

The “S” Factor: Exploring the Relationship among the Superwoman Schema,
Stress, and Self-care in Professional Black Women

By

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Abstract

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Problem Statement: The negative impact of chronic stress on health outcomes is even greater for Black women living in the United States than for their White counterparts. Part of this difference is due to the historical trauma, structural violence, and socio-cultural factors encountered by Black women. Managing multiple roles, including the responsibilities of mothering/caregiving, while providing social, emotional, and financial support to their families and communities, further compounds the stress of many professional Black women. This study used Giscombé Superwoman Schema to examine the stressors and self-care practices of a group of professional Black women in Newark, New Jersey.

Methodology: This mixed-method concurrent nested research study, interviewed 22 professional Black women about their perceptions of strength, stress, and self-care. The current study addressed five research questions: (1) How do professional Black women in Newark define strength?; (2) What are the major sources of stress within this study population?; (3) What self-care and coping practices do professional Black women in Newark utilize?; (4) Is

perceived stress score associated with feelings of obligation to help others?; and
(5) Is there an association between coping and self-care assessment scores?

Results: Participants defined strength as overcoming adversity and moderately identified ($M=56.27$, $SD = 16.17$) with the five domains of the Giscombè Superwoman Schema. Participants implemented a variety of problem-focused coping strategies despite exhibiting high levels of perceived stress ($M=31.5$). Almost three-fourths of the sample ($n=16$) reported not using/knowning of available self-care resources in Newark. There was no statistically significant association between the PSS and the "obligation to help others" domain ($r = .006$; $p = .789$). No association could be identified between coping and self-care assessment scores.

Conclusion: Study results highlight the necessity of developing self-care and stress management programs that prevent or delay chronic disease among this subset of Black women. Study results also led to the development of the "S" Factor Model, which illustrates how professional Black women in this study attempted to cope with the multiple stressors that shape health outcomes. Future research is needed to explore the application of this model among professional Black women throughout the United States.

Dedication

This dissertation is dedicated to my Superwoman, my mother, Myra Walters. You have been my number one supporter, encourager, and friend. There are not enough words to express my gratitude for your love and guidance. I am the woman I am today because of you. Thank you for being my daily inspiration.

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I want to thank the 22 women who so willingly volunteered to participate in this research. Thank you for your time, openness, and insightful perspectives as we discussed strength, stress, and self-care.

A special acknowledgment goes to my Sisterhood. You ladies rock! You have been great supporters, encouragers, and examples of true friendship.

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Table of Contents

Abstract	ii
Dedication	iv
Acknowledgments	v
List of Tables	xi
List of Illustrations	xii
Chapter One: Introduction	1
Problem Statement.....	2
Research Aims and Questions	3
Definition of Terms	4
Significance of the Study	7
History and Justification of Research Location	9
Assumptions and Limitations	13
Study Implications	14
Organization of the Study	15
Chapter Two: Background of Conceptual Frameworks	16
Superwoman Schema.	16
Socio-ecological Model (SEM).....	21
Chapter Three: Review of the Literature.....	25
Historical context of the Superwoman or Strong Black Women Archetype	25

Stress	31
Stress and The Superwoman	35
Self-care and Coping	45
Deficiencies in Past Literature	49
Limitations of previous study studies.	49
Suggestions for future research.....	51
Chapter Four: Methodology	52
Research Study Design	52
Researcher's Role	53
Research Questions.	54
Qualitative Methodology	55
Quantitative Methodology	55
Study Sample and Recruitment	56
Instruments and Measurement	56
Data Collection	59
Data Analysis Plan	60
Qualitative Data Analysis.....	60
Quantitative Data Analysis	61
Protection of Human Subjects	62
Chapter Five: Qualitative Results	64

Part I: Participant Demographics and the "S" Factors	65
Study Sample Demographics	65
"S" Factor 1: Strength and the Superwoman	69
Defining Strength.....	69
Familiarity with Superwoman or Strong Black Woman	71
Examples of Superwomen.....	74
Positives, Negatives, and Consequences of Being a Superwoman	76
"S" Factor 2: Stress	77
Defining Stress	78
Sources of Stress	79
Coping with Stress.....	81
"S" Factor 3: Self-care	84
Defining Self-care	84
Learning about Self-care	86
Self-Care Resources in Newark	87
Part II: Thematic Findings.....	91
Theme 1: Perceptions, Misperceptions, and Expectations	91
Societal Perceptions/Misperceptions.....	91
Self-expectations.....	93
Theme 2: Black Women are Vulnerable	95

Misperceptions about vulnerability.....	95
Changing the strength narrative	97
Theme 3: Communicating and Boundary Setting	98
Communicating personal expectations.....	98
Communicating boundaries	99
Theme 4: Self-care as Coping	100
Theme 5: Establishing Financial Stability, Wealth Building, and Leaving a Legacy.....	103
Chapter Summary	107
Chapter 6: Quantitative Findings	110
Superwoman Schema/Strength Assessment	111
Perceived Stress Scale	112
Coping Assessment.....	113
Self-care Assessment.....	115
Addressing the Quantitative Research Questions	123
Chapter Summary	124
Chapter Seven: Concluding Discussion	126
Development of the "S" Factor Model.....	141
Self-care and the Socioecological Model (SEM).....	144
Policy Implications.....	147

Implications for action	148
Recommendations for future research	149
Assumptions and Limitations	151
References	155
Appendix A	170
Interview Script and Semi-Structured Guide.....	170
Appendix B	173
Quantitative Assessments	173
Appendix C	207
Permission Request/Approval for the SWS Instrument	207
Appendix D	208
Recruitment Flyer	208
Appendix E	209
IRB Approval Letter	209

List of Tables

Table 1: Research Categories, Questions and Data Sources

Table 2: Demographics of the Study Sample

Table 3: Descriptive Statistics of SWS Questionnaire and Perceived Stress Scale

Table 4: Brief COPE Results

Table 5: Physical Self-care Results

Table 6: Psychological Self-care Results

Table 7: Emotional Self-care Results

Table 8: Spiritual Self-care Results

Table 9: Workplace/Professional Self-care Results

Table 10: Balance Self-care Results

List of Illustrations

Figure 1: Giscombé Superwoman Schema Framework

Figure 2: Socio-ecological Model

Figure 3: Qualitative Data Categories, Code, and Themes

Figure 4: “S” Factor Model

Figure 5: Example of the “S” Factor Model

Figure 6: Applied Socio-ecological Model

Chapter One: Introduction

There is an underlying assumption that professional Black women who have obtained a certain level of education, income, or lifestyle, do not have similar struggles to lesser-advantaged groups of Black Americans. Professional Black women are not exempt from the impact of chronic stress. The cost of success may compound their stress. In engaging professional Black women in a conversation about stress, you hear about the fatigue that comes from being the backbones of their families and communities. You hear the stories of not feeling accepted or understood. You learn about their accounts of racial and gender discrimination. You come to understand the magnitude of the stress a professional Black woman can carry. You also learn about their self-care and coping strategies.

After over ten years working in the field of public health, I have assisted with many community-based participatory (CBPR) projects in Newark, New Jersey, and the surrounding areas. Most of these projects have involved working with vulnerable populations within the community. While all these efforts are needed, I have become increasingly aware that there is another subset of Black women in need of attention. This research is for those women, the professional Black women, who battle daily stressors, and who are sometimes overlooked because they are busy taking care of others.

Problem Statement

Many illnesses, including heart disease, cancer, and respiratory conditions such as asthma, are connected to stress. As stress builds over time, the probability of disease is likely to increase (McEwen, 1998; McEwen, 2012). When a person does not have a proper outlet or strategy to manage stressful situations, his or her body does not have a chance to recover from experiencing stressful events. Chronic stress, or stress over time, tends to become more toxic to the body than the experience of a single stressful event (McEwen, 1998). According to McEwen (2012), chronic stress changes the hormonal interactions between the brain and the body. As chronic stress builds-up, allostatic load increases, and the body's response to stress is poorly adapted (McEwen, 2012). Chronic stress and its impact on health outcomes impose an even greater burden for Black women living in the United States than for their White counterparts. This difference is due to historical trauma, systems of structural violence, intersectionality, and other social stressors encountered by Black women. Chronic stress can also lead to poor self-care practices and impair physical, mental, emotional, and spiritual health and well-being (Everett et al., 2010; Geyen, 2012; West et al., 2016; Woods-Giscombé, 2010; Woods-Giscombé, 2008, 2018; Woods-Giscombe et al., 2016).

In this dissertation, I examined the current self-care practices of professional Black women in Newark, NJ. This research started with understanding how this subset of Black women defined strength and characterized the stresses in their lives to serve as a foundation to explore how

these women cope with stress and practice self-care. Stress in the forms of pressure, trauma, adversity, anxiety, and tension (historically and presently) has been toxic to Black women physically, mentally, spiritually, and emotionally. The intersectionality (here referring to the combination of race, class, and gender) of Black women has led to stress-related health problems and could account for avoidant coping behaviors that lead to inequities in health care and health outcomes (Donovan & West, 2015; Hall et al., 2012; Robinson-Brown & Keith, 2003; Watson-Singleton, 2017).

Research Aims and Questions

This mixed-methods research had three main aims around the topics of strength, stress, and self-care. The qualitative aims were to 1) identify personal characteristics associated with strength, 2) identify types and sources of perceived stress, and 3) identify self-care and coping practices. The quantitative aims were to 1) quantify domains of strength defined in the Superwoman Schema, 2) quantify perceived stress, and 3) quantify areas related to self-care, including adaptive and maladaptive coping practices.

The following five questions guided this research study:

1. How do professional Black women in Newark define strength?
2. What are the major sources of stress within the study population?
3. What self-care and coping practices do professional Black women in Newark utilize?

4. Is perceived stress score associated with feelings of obligation to help others?
5. Is there an association between coping score and self-care assessment scores?

Definition of Terms

For this study, the following terms are defined:

Acute stress: Short-term stress arising from the demands and pressure of recent events and anticipated demands of the near future (American Psychological Association, 2011).

Allostatic Load: The cumulative wear and tear on the body's system as a result of repeated adaptation to stressors (Geronimus et al., 2006).

Black/African American Women: American women of African descent (Ford et al., 2019). These terms are used interchangeably throughout this study.

Chronic stress: Long-term stress stemming from factors like poverty, family dysfunction, trauma, or feeling hopeless (American Psychological Association, 2011).

Coping: Constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of a person (Lazarus & Folkman, 1984).

Distress: A response to stressors; examples include anxiety, tension, or headaches. This occurs when there is a lack of support to manage stressors. (Woods-Giscombé & Lobel, 2008).

Intersectionality: The combination of multiple socio-cultural factors such as race, class, gender (Crenshaw, 2018).

Network stress: Stress connected to events related to family or friends (Woods-Giscombé et al., 2015).

Professional Black Women: Black women who have obtained a secondary education and may typically work in white-collar positions. Professional Black women are usually associated with having a higher socioeconomic status (SES) (Bacchus, 2008; Smith, 1995).

Self-care: Practices and activities that a person does to create holistic balance and well-being in their life.

Self-stress: Stress that occurs to an individual (Woods-Giscombé et al., 2015).

Socio-cultural factors: Examples include race, gender, and social class. Stress experienced due to race, gender, or SES is a **social stressor** (Woods-Giscombé et al., 2015).

Stress: Physiological demands placed on the body when needing to adapt, cope, or adjust (Nevid & Rathus, 2012).

Stressors: Operationalized as demands, threats, stimuli, or other events in the environment to which an individual is exposed (Lazarus & Folkman, 1984).

Structural violence: The forces, constraints, or hardships from social institutions that impact a person's basic survival and needs. Examples include racism, sexism, classism, pollution, crime, violence, lack of access to health care, poor education, and broken family structures (Chase, 2011).

Superwoman Schema (SWS): A conceptual framework developed by Dr. Cheryl Woods-Giscombé, to support the comprehensive assessment and understanding of stress and biopsychosocial factors that influence Black women's health and health disparities. The five domains of the SWS include perceived obligations to 1) present an image of strength, 2) suppress emotions, 3) avoid dependence on others, 4) be successful even with limited resources, and 5) prioritize helping others over self-care (Woods-Giscombé et al., 2010, 2016, 2018). SWS is often used in conjunction with the Strong Black Woman (SBW) framework, which has similar characteristics (Nelson et al., 2016; Watson-Singleton, 2017).

Weathering: A hypothesis developed by Arline Geronimus, which argues that early health decline experienced among Blacks is a result of repeated and cumulative social, economic, and political disadvantaged. Adaptation to constant stressors results in a higher allostatic load and can impact health outcomes generationally (Geronimus et al., 2006).

Significance of the Study

Despite the advancements of modern medicine, diseases stemming from chronic stress still are very evident in current health statistics. Illnesses such as heart disease, diabetes, hypertension, and obesity are very prevalent among Black women (Woods-Giscombé et al., 2010, 2015). Heart disease (23%), cancer (22%), stroke (6.4%), and diabetes (4.5%) rank as the top four leading causes of death for Black women of all ages. For White women, heart disease (22%), cancer (21%), chronic lower respiratory diseases (7%) and Alzheimer's (6%) are the top four leading causes of death. Among White women, stroke drops to the fifth leading cause of death (6%) and diabetes to the seventh leading cause of death (2%) according to the Center for Disease Control and Prevention (CDC) (Center for Disease Control and Prevention (CDC), 2019).

Even when controlling for factors such as education, income, and access to health services, Black women still face far worse health outcomes than their White counterparts (Katz, 2018; Robinson-Brown & Keith, 2003). Prior research has linked this difference to race-related stress, making Black women more susceptible to stress based upon a myriad of socio-cultural factors such as marital status, employment, finances, and racial and gender-based discrimination. Obesity and maternal health are two examples where health disparities for Black women are widely noted.

Nationally, obesity prevalence is highest among non-Hispanic Black adults, with an age-adjusted obesity rate of 48.1%. Hispanic adults follow with an age-adjusted obesity rate of 42.5% as compared to White adults with an age-

adjusted rate of 34.5 % and Asian adults with an age-adjusted rate of 11.7%.

Adults age 40 and older have higher rates of obesity (77.2%) compared to adults under age 39 (32.3%) (Ogden et al., 2014). Obesity prevalence is also higher in the Southern U.S., with a prevalence rate of 32%. The Midwest region has a slightly lower prevalence (31.4%), followed by the Northeast (26.9%) and West (26.0%) (Center for Disease Control and Prevention, 2018). Given the racial disparity in obesity rates, there is a need for effective obesity interventions that are culturally appropriate and tailored for Black women.

In terms of maternal health, educated Black women have higher rates of pre-term birth and infant mortality (Donovan & West, 2015; Jackson et al., 2012). This observation remains true even when Black women compare against members of other racial and ethnic groups, with less education, lower rates of employment, and less insurance access. According to the CDC, in 2016, the infant mortality rate among Black women was 11.4% as compared to 9.4% for American Indian/Alaska Native, 7.4% for Native Hawaiian, 5% for Hispanic, 4.9% for White, and 3.6% of Asian women. These rates are highest in Southern and Midwest U.S., presenting a similar trend to that as the obesity epidemic (CDC, 2019a). Again, differences in these deaths are related to the role stress plays in birth outcomes. Jackson et al. (2012) blame racial discrimination for the increased likelihood of pre-term birth and low birth weight among Black women.

Historically, Black women have been and continue to be pillars of support for their families and communities. A report on the status of Black women, states that about 80% of Black women are the primary breadwinners for their families

(Dumonthier et al., 2017b). Managing multiple roles, including the responsibilities of mothering/caregiving, while providing social, emotional, and financial support to others, can place an extra level of strain on these women who are already dealing with personal stress related to their race, class, and gender.

Concepts of strength and the importance of being strong provide Black women with a discourse on how to manage life's stressors. However, being strong can be costly, especially concerning mental health (Donovan & West, 2015; West et al., 2016; Woods-Giscombé et al., 2010, 2016). Research related to the mental health of Black women suggests that this myriad of factors makes them more susceptible to depression, psychological distress, and rising rates of stress-related morbidity and mortality from chronic health problems (Woods-Giscombé et al., 2016). Preventing chronic disease and identifying positive strategies for coping with stress is crucial for creating a more healthful and higher quality of life for professional Black women.

History and Justification of Research Location

The number one question received when first discussing this research topic was, why Newark, New Jersey? Newark is a logical location to study strength, stress, and self-care in professional Black women. Newark is a likely location to find women meeting the eligibility criteria for the study. As the largest city in the garden state, with an estimated population of 282,090 (United States Census Bureau, 2019), spanning across five wards, various ethnic groups have called Newark home.

African Americans migrated to Northern cities like Newark between 1910 – 1950. Slaves were emancipated in 1863; however, many remained in the Southern United States working as day laborers or sharecroppers (Jardim, 2016; Lemann, 1991). The mechanization of agriculture caused a shift from an agricultural-based society to an industrialized one. Since agriculture was mostly a rural way of life, the development of machinery reduced the need for hands to work in the fields (Lemann, 1991). The invention of the cotton-picking machine minimized the need for hand labor, so African Americans started to leave the rural South to look for factory jobs and other opportunities in Northern cities (Wilkerson, 2011). African Americans sought to escape the poverty and severe discrimination faced in the rural South (Lemann, 1991; Wilkerson, 2011).

The exodus of African Americans from the South to the North is known as the Great Migration and occurring between 1915 – 1950 (Lemann, 1991; Wilkerson, 2011). By 1950, about 60% of the African American population lived in urban areas (Gottdiener, 2011). For those who migrated to Newark, some Black migrants found work in the construction of Newark Penn Station and lived near the worksite, which is the present-day East Ward. Other migrants took jobs in manufacturing, but these jobs were usually at the bottom of the ladder such as janitors, furnace repairmen or porters (Jardim, 2016; Price, 1994).

Newark, like other Northern U.S. cities, was no exemption from the social, economic, and political issues that made settlement and advancement an upward battle (Curvin, 2014; Price, 1994). African Americans struggled and faced discrimination in education, employment, and housing (Curvin, 2014; Price,

1994). The late Clement A. Price, a Rutgers history professor, explained, “as late as the 1950s, blacks were still barely able to change the conditions their grandparents faced a generation earlier” (Price, 2004, p.5). The same opportunities for social mobility were not extended to this population as it had for the other immigrants, and because of this, “blacks were virtually trapped in the City” (Price, 1994). Newark can serve as a case example for urban problems and how race, segregation, and political injustice birthed generational structural violence. Prior research documents the causes of disparity, such as having a low-socioeconomic status, living in poor conditions, and subsequent lack of proper medical care (Boyce & Olster, 2011; Fielding et al., 2010; Harris, 2018; Sule et al., 2017).

The challenges of life in Newark, as experienced by the Black population, were heightened by the Riot of 1967 (Curvin, 2014). The aftermath of this period of unrest left Newark with serious economic, political, and social challenges. Businesses left the city. Other ethnic groups, including the Irish, Italians, and Jews, fled the city and moved to nearby towns, creating a ripe environment for increased poverty (Curvin, 2014; Jardim, 2016). Despite these troubles, the vacation of properties did allow some African Americans opportunities for homeownership. Politically, Newark elected its first Black Mayor, the late Kenneth Gibson, in 1970. With Mayor Gibson in office, many Blacks, for the first time, felt promise in the future of Newark (Curvin, 2014).

Newark has slowly started to rebuild after the riot of 1967. Today, Newark appears to be on the upswing. The development of the downtown area is

showing signs of betterment and economic boosting opportunities. According to Data USA, roughly 130,000 people are working in Newark. Health care, social service, transportation, factories, and construction are the top industries of employment (DATA USA, 2020). Newark also is home to many institutes of higher learning, including Essex County College, New Jersey Institute of Technology (NJIT), and Rutgers University. Many of these industries likely employ diverse populations, and each employee could probably give a different account of how they interact with the city.

According to the United States Census, 49.7% of Newark's population is Black or African-American, compared to 13.4% of the US population that accounts for Black or African-American citizens (United States Census Bureau, 2019). About 51.1% of the people in Newark are female. Also, 14.8% of the residents in Newark holds a Bachelor's degree or higher, compared to 31.5% of the U.S. population (United States Census Bureau, 2019). Given these facts, the probability of finding professional Black women in Newark was favorable. This research centered on a subset of the diverse populations in Newark, professional Black women. Professional Black women in Newark may have historical ties to the city. For some, their families may have migrated here from the South during the Great Migration. Considering this and the historical plight of Black women, in general, brings into question the role of what working or living in an urban environment has on self-care practices. Uncovering any of the city's self-care offerings is of significance to this study.

Assumptions and Limitations

Research on Black women serves the purpose of giving voice to the phenomena that affect their lives through sharing and telling their lived experience in their own words. Listed below are the assumptions and limitations of this research.

Assumptions:

1. It was assumed that participants in this research would identify with the content and share honest and meaningful perspectives.
2. It was assumed that participants would identify with domains of the Superwoman Schema even if they did not ascribe to being characterized as such.
3. It was assumed that the “obligation to help others” domain of the Superwomen Schema would have the most significant influence on the participants' perceived stress.
4. It was assumed that participants engaged in limited self-care practices in Newark, New Jersey.
5. It was assumed participants would be interested in the development of a future self-care initiative or program in Newark because they would be more likely to utilize self-care resources located close to work or home.

Limitations:

1. This research was limited in sample size and generalizability for quantitative associations. Data from this research was based on

interviews and surveys of 22 women. This small sample size is not representative of all professional Black women in Newark; however, it provides a starting place for understanding self-care among the study population.

2. Identification as Black is broad and can include a variety of cultural backgrounds. This research did not ask participants to specify their cultural background or account for any cultural differences for understanding how the Superwoman persona may or may not be constructed based on cultural identity.
3. This research is also limited to the challenge of reducing researcher bias and personal interest in the research topic. Bias was reduced by employing the Superwoman Schema and Socio-ecological Model to guide the research process and data analysis. Written and voice memos were also used as reflective journalizing to capture the researcher's thoughts and feelings along the research process.

Study Implications

This research will add to the growing literature on strength, stress, and self-care among professional Black women. It applied the Giscombè Superwoman Schema framework to professional Black women who lived and or work in Newark, New Jersey. Professional Black women continue to play critical roles within their families and communities, placing them at high risk for stress-related disease. Black women, especially those characterized as high achieving or professional, also face health inequalities, but these women are potentially

overlooked because a greater emphasis is typically placed on researching disparities among low-income or disadvantaged populations. Through qualitative interviews and quantitative assessments, this study explored the current self-care practices of professional Black women. Pilot data from this research will inform the next steps to improve self-care among the study population.

Organization of the Study

This chapter provided the purpose, problem statement, and background of this research study. Chapter two details the conceptual frameworks for this research. Chapter three examines the current literature on strength, stress, and self-care (referred to in this research as the “S” factor) in Black women as well as previous studies utilizing the Superwoman Schema or Strong Black Woman frameworks since they are closely related. Chapter four describes the methodology of this mixed-method study. Qualitative and quantitative findings, including themes that emerged from the interviews, are presented in Chapters 5 and 6. Chapter 7 discussed the triangulation of qualitative and quantitative outcomes and how results from this study compare to the literature. The last chapter addressed the conclusions and future implications of this research.

