

Being a Strong Black Woman and Willing to Seek Help

by

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Abstract

The Strong Black Woman (SBW) schema is a race-gender specific schema that has been and continues to be used as a tool of survival for Black women. The SBW schema has also been linked to physical and mental health consequences. This study aims to investigate the role of the SBW schema on Black women's willingness to seek mental health services. The present study addresses this gap by quantitatively examining the relationship among SBW endorsement, intentions to seek mental health services, stigma, and barriers using the Theory of Planned Behavior (Ajzen, 1991) as a framework. A sample of 439 Black females participated in an online survey where attitudes, subjective norms, perceived behavioral control, age, and religiosity were examined. The SBW schema was related to attitudes, subjective norms, and perceived behavioral control such that greater endorsement of the SBW schema was associated with more negative attitudes (Negative Perceived Value and Self-Stigma Associated With Seeking Help), more negative subjective norms (In-Group Stigma and Cultural Barriers), and less perceived behavioral control (Lack of Knowledge, Lack of Access, and Greater Discomfort with Emotions). However, the SBW schema was not correlated with intentions to seek help from a mental health professional for general distress or suicidal ideation. As predicted, Self-stigma and Discomfort with Emotions were associated with lower intention to seek help from a mental health professional for general distress and suicidal ideation. Contrary to predictions, Negative Perceived Value, Cultural Barriers, Lack of Knowledge, and Lack of Access was positively associated with intention to seek help from a mental health professional for general distress.

Then these relationships were considered using simple mediation, simple moderation, and moderated serial mediation analyses to examine the complex interplay between the variables.

The relationships between SBW and intention to seek mental health care are no longer significant when the mediation of Self-stigma and Discomfort with Emotions through the moderation of Lack of Knowledge and Lack of Access is considered.

Intentions to seek mental health services are affected by attitude, subjective norms, and perceived behavioral control. However, the SBW schema influence appears to be only a small part of intentions to seek from a mental health professional. The SBW schema has the potential to be a tool in increasing intentions to seek help from a mental health profession.

Keywords: strong black woman, mental health, help-seeking, superwoman

Chapter I

Introduction

Being Strong, Black, a Woman and Willing to Seek Mental Health Services

The Strong Black Woman (SBW) is an image that is everywhere. Images of her are present in everyday life, we see examples of her in the news, on television, in movies, on social media, she is everywhere. Black women are often considered the foundation of their families, friendship groups, communities, and even wider social structures. Black women and girls receive messages from various sources on what it means to be a Black woman. Messages come from mothers, grandmothers, aunts, friends, teachers, media, and various other sources. Black women are praised and applauded for displaying strength irrespective of the various struggles, discrimination, oppression, and negative stereotypes that they regularly experience and that endanger their survival. The Strong Black Woman is strong physically, emotionally, and mentally, she is invulnerable and suppresses her needs and emotions in an effort to survive. For Black women strength is a badge of honor, it is a critical component of their identity. That strength has been and continues to be an affirming term that is used to describe and define Black women. The strength displayed by Black women has been and continues to be used as a tool to endure systematic and social environmental factors like poverty, single-parent hood, and racial and gender bias. Yet that strength Black women are glorified for can also be viewed as a burden that is harming them. In the wake of widespread outcry for racial equity, the mental health needs of Black women need to be addressed.

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For Black women, the intersection of their race and gender identity influences a variety of political, economic, and social stresses creating unique gender-race experiences. The unique socio-cultural and historic context creates a framework of strength, resilience, independence, fortitude, perseverance, caring for others at the expense of the self (Woods-Giscombé, 2010). The SBW conceptual framework is founded on the tenets of strength, emotional constraint, and caregiving (Beauboeuf-Lafontant, 2007, 2008; Harrington et al., 2010; Liao et al., 2010; West et al., 2016; Woods-Giscombé, 2010). The SBW schema is complex, made up of various background factors including but not limited to values, stereotypes, general attitudes, experiences, gender, race, ethnicity, culture, knowledge, and media exposure. While knowledge of the SBW schema is growing it is still a phenomenon that is not largely recognized or understood. Thus the impact and influence of the Strong Black woman schema are not fully understood. Much of the research that has been conducted on the SBW is mostly qualitative and theoretical.

Beliefs about what it means to be a Black Woman are multifaceted and vary for individuals. There is no one true understanding of what it means to be a Black woman. The SBW schema is a belief system that is internalized by many Black women. The internalization of beliefs about what it means to be a Black Woman has been shown to be beneficial up to a point. There is no denying that strength has been both a weapon and a shield in Black women's arsenals for survival for not only Black women but the Black community as a whole. The SBW is internalized by Black women in a way that both empowers and marginalizes them. Thus, it would not provide a full picture of the SBW schema if the benefits of endorsing the schema are not addressed. Risk factors for depression, anxiety, and other mental health illnesses found that persistent and long-standing stressors originating from race, gender, and class could contribute to

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Black women are at a disproportionately higher risk for mental illness (Ashley, 2014; Harris-Lacewell, 2001). The endorsement of the SBW as a race-gender specific schema increases the likelihood that Black women who experience depression, binge-eating, self-silencing, emotional distress, (Abrams, Maxwell, Pope & Belgrave, 2014; Abrams, Hill & Maxwell, 2018; Beauboeuf-Lafontant, 2009; Donovan & West, 2015; Harrington et al., 2010; Watson & Hunter, 2015). SBW endorsement has been linked to the disproportionate use of mental health services by Black Women compared to their Caucasian counterparts (Bronder et al., 2014; Brown et al., 2020; Cheng et al., 2013; Conner, Copeland, Grote, Rosen, Albert, McMurray, Reynolds, & Koeske, 2010; Conner, Copeland, Grote, Koeske, Rosen, Reynolds & Brown, 2010; Corrigan, 2004; Obasi and Leong, 2009). Historically and presently Black women have faced tremendous challenges and hardships that are a result of the intersection of race and gender. To better understand how strength has become an integral role in the identity of Black women, the history of strength needs to be discussed.

Strength as an attribution used to describe Black women is rooted in slavery as a part of U.S. history. The idea that Black women are mentally and physically stronger than their white counterparts was used as a justification for their enslavement and harsh treatment (Donovan & West, 2015; Harrington et al., 2010). That idea has continued to have far-reaching consequences. Internalization of SBW traits was historically necessary for individual, familial, and community survival. While Black women in America no longer suffer the fate of chattel slavery, they do have to deal with many stressors that are unique to them. Over time the SBW schema became ingrained into Black communities. The SBW construct gained prominence in the 1970s in the form of respectability politics as a way to combat the negative images presented of Black women like the Sapphire, the Mammy, the Jezebel, the welfare queen, or the Angry Black woman image

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(Abrams et al., 2014; Abrams, Hill & Maxwell, 2018; Bailey, 2018; Beauboeuf-Lafontant, 2007, 2008; Collins, 2000; Corbin et al., 2018; Donovan and West, 2015; Liao et al., 2010; Woods-Giscombé, 2008, 2010).

The embodiment of the SBW schema has had various benefits for Black Women. That sense of strength has been a source of pride and enhances the self-esteem of Black women (Harrington et al., 2010; Jones et al., 2020; Watson and Hunter, 2016; Woods-Giscombé 2010). For many Black women endorsing and embodying the SBW schema is crucial for their survival. The embodiment of strength has allowed Black women to endure challenging periods of life where resources were in short supply, as a way to cope with stress, and support their families and communities (Beauboeuf-Lafontant, 2007, 2008; Collins, 2000; Corbin et al., 2018; Donovan and West, 2015; Liao et al., 2010 Woods-Giscombé, 2008, 2010). The strength of Black women has been and continues to be used to provoke social change for the benefit of women and people of color. For Black women being strong has allowed them to navigate through spaces not traditionally designed for them including workspaces and predominantly white institutions (PWIs).

There are a small number of quantitative studies focused on the SBW schema. We hope to contribute to the literature by providing further quantitative data to support the associations between the SBW schema and outcomes related to mental health, in this case, intentions to seek help from mental health professionals. While the SBW schema has made survival for Black women feasible there are repercussions that result from the SBW schema.

For Black women willingness and intentions to seek mental health resources and services are influenced by many different factors. The barriers that women face, either perceived or real influence their decision to seek help. One aspect that is influential in the decision to seek mental

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health services is the way in which mental health and illness are stigmatized by the larger Black community. There is strong support that awareness of stigma is negatively linked to willingness and intentions to seek and use mental help services (Ward et al., 2013; Young, 2018). Those who hold stigma toward mental illness and mental health services are unlikely to pursue treatment support (Conner, Copeland, Grote, Rosen, et al., 2010; Ibrahim et al., 2019). For Black women, mental illness and intention to seek mental health care services are intrinsically linked to and influenced by stigma and barriers.

Prevalence

It is estimated that 7.5 million Black people are affected by mental illness (Ward, Clark, & Heidrich, 2009). Yet Black people are less likely than their white counterparts to receive mental health services (Nadeem et al., 2008). Only 1 in 3 Black people in need of mental health care receive it (Dalencour et al., 2016). It is estimated that 8.6% of Blacks make use of mental health services compared to 16.6% of their White counterparts (Substance Abuse and Mental Health Services Administration, 2015). What is even more staggering is that Blacks are 20% more likely to experience serious mental health problems than their white counterparts (Dalencour et al., 2016). Black people are more likely to use emergency rooms, inpatient treatment services, or primary care doctors for their mental health needs as a result of lack of access and negative perceived value of seeking help from a mental health professional (Ashley, 2014; Fulton, 2018; Snowden, 2012; Substance Abuse and Mental Health Services Administration 2015; Thompson et al., 2004; US Surgeon General, 2001; Ward et al., 2013; Young, 2018). The use of law enforcement as agents of mental health further hinders African Americans from mental health help-seeking intentions (Liao et al., 2020; Nadeem, Lange, Edge et al., 2007; Nadeem, Lange & Miranda, 2008; Obasi & Leong). Even when they receive

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services Black people are less likely to receive guideline-consistent care even when socioeconomic status, insurance, and transportation barriers are accounted for (Dalencour et al., 2016). When Black women use mental health services they are at greater risk for being misdiagnosed (Jones, Hopson, Warner, Hardiman & James, 2015). When Black people are treated with inadequate care that is ineffective the value of the service is diminished in their view. Inadequate care contributes to the distrust of the mental health profession. When the poor quality of care is provided the effectiveness of the service is questioned contributing to underutilization of services and poor social and economic outcomes (Planey et al., 2019; Snowden, 2012).

Due to their double minority status as Black women, multiple role strain, lower-income, and poor health Black women are at an increased risk for psychological distress and illness (Ward, Clark, & Heidrich, 2009). A nationwide survey by the California Black Women's Health Project (2003) reported that 60% of Black women experience symptoms of depression. Black women are at risk for many health consequences and disparities including binge eating, depression, anxiety, higher rates of chronic disease, as well as undertreated, mistreated, and untreated psychological disorders (Donovan and West 2015; Harrington et al., 2010; Jerald et al., 2017; Opara et al., 2020; Substance Abuse and Mental Health Services Administration. 2009; Ward, Clark, & Heidrich, 2009; Ward, Wiltshire, Detry, & Brown, 2013; Watson and Hunter, 2015; Woods-Giscombé, 2010; Woods-Giscombé and Lobel, 2008). Black women also report higher rates of generalized anxiety disorder, depression, somatization, and panic disorder (Chin, 2015; Jerald et al., 2017). Black women are more likely to report feelings of worthlessness, sadness, and hopelessness (Abrams, Hill & Maxwell, 2018; Center for Disease Control and Prevention (CDC), 2016, 2019). The underuse of services and culturally incompetent services of

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mental health services for Black women is a social and public health issue, with far-reaching implications and consequences.

