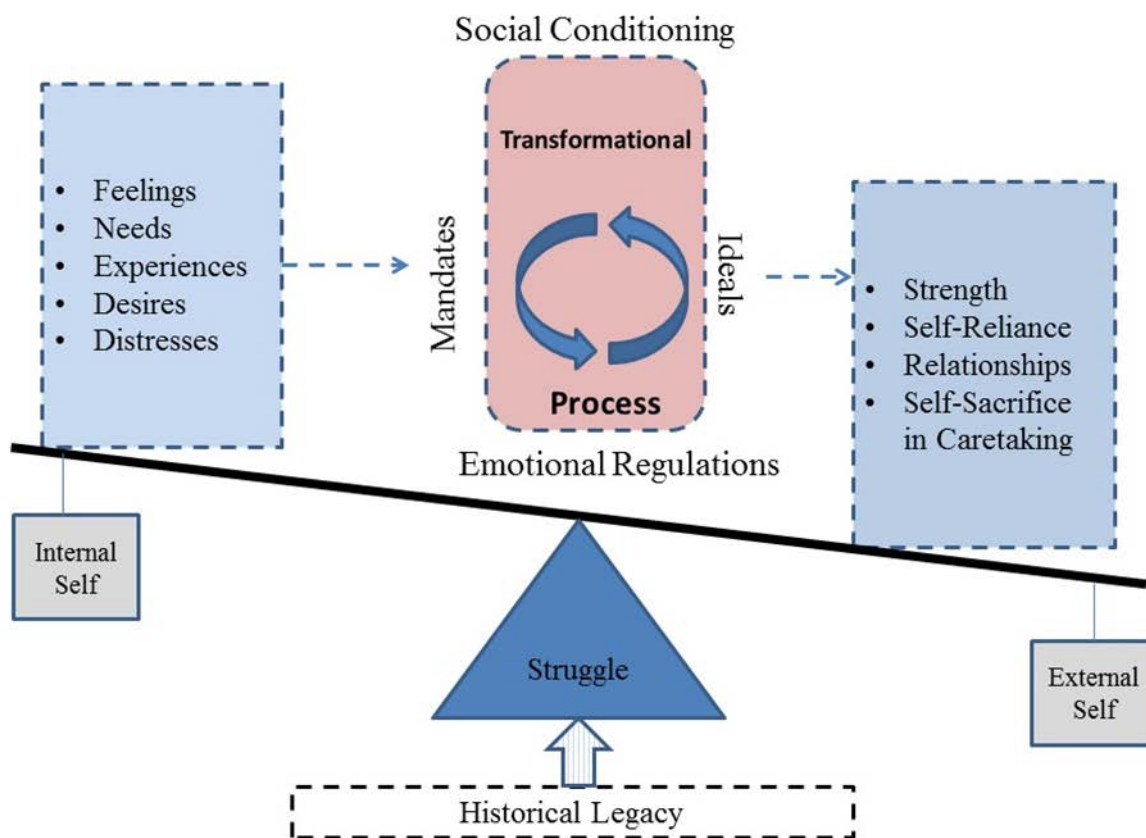


*Figure 2 Synthesis Process*

## Results

*Table 4 Domains of Analysis*

Domains	
Scoping Study	Qualitative Study
<p><b>Domain: Implicit Struggle</b>            Women in my family are survivors            I expect obstacles in life            I should be able to handle everything that life gives me</p> <p><b>Domain: Self-Sacrifice in Care-Taking</b>            I will let people down if I take time out for myself            Being self-less and sacrificial are positive qualities            Survival of the Black family and community is put before the needs of self            Born to serve, nurturing, supportive, self-less, to her own detriment, related to poor self-concept</p> <p><b>Domain: Emotion</b>            Affect Regulation/Emotional Suppression            Obligation to suppress emotions            Display of emotion is weakness            Not allowed to complain            Not bothered by emotional things like other people</p> <p><b>Domain: Strength</b>            Self-sufficient, independent, difficulty asking for help, feel weak or like a failure if ask for help, façade of strength            Survival of Black family and community is due the strength of Black women            Strength is a mask            Must always maintain composure            Difficulty showing emotions            Must be perceived as strong</p> <p><b>Domain: Self-Reliance</b>            Cannot depend on anyone for help            Have to do it alone</p> <p><b>Domain: Relationships with Men</b>            Can't be vulnerable with a man</p>	<p><b>Domain: Implicit Struggle</b>            Implicit in being a Black Woman            Financial            Historical</p> <p><b>Domain: Self-Sacrifice in Care-Taking</b>            Implicit            Evolved            Men taken from families            Women are the backbone of families, with or without a man present</p> <p><b>Domain: Emotion</b>            Emotional Regulations            Keep in the Family-Help Seeking            Messages            Social Conditioning            Emotional Suppression</p> <p><b>Domain: Strength</b>            Strength in caretaking            Being strong is taking care of everyone and everything.            Backbone of the family</p> <p><b>Domain: Self-Reliance</b>            Center of the family            Raised to be self-reliant            We do it by ourselves</p> <p><b>Domain: Relationships with Men</b>            Build them up            Help men with depression/Not my responsibility            Settle for men with problems            No space for a man</p>



*Figure 3 Synthesis Model*

### **Implicit Struggle Domain**

One feature common to all the studies was the implicit recognition that Black women’s lives are filled with struggle, and the view that the SBW concept is either a response to that struggle (Offutt, 2013; Thomas, 2009; Watson & Hunter, 2015) or evolved from it (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Green, 2011; Tillman-Meakins, 2017b; Woods, 2015; Woods-Giscombé, 2010). But only a small number of the scoping review articles explicitly identified this as either a theme (Beauboeuf-Lafontant, 2007) or a subscale (Woods, 2013). In those studies, the SBW concept was viewed as evolving from iconic images of the Black woman under slavery, caring for her master’s children before her own, performing heavy physical labor,



