

25 years of Psychology Research on the ‘Strong Black Woman’

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Abstract

The Strong Black woman (SBW) schema refers to the U.S. cultural gender role expectation of Black women as resilient despite adversity, selfless, and serving as caretakers and providers. Previous scholars have examined the nature, origins, and consequences of this schema, including the ways in which Black women navigate the SBW in their workplaces, communities, and relationships. Overall, research frames the schema as a paradox, noting that endorsing the SBW can compromise Black women's health while simultaneously encouraging resilience. In this review, we aim to provide a descriptive and holistic analysis for understanding gaps in the literature, as well as providing suggestions for the future. Using a scoping review, we examine the current state of social science knowledge about the SBW, focusing on its character, socialization practices, and consequences for Black women's physical and mental health. We end by discussing directions for future research on the SBW schema.

Keywords: strong Black woman, schema, stereotype, scoping review, physical health, mental health

The Strong Black Woman (SBW) schema describes a Black woman who is resilient, avoids displays of weakness or vulnerability, is consistently self-sufficient while being of service to others, and remains strong despite adversity (Beauboeuf-Lafontant, 2007; Black & Peacock, 2011; Woods-Giscombe, 2010). Social science research surrounding the SBW schema dates back to the 1990's where the term was used to describe the role of African American women in their community, at work, and in their interpersonal relationships (e.g., Amankwaa, 2003; Daniel, 1995). Since that time, researchers have relied on the use of both qualitative and quantitative methods such as interviews and questionnaires to investigate the influence of the schema on African American women's health (e.g., Nelson et al., 2022; Spates et al., 2020).

Over time, researchers began to examine how and why Black women utilize the schema, mainly through samples of African American college women (e.g., Lewis et al., 2015; Woods-Giscombé et al., 2019). Towards the early 2010's, researchers expanded the topic by incorporating clinical samples to evaluate the impact of the SBW on physical health (e.g., Bellinger et al., 2015; Black et al., 2012; Harrington et al., 2010). Recently, the field has begun to examine the influence of friendships on Black American women's perception of the SBW (e.g., Davis & Afifi, 2019), and has become more inclusive, reflecting the heterogeneity within the community of Black women (e.g., disabled U.S. Black women's experiences with the schema; Miles, 2019). Throughout the last two and half decades of research, the SBW schema has recurrently been framed as a paradox, as many Black women of various ethnicities recognize the associated negative and positive outcomes (e.g., Beauboeuf-Lafontant, 2005; West et al., 2016).

In this paper, we conduct a scoping review of the peer-reviewed, social science literature on the SBW. Although the SBW can be understood from several perspectives (i.e., historical,

media), we center research derived from social sciences as this work tends to be more empirical, relative to other fields. The aim of a scoping review is to map the existing literature in the field to assess the volume and nature of the work (Arksey & O'Malley, 2005). Rather than reviewing and critiquing individual studies in-depth, as was done excellently by Davis and Jones, (2021), a scoping review provides a descriptive and holistic analysis, which is useful for understanding gaps, contradictions, and advances in the area.

With the present review we aimed to answer three research questions. First, what is the nature and volume of the research literature pertaining to the SBW schema? Secondly, based on the nature of the literature, what should future research consider implementing? Finally, how can future research continue to diversify our representation of Black women's perspectives and experiences around the SBW? We use 25 years of social science literature to provide a descriptive overview of research on the SBW and charting a path forward for study of the SBW and related concepts. A scoping review is especially appropriate for the literature on the SBW, as this type of review is typically used to analyze a heterogeneous body of work (Mays et al., 2001). Indeed, research on the SBW includes a great diversity of methods and analyses, from focus groups and interviews to large cross-sectional studies to measure and theory development analyses.

The goal of the present review is to examine the nature and scope of the literature on the SBW schema, to identify gaps in research (e.g., samples, methods, topics), and propose future directions for researchers to consider. To conduct a scoping review of the SBW literature, we began by using the specific search query “ab(superwoman) OR ab(“strong black woman”)” in the PsychInfo database on August 9, 2021. We included only peer-reviewed empirical and theoretical articles, omitting books and commentaries. After eliminating redundancies, this gave

us 80 total hits. We then reduced the total number of articles by excluding those irrelevant to the SBW schema and redundant articles. After this, there were 74 articles in total. We then conducted an ancestral review, similar to that of Calder et al. (2005), of articles we uncovered to ensure thorough coverage. After this, there were a total of 80 articles. We again used the search query “ab(superwoman) or ab(“strong black woman”)” for new articles published from August 9, 2021 to February 23, 2022 (the cut off date) and included only peer-reviewed empirical and theoretical articles. This effort yielded an additional five articles, thus in total we reviewed 85 articles.

To begin the review process, each author entered information about the papers into an Excel table. Then, using the table and the individual articles, we developed the categories inductively, and coded the papers for the categories they represented. While reviewing the literature available on the SBW, we described the Black women included in sampling populations using the same language as the authors used in their study (e.g., “African American”, “U.S. Black women”). We have used descriptions of ethnicity based on what authors of the articles included in the present review used and have provided detailed information about sampled populations in Table 1. We then created a table to describe the articles included in the review. After we excluded theoretical articles from the table (which remain in the main text), a total of 57 empirical articles remained and are included in the table (see Table 1).

Terms

In our review, we located two terms related to the SBW: the “Superwoman syndrome” and, more commonly and most recently, the “Strong Black Woman” schema. The Strong Black Woman schema is defined as Black women who demonstrate strength and self-reliance in the face of adversity, while prioritizing others needs above their own (Beauboeuf-Lafontant, 2007).

In comparison, the superwoman syndrome (or the superwoman ideal) has been used to define women of various cultural and ethnic backgrounds who believe they can balance multiple roles with no struggle (Herrera & DelCampo, 1995). The Superwoman syndrome (or the superwoman ideal) is therefore a less culturally-specific term. For example, Herrera and DelCampo (1995) used this term to analyze the balancing act of working class, Mexican American women expected to contribute financially while maintaining their role as homemakers. The term has also been used widely to examine varied groups, from (majority) White adolescent girls in the U.S. to U.S. Black women professors (Crago et al., 1996; Huddleston-Mattai, 1995).