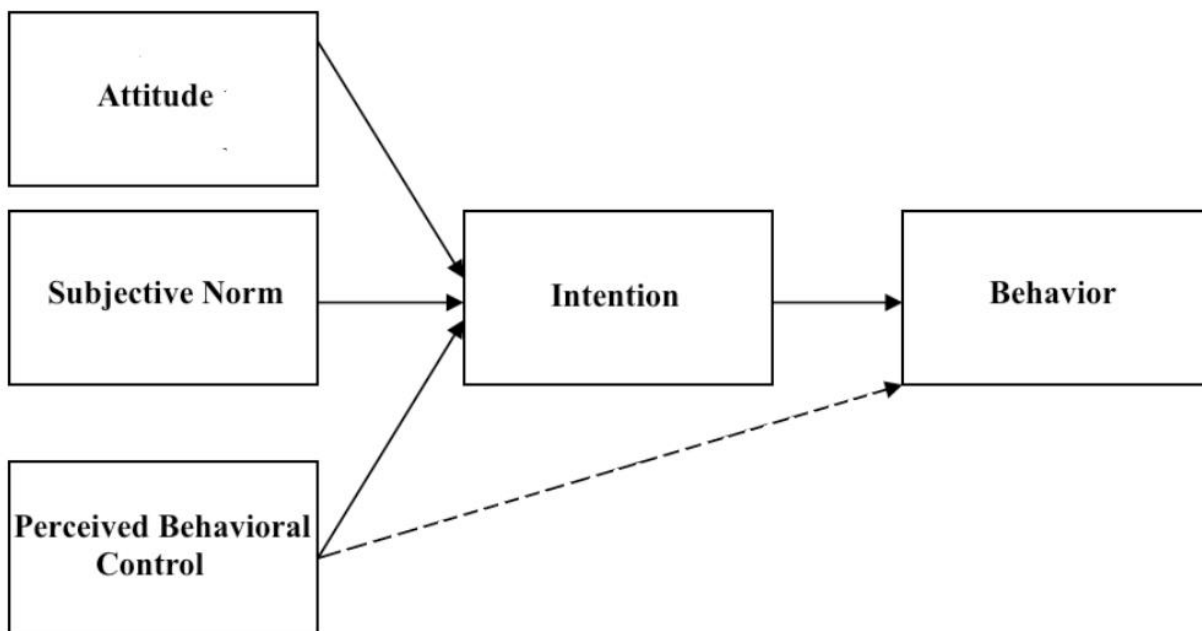
Theoretical Model

The central tenet of the Theory of Planned Behavior is an individual's intention to carry out a behavior (Ajzen, 1991). The theory of planned behavior predicted intentions to seek help for mental health services (Bayer & Peay, 1997; Codd & Cohen, 2003; Mo & Mak, 2009; Skogstad et al., 2006). The stronger that intention is, the stronger the motivation is to engage in that behavior. As shown in Figure 1, three factors influence intentions to carry out a behavior: attitudes, subjective norms, and perceived behavioral control. The attitude is the favorable or unfavorable evaluation of the behavior. The subjective norm is the perceived social pressure to engage or not to engage in a behavior. Finally, perceived behavioral control is the perceived level of ease or difficulty of being able to carry out the behavior. The individual's attitude, subjective norms, and perceived behavioral control all come together to sway the intention a person will engage in a behavior. Past research that supports each of the pathways that will be examined will be discussed in greater detail below.

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Figure 1

Model depicting the theory of planned behavior (Ajzen, 1991)



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Attitudes. Consistent with prior research endorsement of the SBW schema was expected to influence the individual's favorable or unfavorable evaluation of help-seeking (Carter & Rossi, 2019; Donovan and West 2015; Harrington et al., 2010; Jerald et al., 2017; Opara et al., 2020; Watson and Hunter, 2015; Woods-Giscombé, 2010; Woods-Giscombé and Lobel, 2008). The unfavorable evaluation of the behavior will mean that is unlikely that the women will have intentions to seek out mental health services. The perceived value of the intention to seek mental health services is in part determined by the endorsement of the SBW schema. The less perceived value that an individual has for mental health services the lower their intentions to seek help. The more favorable the attitude and appraisal of a behavior the stronger the individual's intention should be to engage in that behavior.

Subjective Norm. The powerful influence of the perceived social pressure to engage in a behavior or not is impacted by group and cultural status and beliefs. Endorsement of higher levels of SBW will likely lead to higher endorsements of explicit and implicit in-group beliefs and stigma related to mental health services. In-group stigma and Cultural Barriers work to create perceived social pressure on whether it is socially acceptable to engage in a behavior. The greater the perceived social pressure to not engage in a behavior the greater reluctance to engage in it. The more In-group stigma and Cultural Barriers an individual has concerning mental health services the less likely they are to be willing to seek help.

Perceived Behavioral Control. The greater an individual's endorsement of the SBW schema the greater likelihood they are uncomfortable with expressing emotions. Discomfort with emotion contributes to the perceived ease or difficulty of being able to accomplish a task. If an individual experiences discomfort expressing emotions they are unlikely to engage in mental health help-seeking. Previous research with other populations has found a link between an

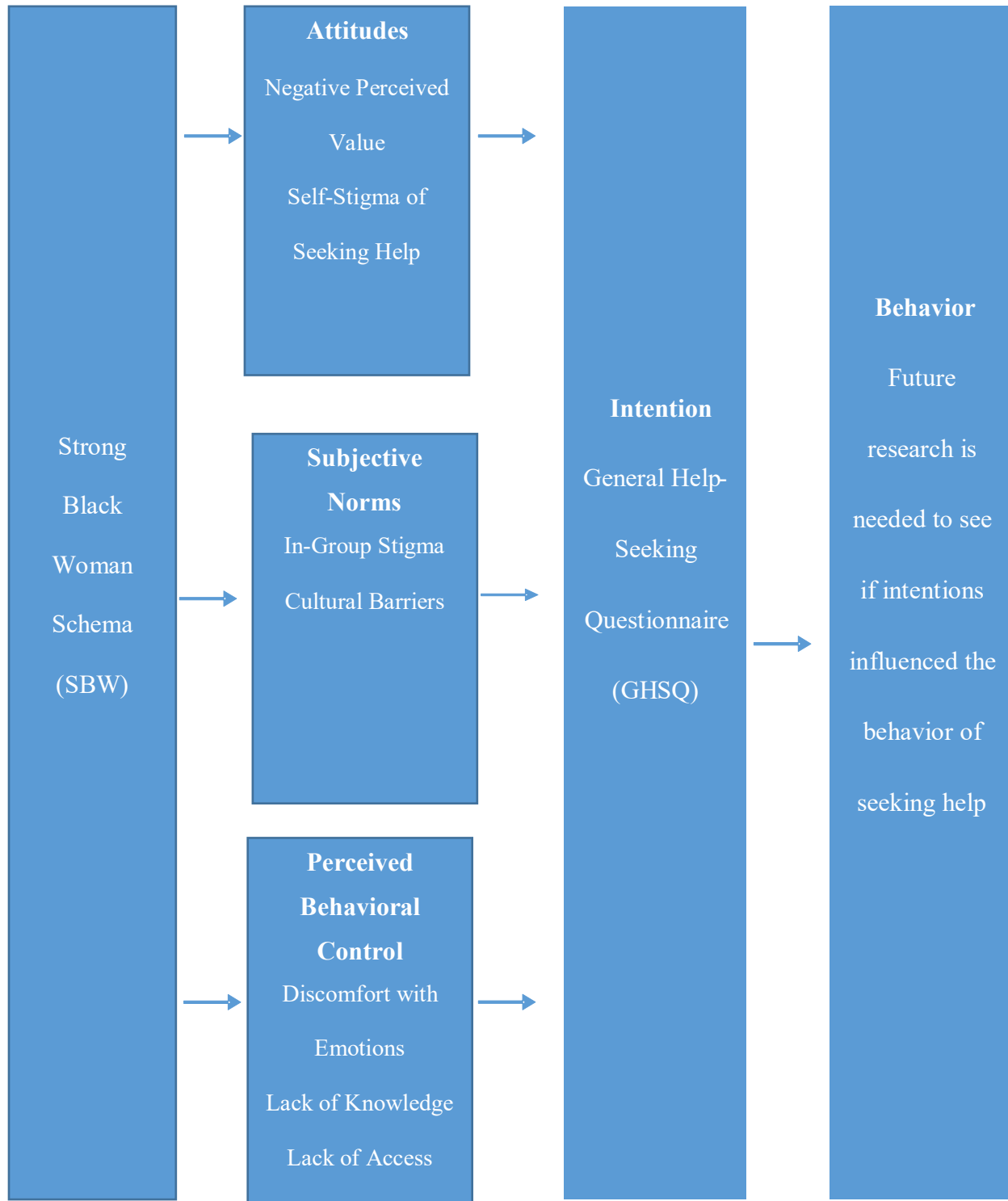
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individual's emotional constraint and their negative assessment toward seeking mental health services (Shea et al., 2019).

The section that follows describes relevant empirical research that relates to each element of the theoretical model. See Figure 2 for a visual representation.

Figure 2

Model depicting the predicted relationship of SBW and variables



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Literature Review

Strong Black Woman Schema

The history of the SBW schema is old and complex. The presence of the SBW schema has existed longer than the transatlantic slave trade. The Strong Black Woman is a stereotype that like its counterparts the Mammy, the Sapphire, and the Jezebel are rooted in slavery. The Mammy stereotype is one of the oldest stereotypes that has been displayed throughout history across various media outlets. The mammy is often an obese asexual woman who takes care of the needs of all those around her. She is Aibileen Clark from *The Help*, the woman who takes care of others at the expense of herself (Tate, 2011). The Sapphire which is also commonly known as the Angry Black Woman was popularized by the *Amos and Andy* radio show (Thomas 2004; West, 1995). The Sapphire is the opposite of the Mammy; she is angry, hostile, ill-tempered, and emasculating. The image of the Jezebel is complicated as she is sexually promiscuous, yet she is not always in control of her body. She is overtly sexualized and her worth does not go beyond her sexual prowess. The Jezebel stereotype emerged during slavery to justify the rape of Black women by white slave owners (West, 1995). Like the Jezebel stereotype, the SBW was created as a tool to combat criticism of the enslavement of Black women. While originally rooted in racism and sexism, the SBW schema as it is known today is thought to be an image that is used to counteract the negative societal characterizations of Black Women as Mammys, Welfare Queens, Angry, and Jezebel (Beauboeuf-Lafontant, 2003; Collins, 2000; Harris-Lacewell, 2001; West, 1995; Woods-Giscombé, 2010). Beyond its use to combat negative stereotypes being strong was a requirement for Black women and their communities to endure in a climate of racism, sexism, race-gendered oppression disenfranchisement, and poverty (Beauboeuf-Lafontant, 2007; Collins, 2000; Harris-Lacewell, 2001). What is even more

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troubling is that the climate of race-gender discrimination continues to make the need to endorse the SBW schema relevant. The overuse of the SBW schema has the ability to create a reliance on the schema that ignores the toll of the endorsement (Woods-Giscombé, 2010; Romero, 2000). In qualitative research Black women have expressed immense pressure in having to exemplify strength and resilience for themselves, their families, and communities (Abrams et al., 2014; Woods-Giscombé 2010). This idea of strength also causes Black women to perceive pressure to withhold from burdening others with their emotional distress and needs. These feelings are not supported by the SBW schema which discourages and inhibits expression of emotional needs, seeking support and resources, and displays of vulnerability (Watson-Singleton, 2017; Woods-Giscombé 2010). The strength that Black women feel compelled to display conceal the psychological distress the women face and experience. Depression, anxiety, binge eating, and distress are a few of the psychological conditions found in women who endorse the SBW schema (Abrams et al., 2014; Abrams, Hill & Maxwell, 2018; Watson-Singleton, 2017; Watson & Hunter, 2015; Woods-Giscombé, 2010). Watson and Hunter's 2015 study found that women who endorse the SBW schema have higher depression and anxiety symptoms. Black women report more sadness, hopelessness, and worthlessness in greater numbers than white women (Abrams, Hill & Maxwell, 2018; Centers for Disease Control, 2016, 2019). Black people are 10% more likely to report having serious psychological distress than whites (Abrams, Hill & Maxwell, 2018). A broad consequence of endorsing the SBW schema is sacrifice. Sacrificing the needs and wants of themselves for the benefit and protection of others is a key component of the SBW schema. A part of that idea of sacrifice is self-silencing. The SBW schema has been associated with self-silencing, hindering self-expression to sustain relationships and overcome retaliation, to prevent the potential of loss and conflict (Abrams, Hill & Maxwell, 2018). Self-

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silencing can occur in four behaviors: silencing the self, divided-self, care as self-sacrifice, and externalized self-perceptions (Abrams, Hill & Maxwell, 2018). Sacrificing the needs of the self is likely to discourage willingness and intentions to seek mental health services. Much of the prior research related to the SBW schema has been qualitative in nature and aimed at formulating an understanding of the SBW schema. There is limited quantitative research examining the influence of the SBW schema on mental health.

There are several ways that endorsement of the SBW schema has been measured in past research. One of the most common ways the SBW schema is measured is through interviews, focus groups followed by thematic analysis to develop the conceptual framework for the SBW (West et al., 2016; Woods-Giscombé, 2010). The Stereotypic Roles for Black Women Scale (SRBWS) by Thomas et al. (2004) was created to measure the SBW construct quantitatively. To date, Thomas et al.'s (2004) work is one of the most widely used measures to assess the SBW schema and various other roles and stereotypes related to Black women. Previous studies (Harrington et al., 2010; Liao et al., 2020; Watson & Hunter, 2015; Watson-Singleton, 2017) focused primarily or solely on the Mammy and the Superwoman subscales to measure the components that make up the SBW conceptual framework. The core components of the SBW schema are strength, self-silencing, emotional constraint, and caregiving (Beauboeuf-Lafontant, 2007). The strength component of the SBW is measured using the Superwoman subscale which captures elements of strength and self-reliance components. The caregiving component, which is measured by the Mammy subscale assesses self-sacrificing and caregiving tendencies. For Black women, the role of caregiving can have both benefits and consequences. On one hand, caregiving duties are tasked to Black women to ensure the continuation of the community, on the

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other Black women are expected to care for others at the expense of their physical and mental health (Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010).

Mental Health Help-Seeking Intentions

Help-seeking is an active adaptive coping process that results in the effort to receive support to address mental health concerns (Fulton, 2018). Endorsement of the SBW schema may restrict the ability and amount of time that women spend on taking care of their needs and self-care (Jerald et al., 2017). It is possible that the foundation of being a strong black woman - being self-reliant, providing care for others, and showing emotional restraint - discourages intentions to seek mental health services. It is expected that a strong Black woman can manage her problems without the assistance of others (Thomas et al., 2004). The internalization of the SBW is likely to decrease an individual's intentions to seek mental health services.