Chapter Two: Background of Conceptual Frameworks

Superwoman Schema. Researchers, primarily psychologists, have attempted to understand and unpack the psyche of stress among Black women concerning depression (Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Watson-Singleton, 2017; Watson & Hunter, 2015, 2016; Woods-Giscombe et al., 2016). Most have concluded that psychological distress stems from a set of characteristics that Black women embody while serving as leaders within their families and communities. These characteristics were designed to overcome negative stereotypes as well as social, economic, and political inferiority (Beauboeuf-Lafontant, 2009; Jones & Shorter-Gooden, 2003; Nichols et al., 2015; Smith, 1995; Watson-Singleton, 2017). Strength is the main trait of the various archetypes created about Black women. Some of these archetypes include the Strong Black Woman Syndrome (SBW) (Harris-Perry, 2011; Harris, 2018; Watson-Singleton, 2017; Watson & Hunter, 2016), the Invincible Black Woman (IBW) Syndrome (Childs & Palmer, 2012), the Sisterella Complex (Jones, 2003a; Jones & Shorter-Gooden, 2003), and the Superwoman Schema (Woods-Giscombé, 2018), as discussed below.

Black women who embody the Strong Black Woman operate as if failure is not an option. These women maximize the characteristics of strength while minimizing their own emotions (Harris-Perry, 2011; Watson-Singleton, 2017; Watson & Hunter, 2016). Likewise, the IBW Syndrome expands the SBW Syndrome by adding that Black women often fail to discuss their feelings of frustration to maintain an image of strength and reduce any appearance of

weakness (Childs & Palmer, 2012). The Sisterella Complex is another extension of the SBW and IBW. Sisterella, mirrored after the well-known fictional character of Cinderella, exhibits traits of both the SBW and IBW (Jones & Shorter-Gooden, 2003).

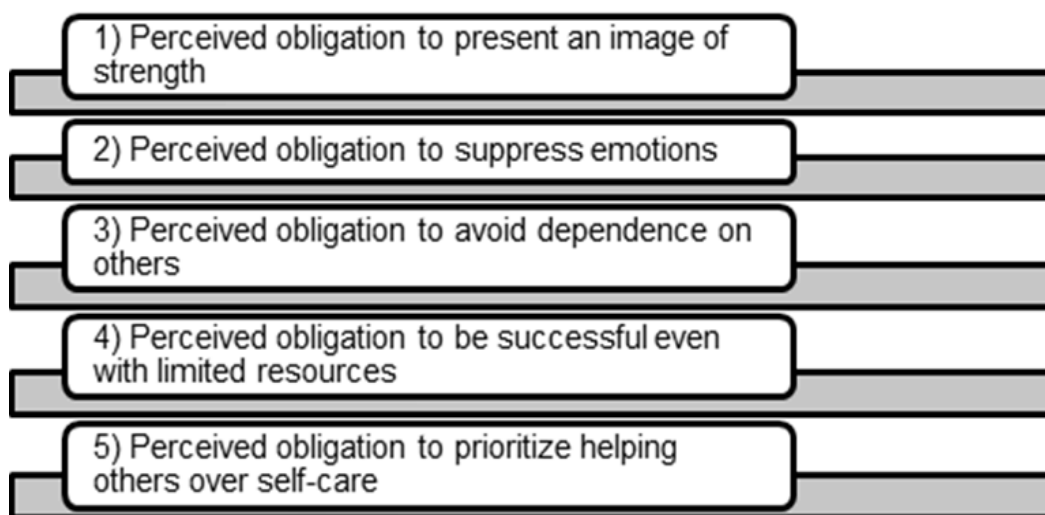
Black women who personify Sisterella may suffer in silence even when they feel overwhelmed. These women continue to work hard to ensure that their homes, jobs, or communities are functioning at optimal levels. Sisterellas may sacrifice their sleep, relaxation, or continuously stay busy, which further denies them time to address personal self-care (Jones & Shorter-Gooden, 2003). Sisterellas work tirelessly for others while minimizing complaints. Sisterellas often fail to take time to attend to their own needs (Jones & Shorter-Gooden, 2003).

According to Jones and Shorter-Gordon, consequences of the Sisterella complex can include depression, emotional eating, or other physical ailments such as pain and headaches (Jones & Shorter-Gooden, 2003). Robinson-Brown and Keith (2003) link hypertension and obesity to these stress-related symptoms. Beauboeuf-Lafontant (2013) also notes that “for strong Black women, overeating is the outward expression of emotional states that have no direct mode of expression.” The repetition of failing to take a break, limiting expressions of anger, and remaining visibly strong invites the constant presence of stress. This chronic stress could lead to various health problems such as heart disease, obesity, and poor birth outcomes, as previously discussed in Chapter 1 (Boyd, 1997; Hayes-Conroy, 2013; McEwen, 1998; McEwen, 2012; Robinson-Brown & Keith, 2003; Watson & Hunter, 2016).

The Superwoman Schema, developed by Dr. Cheryl Woods-Giscombé, expands the SBW and IBW syndromes even further. She notes the importance of understanding stress-related health disparities to create more holistic and culturally sensitive interventions for Black Americans. Further, she developed the Superwoman Schema framework to understand the stress and biopsychosocial factors affecting Black women's health (Woods-Giscombé, 2018). The framework is based on beliefs commonly documented among Black women and has five domains (Figure 1).

Figure 1

Giscombé Superwoman Schema Framework (Woods-Giscombé, et al., 2010, 2016, 2018)



The first domain is the perceived obligation to manifest an image of strength. This domain relates to the historical legacy of strength among Black women. To endure the trauma of slavery, prejudice, and discrimination that Black

women faced, it is believed a mindset of overcoming and resiliency was birthed as means of survival (Nelson et al., 2016; Woods-Giscombé, 2010, 2018). This embodiment of strength passes down from one generation of Black women to the next (Nelson et al., 2016). Knowing how Black women define strength provides insight into how they conceptualize stress (Woods-Giscombé, 2010, 2018; Woods-Giscombé & Black, 2010).

The second domain is the perceived obligation to suppress emotions. This domain is closely related to traits of the Invincible Black Woman, like failing to discuss feelings of frustration or weariness. The obligation to manifest strength overtakes expressing weakness (Childs & Palmer, 2012). The consequences of failing to acknowledge emotions can appear as low self-esteem, depression, and emotional distress (Childs & Palmer, 2012; Donovan & West, 2015; Watson-Singleton, 2017). Maintaining the perceived obligation to suppress emotions may limit proper self-care behaviors in Black women who fail to recognize their struggles (Childs & Palmer, 2012; Watson-Singleton, 2017; Watson & Hunter, 2015, 2016).

The third domain is the perceived obligation to avoid dependence on others. Strong Black Women and Superwoman are independent. For example, being able to work, pay one's bills, and adequately care for their children. This domain has a historical context as well. Black families who migrated during the Great Migration faced poverty (Lemann, 1991; Wilkerson, 2011). To qualify for any governmental assistance, the men had to vacate their homes. The presence of a father in the house meant a denial of benefits based on the premise that an

able-bodied man should be able to work and provide for his family (Lemann, 1991). This thinking failed to acknowledge the structural violence and institutional barriers that prevented many Black men from doing so.

Black mothers who accepted assistance from the government were labeled as “welfare queens.” This terminology is synonymous with the words used described Black people in general, including lazy, uneducated, marginalized, minority, and low-income (Kohler-Hausmann, 2015). Superwomen desired to break away from this generational poverty. Manifesting strength and independence were the antidote to combat the negative image associated with welfare.

The fourth domain is the determination to succeed even with resource limitations. For women who embody the Superwoman persona and uphold the image of independence, they learn how to navigate success by any means. Many Black Americans know too well, how it feels to live lacking an abundance of resources. Manifesting this strength may mean pursuing goals and achievements in the absence of financial or emotional supports. Strong Black Women do not see failure as an option (Watson & Hunter, 2015, 2016); however, not knowing how or when to accept help can also be a barrier to proper self-care.

The last domain in this framework is the perceived obligation to help others. Many Black women take on the responsibility of uplifting the entire Black race. There are many examples of women in Black history who modeled this domain, such as Sojourner Truth, Harriet Tubman, and Rosa Parks. These

women were instrumental in freeing slaves and leading civil rights efforts. They are often remembered for their heroism and bravery.

Educated Black women, especially, may feel a duty to positively represent the Black race. These Superwomen are the breadwinners, community leaders, and advocates. Helping others is a characteristic of strength (Hill Collins, 2009; Jones & Shorter-Gooden, 2003; Smith, 1995). Tending to the needs of others at the cost of neglecting self is a problem. Understanding this part of the Superwoman Schema is also needed for identifying how Black women can better manage stress and improve self-care.

Since the Strong Black Woman and Superwoman are closely related, they were used interchangeably in this research. The Superwoman Schema framework suited this research and helped assess how the study sample perceptive strength, stress, and self-care. In addition to helping verbalize feelings about the Superwoman, this framework also had a quantitative assessment. This assessment assisted with triangulating between qualitative themes and the five domains of the Superwoman Schema.

Socio-ecological Model (SEM). The socio-ecological model is a framework that employs a systems thinking approach for examining various public health phenomena. With roots in the field of psychology, Urie Bronfenbrenner, a psychologist interested in child development, originally developed this model. His theory, previously the Ecological Theory of Human Development, has been used and adapted over the years. In public health, an

ecologic health model emphasizes social and physical environments to disease and injury. This framework often helps explain the role environment plays over one's life cycle while highlighting the importance of the determinants of health (Fielding et al., 2010).

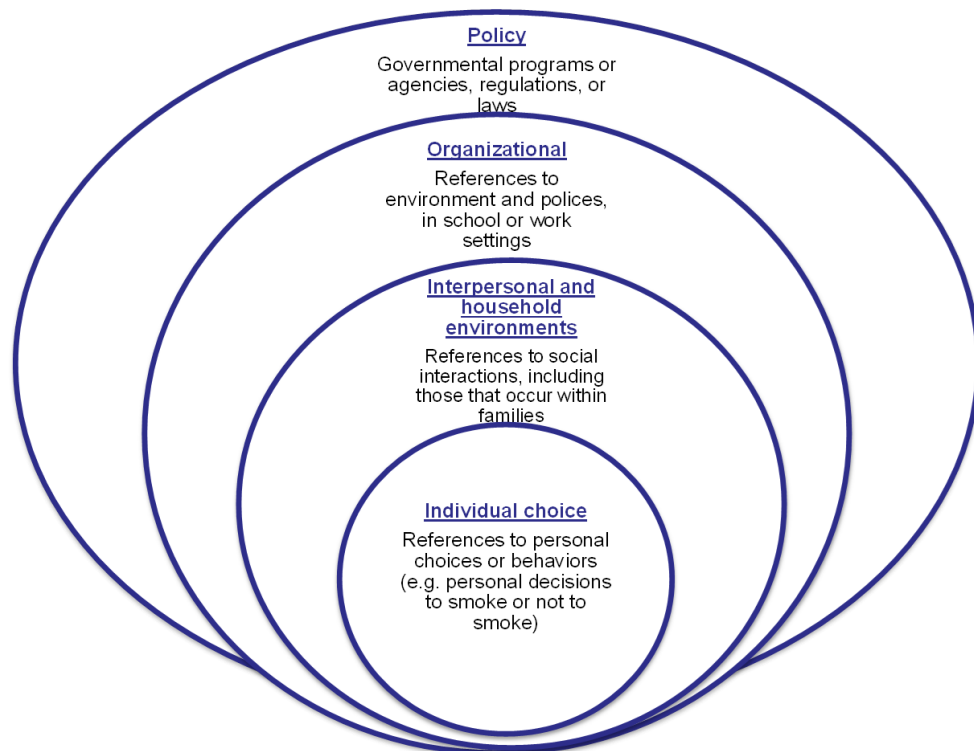
This model emphasizes social and physical environments and addresses various risk factors from micro to macro levels. The SEM has four domains: individual factors, interpersonal factors, institutional factors, and environmental/policy factors. The individual domain refers to personal choices or behaviors. When thinking about self-care, it is important to ask what the individual can do or change to promote better health and well-being. The interpersonal domain includes social supports such as family, friends, or health care providers. The institutional level is organization support. These are represented by agencies like school, work, health services.

In some variations of the SEM, the environmental and policy levels are separate, as shown in Figure 2. In other variations of this model, the institutional level is called community-level factors (Fielding et al., 2010). Collectively, the concepts of this model encompass the social determinants of health, such as income, education, access to care, and the built environment.

Figure 2

Socio-ecological Model adapted from the Center for Disease Control and Prevention,

http://www.cdc.gov/pcd/issues/2013/images/12_0204_01.gif



In the current study, the Socio-ecological Model was used to identify solutions for how the study sample might improve self-care practices. Based on the assumption that participants engaged in limited self-care practices in Newark, the SEM provides a framework for identifying self-care supports or needs from micro to macro levels. Each domain the SEM builds upon each other, and recognizing these connections promotes more sustainable self-care behaviors.

As the participants were interviewed, questions connected to the various domains in the SEM were included. To identify individual and interpersonal related supports, women were asked what would help them improve their self-

care or what help them take better care of themselves. To identify institutional, environmental, and policy-related supports, women were asked if they had suggestions on policies around self-care. Participants also shared provided feedback on their ideal self-care program. These results are discussed in Chapter 7.

Chapter Three: Review of the Literature

A literature review was conducted to explore several key terms related to the “S factor” – strength, stress, and self-care of professional Black women. A search for peer-reviewed articles in JSTOR, Project Muse, PsycInfo, PubMed, Google Scholar, and related dissertations in ProQuest was conducted using the keywords Black or African American women, superwoman schema, strong Black woman, stress, self-care, and coping. The historical context of the Superwoman, studies using the SWS framework, research on stress and coping behaviors, as well as deficiencies in past literature are discussed in this chapter.

Historical context of the Superwoman or Strong Black Women Archetype

So how did we arrive at these all these various personas to describe Black women? Since slavery, Black women have been subjected to and defined by the white patriarchal power systems as methods of domination (Hill Collins, 2009; Jones & Shorter-Gooden, 2003). These personas or archetypes have deep historical roots in slavery and the Black woman’s struggle for equality. Common among these archetypes are figures of Black women as portrayed throughout the media and literature over the years. These figures include the archetypes of Mammy, Jezebel, and Sapphire.

The Mammy archetype was born out of slavery and Southern culture (West, 1995). Mammy is often described as being asexual, always smiling with an ever-pleasant disposition. Physically, she is obese with a darker tone complexion. She embodies a position of servitude. Mammy is nurturing,

subordinate, and generous. Her primary function was working for white families as a domestic caretaker.

Mammy's image relates to Black women in several ways. First, this archetype provides a representation of a working-class Black woman. Mammy was a caretaker in her job and likely performed similar duties for their own family. Mammy provides an example of a Black woman balancing between work and family (West, 1995). Secondly, Mammy's image sheds light on the health of Black women. As previously stated in Chapter 1, the national rate of obesity is highest among non-Hispanic Black women (Center for Disease Control and Prevention, 2018). Given Mammy's roles and actions of self-sacrifice, her weight issues may be a representation of emotions otherwise unexpressed (Hayes-Conroy, 2013; West, 1995). Lastly, the Mammy archetype highlights the problems of colorism that exist within the Black culture (West, 1995). Black women and men face divide within their race in terms of skin complexion and hair texture. According to West (1995), Mammy demonstrates the impact of stress and physiological strain experienced by Black women.

Jezebel contradicts the Mammy archetype. Jezebel's image was also born out of slavery times to justify the maltreatment and abuse of Black women by the white patriarchal system (Donovan & West, 2015; West, 1995). Slave masters would say Black women "sought-after" them when, in reality, this image of being "loose" excused rape and abuse. Children that resulted from this trauma increased the production of free human labor for the slave market (Jerald et al., 2017; Jones et al., 2006).

Jezebel is described as loose, sexually uncontrolled, or promiscuous (West, 1995). Physically, Jezebel's appearance aligns with European beauty standards. Her complexion is fair, and her hair texture straighter. Jezebel functions as a seductress. Any internalization of this archetype influences how Black women feel about their sexuality and how their sexuality is received by others (West, 1995). This archetype is not well received within the Black community, creating the need for a better representation of Black women.

Sapphire's archetype was portrayed in the 1950s satire, *Amos and Andy* (West, 1995). Unlike Mammy, Sapphire is loud, pushy, and has a difficult personality. Her primary function is to undermine Black men by being verbally abusive (Beauboeuf-Lafontant, 2009; West, 1995). Physically, Sapphire has a brown complexion and described as large but not overweight (West, 1995). The modern-day Sapphire archetype is commonly known as the angry Black woman.

Sapphire's trait of expressing herself contradicts Mammy's pleasant disposition. Black women often feel unable to express themselves in such verbose ways. When showing feelings of anger, it can be misinterpreted and looked down upon (Jones, 2003b; West, 1995). Navigating how to express emotion without appearing threatening can create stress. To avoid being misunderstood, some Black women may opt not to show their feelings openly.

The Superwoman or Strong Black Woman is another typecast imposed on Black women. This Superwoman archetype that compels Black women to embody superhuman strength. Strength, in this character, is a means to combat

the negativity associated with the Mammy, Jezebel, and Sapphire archetypes. The Strong Black Woman is engrained into Black womanhood to overcome a rooted history of violence, racial and gender abuse, and oppression (Beauboeuf-Lafontant, 2007; Ricks, 2018; Watson & Hunter, 2015).

Sociologist Patricia Hill Collins refers to these various archetypes as controlling images. She argues that controlling images are very much political in the policing Black women's bodies (Hill Collins, 1998, 2009). Beauboeuf-Lafontant (2009) adds:

Like stereotypes, controlling images are generalized representations about a group. However, the concept of controlling images insists upon another point: these generalizations do not simply emerge from erroneous thinking but are created by an oppressive order to police marginalized groups and naturalize their disempowerment (p.22).

Based on this quote, Mammy, Jezebel, Sapphire, and the Superwoman are controlling images depicting how society feels a Black woman should behave. Mammy is controlled in that she happily accepts her place of servitude. Jezebel is controlled through her sexuality. Sapphire represents characteristics that are displeasing, suggesting that Black women should not be angry or loud. The Superwoman is controlled in that she prioritizes strength at the cost of her well-being.

At the core of these controlling images are health consequences. Historically, Black women have been left out of the health reform conversation.

As Smith (1995) notes in her work, *Sick and Tired of Being Sick Tired*, health activism for the Black community fell on the shoulders of Black women. Black women have pioneered many grass-roots efforts in public health to remedy the marginalization Black communities faced. During the time of legalized segregation, Black communities had a limited number of accessible medical centers and providers (Smith, 1995). Black women assisted in community health efforts by serving as midwives, teachers, nurses, and in-home health educators. Club or sorority women, representing the educated Black middle-class, filled these roles (Nelson, 2011; Smith, 1995). Many of these educated Black women exemplified more elite characteristics, focusing on a “lifting as we climb” mantra, as they felt an obligation and responsibility to help lower class Blacks (Hill Collins, 1998; Smith, 1995). The embodiment of assuming responsibility for others personifies the Superwoman archetype.

Beauboeuf-Lafontant (2009), in *Behind the Mask of the Strong Black Woman: Voice and the Embodiment of a Costly Performance*, deconstructs the discourse of strength as known by many Black women. Strength defines the function of Black women as taking up the problems of others and completing the work needed to keep society functioning per the status quo (Beauboeuf-Lafontant, 2009). In this interpretation, strength controls how Black women act but does not capture who they indeed are. Moving in opposition to this internalized strength suggests being flawed. Therefore, some women find alternative methods to mask this appearance of weakness. These alternatives

may include avoidant coping strategies such as overeating, drinking, or failure to seek professional mental health care (Beauboeuf-Lafontant, 2009).

Maintaining an image of strength, suppressing emotions, bearing the responsibility to solve the problems of others, are components of the Superwoman Schema framework. The other domains of avoiding dependence and the determination to succeed even with limited resources may control Black women in their help-seeking behaviors. Watson-Singleton's (2017) research examined the link between perceived emotional support and the Strong Black Woman schema. Surveys assessing the Strong Black Woman schema (a different assessment than the Superwoman Schema used in this study), perceived emotional support, and psychological distress was collected from 158 Black women across the United States.

The researchers found a positive association between the Strong Black Woman schema and psychological distress ($\beta = .55$, $p = .000$). Emotional support was identified as a mediator between the Strong Black Woman schema and psychological distress (Watson-Singleton, 2017). Essentially, women who scored higher on the Strong Black Woman schema assessment reported lower perceived emotional support. This resulted in more physiological distress (Watson-Singleton, 2017). Social support for Black women may be an important factor in increasing problem-focused coping mechanisms.

In reflecting on strength or more, especially being a Strong Black Woman or Superwoman, as a controlling image, it is difficult not to see both positive and

negative connotations. On the one hand, being strong is the opposite of weakness. Embodying strength means being able to overcome adversity. From a historical perspective, overcoming trauma, oppression, and disadvantage are familiar to many Black women. On the other hand, carrying the image of strength is a burden when proper attention to the true self is neglected (Beauboeuf-Lafontant, 2009; Hill Collins, 2009; Watson-Singleton, 2017). Included in the conversations about stress, is the dichotomy of strength in the lives of Black women.

Stress

Nevid and Rathus (2012) define stress as the “psychological demand placed on the body when one must adapt, cope, or adjust.” For the Superwoman, maintaining this superhuman power of strength is a significant source of stress, especially while constantly adapting or coping with experiences of racial and gender discrimination (Geronimus et al., 2010). The stress experienced by Black women is linked to structural violence and socio-cultural factors. Understanding this context of stress for Black women is important for unpacking the multiple sources of stress, as well as how to measure stress experienced within this population.

Not all stress is the same. Stress can be chronic or acute. Chronic stress is long-term stress arising from socio-cultural factors like poverty or trauma. Acute or short-term stress occurs from the anticipation of near-future events (American Psychological Association, 2011). Types of stress include self or generic stress and network stress (Woods-Giscombé et al., 2015). Self stress is

pressure or demands that an individual experiences. Examples include personal finances, workplace experiences, and experiences of sexism and racism. Self stress can also stem from losing interpersonal relationships. The type of stress a person experiences can also impact how they cope with that stress (Woods-Giscombé et al., 2015).

Network stress is the pressure experienced through events of family and friends. For example, feeling stressed when a loved one is laid off from work. Other examples of network stress include dealing with an illness or legal matter of a family member or friend (Woods-Giscombé et al., 2015). Network stress becomes problematic when the family member or friend transfers their burdens onto another person. The person not directly experiencing the stress may feel responsible for assisting in alleviating problems they did not cause (Woods-Giscombé et al., 2015).

Dr. Woods-Giscombé and her colleagues conducted a quantitative analysis using secondary data from the African American Women's Well-being Study. The purpose of this analysis was to compare the differences between network and self stress. The data showed that women reported more instances of network stress compared to self stress (Woods-Giscombé et al., 2015). The frequency of network stresses experienced was significantly associated with symptoms of distress and symptoms of anxiety or tension. Based on regression analysis, network stress was associated with experiencing distress ($\beta = .15$, $t = 2.13$, $p < .05$). This study highlights the importance of including network stress when examining stress in Black women.

One concern associated with studying stress in Black women is that their stress is multi-dimensional. Separating self stress like perceived racial and gender discrimination may not capture all the different types of stress Black women may experience simultaneously. Woods-Giscombé and Lobel (2008) sought to empirically measure race-related, gender-related, and generic stress as a single construct. Instead of testing race, gender, and separately, this study combined the three into a single variable (Woods-Giscombé & Lobel, 2008).

For their study, 189 Black women completed a questionnaire about the health and well-being of African American women (Woods-Giscombé & Lobel, 2008). Three validated tools were used to assess the study variables. The Index of Race-Related Stress-B, a 22-item scale on racism, measured race-related stress. Gender-related stress was evaluated by the Stressful Life Events tool adapted for diverse populations, focusing on 15 measures of stressors related to gender. Generic stress was measured through an adaptation of the Stressful Life Events tool. Using structural equation modeling, together, these three types of stress (race, gender, generic) were analyzed to predict symptoms of distress (Woods-Giscombé & Lobel, 2008). The majority of this sample reported experiencing stress due to race and gender as well as generic stress. Race-related, gender-related, and generic stress were each shown to have an equal impact on the associations of distress as experienced by the participants (Woods-Giscombé & Lobel, 2008). Race and gender matter in the context of Black women's stress.