being dehumanized, and serving as the sole head of her family (Beauboeuf-Lafontant, 2007; Green, 2011; Offutt, 2013; Thomas, 2009; Woods, 2015; Woods-Giscombé, 2010).

The African American community is still haunted by the cultural memory of the brutality of the transatlantic slave trade, American slavery, the Jim Crow period, and the continued widespread racial inequities in the United States. The responsibilities of caregiving, economic provision, and emotional suppression still endure in the iconic image of the Strong Black Woman born of slavery. It is through attempts to shoulder these responsibilities or endure these struggles that emotional distress in the lives of Black women has come to be normalized, implicit, and minimized. As a result, one's response to emotional distress must be masked, hidden, and endured—the essence of the SBW concept (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Jones et al., 2014; Postell, 2011; Tillman-Meakins, 2017b; Woods-Giscombé, 2010). Despite this acknowledgement of the struggle, Woods (2013) was the only quantitative researcher from the scoping study to include an explicit measure of struggle.

### **Self-Sacrifice in the Caretaking Domain**

Devoting oneself to family care and service to the community can be considered a noble or admirable quality. In the scoping studies, however, self-sacrifice in caretaking was also characterized as a somewhat pathological behavior and an obligation that cannot be refused (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Jones et al., 2014; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Ward, Clark, & Heinrich, 2009; Watson & Hunter, 2015; Weathersby, 2008; Woods, 2013; Woods-Giscombé, 2010). In the SBW concept, this obligation to family and community must be prioritized over any mental or physical self-care (Beaufont-Lefontant, 2007; Postell, 2011; Woods-Giscombé, 2010) or self-actualization (Beaufont-Lefontant, 2007). For example,

Donovan and West (2014) described self-sacrifice in caretaking using Thomas's (2003) Stereotypic Superwoman role (with items such as "I am overworked, overwhelmed, and/or underappreciated," "I am often expected to take care of family members," and "I am always helping someone else") and concluded that endorsement of caretaking moderated the relationship between stress and depressive symptoms ( $r^2 = 0.57$ ,  $\Delta r^2 = 0.05$ ,  $F(3, 87) = 38.57$ ,  $p = 0.00$ ,  $r^2 = 0.57$ ,  $\Delta r^2 = 0.05$ ,  $F(3, 87) = 38.57$ ,  $p = 0.00$ ). Interestingly, Woods's (2013) description of self-sacrifice in caretaking was a cluster of items that measured "Caretaking and Self-Sacrifice" found the two to be significantly correlated with depressive symptoms ( $r = 0.27$ ,  $p < 0.001$ ).