Based on the Theory of Planned Behavior the literature review which follows will more specific consideration of how attitudes, subjective norms, and perceived behavioral control are influenced by a woman's endorsement of the SBW schema and in turn how all of these factors influence intentions to seek help from a mental health behavior.

Attitudes

Negative Perceived Value. The theory of planned behavior (Ajzen, 1991) was used to predict the psychiatric treatment delay among African American relatives of first-episode psychosis patients (Compton & Esterberg, 2005) and intentions to seek help for emotional problems and suicidality among New Zealand prison inmates (Skogstad et al., 2006), both which examined participants' value of mental health services. Negative Perceived Value refers to the negative cognitive barriers toward help-seeking from a mental health professional (Shea et al., 2019). The value individuals hold about mental services may be related to the beliefs they hold about the

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effectiveness of mental health treatment is another crucial influence on intentions to seek help. Research is mixed on how effective African Americans believe treatments for mental health conditions are. Several studies found that compared to their White counterparts African Americans held more favorable attitudes on the effectiveness of mental health treatment (Angline et al., 2008; Shea et al., 2019). Anglin et al. (2008) proposed that under-utilization may not fully be explained by the perceived value of the effectiveness of treatment. An additional piece of attitude that is worth exploring is the stigma that participants hold.

Stigma. Stigma plays a vital role in intentions and willingness to seek mental health services. Society has a long way to come when it comes to fully accepting and understanding mental health concerns, which holds true when it comes to the mental health needs of Black women. (Vogel, Wade, and Hackler, (2007) describe stigma related to seeking mental health services as “undesirable or socially unacceptable” (p. 1). Stigma serves as one of many barriers that prevent many individuals who could benefit from mental health services from seeking care.

There are two broad categories of stigma, the first is public stigma and the second is self-stigma. Public stigma is the perception held by society about how socially acceptable a topic or subject is. In this case, the focus of public stigma regarding mental illness and mental health services and the individuals involved (Corrigan, 2004; Corrigan, Druss & Perlick, 2014; Vogel, Wade, & Hackler, 2007). Self-stigma is an individual’s perception regarding the social acceptance of a particular action (Corrigan, 2004; Corrigan, Druss, & Perlick, 2014; Vogel, Wade & Hackler, 2007). In this case, individuals may feel uncomfortable with the idea that they have a mental illness or need to seek mental health services. Public stigma and self-stigma influence an individual’s decision-making process is a complex structure that is not fully understood. Vogel, Wade, and Haake (2006) study found that self-stigma uniquely predicted

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attitudes toward seeking mental health services and the willingness to seek services. The socio-cultural components of the SBW schema influence's how Black women perceive themselves, including how they stigmatize themselves. How an individual stigmatizes their selves and their behaviors influence their willingness and intentions to seek help. The degree of self-stigma held by an individual can serve as an intervening element that can influence intentions to seek help. The influence of self-stigma may serve as a mediating factor.

Studies have found that individuals who endorse stigma are unlikely to pursue mental health services (Conner et al., 2010; Cooper et al., 2003). Stigma endorsement has also been shown to influence perceptions and predict attitudes about counseling and willingness to seek mental health services (Rochlen, Mohr, & Hargrove, 1999; Vogel, Wester, Wei, & Boysen, 2005). Individuals with higher levels of mental health care and illness stigma will be less open and willing to seek out mental health services and resources.

Research examining Black Americans' stigma toward mental health and intentions toward seeking mental health services have been mixed. For example, some research suggests that Black people tend to hold highly stigmatizing beliefs about mental illness and view mental illness as a sign of weakness (Conner, 2010; US Surgeon General, 2001; Ward, Wiltshire, Detry, & Brown, 2013). However, Anglin and colleagues (2008) reported that Black was more likely to believe that mental health professionals could help those with mental illnesses compared to their White counterparts. However, the Black participants were also more likely to believe that mental health problems will resolve on their own, making the use of mental health professionals unnecessary (Anglin, et al., 2008; Compton & Esterberg, 2005; Ibrahim et al., 2019; Shea et al., 2019; Skogstad et al., 2006).

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For Black women, the salience of stigma as a fear is of great concern. This concern of stigma is increased by Black women's double minority status. Black women's double minority status impacts how mental illness is stigmatized by this group and adds to increased psychological distress. Watson and Hunter (2016) noted that for Black women use of mental health services would affirm society's harmful perceptions of them. Black women who experience a mental illness may be at risk for "Double stigma": a situation in which an individual experiences stigma from having a mental illness and being a member of a racial or ethnic minority group (Gary, 2005; Taylor & Kuo, 2019). Compared to their White counterparts Black women reported seeking help for mental health concerns is more stigmatizing (Campbell & Mowbray, 2016; Conner et al., 2010; Taylor & Kuo, 2019).

There is strong support that awareness of stigma is negatively linked to willingness and intentions to seek and use mental help services. Those who hold stigma toward mental illness and mental health services are unlikely to pursue treatment support. For Black women, mental illness and seeking mental health care services are intrinsically linked to and influenced by stigma.

Subjective Norms

In addition to stigma, there are a number of other barriers that might impact willingness to seek mental health services. It is beyond the scope of this paper to address many of those barriers. However, For Black women, those barriers can be unique to their culture, experiences, age, and in-group status.

Cultural and In-group Norms. Cultural and in-group norms and beliefs are a core element in the formation of what it means to be a Strong Black Woman. Cultural norms also play a strong role in the perception of mental health and mental health services as well as the perceived social

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pressure to seek help or not. Cultural beliefs come from a variety of sources including but not limited to family members, female members, in particular, friends, social media, television, etc. (Anyiwo et al., 2018; Stanton et al., 2017; Shambley-Ebron, Dole, & Karikari, 2016; Watson & Hunter, 2014, 2016). Cultural influences on subjective norms related to mental health may discourage help-seeking intentions.

Perceived Behavioral Control

Discomfort with Emotions. The final component of the Theory of Planned Behavior is perceived behavioral control which was conceptualized as encompassing several factors in the present study. Emotional constraint and self-silencing are important components of SBW schema and coping with stressors. Women who engage in emotional constraint and self-silencing are forbidden from exhibiting outward signs of psychological distress. Black women's underutilization of services is likely linked to the cultural obligation to remain silent to remain in good standing as a Strong Black woman (Abrams, Hill & Maxwell, 2018). Watson & Hunter's research suggests that being psychologically open may pose a risk to Black women as it goes against cultural norms forcing them to be silent and resistant to psychological openness (Watson & Hunter, 2015). Black women who endorse the SBW schema are more likely to suffer in silence than seek help (Woods, 2013). High levels of SBW endorsement will likely contribute to higher discomfort with emotions and emotional expression. Discomfort with emotions and emotional expression to mental health professionals can be seen as failing to be strong, failing to be a Black Woman. In an attempt to protect themselves or in-group image, individuals are likely to have an unfavorable appraisal of seeking mental health services.

Lack of Knowledge. Knowledge or a lack of influences an individual's attitude appraisal, subjective norm, and perceived behavioral control toward a behavior. If a person lacks the

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knowledge needed to make a fully informed decision, they are unlikely to have the resources to seek out help. A lack of information about mental health services may indicate a perceived cultural pressure to not engage in mental health services (Shea et al., 2019). If a person does not have the knowledge related to seeking out mental health services they may perceive the task of seeking mental health services as difficult. Individuals who highly endorse the SBW schema may likely hold knowledge about mental health and mental health services that is inaccurate and/or incomplete. A lack of information about mental health and mental health services is likely to discourage intentions to seek mental health services.

Lack of Access to Health Care. Lack of access is one crucial barrier to mental health services for Black women. It is likely that if an individual does not have access to mental health care services as a result of financial, location, and time constraints the relationship between the SBW and intentions to seek help will be nullified. A lack of access to services would mean that the perceived behavioral control would make it difficult to engage in mental health services. If an individual does not believe that mental health services are an option then it is likely that they will feel a lack of control concerning mental health-seeking. The lack of perceived behavioral control diminishes the intention to seek mental health services. Ward, Wiltshire, Detry, & Brown (2013) found that younger women significantly preferred to use professional help, informal support, and religious coping compared to their older counterparts.

Additional Moderators

Age. I also anticipate that age will be a moderator in openness to seek mental health services, in that older women will be less willing to seek mental health services than younger women. It is possible that Black women who are young adults will have more favorable attitudes toward a willingness to seek mental health services (Ibrahim et al., 2019; Ward, Clark, & Heidrich, 2009;

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Ward, Wiltshire, Detry, & Brown, 2013). Matthews and Hughes (2001) found that Black women over the age of 50 were less likely to seek mental health services than younger women. Jerald et al. (2017) found that older women were more likely to identify group stereotypes, but were less likely to experience negative mental health symptoms.

Religiosity. The participant's religiosity was assessed to potentially measure the impact of religion on the endorsement of the SBW schema. It is anticipated that the more religious endorsement participants identify the more likely they are to endorse the SBW schema. Prior research has shown that African Americans are more likely to find family and religious support as more effective than mental health professionals, though that does not mean that the women confide in those informal sources (Anglin et al., 2008; Diala et al., 2001; Ward et al., 2013; Watson-Singleton, 2017).

Present Study

Although there has been an increase in research on the SBW schema and the unique mental health needs of Black women, little is known about the influence of the SBW and intentions to seek mental health services. The proposed study will build on the current literature, address components related to the underuse of mental health services and have clinical implications for working with Black women in several ways. The proposed study will help identify and explain the implications of the Strong Black Woman schema's influence on Black women's willingness to seek out mental health care, resources, and services. This study will also help identify ways the Strong Black Woman schema can be used as a resource to encourage openness and willingness to seek help. Race and gender-specific factors that impact the willingness and openness to seek mental health care services will be identified. The proposed

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study will contribute to the creation of culturally competent mental health resources that are designed to meet the unique needs of Black women.

Hypotheses

Help-seeking

Intentions to seek out mental health services by Black women are predicted to be influenced by the SBW schema such that more endorsement of SBW will be directly related to less intention to seek help. We further hypothesized a number of pathways through which the SBW schema might influence intentions to seek mental health services and used the Theory of Planned Behavior as the theoretical framework.

1. (A) It was hypothesized that higher SBW schema endorsement will influence an individual's attitudes regarding help-seeking. More endorsement of SBW will relate to more negative attitudes regarding help-seeking as assessed by the Negative Perceived Value subscale of the Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019) and the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006).
(B) These negative attitudes will in turn be related to the lower likelihood that Black women will intend to seek out and/or use mental health services and resources.
2. (A) It was hypothesized that higher SBW schema endorsement will be related to women's beliefs about subjective norms related to help-seeking. Specifically, more endorsement of SBW will relate to more stigma regarding help-seeking in the in-group as assessed by the In-group Stigma subscale of the Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019) as well as more stigmatizing cultural norms regarding help-seeking as assessed by the Cultural Barriers subscale of the Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019).

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- (B) Greater stigma will in turn be related to lower intention to seek help for mental health concerns.
3. (A) It was hypothesized that SBW schema endorsement will be related to perceived behavioral control such that greater endorsement of SBW schema will relate to greater emotional constraint as measured by the Discomfort with Emotions subscale of the Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019).
- (B) Discomfort with Emotions will predict lower intention to seek help for mental health concerns. Lack of Knowledge and access as measured by the BMHC (Shea et al., 2019) relate to perceived behavioral control and are expected to be associated with less intention to seek mental health care, but less clearly follow from the endorsement of the SBW schema and will be considered as moderators of the relationship between SBW endorsement and intention to seek help (see below).
4. As based on the model presented in Figure 1, it was hypothesized that Attitudes (Negative Perceived Value and the Self-stigma of Seeking Help scale), Subjective Norms (In-group Stigma and Cultural Barriers subscales), and Perceived Behavioral Control (discomfort with emotions) will mediate the relationship between SBW and intention to seek help for mental health concerns.
5. A number of factors were expected to moderate the relationship between SBW and intention to seek help. These included age, religiosity, knowledge, and access, such that younger women, those with greater knowledge, and those who have access to mental health services will express greater intentions about help-seeking than older women, those with less knowledge, and those with more limited or no access to mental health services. In these cases, endorsement in SBW schema will still be expected to influence

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attitudes, subjective norms, and perceived behavior control and ultimately intention to seek help, but these moderators suggest that regardless of levels of SBW schema and the other elements of the Theory of Planned Behavior, older women, those with less knowledge, and those who lack access will be less likely to express intentions to use mental health services.

6. In order to consider the simultaneous impact of the potential mediators and moderators on the relationship between SBW and intention to seek mental health care, variables that were significant in the initial mediation and moderation analyses will be used to run moderated serial mediation analyses.

Chapter II

Method

Participants

The sample consisted of 439 women who identified as either Black or African American ($n = 416$; 95%) or as biracial including Black or African American ($n = 23$; 5%). The women ranged in age from 18 to 79 with a mean age of 38.33 ($SD = 10.74$). The participants' perceived socioeconomic status ranged from 1-10 with a mean score of 4.64 ($SD = 2.23$). Most participants identified as heterosexual ($n = 343$; 78.1%). Participants varied in terms of marital status with almost half reporting that they were married ($n = 210$; 47.8%) and almost a third identifying as single ($n = 140$; 31.9%). Most participants had at least some college education, with almost 80% having completed a 2-year degree or higher. And most participants reported that their primary caregiver had completed a 4-year degree or higher ($n = 315$; 71.6%). The vast majority of participants were employed ($n = 371$; 84.5%) and most were not currently students ($n = 335$; 76.3%). See Table 1 for more information on the participants' demographics.