Stevens-Watkins and colleagues conducted a quantitative study to examine the association of racism, sexism, and stressful life events on psychological distress in Black women (Stevens-Watkins et al., 2014). Their research assessed racism, sexism, and stressful life even through the Traumatic Life Events Questionnaire, the Schedule of Racist Events, and the Schedule of Sexist Events (Stevens-Watkins et al., 2014). Types of stressful life events examined included childbirth and motherhood, employment, finances, personal illness, and the loss of social connections. Surveys were collected and analyzed from 204 African American women living in an urban southeastern U.S. city (Stevens-Watkins et al., 2014).

The researchers hypothesized to find significant associations among racism, sexism, and stressful life events. Racism and sexism were identified as the highest sources of stress among this sample (Stevens-Watkins et al., 2014). The study sample reported experiencing a mean of 4.65 stressful life events related to employment and finances, a mean of 13.02 stressful events related to sexism, a mean of 15.04 stressful events related to racism, and a mean of 10.59 stressful events related to the loss of social connections.

Similar to the Woods and Lobel (2008) study, the research conducted by Stevens-Watkins et al. (2014) had an interest in trying to combine race, gender, and life stressors into one model for analysis on its impact on psychological distress. Based on regression analysis, racism and sexism had the most substantial effect on psychological distress (Stevens-Watkins et al., 2014). The findings from this study were consistent with other research examining the impact

of racial and gender discrimination on psychological stress in Black women (Stevens-Watkins et al., 2014).

Quantitative research on stress and distress among Black women provide statistical inferences to the role socio-cultural factors play in their experience. While these types of studies are essential, the quantitative analysis only may not offer a full and detailed account of the lived experience of Black women. It is suggested that studies on stress in Black women capture their daily encounters in combination with empirical data to explore the intersection of race, class, gender, and socio-economic status (West et al., 2016).

Stress and The Superwoman

Seeing a need to explore the biases Black women experience, Jones and Shorter-Gooden (2003) conducted the African American Women's Voices Project. This mixed-method study collected 333 surveys and 71 interviews with Black women over two years. The goal of this work was to dispel the myths and stereotypes of Black women. This work also explained the phenomena of "shifting." Jones and Shorter-Gooden state that Black women have perfected shifting as a means of survival. In the researchers' own words, shifting is described as:

To shift is to work overtime when you are exhausted to prove that you are not lazy. It is the art of learning how to ignore a comment you believe is racist or to address it in such a way that the person who said it doesn't label you threatening or aggressive. It is overpreparing for an honors class to prove that you are capable, intelligent, and hard-working or trying to

convince yourself that you are really okay no matter what the broader society says about you. It is feeling embarrassed by another African American who seems to lend a stereotype truth, and then feeling ashamed that you are ashamed. And sometimes shifting is fighting back (p. 7- 8).

Shifting is the process of conforming to societal pressures. Shifting means transforming self to fit into perceived patterns of acceptability. Shifting is related to the domains of the Superwoman Schema Framework. To accomplish the perceived obligations of being strong, suppressing emotions, minimizing support, succeeding, and helping others, the Superwoman must persevere through all situations. Shifting extends beyond the individual to the point that there are expectations from others to shift as well. Black women shift without even realizing they are doing so. It happens multiple times daily and can be exhausting. Shifting is stressful for the Superwoman.

The research conducted by Jones and Shorter-Gooden is one of the few comprehensive studies on this topic. From the surveys and interviews, the researchers found that the archetypes of the Strong Black Woman, Superwoman, and Sisterella are deeply rooted within many Black women. The researchers uncovered real-life experiences of racial and gender discrimination as detailed by the participants. For example, one participant shared how she was mistaken for a maid in her apartment complex. Her apartment was located in an affluent area, so it was assumed a Black woman in the area must be there serving in a domestic capacity (Jones, 2003a). Another woman recalled how her elementary math teacher told her she would never excel in the subject. She

internalized this to mean that math would serve no purpose in her future, so she eventually dropped out of high school. This shift caused her to doubt her abilities (Jones & Shorter-Gooden, 2003). These are examples of racial and gender biases experienced by Black women (Jones & Shorter-Gooden, 2003).

Drawing on clinical observations and personal experience with stress and self-care, Dr. Woods-Giscombé became highly interested in meeting the need for culturally-health care approaches, especially for Black women. While completing hospital rounds, Dr. Woods-Giscombé witnessed the lack of empathy healthcare providers provided to African American patients (Woods-Giscombé, 2018). She concluded this disconnection occurred because providers did not incorporate the cultural context of Black patients, to make holistic decisions regarding their mental health care. Seeing beyond clinical symptoms would be the needed approach to address psychological distress in Black women adequately (Woods-Giscombé, 2018).

The qualitative study developing the constructs of the Giscombé Superwoman Schema included eight focus groups, with a total of 48 Black female participants from the Southeast U.S. Study participants ranged in age from 19 – 72 years old. The study participants had an income range of \$26,000 - \$50,000. Seventeen percent of the women had earned a Bachelor's degree while 14.6% had earned a Master's degree or higher. Women were asked about their views on stress, sources of stress, coping, familiarity with the term Strong Black Woman or Superwoman, and their thoughts about these terms. The goal of the

study was to determine the perceived benefits and problems related to the Superwoman Schema (Woods-Giscombé, 2010).

Educated women in this initial SWS study reported that they experienced stress as a result of their educational pursuits. Having more education or more success was viewed as part of the requirement for serving as a role model for others. This sentiment was common among women in the 18 – 24 age range (Woods-Giscombé, 2010). These feelings of responsibility are similar to the feelings of the club and sorority women as detailed in Smith's work on Black women's health activism (Smith, 1995).

Women between 25 – 44 years of age in Giscombé's initial SWS study stated that they neglected their self-care as a result of the need to take care of others (Woods-Giscombé, 2010). Consistent with historical narratives around SBW, the perceived benefits of SWS included preservation of self, family, and community. Perceived liabilities of the SWS included a strain on relationships and engagement in stress-related behavior, as noted in the previous research by Jones and Shorter-Gooden (Jones & Shorter-Gooden, 2003).

Woods-Giscombé et al. (2016) conducted a secondary data analysis of the initial eight focus groups in the 2010 study to better understand the barriers Black women encounter when seeking mental health services. The researchers identified 1) perceived stigma, 2) religious and spiritual influence, and 3) the need for more culturally diverse mental health providers as the main barriers for seeking professional mental healthcare (Woods-Giscombe et al., 2016).

Exploring how Black women feel about and pursue mental health service is essential for addressing disparities in mental healthcare.

The stigma around mental healthcare is prevalent in the African American community, so this barrier was not a surprising finding. Woods-Giscombé et al. (2016) found at least three sources of stigma related to mental health while conducting this secondary data analysis. This included stigma in seeking therapy, the stigma associated with a mental health diagnosis, and stigma for using medication to cope with a mental condition. For example, participants felt that going to therapy was not something Black women engaged in because it shows weakness. Seeking therapy was expressed as an activity for White people (Woods-Giscombe et al., 2016).

Relying on religion and spirituality to address mental health was another barrier identified in this study. Women used phrases like “giving it God” or “take it to the altar” to express using prayer as a method for handling emotional distress (Woods-Giscombe et al., 2016). The participants felt more comfortable with praying about their troubles than considering professional help. Turning to religious or spiritual practices versus professional mental health care may decrease self-recognition for needed professional advice. In turn, this reasoning could increase depressive symptoms, especially if women identify with the domains of the Superwoman Schema (Woods-Giscombe et al., 2016).

The participants in this study also expressed the desire for competent and caring mental health practitioners. Women negatively described past mental

healthcare encounters, stating they felt rushed during their sessions. In other instances, women specified being unable to connect with the therapist and did not receive the help needed (Woods-Giscombe et al., 2016). This analysis reinforced the need for more culturally sensitive mental health care services.

Nelson, Cardemil, and Adeoye (2016) conducted semi-structured interviews with 30 Black women in Massachusetts. The mean age of the women in this sample was 33 years old, with 40% of the women having a Bachelor's degree and 20% with a graduate degree. Participants were asked about their familial relationships and roles and how they navigated through difficult situations. They were also asked a series of questions about their views on strength and if they considered themselves to be Superwomen (Nelson et al., 2016).

The participants characterized a Superwoman as being independent and hard-working, as described by 73% and 53% of the participants. Also, Superwomen were described as being capable to care for their family or others (63%), able to overcome adversity (53%), and emotionally contained (33%) (Nelson et al., 2016). These descriptions were comparable with the findings from the Woods-Giscombé et al. (2016) study.

When asked to state whether they considered themselves a Superwoman, participants in the Nelson, Cardemil, and Adeoye (2016) study had a mix of responses. Forty-seven percent of the study sample expressed both positive and negative connotations associated with the Superwoman term. Nine women

created a new definition of SBW. These nine women agreed that there were some benefits to being strong; however, asking for help and taking care of yourself should also be included as part of the SBW discourse. Seven women did not ascribe to the Superwoman concept (Nelson et al., 2016). Dr. Woods-Giscombé cautions that the Superwoman Schema does not apply to all Black women. Researchers should be careful not to generalize that all Black women will identify with the concept (Woods-Giscombé, 2008).

Taking on a mixed-method approach, Sumra and Schillaci (2015) examined the Superwoman phenomena, stress, and life satisfaction by looking at the multiple roles women must balance, particularly work and family responsibilities. This research was interesting in that it collected surveys, physiological biomarkers, and focus groups. This study unfolded in three phases. First, After recruiting women aged 18 and over, the researchers administered an 85 – question online survey to collect demographic information and assess women’s perceptions of stress, life satisfaction, and social capital. A total of 308 surveys were collected. Second, a small subset of the women surveyed volunteered to provide biological samples of hair and urine to measure levels of cortisol, a common stress hormone. The third part of the study consisted of a debriefing session with 14 participants to ask about their perceptions of the Superwoman Schema (Sumra & Schillaci, 2015).

The study participants reported having an average of 2.86 roles, which included a combination of being a wife, mother, or worker. The average perceived stress scores were 18.79, indicating that the participants had a

moderate amount of stress (Sumra & Schillaci, 2015). The study participants had a moderate to high level of life satisfaction with a mean score of 2.52. The mean score for social capital connections was 5.96. After conducting non-parametric correlations, the researchers did not see a significant relationship between role engagement and perceived stress. There was a small positive association between role engagement and life satisfaction (Sumra & Schillaci, 2015).

Before collecting data, researchers hypothesized that women with more roles would have higher perceived stress, higher psychological stress, and have lower life satisfaction as compared to women with fewer than 3.75 roles. For the 31 women that provided the cortisol biomarker samples, single mothers followed by mothers and caregivers had the highest levels of hair cortisol. There was not a significant relationship between hair cortisol and role engagement. Perceived stress was found to have no association with hair or urinary cortisol (Sumra & Schillaci, 2015).

Among the 14 women who participated in the qualitative assessment, all women were familiar with the Superwoman term. The study participants defined a Superwoman as someone who has the ability to “do it all,” who manages multiple roles, and can take care of responsibilities both inside and outside of the home. Further, Superwomen were described as being able to overcome stress (Sumra & Schillaci, 2015). Among the women in the focus groups, eight of the 14 reported engaging in less than 3.75 roles. Only four women self-identified as being a Superwoman. Comparing the self-identified Superwomen to the non-Superwomen, the Superwomen did have higher perceived stress scores. Self-

identified Superwomen also had higher hair and urinary cortisol levels than the non-Superwomen. Both Superwomen and non-Superwomen indicated medium to high life satisfaction. The research suggests the number of roles may not matter as much as the quality of the roles in examining stress and role engagement (Sumra & Schillaci, 2015).

The Superwoman Schema has also been applied to studies conducted with younger groups of Black women (Donovan & West, 2015; West et al., 2016). Using intersectional theory, Donovan and West (2015) conducted a quantitative assessment with 92 Black female college students in New England. Students were administered the Depression and Anxiety Stress Scale and the Stereotypic Roles for Black Women Scale. The Depression and Anxiety Stress Scale is a 21-item assessment for measuring anxiety, depression, and stress. The Stereotypic Black Women Scale has four subscale measures for “Superwoman,” “Jezebel,” “Sapphire,” and “Mammy.” As detailed in Chapter 3, these constructed figures have a historical context for the images created about Black women in America. To determine relationships between stress, depression, and anxiety, multiple regressions were run in SPSS (Donovan & West, 2015).

This study found that identification with the SBW subscale moderated the relationship between depression and stress. Meaning that women who embraced more SBW characteristics, the likelihood of experiencing depressive symptoms were likely to increase (Donovan & West, 2015). The researchers did not find that the SBW subscale moderated anxiety. The assessment used to measure

anxiety may not have been appropriate for this study, therefore making it difficult to correlate between SBW and anxiety (Donovan & West, 2015).

West et al. (2016) followed their quantitative study with an online qualitative study of 113 Black college students from the same New England university. Study participants were asked to respond to six open-ended questions. Study participants were asked to describe a woman who they felt that represented a Strong Black Women. These women had to state whether they fit the image of the SBW described and if identification with that image impacted their mental health in any way. In addition, study participants were asked if they felt the SBW persona was positive or negative (West et al., 2016).

The study participants felt exhibiting strength plays homage to the trailblazers who came before them and empowered them to withstand life's stresses (West et al., 2016). Strong Black Women were defined by the participants as being independent and self-sacrificing. Some women felt that embodying the term Strong Black Woman was harmful. Accepting this persona could mean being unable to express yourself or assuming responsibility to manage tasks alone. This mindset can set the stage for unrealistic expectations and add pressure leading to poor self-care (West et al., 2016).

In summary, research conducted on the Superwoman Schema or its counterpart, the Strong Black Woman, shows that most Black women are very familiar with this terminology. Definitions of Superwomen and Strong Black Women were consistent across studies (Donovan & West, 2015; Nelson et al.,

2016; West et al., 2016; Woods-Giscombé, 2010). These definitions were closely connected to the descriptions of the Mammy, Jezebel, and Sapphire archetypes (West, 1995). The embodiment of these characteristics is perceived to affect the mental, physical, and emotional health of Black women (Donovan & West, 2015; West et al., 2016; Woods-Giscombé, 2010).

Self-care and Coping

Self-care can be defined in many ways. Levin and Idler (1983) define self-care as “activities individuals undertake in promoting their own health, preventing their own disease, and limiting their own illness and restoring their own health without the assistance of a health professional.” As a public health professional, I would argue against the exclusion of a health professional in this definition. Knowing when to include professional health services is an important part of good self-care practice (Woods-Giscombe et al., 2016). The description of self-care has expanded since this very early definition. Sherman (2004) stated that self-care included self-initiated behaviors that promote good health (Sherman, 2004) while Collins added the words “personal, work and spiritual activities” in her definition of self-care (Collins, 2005). Some years later, Richards et al. (2010) described self-care as activities that one engages in to feel good.

Most of the definitions for self-care are found in nursing, social work, and psychology journals. A recent definition of self-care incorporates creating a holistic balance between one’s personal and professional self (Bressi & Vaden, 2017; Lee & Miller, 2013). Drawing from these previous definitions, I propose a new definition, which defines self-care as the practices and activities that a

person chooses to create holistic balance and well-being in life. These activities can promote physical, mental, emotional, and spiritual well-being.

Chronic stress can lead to poor self-care practices such as poor eating habits, limited physical activity, and infrequent routine medical care (Geyen, 2012). Having a higher SES is considered protective against early mortality for Black women. However, it may not protect against early morbidity. This is why it is vital to understand how Black women cope with stress, as it is critical for improving self-care, overall health, and well-being (Geronimus et al., 2006, 2010; Woods-Giscombe et al., 2016). For Black women, self-care is a form of coping (Everett et al., 2010).

Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person.” Coping strategies in Black women have been studied both quantitatively (Stevens-Watkins et al., 2014; West et al., 2010) and qualitatively (Black & Woods-Giscombé, 2012; Dye et al., 2012; Evans et al., 2017).

West et al. (2010) state that there are two types of coping strategies: 1) problem-focused coping, and 2) avoidant coping. Problem-focused coping is taking an active role to change the source of stress. Avoidant coping includes actions and thoughts to keep from thinking about stressful situations. In their quantitative study seeking to examine the relationship between perceived racial discrimination and coping in Black women, the researchers found that higher levels of problem-focused coping were associated with lower levels of depressive

symptoms, while higher levels of avoidant coping were associated with more depressive symptoms. This suggested that utilizing more problem-focused coping strategies to manage stress could help increase self-care practices.

Using a grounded theory approach, Hall et al. (2012) conducted six focus groups with Black women aged 18 - 55 in Boston, New York, and Tennessee. These women were asked questions related to their everyday conflicts and daily stressors. Such questions included queries about who demanded the most of their time during daily interactions and which demands of daily life were the most overwhelming. There were 41 participants, and the majority of them were over 40 years of age (65%) and single (46%). Nearly 75% of the women were well educated, reporting a bachelor's degree or higher (Everett et al., 2010).

When asked about their sources of stress, work and familial responsibilities were the most common responses. Some women said that time at work was a relief from the duties of caregiving, while others felt emotionally drained trying to balance both work and familial responsibilities. Caregiving roles included taking care of children, aging parents, and extended family or a combination of these. "Being the go-to person" reported being a stressor. Income was also cited as a source of stress (Everett et al., 2010). This is not completely surprising as the majority of the sample was single and therefore assumed not to have dual income. Participants also stated that acting as a financial resource for extended family was stressful. Once again, the stress associated with the perceived benefits of higher education (i.e., ability to earn a higher income) is readily apparent.

Racism was the most commonly identified workplace stressor.

Participants shared that they had to code-switch to fit in or felt misunderstood among their white colleagues. Code-switching is language alternation (Everett et al., 2010). In this study, the participants shared using more formal English with white peers. Other study participants described situations in which they felt passed over for a new opportunity or promotion due to their race (Everett et al., 2010). In this study, racism, especially racism from peers of the same racial or ethnic background, was found to moderate race-related stress. Not only did the study participants feel racism from non-Black colleagues, but they also experienced racism from others within their same race, which added to their overall stress (Everett et al., 2010).

Coping strategies from these women varied but generally fell within the bounds of either problem-focused or avoidant. Exercise, prayer, and going out with a partner or friend were some of the problem-focused coping described. Isolating themselves from others was the most utilized avoidant coping strategy. However, it can be argued that this response to managing stress can be of value if it avoids additional stress (Everett et al., 2010). The time constraints of managing multiple demands are often given as reasons that Black women do not practice self-care (Nichols et al., 2015). Financial restraints were also named as important reasons for neglecting self-care (Perry et al., 2013; Stevens-Watkins et al., 2014).

In a comparison study of coping among non-professional service and professional working Black women in the southern U.S., Gary et al. (2015)

explored how these women deal with daily stress. Using the Ways of Coping Questionnaire, participant responses (n=656) were divided into three categories: 1) active coping, 2) avoidance coping, or 3) minimizing the situation. Avoidance coping and minimizing the situation categories were reported among the professional working group. The non-professional group reported higher scores in the avoidance and minimization categories. The variance in the type of coping each group favored most may be attributed to socio-cultural factors (Gary et al., 2015). This study provided empirical data regarding the coping strategies of Black women, but it offered limited in-depth descriptions of any influencing factors experienced by the study participants.

Deficiencies in Past Literature

Limitations of previous study studies. Researchers who have studied mental health, strength, stress, self-care and coping practices among Black women have noted several limitations within their studies. Many of these limitations are related to the research design.

Quantitative research on this subject relies on statistical inferences. Quantitative studies do not include the lived experience of study participants. Quantitative studies do not allow for additional probing to understand the answer choices as selected by the participants. Researchers using quantitative methods in examining stress in Black women suggest that including qualitative components would have provided supplemental information (Gary et al., 2015; West et al., 2010; Woods-Giscombé & Lobel, 2008).

In qualitative studies on this subject, researchers conducted focus groups versus one-on-one interviews (Woods-Giscombé, 2010). While focus groups are useful for gathering qualitative data from larger groups of participants, researchers question whether the responses provided were authentic or if they were influenced by participants feeling pressure to agree with the group (Woods-Giscombé, 2010). Studies involving focus groups note group agreement as a limitation and suggest including one-on-one interviews in future research.

In the mixed-method studies reviewed in this chapter, participants responded to open-ended questions through an online survey (Sumra & Schillaci, 2015; West et al., 2016). Distributing open-ended surveys for the online response also limits personal interaction with participants. Like quantitative studies, there is no opportunity to probe or ask any clarifying questions if needed (Sumra & Schillaci, 2015; West et al., 2016). There is a need for mixed-method research on stress and self-care in Black women that employ both personal interview techniques along with quantitative assessments.

The Giscombé Superwoman Questionnaire is a fairly recently developed and validated assessment (Woods-Giscombe et al., 2019). The assessment is useful for studies involving Black women of all ages, educational backgrounds, and socioeconomic status. More studies utilizing this assessment and the Superwoman Schema framework are needed for understanding the complexities of strength, stress, and self-care in Black women (Woods-Giscombe et al., 2019). Lastly, there is no known research on this topic in professional Black women in Newark, New Jersey.

Suggestions for future research. Future research on stress and self-care practices are needed to keep the focus on those issues that affect Black women's health. Dr. Woods-Giscombé suggests that more research is needed to study stress in various groups of Black women. Black women with more education and income are not exempt from poorer emotional well-being and increased rates of stress, especially network stress (Woods-Giscombé et al., 2015). In addition, Gary et al. (2015) point out that identifying the coping strategies of working Black women is necessary for designing interventions that help promote more supportive coping strategies for this population.

Chapter Four: Methodology

Research Study Design

This study used a mixed-methods concurrent nested research design. Mixed-method designs use both quantitative and qualitative data to provide a deeper understanding of the study's results based on a smaller representative sample. Quantitative assessments use measures to draw inferences from the study sample to the broader population. Qualitative methods, typically consisting of focus groups or one-on-one interviews, allow for a more in-depth explanation of concepts not captured through quantitative methods (Rossi et al., 2004).

This study was primarily qualitative with embedded quantitative assessments. The quantitative assessments supported the participant descriptions and addressed research questions #4 and #5 (see Table 1 for a full list of the research questions). Participants were asked about their views on strength, stress, self-care practices, as well as recommendations for policy changes and future interventions using a semi-structured interview guide. As the review of the literature revealed, it is imperative for any research involving Black women to acknowledge their lived experiences and perspectives.

Qualitative data is limited in that it cannot be generalized to the larger population. Methods designed to collect, analyze and decipher qualitative data can vary, so it is critical to explain the research methods used in detail, utilize a consistent script and remain neutral throughout the process (Rossi et al., 2004). Hsieh and Shannon (2005) also mention that researchers should make a note of their thoughts and impressions throughout the qualitative data collection process.

The quantitative portion of this study employed a cross-sectional design that allows for data collection at only one point in time. This study design was an appropriate data collection method, for this group of busy professional Black women. Cross-sectional designs are standard for research in which surveys are the primary data collection tool. The strengths of cross-sectional studies include ease of dissemination and minimal to no need for participant follow-up (Remler & Van Ryzin, 2015; Thomas, 2017). However, cross-sectional designs are the weakest of the non-experimental designs, and they do not enable the research to determine causation and thus lack strong internal validity (Remler & Van Ryzin, 2015). Despite the weakness, the cross-sectional designs are useful for examining associations among the “S” Factor properties that are the focus of this study.