Some research included in our review refers to the SBW as a “schema” (e.g., Abrams et al., 2019; Liao et al., 2020; Jones et al., 2021a), while other research refers to it as a “stereotype” or an “ideal” (e.g., Carter & Rossi, 2019; Miles, 2019; Stanton et al., 2017). Moving forward, we use the term schema as a higher-order term that is not necessarily negative or positive to describe multiple aspects of a group member (Mandler, 1982). In addition, it was the most commonly used term of the papers we reviewed. The SBW schema is a cultural gender role expectation specific to Black women, and thus has specific social implications that affect how Black women are treated by those outside their community and how they frame their own identity. The SBW schema appears highly prevalent in the lives of Black U.S. women today. For example, Lewis et al. (2015) reported 87-94% of participants across two U.S. studies experienced microaggressions that aligned with the SBW.

The SBW schema is one of many schemas about Black women, including the Mammy, Angry Black woman, and Jezebel. It is perhaps most closely related to the Mammy schema, which emerged during slavery when enslaved Black women were forced to serve as caretakers to White families while also caring for their own families (Carter & Rossi, 2019). However,

although both stereotypes describe Black women as caretakers (Beauboeuf-Lafontant, 2003), the SBW encourages Black women to serve as caretakers and providers exclusively in support of the Black community (West, 2018), while the Mammy schema encourages Black women to support everyone.

One potential reason for Black women's willingness to embrace the SBW compared to other schemas, is that, on the surface, it features more positive characterizations about Black women. Indeed Black U.S. women who navigate spaces in which they have been stereotyped have been shown to prefer to conform to the SBW over stereotypes such as the Jezebel or the Angry Black Woman (Corbin et al., 2018). For example, Reynolds-Dobbs et al. (2008) reported Black U.S. women embody the SBW to avoid the crazy black bitch (CBB) stereotype commonly held about Black women in the workplace. Similarly, Hall et al. (2012) found African American women in the workplace internalize the SBW schema and practice self silencing to prevent themselves from being viewed as inadequate by their supervisors and colleagues. Indeed for many, the SBW serves as a barrier against identity-based stress that would normally be present as a result of not being a member of the dominant group.

Origins of the SBW

As previously discussed, characteristics of the SBW schema include strength, self-reliance, and serving as a caretaker, all of which originate from African American women's enslavement (Abrams et al., 2014). During the Antebellum period, enslaved Black women were forced to do manual labor which both defied traditional gender roles for women and also created assumptions of them as strong, contrasting Black and White women through uplifting White women as dependent and weak (Collins, 2000; Harrington et al., 2010). The projection of strength onto Black women had a lasting effect, as many Black mothers continue to teach this

trait to their daughters (White, 1999). Furthermore, to survive enslavement, Black women needed to exhibit strength and needed to take care of others (Daniel, 1995).

One reason Black women are believed to accept the SBW schema and use it as a tool for coping is that it reflects their experiences at the intersections of racism and sexism (Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010). Placement at this intersection often includes marginalization, diminished resources, and the negotiation of multiple roles, such as provider and caretaker (Romero, 2000). Considering the continued existence of economic adversity and the lack of structural support for their group in the U.S., Black women may rely on the SBW as a coping mechanism (Woods-Giscombé, 2010).

SBW Socialization

The SBW began as a schema imposed on Black women from external actors and perceivers (White, 1999). Over time, however, exposure to this assumption, and to the external pressure to conform to it, led Black women to use and internalize it in several ways.

As our review indicates, Black girls and women in the U.S. are socialized to adopt the schema through reinforcement and modeling in their own families, communities, and media. Analyses of family socialization indicate that Black mothers express aspirations that their daughters develop strength, independence, and a willingness to help others (Shambley-Ebron et al., 2016). For example, Ramirez et al. (2017) conducted interviews with Black mothers and daughters in the U.S. to examine how the expectation of the SBW is transferred through generations. Results showed that mothers emphasized the importance of their daughters showing strength and self-reliance. In another study analyzing mothers' expectations of their daughters, Oshin et al. (2019) reported Black U.S. mothers identified self-reliance as more critical for their child's development compared to Latina and White mothers.

As Black girls develop, the SBW is reinforced through relationships with other Black women, who regulate strength and create opportunities for actively resisting oppression (Davis, 2015). For example, Davis and Afifi (2019) examined strength regulation in Black U.S. women's friendships and found that SBW endorsement helped Black U.S. women confront those they perceived as outsiders. In her interviews with working class women in the U.S., Beauboeuf-Lafontant (2007) reported that participants were expected from childhood to wear the mask of strength by the women in their lives.

Finally, Black media play a role in reinforcing the SBW for girls and women. Anyiwo and colleagues (2018) examined Black and African American adolescents' consumption of both Black-oriented and mainstream television and their endorsement of the schema. Results demonstrated increased consumption of Black-oriented television programs was associated with increased SBW endorsement. Surveying Black and African American undergraduates, Jerald and colleagues (2017a) found that heavier movie viewing and attributing more realism to television content predicted stronger support of the SBW schema. Giannino and China (2017) used critical discourse analysis to examine the presentation of Black women's identity in a Black television series (*Girlfriend Intervention*). The performance of Black womanhood included being strong, communicating emotions through tough love, and always looking "appropriate." These selective depictions of Black womanhood may create a normative expectation of strength.

Internalization and perceptions of the SBW

Much of the existing analyses of Black women's endorsement and perceptions of the SBW have been qualitative, centering the voices and experiences of Black women by eliciting their own narratives (Corbin et al., 2018; Davis & Jones, 2021; Jones et al., 2019). In this work, Black women's personal views of the SBW schema have been mixed. In research by West et al.

(2016) on Black college women of various ethnicities, participants recognized both unhealthy (i.e., neglecting their needs) and healthy (i.e., resilience) behaviors associated with schema endorsement. In focus groups conducted with Black U.S. women, Woods-Giscombé (2010) solicited beliefs about the “superwoman” schema, reporting it was multifaceted, containing liabilities such as invulnerability and emotional suppression, as well as benefits, such as preservation of self and survival. Similarly, Nelson et al. (2016) conducted interviews with Black women of various ethnicities and reported that while most participants were conscious of the negative associations with the SBW, few rejected the schema entirely. Instead, participants chose to embrace the schema on their own terms through redefining the role of strength by embracing interdependence on their social network. Jones et al. (2021a) examined how Black U.S. college women conceptualized the SBW through analyzing responses to open-ended questions. Results demonstrated that participants recognized the negative perceptions surrounding the SBW, but still viewed the schema as relevant to their identity. Participants also reported they were redefining strength within the context of fulfilling the schema. Similarly, in interviews with Black mothers, Dow (2015) found some women took pride and invested in the SBW schema, while others resisted it (for an in-depth review of the paradox of the SBW, see Davis & Jones, 2021).