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Table 1

Demographic characteristics of participants (N=439)

Characteristic	M	SD
Age	38.33	10.74
Perceived Socioeconomic status	4.64	2.23
	N	%
Ethnicity/ Race		
Black or African American	416	94.76
Biracial	23	5.64
Sexual Orientation		
Straight/Heterosexual	343	78.13
Queer/Monosexual,	8	1.82
Queer/Bisexual+,	77	17.54
Unsure/Questioning	1	0.23
Asexual	10	2.38
Relationship Status		
Single - Not exclusively dating	140	31.89
Single - Exclusive dating relationship	55	12.53
Married	210	47.84
Widowed	5	1.14
Divorced	21	4.78
Separated	5	1.14
Other/Prefer to self-identify	3	.68

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Table 1 (cont'd)

Demographic characteristics of participants (N=439)

Completed Education		
Less than high school	2	.46
High school graduate	23	5.24
Some college	65	14.81
2 year degree	34	7.74
4 year degree	218	49.66
Master's degree	84	19.13
Professional degree or Doctorate	13	2.96
Primary Caregiver Education status		
Less than high school	18	4.10
High school graduate	53	12.07
Some college	53	12.07
2 year degree	28	6.38
4 year degree	171	38.95
Master's degree	63	14.35
Professional or Doctorate degree	28	6.38
Unknown or Unsure	24	5.47
Employment Status		
Yes	371	84.51
No	65	14.81
Student Status		
Yes	104	23.69
No	335	76.31

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The participants were asked about their religiosity. The majority of the participants identified as Catholic ($n = 193$; 43.96%) or Protestant (Christian $n = 138$; 31.44%). More detailed information about the religious affiliation of participants is provided in Table 2.

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Table 2
Religious Affiliation of Participants (N=439)

	N	%
Atheist or Nonbeliever	15	3.42
Catholic	193	43.96
Fundamentalist or Evangelical Christian	29	6.61
Jewish	7	1.59
Muslim (Islamic)	3	.68
Protestant (Christian)	138	31.44
No Preference	32	7.29

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Additional questions focused on the importance of religion and participation in religious activities. See Table 3 for the mean and standard deviations for each of these items. Participants viewed religion as very important, with the majority of participants reported that religion was either extremely ($n = 164$; 37.4%) or very important ($n = 131$; 29.8%) to them with the average score being 2.20 ($SD = 1.28$) where 2 = very important. Participants reported their frequent attendance of religious activities ($M = 3.38$, $SD = 1.71$), where 3 = Once a month. Participants were asked to rate their engagement in private prayer ($M = 5.26$, $SD = 2.33$), where 5 = 2-3 Times a month. Finally participants were asked to rate their private scripture reading ($M = 3.98$, $SD = 2.04$), where 3 = Once a month. The majority of participants reported attending religious services at least once a week ($n = 227$; 51.61%) with a substantial portion reported never attending religious services ($n = 81$; 18.45%). The majority of participants reported engaging in private prayer at least once a week ($n = 289$; 65.82%). The majority of participants reported engaging in private scripture reading once a week or more ($n = 189$; 43.06%). A substantial portion of participants reported engaging in private scripture reading three times a month or less ($n = 184$; 41.92%). The remaining participants report never engaging in private scripture reading ($n = 66$; 15.03%).

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Table 3

Participation in Religious Activities (N = 439)

	M	SD	Range
Importance of religion	2.20	1.28	1-5
Attendance of religious activities	3.38	1.71	1-7
Engagement in private prayer	5.26	2.33	1-7
Engagement in private scripture reading	3.98	2.04	1-7

Note. Importance of religion: 1 = Extremely important to 5 = Not at all important. Attendance, prayer and private scripture reading was measured as: 1 = Never, 2 = Less than once a month, 3 = Once a month, 4 = 2-3 Times a month, 5 = Once a week, 6 = 2-3 Times a week, 7 = Daily.

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Measures

Demographic Variables. A demographic questionnaire was completed by all the participants to acquire basic demographic information and general background information. The participants were asked to identify their year of birth, gender identification, sexual orientation, current relationship status, highest level of education, highest level of education obtained by their primary caregiver, and current employment and student status. The participants were asked about their religious affiliations and activities. The participants were asked to identify which religion, if any they most identified with. The participants were asked to rate how important religion was to them with response options ranging from 1 = Extremely important to 5 = Not at all important. Three questions assessed engagement in religious activities asking: How often do you attend church, mosque, temple, or other religious activities, how often do you engage in private prayer, and how often do you engage in private scripture reading. These items were assessed with the following response options: 1 = Never, 2 = Less than once a month, 3 = Once a month, 4 = 2-3 Times a month, 5 = Once a week, 6 = 2-3 Times a week, 7 = Daily. The participants' perceived socioeconomic status was assessed using the MacArthur Scale of Subjective Social Status. The MacArthur Scale of Subjective Social Status is a scale that is intended to measure subjective social status using a numbered stepladder image (Adler et al., 2000). The participants were asked to rate their perceived standing in the community on a scale of one (lowest in the community) to ten (highest standing in the community) on a ladder.

Endorsement of the Strong Black Woman Schema. Participants were asked to complete The Stereotypic Roles for Black Women Scale (SRBWS; Thomas et al., 2004) to measure the endorsement of the Strong Black Woman schema. The SRBWS is a 34-item scale that is used to measure the perceptions and stereotypes of African American women consisting of four

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subscales. Following past research (Liao et al., 2020; Watson & Hunter, 2015; Watson- Singleton, 2017) two subscales were used in the present study. The 5-item Mammy subscale is designed to measure self-sacrificing and caregiving tendencies (e.g., “I feel guilty if I cannot help someone”). The 11-item Superwoman subscale captures the strength and self-reliance components (e.g., “I find it difficult to ask others for help”). Past research using the combined scales suggests good reliability. For example, Watson and Hunter (2015) reported that the two scales combined have an $\alpha = .77$ and Liao and colleagues (2020) reported an α of .89. The reliability for the combined Mammy and Superwoman subscales in this study was $\alpha = .84$.

Barriers to Mental Health Services. The Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019) was used to measure the perceived barriers to seeking mental health counseling. The BMHC is a 27-item scale, which measures Negative Perceived Value, Discomfort with Emotions, In-group Stigma, Lack of Knowledge, Lack of Access, and Cultural Barriers. The 5-item Negative Perceived Value subscale assesses negative attitudes about the perceived value of seeking professional help and cognitive barriers to care (e.g., “I don’t think talking with a mental health counselor would be useful”). The 5-item In-Group Stigma subscale assesses the perceived judgment of others for seeking out help and emotion-related barriers (e.g., “My friends would think less of me if they knew I sought mental health counseling”). The 5-item Discomfort with Emotions subscale assesses interpersonal barriers of seeking mental health services (e.g., “I fear going to counseling because I don’t like to reveal my feelings”). The 3-item Knowledge subscale assesses the Lack of Knowledge about mental health services (e.g., “I don’t know how or where to seek mental health counseling”). The 4-item Lack of Access subscale assesses perceived structural and logistical barriers to care (e.g., “I have no financial means (e.g.

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insurance, money) to afford mental health counseling services”). The 5-item Cultural Barriers subscale assesses perceived Cultural Barriers to help-seeking (e.g., “I don’t think that most mental health counselors would understand my cultural values”). Participants were asked to imagine that they have experienced a high level of stress in the past four weeks before they responded to the scale. Responses were rated using a 6-point Likert scale with the following response options: 1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree 4 = slightly agree, and 5 = moderately strongly agree, or 6 = strongly agree. The scale has been found to have adequate internal reliability for the subscales in past research by Shea et. Al. (2019), Negative Perceived Value (alpha = .74), Discomfort with Emotions (alpha = .88), In-group Stigma (alpha = .86), Lack of Knowledge (alpha = .88), Lack of Access (alpha = .82), and Cultural Barriers (alpha = .83). In the present study, the subscales also demonstrated adequate reliability: Negative Perceived Value (alpha = .88), Discomfort with Emotions (alpha = .81), In-group Stigma (alpha = .77), Lack of Knowledge (alpha = .92), Lack of Access (alpha = .88), and Cultural Barriers (alpha = .73).

Mental Health Stigma. The Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006) was used to measure the perception of seeking help from a professional as a threat to an individuals’ self-regard, satisfaction with oneself, self-confidence, and overall worth as a person (e.g., “It would make me feel inferior to ask a therapist for help”). Participants responded to each statement with options where 1 = strongly disagree, 2 = disagree, 3 = agree and disagree equally, 4 = agree, and 5 = strongly agree. The scale has an internal consistency of .91. For this study, the scale has an internal consistency of .76.

Intention to Seek Help. The General Help-Seeking Questionnaire-Original Version (GHSQ; Wilson et al., 2005) was used to measure intentions to seek help. The GHSQ is a 20-item, which

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measures the individual's help-seeking intentions for personal or emotional problems and suicidal thoughts. Participants respond to each statement with the following options: 1 = extremely unlikely, 2 = somewhat unlikely, 3 = unlikely, 4 = neither likely nor unlikely, 5 = likely, 6 = somewhat likely, 7 = extremely likely. In past research, reliability was .83 for suicidal problems and .70 for personal-emotional problems (Wilson et. Al., 2019). A modified version of the scale was used. Participants were asked to imagine that they are experiencing a high level of stress for personal or emotional problems and suicidal problems and asked to rate the likelihood they would seek out help from the sources listed. The prompts were modified to imagine that in the past four weeks they have experienced a high level of stress, negative emotions, and suicidal thoughts. For the purpose of the present study, only the items that asked participants' intentions to seek help from a mental health professional (for general emotional distress and suicidal ideation) were included in the analyses.

Procedure

Prior to any data collection, the study was reviewed and approved by the University of Michigan – Dearborn IRB. Research participants were recruited through Amazon's Mechanical Turk (Mturk). Participation occurred completely online. A description of the study was posted on the Mturk website requesting participation in a study researching the attitudes and beliefs of Black women about Black women. In addition to Mturk, Cloud Research was used to recruit a sample of women who had been prescreened to target Black women, 18 years of age and older in the United States. Upon accepting the HIT within Mturk, participants were taken to the survey which was created using Qualtrics. At the beginning of the survey, participants were required to read through an informed consent document detailing their rights as a research participant, their potential loss of anonymity, and the purpose of the study. Those who did not consent

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were thanked for their interest in the study and sent back to the Mturk website. Participants who responded “yes” were able to continue to complete the survey.

Participants completed the demographic questionnaire as well as measures assessing the endorsement of the Strong Black Woman Schema, barriers to seeking help, stigma related to seeking mental health services, and intentions to seek help using formal and informal sources. The survey took participants on average 17.28 minutes, and participants were compensated with a payment of \$3 upon successful completion of the survey. All participants were provided with a list of resources should they feel sad or distressed following the survey.

Chapter III

Results

The data was downloaded from Qualtrics and cleaned. Prior to conducting the analyses, the dataset was screened for missing values and outliers. After reviewing the data, 17 cases were removed. Six cases were removed due to not fitting the inclusion criteria (e.g., the participant reported being a cisgender man or did not identify as African American). The remaining 11 cases were removed because they were found to be multivariate outliers. This was based on responses to key variables and calculation of Mahalanobis distance for each case, with those meeting the threshold of .001 or less removed from the analyses (Tabachnick & Fidell, 2008). Several of the items were reverse coded where appropriate, scales for each construct were developed and reliability analyses were conducted. Descriptive statistics were run and examined.

Descriptive Statistics

Table 4 provides information about the mean and standard deviation for each variable that was used in the analyses that follow. Further, this table provides zero-order correlations for all variables that were used in the subsequent analyses.

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Table 4

Correlation Matrix

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Age	38.33	10.74					
2. Religiosity	0.00	.49	.16**				
3. Strong Black Woman Mammy and Superwoman	3.61	.63	-.13**	.05			
4. Negative Perceived Value	3.64	1.37	-.05	.18**	.46**		
5. Self-stigma of Seeking Help (SSOSH)	2.57	.71	-.18**	.03	.36**	.63**	
6. In-group Stigma	3.23	1.29	-.09*	.07	.54**	.70**	.66**
7. Cultural Barriers	3.79	1.07	-.03	.05	.46**	.49**	.44**
8. Lack of Knowledge	3.48	1.68	-.11	.03	.49**	.70**	.58**
9. Lack of Access	3.65	1.50	-.16**	.02	.58**	.72**	.57**
10. Discomfort with emotions	3.57	1.26	-.15**	-.00	.51**	.65**	.68**
11. Mental Health seeking for general distress	5.07	1.77	-.05	.02	.21**	.02	-.16**
12. Mental Health seeking for Suicidal Ideation	5.25	1.80	.05	.08	.07	.01	-.22**

Note: ** $p < .01$; * $p < .05$

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Table 4 (cont'd)

Correlation Matrix

Variables	6	7	8	9	10	11	12
1. Age							
2. Religiosity							
3. Strong Black Woman Mammy and Superwoman							
4. Negative Perceived Value							
5. Self-stigma of Seeking Help (SSOSH)							
6. In-group Stigma							
7. Cultural Barriers	.53**						
8. Lack of Knowledge	.69**	.44**					
9. Lack of Access	.73**	.51**	.76**				
10. Discomfort with emotions	.62**	.52**	.62**	.63**			
11. Mental Health seeking for general distress	.13*	.07	.10*	.12*	-.10*		
12. Mental Health seeking for Suicidal Ideation	.01	.01	.02	.02	-.10*	.56**	

Note: ** $p < .01$; * $p < .05$

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Relationship Between Attitudes, Subjective Norms, and Perceived Behavioral Control with Intentions to Seek Help from a Mental Health Professional

As hypothesized the Strong Black Woman subscale (Mammy and Superwoman combined) was related to attitudes regarding mental health help-seeking. Specifically, there was a moderately strong positive relationship between SBW and Negative Perceived Value, as well as between SBW and self-stigma, such that greater endorsement of SBW was related to greater Negative Perceived Value of seeking help for mental health problems and greater self-stigma associated with such help-seeking. Hypothesis 1B was partially supported. Contrary to predictions, Negative Perceived Value was unrelated to mental health-seeking intentions for general emotional distress or suicidal ideation. Consistent with predictions Self-stigma (SSOSH) was moderately negatively related to mental health-seeking for general emotional distress and suicidal ideation, such that greater self-stigma endorsement was related to lower intentions to seek help for general mental health concerns.