The qualitative strand of this study consisted of in-depth semi-structured interviews to accompany the self-administered quantitative assessments. After both quantitative and qualitative measures were collected and analyzed, the researcher triangulated the data by comparing participant responses to the interview questions with participant scores on perceived stress, coping, self-care, and the Superwoman Schema.

Researcher’s Role

While the study sample, location, and topic are personally relatable, I, as the researcher, set aside my own experiences to understand those of the participants by keeping a reflective journal throughout the process. In my written and voice memos, I acknowledged my thoughts and feelings about the interviews

and the information shared in them. This enabled me to distinguish my reactions from those of the study participants. Peer review with members of the dissertation committee was also conducted to discuss the study's initial interview findings from the interviews. The overall goal of these practices was to isolate the meaning of the participants' own experiences.

Research Questions. The following research questions were addressed in this mixed-method study:

Table 1

Research Categories, Questions and Sources of Data

Category	Research Question	Sources of Data
Strength	1. How do professional Black women in Newark define strength?	Interviews Superwoman Schema Instrument
Stress	2. What are the major sources of stress within the study population?	Interviews Perceived Stress Scale
Self-care & Coping	3. What self-care and coping practices do professional Black women in Newark utilize?	Interviews Self-care Assessment Brief Cope Instrument
Quantitative / Associations	4. Is perceived stress score associated with feelings of obligation to help others?	Superwoman Schema Instrument Perceived Stress Scale
	5. Is there an association between coping score and self-care assessment scores?	Self-care Assessment Brief Cope Instrument

Qualitative Methodology

Purpose. Qualitative data was collected using a semi-structured interview guide (see Appendix A). The purpose of the qualitative data was to gather detailed viewpoints from professional Black women in Newark regarding their thoughts about strength, stress, and self-care in their personal and professional lives. Specifically, the semi-structured interview guide was designed to elicit data to answer # 1, #2, and #3 (see Table 1). Interviews lasted approximately 30 to 60 minutes. All interviews were audio-recorded, transcribed, and coded for thematic analysis using QSR NVivo 12.

Quantitative Methodology

Purpose. Quantitative assessments were self-administered. They were completed after participants finished their interviews. The following quantitative measures were collected (see Appendix B for copies of these instruments): a demographic questionnaire designed for the study, the Cohen and Janicki-Deverts Perceived Stress Scale (2012), the Carvers Brief COPE Assessment (1997), the Saakvitne and Pearlmann Self-care Assessment (1996), and the Giscombè Superwoman Schema Questionnaire (2019; 2018; 2012). These instruments are described in detail later in this chapter.

Upon completion of the interview, participants were provided with a laptop with which to complete these assessments in Qualtrics. Since special permissions were required to use the full Superwoman Schema Questionnaire (see Appendix C), this survey was administered in paper format. Superwoman Schema data was entered into an Excel spreadsheet and uploaded into SPSS

for analysis. The remaining quantitative assessments were also analyzed in SPSS.

Eighteen interviews were completed in person at the researcher's office in Newark, NJ. Four interviews took place at the participant's office, where a private space for interviewing was available. Quantitative assessments were completed in approximately 30 minutes. Rutgers Institutional Review Board (IRB) approval was obtained before data was collected.

Study Sample and Recruitment

The target population for this study consisted of Black professional women who live and/or work in Newark, NJ. Participants had to identify as Black or African American, be 25 years old or older, hold at least a minimum of a Bachelor's degree, and be able to read and speak English.

Purposive snowball sampling was used to recruit participants. A recruitment flyer describing the study (see Appendix D) was shared via email, social media (LinkedIn, Twitter, Facebook), and listservs throughout the researcher's network of peers and professional colleagues. Interested participants contacted the research by phone or email. Follow-up to interested participants occurred via telephone and email to further explain the study and verify inclusion criteria.

Instruments and Measurement

As previously noted, stress was assessed using the Perceived Stress Scale (PSS). The PSS is a commonly used assessment for measuring the

perception of stress in community samples (Cohen & Janicki-Deverts, 2012).

Participants were asked to respond to a 10 –item scale regarding their feelings and thoughts over the past month. A 5-point Likert scale was used to score each statement from 0 = never to 4 = very often. In two studies, as referenced by Cohen and Janicki-Deverts (2012), the PSS showed good internal reliability reporting Cronbach alpha's of .78 and .91, respectively (Cohen & Janicki-Deverts, 2012). Cronbach alphas between 0.7 and .09 are generally acceptable for good to excellent levels of strong internal reliability (Remler & Van Ryzin, 2015). No special permission was needed to use the PSS for this study.

Utilizing coping concepts from Lazarus and Folkman, the Brief COPE scale measures adaptive and maladaptive coping skills (Carver, 1997). It is a 28-item scale with 14 subscales of two questions each. Participants rated each item from 1 = I have not been doing it to 4 = I have been doing this a lot. Scores from the subscales are categorized into two categories: either avoidant coping or active coping (Carver, 1997). Avoidant coping behavior is associated with poorer health outcomes, whereas active coping is connected to more stable emotional and physical health (Eisenberg et al., 2012).

The Saakvitne and Pearlmann Self-care Assessment (Saakvitne & Pearlmann, 1996) were used to measure self-care among study participants. This assessment asked respondents to rate the frequency of various self-care activities from 5 = frequently to 1 = it never occurred to me. Activities included in this tool fall into six categories: physical self-care, psychological self-care, emotional self-care, spiritual self-care, workplace or professional self-care, and

balance. The self-care assessment was developed by Karen A. Saakvitne and Laurie Anne Pearlman, both clinical psychologists, who created a workbook on vicarious traumatization (Saakvitne & Pearlmann, 1996). The workbook was designed for professionals who work with victims of trauma. It seeks to assist them by providing them with skills to help them improve their emotional well-being after experiencing the strain of processing the trauma of others (Saakvitne & Pearlmann, 1996). Given the historical trauma experienced by Black women and the stress they experience in their roles, this assessment was selected as a way for the participants to reflect on areas of future self-care improvement.

Strength was measured through the Giscombé Superwoman Schema Questionnaire (Woods-Giscombé et al., 2010, 2018, 2019). A schema is an alternate word framework, as the domains in this tool assess the archetype of the Superwoman. This assessment contains 35-items with five subscales that together define the Superwoman Schema and is divided into five subscales. The subscales are 1) obligation to present an image of strength (6 items), 2) obligation to suppress emotions (7 items), 3) resistance to being vulnerable (7 items), 4) intense motivation to succeed (6 items), and 5) obligation to help others (9 items). Permission to utilize this assessment was obtained from its creator, Dr. Cheryl Woods-Giscombé, on February 21, 2019 (see Appendix C).

Study participants were asked to respond to each of the 35 statements by checking if the statement was true or not true for them. If the statement was true, respondents then ranked the frequency of the statement by selecting whether it rarely applied, sometimes, or all of the time. In addition, if the statement was true,

respondents also identified to what extent the statement felt disturbing or bothersome by selecting one of the following qualifiers: not all of the time, somewhat, or very much.

Values were assigned for each response, and average scores were calculated for each of the five subscales. Subscale scores are categorized as low, moderate, or high. Subscales have been verified for internal consistency. Internal consistency or reliability tells how well a test measures what it is intended to measure. Cronbach alphas between 0.7 and 0.8 show acceptable levels of internal consistency. Cronbach alphas above 0.8 are considered to have good internal consistency or excellent internal consistency if above 0.9 (Remler & Van Ryzin, 2015). The obligation to present an image of strength subscale has a Cronbach alpha of 0.81. The obligation to suppress emotions subscale has a Cronbach alpha of 0.85. The resistance to being vulnerable subscale has a Cronbach alpha of 0.82. The intense motivation to succeed subscale has a Cronbach alpha of 0.72. The obligation to help others subscale has a Cronbach alpha of 0.89. As a whole, the SWS instrument has a Cronbach alpha of 0.95, indicating excellent internal consistency. An article on the development of this assessment was recently published (Woods-Giscombé et al., 2019).

Data Collection

Participant eligibility was first verified via phone or email. Participants meeting the eligibility criteria were asked for their availability to meet in-person, and all interviews were scheduled at a time and location convenient for the

participant. Before the interview, the study was explained, and both written and verbal consent was obtained prior to the start of the interview.

See Appendix A for the semi-structured interview guide. Interviews lasted approximately 30 minutes to one hour in length. Interviews were audio-recorded, transcribed, and uploaded into NVivo 12, a qualitative data analysis software program for analysis. As previously noted, immediately after completing the interview, participants completed the quantitative assessments. The total time for participation in this study was approximately 90 minutes. After data was collected, participants received a \$25.00 Visa gift card as compensation for their time.

Data Analysis Plan

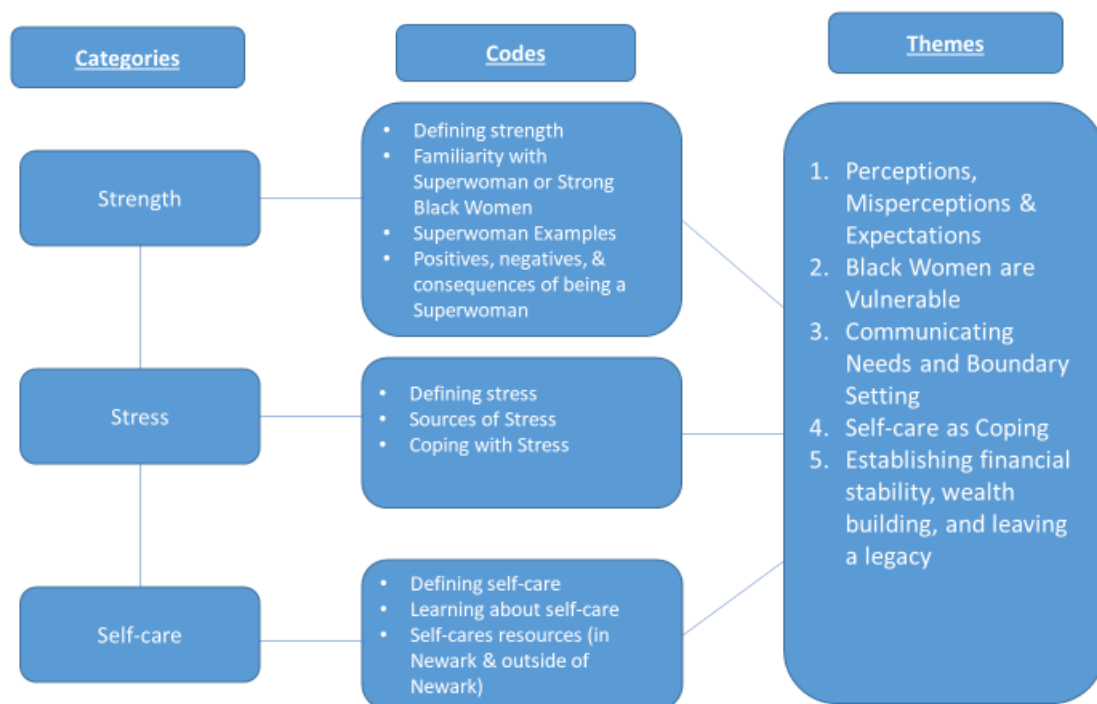
The researcher conducted a mixed-methods data analysis. After both the qualitative and quantitative measures were completed and analyzed, participant's interview responses were compared with the Perceived Stress Scale, the Brief COPE assessment, the Self-care Assessment, and the Giscombè Superwoman Schema Questionnaire. Triangulating the data in this way facilitated a deeper level of analysis.

Qualitative Data Analysis. Before coding, this researcher reviewed all field notes and voice memos. Key points were summarized in an Excel spreadsheet after relistening to each of the recorded interviews. This spreadsheet served as an initial codebook to guide organizing the qualitative data in NVivo 12. The three initial categories were strength, stress, and self-care.

These categories grouped how the participants responded to research questions #1, #2, and #3. Codes were created from the three initial categories and then grouped into themes. Figure 3 summarizes the three categories, ten codes, and five emerging themes identified from the qualitative data. The qualitative data analysis is discussed in detail in Chapter 5.

Figure 3

Qualitative Data Categories, Codes, and Themes



Quantitative Data Analysis. Data were analyzed using IBM's Statistical Software for the Social Sciences (SPSS). Statistical analysis was conducted in two parts: univariate and bivariate analysis.

The first stage in the quantitative analysis consisted of univariate analysis. Descriptive statistics were used to describe the study sample characteristics such as their age, educational level, income level, employment status, and relationship status (see Table 2). Age (continuous data) is presented as the mean age of the study participants and the standard deviation (SD) of the variation of the age of the participants from the mean. Categorical data are presented as frequencies and proportions.

The second stage in the quantitative analysis consisted of bivariate analysis. Scores for the Perceived Stress Scale, Brief COPE Assessment, and Superwoman Schema Questionnaire were computed. Due to the small sample size of this pilot study, non-parametric tests were utilized to test for correlations. Non-parametric tests are used when the study sample is not normally distributed. Although best suited for smaller sample sizes, non-parametric tests are limited in power calculations. To determine if there were any correlations between the participant's perceived stress score and the obligation to help others domain in the Giscombè Superwoman Schema Questionnaire, a Spearman's rho was conducted. Significance was set at 0.05, meaning that there is a 5% risk of determining a difference between perceived stress score and the obligation to help others domain when there is no actual difference.

Protection of Human Subjects

This study received an exempt review by the Rutgers Institutional Review Board (see Appendix E) since there was minimal risk to the study participants. Phone numbers, names, and email addresses of the study participants collected

during recruitment were only accessible to the researcher. Subject ID numbers were assigned to participant audio recordings and transcripts to protect their identity.

Participant phone numbers and email addresses were used to verify inclusion criteria and for scheduling interviews. A master list of participants' names and their participant ID numbers were maintained in a password-protect computer accessible only by the researcher. Since some assessments were collected via Qualtrics, the limitations of online security transmission were explained in the consent form as per the Rutgers IRB (Rutgers Office of Research Regulatory Affairs - Internet Research).

Participation in this study was voluntary. Participants had the option to withdraw at any time during the study. Consent forms were signed in person before the initiation of the interview and assessments. Consent forms were stored in a locked file drawer in the researcher's office. All other data was stored on a password computer only accessible by the researcher.

Chapter Five: Qualitative Results

Based on a review of the literature, identified gaps, and suggestions for future research, this study sought to explore the current self-care practices of professional Black women in Newark, NJ. Current health statistics demonstrate that the effects of chronic stress imposed a greater burden on Black women (CDC, 2019b; Jackson et al., 2012; Katz, 2018; Robinson-Brown & Keith, 2003) and chronic stress can hinder physical, mental, and emotional health (Everett et al., 2010; Geyen, 2012; West et al., 2016; Woods-Giscombé et al., 2008, 2010, 2016, 2018). Further, this study focused on professional Black women, an understudied group.

This study utilized a mixed-method research design that included both one-on-one interviews and quantitative assessments. Findings from this study will inform future work seeking to improve self-care among this population.

This research was guided by the following five questions. 1. How do professional Black women in Newark define strength? 2. What are the major sources of stress within this study population? 3. What self-care and coping practices do professional Black women in Newark utilize? 4. Is perceived stress score associated with feelings of obligation to help others? 5. Is there an association between coping score and self-care assessment scores?

The Superwoman Schema (Woods-Giscombé, 2008, 2010, 2018) was used as the foundation for this study, as previous research highlighted its importance. I draw on three derivatives of this schema (strength, stress, and self-care, here referred to collectively as the "S" factor) to frame my work. This chapter is

divided into 2 parts. Part 1 begins with an introductory section that reviews the demographics of my sample. It continues by examining how the "S" factors drawn from the Superwoman Schema were defined and discussed by my study participants. In doing so, I address research questions 1-3, which must be answered using qualitative research methods. This is followed by Part 2, which explores the five additional overarching themes that emerged from the qualitative data. Findings from the quantitative instruments are reviewed in chapter 6, which addresses research questions 4 and 5.

Part I: Participant Demographics and the "S" Factors

Study Sample Demographics

This study enrolled a total of 22 professional women who self-identified identified as either Black or African American. The women ranged in age from 25 to 52 years of age, with a mean (or average) age of 41.3. This was a group of well-educated women. In terms of educational attainment, 13.6% of the sample (3 women) held Bachelor's degrees, 45.5% (10 women) held Master's degrees, and 40.9% (9 women) had a terminal degree (such as a Ph.D., JD, or MD).

Most of the sample was employed. Twenty women reported holding full-time jobs, one participant reported working both a full-time job and a part-time job, and one participant had recently become unemployed. The majority of the study's participants (68.2%, or 15 women) earned an income of between \$50,000 and \$99,000. While this pay range is substantial, it suggests the existence of pay disparities, given the high educational level of these individuals. There was a

high concentration of participants working in education in a female-dominated field. About 46% (approximately 10 women) were employed in education or higher education, followed by those working in a health or health-related field 18% (4 women) and business/administration 18% (4 women). The remaining participants worked in finance 4.5% (1 woman) and law 4.5% (1 woman).

Table 2

Study Sample Demographics

	Mean	SD
Age	41.29	8.162
	N	%
Educational Level		
Bachelor's degree	3	13.6
Master's degree	10	45.5
Terminal degree	9	40.9
Employment Status		
Full-time	20	90.9
Full-time and part-time	1	4.5
Not employed	1	4.5
Income		
Less than \$10,000	1	4.5
\$10,000 - \$49,000	2	9.1
\$50,000 - \$99,000	15	68.2
More than \$100,000	3	13.6
Relationship Status		
Married	8	36.4
Single/Never Married	8	36.4
Divorced	2	9.1
Committed relationship, living together	1	4.5
Committed relationship, living apart	2	9.1
Parental Status		
Has children	9	40.9
No children	12	54.5
Resides in Newark		
Yes	8	40
No	12	60

Works in Newark		
Yes	19	86.4
No	3	13.6
Financially Supports Non-Dependent Children		
Yes	8	38.1
No	13	61.9
Overall Health		
Excellent	2	9.1
Very Good	10	45.5
Good	9	40.9
Fair	1	4.5
Poor	0	0
Alcohol Consumption		
Non-drinker	6	27.3
Occasional drinker	11	50.0
Occasional drinker, special occasions only	3	13.6
Regular drinker	2	9.1
Smoke		
Yes	0	0
No	22	100
Average Hours of Sleep		
5	1	4.8
6	4	19.0
7	7	33.3
8	9	42.9
Average Exercise per Week		
1	9	40.9
2	3	13.6
3	5	22.7
5 or more	2	9.1
Health Conditions		
Anxiety	1	4.5
Diabetes	1	4.5
High blood pressure	1	4.5
Migraines	2	9.1
Other	4	18.2

An equal number of women in this sample were married and single, representing 36.4%, or 8 women, respectively. The remainder of the sample was either divorced (9.1%; 2 women) or in a committed relationship (13.6%; 3 women). Slightly more women (54.5%; 12 women) were childless; 40.9% (9 women) reported having children. In addition, eight women stated they were financially providing for others outside of themselves or dependent children. Forty percent of the study participants (8 women) resided in Newark. Participants who lived outside of Newark (60%; 12 women) lived in East Orange, Elizabeth, Jersey City, Kearny, Maplewood, Orange, and Plainfield. The majority of the sample worked within the City of Newark (86.4%; 19 women).

Regarding health status and health behaviors, ten women (45.5%) self-rated their overall health as very good, nine women (40.9%) as good, two women (9.1%) as excellent, and one woman rated her overall health as poor. Half of the study sample described themselves as occasional drinkers (11 women), and none of the participants smoked cigarettes. Most of the sample (20 women) averaged six to eight hours of sleep per night. Almost an equal number of women exercised either one day per week (9 women) or two to three days per week (8 women). Some women self-reported dealing with chronic health conditions such as anxiety, diabetes, high blood pressure, or migraines, as indicated in Table 2. For those who named other conditions, the health conditions included fertility issues, hypothyroidism, and a mild mitral valve leak.

"S" Factor 1: Strength and the Superwoman

As previously noted, the Giscombé Superwoman Schema (Woods-Giscombé, 2008, 2010, 2018) framed the qualitative portion of this research. The three central derivatives of this schema (strength, stress, and self-care) constitute what I refer to as the "S" factor). The first of the "S" factors is strength. Exploring participants' views about strength is a key component of this study's framework. During the interview process, opening with a discussion about strength laid the foundation for discussing the other two "S" factors: stress, and self-care. Additionally, the qualitative data exploring strength address the first research question: how do professional Black women in Newark define strength?

Defining Strength

Study participants were asked how they would define strength and encouraged to discuss what strength meant for them. Most participants described strength as the ability to overcome a challenge or adversity. It was very rare to hear strength described in a strictly physical sense.

Strength doesn't necessarily mean being strong. I think it means being flexible. Knowing how to handle good and bad situations. Obviously, when things are going well, we feel the strongest that we are. When the bad situations happen, that's really the test—so being able to manage the bad times and make your way through them in a positive way. Not succumbing to anything that is negative and just getting through any situation. That, basically, is strength for me. *Participant 9*

Strength is defined by me as being able to remain calm, grounded in the storms. And they'll always be storms that come your way. Being able to duck as things come flying out of nowhere. *Participant 12*

I think strength for me is just empowerment and just having the ability to choose – aside from physical strength and being healthy, I feel like strength is just the ability to have choices and to be able to navigate your environment and your lifestyle in a positive way. *Participant 20*

These descriptions of strength define it in opposition to a challenge. Many study participants felt that a woman exhibits the greatest strength in how she handles bad situations. Being adaptable and flexible were specifically identified as traits needed to manage difficult moments. Interestingly, these definitions of strength, seem to assume that weakness is not an option. Strength is portrayed as meaning the ability to master through any situation.

Resilience, perseverance, determination, not losing control of emotions, and achieving goals were other words and phrases used by study participants to describe strength. All of these descriptions correspond well to the domains of the Superwoman Schema framework. Resiliency connects to the domains of presenting an image of strength, avoiding dependence on others, and drive to succeed even when resources are limited. Descriptions of being emotionally contained correlates with the domain of suppressing emotions. Participants also framed strength as a psychological concept. To overcome adversity, one must have the mental capacity to be able to do so. During these interviews, it was frequently acknowledged that exhibiting strength can be mentally and emotionally

draining. Participants often articulated that presenting an image of strength was exhausting due to the pressure from their families and society to maintain this image. Maintaining the multiples roles of wife, mother, and employee to meet the demands of others seemed to be prerequisites for constantly having to appear strong. This often resulted in feeling more pressured or created stress-producing situations.

Familiarity with Superwoman or Strong Black Woman

All 22 participants were familiar with the terms "Strong Black Woman" or "Superwoman." These terms were used interchangeably during the interviews. Strong Black Women or Superwomen were mostly described as "someone who can do it all."

That woman that has the "S" on the chest, she can do everything. She's a mother, and she's a wife, she's a worker. I mean, she can more or less do it all. I mean, even if she is not married or doesn't have children, essentially, she can do it all. She's seen everywhere, whether it's in the community or what have you, but she can just do it all, essentially, and be successful at doing it. Participant 2

I think the way our generation has coined that term, as someone who can do it all, who is a mom, who is a career woman, who's a friend, who's a fashionista, who's a caretaker. I think all those things we use to define Strong Black Women. But I think that role is borne out of necessity, not because that's what we want to do. Participant 3

From these quotes, one can begin to picture a woman juggling multiple roles simultaneously. The above excerpts show how the Superwoman's roles extend through both her personal and professional duties. In some cases, women reported that being a Superwoman was a cultural expectation set by a society of Black women rather than an identity assumed by personal choice.

