Published in final edited form as:

Qual Health Res. 2010 May ; 20(5): 668–683. doi:10.1177/1049732310361892.

Superwoman Schema: African American Women's Views on Stress, Strength, and Health

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Abstract

Researchers have suggested that health disparities in African American women, including adverse birth outcomes, lupus, obesity, and untreated depression, can be explained by stress and coping. The Strong Black Woman/Superwoman role has been highlighted as a phenomenon influencing African American women's experiences and reports of stress. The purpose of this study was to develop a preliminary conceptual framework for Superwoman Schema (SWS) by exploring women's descriptions of the Superwoman role; perceptions of contextual factors, benefits, and liabilities; and beliefs in how it influences health. Analysis of eight focus group discussions with demographically diverse African American women yielded themes characterizing the Superwoman role and personal or sociohistorical contextual factors. Participants reported that the Superwoman role had benefits (preservation of self and family or community) and liabilities (relationship strain, stress-related health behaviors, and stress embodiment). The SWS framework might be used to enhance future research on stress and African American women's health.

Keywords

African Americans; disparities; racial; distress; embodiment/bodily experiences; strength; (requested keyword); stress; survivorship; women's health; health care

African American women experience disproportionately high rates of adverse health conditions, including cardiovascular disease (Thom et al., 2006), obesity (Wang & Beydoun, 2007), lupus (Pons-Estel, Alarcon, Scofield, Reinlib, & Cooper, 2009), adverse birth outcomes (Hamilton, Martin, & Ventura, 2009), and untreated or mistreated psychological conditions (Substance Abuse and Mental Health Services Administration, 2009). These disparities in health might relate to how African American women experience and cope with stress (Giscombé & Lobel, 2005; Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003; Nyamathi, Wayment, & Dunkel-Schetter, 1993). The relationship between stress and health in African American women is not understood fully, in part because of limited information about African American women's experiences of stress and their stress-related coping strategies.

Issues related to both gender and race influence the stress experiences of African American women (Woods-Giscombé & Lobel, 2008). Furthermore, for African American women, stress appraisal and coping responses exist within a unique sociocultural and historical context (Collins, 2000) that, according to conceptual frameworks such as "weathering" (Geronimus, 2001, 2006) and allostatic load (McEwen, 1998), greatly influence how stress impacts health outcomes in this population. In the weathering framework, Geronimus (2001,

2006) suggests that life experiences of African American women historically have included an accumulation of racial inequality; social, political, and economic exclusion; and medical underservice. These inequities decrease access to resources and heighten susceptibility to psychological stress and premature stress-related illness (Geronimus, 2001). According to the Weathering Conceptual Framework, these societal factors provide explanation for the disparities between the health of African American women and European American women (Geronimus, 2001). Similarly, in the theory of allostatic load, McEwen (1998) suggests that chronic exposure to psychological stress leads to cumulative risk and physiological dysregulation (e.g., impaired cardiovascular, metabolic, immune, and neuroendocrine functioning), yielding chronic illness and premature mortality. Authors of the allostatic load and weathering frameworks emphasize the importance of identifying and examining multiple stress-related factors that might increase overall health risks. One factor related to stress and coping among African American women that might be valuable to explore is the Strong Black Woman role, also referred to in the literature and the current study as the Superwoman role (e.g., Beauboeuf-LaFontant, 2009; Black, 2008; Hamilton-Mason, Hall, & Everette, 2009; Mullings, 2006; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990).

Writers grounded in Black feminist theory have provided groundbreaking critical examinations of the development of this role among contemporary African American women. In the seminal work, *Black Macho and the Myth of the Superwoman*, originally published in 1978 and revised in 1990, Wallace attracted a great deal of attention to this topic and illuminated the potential detrimental effects of this image. In other significant works, including *Black Feminist Thought* (Collins, 2000), *Sisters of the Yam* (hooks, 1993), and Gillespie's discussion in *The Myth of the Strong Black Woman* (1984), the authors provide rich discourse about the potentially negative impact of the Superwoman ideal on the interpersonal, social, and emotional well-being of African American women. More recently, in *Sinners and Saints: Strong Black Women in African American Literature*, Harris (2001) examined the perpetuation of this image in popular literary works, and in *Behind the Mask of the Strong Black Woman: Voice and the Embodiment of a Costly Performance*, Beauboeuf-Lafontant (2009) explored the sociocultural mystique of the phenomenon of strength.

The concept of Superwoman developed partially as a result of African American women's efforts to counteract negative societal characterizations of African American womanhood (such as "Mammy," "Jezebel," and "Welfare Queen") and to highlight unsung attributes that developed and continue to exist despite oppression and adversity (Beauboeuf-Lafontant, 2003; Harris-Lacewell, 2001). In this concept, the sociopolitical context of African American women's lives, specifically the climate of racism, race-and gender-based oppression, disenfranchisement, and limited resources--during and after legalized slavery in the United States--forced African American women to take on the roles of mother, nurturer, and breadwinner out of economic and social necessity. In other words, being a Superwoman has been a necessity for survival (Mullings, 2006). This was related partially to the compromised and disenfranchised position of African American men that limited their ability to provide the financial and emotional support to their partners and families (Harris-Lacewell, 2001; Mullings, 2006).

It is reasonable to examine how the role of Superwoman might be a double-edged sword for the health of this group--an asset and a vulnerability. African American women have been acclaimed for their strength (*vis-à-vis* resilience, fortitude, and perseverance) in the face of societal and personal challenges (Banerjee & Pyles, 2004; Cutrona, Russell, Hessling, Brown, & Murry, 2000; Davis, 1998). This has been viewed as a positive character trait or asset that has contributed to survival among the African American population (Angelou,

1978; Giovanni, 1996). It stands to reason that without this survival mechanism, African Americans might not have endured tremendous historical hardships. Nevertheless, Romero has stated that, “an overused asset that develops uncritically without ongoing evaluation and attention to changing needs and demands runs the risk of becoming a liability” (2000, p. 225). Perhaps there is a price to the Superwoman role. The legacy of strength in the face of stress among African American women might have something to do with the current health disparities that African American women face.