Caretaking and self-sacrificing behavior were also found in the qualitative analysis. They were represented by the participants as a cultural requirement or a part of a cultural heritage and were the central theme around which the other themes were scaffolded (Tillman-Meakins, 2017b). However, women described this kind of self-sacrifice in the context of their own lives, reporting that it operated as a required family function in which women were the sole providers and caretakers. They explained that this role was necessary because there was no one else to take it on. Although some women were overwhelmed by these responsibilities, they took them on to ensure the security and survival of their families and communities (Tillman-Meakins, 2017b). Self-sacrifice in caretaking did not necessarily feel negative to the participants, but was viewed a normal and important role.

### **Emotional Domain**

Cultural mandates related to the expression and experience of emotions were included in all the scoping review articles (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Jones et al., 2014; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Ward, Clark, & Heinrich, 2009; Watson & Hunter, 2015;

Weathersby, 2008; Woods, 2013; Woods-Giscombé, 2010). This domain was also represented in the qualitative study. The emotional components common to the majority of the scoping review studies included affective regulation; masking of negative emotions and emotional suppression; and denying or not acknowledging emotional distress (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Jones et al., 2014; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Ward, Clark, & Heinrich, 2009; Watson & Hunter, 2015; Weathersby, 2008; Woods, 2013; Woods-Giscombé, 2010). One quantitative study deviated from the others with the inclusion of an ‘emotional invulnerability’ subscale, which was subsequently collapsed into a scale of Mask of Strength/Emotional Invulnerability, including items such as: “Black women don’t get depressed,” “I have too many responsibilities to feel sorry for myself,” and “I’m not bothered by emotional things like other people” (Woods, 2013 p. 102).

Both the qualitative and quantitative articles from the scoping review presented the impact of the SBW concept on emotion as somewhat pathological in nature. For example, Holden and Belton (2014) concluded that the SBW resists admitting to depression because to do so would be to admit weakness. Woods-Giscombé described the SBW concept as including an obligation to suppress emotion and reported that the expression of negative emotion was interpreted as a weakness (2010), being the antithesis of the SBW concept. In a hierarchical regression analysis with traditional methods of coping and demographic covariates, Green (2011) noted that increased levels of affect regulation predicted higher levels of depression ( $F(1, 146) = 12.30, p < 0.001$ ),  $\Delta R$ , and the overall model explains 49% of the variance.

Participants in the qualitative study voiced some similar emotional expression tendencies, such as the obligatory suppression of negative emotion and the view that depression is a

weakness. From their perspective, however, these were culturally appropriate display rules. For example, the two core themes related to emotion were anchored in “adherence to cultural emotional regulations” and “social conditioning” (Tillman-Meakins, 2017b). Emotional regulations were described as a set of culturally bound display rules such as “It is not socially permitted to express emotional distress or depression” and “If someone happens to experience emotional distress, the only sanctioned source of help is within the family” (Tillman-Meakins, 2017b). Therefore, for the women in the qualitative interviews, behaviors related to emotional expression were culturally appropriate. Moreover, though it was a separate theme, social conditioning was reported by the participants as including a lack of education or role modeling related to discussions of emotional distress.

### **Strength Domain**

By definition, displaying strength is the core element of the SBW concept (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Holden & Belton, 2015; Jones et al., 2014; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Ward, Clark, & Heinrich, 2009; Watson & Hunter, 2015; Weathersby, 2008; Woods, 2013; Woods-Giscombé, 2010). This strength has been described by many as a cultural mandate and as modeled for women by their foremothers (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Postell, 2013; Woods, 2013; Woods-Giscombé, 2010). Only through successful performances of strength, such as not displaying negative emotions, and meeting all one’s responsibilities no matter how dire the circumstances, is this requirement fulfilled (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Jones et al., 2014; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Watson & Hunter, 2015; Woods, 2013; Woods-Giscombé, 2010). In this way, strength is a