As hypothesized the SBW was related to subjective norms regarding mental health help-seeking. Consistent with our prediction, higher SBW was related to subjective norms regarding mental health help-seeking. There was a large positive relationships between the SBW and the In-group Stigma, as well as between SBW and Cultural Barriers. Greater endorsement of SBW was related to greater endorsement of In-group Stigma and Cultural Barriers for mental help-seeking. Hypothesis 2B was partially supported. Contrary to predictions, In-group Stigma was shown to have a small positive relation to mental health-seeking for general emotional distress, such that greater In-group stigma endorsement was related to greater intention to seek help for general mental health concerns. The correlation between In-group Stigma and intentions to seek

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help for suicidal ideation was not significant. Contrary to predictions, Cultural Barriers were unrelated to mental health-seeking intentions for general emotional distress or suicidal ideation.

As hypothesized the SBW schema was related to Perceived Behavior Control regarding mental health help-seeking. There was a large positive relationship between SBW and Lack of Knowledge, Lack of Access, and Discomfort with Emotions. Greater endorsement of SBW was related to a greater Lack of Knowledge, Lack of Access, and Discomfort with Emotions. Contrary to our hypothesis Lack of Knowledge and Lack of Access had a small positive relationship with intentions to seek help. As hypothesized, greater Discomfort with Emotions was weakly negatively related with intentions to seek help for mental health-seeking intentions for general emotional distress or suicidal ideation.

Next, a series of analyses using Hayes PROCESS macro for SPSS was used to examine the hypothesized mediation and moderation relationships described above.

Do Attitudes, Subjective Norms, and Perceived Behavioral Control Mediate the Relationship between SBW and Intentions to Seek Help for Mental Health Concerns?

To assess the fourth hypothesis, a series of simple mediation analyses were conducted to determine whether attitudes, subjective norms, and perceived behavioral control mediated the relationship between SBW and intentions to seek help for mental health concerns from a mental health professional using Hayes' Model 4 within the PROCESS macro based on bootstrapping of 10,000 samples (Hayes, 2018).

Negative Perceived Value does not mediate the relationship between SBW and the intentions to seek help from a mental health professional for general emotional distress ($coeff = -.13$, $se = .07$, $LLCI = -.28$, $ULCI = .02$). Similarly, Negative Perceived Value does not mediate the

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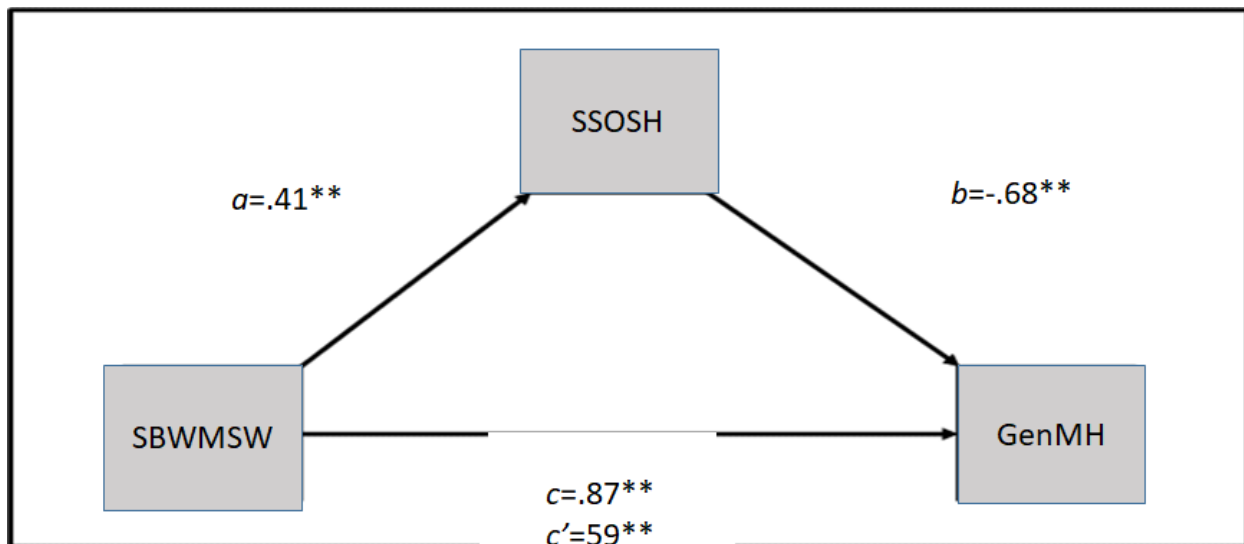
relationship between SBW and intentions to seek help from a mental health professional for suicidal ideation (*coeff* = -.05, *se* = .08, *LLCI* = -.20, *ULCI* = .12).

Self-Stigma (SSOSH) partially mediated the relationship between SBW and intentions to seek help from a mental health professional for general emotional distress (*coeff* = -.28, *se* = .07, *LLCI* = -.42, *ULCI* = -.15), such that greater endorsement of SBW leads to greater SSOSH which leads to a reduction in help-seeking intentions from a mental health professional. A similar pattern was found for the relationship between SSOSH and intentions to seek mental health services for suicidal ideation (*coeff* = -.29, *se* = .07, *LLCI* = -.43, *ULCI* = -.16). See Figures 3 and 4 for a visual depiction of these relationships. Path *a* models the direct relationship between the SBW and Self-Stigma of Seeking Help. Path *b* models the direct relationship between Self-Stigma and intentions to seek help from a mental health professional. Path *c* models the direct effect of SBW on intentions to seek help from a mental health professional. Path *c*' models the effect of SBW on intentions to seek help from a mental health professional when mediated by Self-Stigma of Seeking Help.

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Figure 3

The relationship between SBW, SSOSH, and help-seeking for general mental health distress

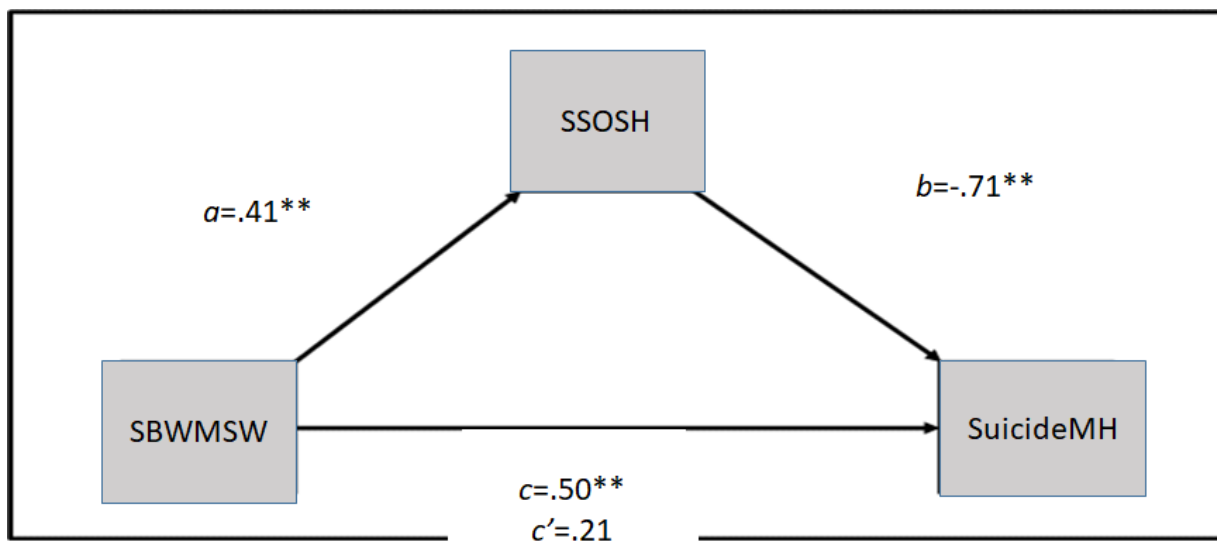


Note: $** p < .01$; $* p < .05$

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Figure 4

The relationship between SBW, SSOSH, and help-seeking for suicidal ideation



Note: ** $p < .01$; * $p < .05$

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In-group Stigma does not mediate the relationship between SBW and intentions to seek help from a mental health professional for either general emotional distress ($coeff = .04, se = .09, LLCI = -.13, ULCI = .22$) or suicidal ideation ($coeff = -.05, se = .09, LLCI = -.23, ULCI = .13$).

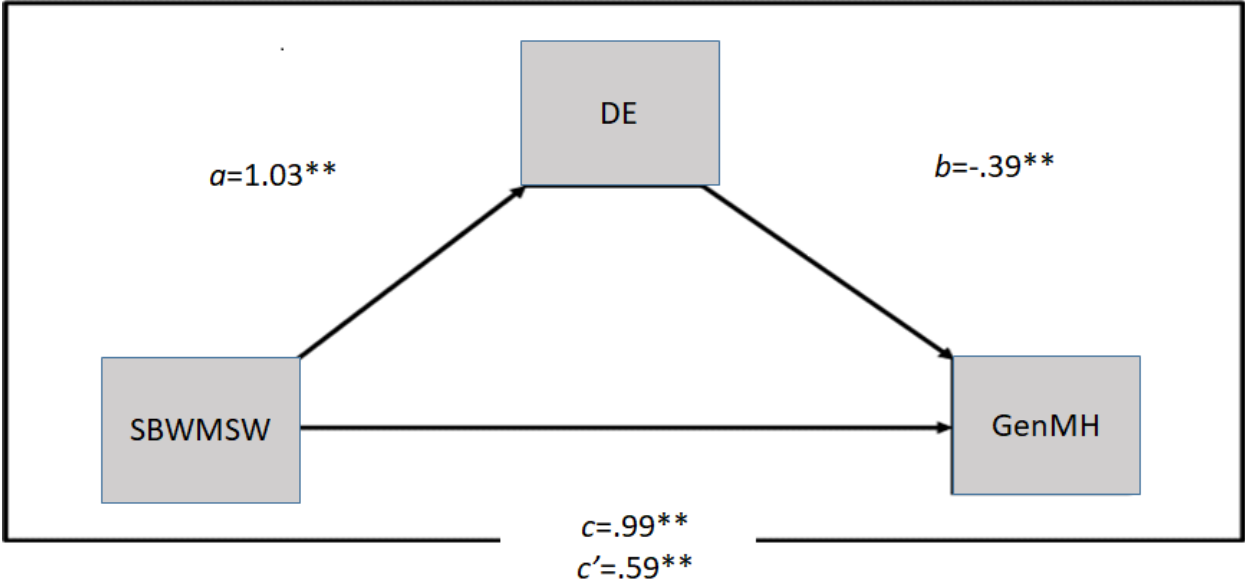
Similarly, Cultural Barriers do not mediate the relationship between SBW and intentions to seek help from a mental health professional for either general emotional distress ($coeff = -.04, se = .08, LLCI = -.20, ULCI = .11$) or suicidal ideation ($coeff = -.05, se = .09, LLCI = -.22, ULCI = .13$).

Discomfort with Emotions significantly mediates the relationship between SBW and intentions to seek help from a mental health professional for both general emotional distress ($coeff = -.40, se = .09, LLCI = -.58, ULCI = -.23$) and suicidal ideation ($coeff = -.27, se = .09, LLCI = -.45, ULCI = -.10$). Specifically, greater endorsement of SBW leads to greater discomfort with emotions, which leads to a reduction in help-seeking intentions from a mental health professional for both general emotional distress and suicidal ideation. See Figures 5 and 6 for a visual depiction of these relationships. Path *a* models the direct relationship between the SBW and Discomfort with Emotions. Path *b* models the direct relationship between Discomfort with Emotions and intentions to seek help from a mental health professional. Path *c* models the direct effect of SBW on intentions to seek help from a mental health professional. Path *c'* models the effect of SBW on intentions to seek help from a mental health professional when mediated by Discomfort with Emotions.