Despite the growing discourse on the Superwoman role, there is a surprising dearth of published empirical or data-based research designed to examine and conceptualize this phenomenon and how it might contribute to the current health status of African American women. With rare exceptions (e.g., Beauboeuf-Lafontant, 2007; Edge & Rogers, 2005), most of the discourse on this topic comes from popular and clinical literature (e.g., Black, 2008; Morrison, 2006; Romero, 2000; Thompkins, 2005; Wallace, 1990). Other researchers (Amankwaa, 2003; Edge & Rogers, 2005) have not focused on the concept of strength, but obtained insight on the topic in the process of investigating other psychological or health-related phenomena. Although this growing body of literature has resulted in increased awareness of the Superwoman role and the potential impact on stress-related health outcomes and the general well-being of African American women, more work could be done to explore the characteristics of this phenomenon, identify the contributing contextual factors, and examine the potential benefits and liabilities to the health and general well-being of African American women. A formal descriptive framework or operationalization of the Superwoman role could enhance understanding of this phenomenon and guide future empirical research to identify the mechanisms or pathways between stress and health in this population.

The Current Study

Stress and coping strategies have been found to be significant factors explaining health disparities in African American women. However, to examine how stress contributes to adverse health outcomes, the operationalization and measurement of stress must be culturally relevant, taking into consideration the context of African American women's lives. The Superwoman role has been highlighted as a phenomenon influencing the ways that African American women experience and report stress. Although descriptive information has been provided in previous research about the phenomenon of strength, limited empirical research has been published exploring women's perspectives on stress, the Superwoman role, and health. The current research presented is part of a larger study designed to develop a framework (Superwoman Schema) to operationalize the Superwoman role and to develop an instrument to measure this phenomenon to facilitate empirical examination of the impact on health.

Presented here are perspectives from a demographically diverse sample of 48 African American women who participated in eight qualitative focus groups. The goal of the focus groups was to learn about how women characterize the Superwoman role, what they believe to be the contributing contextual factors, and what women describe as the benefits and liabilities of this role in relation to their general well-being.

Methods

Eight focus groups were conducted between December 2006 and June 2007. The design of the focus groups was guided by the work of Kitzinger and Barbour (1999) and Morgan and Krueger (1998). This methodology provided an opportunity to identify the various dimensions of the Superwoman role in African American women and to identify relevant contextual factors. Additionally, the focus groups provided a supportive environment for

women to discuss sensitive issues related to experiencing and coping with stress (Jarrett, 1993). The institutional review board (IRB) of the sponsoring university approved the study methodology.

Sample and Setting

A community-based sample of African American women was recruited in a large metropolitan area in the southeastern region of the United States. Purposive sampling was used to obtain a sample of women who were diverse in age and educational levels. Each scheduled group was designed to be homogeneous in age and educational background, to bring individuals together who have shared life experiences (Kitzinger & Barbour, 1999). Eight focus groups were conducted to identify the critical components and important contextual elements (e.g., sociocultural, historical, economic) of the phenomenon based on the experiences and voices of the African American informants. Six out of the eight focus groups were composed of 5–6 participants. One focus group had only two participants, because several of those scheduled did not attend. To capture the experiences of women from that demographic group, an eighth focus group was scheduled, which resulted in 12 additional participants, for a total of 48 women.

Flyers were distributed strategically at locations including a historically Black university campus, a community college, a women's health clinic, several government agencies (e.g., local health department), hair salons, local libraries, African American women's civic organization meetings, and a local recreation center and a local cultural center (both of which served the local African American community). Interested persons were instructed on the flyers to contact, via telephone or e-mail, the principal investigator (PI) to learn more about the study. Prospective participants were informed that the study objective was to learn more about how African American women experience and cope with stress; individuals were told that participation would include a 2-hour focus group and brief follow-up contact and that participants would receive \$30 as compensation for their time. After a telephone-based informed consent process, participants completed a screening questionnaire to determine eligibility and to obtain demographic information for the purposive sampling. If a woman chose to participate in the study, she was informed that research personnel would contact her to schedule a date, time, and location.

Focus groups were held in private rooms located in public facilities with adequate parking and accommodations to make the participants feel safe and comfortable. One focus group was held at a local university; the remaining seven focus groups were held at a local library located in an African American community. Participants were reminded of the purpose of the study and completed two copies of IRB-approved consent forms (one copy was retained by the participant). The moderator emphasized the topic of confidentiality.

Procedure

Each focus group lasted between 2 and 2.5 hours, and refreshments were served at each session. After a brief icebreaker activity, the moderator (an African American female in her 30s), who is also the author and PI, used a topical outline of broad key questions to guide the discussion and to generate interaction among the participants (Farquhar & Das, 1999; Kitzinger & Barbour, 1999). Focus group discussions included the following questions: (a) When I say the word stress what does it mean for you? (b) What causes stress in your life? (c) How do you cope with stress? (d) How did you see the women (mothers, grandmothers) in your life cope with stress? (e) Have you ever heard the term Strong Black Woman/Black Superwoman? (f) What is a Strong Black Woman/Black Superwoman? (g) What are her characteristics? (h) How did they develop? (i) Is being a Strong Black Woman/Black Superwoman a good thing? (j) Is there anything bad about being a Strong Black Woman/

Black Superwoman? The moderator guided the focus groups (e.g., kept the conversation focused, encouraged participation, prevented any one participant from dominating the discussion). However, the discussions followed the lead of the women (e.g., they were allowed to discuss issues related to stress and coping that were important to them). With the exception of one group (age 18–24 years, college-educated), participants brought up the topics of Superwoman, Strong Black Woman, or strength before the group moderator introduced them.

Strategies and techniques were used to facilitate an effective group process (Farquhar & Das, 1999). Because spatial arrangements influence discussion, focus group participants sat in a circular pattern (Merton, Fiske, & Kendall, 1990) to promote group interaction and intimacy. Participants were encouraged to be respectful of their fellow group members by listening without interrupting. They were invited to set additional ground rules so they could be active participants in the creation of safety within the group (Farquhar & Das, 1999). Techniques such as reflection (e.g., “Let me repeat what I have heard.”) were used to clarify statements and to help participants feel affirmed and valued in the group. All participants were given an opportunity to speak. Less vocal participants were encouraged to share comments, but were not pressured or called on individually. At the end of each focus group discussion, participants completed a brief demographic information questionnaire (devoid of names, including only a participant ID number) to obtain background information. A research assistant (an African American female in her 20s) was present to distribute consent forms and questionnaires and to take careful notes during the focus group discussion.