Impacts of the SBW on Black Women

Physical Impact of the SBW

Although authors have speculated about the role of stereotypes in Black women’s functioning for over 25 years (Daniel, 1995; Randolph, 1997), little research examining this association existed until the early 2000s. Direct and indirect effects of physical health have been noted in several areas, including consequences for stress (Woods-Giscombé et al. 2019), sleep

quality (Mclaurin-Jones et al. 2020), eating behaviors (Harrington et al., 2010), help-seeking for physical issues (Black et al. 2012), and healthcare quality (Watson-Singleton, 2017).

Frameworks such as the Stress and Strength Hypothesis (Black & Woods-Giscombé, 2012) and Toxic Black Femininity (Kelly et al., 2020) have generally proposed that the SBW schema is negatively associated with physical health. The stress hypothesis uses a culturally-sensitive and gender-specific approach to explain the extent to which health prevention and promotion behaviors of Black women are depleted due to exhaustion of personal resources from efforts to uphold “strength behaviors” (Black & Woods-Giscombé, 2012). After meeting the demands of the schema, African American women may feel unable to engage in health-enhancing behaviors because they have exhausted their mental resources (Black & Woods-Giscombé, 2012). Toxic Black Femininity, on the other hand, describes the internalized and dominant message that, as a Black woman, one must be rigidly strong, hypersexual, and the caregiver to all before taking care of one’s own needs (Kelly et al., 2020). The name was created to parallel the term *toxic masculinity* and, as such, the term is not intended to imply Black women are toxic, but to capture the harmfulness of the practices and discourse concerning these rigid gender stereotypes (Sculos, 2017).

Sleep quality. Another physical correlate of SBW endorsement is poor sleep quality. SBW endorsement is associated with insomnia and sleep quality in women across the African Diaspora (Mclaurin-Jones et al. 2020; Woods-Giscombe et al. 2019). Interestingly, in one study researchers examined associations between stress, sleep, and alcohol use among Black women of various ethnicities (please see Table 1 for more detail). They found SBW endorsement was independently associated with insomnia and sleep quality, but in the presence of stress, the SBW was not associated with insomnia and sleep quality. It is possible this pattern occurred because

SBW endorsement moderates the relation between stress and sleep (Mclaurin-Jones et al., 2020).

Eating behaviors. A third set of physical health outcomes potentially influenced by SBW endorsement are Black U.S. women's relationships with food, weight, and their bodies (Beauboeuf-Lafontant, 2003, 2005). Beauboeuf-Lafontant (2003) argues that African American women's tendency to mask emotions in an attempt to live up to the schema may help create and sustain the use of binge eating as a coping mechanism, helping to explain a psychological factor that exacerbates largely structurally driven weight-related diseases plaguing communities of Black U.S. women (Beauboeuf-Lafontant 2003). Harrington et al. (2010) tested this hypothesis quantitatively by investigating potential mechanisms through which trauma exposure among African American women was related to binge eating. Structural path analysis found trauma exposure was positively related to internalization of SBW ideology, which was then associated with emotional inhibition and self-silencing, which ultimately predicted binge eating.

Help-seeking. Fourth, endorsing the SBW schema could contribute to a lack of reporting or seeking help among Black women victims of violence. For example, Black U.S. women who are victims of intimate partner violence (IPV) may not view their abuse as severe enough to require services (Morrison et al., 2006), leading them to not report abuse or seek help. For example, in one study of Black U.S. college women's reporting of sexual violence (Zounlome et al., 2019), women felt pressure to conceal their trauma to protect their communities from injustice and felt they were excluded from campus service. Similarly, other studies have noted that the schema promotes the notion that African American women are not as affected by sexual violence as other women (Capodilupo et al., 2010; Lewis & Neville, 2015; Parks et al., 2010). Finally, using a combination of media sources and focus groups, research by Black et al. (2012) explicitly outlined strength as a culturally-prescribed coping style Black women use surrounding

breast care. They found strength manifested as extreme caregiving, emotional suppression, and lack of self-care behaviors that delayed women's scheduling or attending screening appointments for breast care.

Quality of physical care. Finally, SBW ideologies within the health care system result in staff believing Black U.S. women can endure physical hardships and withstand pain beyond what is considered "normal" (Davis, 2015; Watson-Singleton, 2017). This assumption results in the undermining of Black U.S. women's medical issues. A qualitative study examining African American women's maternal experiences within health care showed their experiences with health care systems were dismissed as "paranoia" or trivial, leading to miscarriages and complications around delivery (Adebayo et al., 2021). SBW can also negatively affect Black women's interactions with service providers beyond health care. Black U.S. women are often turned away from shelters, or not seen as high risk when experiencing IPV, because of perceptions of invisibility or invulnerability, or because providers are culturally-insensitive in ways that pattern racist treatment (Gillum, 2009; Lucea et al., 2013).

Mental Impact of the SBW

Many quantitative studies report SBW is negatively related to well-being and coping behaviors (Liao et al., 2020; Jones et al., 2021b; Nelson et al., 2022). However, the qualitative work on SBW and mental health is mixed. For example, in research asking Black women about how the SBW affected their mental health, participants were divided. In a survey with Black college women of various ethnicities, for example, 52% expressed that SBW had negative mental health outcomes, and 48% said that SBW had positive outcomes (West et al., 2016).

Below we discuss the negative health correlates of SBW (e.g., depression and anxiety), followed by a discussion of positive psychological correlates of the SBW (e.g., collective strength).

Depression and anxiety. One commonly-studied consequence of the schema concerns increases in depression and anxiety. Donovan et al. (2015) sought to quantitatively examine the associations between SBW endorsement, stress, and anxious and depressive symptoms. Using a sample of Black female college students of various ethnicities, they found both moderate and high levels of endorsement were related to increases in the relation between stress and depressive symptoms. Multiple quantitative studies have found that increased support for the SBW schema is associated with greater depressive symptoms among Black U.S. women (Jones et al., 2021b; Watson & Hunter, 2015), as well as higher anxiety and problems regulating emotions (Watson & Hunter, 2015). In a qualitative study on the influence of strength on depressive symptoms, Black U.S. women with a high level of schema endorsement reported an increased likelihood of experiencing stress and depressive symptoms (Abrams et al., 2019).