cultural ideal, and while women may struggle to achieve it, they must not display or communicate their struggle to others, because that would mean being a failure as a Black woman (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Nicolaidis et al., 2010; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Watson & Hunter, 2015; Woods, 2013; Woods-Giscombé, 2010). Moreover, on this ideology, a lack of strength as a Black woman can mean the destruction of one's family (Amankwaa, 2003; Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Green, 2011; Offutt, 2013; Postell, 2011; Thomas, 2009; Waite & Killian, 2009; Ward, Clark, & Heinrich, 2009; Watson & Hunter, 2015; Woods, 2013; Woods-Giscombé, 2010).

In the qualitative study, we found the same ideological prescription in general but with one additional factor. The participants reported that success as a caretaker was a demonstration of strength. One participant stated, "One could say that you, over the years you learn how to handle life, you learn how to tackle situations, you learn how to not let everything devastate you" (Tillman-Meakins, 2017b, p.11).

### **Self-Reliance Domain**

Self-reliance, defined as balancing the competing demands of family and community without asking for assistance, was another component of the SBW concept in the scoping review. While most of the quantitative studies in that review included self-reliance as a separate factor (Green, 2011; Offutt, 2013; Thomas, 2009; Watson & Hunter, 2015; Woods, 2013), most of the qualitative studies described self-reliance as an integral part of the SBW concept (Amankwaa, 2003; Beaufont-Lefontant, 2007; Jones et al., 2014; Nicolaidais et al., 2010; Postell, 2013; Waite & Killian, 2009; Woods, 2013; Woods-Giscombé, 2010). In the qualitative study, the women expressed the importance of self-reliance, but it was conceptualized as a function of the central

theme of caretaking and strength. Women reported being raised by their mothers to be self-sufficient, even if they had a partner.

### **Relationships Domain**

The role of the SBW concept in intimate relationships appeared in only three of the 16 articles in the scoping review. A common feature of these was that being an SBW put strain on intimate relationships (Beaufont-Lefontant, 2007; Woods, 2013; Woods-Giscombé, 2010). This strain was the result of strength performances of the African American women acting as a barrier to intimacy (Beaufont-Lefontant, 2007; Woods-Giscombé, 2010) or preventing Black men from playing central roles in their families (Tillman-Meakins, 2017b). To make room in the family for men, women had to simultaneously build the men's self-esteem and play the primary provider role, a task many found difficult to navigate (Tillman-Meakins, 2017b).

Many women did desire a partner to share the burdens of family responsibilities (Beaufont-Lefontant, 2007; Tillman-Meakins, 2017b; Woods, 2013; Woods-Giscombé, 2010). However, some research found that women also needed to be able to take care of themselves because the men in their lives were undependable (Amankwaa, 2003; Beaufont-Lefontant, 2007). Woods-Giscombé (2010) also described the SBW characteristics as limiting women's ability to be vulnerable in intimate relationships. In addition, some researchers reported that SBWs not only sought out, but also stayed in, committed in relationships with men who were abusive and manipulative or who had limited financial prospects, and tried to transform these men into the ideal partner (Beaufont-Lefontant, 2007).

The qualitative study shed some light on this conflicting information. The women described their devotion to the survival of Black families and the Black community as taking precedence over relationship difficulties, fault, and blame. They related that they did feel a

responsibility to build men's self-esteem, but also to help them when they were depressed and to connect them with help (Tillman-Meakins, 2017b), which is consistent with the articles cited above. However, the women in the qualitative study emphasized that this was part of their overall goal of supporting the survival of their own families and of Black families in general.

## **Discussion**

The primary difference between the scoping review articles and the qualitative research can be summarized as a difference between the overall perspective of AA culture and that of AAW. The articles in the scoping review implied that the SBW characteristics are somewhat dysfunctional or maladjusted. But our qualitative results suggest the opposite, with women feeling not only cultural pressure to conform, but also believing that doing so was an important contribution to the survival of the Black family. The divergence between views of self-sacrifice in caregiving, as either maladjusted or as part of a culturally ideal, is important both for future studies and for clinical practice, because attempts to counsel women to reduce their obligations could alienate AAW who have internalized the SBW construct. Furthermore, the relevance and emotional weight of strength performances may not be easily accessible to providers during clinical interactions because it is implicit, and women are unlikely to reveal its importance in their lives. Future inquiries should explore the ways women subscribe to the SBW as a social mandate and seek to understand how this subject can be broached.