During the fifth interview, a participant made a distinction between the terms Superwoman and Strong Black Woman. When asked if she considered herself to be a Superwoman, she replied, "I would say a Strong Black Woman. Superwoman, not there yet." Probing further, I asked her to explain her differentiation.

I would definitely say once kids are thrown into the mix, that's a different level of like strength and ability. I think once you're single, it's like okay, yep, you're here. Then when you're married, that's an added factor, but then once you have kids, now it's like the ultimate. So, I feel like someone who has kids, who's married and who's a professional, she is a Superwoman. *Participant 5*

Participant 5 did not currently have any children but was in the process of trying to expand her family. Based on her description of the difference between a Strong Black Women and Superwoman, it appears that the type and number of roles a woman fulfills accounts for the difference between these personas. This participant felt she was a Strong Black Woman based on her current roles as a wife and employee in the educational field. She felt that having a child brought a higher level of responsibility not only to day-to-day caretaking, but it also added

the need to portray strength as a mother in addition to all the other roles she already balanced. Once motherhood is introduced, she indicated, everything a woman does, how she carries herself, and how she reacts to life circumstances influences her children. So, since mothers generally provide nurturing and assume greater responsibility on childrearing, it is a role that women value and take seriously.

As this difference between the Superwoman and the Strong Black Woman emerged, I consulted with members of my dissertation committee for peer review. My subject matter expert also felt that the terms Strong Black Woman and Superwoman could be seen differently. I was advised to probe this further during subsequent interviews. As interviewing continued, other women also made a distinction between the Superwoman and the Strong Black Woman.

There are days I feel like I feel like I'm a Superwoman. There are days that I'm a Strong Black Woman. I would say, Strong Black Woman every day. Participant 7

Definitely a Strong Black Woman. I think like a superwoman, no, because I think that really has the idea that you can't show weakness, you're doing all things at all times, but I think I identify with Strong Black Woman. I like being a strong black woman as long as there's a parallel identification that I'm also not perfect, and I shouldn't have to be perfect. *Participant 10*

When I think about a Strong Black Woman, I think about being able to persevere through certain challenges. But a superwoman I think of being

able to wear a lot of hats. So, they kind of overlap in some characteristics or qualities. *Participant 13*

Sometimes I see myself as a strong woman. In the sense of being able to juggle and handle a lot of things. But in terms of a Superwoman, I'm like, "Oh God." Super means like totally exceptional. And I have my cape on. So, I don't always see myself as Superwoman. And I do see a difference between the two. But then there are other women who see me as a Superwoman. *Participant 21*

What differentiated these terms for these women was based on their perception of how society defines what it means to be a Superwoman. The women who discussed their views about this all agreed that they were strong, but not necessarily Superwomen. As depicted in the quotes above, a Superwoman seems to embody extraordinary, almost non-human characteristics. I would argue that these women did not want the appearance of strength to diminish or eclipse their ability to feel and show emotion. It was acceptable to be labeled as strong but not to the point of being unable to express oneself and show feelings of vulnerability. As women discussed their roles and responsibilities, it underscored their need to be heard, understood, and enjoy a healthy balance between their personal and professional lives. Embodying a Superwoman persona lessens the desire for this balance.

Examples of Superwomen

Mothers, grandmothers, aunties, and friends were all identified as Superwomen by study participants. Participants recounted stories about how the

matriarchal figures in their lives embodied strength. Raising families, raising grandchildren, or raising the children of other relatives were often mentioned. Keeping meals on the table as well as keeping a clean house was often part of the story of what made the participants identify these women as Superwomen. The women in this study also spoke of how these Superwomen in their lives took care of the men in the family. A few even shared that they never saw their mothers cry. Many women recalled seeing these models of what "doing it all" looked like throughout their childhoods. These examples of Superwomen helped to create the definition of a Superwoman for the participants. It also seemed to lay the foundation for the duties that participants felt was expected of them by others. This included ensuring that their families' physical, mental, and emotional needs were met.

In terms of mainstream figures who embody the Superwoman persona, Michelle Obama and Oprah Winfrey were the most cited examples. These notable figures represent professional Black women who are educated, successful, and heroic in their own right. Participants often referenced these women around their achievements. For example, Ms. Winfrey's ability to establish herself as a media mogul and philanthropist was invoked. Michelle Obama was hailed as an example of a wife, mother, lawyer, and former first lady of the United States who is held in high regard for her poise. Mrs. Obama, to most, appears to handle her various roles with grace and strength. Some women in the study even referenced Mrs. Obama's platform on childhood nutrition and physical activity as something admirable, as it showed she could relate to an

issue prevalent in their communities. Other women noted political and civil rights activists, and such as Fannie Lou Hamer, Ella Baker, and Maxine Waters, as Superwomen for their dedication and efforts to advance voting and Black women's rights.

Positives, Negatives, and Consequences of Being a Superwoman

Following the path of previous research on the Superwomen Schema as developed by Dr. Woods-Giscombè, I also asked study participants to explain the positive and negative outcomes of living life as a Superwoman. There was a mix of responses, with most of the women feeling that there were distinct benefits and drawbacks to the Superwoman persona.

If you are always overly or super busy and don't really take time for yourself or say no, yeah, it can be a problem. So you have to know when to step back. *Participant 2*

It's a mixture of both. It's positive when you know that you can be someone and help someone else. It's negative 'cause you're taking on a lot 'cause you're not really looking out for yourself. You're looking out for others as well. So, it can be a little bit burdensome, but it depends on what day it is. *Participant 9*

I think it's positive 'cause you have a big influence on all of those that make you that Superwoman, and all the things that make you a Superwoman. And you have an impact somewhere in someone's life. *Participant 18*

The positive part is yeah because you could have a sense of confidence when you go to work or maybe when you have to advocate for your children or a certain task. So that's where the positive comes in. *Participant 19*

The above consensus is that the Superwoman persona is positive when providing an encouraging emphasis on one's ability to do good, whether that good benefits for one's self or others. Doing too much for others, however, comes at the cost of taking on too much and neglecting one's self. Many participants felt that the burdens associated with caring for others were deeply ingrained into their womanhood. This, perhaps, is a result of how the women described the matriarchal figures they labeled as Superwomen, as quoted by the participants in the section above. Again, this reinforces the critical role of societal constructs and cultural expectations of what it means to fill the role of a Superwoman.

"S" Factor 2: Stress

The second of the "S" factors is stress. Participants were asked about their experiences with stress following the interview questions about strength and the Superwoman. This question sequence was chosen based on the expectation that women who managed multiple roles and served in various capacities would experience some type of stress in their lives. The data gathered from participant responses to questions and probes about the stresses they experienced addressed the second research question: what are the major sources of stress within this study population?

Defining Stress

Before asking study participants about their sources of stress, I asked them to define stress or provide an example of a recent stressful experience.

Stress is like to me an ongoing irritation, an ongoing irritation that perhaps you can't get answers to or just a constant nag. So whether it's a relationship, whether it's work, whether it's personal or with friends, family, what have you, just constant aggravation without resolve. *Participant 2*

Stress, for me, is more of an enemy. You know, it's something that people fight against or fight to come out of. Well, women, I should say, because we wear many hats. And it can become very stressful being a caregiver, a mother, a supervisor. You know. A boss lady. *Participant 13*

I think not being able to deal with issues appropriately. And not being able to deal with things in a more helpful or healthy manner. *Participant 22*

As the first woman quoted above detailed, stress can be seen as a constant irritation rooted in a situation or problem that has not been resolved. When describing stressful situations, participants frequently talked about their jobs and the pressures they felt as professional Black women. Stress was also discussed in the context of familial responsibilities and the expectation of others that they perform these roles successfully.

External sources such as work and family were key factors in how Participants 2 and 13 defined their stress. Participant 22 chose to define stress as an internal factor by assuming ownership of the stress that derives from not being able to handle situations effectively. Participant 22 is a working mother who

noted that having children of her own heightened her awareness of the responsibility of having other people fully depend on you. She acknowledged the stresses associated with the duties of motherhood. So, while her experience of stress may be a result of meeting a work deadline or attending to her children's needs, as she explained, stress is defined by how she responds to these responsibilities.

Sources of Stress

After asking about participants' definitions of stress, I asked them to identify their major sources of stress. Work, family, and finances were the primary sources of stress they identified.

Financials are tough. I always feel like I'm not where I should be, you know. It's like well, if I don't have – you know, 'cause people think if you don't have children, you have all this expendable income. Like I put myself through school. So financials are definitely tough. I would say the second is career, meaning that – this is not, you know, my dream to be here. I really want to just do something for myself, do things for myself, period. So it's another thing that wracks my brain. And I think family. Family definitely stresses me out.

Participant 3

My divorce. You know, separating from my husband was really stressful. I mean, it was really stressful by itself. It was really stressful in terms of dealing with the children, obviously. It was really stressful, and really just changing my whole life, you know, the whole way that I moved,

that I supported myself, and then having to interact with him in terms of co-parenting has also been stressful. The whole thing's been stressful.

Participant 4

Participants described sources of stress and recent stressful events in ways that connected stress to the participants' previously articulated perspectives about strength and the Superwoman persona. They described a kind of weariness that came from meeting so many expectations from so many people. These expectations could be imposed in the workplace or by demands on their time or money. Participant 3 indirectly refers to the financial support she is asked to give to family and friends when she says people assume that she has expendable income. Participant 3 is employed full time, and because she does not have children, friends, and family presume she has additional financial resources to assist them when needed. Somehow, not having the added responsibility of providing for children fuels the assumption that she has more money than is needed to care for herself alone. As she states, she paid for her educational expenses and has sole responsibility for her living expenses, but others did not recognize the extent of these costs.

Participant 4 shared the stressfulness of her divorce. In her account, is a reference to how the family is a source of stress, and in this situation, the particulars of handling a change in her family dynamics. Through this situation, she stated she had to assume a new identity as a single mother while learning to co-parent, all of which required her to exhibiting the strength needed to help her children navigate this change. She also referenced the financial stress that

came as a result of her divorce. Participant 4 expressed that she no longer had the dual-income of a two-parent household or received adequate financial support from her ex-husband for their children.

Both participants discussed stresses resulting from their work or employment situations. Participant 3 did not feel fulfilled in her current role as an administrator. Before taking the position she now holds, she was involved in a mentoring program for adolescents. She would like to pursue a career she more passionate about; however, the reality of supporting herself and her family as needed delays her from doing so. Participant 4 was unemployed, as her consultancy project had recently ended at the time of this interview. Finding work was a stressor for her, as she was now divorced and assuming primary responsibility for her three children. Work-related stress, whether from dissatisfaction or underemployment, was commonly discussed with the study participants.

Coping with Stress

Once the study participants had defined stress and described its sources, I asked them to describe how they coped with stress. Participants responded with a variety of examples.

Dessert. French fries. I will go to food sometimes, or I can become an introvert. So, I'll stay to myself and just wait for the mood to pass.

Participant 9

I mean, when I turned 33, I was like I'm going to take more effort to cope with stress better, because I know like when I turned 30, I started having – like it felt like someone was like choking me all the time and like there was a pressure on my chest. And I went to a doctor. We did all these tests and she's like, "I think it might be like you need to see a therapist. Like I think it might be like anxiety or stress related." So this past year – of course, it took me like three years to get it together, but this past year I started seeing a therapist and that's been helpful. I see her every week. She's a Black woman therapist, which was like very important to me.

Participant 10

I love to shop. Sleeping and spending time alone. *Participant 19*

Participant 9 shared that comfort food is a coping mechanism for her.

Responding to stress may manifest as emotional eating as individuals turn to desserts or fried food. This participant was not alone in adopting this response, as another participant stated that she found herself coping with stress by "eating food and not caring what the consequences are going to be" (Participant 6).

Other participants noted that going out to eat with friends was how they coped with stress. In this case, indulging in the food itself was not specifically identified as the coping mechanism; sharing a meal served as the mechanism by which to find emotional support and socializing with peers.

Participant 10 offered a very detailed experience of what led her to seek professional mental health services. Initially, she thought something was

physically wrong with her body, but when testing did not pinpoint a problem, her healthcare provider suggested that her symptoms might be anxiety-related. In other parts of the interview, this participant also shared her financial worries over mounting student loan debt. Also, she experienced considerable work-related pressure, as she was employed as a social justice advocate. Due to the nature of her job, she thought she always needed to be her best self to properly represent the communities she served. This created a great deal of pressure in her life.

The turning point for Participant 10 was finding a Black mental healthcare provider. She shared the difficulty of finding a therapist she could identify with but noted that having done so, she has been helped through alleviation of the physical symptoms she had been experiencing. Other study participants also mentioned seeking professional mental health care as a way of coping with stress. It is noteworthy that study participants reported openness to and acceptance of professional mental health services.

Participant 19 offered another strategy for coping: shopping. Some may refer to this as "retail-therapy," but many of the women listed shopping as a way to cope with stress. Shopping was often discussed as an activity they could do alone, so it provided an opportunity to be away from others while focusing on an activity they found to be enjoyable.

Other coping activities mentioned by study participants included praying, meditating, listening to music, spending time with friends, exercising, and reading. The importance of time in which to detach from their daily roles and responsibilities was commonly mentioned by many study participants. Most

often, women would say coping involved taking time for themselves in which they focused on activities they enjoyed. Again, Participant 19's comment about spending time alone speaks to this desire.

"S" Factor 3: Self-care

Self-care is the final "S" factor. After discussions about strength, stress, and how the participants coped with their stress, I asked about their self-care behaviors. This "S" factor addresses the third research question: what self-care and coping practices do professional Black women in Newark utilize?

Defining Self-care

Before asking about self-care resources in Newark, participants were asked to define what self-care meant for them. The most offered self-care definitions involved making one's self a priority, doing enjoyable things, and getting proper rest and nutrition.

Self-care means eating well. Self-care means enough sleep. Self-care means taking a break when you need it from whatever it is that is stressing you or bothering you. *Participant 1*

I'm still learning what self-care is, to be honest with you. I think that's an area that I need to really grow in. I have not mastered it. I have not made any attempt to adapt it, but I need to, and these are things that I'm going to put on my personal goals for 2020. Yeah. But I need to create time for myself, and just like do little things that make me smile and not wait for someone to do it. *Participant 8*

I would say maybe like fighting burnout, like making sure – you know, you can't pour from an empty pot, so making sure like you are taken care of, because especially in my job, I'm like advocating for communities. Like you've got to make sure you're feeding yourself properly, you're taking care of yourself, making sure you're mentally rested before you can advocate for anyone else. *Participant 10*

Self-care, for me, is everything. For me, it's like—self-care is anything that takes me to a place where I feel okay. It's not necessarily like—what's the word I want to use—a reactive thing. It's proactive, too. I want to make sure I'm taking care of myself mentally, physically, spiritually, emotionally. To me, self-care is just taking care of yourself, whatever that means to each person, which is different for everybody. *Participant 17*

Participant 1 defined self-care as physical self-care activities such as diet and exercise. As mentioned in her quote, this included getting proper nutrition, adequate sleep, and taking breaks. Participant 10 provided a similar definition of self-care but included mental self-care is essential. She referred to this as being "mentally rested," meaning that by getting enough sleep, her brain has time to re-charge. She further explained that when she is not mentally rested, she often feels foggy and unable to process information or articulate her thoughts well.

Emotional and spiritual self-care were important parts of self-care for Participant 17. She explained that her emotional and spiritual activities included practices that helped her relax, such as aromatherapy candles, steam baths, and daily prayer. Similarly, to Participants 1 and 17, this participant also mentioned

getting rest or taking a nap. However, she acknowledged that napping was not the best self-care option for her personally, as she felt that it creates a habit of avoidance. Being proactive about self-care is how she chooses to approach these activities while acknowledging that self-care is personal and should be individually tailored for each person.

As Participant 8 discussed, self-care was an area that she was seeking to improve in her life. As she self-reflects, she did not define self-care, but she did articulate the feeling that engagement in self-care activities was her responsibility. A few other participants stated that they felt that self-care has become a trendy phrase but were not sure if it had an exact definition. These participants felt that self-care was an important concept and that it was necessary for managing stress. Nevertheless, they were looking for a clearer understanding of what true self-care would comprise.

Learning about Self-care

I asked those participants who were unsure that they knew what it meant to practice self-care to tell me if they remembered learning or seeing self-care practiced by a parent, a relative, or another instrumental figure in their life.

It was definitely not taught. I was headed down [towards] destruction, and I had to find myself. I was in a deep hole. And I figured out a way to come out of it. *Participant 7*

One of the things that [my] parents taught me, and I taught my kids, is to let your work fund your vacations. And so, my parents, as soon as we turned 18. Bye! They would be gone! They would drive to

here and there. They'd be gone on the weekends. They would fly off here. And I've always taken vacations, no matter what. You'll never find me saying no I haven't taken a vacation, no. Absolutely not. *Participant 12*

No, I learned it. Everything that I learned, I learned from watching what did not work with other people. *Participant 19*

Most study participants felt that self-care was not something they learned from others. Self-care was self-taught through trial and error. As Participant 7 shared, she had reached a low point when she began to search for a different approach. Figuring out how to take care of herself was essential for navigating a difficult period in her life. Participant 19 expressed a similar perspective. By observing other people's poor self-care practices, she learned what not to do.

A smaller number of participants stated that they had learned or seen self-care modeled. As Participant 12 explained, she learned to value taking vacations from her parents. Another participant shared how she remembered her grandmother taking the bus to Atlantic City on a day trip by herself, just to get away from the family. A third participant noted that when her sister was expecting her first child, she recognized the importance of self-care in terms of getting better nutrition, getting enough rest, and being more mindful of her habits.

Self-Care Resources in Newark

To address the third research question, I asked participants what self-care resources they utilized in the city of Newark. As this question was posed, many

participants exhibited puzzlement, and their faces revealed that they were thinking carefully.

In Newark, specifically, no. *Participant 1*

I'm trying to think. In Newark? When I go out with friends, I do frequent some of the restaurants. I don't want to make it all about food, but I do frequent some of the restaurants here in Newark. *Participant 9*

I don't currently utilize any self-care resources in Newark, and I don't know that I know about any. There was a yoga program or something that I was familiar with a year or so ago that I would've liked to – it just didn't fit in my schedule, but if it did, I would've definitely taken advantage of it. *Participant 20*

Roughly 73% of the study sample, or 16 women, did not know of or utilize any self-care resources in Newark. Of those who did, the self-care resources they mentioned included a Zumba class, acupuncture sessions, participation in a meetup group, going to local restaurants for socializing with friends, and purchasing healthy foods at Whole Foods market. The main reason that most gave for not utilizing Newark's resources was simple: they were not aware of any. Some women pointed out that they lived outside of Newark to further explain themselves. But even those participants who did not know of any self-care resources in Newark expressed a general interest in accessing more self-care outlets in the city.

Self-care Resources Outside of Newark

As a follow-up to asking about self-care resources in Newark, participants were asked about self-care resources outside of Newark.

Yes. In my neck of the woods, which is the Bloomfield - Montclair area.

Whether it's a spa or restaurants, lounge areas in New York City or South Orange, New Jersey. *Participant 9*

Yes. I live in Maplewood, so I go to the Jewish Community Center; that's my gym. I'll walk in South Mountain Reservation. I go down the shore to the beach; I do that a lot. We do a lot of camping. I use what's in New Jersey a lot. I use the State Parks and things like that. But in terms of Newark itself, no. All of my health care providers are out of Newark.

Participant 12

So there's some places outside of Newark that is for that stuff. There is a holistic women's support group that's in Verona that's a mixed demographic. But it is just about a place to exhale, reset, and just recharge your energy. *Participant 15*

Participants mentioned self-care activities located outside of Newark that included gyms, parks, spas, restaurants, and beaches. The self-care activities utilized were close to the participants' city of residence. Participants 9 and 12, as quoted above, referred to the services located in their neighborhoods.

Also embedded in these conversations about self-care activities outside of Newark were references to healthcare services or health-related supports. As Participant 12 noted, she did not utilize any medical care in Newark. Similarly,

Participant 15 discussed her use of a holistic center for women, where she can engage in various wellness activities. These references extended how the study participants defined self-care to include these organizational resources.

Assessing participants' receptiveness to self-care interventions or activities set in Newark, participants were asked about their perception of Newark as an urban environment. Some study participants liked being in an urban environment and felt there was great promise in Newark's future.

It's not as bad as people say. There's a lot of growth happening around.

There are really good sections and really bad sections. But it's better than what people seem to make it, I can honestly say. *Participant 6*

I would love to do more in Newark. And my friends and I say that all the time. I love urban environments, and I don't want to necessarily schlep to New York for that city vibe. And I'm kind of afraid about the gentrification as well. But I'm also happy to see certain changes that are things that I enjoy doing down here. Would love to see more art, more culture, take a dance class. Do yoga in the park. *Participant 12*

This sense of hope surrounding Newark's transformation was shared by Participants 6 and 12. Participant 6 stated that before coming to work in Newark, she had many misperceptions about the city, as it was always referenced as being a violent place. After spending some time in Newark, she has realized that Newark is diverse and overall, not as harmful as perceived. Participant 12 has spent years in Newark, both as an undergraduate student and as an employee. She is very receptive to engaging in activities in Newark, ranging from cultural

activities to fitness; however, she was concerned that the changing landscape of the downtown area of Newark might eventually push out long-time residents.

Part II: Thematic Findings

My interviews with these 22 women offered insights into their thoughts, perceptions, and views regarding strength, stress, and self-care. Through the process of re-listening to each of the interviews, reading and rereading the interview transcripts, and reviewing my field notes and memos, I began to note several themes emerging from the qualitative data. The five emerging themes are discussed below.

Theme 1: Perceptions, Misperceptions, and Expectations

Societal Perceptions/Misperceptions. Many of the interviewees shared their feelings about how they felt Black women are perceived by society, their community, and their workplaces. This theme captures a set of important insights that my study participants shared about the Superwoman or Strong Black Woman archetypes.

[The Superwoman/Strong Black Woman is] imposed – society imposes it, and then it's internalized from within your family and your community. I don't think Black women ever – we didn't raise our hands and say we want to be the strong Black women. That's been put upon us, and so in order to survive, you have to assume that role as a Strong Black

Woman. *Participant 1*

If you work in an environment where there's not that many Black people or Hispanic people, I think it's looked upon differently. It can be looked upon like oh, she's mean or bitchy or, you know, she's not friendly. So it definitely depends on the work environment. *Participant 5*

I think a lot of times, Black women, especially we want to be strong and I think we struggle because we put that on ourselves and society puts that on ourselves to be strong. But I think because it's not really something realistically attainable for humans. I think it's a big reason why a lot of the times we're stressed or depressed or have anxiety or taking on too much because we're trying to constantly reach that epitome of strength because that's put on us all the time. *Participant 16*

Embedded in these conversations were thoughts about what it means to be a Black woman in America. These women expressed how labeling impacted them, their actions, and their reactions to daily life. Some noted that people of other races generally perceived Black women embodying the Strong Black Woman negatively: or, in the words of Participant 5, as mean, bitchy, or unfriendly.

For those women who were mothers (40.9%, 9 women), teaching their children about navigating life added an additional layer of responsibility, especially in light of recent national coverage of racial injustices (for example, police brutality against Black men, women, and youth and other accounts of racially motivated violence against Black Americans). In addition to the challenge of navigating their own lives, these mothers had the task of also

addressing the perceptions and misperceptions society imposed upon their children. These participants expressed concerns about explaining racism and instructing their children about how to deal with racists acts. They articulated, in essence, the reality that misconceptions about African Americans, in general, have generational impacts.