Data Analysis

All focus groups were audiotaped and professionally transcribed. The author and research assistant then compared the transcript to the audiotaped data to confirm accuracy. Data analysis was begun after the first focus group was completed and continued throughout the duration of the study. Each group represented a case or unit of analysis (Frankland & Bloor, 1999). Transcripts were analyzed using analytic induction methods as described by Frankland and Bloor (1999). These methods were advantageous because they involve a prescribed process for systematic analysis of the data. Data indexing was conducted to facilitate comparative analysis by categorically grouping data on a specific topic heading or index code related to the content of the data. This step helped to make the large amount of data gathered from the focus groups more manageable. During the indexing stage, a nonexclusive approach was used. The index code categories were broad and general, and pieces of data were appropriate for more than one topic heading or index code. The emphasis at this stage was on including all potentially relevant material, to avoid selective attention to data.

Once all of data had been indexed, systematic comparisons of all of the items of data within each index code category were conducted to determine which data pieces were most relevant to the topic or index code. Data indexing was cyclical. As more data was collected and transcribed, new index codes were identified and subcategories were created. The data that appeared to contradict the existing index code categories were embraced, not excluded universally. Deviant cases were used to understand when or under what circumstances African American women display characteristics such as strength or emotional suppression. For instance, some African American women reported that they suppress negative emotion to meet perceived expectations to be strong by society only when they are in professional settings. From these results, thematic categories were finalized to begin the development of a theoretical framework.

Several techniques were implemented to increase the scientific rigor of this qualitative focus group study. Field log notes and memos were maintained to enhance auditability of the

study (Sandelowski, 1986). Debriefing with the study participants, which included a review of prominent topics that were raised by the participants, was conducted at the end of each focus group session to enhance accuracy. The moderator asked questions such as: “Is there anything I didn’t ask that I should have?” and “What was it like being in the group?” Extensive quotations were used in data analysis. Finally, corroboration with experts in the field and the study participants was used to enhance credibility and validity (Sandelowski, 1986). The major thematic categories were shared in writing with the focus group participants, and they were invited to communicate feedback to the research team through written or verbal correspondence (Kitzinger & Barbour, 1999).

Results

The demographically diverse sample of African American women reported that the Superwoman role is multifaceted; women discussed how they characterized the Superwoman role, contributing contextual factors, perceived benefits, and perceived liabilities. These findings resulted in the preliminary development of the Superwoman Schema Conceptual Framework (Figure 1).

Participants

Ages ranged from 19 to 72 years; the median age was 29 years and the average age was 34 years. Participants came from a range of educational (less than 12 years of education to terminal degrees such as PhD and JD) and professional backgrounds (e.g., unemployed, law school faculty). Regarding education, 18% did not complete the 12th grade; 10% completed high school only; 17% completed trade school, technical school, or an associate’s degree; 18.8% attended college but did not graduate; 17.4% graduated from a 4-year university; and 14.6% obtained a master’s or terminal professional degree. Most (64%) were employed; 40% were current students; 35% were not working. Sixty percent were single; 10% were married; 15% were in a committed relationship; 15% were divorced, separated, or widowed. A majority (65%) were mothers. The median annual household income was between \$26,000 and \$50,000 (34% of the sample); and 41% of the sample earned less than \$15,000 per year.

Characterization of the Superwoman Role

Participants’ characterizations of the Superwoman role were grouped into five major topic areas: obligation to manifest strength, obligation to suppress emotions, resistance to being vulnerable or dependent, determination to succeed despite limited resources, and obligation to help others.

Obligation to manifest strength—In each of the eight focus groups, women discussed issues related to feeling obliged to manifest strength. This topic was particularly relevant for the group of women who were more than 45 years old and had some years of college education. Many expressed a need to present an image of strength for the sake of their children, parents, other family members, and friends. Some reported being perceived as “the strong one” by others and that they were expected to be the strength of their families. When asked how they defined strength, Strong Black Woman, or Superwoman a participant responded in the following way:

I guess, being a strong black woman is doing what you have to do like handling your business, taking care of yourself, taking care of what you have to get taken care of without, you don't really complain about it.

Some women felt they needed to present an image of strength because there were others (e.g., mothers, grandmothers, esteemed black women in the media) who had gone through

many more challenges than they were facing. Women also stated that they were expected to be strong even when they didn't feel like doing so. Others stated that they only felt obliged to present an image of strength at work. Some reported that presenting an image of strength was just part of a woman's life and, more specifically, an African American woman's life.

Some women spoke with a sense of pride about manifesting an image of strength, but nevertheless seemed distressed by feeling obligated to do so most of the time. One participant from the group of women between the ages of 25 and 45 years of age who were not college-educated stated:

You have to be strong. . . . Society makes you have to be a strong woman. People in relationships make you have to be a strong woman. Our past makes us have to be a strong woman and it's really annoying as hell.

Obligation to suppress emotions—Women indicated an obligation to suppress emotions. They voiced concern that no one would understand what they were going through and that they felt difficulty “letting people in.” Many women discussed that they had a lot of feelings inside that need to be released. Some described that these feelings and emotions were “hidden from others,” “internalized,” “bottled up inside of me,” kept in “my heart,” and only displayed in privacy or demonstrated in the presence of God. For some, displaying emotions publicly was considered a “sign of weakness.” Others were concerned that people would “think I'm crazy if I share my problems with them” or that sharing their feelings and emotions would be burdensome for others. One woman said:

I try to talk about it but a lot of times you feel like people get tired of hearing your problems, you know. And people don't want you around if every time you come around you've got a problem. So you just keep it to yourself.

The women also discussed that they simply did not know how to express their emotions. Women from professional backgrounds talked about emotional suppression in the workplace.

And it's always at the times when I'm most stressed. People always say, oh, you look so calm and you know, you're just so rosy and -- and I'm thinking I'm just about to crumble in two seconds and I think a lot of people don't know when black women are stressed because of the superwoman syndrome and especially in the workplace, where other women might be able to show their stress, I think for us, it's harder for us to acknowledge that stress, especially at the workplace when you're supposed to be extremely productive.

Resistance to being vulnerable or dependent—A clear theme emerged about being resistant to vulnerability. Women in all eight groups reported that it was not uncommon for them to “put up my defenses.” Some participants shared that they did this because they did not know how to accept help. Others reported that vulnerability or dependence would cause them to get hurt. One woman said, “people take my kindness for weakness”; others echoed this sentiment. Women shared that they did not want to give others the opportunity to think that they could not do something. There was a feeling of mistrust: “If I were to open up to somebody they would take my feelings and use them to their advantage. ‘Okay well she's weak right now, let me attack her.’”