Media portrayals and cultural notions of SBW also contribute to Black women's levels of depression and anxiety. Research by Black and Peacock (2011) used magazines and blogs to explore portrayals of SBW in African American women's media and their relations to with Black women's health. They found media linked the SBW script to depression, suicide, and exhaustion. Researchers have even compared Black women's relationship with strength to a "war" (Davis & Jones, 2021).

Emotion suppression. Sheffield-Abdullah and Woods-Giscombé (2021) conducted focus groups of African American women and found that to them SBW meant suppressing emotions or weaknesses, and prioritizing the needs of others before oneself. The obligation to maintain this face can have negative consequences for African American women such as postponing or canceling necessary or recommended care and screenings for serious health issues, and enduring chronic illness to meet the needs of others before their own. This finding was

consistent with reports in similar studies exploring African American women's health behaviors (Abrams et al., 2019; Black & Peacock, 2011; Harrington et al., 2010; Woods-Giscombe, 2010; Wyatt, 2008).

Self-esteem and self-concept. Researchers have also examined the relationship between SBW endorsement and self-esteem, finding that schema endorsement was negatively related to self-esteem (Thomas et al., 2004). Stanton et al. (2017) replicated these findings, reporting that greater endorsement of the SBW was associated with lower self-esteem and adverse mental health outcomes, including greater levels of depression, anxiety, hostility, and sensitivity. Liao et al. (2020) examined self-compassion as a mediator of the relationship between endorsing the schema and poor psychological outcomes. Results demonstrated Black U.S. women who internalized the SBW were less likely to exercise self-compassion.

Finally, Miles (2019) examined disabled African American women's perspectives of the SBW schema, their positions as caretakers, and their self-concept. The author reported that disabled African American women's ability to care for themselves and others influenced their self-concept. Findings suggest that characteristics of the SBW operate as both a tool and as a hindrance to disabled African American women as they view themselves as caregivers while facing a society that does not properly care for them, which creates stronger structural barriers.

Help-seeking. SBW also predicts reduced help-seeking for psychological issues. Focus groups found the SBW may inhibit depression care, by acting as a barrier to personally recognizing mental health issues, reducing willingness to seek help in the face of stigma, and engendering poor treatment in a racist health care system (Nicolaidis et al., 2010). African American women's schema endorsement has also been inversely and significantly associated with help-seeking attitudes in quantitative research (Watson & Hunter, 2015). Specifically, the

stronger the SBW endorsement, the less open women were to acknowledging psychological problems and to seeking professional help.

Nelson and colleagues (2020) qualitatively explored mental health help-seeking among Black women (both African American and Caribbean). Participants reported viewing mental health treatment positively and endorsed help-seeking for Black women generally. However, one-third of participants reported they would not seek mental health treatment for themselves if they were depressed. This reluctance implies Black women may view the act of seeking mental health treatment as a betrayal to their strong identity. Help-seeking may also be reduced for Black U.S. women because of the stigma associated with seeking mental health treatment within Black women's communities (Hall et al., 2021). Black U.S. women's feelings of privilege compared to the position of their ancestors may also reduce help-seeking (Sheffield-Abdullah et al., 2021). Finally, the SBW may reduce the actual or perceived help available to African American women, with Watson-Singleton (2017) finding that low levels of perceived emotional support from others partially mediated the link between the schema and psychological distress.

SBW as a coping mechanism. Research on Black women experiencing depression also reveals the SBW schema is used for coping. In a study on African American women who experienced postpartum depression (Amankwaa, 2003), women mentioned managing their depression by "Dealing with It." Although this was not the only coping strategy mentioned, it again echoed the unique experience of being African American and female with sub-themes such as modeling their mothers by "Trying to Be a Strong Black Woman." In quantitative research by Green (2019), African American women participants who used strength and affect regulation as coping mechanisms also reported higher levels of depression and suicide. Finally, in a study by Geyton and colleagues (2020), researchers describe the SBW schema as a protective factor Black

women use to block stress and anxiety in professional settings. However, the schema is also described as a risk factor for isolation as a result of internalization, negatively impacting their well-being.

Impacts on Black Women's Well-being

A subset of research on the SBW finds or predicts positive impacts on mental health.

Davis (2015), for example, proposed the SBW Collective Theory that claims Black women can construct strength through enacting linguistic practices that speak against marginalization and enable collective celebration and strength. Baker et al. (2015) similarly explained the SBW may promote effective coping through hardships, such as gender and race-based discrimination, though this benefit may be moderated by the extent to which a woman endorses the schema.

Finally, Davis and Afifi (2019) proposed that African American women reappropriate the SBW and regulate strength in each other to promote group solidarity. In groups of Black women friends, the researchers found that strength regulation was positively associated with group identification, and that women seeking support experienced increased group identification when they perceived strength regulation as high.

Stress. One outcome noted is that the SBW schema can create both general and caregiving stress in Black women. Woods-Giscombé et al. (2019) administered a questionnaire to examine health behaviors among Black women of various ethnicities and found the schema was positively associated with perceived stress. Jones and colleagues (2019) examined stress management among Black women in the U.S. through conducting focus groups. Participants in their study explicitly identified gendered racism and discrimination as stressors connected to the schema.

The SBW schema can also create extraordinary caregiving demands (Jerald et al., 2017a;

Sheffield-Abdullah & Woods-Giscombé, 2021; Woods-Giscombé & Black, 2010). Compared to men, African American women have higher levels of “network stress,” or stress from events that occur to family and friends (Allen et al., 2019). Caregiving and network stress can also interact with minority stress, compounding health problems. For example, quantitative research finds feeling an obligation to help others exacerbates the negative impact of racial discrimination on allostatic load for African American women (Allen et al., 2019). In qualitative work, Black U.S. women have also reported having trouble saying no to others, indicating a difficulty with setting boundaries, which can exacerbate stress (Sheffield-Abdullah et al., 2021).

Moderators and Mediators

As described previously, our review finds that responses to and experiences with the SBW schema are *not* uniform across Black women. First, perceptions of the SBW schema have been found to differ across women. In several qualitative analyses, researchers found diverse responses to the schema, with some women adhering to it, others rejecting it, and others re-defining its meaning (Dow, 2015; Johnson et al., 2020; Nelson et al., 2016). Contextual factors may be associated with a woman’s stance towards the SBW. For example, in their interviews of Black women in the U.S., Nelson and colleagues (2016) found Caribbean American women were more critical of the SBW than African American women. In Dow (2015)’s mixed findings on perceptions of the SBW, all the women who actively rejected the SBW were stay-at-home mothers, most of whom did not engage in paid work. This pattern suggests the extent to which one personally conforms to the SBW (e.g., a woman who “does it all”- both working and caretaking) might moderate how useful, realistic, or acceptable one finds the schema.