The burden of exhibiting this strength to battle misperceptions could lead to depression, as reflected by Participant 16. Being a Superwoman or appearing strong at all the time is not a sustainable way of life, yet many Black women try to achieve this by taking on more responsibility. The perception of needing to be strong becomes internalized, as Participant 1 stated. Some Black women have accepted and adapted to the Superwoman persona as a means of survival since vulnerability is not widely accepted.

Self-expectations. In addition to the perception, misperceptions, and expectations of society, some women also discussed the weight of dealing with the expectations they place upon themselves.

I have expectations for myself. What I expect from myself. What I'm expecting myself to produce. What I expect other people to expect from me. And so, I think that adds a lot to the stress of what I produce, what I put out. *Participant 11*

So for me, I think, stress a lot of times I create in my own head – because I'm constantly trying to prove myself. But then I also think it's because I'm a woman, I'm young, and I'm Black in an institution where – I mean, luckily, our administration is full of people of color but, overall, the people

who are at the top-top are white. So I feel like I'm constantly needing to prove myself as a young Black woman. *Participant 16*

These examples illustrate another way in which professional Black women feel ongoing pressure. When asked to describe stress, some women stated that "stress is pressure." One participant questioned whether Black women naturally work harder because of their own internalized pressure or because of the larger society telling Black women to do so. Whether this pressure pushes them to live up to (unreasonable) standards created by others, in the workplace, or by themselves, it creates a strain that can be unhealthy.

The theme of perception, misperception, and expectations relates to the perceived obligation to present an image of strength---one of the domains within the Superwoman Schema. As a range of the quotes in this chapter demonstrate, these study participants are keenly aware of how they are perceived by society and their families in terms of the expectation that they must be extraordinarily strong. Thus, this theme is also closely connected to my first research question, which asks how professional Black women define strength. Strength, as they define it, is based on their own lived experiences in light of the internalized perceptions, misperceptions, and expectations placed upon them by our culture. While my study participants acknowledged the constructed nature of these demands, they made it clear that presenting themselves as strong was a necessity for which they did not volunteer. This point leads us to the next emergent theme, which is Black women's vulnerability.

Theme 2: Black Women are Vulnerable

Misperceptions about vulnerability. In my conversations with this group of well-educated and professional Black women, I started to hear a theme around the topic of support. Many of my study participants stated they do not feel freely supported to express themselves during moments of vulnerability due to the perceptions, misperceptions, and expectations discussed above.

I've never, I've never to this day seen my mother cry. Especially, not by choice. And so you grow up with this idea that this is not something that you do. And when it comes upon you, you don't know what to do with it. Right? And you wind up doing what most people do and you suck it up and you hide it. And it's like, where is the safe space where I can actually unload this stuff? *Participant 11*

I just don't think we get to be humans very often. And if we are, it's behind closed doors. And we don't want to look like we're not strong or look like we're weak, and sometimes crying does not mean you're weak. It just means that you're being a human being. And I think that's something that's kind of ingrained on us in a very negative way. *Participant 17*

I don't really like the terms "Strong Black Woman" and "Superwoman" just because for Black women, I think people don't look at us as being valuable. We were placed in a position and do things that we needed to do, and we don't get the same recognition as our counterparts, as Caucasian women and Asian women. And I think that Black women are just as soft and just as vulnerable when we're allowed to be. *Participant 19*

Reflecting on the archetypes of Mammy, Jezebel, and Sapphire (see my earlier discussion of these in Chapter 3), there were no descriptions of these personas being soft, gentle, or pure. Study participants articulated the perception that, from generation to generation of Black women, these characteristics were not modeled or internalized. As Participant 11 highlighted, she *never* saw her mother cry, so when she began feeling emotional, she did not know how to process it.

Given the very confining parameters described by these women---a demand that they always are strong, resilient overcomers---this calls into question how they process their emotions. Based on the Superwoman Schema framework and the findings of my study, as noted in the transcript excerpts highlighted in this chapter, the feelings of Black professional women are typically suppressed. This is significant, given the substantial body of research that indicates that hidden emotions can have serious health consequences (Everett et al., 2010; Geyen, 2012; Scheid & Brown, 2010; West et al., 2016; Woods-Giscombé et al., 2008, 2010; 2016, 2018). As the literature notes, this pattern is linked to obesity, depression, high blood pressure, and various other conditions. This finding will be more fully explored in the discussion chapter; here, it is simply important to contextualize this finding.

Changing the strength narrative. Many of my study participants were very clear about the fact that displaying strength did not mask their humanity.

Sometimes, you don't want to be strong. You want to be vulnerable. You want to fall into someone else's arms. Maybe you want someone, sometimes, to take care of you. Sometimes wearing those, quote-on-quote hats sometimes people think that you don't get tired. You're always the one that has to carry everyone. And that's not true. We all need a shoulder to cry on, or just a breather, a moment to exhale. *Participant 9*

I don't cry as much as I used to but just like you cry in your little office and then you're good. Like sometimes, I felt much better after I just cried, 'cause it's just like it's so overwhelming that you just let it out. Okay, cool. Now let's do this. *Participant 10*

Dispelling the myth that Black women are not vulnerable, not human, and do not have moments of weakness seemed to be important to this study's participants. It also led gracefully into a discussion about how these professional Black women coped with the stress and permitted themselves to show their vulnerability. Talking to a friend, relative, or therapist were common coping strategies that participants utilized. Many women stated they just "needed a moment" to express their emotions and regroup. Having protected space and time in which to do this seemed to help them regain the ability to keep going and be strong positively and healthily.

Theme 3: Communicating and Boundary Setting

Communicating personal expectations. The importance of communication came up frequently during the interviews. Women discussed how they communicated with their families, friends, and supervisors. They explained how they handled stressful situations or even advocated for their own self-care needs. Some articulated that, to be able to show vulnerability, they had to communicate their wants, needs, and emotions.

Communication is an issue, and that's an issue overall in my household between all my children and my husband. So often, the message is not clear. Sometimes there's very little understanding about what one person wants or needs. So that's a stress. *Participant 1*

The meeting that I had yesterday with my supervisors I was the only Black one in the room. So I'm sure that the way that they planned or expected that meeting to go, they probably wanted me to be bouncing off the walls. But I kept my cool. I kept my composure. I kept it real professional. I came with notes to tell them and document everything. So, I'm sure they were a little shocked at that. So, you never want to come off as that crazy Black angry woman. *Participant 6*

As noted in the section on sources of stress above, family and work are two of the three major sources of stress identified by study participants. The excerpts above offer two examples of how communication with family members and employers can be stressful. Participant 1 shares that the current communication styles operating within her household are not functional. She

acknowledges that this adds to her levels of stress, and she implies that changes in these communication styles are needed.

Participant 6 details how she prepared for an important meeting with her superiors in the quote above. Workplace communication may not be easy to navigate, especially as many Black women still find themselves being the only person of color in the room. This person felt the need to "shift" (Jones & Shorter-Gooden, 2003), meaning to transform herself to fit into perceived patterns of acceptability (as described in more detail in Chapter 3), so she did not appear like Sapphire, loud and bossy in her delivery. Based on what was shared above and by other participants, professional Black women often feel the need to prepare themselves in advance for workplace encounters. This is an example of how professional Black women practice shifting phenomena.

Communicating boundaries. Communicating personal needs and boundaries also seems to be a strategy for practicing self-care. A few participants shared their processes around this.

Putting your phone on do not disturb if you're someone who's overwhelmed with just too many people talking to you at that moment and you just need to be in your own head. But then also having conversations with family, friends. I've had to have conversations of no, calling me at 10:00 o'clock isn't going to work for me because I'm sleeping. Unless it's an emergency, that's different. But I'm not going to just be around to just – shoot the breeze with you. [Laughs] I have work in the morning.

Participant 16

So now, I feel like my boundaries are high. I don't care if I need to leave work 15 minutes early to make it happen. This is what I need to do to stay sane and to feel okay. *Participant 17*

Participant 16 explained that shutting herself off from social media and putting her cell phone on do not disturb were actions she was trying to implement routinely. Getting into this routine did necessitate conversations with family and friends about why she needed to do this. It also let them know that after a certain time, they should not expect her to reply to any calls, texts, or social media posts. This may seem simple, but she felt that ensuring that she was well-rested was an important habit for her to have developed. Participant 17 set her boundaries by not letting work demands get in the way of self-care activities. Leaving work a little early to arrive at a fitness class on time, for example, was one important self-care strategy she utilized.

Theme 4: Self-care as Coping

In most instances, when study participants were asked how they coped with the stress and which self-care activities they utilized, the answers were similar. This can be seen below in the responses of two participants who answered questions about coping and self-care activities. When asked about coping with stress, these participants answered as follows:

I cope with it [stress] by trying to take out time for myself to reprogram. I try to get away from everyone, just have a little bit of me-time. Just really spending time with myself. That helps. *Participant 7*

I meditate. I pray a lot. And I try to take time for myself to take a nice walk or prioritize things. *Participant 22*

When asked about self-care activities, they responded in this way:

Self-care is finding[in] whatever way I can to have time for me. Relaxing, whether it's treating myself to...whether its massage, nails, whatever.

Participant 7

Putting my needs first and making sure that I am doing things that make me happy. I try to get a massage. I try to work out without having to bring my daughter with me. *Participant 22*

The more I talked with the participants about these topics and the more I re-visited the audio-recordings and transcripts; the more I noticed no distinct line between coping with stress and practicing self-care. For many of these women, self-care is how they dealt with stress.

This theme of self-care as coping is intertwined with this chapter's previous sections on defining, learning about, and employing self-care practices. As participants shared what kinds of self-care they practiced or discussed how they coped with stress, some experienced moments of self-reflection. As Participant 15 put it, "Those questions are very thought-provoking. I haven't been challenged to think about this [in] such structured [a way]." Throughout the interviews, there were often conspicuous pauses, after which participants would say they were not doing enough self-care.

Well, I do, meditate. I don't do it as often as I used to, which is weird because I meditate more when I'm not stressed. [Laughs] Just like I work out more when I'm not stressed. But I can't when I'm stressed. It's like I go home and I'm like I really want to do something I enjoy, but I feel guilty because I'm like you have all these things going on. *Participant 3*

I'm trying to figure out how to get back to that point of the mindset of maintaining my food, my workouts, and just – I don't know. And I get annoyed too because I do crafts. I like to make things, but by the time I get home, I don't want to be bothered. *Participant 18*

Even though self-care and coping were very similar for these participants, they articulated several barriers to making self-care more routine. Participants stated that having more time to engage in self-care, having access to low-cost or free self-care resources (see the next section for an example of this), and creating accountability for self-care would likely improve their self-care behaviors. Participant 10 described having a friend as an accountability partner for maintaining her commitment to daily exercise.

The past month I've tried to get into exercise. I didn't exercise at all and then the doctor was like, you know, "You might want to try." So like my friend and I are like accountability buddies, like keeping yourself motivated. *Participant 10*

Theme 5: Establishing Financial Stability, Wealth Building, and Leaving a Legacy

The last theme that emerged from these interviews is the importance of establishing financial stability, building wealth, and leaving a legacy. Finances, as previously mentioned, were a major source of stress among study participants. Financial stress was identified as emerging from both personal financial responsibilities and from shouldering financial responsibility for others.

Personal Finances

The desire for more financial resources and greater material stability came up frequently during these interviews. Having more resources and greater stability was seen as something that would help the participants to reduce or better manage their stress.

Because sometimes, depending on the self-care that you most enjoy, that takes money. So I would love to be like on a monthly massage plan. I just can't afford it right now. *Participant 16*

Participant 16 had been at her job for less than a year and was currently planning a wedding. Thus, her resources were limited. While she enjoyed an occasional massage, she considered it an infrequent luxury that was limited by her budget.

Another participant shared her financial struggles as a single mom who shared a home with a relative:

So just living in a house – 'cause I really want to be out on my own, but financially, I'm not ready for it. And the other stress part to that is like I'll

be 49 and I haven't been out on my own, and I'm just looking like okay, when are you going to get it together. *Participant 18*

It was not uncommon to hear study participants state that they felt they were not where they should be, financially speaking. It is usually assumed that with a certain level of education comes a higher income level; however, degrees are expensive, especially for many Black students for whom financial assistance is not readily available.

Shouldering Financial Responsibility for Others

Assuming financial responsibility for relatives was common among my study participants. This experience is closely tied to the 'perceived obligation to help others' domain of the Superwoman Schema framework.

I've always been doing, 'cause I help with my family a lot. And so I didn't want to say no. So I'm like well if I don't come around, they can't ask me. So I kind of had to change my whole – what's the word I'm looking for? – the way I moved for like three months, just so that I could get myself back together and not go out as much and dine out and all this stuff, because I didn't want to put myself in debt. *Participant 3*

And then finances 'cause I'm part of a village financially – you know, there are things that I'm limited in doing for myself, because then I have to attend to someone in the village. So it prevents me from doing what I would love to do. *Participant 9*

I think if you've never been a first-generation college student, you don't know what it's like to have that weight put on you by your family. I tell people all the time; I'm not that type of doctor. So I'm not making that type of doctor money, and I need you all to understand that part. Because for a while, I was the person that people would call. *Participant 11*

As participants described helping their families, they rarely say that providing financial help was a duty for which they should not be responsible. This seemed to be something that they did willingly or rather, felt obliged to do. All three women quoted above gave reference to being known as the resource persons for financial support within their families. However, doing so was not easy, and it limited what women felt able to do for themselves. Based on what these study participants shared, providing financial assistance was not often reciprocated, meaning there were few, if any, financial supports available for them, which could lead to stress. Shouldering financial responsibilities for others also connects closely to the subthemes of communicating personal needs and communicating boundaries.

Wealth-Building and Legacy

There is a sense of pride that can come from being able to leave a legacy and feeling as though one's hard work and sacrifices will help future generations. As finances were discussed, the study participants participant expressed interest in finding ways to build generational wealth.

It [a self-care program] would have to be structured around information and activities to help Black women, Black families, advance. And that could be on any level. For me, personally, I'm talking finances. So maybe it's an investment group or something or maybe it's a network of designers, figuring out how to make their mark in the industry or something on how to advance financially and professionally. *Participant 1*

Where we, the community members, are here. We would like to revitalize our community and we'd like to do the same thing but we don't have the monies or the funds to do so as fast. So it would be nice if something was in place -- to allow the residents of Newark first priority in getting certain properties, to invest and also to revitalize existing properties. *Participant 2*

Talking about money and estate planning can be uncomfortable for many people. Participant 6, below, talked about how her parents have left her in charge of their final financial affairs. Although she felt a bit stressed by this responsibility, her parents thought she would be the fairest person and the most reasonable choice to manage this responsibility.

Even though I'm number 4, my parents made me in charge of the finances. Even, in the planning to leave the earth they're like, "Oh yeah, she's is the number one beneficiary on the life insurance," And it's like, great. So finance wise, it's on me. *Participant 6*

For Participant 1, a self-care program should include information about how to build generational wealth. Exploring this with her further, she explained

that Black women often lack the information to properly think through their legacy. She articulated that creating a wealth-building plan for herself would create a sense of financial well-being that would alleviate stress around planning for the future, as investing is one way to build wealth. Investing in real estate was an interest of Participant 2, who currently lives in Newark. She recounted how properties are going up for sale, but it is not existing community members who can purchase these homes. She indirectly suggested that existing community members are disadvantaged in that they are not able to build wealth through investments in the local community.

The sub-themes within this larger theme of establishing financial stability, wealth building, and leaving a legacy are interrelated. As detailed by this study, participants obtaining personal financial stability is often hindered by the obligation to financially support other family members. Also, not having the means to plan financially or invest in real estate or other wealth-generating possibilities restricts possibilities for creating generational wealth. Even when plans are in place for managing future expenses, as in the case of Participant 4, there is a level of pressure associated with bearing financial this responsibility.

Chapter Summary

This well-educated group of 22 professional Black women was able to share their views regarding strength, stress, self-care, and coping with me through semi-structured interviews. The study participants described strength as being resilient, overcoming adversity, and having the ability to achieve one's goals. All of the participants were familiar with the terms Superwoman or Strong

Black Woman; however, not all women viewed these personas as being interchangeable. While there may be some overlap between the terms, being a Superwoman was defined by embodying superhuman strength, assuming multiple roles, and not expressing vulnerability.

Family, finances, and work were the main sources of stress cited by participants. They often experienced financial strain because they provided financial assistance to family members in need. Shouldering this support delayed or blocked some participants from practicing self-care. As these women discussed finances, their need for financial stability, and opportunities to build wealth became clear. Participants were keenly interested in how they could grow financially and ensure financial stability for their children and future generations.

Study participants defined self-care as making one's self a priority. Getting enough sleep, eating well, prayer, meditation, exercise, and socializing with friends were commonly reported self-care activities. Sixteen women did not utilize or know of any self-care resources in Newark, but they welcomed the idea of participating in more self-care activities in Newark.

Five additional themes emerged from the qualitative data, including 1) perceptions, misperceptions, and expectations, 2) Black women's vulnerability, 3) communication needs and boundary setting, 4) self-care as coping, and 5) establishing financial stability, wealth building, and leaving a legacy.

Throughout this chapter, the voices of study participants shed light on several key points as related to the themes that emerged from the interviews. First, the Superwoman persona, or rather the expectation of living up to this

archetype, created both societal and personal pressure as expressed by study participants. Second, realizing that this pressure makes life unsustainable, many of the women shared their desire to be authentic by granting themselves permission to acknowledge and show their vulnerability. Third, many of these study participants self-reflected throughout the interview process, realizing that they were not doing enough self-care. Participants completed several assessments to quantitatively measure the concepts of strength, stress, and self-care in addition to discussing these concepts during their interviews. The results of these assessments are discussed in the following chapter.

Chapter 6: Quantitative Findings

This mixed-methods study sought to explore perceptions of chronic stress and its impact on self-care among 22 professional Black women working in Newark, New Jersey (for additional descriptive statistics see Table 2 in Chapter 5). The study design incorporated previous research, especially from the Superwoman Schema framework, to explore the stress and self-care related experiences of this understudied group. This chapter will examine the quantitative findings of the study.

In particular, it will address the quantitative aspects of the study's research five questions, focusing primarily on the last two. 1. How do professional Black women define strength? 2. What are the major sources of stress within the study population? 3. What self-care and coping practices do professional Black women in Newark utilize? 4. Is perceived stress score associated with feelings of obligation to help others? 5. Is there an association between coping score and self-care assessment scores?

This chapter will begin by exploring the results of the Superwoman Schema Questionnaire in the first section. The second section will examine the results of the Perceived Stress Scale, and the third section will consider the results of the Brief COPE assessment. Section four will discuss the results of the self-care assessment, and section five will address research questions 4 and 5 based on the quantitative findings of this study. Finally, section six will summarize the findings of this chapter.

Superwoman Schema/Strength Assessment

The Giscombè Superwoman Schema Questionnaire (Woods-Giscombe et al., 2010, 2018, 2019) was administered to all study participants, and the results address two of the five research questions. First, they inform question 1: how do professional Black women define strength? Second, they address question 4: is perceived stress score associated with feelings of obligation to help others?

All 22 participants were asked to respond to the 35 statements that make up the questionnaire. These 35 questions are divided into five domains: *obligation to present strength*, *obligation to suppress emotion*, *resistance to being vulnerable*, *motivation to succeed*, and *obligation to help others*. To analyze individual responses, the scores of the five domains are added to determine a total Superwoman Schema score. Total scores of between zero and 35 indicate a low Superwoman Schema score, while moderate scores lie between 36 and 70. A high Superwoman Schema score is indicated by a total of between 71 and 105. In this study, the mean of the total assessment score for all participants was 56.27 (SD = 1.92), indicating a moderate Superwoman Schema score.

Mean scores were calculated for each subscale of the Superwoman Schema Questionnaire. The *obligation to present strength* and *motivation to succeed* domains are each represented by six items in the assessment. Low strength and motivation scores fall between zero and six points. Moderate scores lie between seven and 12 points, and high scores are between 13 to 18 points.

The *obligation to suppress emotions and resistance to being vulnerable* domains each comprised seven items in the assessment. Low obligation to suppress emotion and low resistance to being vulnerable scores range from between zero and seven points. Moderate scores range between eight and 14 points, and high scores range between 15 and 21 points.

The *obligation to help others* domain comprised nine questions in the assessment. Scores for this domain are also scored as low (0 to 9 points), moderate (10 to 18 points), and high (19 to 27 points). As a group, the 30 study participants exhibited moderate scores on all five subscales (or domains) of the Superwoman Schema Questionnaire, as shown in Table 3, below.

Table 3

Descriptive Statistics for Superwoman Schema Questionnaire

Measure	M	SD
Obligation to Present Strength	11.14	4.02
Obligation to Suppress Emotions	10.95	3.80
Resistance to Being Vulnerable	11.32	6.07
Motivation to Succeed	11.45	4.07
Obligation to Help Others	11.41	4.79
Overall Assessment Score	56.27	16.17

Perceived Stress Scale

Perceived stress as experienced by study participants was measured through the Perceived Stress Scale (PSS) (Cohen & Janicki-Deverts, 2012). The data collected from this instrument provided supplementary material for addressing research question 2: what are the major sources of stress among the

study population? This data also addressed question 4: is perceived stress score associated with feelings of obligation to help others? On the Perceived Stress Scale, scores between 0 and 13 are considered to indicate low stress, scores between 14 and 26 are considered to indicate moderate stress, and scores between 27 and 40 are considered to indicate high stress. The sample as a whole exhibited a mean score of 31.5 ($SD=1.92$), indicating a high level of perceived stress.

Coping Assessment

Coping was measured through the administration of the Brief COPE assessment (Carver, 1997). The data collected from this instrument provided supplementary material for addressing research question 3: what self-care and coping practices do professional Black women in Newark utilize? This data also addressed question 5: is there an association between coping score and self-care assessment scores?

This 28-item assessment was used to determine which of the included fourteen coping response categories were most utilized by study participants; descriptive statistics regarding the Brief COPE assessment are presented in Table 4 below. Scores from the subscales are categorized into avoidant coping and approach coping (Carver, 1997). The fourteen coping response categories can also be grouped into two categories: avoidant coping and active coping. Active coping can also be referred to as problem-focused coping and positive reframing (Eisenberg et al., 2012). Avoidant coping responses include venting,

behavioral disengagement, denial, substance use, self-blame, and self-distraction

In the Brief COPE assessment, active coping responses include active coping, planning, and instrumental social support. Using the active coping mechanisms of positive reframing, acceptance, humor, religion, and the use of emotional support. could have both positive and negative influences on coping responses (Carver, 1997). Avoidant coping mechanisms include self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame.

Table 4

Coping Assessment Results

Coping Response	Item #	Range	M	SD
Self-distraction	1, 19	2 – 6	4.36	1.14
Active Coping	2,7	4 – 8	6.95	1.21
Denial	3,8	2 – 6	2.68	1.29
Substance use	4,11	2 – 7	2.50	1.37
Use of emotional support	5,15	2 – 8	5.36	1.47
Use of instrumental support	10, 23	2 – 8	5.00	1.69
Behavioral disengagement	6, 16	2 – 5	2.50	0.96
Venting	9, 21	2 – 7	4.59	1.56
Positive reframing	12, 17	2 – 8	6.23	1.57
Planning	14, 25	5 – 8	6.55	1.22
Humor	18, 28	2 – 7	3.54	1.43
Acceptance	20, 24	2 – 8	5.23	1.51
Religion	22, 27	2 – 8	6.52	2.16
Self-blame	13, 26	2 – 7	3.32	1.43

Overall, this study sample scored higher on several active coping responses as compared to avoidant coping responses. Active coping was most

used among the participants, with an average score of 6.95. Active coping was followed closely by planning, with a mean score of 6.55, and religion, with a mean score of 6.52. Other coping responses with relatively high mean scores were positive re-framing (M=6.23), use of emotional support (M= 5.36), and acceptance (M=5.23). Avoidant coping mechanisms generally received lower average scores such as denial (M=2.60), substance use (M=2.50), and behavioral disengagement (M=2.5).