Others said that they could make it on their own and wanted to prove it to others, or that people had ulterior motives for offering help.

It's hard to accept the support, because of the things that are attached to it. . . . Somebody asked the question about being able to let other people help you. And

it's not so much that I don't want the help, but I don't want to give you an opportunity to think that I can't do it.

Because of their desire to resist vulnerability or dependence on others, some of the women expressed that they either preferred to be a leader or that they had difficulty not taking the lead. This was a factor across groups, but more common in the older groups of women. Some stated that they have had to do for themselves for so long, and that taking the lead or being in control of situations felt normal for them. Others echoed feeling most comfortable in a leadership position. A number of women spoke of being in charge in relationships to protect themselves from getting hurt. One woman stated, "If I want things done right, I'll do them myself." This seemed to be done out of concern for things getting done properly. One woman discussed:

Control, yeah. Because I've been taking care of myself since I was 16. I bought my own cars. I never had Daddy do anything. I mean, I have to help Daddy sometimes. So, I've never had that man to depend on. And I'm like, even if I do ever get married, I'm not going to close any of my accounts! [laughter] Oh no! I have trouble with that. I'm going to pay the bills. Like you can give me your paycheck, but I'm the one controlling the bills . . . 'cause that's what's I do, and I'm not going to trust you to do it. 'Cause I've been doing it, and I can't give up that control.

Another woman verbalized internal conflict with her take-charge approach: "It's difficult to relinquish that control. But . . . you know, I still want the people to want to support me." Some women reported not asking for help until they felt extremely overwhelmed and admitted that this way of living caused them to go through "unnecessary struggles."

Determination to succeed despite limited resources—Another important theme for some of the women in the focus groups was an intense motivation to succeed despite limited resources. The women who participated in the focus groups were overall an ambitious group, expressing hope for being their best and overcoming any obstacle that they faced. This was common across the groups, particularly the 18–24 year olds in college and the college-educated group of women aged 25 to 45 years. Some acknowledged that they believed that they could reach their goals even if they didn't have everything needed to do so. A number of women expressed a sense of pride related to achieving more than others expected from them.

Participants discussed that they routinely worked late, neglected taking breaks, sacrificed sleep, and put their health in danger to reach their goals. There was a sense of having to work harder than others to reach their goals. These women expressed a great deal of drive and ambition to "be the best." One expressed that the only way to be successful is to work hard constantly. These women had high personal standards, some expressing things like, "I want to retire before the age of 50," "I feel like I can do everything," and "I want it all." Others stated things such as, "I do not feel like I've done enough" and "There is always more that I want to achieve." For some, these feelings were stated with a tone of disappointment or even frustration.

It's been very important to me to be the best. My co-workers get on me all the time, my significant other gets on me all the time, about slowing down, and I haven't managed that. Because I feel like I can do everything. I work two jobs, not because I have to financially, but because for career-wise, it's something that's important to me to build my resume. . . . Because I'm used to being the best at everything that I do, and knowing exactly what it is I'm supposed to be doing. So being even below the top is difficult, and I literally get stressed out. . . . Because at 45, I want to be able to retire. And the only way to do that, is to constantly go now, but then, I have no time for myself.

Some women were the first in their family to attain certain educational and professional achievements and, as a result, expressed that they could not rely on their family members to provide the extra boost of resources that other, more privileged, individuals might have. Several women reported that their determination to succeed despite limited resources came from a strong desire to provide for their children. For many, succeeding meant balancing the simultaneous demands of raising their children, completing their education, and working full-time, without the assistance of a husband or their children's father.

Although a number of study participants were intrinsically ambitious and goal-oriented, some of these women expressed that they also experienced pressure from others to be successful. Some made statements such as, "My family expects me to do more than I have time to do," and expressed that these expectations were burdensome. Others spoke more with a sense of regret that they weren't meeting the expectations of others with statements such as, "I feel like I have not achieved what others expect of me" and "I feel like I have let others down."

Obligation to help others—The women discussed feeling obligated to meet the needs of others. Some described it as a need to nurture others and stated that this is a common trait of women. This theme was prevalent in all of the groups. Women reported believing it was their responsibility to make sure that everyone else's needs were met. Women reported that it is "my job to make others happy" and "The only thing I know how to do is make sure everybody else has [what they need]." Another stated, "I think I just take care of everybody and I don't know why." Several women described how taking care of the needs of others causes stress. One woman stated, "The problems of other people feel like excess baggage for me." Some women, particularly those who were between the ages of 18 to 24 years with at least some college education, talked about desires to provide financially for their families despite not having enough for themselves. It gave these women pride and satisfaction to be helpful to their parents especially; they felt strongly about their responsibility to give back. However, they acknowledged that doing this sometimes resulted in challenges to their own financial situations.

Women discussed how their commitment to helping others led them to take on multiple roles and responsibilities and have difficulty saying no. Participants across age groups and educational backgrounds reported feeling overwhelmed by multiple roles and responsibilities in their families and community and church organizations. Some reported that they take on additional roles even when they know that they are overcommitted. These sentiments were discussed most commonly in the older groups and the groups with college education.

I wish I could learn to say no because just about everything, all the organizations, my church, family, whatever, I find myself being delegated or assuming, one or the other, more and more responsibility. And I guess I'm not saying no strongly enough.

The single women in the 25–45 years age group believed that because they didn't have spouses and families, others expected them to have more time, and they uncomfortably found themselves delegated to more roles and responsibilities. One retired woman felt that she too was expected to volunteer more, because others perceived that she had more free time to do so.

Some women expressed that carrying the burdens of others gave their lives a sense of purpose. Meeting the needs of others seemed to help these women feel valued. One woman in the group of 25–45 year-old college-educated women stated with group agreement (i.e.,

heads nodding): “I don’t know how my life would be if I wasn’t like putting out fires all the time, that this just seems like that’s just normal.”

Contributing Contextual Factors

Four contextual factors were identified as contributors to the Superwoman role, including a historical legacy of racial and gender stereotyping or oppression; lessons from foremothers; a past personal history of disappointment, mistreatment, or abuse; and spiritual values.