Second, several psychological factors have been found to mediate connections from SBW endorsement to Black U.S. women’s mental health, including decreased perceived emotional

support, a disengagement coping style (i.e., attempts to distance oneself from the stressor), and self-silencing (Abrams et al., 2019; Jones et al., 2021b; Watson-Singleton, 2017). In a complex mediation analyses, Liao and colleagues (2020) tested each of the following as direct or serial mediators of the link between SBW and mental health (depressive symptoms, anxiety symptoms, loneliness): maladaptive perfectionism, collective coping, spiritual coping, and self-compassion. Self-compassion emerged as the dominant mediator; SBW endorsement predicted less self-compassion, which, in turn, predicted higher levels of all three mental health variables.

Maladaptive perfectionism also mediated connections from SBW to symptoms of depression and anxiety. Thus, the contributions of SBW to mental health may not be direct but may work through other cognitions or behaviors.

Third, scholars have begun to investigate which factors may moderate the connections between SBW endorsement and African American women's well-being. Among the variables tested, being higher in racial centrality and reporting greater racial stress appear to exacerbate connections from SBW endorsement or awareness to well-being (Davis et al., 2018; Jerald et al., 2017b). However, other factors tested have not emerged as significant moderators, including attitudes toward professional help-seeking (Watson & Hunter, 2015) and use of Black-oriented blogs and hashtags such as #BlackGirlMagic (Stanton et al., 2017). Continued effort is needed to document factors that may make SBW endorsement more or less impactful for Black women.

Future Research

Additional research is needed to further understand the nature of the SBW schema. Approximately 52% of the studies included in the present review used qualitative methodology and 48% used quantitative methodology. Concerning the quantitative analyses of the SBW schema, we suggest the use of more person-centered approaches such as latent class analysis

(i.e., a method used to identify individuals based on an unobserved category) to examine potential individual differences in perspectives of the schema (Lanza & Rhoades, 2013). Such approaches will help scholars better identify which groups of Black women demonstrate potential specific patterns, better addressing the heterogeneity of this population. Assessments of the SBW also need expansion. Together, the Superwoman subscale of the Stereotypic Roles of Black Women Scale (Thomas et al., 2004) and the Strong Black Woman Scale (Thomas, 2006) were the most widely used (appearing in about 30% of studies) among all of the articles of the present review. Items within both scales assess the characteristics (i.e., strength as responsibility, resisting vulnerability) of the schema. It may be helpful to use an additional, updated scale that measures these components in-depth. Such a scale was recently published by Woods-Giscombé et al. (2019), measuring obligations to appear strong, suppress emotions, help others, resist vulnerability, and possess an intense motivation to succeed. This scale, which was used in 9% of studies, includes numerous SBW dimensions, and can offer additional insights into the predictors and consequences of unique SBW components. The authors suggest continued use of this scale to see its correlates and predictors in future quantitative studies.

Future work should also use longitudinal and developmental approaches to assess the development of the SBW schema throughout Black women's lifetimes. One approach might be to compare the impact of SBW endorsement on mental health among Black women of different ages, or as their age-graded social roles and power rise and fall over time (Eaton et al., 2009). Examining different age groups may offer insight about whether endorsement increases or decreases for Black women (e.g., Baker, 2015; Jones et al., 2019; Nelson et al., 2016) who are, for instance, in the established adulthood phase, which is characterized by competing demands such as childcare, work, and family (Mehta et al., 2020). Longitudinal work would also

contribute to knowledge about how the SBW is socialized, and which sources are most responsible for providing messages about the SBW during formative years.

In addition, there is a need for more diverse samples of Black women in research on the SBW. For example, researchers may consider using samples composed of Black women living outside the U.S. or sampling Black women in contexts other than universities or colleges (for exceptions, see Graham & Clarke, 2021; Schreiber et al., 2000). For context, 96% of studies reviewed in this paper included samples of Black women in the U.S. Also, future directions should consider work on Black women's experiences with the SBW based on intersecting oppressions and identities such as sexual identity, class, and ability. Also, scholars may consider investigating the connection between endorsement of the SBW and the super humanization and dehumanization of Black women. With these beliefs, an individual may perceive Black women as non-human. Thus, researchers may consider examining if endorsing the SBW has a similar impact on perceptions of Black women.

As previous literature suggests, the SBW schema is also maintained and endorsed by groups besides Black women (Carter & Rossi, 2019). Thus, researchers should also consider how other groups aside from Black women, such as relationship partners or employers, assist in upholding the SBW. Furthermore, future research may examine the influence of Black women's social contexts as both potential triggers or buffers for striving for the principles of the SBW. For example, there is little research exploring how the SBW is addressed in counseling settings. Future research may investigate specific ways the SBW endorsement is used as a coping mechanism, and methods to assist mental health professionals in minimizing negative health outcomes associated with endorsement. Researchers also may consider examining how expectations or endorsement of the SBW schema is approached by counselors, observing

counseling sessions to investigate the relevance of the SBW within this context, or incorporating knowledge of the SBW in textbooks or literature for counselors.

Furthermore, researchers suggest using an empirical approach to further understand the impact of internalization of the SBW schema on Black women's self-image (West et al., 2016).

In regard to self-image, more research is needed on how different forms of media influence perceptions of and beliefs about the SBW and how these, in turn, influence Black women's endorsement and well-being. As stated by Davis and Jones (2021), the SBW is a paradox associated with both positive and negative outcomes. Its layered complexity requires studying the schema within various contexts to further understand Black women's experiences.

The unique systemic, community, and self-care needs of Black women should be examined further, in addition to identifying factors that can increase health enhancing behaviors. Also, researchers should work to identify more moderators to understand why the schema impacts some Black women differently. Finally, researchers should consider the differences between unmitigated communion and communion in their investigation of the nature of the SBW schema and its effects. Unmitigated communion is defined as focusing solely on others' needs while ignoring one's own needs, whereas communion is centered around connection with others (Helgeson & Fritz, 1998). Communion is often reinforced by the schema, as Black women are socialized to serve as caretakers (West, 2018). Thus, future research should consider this difference while studying Black women's construction of and experiences with the SBW.