The qualitative study provides the cultural context in which SBW behaviors can be viewed as following cultural rules. The finding about the social conditioning and display rules as the frame for emotional expression adds an informative possible contextual explanation for affect regulation and emotional suppression. Seen from this perspective, these behaviors have a positive valence in that women may feel they are following the rules of their families and

communities and thus doing what is expected. This is similar to the philosophical position of Landrine (1995), who wrote that behavior can be understood only in context. Future studies should examine the relevance of this conceptual shift to psychological distress and depressive symptoms among AAW. Clinicians should also consider leveraging the desire to follow cultural rules in the assessment and treatment of mental health issues among AAW.

The reframing of caregiving as a strength is necessary for support in a clinical setting because it can be used to frame treatments in a positive light. For example, to continue to be of service to her community and provide for her family, a woman must engage in behaviors that enhance her health rather than detract from it. Future studies should examine whether and how women who adhere to the SBW concept are amenable to this type of reframing. Focusing on the interactions among self-sacrifice, emotional expression, and relationship expectations and behaviors must be central for AAW in clinical care. The possibility that an AAW with mental health problems may prioritize the needs of her family, community, or partner over her own should be considered in her assessment and treatment.

### **Conclusion**

This study of the variations in the meaning of the SBW concept provide information that may be valuable for addressing the conflicting findings of low rates in MDD and high rates of psychological distress among AAW. Previous studies of the culturally rooted SBW concept appear to pathologize behaviors related to it, but the qualitative study conceptualizes these behaviors as occurring in a cultural context in which they can be perceived as having positive aspects. Women who endorse the SBW concept may feel they are following the rules mandated by their culture. Future research should examine the positive aspects of the SBW as a possible leverage point for mental health care interventions and treatments. The SBW concept, in one



form or another, has been positively linked in qualitative studies to experiences of emotional distress. Given that the concept demands, by definition, limiting the acknowledgement and expression of negative emotions, subsequent inquiries should include alternative descriptors of psychological distress, rather than MDD.

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## **CHAPTER 5**

### **Conclusion**

The primary purpose of this research was to advance the knowledge base on depression symptomology and the Strong Black Woman [SBW] concept and propose a model for research and clinical practice. This examination was conducted in three phases, described below.

In the first phase, a scoping review was conducted to examine the breadth of the literature on the Strong Black woman concept and depression. Of 648 identified articles, 16 were reviewed for their definitions of the SBW and the relationships between this concept and depression.

Inconsistencies were found among the articles' definitions of the SBW. The definitions in the qualitative studies highlighted caretaking, the suppression of negative emotions, the mandate to display strength, and self-sacrifice. The quantitative studies defined and measured the SBW concept with scales that centered on the concepts of affect regulation, caretaking, and self-reliance. Qualitative evidence exists for a relationship between SBW concept and depression, suggesting the need for further refinement of the quantitative measures to obtain similar findings. Overall, the scoping review was valuable in providing a solid basis for subsequent research.

In phase two, a secondary analysis of a qualitative dataset was performed. The purpose of the parent study had been to explore Black women's opinions about depression in Black men. It is important to note that the SBW concept was not the focus of that study. Information on the SBW arose naturally and without prompting in the women's narratives about their lives. This dataset, therefore, did provide nuanced information about the relevance of the concept to the psychological and social lives of the participants. Themes abstracted from these data suggested

that the SBW concept had more components than had been identified in the first phase. These findings suggested that the concept extends beyond the individual, evolving from the women's families of origin to their relationships with men.