Historical legacy of racial and gender stereotyping or oppression—A number of women across groups discussed how racial or gender stereotyping and oppression contributed to the Superwoman role. One woman in the group of college-educated participants more than 45 years of age stated: “Well, you know what? We can take it back, way back. You can take it all the way to slavery times. The black woman had to take charge many times, and we still do that.”

One young college student in particular discussed that her ambition and drive for success were related to others’ expectations that she would fail in life because she was African American.

They’re all ready to write you off. They already tell you what you’re going to be. They already tell you how far you’re going to get in life. And so I felt like that added to a lot of stress, because I refuse to be another statistic. I refused to drop out of high school. I refused to have a child.

A younger participant from the group of college-educated participants between 18 and 24 years said,

I think it’s just, I feel like it was more of a motivation, like, not to become what everybody thought I was going to be or everybody had already, was already in the process of putting in the category. I think that was, it was more of a motivation for me.

Another in that group observed:

It just makes you upset to think that people could go around saying negative stuff about African Americans you know, [they say things like] “You’re not gonna be anything.” “You’re not gonna graduate.” “You’re gonna drop out have kids and stuff like that.”

Women, particularly those from the college-aged group and those with terminal degrees, discussed how the historical legacy of racial and gender inequality resulted in difficulty obtaining resources and mentoring from more experienced professionals, which they deemed as necessary for survival in the professional arena. One woman in the group with terminal or advanced degrees discussed how stereotypes about Black women might limit access to those supportive resources.

So I think for us, it’s almost a double-edged sword to have that stereotype because it sort of masks when we actually might want to get assistance or begin to develop the support networks that we need to survive. . . . I think for other groups, the support system is already in place for them to achieve. But for us, we normally are probably the only [African American] ones. And if you are the only one, then who do you look for for your support, especially when the support might not be given to you wherever you may work, if it’s in a law firm or if you’re in the academy or if you’re out in the business sector?

One of the college-educated women in the 18–24 year-old group noted:

I think that's why we have a little more stress cause we don't have people who are there for us as much when you get higher up. There's not that much of us there. It's kind of scarce. . . . We feel that we have to do more because [compared to others] there's no one else who's going to take up the slack for us or show us the right direction or say here, this is already laid out for you.

Lessons from foremothers—Discussions developed across groups regarding how women patterned their lives after how they had seen their foremothers (e.g., mothers, grandmothers) live. Several described that their mothers and grandmothers explicitly taught them to be self-sufficient. One college student stated:

It's, you know, it's a trickle effect. Big Momma went through a struggle so she taught her daughter how to handle that struggle so she wouldn't have to worry about it. And then so her daughter has a daughter, she teaches her daughter. It continues. And then when a man comes around, we like, well, Big Momma taught us this a long time ago, and we tell them "Forget you" 'cause we can prove a point. We don't need [you].

A number of women described never seeing their mothers cry or outwardly express their emotions. Many described their mothers as stoic and able to endure challenges with strength. A conversation in the focus group with college-educated women aged 18–24 years demonstrates this.

I see it more now as an adult than I did as a child. One thing about Black women, they don't let you see their stress. . . . I never knew my mom's burden. Never, like she would never put on a sad face for us.

Another in that group observed:

I know my mom. She smokes. So that was her big stress reliever and for a while I didn't realize why mom smoked but then after I got in high school I'd say why are you smoking? It's stress. It's stress. . . . If it wasn't a cigarette it would be something else and I never like, I knew we didn't have everything but it was me and mom so we made it. Sometimes she had to work three jobs and she went back to school and, like, or she would keep busy, never sit down and I find that I do that now. When I'm stressed out, I just have to do something. I can't sit still.

A past personal history of disappointment, mistreatment, or abuse—

Participants discussed that their reluctance to express emotions or seek assistance from others is related to past experiences of feeling let down by family members or friends who should have been able to provide support or guidance. Several participants across groups shared stories about their parents not being a source of tangible or emotional support. The theme of being let down by family or friends was most prevalent in the groups of women without college education. One woman in the group of 18–24 year-old women without college education shared: "Nobody was there for me. And because nobody was there to tell me "it's OK to be afraid" and everything . . . I just keep it right in my heart. I don't think I really express it."

Another in the group of women aged 25–45 years without college education observed: I'm so used to not asking people. I'm so used to people either saying "no, no, no, no, no" you know, or . . . I guess I stopped hearing it when I was little. I closed that out. You know what I mean? I just started getting [things] however I could get it.

Another participant in the same group discussed how despite being generous to others, her favors were not returned frequently when she was in the position of needing assistance: "I

would always, always extend myself . . . but then when I needed help, no one ever called me.”

A number of participants, most commonly from the groups of women without college education, discussed experiences of being victims of emotional, sexual, and physical abuse. Some also described experiencing childhood distress as a result of their mothers being in abusive relationships. Women discussed how these experiences with abuse created suspicion, fear, apprehension, and mistrust, which led to the development of resistance to depending on others or being placed in a vulnerable position. One participant in the group of women aged 25–45 years without college education described how past experiences with abuse in romantic relationships caused her to put up her “defense shield” and be more emotionally guarded: “We don’t want to let our guard down because we’re scared to be hurt.”

Another participant in the group of college-educated women more than 45 years of age shared that to avoid staying in an abusive situation, she chose the path of single motherhood. She discussed her experiences of distress as a strong, single mother.

I raised my daughter on my own [and] refused to get in a marriage where I was going to be mistreated and abused. So I decided that I was going to have my daughter and raise her on my own. I would have loved to have just had some me time, you know, to not have to be the only one worrying about bills. My parents, of course, helped me; but to have a partner and someone there that would have understood me and that would have helped me and that we would have made it without me and my daughter having to go through some of the things that we went through, that’s what I miss. You know, you don’t want to be strong all the time. You want to be able to be weak sometimes.

Spiritual values—Women in the focus groups discussed that faith, religion, and spirituality helped them to manifest strength to reach their goals and to help them overcome challenges without the help of other people. They specifically discussed how relying on God offered encouragement in the context of inadequate tangible resources. Women discussed that faith strengthened their determination and resolve to succeed despite limited resources. The topic of spirituality was discussed most commonly among the college-educated women aged 18–24 years. One woman’s discussion of religion in that group demonstrated its influence on perceptions of strength and fortitude: “I can do all things through Christ that strengthens me. That motivates me and I think I can do anything that I set my heart to.” Another woman observed: “When I was coming up I was raised in church and I was raised to believe that you just don’t really give up. You just keep on doing the best that you can.” Another participant summarized the role of faith in providing support by discussing what she learned from her grandmother in regards to relying on faith: “Be strong . . . Give it to God . . . Just pray about it . . . What doesn’t kill you makes you stronger.”