Conclusion

In summary, the present review aims to examine the nature and scope of the literature on the SBW schema to identify gaps in literature with the goal of proposing future directions for researchers to consider. The SBW schema is one of several schemes that originate from Black

women's enslavement and has continued to influence the way Black women are perceived and socialized (Collins, 2000). Through socialization, Black women internalize the schema and work to maintain their image as a SBW (Davis, 2015). Endorsement of the SBW schema at the individual level has been linked to adverse physical and mental health consequences, as well as psychosocial benefits (West et al., 2016). At the systemic level, SBW endorsement is associated with poor quality of care for Black women (Adebayo et al., 2021).

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TABLE 1

Author	Sample	Method	Journal Type	Topic
Schreiber et al. (2000)	N = 12 Black Canadian West-Indian women; 11/12 post-secondary education	Semi-structured interviews	Nursing, Psychology	Mental health
Amankwaa (2003)	N = 12 African American middle-class, mothers between 22-40 years; education ranged from high school to doctoral degree	Interviews	Mental health, Nursing	Mental health
Thomas et al. (2004)	N = 186 African American women between 18-63 years ($M = 27.9$); 65% undergraduate; 39% below poverty line, 33% low income, 21% middle income, 4% high income	Surveys (SBW - Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Psychology	Scale development, self-esteem
Beauboeuf (2005)	N = 12 African American women university students between 19 - 46 years ($M = 27.4$ years); 5/12 identified as overweight/obese	Individual interviews, focus groups	Sociology	Social impact of SBW, construction of Black femininity
Fugate et al. (2005)	N = 491 women between 18-62 years ($M = 30$ years); 69% African American/ Black, 22% Latina/ Hispanic; 71% high school education; 29% employed; 45% income below \$10,000	Interviews	Psychology, Criminal justice	Domestic violence, help-seeking
Morrison et al. (2006)	N = 15 African American women between 24-59 years ($M = 41.5$ years); average income \$32,800	In-depth, semi-structured interviews	Psychology	Interpersonal violence, help-seeking
Beauboeuf (2007)	N = 44 working/middle class Black women between 19-67 years ($M = 35$ years)	Open-ended questions	Sociology	Mental health

Gillum (2009)	N = 14 African American women between 25-55 years (<i>M</i> = 40 years); 64% income below \$49,000; 50% high school education or less	Interviews	Psychology	Interpersonal violence
Postmus et al. (2009)	N = 423 women between 18-51 years (<i>M</i> = 31-40 years); 56% White, 25% African American, 13% Latina, 3% Native American; 57% high school education or less, 39% some college, 3% graduate education	Interviews	Psychology	Interpersonal violence, help-seeking
Harrington et al. (2010)	N = 179 African American women between 17-63 years (<i>M</i> = 29.6 years); 77.4% some college or associate's degree; 46.6% income below \$25,000	Surveys (SBW - Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Counseling, Clinical Psychology	Physical health (i.e., binge eating, trauma)
Nicolaidis et al. (2010)	N = 30 low income African American women between 19-53 years (<i>M</i> = 36 years); 67% income less than \$15,000; 46% high school education	Focus groups	Community-based participatory, Public Health	Mental health, Interpersonal violence
Woods-Giscombe (2010)	N = 48 African American women between 19-72 years (<i>M</i> = 29 years); 40% student, 17% trade school/associate's degree, 18% some college, 17% college graduates, 14% master's degree; 41% income below \$15,000, 34% between \$26,000 - \$50,000	Focus groups	Qualitative, Nursing, Psychology	Physical health, stress
Capodilupo et al. (2010)	N = 12 women between 18-43 years	Semi-structured	Social Psychology	Gender micro - aggressions

		interviews		
Hall et al. (2012)	N = 41 African American women between 18-55 years (63% older than 40 years); 88% bachelor's degree or higher; income ranged from \$5,000-\$50,000	Focus groups, semi-structured interviews	Qualitative, Psychology	Stress, coping
Rosette & Livingston (2012)	N = 228 (50% women); 90% undergraduate/graduate students; 43% White, 32% Black, 15% Asian, 4% Hispanic, 6% "Other"	Experiment	Social Psychology	Double jeopardy paradigm, Leadership
Wilkins (2012)	N = 43 Black or African American undergraduate students between 18-22 years; majority working or middle class	Open-ended interviews	Social Psychology, Sociology	Inter-sectionality or Double jeopardy paradigm
Black & Woods-Giscombe (2012)	N = 48 African American women between 19-72 years (<i>M</i> = 29 years); 40% student, 17% trade school/associate's degree, 18% some college, 17% college graduates, 14% master's degree; 41% income below \$15,000, 34% between \$26,000 - \$50,000	Focus groups, popular media, social media	Community health	Physical health (i.e., breast cancer screenings)
Lucea et al. (2013)	N = 543; 91% African American or African Caribbean women, 7% Hispanic African American, 2% mixed with African descent; Average age 29 years; 80% high school education or less; 93% income below \$24,000; 49% employed	Surveys (none measuring SBW)	Nursing, Psychology	Interpersonal violence, Help-seeking
Donovan &	N = 92 women between 18-	Surveys (SBW)	Psychology	Mental health,

West (2015)	47 years ($M = 23$ years); 41% African American, 18% West Indian/Caribbean, 15% African or Cape Verdean, 3% Hispanic Black, 7% Multiracial, 17% "Other"; 89% college students	- Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)		stress
Lewis & Nelville (2015)	N = 259 women; 82% African American or Black, 7% Ghanaian, Nigerian, or Kenyan; 5% Caribbean/Caribbean American, 2% African American & Caribbean American; 93% heterosexual; 55% middle class; 18% bachelor's degree, 47% master's degree	Scale construction, survey (SBW - Strong Black Woman Stereotype Factor C of Gendered Racial Micro - aggressions Scale, Lewis & Nelville, 2015)	Counseling Psychology	Gendered racial micro-aggressions, stress
Dow (2015)	N = 60 African American women between 25-49 years; 63% advanced degrees, 27% some college, 10% some college; 27% income between \$50,000-\$99,000, 23% income between \$100,000-\$149,000, 23% between \$150,000- \$199,000, 27% income between \$200,000-\$300,000	In-depth interviews	Sociology	Controlling images (including the SBW schema)
Bellinger et al. (2015)	N = 28 African American women between 18-70 years ($M = 47$ years); 79% employed; 18% high school education, 82% some college of college degree; 61% income less than \$50,000, 39% income greater than \$50,000	Focus groups	Public health	Physical health (i.e., cervical cancer)
Watson &	N = 95 African American	Surveys (SBW	Clinical	Mental health,