Self-care Assessment

The Saakvitne and Pearlmann self-care assessment (1996) was administered to all 22 study participants. The assessment asked how frequently they partook in various self-care activities. Self-care activities were grouped into six categories: *physical self-care*, *psychological self-care*, *emotional self-care*, *spiritual self-care*, *workplace or professional self-care*, and *balance*. There was one additional open-ended question inviting respondents to list any other relevant areas of self-care. This assessment asked respondents to rate the frequency of various self-care activities from 5 = frequently to 1 = it never occurred to me. Overall, in each of the self-care categories, respondents reported that they “occasionally” engaged in the various self-care statements provided. The results are detailed below.

The *physical self-care category* included 14 statements (see Table 5). These statements included items regarding eating habits, exercise, sleeping, and taking vacations. Respondents scored well, meaning that they frequently or occasionally engaged in several physical self-care items. Nineteen respondents

(86.4%) indicated that they frequently or occasionally ate on a regular schedule that includes breakfast, lunch, and dinner. Regarding medical care, 16 respondents (72.7%) stated that they frequently or occasionally receive routine preventative medical care or received medical care when needed (86.3%). Fifty-five percent (n=12) of the participants frequently or occasionally exercised, while 45.5% rarely exercised. Regarding vacations, the sample was closely divided, with 54.5% (n=12) frequently or occasionally taking vacations compared to 50% (n=10) who rarely or never take time off for a personal holiday.

Table 5*Physical Self-care Results*

	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Eat regularly	11	50.0	8	36.4	3	13.6	0	0	0	0
Eat healthy	7	31.8	13	59.1	2	9.1	0	0	0	0
Exercise	3	13.6	9	40.9	10	45.5	0	0	0	0
Get regular medical care for prevention	11	50.0	5	22.7	2	9.1	4	18.2	0	0
Get medical care when needed	16	72.7	3	13.6	2	9.1	1	4.5	0	0
Take time off when sick	8	36.4	7	31.8	7	31.8	0	0	0	0
Get massages	0	0	6	27.3	7	31.8	9	40.9	0	0
Dance, swim, walk, run, play sport, sing, or do some other physical activity that is fun	3	13.6	12	54.5	7	31.8	0	0	0	0
Take time to be sexual (with partner or self)	4	18.2	10	45.5	6	27.3	2	9.1	0	0
Get enough sleep	5	22.7	13	59.1	3	13.6	1	4.5	0	0
Wear clothes you like	10	45.5	11	50.0	1	4.5	0	0	0	0

Take vacations	3	13.6	9	40.9	9	40.9	1	9.1	0	0
Take day trips or mini vacations	2	9.1	9	40.9	8	36.4	2	9.1	1	4.5
Make time away from telephones	2	9.1	9	40.9	7	31.8	2	9.1	2	9.1

The *psychological self-care* category included 12 statements related to activities that relieve mental stress (see Table 6). These include items such as writing in a journal, reading for pleasure, or practicing receiving from others. Ninety-five percent (n=21) of the respondents frequently or occasionally notice their inner experiences (i.e., listen to their thoughts and feelings). Eighteen (81.8%) respondents frequently or occasionally make time for self-reflection. However, 68.2% (n=15), reported that it rarely or never occurred to write in a journal.

Table 6

Psychological Self-care Results

Self-care Statement	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Make time for self-reflection	9	40.9	9	40.9	4	18.2	0	0	0	0
Have your own personal psychotherapy	2	9.1	13	59.1	2	9.1	3	13.6	2	9.1
Write a journal	3	13.6	4	18.2	6	27.3	4	18.2	5	22.7
Read literature that is unrelated to work	6	27.3	10	45.5	4	18.2	1	4.5	1	4.5
Do something at which you are not expert or in charge	3	13.6	6	27.3	10	45.5	0	0	3	13.6
Decrease stress in your life	2	9.1	14	63.6	5	22.7	1	4.5	0	0
Let others know different aspects of you	4	18.2	10	45.5	8	36.4	0	0	0	0

Notice your inner experiences-listen to your thoughts, judgements, beliefs, attitudes, and feelings	13	59.1	8	36.4	1	4.5	0	0	0	0
Engage your intelligence in a new area (e.g. go to an art museum, sports event)	3	13.6	9	40.9	9	40.9	1	4.5	0	0
Practice receiving from others	3	13.6	10	45.5	7	31.8	2	9.1	0	0
Be curious	6	27.3	8	36.4	6	27.3	2	9.1	0	0
Say “no” to extra responsibilities sometimes	2	9.1	9	40.9	9	40.9	2	9.1	0	0

The *emotional self-care category* included ten statements (see Table 7).

These statements were related to activities that improve emotional balance, such as spending time with people you enjoy, laughing, and giving self-praise.

Participants generally scored in the frequently or occasionally category in response to these statements. For example, 18 women (81.8%) frequently or occasionally give themselves praise or affirmations. While 14 (63.6%) participants stated they frequently or occasionally allowed themselves to cry, seven women (31.8%) stated they never allow themselves to express emotion in this manner. Expressing outrage in social actions such as protests, marches, and letters was the least used emotional self-care activity, with 17 participants (77.3%) selecting either rarely, never, or it never occurred to them.

Table 7*Emotional Self-care Results*

Self-care Statement	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Spend time with others whose company you enjoy	7	31.8	14	63.6	1	4.5	0	0	0	0
Stay in contact with important people in your life	9	40.9	11	50.0	2	9.1	0	0	0	0
Give yourself affirmations, praise yourself	5	22.7	13	59.1	3	13.6	1	4.5	0	0
Love yourself	13	59.1	8	36.4	1	4.5	0	0	0	0
Re-read favorite books, re-view favorite movies	3	13.6	10	45.5	5	22.7	3	13.6	1	4.5
Identify comforting activities, objects, people, relationships, place and seek them out	5	22.7	14	63.6	3	13.6	0	0	0	0
Allow yourself to cry	5	22.7	9	40.9	7	31.8	1	4.5	0	0
Find things that make you laugh	9	40.9	10	45.5	3	13.6	0	0	0	0
Express your outrage in social action, letters, donations, marches, protest	1	4.5	4	18.2	6	27.3	10	45.5	1	4.5
Play with children	5	22.7	9	40.9	5	22.7	2	9.1	1	4.5

There were 15 statements in the *spiritual self-care category* (see Table 8). These statements included items such as spending time with nature, praying, meditating, or being open to inspiration. Making time for self-reflection was also listed in the spiritual self-care category. Results for self-reflection were consistent, with 20 women reporting that they frequently or occasionally made

time for self-reflection, compared to the 18 women who reported doing the same under the psychological self-care category. Nineteen women (86.4%) reported that they frequently or occasionally pray and cherish their optimism and hope.

Table 8

Spiritual Self-care Results

Self-care Statement	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Make time for reflection	11	50.0	9	40.9	1	4.5	0	0	1	4.5
Spend time with nature	5	22.7	7	31.8	6	27.3	4	18.2	0	0
Find a spiritual connection or community	8	36.4	7	31.8	4	18.2	3	13.6	0	0
Be open to inspiration	11	50.0	8	36.4	3	13.6	0	0	0	0
Cherish your optimism and hope	10	45.5	9	40.9	2	9.1	1	4.5	0	0
Be aware of non-material aspects of life	7	31.8	11	50.0	4	18.2	0	0	0	0
Try at times not be in charge or the expert	3	13.6	15	68.2	4	18.2	0	0	0	0
Be open to not knowing	7	31.8	9	40.9	6	27.3	0	0	0	0
Identify what is meaningful to you and notice its pace in your life	7	31.8	13	59.1	2	9.1	0	0	0	0
Meditate	3	13.6	10	45.5	4	18.2	4	18.2	1	4.5
Pray	16	72.7	3	13.6	1	4.5	2	9.1	0	0
Sing	9	40.9	8	36.4	5	22.7	0	0	0	0
Have experiences of awe	6	27.3	9	40.9	7	31.8	0	0	0	0
Contribute to causes in which you believe	5	22.7	8	36.4	5	22.7	0	0	0	0
Read inspirational literature	10	45.5	5	22.7	5	22.7	1	4.5	1	4.5

Table 9*Workplace or Professional Self-care Results*

Self-care Statement	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Take a break during the workday	10	45.5	9	40.9	3	13.6	0	0	0	0
Take time to chat with coworkers	9	40.9	12	54.5	1	4.5	0	0	0	0
Make quiet time to complete tasks	5	22.7	15	68.2	2	9.1	0	0	0	0
Identify projects or tasks that are exciting and rewarding	3	13.6	10	45.5	9	40.9	0	0	0	0
Set limits with clients and colleagues	6	27.3	11	50.0	5	22.7	0	0	0	0
Balance your caseload so no one day or part of a day is "too much"	5	22.7	9	40.9	8	36.4	0	0	0	0
Arrange your workplace so it is comfortable and comforting	6	27.3	12	54.5	3	13.6	1	4.5	0	0
Get regular supervision or consultation	3	13.6	8	36.4	10	45.5	1	4.5	0	0
Negotiate for your needs (benefits, pay raise)	2	9.1	5	22.7	11	50.0	3	13.6	1	4.5
Have a peer support group	2	9.1	8	36.4	5	22.7	3	13.6	4	18.2

Professional or workplace self-care items included items such as taking time to chat with co-workers, setting limits at work, and negotiating your needs (see Table 9). There was a total of ten items in this category. Twenty-one respondents took time during the workday to chat with co-workers and take breaks (n=19, 86.4%). While 13 women (59.1%) identified projects that were exciting and rewarding, nine women (40.9%) did not. Half of the study sample (n=11) reported rarely or never receiving regular supervision or consultation about their work. Sixty-eight percent (n= 15) rarely, never, or it never occurred to them to negotiate for better benefits, a pay raise, or other workplace needs. Also, 12 women (54.5%) rarely, never, or it never occurred to them to have a workplace support group.

The last category included in the self-care assessment was *balance* (see Table 10). The two items in this category asked participants to rate their work-life balance. The majority of the sample (n=21, 95.5%) strives for balance within their work-life and workday. All 22 participants (n=21) stated that they strive for a balance between work, family, relationships, play, and rest.

Table 10*Balance Self-care Results*

Self-care Statement	Frequently		Occasionally		Rarely		Never		It never occurred to me	
	n	%	n	%	n	%	n	%	n	%
Strive for balance within your work-life and workday	10	45.5	11	50.0	1	4.5	0	0	0	0
Strive for balance among work, family, relationships, play, and rest	10	45.5	12	54.5	0	0	0	0	0	0

Ten participants (45.5%) provided written responses listing additional self-care activities. These included playing games, unplugging from social media, exercising (stretching, walking, dancing), reading, watching movies, going out to dinner, spending time with family and friends, spiritual activities, getting massages, taking trips, shopping, volunteering, and spending time alone. After completing this assessment, some participants stated that they felt they were not doing enough routine self-care.

Addressing the Quantitative Research Questions

Research Question 4: Is perceived stress score associated with feelings of obligation to help others?

As mentioned in the methods chapter, non-parametric tests are best suited to small sample sizes, like the one in the current study. Thus, to answer research question #4, a Spearman's rho coefficient was calculated for the correlation between perceived stress and all the domains of the Superwoman Schema. A correlation coefficient of one would indicate a perfect positive

correlation, and a correlation coefficient of negative one would indicate a perfect negative correlation. The correlation coefficient for PSS and obligation to help other was $r = .006$ ($p = .789$). Based on this analysis, there was no statistically significant association. There were no statistically significant correlations among the other domains of the Superwoman Schema. Due to the small sample size, this was an expected result.

Research Question 5: Is there an association between coping score and self-care assessment scores?

As previously noted in the methodology section (see Chapter 4), the Saakvitne and Pearlmann self-care assessment used in this study is not a validated tool. It was anticipated that the scores on the assessment could be averaged to determine if there was an association between self-care scores and the *obligation to help others* domain in the Superwoman Schema Questionnaire. Since there is no standard for how to score responses, and each category in the self-care assessment has a varying number of statements, it was difficult to conduct any non-parametric test useful for analysis. Tables 5 – 10 detailed the results of the self-care assessment for descriptive purposes, given the small sample size.

Chapter Summary

Despite their mixed responses regarding the utility of the Superwoman label, study participants moderately identified with the domains of the Giscombè Superwoman Schema. As a whole, these study participants exhibited a high level of perceived stress, with a mean score of 31.5. Even though study participants

had a high level of perceived stress, they seemed to implement a variety of problem-focused coping strategies, such as active coping, planning, and positive reframing.

Based on the results of the coping assessment, study participants used active coping, planning, religion, positive reframing, and emotional support as their most important coping strategies. Religion, for example, was a high scoring coping resource, and nineteen women (86.4%) reported frequently or occasionally praying as part of their spiritual self-care. Activities the participants listed for self-care may be connected to the use of more problem-focused coping, as indicated through the Brief COPE assessment, but this relationship could not be statistically measured in this study.

The study participants described a variety of self-care activities during their interviews, which were generally reflected in the results of the self-care assessment. Overall, the women selected the “occasionally” response to most of the self-care statements. The majority of the study sample (73%, $n = 16$) were not aware of or did not utilize any self-care resources in Newark, suggesting that increased awareness and more self-care programming is needed. These results will be discussed in more detail in the succeeding chapter.

Chapter Seven: Concluding Discussion

This study examined the stresses and self-care practices of professional Black women working in Newark, New Jersey. Guided by the Giscombé Superwoman Schema framework, this project utilized a mixed-method, concurrent nested research design. Twenty-two well-educated and professional Black women in Newark, NJ, were interviewed and surveyed regarding their perspectives on strength, stress, self-care, and coping.

The study's qualitative aims were to clarify those personal characteristics that participants associated with strength, identify the types and sources of perceived stress impacting these women, and delineate their self-care and coping practices. The study's quantitative aims were to quantify the domain of strength as defined in the Giscombé Superwoman Schema, measure participants' experiences of stress, and assess participants' self-care habits, including adaptive and maladaptive coping practices.

Five research questions guided the study as it sought to meet these aims. These are as follows. 1) How do professional Black women define strength? 2) What are the major sources of stress within the study population? 3) What self-care and coping practices do professional Black women in Newark utilize? 4) Is perceived stress score associated with feelings of obligation to help others? 5) Is there an association between coping score and self-care assessment scores?

As previously noted, in-person, semi-structured interviews, and a range of quantitative instruments were administered to study participants to address these

questions. The instruments included the Giscombè Superwoman Schema (Woods-Giscombe et al., 2010, 2018, 2019), the Perceived Stress Scale (PSS) (Cohen & Janicki-Deverts, 2012), the Brief COPE instrument (Carver, 1997), and the Saakvitne and Pearlmann self-care assessment (1996). Interview analysis drew on three derivatives of the Giscombè Superwoman Schema (strength, stress, and self-care, here referred to collectively as the "S" factor). Instrument analysis was guided by the recommendations of the scholars who designed them and by the relevant literature.

This chapter will explore the results of the study and apply the findings to each research question in turn. It will introduce the "S" Factor Model and demonstrate its application using selected findings from this study. It will also discuss the implications of these findings for professional Black women, for policymakers, and future research. First, each research question will be addressed in turn.

Question 1: How do professional Black women define strength?

Data from both the semi-structured interviews and the Giscombè Superwoman Schema were used to address this question. Research conducted on the Superwoman Schema and its counterpart, the Strong Black Woman framework, shows that most Black women are familiar with these terms and can provide similar definitions for them (Donovan & West, 2015; Nelson et al., 2016; Sumra & Schillaci, 2015; Woods-Giscombe & Black, 2010). Similarly, all the women in this study were familiar with these terms and revealed mixed feelings

about the Superwoman label during their interviews. These women articulated a dislike for the label or objected to being defined by it.

Despite these sentiments, the sample as a whole received moderate scores on various domains of the Superwoman Schema Questionnaire. Overall, participants had a mean score of 56.27 on the questionnaire, which fell into the moderate score range. The *obligation to help others* domain averaged slightly higher than the other domains. Receiving moderate scores on this assessment is not surprising, since the tool was developed specifically for Black women. Despite their personal feelings about the term Superwoman, scale items were expected to apply to this population. The study participants described Superwomen as women "who do it all" and filled roles as career women, mothers, caretakers, and friends. Superwomen juggle multiple roles simultaneously in both their personal and professional lives. Matriarchal figures like mothers, grandmothers, and aunts were most often listed as examples of a Superwoman. Qualitative findings paralleled previous research utilizing the Superwoman Schema framework (Woods-Giscombe et al., 2010, 2018, 2019).

Study participants viewed strength as a psychological trait rather than a purely physical one. Strength was described as resiliency, perseverance, determination, containing emotions, and successfully achieving goals. These definitions are comparable to those discussed in previous research (Donovan & West, 2015; Jones & Shorter-Gooden, 2003; Nelson et al., 2016; Sumra & Schillaci, 2015; West et al., 2016; Woods-Giscombé, 2010).

In my reflection about the definitions and descriptions provided about Superwomen and strength, it is assumed that many of the study participants learned how to be Superwomen from the other women in their lives. As the study participants stated, being a Superwoman was not a chosen role, but rather, a role placed upon them by society and family. Acceptance of this role, even if done so reluctantly, was considered an act of survival. The appearance of weakness was not an option as it was not an accepted characteristic.

As the interview process continued, reoccurring statements emerged that led to the formulation of themes related to Superwomen and strength. **Theme 1: perceptions, misperceptions, and expectations** capture participant's sentiments about the societal pressures inflicted on them to embody the Superwoman persona as it relates to the *obligation to present an image of strength* domain of the Superwoman Schema. This domain in the SWS framework relates to the historical legacy of strength among Black women. This highlights again that the embodiment of strength passes down from one generation to the next.

Study participants expressed their desire to dispel misperceptions about the Superwoman. Not only were Superwomen described as being strong and resilient, but they are also generally thought to have hard exteriors. To break this perception, vulnerability needs to be revealed. This is explained by **theme 2: Black women are vulnerable**. The *obligation to suppress the emotions* domain in the SWS framework relates to the traits of failing to express frustration or weariness. Unexpressed feelings can lead to depression and emotional distress

(Childs & Palmer, 2012; Donovan & West, 2015; Watson-Singleton, 2017). The women in this study expressed the desire to change the narrative regarding strength to include their vulnerability so they can feel supported in displaying strength in more positive and healthy ways.

Question 2: What are the major sources of stress among the study population?

Data from the semi-structured interviews and the Perceived Stress Scale (PSS) (Cohen & Janicki-Deverts, 2012) were used to address this question. Stress, especially chronic stress, which is the focus of this study, often manifests itself physically, mentally, or emotionally (Stevens-Watkins et al., 2014; Sumra & Schillaci, 2015; West et al., 2016; Woods-Giscombé & Lobel, 2008). When asked about their experience of stress, study participants reported tension, headaches, heart palpitations, hair loss, missed menses, changes in appetite, aggressive behavior, weight gain, and feeling drained.

When asked to share any health conditions for which they were currently under a doctor's care, they also reported a range of chronic health conditions that can be impacted by stress. Of the nine women willing to share this information, two women reported migraines, one woman reported dealing with anxiety, one woman reported having diabetes, and one woman reported high blood pressure. The remaining four respondents listed hypothyroidism, a mild mitral valve leak (heart-related condition), and undergoing fertility treatments. These health conditions were self-reported, so there was no opportunity to verify these

diagnoses via medical records to determine if stress had contributed to these conditions. Given that study participants scored highly on the Perceived Stress Scale ($M = 31.5$), it can be hypothesized that stress might be a contributing factor to these self-reported conditions.

When asked about the major sources of their stress, study participants identified the same sources of stress reported by American adults in general. According to a 2015 report from the American Psychological Association, American adults listed money and work as the top two sources of very significant or somewhat significant stress. Family responsibilities were the third significant source of stress noted (American Psychological Association, 2011).

Financial issues were very commonly mentioned by study participants. Eighty-six percent of the women in this sample ($n=19$) had earned a Master's degree or higher, yet the majority of these women (68.2%, $n=15$) made only \$50,000 - \$99,999. Seeing this data called into question whether these reported salaries were in alignment with their educational attainment. According to the U.S. Census, Black women working full-time earn 62 cents for every dollar earned by their White male counterparts (US Census Bureau, 2018). In 2015, other sources of data showed that Black women earn 11.7% less than their female White counterparts (Wilson & Rodgers III, 2016). The Economic Policy Institute stated that in 2017, White women were paid 77 cents to the White male dollar, and Black men were paid about 70 cents to the White male dollar (Gould et al., 2018). Black women see the largest cents-on-the-dollar wage gap in New Jersey and Mississippi, earning 56 cents for every White male dollar (National

Partnerships for Women & Families, 2020). This disparity is also found in the state of Louisiana, at 47 cents for every White male dollar, and the District of Columbia, at 51 cents for every White male dollar (National Partnerships for Women & Families, 2020).

The literature indicates that the wage gap disparity is mostly to discrimination rather than educational attainment (Wilson & Rodgers III, 2016). Factors contributing to the wage gap for Black women include racial discrimination, harassment, segregation at work, or a lack of workplace policies that support caregiver responsibilities (Dumonthier et al., 2017b; National Partnerships for Women & Families, 2020). This literature supports the impression that study participants were earning low wages despite their advanced degrees. Given the wage gap inequity for both Black men and women, being married or in a committed relationship and sharing household responsible may not lessen financial strain. Eight participants in this study were married. As one married participant stated, "we are a two-income household. And we've got to be a two-income household." Thus, having two incomes may be necessary for most of these women's families, especially given the disparity between their earned income and the high cost of living in New Jersey (National Partnerships for Women & Families, 2020). This financial strain maybe even more of a burden for unmarried or divorced Black women, who represented 59% (n=13) of the study sample.

Roughly 80% of Black women are the primary breadwinners for their families (Dumonthier et al., 2017a; National Partnerships for Women & Families,

2020). Nine women (40.9%) in this study were also mothers. In addition to supporting themselves, eight women (38%) also stated that they provide some type of financial support to non-dependent children. This was echoed throughout the interviews as women described being the go-to person for family members asking for money. Providing this support appeared to be something that they did willingly, or rather, that they felt obliged to do. Shouldering financial support is not easy, and it limited what the study participants felt they were able to do for themselves, including proper self-care.

Theme 5: establishing financial stability, wealth building, and leaving a legacy arose out of the conversation around finances and financial stress. It was not uncommon to hear study participants state that they felt they were not where they should be, financially speaking. Having more resources and greater stability was seen as something that would help the participants to reduce or better manage their stress. Participants were keenly interested in how they could grow financially and ensure financial stability for their children and future generations. Acquiring more knowledge about financial planning and opportunities for investment were listed as strategies to improve financial status. Work-related stress was another major source of stress for many study participants. For some, their current jobs were unfulfilling. Others felt that their places of employment were unsupportive, as they had to navigate being only Black women present. While questions about workplace discrimination were not explicitly asked, participants did express feeling pressured to perform at work.