Perceived Benefits of the Superwoman Role

Preservation of self and survival—One of the most salient benefits of the Superwoman role was survival despite personal obstacles, perceived inadequacy of resources, and unique life experiences attributed to the double jeopardy of being African American and female. Women discussed the importance of being able to survive in the workforce, romantic relationships, the home environment, and society at large. When discussing the benefit of survival, they emphasized the importance of being able to survive while maintaining their self-worth and dignity.

Preservation of the African American family—Women discussed that a benefit of Superwoman characteristics was that it helped them to support their family members, particularly their children or parents. Women discussed that the benefit of working so hard was helping their children to be “better people.” One woman in the group of women aged 25–45 years without college education stated: “We’re like a lioness pride...and we’re out there fighting and just like you would see on the TV the women are out there just tearing the world apart to survive for their children.” Another woman in the group of women aged 25–45 years with college education observed:

My children are never going to know what it’s like not to have lights, or not to have food. So I work hard, but I hate my job . . . all to maintain my children’s stability and happiness, and making sure they don’t see me fall apart. So, that’s a lot, to me.

Preservation of the African American community—Community preservation is related to the concept of fundamental philanthropy, a “basic or natural philanthropy” that involves using one’s “own ‘natural’ resources, such as talents, skills, knowledge and opportunities to perform an altruistic act” (Boles, 2008). A consistent theme throughout the majority of the focus groups was using one’s efforts to improve the lives of others. Participants talked about the needs of the Black community and the importance of giving back. This was discussed across groups, but discussed in greatest detail by the groups of college-educated women 18–24 years old and women older than 45 years. One of the younger college-educated women said:

You don’t want to open a door for yourself and close it behind you . . . keep the door open and give someone else, who might not have had the same chances and opportunities as you, a chance because everyone needs help. Well not everyone but a lot of African Americans don’t see that door and you have to be the light for them and go back and tell them, okay, this is how I did it.

Perceived Liabilities of the Superwoman Role

The women discussed liabilities of the Superwoman role. These liabilities fell under three major categories: strain in interpersonal relationships, stress-related health behaviors, and embodiment of stress.

Strain in interpersonal relationships—Participants reported that the Superwoman role, particularly fear of vulnerability, was a source of strain in interpersonal (e.g., romantic) relationships. Resisting vulnerability prevented some participants from allowing themselves to “love fully” and be loved. Another shared that she tries to dominate relationships, because “I don’t want to be the vulnerable one.” Another concurred and stated that her fear of vulnerability is a source of interpersonal conflict. Participants reported a strong need to be self-sufficient and not to accept help from others, particularly men. Many stated that they are used to doing things alone, without asking for help. Some stated that following the advice of their foremothers to be self-sufficient and independent in relationships might cause significant others to either feel frustrated, unneeded, or less motivated to provide support.

Stress-related health behaviors—Women discussed stress-related health behaviors, such as emotional eating, smoking, dysfunctional sleep patterns (e.g., regularly staying up late to finish tasks), and postponement of self-care. This was most prevalent among the group of women aged 25–45 years with college education, but was discussed across groups. One participant in the group of college-educated women aged 25–45 years discussed how excessive work habits result in dysfunctional and excessive eating:

Normally during the workweek, I’m always running, running, running, and so I don’t eat until late at night. And I just, I don’t know. I know I overdo it. I’m trying

to eat to make up for the two or three meals I might have missed during the day. And I just sit there and I just eat, and I get fat, and that's what I do. That's so pathetic.

A woman in the same group discussed how characteristics related to the Superwoman role contribute to inadequate sleep: "I still have issues with not getting enough sleep when I'm stressed. 'Cause I feel like, while I'm asleep I could be doing this, this, and this." Another revealed that she developed a smoking habit in adulthood to help relieve the frequent tension that she faced.

Postponement of self-care was particularly relevant for the group of women with terminal or professional degrees, the college-educated women aged 25 to 45 years, and the group of women without a college education who were older than 45 years. Some women reported feeling physically drained and that they did not have time for self-care because they are always taking care of others. One woman acknowledged the physical and emotional harm that this way of life was causing her, when she stated, "I have been going too long doing too much." Some talked of consistently making self-care a last priority, such as one woman who said, "I feel like I have to be everything to everybody, and I'll come later on." Another woman expressed that her "life is tied around everyone else, and I forget about myself." Women reported feeling out of touch with themselves; one even stated, "Sometimes I wonder if there is a me?" Another participant in the college-educated group of women 25–45 years old described how she commonly works through mealtimes and does not eat until midnight. Many women agreed that taking time for themselves resulted in feelings of guilt.

Embodiment of stress—Participants shared stories related to what Krieger (2005) has described as embodiment. According to Krieger (2005), bodies tell stories. Similarly, in response to the statement from one participant that, "What doesn't kill you makes you stronger," another woman said, "What doesn't kill you will make you sick." Throughout all of the focus groups, women made connections between undesirable health symptoms and the Superwoman role, particularly in the context of significant stress. Participants discussed a range of health issues including migraines, hair loss, panic attacks, weight gain, and depression. These health issues were discussed most explicitly in the focus group of college-educated women 25–45 years of age, but both younger and older participants made connections among stress, coping, strength, and health. Several women discussed physical symptoms related to feeling overwhelmed. One highly educated woman stated, "I don't notice that I haven't been taking care of myself until I see physical signs." Another woman in the group with a terminal degree stated: "I don't even recognize that I've been going so long with doing so much that it's not until my face breaks out that I say, okay, wait a minute. What is really important?" Another in the group of women aged 18–24 years with college education shared:

Well I just feel like I'm just drowning in stuff. Like I feel like there's probably somebody sitting on my chest. That's what it feels like. So like when I need to talk to somebody about something, I don't. So I blow up all the time cause it's like I hold a lot of stuff inside me and I never, ever let it out and that leads to this big ball of stress that it end up exploding, you know, on somebody else.