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Figure 5

The relationship between SBW, DE, and help-seeking for general mental health distress

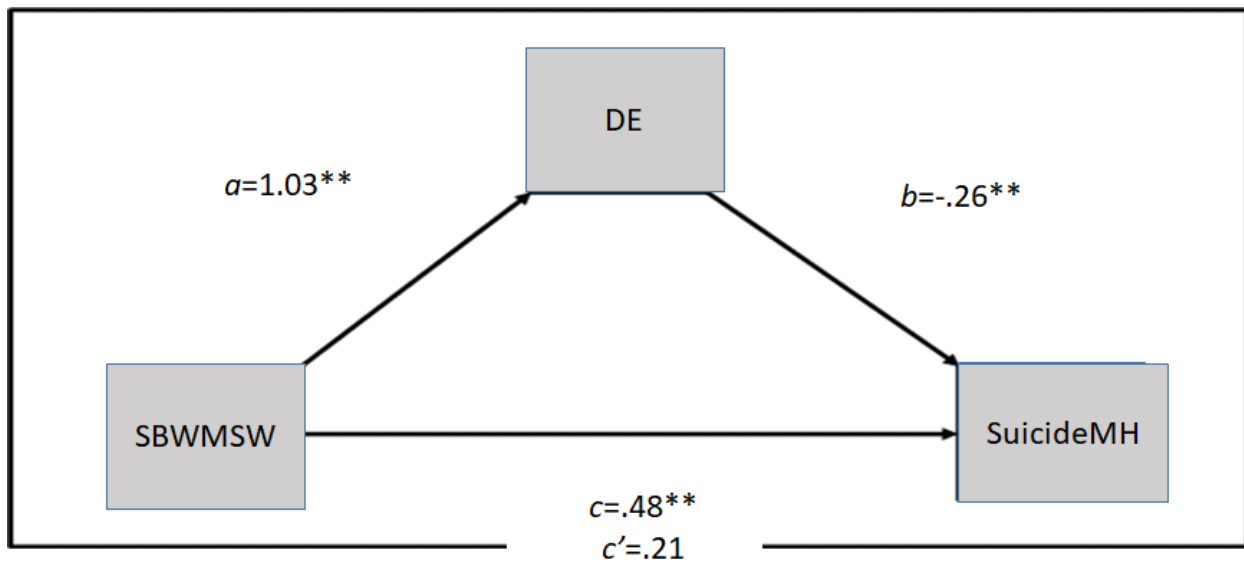


Note: $** p < .01$; $* p < .05$

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Figure 6

The relationship between SBW, DE, and help-seeking for suicidal ideation



Note: ** $p < .01$; * $p < .05$

Does Age, Religiosity, Lack of Knowledge, and Lack of Access Moderate the Relationship between SBW and Intentions to Seek Help from a Mental Health Professional?

To assess the fifth hypothesis, a series of simple moderation analyses were conducted to examine whether age, religiosity, Lack of Knowledge, and Lack of Access moderated the relationship between SBW and intentions to seek help from a mental health professional for general emotional distress and suicidal ideation using Hayes' Model 1 within PROCESS.

Age does not moderate the relationship between SBW and the intentions to seek help from a mental health professional for either general emotional distress ($coeff = .01, se = .01, p = .546$) or suicidal ideation ($coeff = -.01, se = .01, p = .503$). Religiosity does not moderate the relationship between SBW and the intentions to seek help from a mental health professional for either general emotional distress ($coeff = .24, se = .26, p = .359$) or suicidal ideation ($coeff = .26, se = .27, p = .329$).

Lack of Knowledge does moderate the relationship between SBW and intentions to seek help from a mental health professional for general emotional distress ($coeff = .40; se = .08, p < .001$) at low levels of Lack of Knowledge ($coeff = 1.00, se = .22, p = .22$) SBW endorsement was unrelated to intentions to seek help from a mental health professional for general emotional distress. At the moderate ($coeff = 3.67, se = .15, p < .001$) and high levels of Lack of Knowledge ($coeff = 5.33, se = .22, p < .001$), higher endorsement of SBW was significantly related to increased intention to seek help from a mental health professional for general emotional distress, with this relationship being strongest for those with the highest levels of lack of Knowledge. A somewhat different pattern emerged for the relationship between Lack of knowledge and intentions to seek mental health services for suicidal ideation ($coeff = -.44; se = .08, p < .001$). For those with low levels of Lack of Knowledge, the relationship between SBW and intentions to

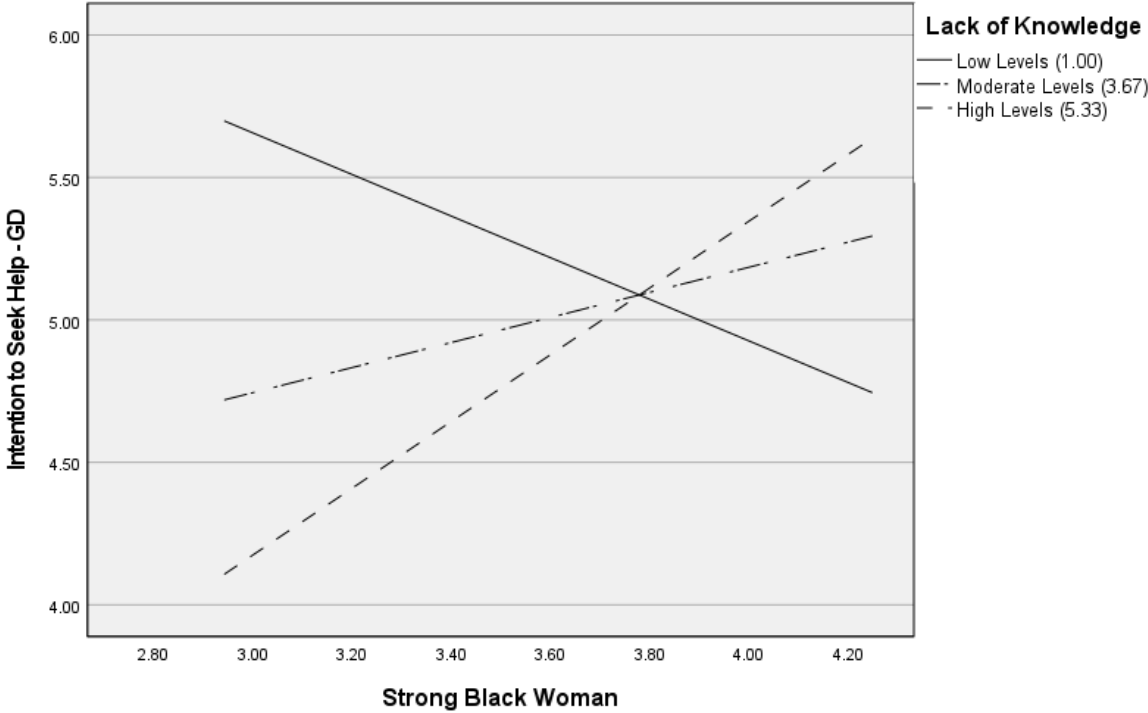
STRONG BLACK WOMAN AND HELP-SEEKING

seek help was significant ($coeff = 1.00, se = .23, p < .001$), such that greater endorsement of SBW was related to less intentions to seek help from a mental health professional for suicidal ideation. At moderate ($coeff = 3.67, se = .16, p < .001$), and high levels ($coeff = 5.33, se = .22, p < .001$), of Lack of Knowledge, greater endorsement of SBW schema was related to increased intention to seek help from a mental health professional for suicidal ideation, with this relationship being strongest for those with the greatest lack of Knowledge. See Figures 7 and 8 for a visual depiction of these relationships.

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Figure 7

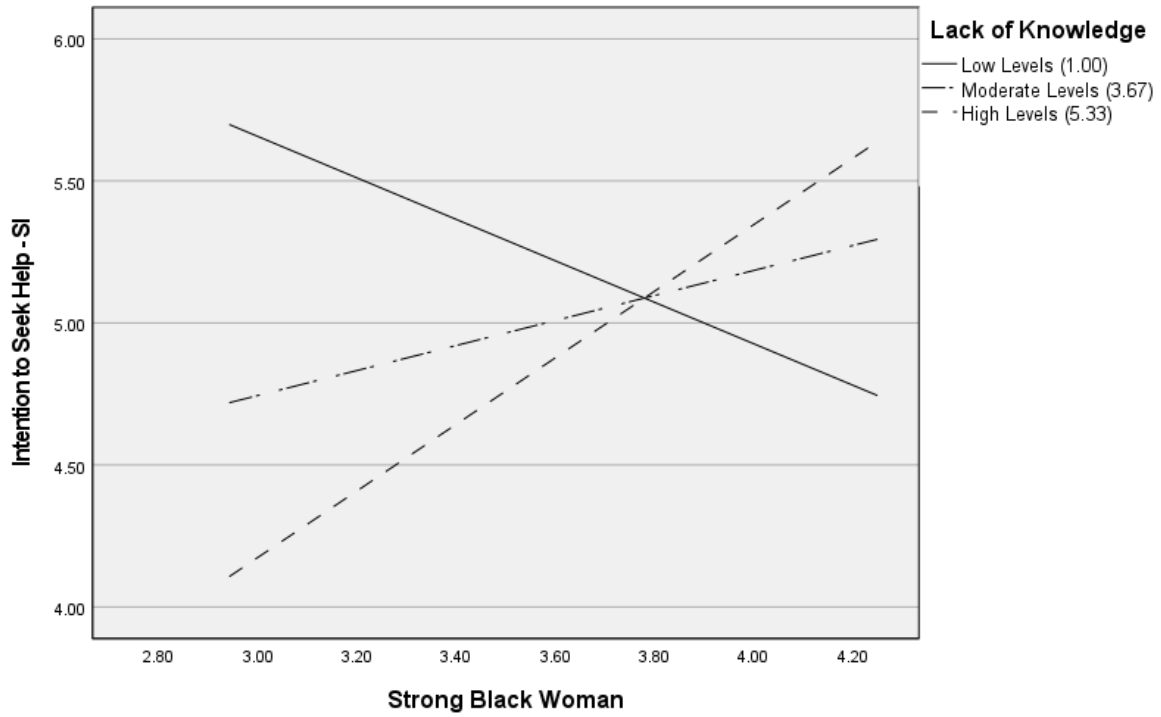
Relationship between Lack of Knowledge, and General Help-seeking



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Figure 8

Relationship between Lack of Knowledge, and Suicidal Ideation Help-Seeking



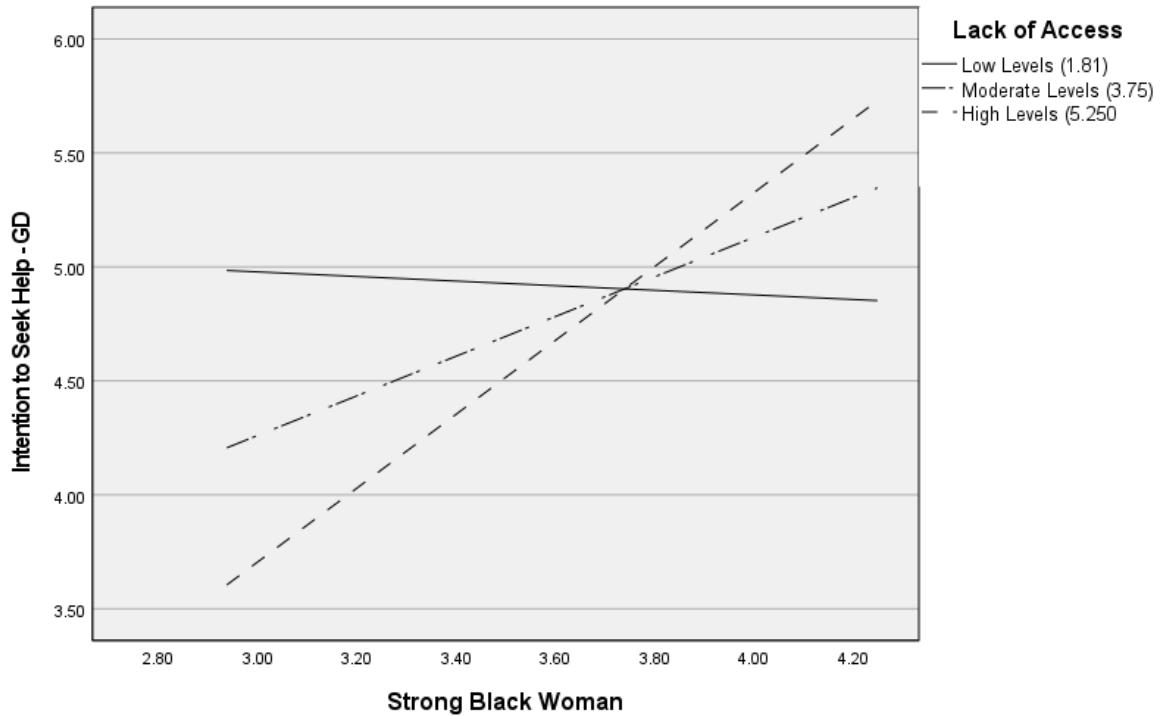
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Lack of Access also moderates the relationship between SBW and intentions to seek help from a mental health professional for general emotional distress ($coeff = .50; se = .09, p < .001$). At low levels of Lack of Access ($coeff = 1.81, se = .20, p = .61$), SBW is unrelated to intentions to seek help from a mental health professional for general emotional distress. At moderate ($coeff = 3.75, se = .16, p < .001$) and high ($coeff = 5.25, se = .24, p < .001$) levels of Lack of Access, higher endorsement of SBW was related to increased intention to seek help from a mental health professional for general emotional distress, with this relationship being strongest for those with the highest levels of Lack of Access. A somewhat different pattern was found for the relationship between Lack of Access and intentions to seek mental health services for suicidal problems ($coeff = -.59, se = .09, p < .001$). At the low levels of Lack of Access ($coeff = 1.77, se = .20, p < .001$), greater endorsement of SBW was related to decreased intention to seek help from a mental health professional for suicidal ideation. At moderate ($coeff = 3.75, se = .17, p < .001$) and high levels of Lack of Access ($coeff = 5.25, se = .24, p < .001$), greater endorsement of SBW was related to increased intention to seek help from a mental health professional for suicidal ideation. See Figures 9 and 10 for a visual depiction of these relationships.