In phase three, the findings from the first two phases were synthesized and the implications for research and clinical practice were discussed. While there were many similarities among the findings of the articles in the scoping studies and the themes that emerged in the qualitative analysis, some nuanced differences appeared that are important for both research and clinical practice. In the scoping studies, the behaviors associated with the SBW concept, and even the concept itself, were presented as abnormal and perhaps depressogenic. But in the qualitative study, both the concept and the associated behaviors were seen as having historical roots, being a social container of expectations, and even having positive social and psychological aspects. These aspects, which include the importance of adherence to cultural rules related to the experience and expression of emotional distress, could be leveraged in future studies of the relationship between culture and depression. These findings can also guide the development of interventions for African American women with unmet mental health needs.

### **Future Directions**

As a whole, this study has laid foundations for future research and clinical practice. The first step to advancing it further would be translating the findings of the qualitative study into a quantitative measure. Researchers could then examine the relationship between the new SBW concept measures and the current ones, and study their relationship to depressive symptoms. To address the incongruity of low rates of Major Depressive Disorder conjoined with high rates of psychological distress among AAW, another study could explore the descriptors of psychological distress in women who do and do not endorse the SBW concept. A mixed-method



study of this form could examine the relevance of those descriptors and be used to evaluate the new SBW measure.

A third project would be to translate the qualitative descriptors and idioms of distress into a quantitative measure. This could be done to address the possible inadequacies of traditional measures of depressive symptoms, such as the CES-D and PHQ-9, among African American women. This would bring us closer to a culturally relevant measure of depressive symptomology in AAW.

The current study supports the proposal that experiences and expression of depressive symptoms may be different among AAW. The SBW concept does not give African American women the permission or vocabulary to express psychological distress or depressive symptoms. This suggests that traditional measures for screening or diagnosing depressive disorders may produce false negatives and leave distressed AAW with unmet mental health needs. Adopting approaches that are sensitive to the cultural contexts of patients may allow clinicians to access non-traditional expressions of depressive symptoms among AAW.

Cultural humility is a process through which clinicians can work with diverse client groups while being both open to the clients' cultural context and their own individual views. Cultural humility has been defined as "the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client." (Hook, Davis, Owen, Worthington, & Utsey, 2013 p. 354). Cultural humility is a lifelong commitment to self-evaluation and self-critique, commitment to learn about, and advocate for remedies for imbalances in power and privilege, and to build partnerships with the people and communities to advocate for system wide positive change (Tervalon & Murray-Garcia, 1998). Approaching mental health issues for AAW with a cultural

humility framework has opened the door to a greater understanding of the intricacies of AA culture and depressive symptoms.

The Cultural Formulation Interview (CFI) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was developed to aid clinicians in the incorporation of the cultural contexts of patients in the clinical setting (APA, 2013). The CFI could provide a culturally humble approach to the assessment of depressive symptomology in AAW. The CFI includes the following general areas: cultural definition of the problem; cultural perceptions of the cause, contexts and supports; and cultural factors affecting self-coping and past and current help-seeking. With the use of the CFI in work with AAW could help patients' ability to verbalize the relationships between any depressive symptomology and their culture.

Admitting the need for help is the antithesis of the SBW concept. It may take a knowledgeable and skilled clinician to assess and properly diagnose depressive disorders in an African American woman who endorses the SBW concept. A culturally humble approach along with the use of the CFI may provide access to cultural factors not assessed in traditional measures of depressive symptoms. Acknowledging the positive aspects of performances of strength might also provide access to acknowledgment of depressive symptoms. But, in addition, African American women who do express depressive symptoms may not be receptive to traditional therapeutic interventions such as medications and psychotherapy. As an alternative, support groups composed of African American women might prove therapeutic. The group's purpose could be framed as providing support so that woman can continue effectively in their roles as caretakers and backbones of families; that is, the group can support you so you can in turn continue to support your family long into the future. In addition, women can also begin to

explore how and when cultural sanctions against emotional recognition and expression hinders their effectiveness.

This study provides valuable evidence that traditional conceptualizations of the SBW as negative and even pathological overlook the cultural context in which this concept evolved and exists. The behaviors associated with the concept can be considered a positive expression of cultural group membership. Future studies should explore the positive features of the SBW concept. In the clinical setting, rather than working to eliminate or disrupt the influence of the concept on depressive symptoms, the clinician might find better outcomes by exploring its relevance to patients and leveraging its positive aspects in treatment.

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