Some discussed the effects on their mental health. One woman in the college-educated, 25–45 year-old group stated: "Last weekend, I had a breakdown just because I started realizing that I have so much stuff, and I was overwhelmed." Another woman in that group discussed similar experiences:

I still have my breakdowns, 'cause I internalize everything. I let stuff eat me up and eat me up, and I take it in, and I'm like "Okay, just let it blow off." And then when it's too much, I explode.

The serious effects of the Superwoman role on mental health were described by a college-aged participant between the ages of 18 and 45 years.

It keeps weighing you down. Like, if you don't get it out. A lot of times the little things seem to be bigger. And when you are stressed out, it's harder to focus, so you might get stressed out about that. And it just continues to build up and build up, until you break down, or cry, or suicide, or whatever. You know?

One participant in the 25–45 years college-educated group discussed how she thought that stress adversely affected her pregnancy.

I have no doubts about the fact that the stress was toxic to my pregnancy, because when the autopsy was done, there was nothing found but fetal distress, and so I think about that a lot when I get overly stressed out. If that can happen to a pregnancy, what is happening to my body?

One woman reflected on how her grandmother's exterior strength might have been a cause of several undesirable health conditions:

But about this strong woman thing, I never saw my Nana cry. I saw my mom cry a couple of times, but I never saw my Nana cry . . . and my Nana had diabetes, and she was obese, and she suffered from breast cancer, and she had a double mastectomy. . . . And also my Nana was younger, when she was a little closer to my age, she had a nervous breakdown. . . . I mean, my Nana had gone through a lot of physical pain. It wasn't until I was older, I was able to look back and evaluate her life after she passed, that I realized that a lot of these things that she had gone through, might not have happened if she would have learned to cope with what she was going through. I mean, a nervous breakdown? That's something that's simple sometimes as just finding someone to talk to, or getting some things off your chest. But she internalized so many things . . . I mean, she let it tear her apart, internally. So, then I thought about it, like, was that really a strength, if it weakens you physically?

Discussion

Summary of Findings

Presented in this article are African American women's perspectives of the Superwoman role, what it is, what contributes to it, and the benefits and liabilities of this role. Results of this study indicate that the Superwoman role is a multidimensional phenomenon encompassing characteristics such as obligation to manifest strength, emotional suppression, resistance to vulnerability and dependence, determination to succeed, and obligation to help others. According to the women in this study, the Superwoman role involves sociohistorical and personal contextual factors as well as themes of survival and health status.

Findings from this study corroborate and extend previous examinations of concepts of strength, perseverance, and self-reliance among African Americans (Beauboeuf-LaFontant, 2007; James, 1994; James, Hartnett, & Kalsbeek, 1983; Mullings, 2006; Shambley-Ebron & Boyle, 2006). Some of the previous empirical, data-based publications about the phenomenon of strength among African American women result from incidental insight on the topic only in the process of investigating other psychological or health-related phenomena. For instance, in one interview study, 12 African American women with postpartum depression discussed that obligations to exhibit strength, modeled by the women in their families, resulted in disregard for their physical and mental health, dissonance between the their "real self" and "ideal self," and frustration when they were unable to live up to social expectations to be strong (Amankwaa, 2003). In another qualitative study,

responses to adversity and psychological distress during pregnancy, childbirth, and early motherhood in Black Caribbean women were investigated. Women in this study shared that the exhibition of a strong exterior enabled them to maintain control and withstand otherwise insurmountable challenges (Edge & Rogers, 2005).

The findings of the current study closely parallel those of Beauboeuf-Lafontant (2007), who drew on two theoretical frameworks--feminism and Black feminist critique--to conduct and analyze 44 interviews with a nonclinical sample of African American women to investigate the links between strength and depression. She uncovered several themes, including the cultural mandate of strength, self-silencing, excessive attunement to the needs of others, and denial of one's own needs; similar to the current study, she identified positive characteristics of showing strength (e.g., enhancing success with goals, assertiveness, and moral character). However, for a majority of the women (particularly those in the midst of childrearing and those who served as caretakers for their loved ones), being strong contributed to levels of selflessness, powerlessness, and self-silencing that contributed to psychological distress and heightened risk for depression (Beauboeuf-Lafontant, 2007). The similarity of the findings from the current focus group study and the research of Beauboeuf-Lafontant and others strengthens the argument that the Superwoman/Strong Black Woman role is an important factor in understanding stress and health in African American women.

Similar to the work of Beauboeuf-Lafontant (2007) and Mullings (2006), the current research is related to James' (James et al., 1983) landmark John Henryism Hypothesis (JHH), in which health effects of chronic, high-effort coping among individuals with inadequate resources are described within the historical social context of systematic discrimination and oppression of African Americans. The preliminary SWS framework shares elements of strength and determination postulated by the JHH; however, the SWS framework provides more nuanced details about women's suppression of negative emotion and difficulty with accepting emotional support. Other important components of the SWS framework not addressed explicitly by the JHH include (a) obligation to help others, which includes difficulty saying no to multiple roles and responsibilities; (b) resistance to being vulnerable or dependent; (c) obligation to suppress emotions; and (d) postponement of self-care. In addition, in the current study, sociohistorical experiences of discrimination and oppression were identified as contributors to this phenomenon, but also revealed were the ways in which more proximal (and often gender-related) life experiences shape an African American woman's propensity toward the Superwoman role. These include personal experiences of mistreatment and abuse, single motherhood, and challenges associated with being an African American woman who has achieved a high level of education or professional success, as well as perceived benefits of the Superwoman role such as protecting the well-being of African American children.

Limitations

One limitation of this study was the sample population. Although efforts were made to include a sample of African American women who were diverse in age and educational background, all of the participants lived in the southeastern United States. It is possible that participants from other regions of the United States might have different experiences that might be used to expand the current framework of SWS. Furthermore, in recruitment materials, women were invited to participate in a focus group to discuss issues of stress and coping in African American women. It is likely that this method of recruitment resulted in a sample of women with higher levels of stress compared to the general population. African American women who were not attracted to the study advertisements might have had lower levels of stress and might be less likely to identify with the characteristics of the Superwoman role identified from the analysis of this study. In addition, the focus group environment might have promoted a tendency to express opinions in agreement with the rest

of the group, which might have limited discussion of unique, but important, alternative experiences.