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Figure 9

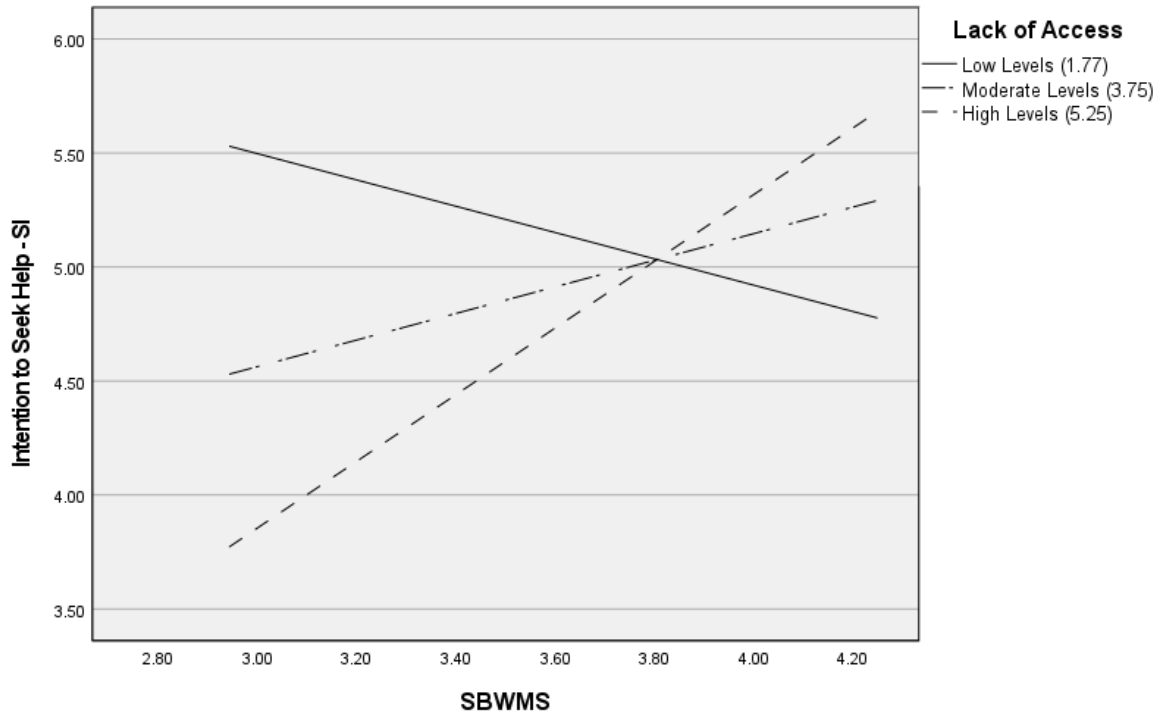
Relationship between SBW, Lack of Access, and General Help-seeking



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Figure 10

Relationship between SBW, Lack of Access, and Suicidal Ideation



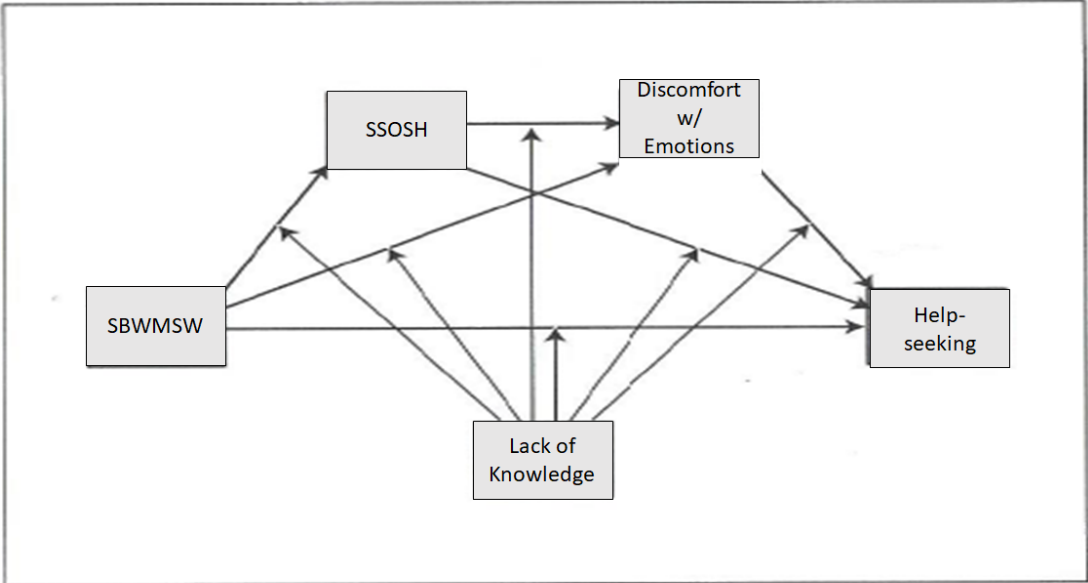
Considering the relationship between SBW and intention to seek mental health care as indicated by self-stigma and discomfort with emotion and moderated by Lack of Knowledge and Lack of Access.

Two moderated serial mediation analyses were run using model 92 of the Hayes PROCESS macro (Hayes, 2020) using the two mediators (Self-Stigma and Discomfort with Emotion) and the two moderators (Lack of Knowledge and Lack of Access) that were significant in the analyses described above.

In the first, Self-Stigma and Discomfort with Emotions were considered as serial mediators of the relationship between SBW and intention to seek mental health care for general emotional distress, with the conditional effect of Lack of Knowledge on all paths in the model considered. See Figure 11 for a visual depiction of the model. Greater SBW was associated with greater self-stigma ($coeff = .22, se = .10, p < .001$) and greater discomfort with emotions ($coeff = .94, se = .15, p < .001$). The relationship between SBW and intention to seek mental health care is no longer significant ($coeff = -.06, se = .30, p = .84$) when the mediation of self-stigma and discomfort with emotions through the moderation of Lack of Knowledge is considered. The indirect effect is significant such that at low levels of Lack of Knowledge there is a significant serial mediation such that greater SBW is related to greater self-stigma which is related to greater discomfort with emotions and subsequently less intention to seek mental health care. There was no serial mediation for moderate and high levels of Lack of Knowledge.

Figure 11

Moderated Mediation Analyses for Lack of Knowledge

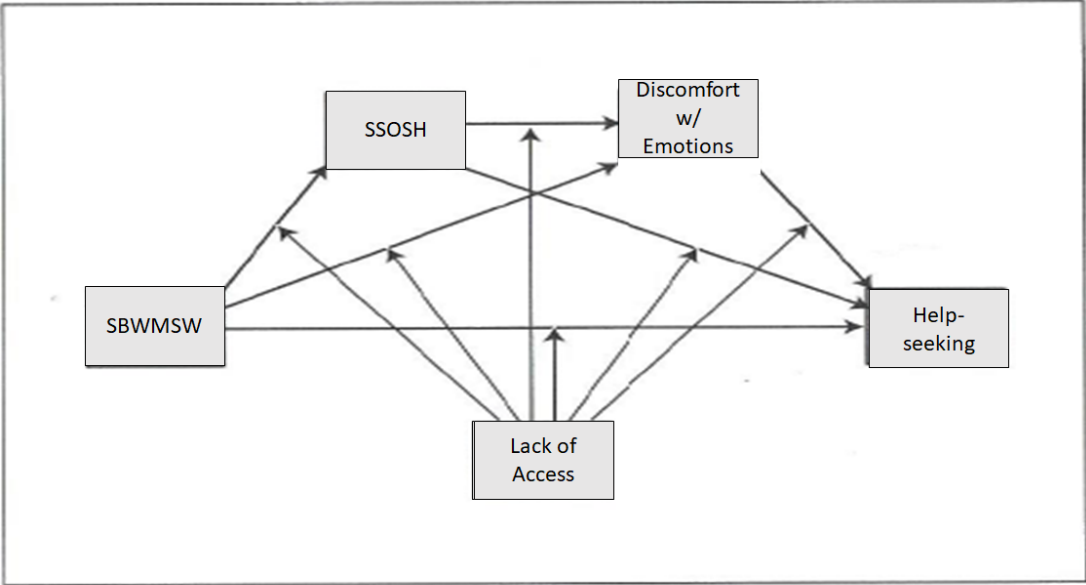


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In the second serial mediation analysis, self-stigma and discomfort with emotions were considered as serial mediators of the relationship between SBW and intentions to seek mental health care for general emotional distress, with the conditional effect of Lack of Access on all paths in the model considered. See figure 12 for a visual depiction of the model. As with the previous model greater SBW is associated with greater self-stigma ($coeff = .28, se = .11, p < .05$) and greater discomfort with emotions ($coeff = .38, se = .17, p < .05$). Greater Self-stigma is associated with greater discomfort with emotions ($coeff = .77, se = .17, p < .001$). Again the relationship between SBW and intention to seek mental health care is no longer significant ($coeff = -.35, se = .34, p = .30$) when the mediation of self-stigma and discomfort with emotions through the moderation of Lack of Access is considered. The indirect effect is significant such that at low levels of Lack of Access there is a significant serial mediation such that greater SBW is linked to greater self-stigma which is related to greater discomfort with emotions and ultimately less intention to seek mental health care. There was no serial mediation for moderate and high levels of Lack of Access.

Figure 12

Moderated Mediation Analyses for Lack of Access



Chapter IV

Discussion

Grounded in the Theory of Planned Behavior framework, the present study explored the direct and indirect relationships between the SBW schema, attitudes, subjective norms, perceived behavioral control, and intentions to seek help from a mental health professional. We hypothesized that the endorsement of the SBW schema would influence an individual's attitudes, subjective norms, and perceived behavioral control regarding help-seeking which would in turn influence intentions to seek help from a mental health professional for general distress and suicidal ideation. Similar to previous studies, our participants endorsed SBW at moderately high rates, suggesting that it might be an important aspect of Black women's identity (Donovan and West, 2005; Thomas et al., 2004). The results of this study suggest that the SBW schema is a complex multifaceted identity component that requires further exploration to better understand its relationship with intentions to seek help from a mental health professional.

Consistent with hypothesis 1A, endorsement of the SBW schema was related to individuals' attitudes. The SBW schema was shown to have a moderately strong positive relationship with Negative Perceived Value, and Self-Stigma of Seeking help. Consistent with previous studies women who endorsed the SBW schema tended to view seeking mental health services with an unfavorable attitude (Watson and Hunter, 2015; Woods, 2013; Young, 2018). Hypothesis 1B was partially supported, Negative Perceived Value was unrelated to mental health-seeking intentions for general emotional distress or suicidal ideation. Thompson and Akbar (2004), Anglin et al. (2008), Diala et al. (2000), and Jackson et al. (1986) found that

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Blacks did not generally hold negative beliefs about mental health broadly, but they do hold negative attitudes and beliefs about seeking treatment. It is possible that the negative perceived value of seeking-mental health services is not attitudes about mental health services, but about what it means for the individual. This may explain the findings for the relationship between SBW, Self-stigma of Seeking Help, and intentions to seek help. Self-stigma of Seeking Help was moderately negatively related to mental health-seeking for general emotional distress and suicidal ideation, such that greater self-stigma endorsement was related to lower intentions to seek help for general mental health distress and suicidal ideation. In accordance with previous research mental illness stigma impacted individuals' perception of themselves and the use of mental health services may serve as a threat to an individuals' self-regard, self-satisfaction, self-confidence, and overall worth as a person (Conner et al., 2010; Corrigan et al., 2014; Ibrahim et al., 2019; Taylor and Kuo, 2019). If an individual believes that seeking mental health services will negatively impact their sense of self they will be less likely to utilize mental health services. It is possible that the Negative Perceived Value is less about views on mental health services and more on the act of seeking and receiving mental health services. The findings of previous research contended that internalization and compliance with the SBW schema hindrance intentions to seek help from a mental health professional (Taft, 2009). The results from this study were similar to Past studies have found that the endorsement of the SBW schema was associated with negative attitudes about mental health services and those negative attitudes were correlated with lower intention to seek mental health services (Woods, 2013; Young, 2018).