Hunter (2015)	women between 18-65 years ($M = 20.91$ years); 93% college students; 27% income less than \$25,000	- Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Psychology, Counseling	help-seeking
West et al. (2016)	N = 91 women between 18-47 years ($M = 23$ years); 41% African American, 18% West Indian/Caribbean, 15% African or Cape Verdean, 7% Multiracial, 3% Hispanic, 17% "Other"	Survey including six open-ended questions	Clinical Psychology	Mental and physical health, coping
Shambley-Ebron et al. (2016)	N = 14 African American women; mothers of children between 25-34 years	Semi-structured, interviews	Nursing, Clinical Psychology	Community health, health disparities
Nelson et al. (2016)	N = 30 Black women between 18-66 years ($M = 33.4$ years); 63% African American, 37% Caribbean; 67% employed, 17% students; 17% unemployed; 40% bachelor's degree, 20% graduate degree, 27% some college or associate's degree, 13% high school education	Semi-structured interviews	Psychology	Perceptions of SBW schema, contextual factors (i.e., age)
Watson-Singleton (2017)	N = 158 African American women between 18-59 years ($M = 26.5$ years); 82% some college or high school education; 85% employed; 87% heterosexual; 50% income less than \$50,000	Surveys (SBW - Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Psychology	Mental health
Stanton et al. (2017)	N = 412 Black or African American women between 18-30 years ($M = 24.3$ years); median income	Surveys (SBW - Strong Black Woman Scale, Thomas, 2006)	Health education, Psychology	Mental health, social media

	between \$45,000- \$54,000; 46% undergraduate or graduate students			
Ramirez et al. (2017)	N = 192 adolescents and caregivers; 58% Latina, 22% African American/Black, 20% White; 25% below poverty; adolescents between 13-17 (<i>M</i> = 15 years), caregivers between 22-66 years (<i>M</i> = 41.5)	Q-sort task, Semi-structured interviews	Cultural/developmental psychology	Socialization, parenting
Jerald et al. (2017a)	N = 404 Black/African American undergraduate students between 17-27 years (<i>M</i> = 20 years); 74% female; 78% heterosexual, 14% mostly heterosexual, 8% gay/bisexual	Surveys (SBW - Strong Black Woman Scale, Thomas, 2006)	Social Psychology	Gender roles, media
Jerald et al. (2017b)	N = 609 women college students (<i>M</i> = 22 years); 81% African American/Black, 11% multiracial, 2.7% African, 2% West Indian/ Caribbean, 1.4% Afro-Latina, 1.9% "Other"	Surveys (SBW - Strong Black Woman Scale, Thomas, 2006)	Health & Social Psychology	Mental and physical health
Davis et al. (2018)	N = 292 African American women between 18-67 years (<i>M</i> = 27 years); 90% heterosexual, 7% bisexual, 2.4% "Other", 1% lesbian; 48% college students, 18% graduate degree, 16% college degree, 10% some college, 8% high school education or less; 45.5% middle class, 38% working class, 9% upper middle class, 8% lower class	Surveys (SBW - Superwoman subscale of Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Social Psychology	Femininity, gender role stress
Corbin et al. (2018)	N = 13 U.S. Black college women between between 18-30 years attending PWI	Semi-structured interviews	Psychology, Education	Gendered racial micro-aggressions

Anyiwo et al. (2018)	N = 121 Black/African American students from working class high school between 12-18 years (<i>M</i> = 15.5 years); 59.5% girls	Surveys (SBW - Strong Black Woman scale, Thomas, 2006)	Social work, Psychology	Media, adolescent development
Abrams et al. (2019)	N = 194 U.S. Black women between 18-82 years (<i>M</i> = 37.5 years); 49% college students, 51% community members; 90% obtained higher education; 94% heterosexual, 3% bisexual, 2% gay/lesbian, 0.5% "Other"; 43% income below \$50,000, 37% income between \$50,000-\$100,000, 14% income between \$100,001-\$200,000, 4% income greater than \$200,000	Surveys (SBW - Superwoman subscale from Stereotypic Roles of Black Women Scale, Thomas et al., 2004)	Counseling, Psychology	Mental health
Allen et al. (2019)	N = 208 African American women between 30-50 years	Surveys (SBW - Superwoman scale, Black & Woods-Giscombe, 2012)	Public health, community health	Physical health, mental health
Davis & Affifi (2019)	N = 156 Black American women between 18-89 years (<i>M</i> = 38 years); 83% some college;	Surveys (SBW - strong Black woman cultural construct scale, Hamin, 2008)	Communication	Communication styles, Black women friend groups
Green (2019)	N = 191 women; 97% African American; Median age of 40.8 years; 66% income below \$20,000, 19% income between \$20,001- \$50,000, 5% income between \$50,001-\$60,000+; 56% high school education or less, 33% some college or technical school, 6% bachelor's	Surveys (SBW measured using SBWAS scale, Thompson, 2003)	Clinical Psychology	Mental health

	degree, 3% graduate degree; 41% employed, 59% unemployed			
Jones et al. (2019)	N = 11 U.S. Black women between 41-54 years, ($M = 48$ years); education ranged from high school to professional degree; income ranged between \$35,000-\$150,000	Focus groups	Psychosocial Nursing	Stress management, Mental health
Miles (2019)	N = 32 African American women between 25-58 years ($M = 37.8$ years); 13% high school education or less, 34% some college, 53% college or graduate degree	Surveys (demographics and health only), semi-structured interviews	Qualitative, Psychology	Disability, intersectional identity
Oshin & Milan (2019)	N = 192 adolescents and caregivers; 58% Latina, 22% African American/Black, 20% White; 25% below poverty; adolescents between 13-17 ($M = 15$ years), caregivers between 22-66 years ($M = 41.5$)	Q-sort task, semi-structured interviews, Behavioral measures	Cultural/developmental psychology	Socialization, parenting
Woods-Giscombe et al. (2019)	Study 1: N= 48 African American women between 18-45 years; Study 2: N = 561 African American women between 18-65 years ($M = 32$ years); 65% African American, 5.5% West Indian/ Caribbean, 2.1% Native American, 0.7% Latina, 3% African, 3% "other"; 22% high school education or less, 18% some college, 9% associate's, 26% bachelor's, 24% professional degree; Study 3: N = 130 women between	Survey (SBW - Giscombe Superwoman Schema Questionnaire), focus groups	Nursing	Mental health