Implications for Clinical Practice and Future Research

Findings of this qualitative focus group study have implications for clinical practice and research and are consistent with research on embodiment and health disparities among African American women (Lende & Lachiondo, 2009). An embodied approach to investigating health disparities moves beyond rational explanations and incorporates contextual factors emphasizing how an individual's subjective experience influences health behaviors (Lende & Lachiondo, 2009). Cultural and psychosocial factors of the Superwoman role, such as focusing on the needs of others and making personal health a secondary or tertiary priority, might explain delays in health-seeking behaviors, limited adherence to recommendations made by health care professionals, and lower rates of screening procedures for conditions that are treatable if caught in the early stages (e.g., breast cancer screening, colonoscopies). Health care practitioners who are aware of the potential influence of the Superwoman role on health behaviors might have an enhanced ability to understand the lived experiences of their patients and the ability to integrate appropriate methods of patient education and counseling into their clinical practice. The stress-related coping strategy (and often façade) of strength might mask distress and make it more difficult for healthcare professionals to assess health status accurately and recommend effective interventions for health promotion and stress management in this population (Edge & Rogers, 2005).

It is reasonable for practitioners and researchers to examine how the Superwoman role might contribute to underutilization of mental health care among African American women when compared to the general population (Boyd, 1997; Boyd, 1999; Gillespie, 1984; Greene, 1994; Martin, 2002; Mitchell & Herring, 1998; Romero, 2000; Shorter-Gooden & Jackson, 2000; Thomas et al., 2004; Thompson, 2000; Warren, 1994). Superwoman schema characteristics, such as resistance to dependence on others and emotional suppression, might prevent African American women from seeking help for emotional distress (Thomas, Speight, & Witherspoon, 2005). Verbalization of emotional distress or seeking professional mental health counseling might be interpreted as signs of weakness or as a failure to uphold the image of strength (Amankwaa, 2003; Curphey, 2003).

The preliminary SWS framework might enhance existing explanatory models of stress, coping, and physical or mental health among African American women. For example, emotional suppression has been found to influence excessive intake of alcohol (e.g., Ehrmin, 2002) and undesirable physiological processes that result in detrimental changes in immune functioning and illness (Petrie, Booth, & Pennebaker, 1998; Petrie, Fontanilla, Thomas, Booth, & Pennebaker, 2004; Smyth, Stone, Hurewitz, & Kaell, 1999). Emotional inhibition in African American women has been associated with higher sleep diastolic blood pressure (DBP) and smaller drops in DBP from day to night (Steffen, McNeilly, Anderson, & Sherwood, 2003). In addition, African American women who kept silent about unfair treatment were found to have higher blood pressure (Krieger, 1990) than those who did not keep silent. Future research can be used to explore how the Superwoman role might be related to these health conditions in African American women.

Furthermore, future research might be focused on how the Superwoman role might contribute to the disproportionate rate of obesity (Wang & Beydoun, 2007) and obesity-related illnesses among African American women. Excessive intake of food has been reported as a method used to relieve unresolved psychological distress in some African American women (Walcot-McQuigg, 1995). Even though emotional eating or stress-related eating might contribute to short-term relief from distress, in a survey of 148 African

American women, those who felt that “It is best for me to deny or hide personal conflicts or difficulties to present an image of strength for my family, friends, and community” (24% of those sampled) reported higher levels of distress, were more likely to report being unable to get rid of bad thoughts or ideas, were more likely to use food to cope with stress, and were more likely to have extreme obesity (Giscombé, 2005). Based on this evidence, a Superwoman ideal accompanied by emotional suppression might place the health and well-being of African American women who use this strategy at risk.

It is reasonable to assume that an isolated characteristic of the Superwoman role might not be, in and of itself, a risk factor for undesirable health outcomes. However, specific combinations of Superwoman characteristics and varying degrees of available resources might influence a woman’s risk for impaired health. For example, a tendency to suppress negative emotions in the context of inadequate resources and responsibilities in multiple life domains might place a woman at greater risk for adverse health compared to a woman who has a great deal of determination to succeed, but also has the ability to express distress as a result of abundant tangible and emotional support from family and friends. Additional research might result in the identification of Superwoman characteristic profiles to identify women who are most at risk for undesirable health effects.

Also in future research, differences could be explored between women who do and do not endorse the Superwoman role. As was the case with findings from a recent study investigating the concept of strength among African American women (Beauboeuf-Lafontant, 2007), varying degrees of endorsement of Superwoman characteristics among focus group participants were found in the current study. Another topic of exploration involves the applicability of the SWS Conceptual Framework in cross-cultural research. Existing literature suggests that the concept of strength is relevant to women from diverse backgrounds (Hayes, 1986; Herrera & DelCampo, 1995; Lim, 1997; Mensinger, Bonifazi, & LaRosa, 2007; Whitty, 2001). Future researchers might examine SWS in other ethnic groups (e.g., in European American women, Latina women, Asian American women, or Native American women) to determine how ethnicity and cultural experiences influence links between the Superwoman role and health outcomes.

Findings from the current study suggest several directions for future research that might help researchers investigate stress-related health issues among African American women. However, it is important to first confirm and validate the components and organization of the preliminary SWS Conceptual Framework. It is also important to investigate the potential of additional concepts or factors that make a contribution to the development of the Superwoman role in African American women. To make more concrete empirical conclusions, a method of assessing SWS (e.g., the development of a SWS instrument) is needed to examine these hypothesized relationships. Once validated and confirmed with additional research, the SWS Conceptual Framework might be used to inform the development of culturally relevant educational programming, community-based interventions, and clinical practice and health promotion strategies for African American women.

Acknowledgments

This work was supported by the National Institute of Nursing Research and the National Center on Minority Health and Health Disparities, National Institutes of Health [grant number NR03443, 2006–2008]; the National Institute of Nursing Research, National Institutes of Health [grant number T32NR007091, 2005–2007]; and the Substance Abuse and Mental Health Services Administration Minority Fellowship Program at the American Nurses Association [2007–2009]. Gratitude is extended to Teneka Steed, Valerie Parham-Thompson, Lee Smith, and Drs. Jennifer Leeman and Margaret Miles for helpful comments on earlier versions of this manuscript and to Dr. Margarete Sandelowski, and Paul Mihas for consultation on qualitative methodology and analysis.

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Preliminary Superwoman Schema Conceptual Framework

Figure 1.
Preliminary Superwoman Schema Conceptual Framework