Consistent with predictions endorsement of the SBW schema influenced an individual's subjective norms. Consistent with hypothesis 2A, the SBW schema was shown to have a positive relationship with subjective norms. Greater endorsement of the SBW schema was associated

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with the belief that others would judge them harshly for seeking help from a mental health professional, as well as the perceived social pressure on whether it is socially acceptable to engage in a behavior. Consistent with prior research the SBW is race-gender schema that encourages the endorsement of cultural beliefs that would lead to negative judgement for seeking mental health services by others (Beauboeuf-Lafontant, 2007; Collins, 2000; Nelson et al., 2016; Watson & Hunter, 2015). Contrary to our prediction hypothesis 2B was not supported, Cultural Barriers were related to intentions to seek help from a mental health professional for general mental health distress and suicidal ideation. The relationship between In-group Stigma and general mental health showed a small positive distress, the interaction was significant, but in the opposite direction from what was predicted. A potential reason why the findings of this study are not consistent with previous studies is New Wave, a shift in perceptions of the SBW schema (Jones et al., 2020). Ideas of what it means to be strong may be evolving on an individual level which in turn is leading to an increase in positive views.

Consistent with previous research hypothesis 3A indicated that the more participants embraced the SBW schema the more likely they were to be uncomfortable with expressing emotions (Shea et al., 2019; Watson-Singleton, 2017; Woods, 2013; Woods-Giscombé, 2010). A core tenet of the SBW schema is self-silence and suppression of emotion (Woods-Giscombé, 2007, 2010). Hypothesis 3B was consistent with findings from previous studies (Harris, 2018; Harrington et al., 2010; Liao et al., 2020; Nelson et al., 2016; Watson and Hunter, 2015). Discomfort with Emotion was related to lower intentions to seek help from a mental health professional for general mental health distress and suicidal ideation. It likely that being discomfort with displaying one's emotions would make it difficult for an individual to feel uncomfortable to seek help from a mental health professional. A second possibility is that

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discomfort with expressing emotions contributes to the inability to identify their mental health needs.

An interesting finding is that the endorsement of the SBW schema influenced the participants' Attitudes, Subjective Norms, and Perceived Behavioral Control, but was not related to mental health-seeking intentions for general emotional distress or suicidal ideation. An additional finding that is of interest is the lack of a significant relationship between mental health-seeking intentions for general emotional distress and Negative Perceived Value, Cultural Barriers, Lack of Knowledge, and Lack of Access, the lack of a significant relationship between suicidal ideation with Negative Perceived Value, In-group Stigma, Cultural Barriers Lack of Knowledge, and Lack of Access is of note as well. It is a possibility that Studies have found that

Based on the Theory of Planned Behavior, an initial step was to consider attitudes (Negative Perceived Value and Self-stigma of Seeking Help), subjective norms (In-group Stigma and Cultural Barriers), and perceived behavioral control (Discomfort with Emotions) as potential mediators of the relationship between SBW schema endorsement and intentions to seek help from a mental health professional. It was hypothesized that the SBW schema would influence an individual's attitudes, subjective norms, and perceived behavioral control which would in turn influence intentions to seek help from mental health professionals. Negative Perceived Value, In-group stigma, and Cultural Barriers did not mediate the relationship between the SBW schema and intentions to seek help for general emotional distress and suicidal ideation. Self-Stigma of Seeking Help partially mediated the relationship between SBW and intentions to seek help for general emotional distress and suicidal ideation. Discomfort with Emotions significantly mediated the relationship between SBW and intentions to seek help from a mental health professional for both general emotional distress and suicidal ideation. Consistent with prior

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research, our findings suggest that endorsement of the SBW schema is related to the internalization of Self-Stigma, and Discomfort with Emotions is related to the suppression of emotions leading to lower intentions to seek help for general emotional distress and suicidal ideation (Abrams et al., 2019; Collins, 2005; Donovan and West, 2015). These findings suggest that Black women who endorse SBW may engage in self-silencing behaviors and may find it a struggle to accept emotional support which contributes to their reluctance to utilize mental health services.

Next, we considered the potential moderating effects of age, religiosity, Lack of Knowledge, and Lack of Access. It was also hypothesized that Age, Religiosity, Lack of Knowledge, and Lack of Access would moderate the influence of the SBW schema on intentions to seek help from mental health professionals.

Age and religiosity did not moderate the relationship between SBW and the intentions to seek help from a mental health professional for either general emotional distress or suicidal ideation. Contrary to our predictions Lack of Knowledge moderated the relationship between SBW and help-seeking intentions for general emotional distress and suicidal ideation. For both general emotional distress and suicidal ideation moderate and high levels of Lack of Knowledge were significantly related to increased (rather than decreased) intention to seek help. For only women reporting low Lack of Knowledge (i.e., high knowledge) was the predicted relationship between SBW and intentions to seek help for suicidal ideation supported, such that for women who had low Lack of Knowledge, greater endorsement of SBW related to decreased intention to seek help from a mental health professional for suicidal ideation. For women who lacked knowledge (high and moderate levels of Lack of Knowledge), greater endorsement of SBW was related to increased intention to seek help. At low levels of Lack of Access, greater endorsement

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of SBW was related to decreased intention to seek help for suicidal ideation. At moderate and high levels of Lack of Access, greater endorsement of SBW was related to increased intention to seek help from a mental health professional for suicidal ideation. A potential explanation maybe that the knowledge the participants hold is biased or incorrect and that an increase in biased and incorrect knowledge would make it likely that participants viewed mental health seeking as culturally incompetent. This might explain why those with less knowledge held greater intentions to seek help. One possible reason that those with the less access to mental health services are the most likely to have intentions to seek help may be that they are motivated by the inequality of not having that access. These results were unexpected and may not be replicated, but future research should consider how factors such as knowledge and access to health care influence women's intentions to seek help from a mental health profession.

In the first serial mediation analysis, Self-stigma and Discomfort with Emotions were considered as serial mediators of the relationship between SBW and intentions to seek mental health care for general emotional distress, with the conditional effect of Lack of Knowledge on all paths in the model considered. The mediation of self-stigma and discomfort with emotions through the moderation of Lack of Knowledge is considered the relationship between SBW and intention to seek mental health care is no longer significant. In the second serial mediation analysis, self-stigma and discomfort with emotions were considered as serial mediators of the relationship between SBW and intentions to seek mental health care for general emotional distress, with the conditional effect of Lack of Access on all paths in the model considered. Similar to the previous serial mediation analysis the relationship between SBW and intention to seek mental health care is no longer significant. The more an individual endorses the SBW schema, the more they self-stigmatize seeking mental health care, the more uncomfortable they

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are with their emotions, and the less likely they are to seek help from a mental health professional. A possible option for these results is that the less information about mental health services the less likely they will be exposed to information that could bias them from considering the use of mental health services. Given the increase in messages related to mental health care, it is possible that the amount of information participants are being exposed to provides just information to pique their interest and not inundate them with it. It is possible that not having access to mental services may increase an individual's curiosity related to mental health services.

Similar to previous studies, participants endorsed SBW at moderately high rates, suggesting that it is a prominent identity component for Black Women. Whereas past researchers have found that Black Women are half as likely to receive mental health services than their White counterparts (Carter & Rossi, 2019; Substance Abuse and Mental Health Services Administration, 2013; Taylor & Kuo, 2019; Ward, Clark, & Heidrich, 2009), the present study has shown that Black Women with the lowest knowledge about and access to mental health services would be more willing to seek mental health services from mental health professionals. The present research, therefore, contributes to a growing body of evidence suggesting that the influence of the SBW schema on intentions to seek help from a mental health professional is mediated by Discomfort with emotion and partially by Self-Stigma and moderated by Lack of Knowledge and Lack of Access.

Limitations and Future Research Directions

There were several limitations of this study. The first limitation was that due to online data collection. Research by Al-Solem and Miller (2017) found that problems with attention, experience of elevated life stressors and hassles, and using a computer to respond to surveys may contribute to invalid responses by participants. Smith et al. (2016) detected two types of

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problems with data collection using MTurk, cheaters and speeders. Cheaters are those who either knowingly provide false information about themselves and speeders are those who respond to the questions without taking the required time to read and analyze the material (Smith et al., 2016). Although these are potential issues, by utilizing Cloud Research in conjunction with MTurk, we were able to recruit African American women who had already been screened. Further, attention checks and removal of multivariate outliers helped to deal with some of the problems that have been identified with online research. However, those who participated are self-selected and thus may not represent the general population. This sample was more highly educated than the general population.

A second limitation of the study was that it only assessed intentions to seek help. There is a possibility that the different results will have been obtained if the study measured actual behavior. While other research has suggested that while African Americans were likely to have more positive ideas about mental health professionals than their Caucasian counterparts, they continue to underutilize mental health services (Anglin et al., 2008; Diala et al., 2001; Nadeem et al., 2008).

A final limitation of the study was the measures used, specifically the use of the Stereotypic Roles for Black Women Scale (Thomas et al., 2004) and the Barriers to Seeking Mental Health Counseling Scale (BMHC; Shea et al., 2019). The Stereotypic Roles for Black Women Scale is the most commonly used scale to measure SBW endorsement. The use of a well-rounded scale that specifically captured SBW endorsement may have produced a clearer understanding of the relationship between SBW and intentions to seek mental health services. There is a need for a scale that taps into the main components of the SBW schema, the Mammy and the Superwoman without the Jezebel and Sapphire subscales. This is important because

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some of the items present in the SBW scale might create reactance. The use of a more established scale rather than the Barriers to Mental Health Counseling might have provided a better understanding of the relationship between barriers and help-seeking intentions. The BMHC is a newly developed scale used to measure six perceived barriers to mental health help-seeking. The scale was standardized using racially diverse college students. It is possible that the scale was not appropriate to use given her sample due to it consisting primarily of participants over college age. It is also possible that the sample size was not standardized on a big enough sample of Blacks and African Americans as they only made up 4.0% of the participants in the initial sample (Shea et al., 2020).

At the time of the study, several major events were occurring which may have impacted the findings of this study. There was a global pandemic, an increase in discussions around mental health, and a series of racial and gender social justice movements were occurring. It is unknown what the impact these events have had on views on mental health help-seeking. The racial and gender social justice movements may be encouraging endorsement of the SBW. It is also possible that the current climate is contributing to a shift in what it means to be a Strong Black Woman. Jones et al., 2020 qualitative study identified a new theme of called New Wave signifying a shift in perceptions of the SBW schema. It may be that as a response to the Black Lives Matter movement Black women are clinging to their ideas of what it means to be Black which includes endorsement of the SBW. Wallace and Constantine (2005) suggested that the greater endorsement of Africentrism the more stigma they may have toward mental health treatment from a professional. In the age of Black Girl Magic, Simone Biles, Former First Lady Michelle Obama, Zendaya, Gabrielle Union, and Jennifer Lewis along with many other Black women being open in their discussion about mental health (Blanton, 2021; Kallingal, 2021;

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Meltzer, 2021; Stracqualursi, 2021; William, 2015). Another possibility is an increase in everyday discussions about mental health by Black women is contributing to an ongoing shift in the acceptance and normalization of seeking mental health services. Questions about what it means to be a Strong Black Woman could conceivably alter the meaning of strength for Black women. Additional studies are needed to understand the role of the SBW race–gender schema and help-seeking attitudes in predicting intentions to seek help from mental health professionals.

Study Implications

It is estimated that 7.5 million Black people are affected by mental illness by a year (Ward, Wiltshire, Detry, & Brown, 2013). Yet only one in three Black people receive the mental health services that they need (Dalencour et al., 2016). Black women are at an increased risk for many physical and mental health consequences and disparities including cardiovascular disease, lupus, diabetes, HIV/AIDS, breast cancer, hypertension, obesity adverse maternity and birth outcomes, binge eating, depression, anxiety, higher rates of chronic disease, increased rates of suicide among children and teens and undertreated, mistreated and untreated psychological disorders (citations?). In addition to increased health complications Black women are more likely to report increased symptom and illness severity (Abrams, Hill & Maxwell, 2018; CDC, 2016, 2019). The increased risk that Black women face makes the proper utilization of mental health services all the more crucial for their overall health.

Diversity in mental health care workers is a barrier that needs to be addressed. The vast majority of mental health workers identify as white (Gallagher, 2015). Only between 2-4% of psychiatrists, psychologists, and social workers identify as African American (American Psychological Association (APA), 2018; US Surgeon General, 2001). Addressing this topic is beyond the scope of the paper, but it is important to understand that a lack of representation

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contributes to the low intentions to seek mental health services. This lack of diversity in mental health care professionals can work to sustain current trends and discourage the participation of Black women in mental health care. An increase in the number of culturally competent mental health care workers has the potential to lead to the creation and utilization of practices and programs that aim to address the unique needs of Black women. Mental health professionals provide gender-race-specific psychoeducation around mental health.

Intentions to seek mental health services are affected by attitude, subjective norms, and perceived behavioral control. However, the SBW schema influence appears to be only a small part of intentions to seek from a mental health professional. The SBW schema has been and continues to be a tool that has ensured the survival of Black women, their families, and communities. The goal should be not to eliminate the SBW schema from Black women's life, but to utilize the SBW schema to increase and enhance the use of mental health services for Black women. One way to utilize the SBW schema would be to create spaces for Black women to discuss means of what it means to be a Strong Black Woman. This action will in turn have the effect of reducing self-silencing behaviors. A second way to utilize the SBW is to shift how strength is viewed in relation to Black women. Encouraging a shift from the core tenets of the SBW as being emotional constrained and caring for others at the expense of oneself to include self-care, asking and accepting help, and increased conversations around mental health are just a few key steps in utilizing the SBW to become more beneficial to Black women.

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