	18-75 years ($M = 42$ years); 87% African American, 2.3% West Indian/Caribbean, 1.5% Latina, 1.5% Native American, 1.5% African, 1% “other”; 7.5% high school education or less, 14.6% some college, 4.6% associate’s, 36% bachelor’s, 29% professional degree			
Zounlome et al. (2019)	N = 8 African American women college students attending a PWI between 19-27 years; 75% heterosexual, 25% pansexual; 75% undergraduate, 25% graduate	Semi-structured interviews	Counseling, Education Psychology	Sexual violence, help-seeking
Spates et al. (2020)	N = 22 Black women (no specific breakdown, includes AA, Black, Caribbean, and biracial) between 18-69 years; 32% high school education or less, 18% some college, 50% bachelor’s and/or graduate degree; 41% income less than \$30,000, 41% income between \$30,001- \$70,000, 18% income between \$70,001- \$100,000+	Semi-structured interviews	Sociology, Health Sciences	Gendered racism, coping
Nelson et al. (2020)	N = 30 Black women between 18-66 years ($M = 33.4$ years); 63% African American, 37% Caribbean; 60% bachelor’s degree or higher, 40% GED or some college; 67% employed; 50% income of or greater than \$50,000, 50% income less than \$50,000	Semi-structured interviews	Clinical & Social Psychology	Mental health, help-seeking

Liao et al. (2020)	N = 222 women between 18-67 years ($M = 28.5$ years); 83% African American, 10% Multiracial, 0.5% West Indian/Caribbean, 2% African, 4% "Other"; 39% income less than \$30,000, 48% income between \$30,001- \$90,000, 11% income between \$90,001- \$110,000+	Surveys (SBW - Superwoman subscale of Stereotypical Roles for Black Women Scale, Thomas et al., 2004)	Counseling, Psychology	Mental health, coping
Adebayo et al. (2021)	N = 31 African American women between 20-44 years; 42% income less than \$35,000, 16% income between \$36,000- \$70,000, 10% income between \$71,000- \$120,000	Semi-structured interviews	Nursing, Communication	Maternal healthcare experiences
Graham & Clarke (2021)	N = 18 African Caribbean women from the UK between 19-57 years ($M = 42$ years)	Focus groups	Psychology, Feminism	Mental health, coping
Hall et al. (2021)	N = 62 women between 18-72 years ($M = 27$ years); 88% Black/ African American, 7% Caribbean, 5% African; 59% bachelor's degree, 11% associate's degree, 20% GED, 7% master's degree, 3% PhD or JD; income ranged from \$9,000- \$110,000	Focus groups, surveys (SBW - Superwoman subscale of Stereotypical Roles for Black Women Scale, Thomas et al., 2004)	Clinical Psychology, Social work	Mental health, help-seeking
Jones et al. (2021a)	N = 220 U.S. Black college women between 18-48 years ($M = 21.8$ years); 68% undergraduate, 32% graduate	Surveys (SBW - authors created open-ended questions)	Education, Psychology	Mental health, cultural identity
Jones et al. (2021b)	N = 240 U.S. Black women between 18-48 years ($M = 22$ years); 46% some college, 27% bachelor's	Surveys (SBW - Superwoman subscale of Stereotypical	Psychology	Mental health, coping

	degree, 13% professional degree; 97% college students, 64% undergraduate, 34% graduate	Roles for Black Women Scale, Thomas et al., 2004)		
McLaurin-Jones et al. (2021)	N = 110 Black college women, median age 19 years; 55% African American, 25% African, 20% Caribbean; 56% income less than \$50,000, 30% income between \$50,001- \$100,000, 13% income greater than \$100,000	Surveys (SBW-Giscombe Superwoman Schema Questionnaire, Woods-Giscombe et al., 2019)	Public health	Stress, physical health
Sheffield-Abdullah & Woods-Giscombe (2021)	N = 20 African American women between 25-65 years	Focus groups	Psychiatric Nursing, Psychology	Stress, physical health, coping
Leath et al. (2021)	N = 447 Black women between 20-35 years ($M = 26$ years); 81% African American, 8% African, 3% Afro-Caribbean, 3% Afro-Latina, 5% biracial or multiracial; 83% heterosexual, 11% "LGBTQ+", 6% preferred option not listed; 37% high school diploma, 21% some college or trade school, 15% associate's degree, 20% bachelor's degree, 7% graduate degree	Surveys (SBW - Giscombe Superwoman Schema Questionnaire, Woods-Giscombe et al., 2019)	Clinical Psychology	Mental health, stress, trauma
Anyiwo et al. (2022)	N = 308 Black female adolescents between 13-17 years ($M = 15$ years); 36% urban area, 35% suburban area, 28% rural; 49% of adolescents' parents completed some college	Surveys (SBW - Strong Black Woman Scale, Thomas, 2006)	Social Psychology	Mental health, socialization

<p>Avery et al. (2022)</p>	<p>N = 597 Black college women ($M = 21.6$ years); 81% Black/African American, 11% biracial or multiracial, 3% African, 2% West Indian/Caribbean, 1.5% Afro-Latina, 2% Other; Mothers: 23% bachelor's degree, 19% professional degree; Fathers: 17% bachelor's degree, 15% professional degree; 93% predominantly heterosexual</p>	<p>Surveys (SBW - Strong Black Woman Scale, Thomas, 2006)</p>	<p>Sex research, Clinical Psychiatry</p>	<p>Sexual assertiveness, self-silencing</p>
<p>Nelson et al. (2022)</p>	<p>N = 271 Black women between 18-70 years ($M = 34$ years); 13% bisexual or lesbian, 87% heterosexual; 70% bachelor's degree or higher, 21% some college or associate's degree, 9% GED; 49% income less than \$50,000, 33% income between \$50,000- \$99,999, 18% income greater than \$100,000</p>	<p>Surveys (SBW - Giscombe Superwoman Schema Questionnaire, Woods-Giscombe et al., 2019)</p>	<p>Psychology, diversity</p>	<p>Mental health, resilience, identity centrality</p>