These feelings of pressure are also related to **theme 1: perceptions, misperceptions, and expectations.**

What compounds these stressors for professional Black women are the perceptions, misperceptions, and expectations they encounter that push them to live up to social constructs of strength. Constantly 'shifting' or changing to fit accepted norms and address these multiple demands can be physically, mentally, and emotionally draining (Jones & Shorter-Gooden, 2003). Sometimes the appearance of strength can be perceived as being mean, angry, or unapproachable as it relates to the various archetypes that have historically shaped societal perceptions of Black women (Beauboeuf-Lafontant, 2009; Ricks, 2018; Watson & Hunter, 2015; West, 1995). Black women shift without even realizing they are doing so. Shifting happens multiple times daily and can be exhausting. Shifting is stressful for the Superwoman.

Participants were also asked if they felt any policies would be beneficial for improving self-care. This was a difficult question for participants to answer. There was some hesitation towards policies, as women expressed uncertainty on governmental mandates regarding their personal health. The participants did suggest that employer-based policies might be helpful. Such as incentives for self-care, like free or low-cost gym memberships. Having the ability to take self-care leave without it being considered the sick time was also suggested as a potential work-related policy. Some participants thought that added job flexibility would help them improve self-care. This included reclaiming time by working from home or gaining the ability to adjust their hours during the workday. A key

to accomplishing this, rest in their ability to communicate their needs and boundaries, as discussed in theme three, on communicating personal needs and boundaries.

Question 3: What self-care and coping practices do professional Black women in Newark utilize?

Before participants discussed their self-care practices, they first were asked to define it. The most commonly offered self-care definitions involved making one's self a priority, doing enjoyable things, and getting proper rest and nutrition. Participants expressed the opinion that that self-care was an important concept and that it was necessary to manage stress. Triangulation of findings from qualitative and quantitative methods revealed that participants did engage in various self-care activities. In response to the self-care statements listed in the assessments, participants reported that they "occasionally" engaged in many of the activities.

Self-care statements were divided into the following categories: physical, psychological, emotional, spiritual, workplace, and balance. For example, for physical self-care, 55% percent (n=12) of participants frequently or occasionally exercised while 45.5% (n= 10) rarely exercised, according to the assessment. Based on the demographic questionnaire, an almost equal number of women exercised either one day per week (9 women) or two to three days per week (8 women). For psychological self-care, 95% percent (n=21) of the respondents frequently or occasionally noticed their inner experiences (i.e., listened to their

thoughts and feelings). Eighteen respondents (81.8%) frequently or occasionally made time for self-reflection. However, 68.2% (n=15), reported that they rarely, never, or it never occurred to them to write in a journal. Spending time with nature, praying, meditating, or being open to inspiration were activities used to promote spiritual self-care. Nineteen women (86.4%) frequently or occasionally prayed as well as cherish their optimism and hope.

To practice self-care activities like self-reflection and exercise, time alone is required. As the women described their self-care practices, it was noted that these descriptions were very similar to their coping strategies. This leads to emerging theme 4, self-care as coping. Data from the semi-structured interviews, the Brief COPE (Carver, 1997) instrument, and Saakvitne and Pearlmann self-care assessment (Saakvitne & Pearlmann, 1996) were used to support this theme.

Turning to comfort food, shopping, meditating, listening to music, spending time with friends, exercising, and seeking professional mental health care were detailed in interviews with the participants. Emphasis was given to the importance of taking time to detach from their daily roles and responsibilities. Similarly, in a study by Everett (2010), isolating from others was also a commonly noted coping strategy among Black women aged 15 -55 years old from Boston, New York, and Tennessee.

West, Donovan, and Roemer (2010) state that there are two types of coping strategies: 1) problem-focused coping and 2) avoidant coping. Overall, this study sample scored higher on active coping responses than on avoidant

coping responses. Active coping was used most often among study participants, with an average score of 6.95. Active coping was followed closely by planning, with a mean score of 6.55 and religion, with a mean score of 6.52. Other active coping responses with relatively high mean scores were positive re-framing (M=6.23), use of emotional support (M= 5.36), and acceptance (M=5.23). Avoidant coping mechanisms generally received lower average scores, such as denial (M=2.60), substance use (M=2.50), and behavioral disengagement (M=2.5).

The use of avoidant coping could be subconscious, given the historical references and unintentional embodiment of the archetypes created about Black women (West, 1995). For example, coping associated with balancing work and family may appear as overeating, as described in Mammy's archetype (Beauboeuf-Lafontant, 2009; West, 1995). While taking time away can function as a healthy coping strategy as it provides time for personal reflection and rest, it can be considered avoidant if it leads to depression, anxiety, or other unhealthy results (Everett et al., 2010). Monitoring the use of avoidant coping mechanisms, especially those that are used subconsciously, would aid professional Black women in identifying potential maladaptive coping practices. This is important, as avoidant coping behaviors are associated with poorer health outcomes (Eisenberg et al., 2012).

The use of self-care resources in Newark was very limited among the study population. Based on data from the interviews, 16 women (73%) stated that they did not know or utilize any self-care resources in Newark. Of the six

women who did utilize self-care in Newark, activities included a Zumba class, acupuncture sessions, participation in a meet-up group, going to local restaurants for socializing with friends, and purchasing healthy foods at the Whole Foods market. Some women pointed out that they lived outside of Newark to further explain why resources in Newark were not utilized. But even those participants who did not know of any self-care resources in Newark expressed a general interest in accessing more self-care outlets in the city.

Question 4: Is perceived stress score associated with feelings of obligation to help others?

Data from the Giscombè Superwoman Schema (Woods-Giscombe et al., 2019) and the PSS (Cohen & Janicki-Deverts, 2012) were used to address this question. This assessment is typically used in community samples to measure perceptions of stress; study participants are usually asked to rate their thoughts and feelings over the previous month. Prior research used the PSS in samples of Black women, indicating that this assessment was suitable for the target population of this study (Gennaro et al., 2008; Jones et al., 2016; Sumra & Schillaci, 2015; Tull et al., 2005). In this study, participants had mean score of 31.5, with a standard deviation of 1.92. The mean score fell between the range of 27 and 40, indicating a high level of perceived stress.

A Spearman's rho coefficient was calculated to determine if there was a correlation between perceived stress and all the domains of the Superwoman Schema. A correlation coefficient of one (1) would indicate a perfect positive

correlation, and a correlation coefficient of negative one (-1) would indicate a perfect negative correlation. The correlation coefficient for the PSS and obligation to help others was $r = .006$ ($p = .789$). Based on this analysis, there was no statistically significant association. There were also no statistically significant correlations among the other domains of the Superwoman Schema. This was an expected result due to the small sample size.

The study participants scored moderately on the *obligation to help others* domain of the Superwoman Schema Questionnaire, with a mean score of 11.41 ($SD = 4.79$). Although qualitative data was not the source used to help address this research question, it does provide insight into the sources of stress the participants' experience, as discussed under research question # 2. Participants discussed instances of offering financial help to their family members while interviewed. In addition, eight women reported that they did give financial support to non-dependent children. This indicates that the obligation to help others may be of a more financial nature and may impact the participants' perceived stress to some degree. However, this study was unable to make this association based on quantitative analysis.

Question 5: Is there an association between coping score and self-care assessment scores?

Data from the Brief COPE (Carver, 1997) instrument and Saakvitne and Pearlmann (Saakvitne & Pearlmann, 1996) self-care assessment were used to address this question. Based on the results of the coping assessment, study

participants used active coping, planning, religion, positive re-framing, and emotional support as their most important coping strategies. It was anticipated that the scores on the self-care assessment could be averaged to determine if there was an association between self-care scores and the *obligation to help others* domain of the Superwoman Schema Questionnaire. But since there is no standard for how to score responses, and each category in the self-care assessment has a varying number of statements, it was difficult to conduct any non-parametric test useful for analysis. However, the data collected from the self-care assessment was useful for understanding trends in self-care activities, as discussed in research question three.

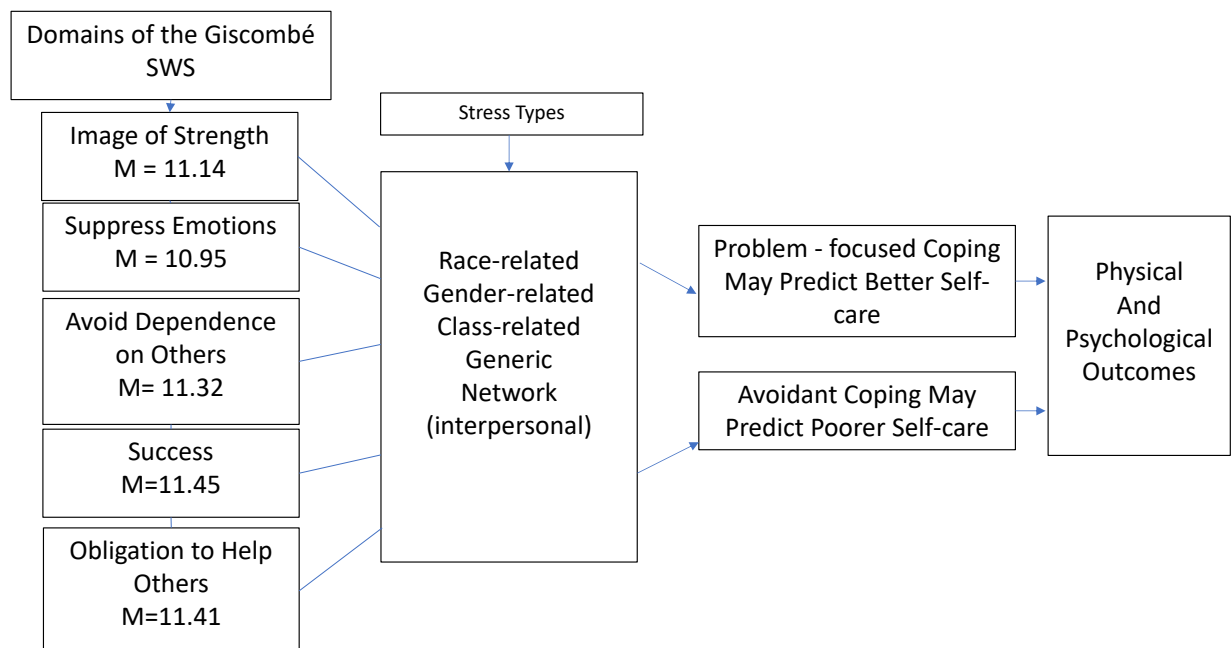
Despite the problems associated with quantitatively analyzing the self-care assessment to test for associations, the tool appeared to be useful as a reflective exercise. Participants completed this assessment after their interview, to ensure that the statements listed on the assessment would not influence any of their interview responses about self-care. It was common for participants to self-reflect on the self-care assessment by commenting that they were not doing enough self-care. This tool does provide an extensive list of various self-care activities that go beyond some of the more commonly recognized self-activities, like getting a massage or going to the hair salon. The self-care assessment may be best used as a take-home exercise or reference sheet rather than for quantitative analysis.

Development of the "S" Factor Model

"S" Factor Model. As I began to explore the core concepts underlying this research and gathering data, I developed the "S" Factor Model (see Figure 3, above). The model builds on the Giscombé Superwoman Schema (Woods-Giscombe et al., 2010, 2018, 2019) and connects it to types of stress and types of coping in relation to self-care health outcomes. This model helps to illuminate this study's findings and serves as a framework for visualizing strength, stress, and self-care among professional Black women, as reported in this study.

Figure 3

"S" Factor Model



The first section of the model begins with the Giscombé Superwoman Schema. It is useful for understanding how Black women think about their

strengths and describe the sources of their stress. It also shows how these factors may impact the ways they cope with stress. This model hypothesizes that women who utilize problem-focused coping strategies may have better health outcomes than those who utilize avoidant coping strategies. It is proposed here based on the findings of this study and can be tested in future research.

Application of the "S" Factor Model. While the "S" Factor Model was not tested in this study, selected results from the current study have been plugged into the model, as shown in Figure 4, below. Beginning with the Giscombé Superwoman Schema Questionnaire, participants scored moderately high on their identification with Superwoman traits. These participants reported experiencing generic, network, racial, and gender-based stress. In addition to these findings, study participants exhibited higher than average problem-focused coping scores, which included active coping, planning, positive re-framing, and emotional support. Overall, the majority of participants self-reported their overall health to be excellent (9.1%, n=2), very good (45.5% n=10), or good (40.9%, n=9), suggesting that using more problem-focused coping may be a predictor of overall good health outcomes. As this model is tested in future research, it will be interesting to determine if higher or lower scores on the Superwoman Schema Questionnaire in combination with types of stress experienced influence coping strategies, and how this impacts health outcomes.

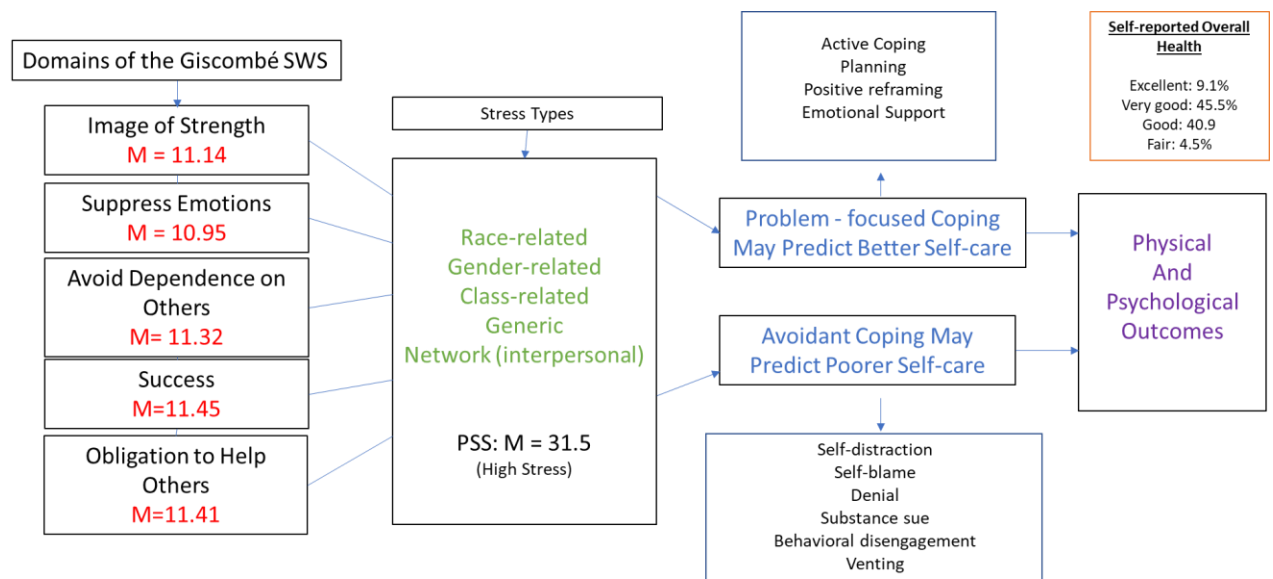
The "S" factor model needs additional testing and development to determine what additional measures and assessments would accurately assess stress. This study used the Perceived Stress Scale, which is a generic measure

of stress in community samples (Cohen & Janicki-Deverts, 2012). While study participants spoke about their experiences of race and gender-related stress, there was no corresponding quantitative measure for this in the study.

Additionally, because overall health was self-reported, adding biometric assessments or a review of medical records could more accurately assess their overall health.

Figure 4

Example of the "S" Factor Model

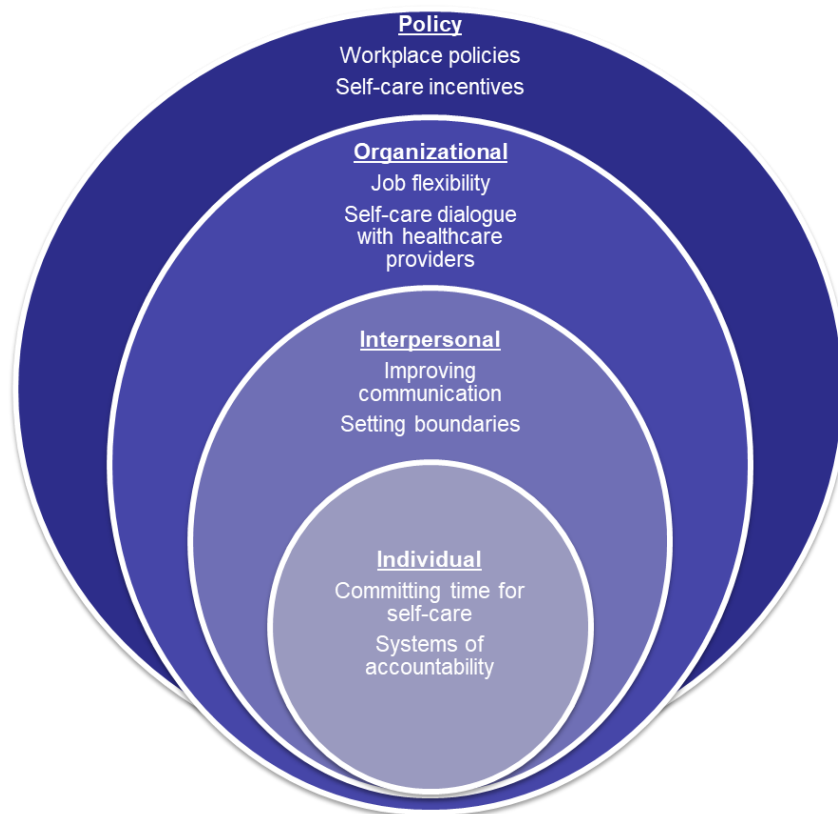


Self-care and the Socioecological Model (SEM)

As previously noted, the Socio-ecological Model has four domains: individual factors, interpersonal factors, institutional factors, and environmental/policy factors. In this study, this model was used to identify activities in each of the domains that might improve self-care for the study's participants. The SEM was re-created using suggestions that the participants shared during their interviews, as displayed in Figure 6.

Figure 6

Applied Socio-ecological Model



Using qualitative data, participants identified several individual-level factors that could improve their self-care. Suggestions included being more diligent in committing time to self-care activities and creating a system of accountability for self-care. As one participant shared in Chapter 5, she checks in daily with a friend and they support each other in their commitment to exercise. Another participant said she includes her self-care activities in her weekly planning. Writing it down helps her ensure that these types of activities are incorporated into her week.

Study participants appear to need the most support around the workplace or professional self-care. Lee and Miller (2013) suggest several ways that individuals can tackle this. The researchers' suggestions include being mindful about time management and workload, periodically assessing the meaning of your professional role, and maintaining a professional development plan such as joining professional organizations or obtaining continuing education credits (Lee & Miller, 2013). Finding social support work, especially for encouragement or constructive criticism, and seeking professional therapy as needed are some additional ways to improve individual actions for workplace self-care (Lee & Miller, 2013).

Interpersonal actions to improve self-care derive from theme three, communicating, and boundary setting. Women shared their displeasure around the negative stereotypes about how Black women are loud or bossy. This is represented by the archetype of Sapphire (West, 1995). Perhaps learning about effective communication strategies could negate this image and prove beneficial.

Additionally, some participants did articulate how they were currently setting boundaries. Examples included turning off social media and setting the cell phone on the do not disturb setting to ensure enough time for proper rest.

Having more flexibility at work was an organizational-level improvement suggested by study participants. Since work-related stress was a major issue for many of the participants, more work-related supports are needed. Data from the self-care assessment showed that 15 women rarely, never, or it never occurred to them to negotiate for better benefits, a pay raise, or other workplace needs. To achieve more flexibility in the workplace, women will need to learn how to effectively voice these needs to their employers.

Healthcare providers can provide an additional level of organizational support that could help Black women to improve self-care. Study participants were asked if they addressed self-care with their healthcare providers. Participants reported discussing nutrition and exercise with their providers most often but reported no extensive conversations about self-care in their conversations. Participants were open to having more dialogue about their self-care practices during routine medical visits, suggesting that a brief questionnaire or checklist may be useful in aiding healthcare providers to discuss self-care in depth. Finally, because self-care includes physical, psychological, emotional, spiritual, and professional aspects, more holistic approaches to patient care might be beneficial for Black women.

The last domain in the socio-ecological model explores policy-related factors. Participants largely suggested new workplace policies or support for improving self-care. These are discussed in more detail in the policy implications section below.

Policy Implications

Participants were asked if they could identify any policies that would be beneficial for improving their self-care. This was a difficult question for them to answer. Participants expressed some hesitation towards policies and reported uncertainty about the role of government mandates on their personal health. Several participants did suggest that employer-based policies might be helpful. Incentives for better routine self-care such as free or low-cost gym memberships were suggested as potential improvements to current policy. Having the ability to take self-care leave without triggering sick time was also suggested as a potential work-related policy.

Bressi and Vaden (2017) agree that workplace policies to improve self-care can help employees maintain a balance between their personal and professional lives. The creation of educational programs to develop self-care skills would support employees in learning how to put self-care into practice. The goal of such programming would be to increase the normalization of self-care in the workplace (Bressi & Vaden, 2017).

Since financial health was a prevalent theme in this study, there are policy implications that must be explored to address racial discrimination and pay

discrepancies for Black women. In a 2018 study conducted by the YWCA, a women's empowerment and civil rights agency, 65% of Black women reported experiencing racial discrimination (YWCA, 2018). Fifty percent of the Black women surveyed reported experiences of gender discrimination. Latina and Asian women also report higher rates of racial discrimination (YWCA, 2018). This suggests that Congress must pass legislation to end racial profiling. About 9 in 10 Black women, roughly 88%, are in favor of Congress strengthening equal pay laws (YWCA, 2018). Eradicating the wage gap for Black women working full time would provide the monetary equivalent of paying off student loan debt within a year, purchasing three years' worth of food, or giving women 15 additional months of mortgage and utility payments (National Partnerships for Women & Families, 2020). Pay equity for Black women means reducing stress.

Implications for action

Limited knowledge and limited use of Newark's self-care resources is evident from this research. Participants expressed interest in self-care programs or resources and provided suggestions about the types of programming they would find most useful. This has implications for the development of self-care resources and programs for professional Black women in Newark. As the largest city in New Jersey, Newark is well-positioned to offer a range of self-care activities or programs. Additional partnerships between the Newark Department of Health and Wellness, major employers in the city, Newark schools, and other local community-based organizations would be needed to develop a coordinated response for offering self-care programming.

Participants were interested in sustainable self-care programming that would be convenient and low-cost. Self-care programs could be activity-based to include hobbies, crafting, exercise, and fitness, or meet-up groups to walk in local parks. Other self-care activities suggested were subject-specific to include talks on financial well-being, how to navigate challenges as a professional Black woman, how to destress, parenting, building self-esteem, mental health, how to address self-care across the lifespan. The participants stated these types of activities could be offered both in-person and online, depending on the topic or activity. It was suggested that in-person self-care activities be offered at least monthly.

Embedded in the conversations with the participants were thoughts about what it means to be a Black woman in America. Avenues for additional support for professional Black is also needed. Many of the participants articulated that they wanted more opportunities to connect with other women dealing with similar work and life challenges. In the data regarding workplace self-care, 12 study participants stated that they rarely, never, or it never occurred to them to seek out workplace support. In addition, half of the sample reported rarely or never receiving regular consultations about their work. This suggests that professional Black women need more mentors and mentoring programs.

Recommendations for future research

The Giscombé Superwoman Questionnaire was an excellent assessment for this research. This assessment was engaging for the participants. It is recommended to utilize this assessment with larger sample sizes to gather more

insight into the perceptions of strength among Black women. Using the Giscombé Superwoman Questionnaire with other assessments to further develop the "S" Factor Model is also recommended to test the hypothesis of how identifying with the Superwoman Schema connects to stress, coping, and overall health outcomes.

The current study did not ask participants to specify their cultural background (i.e., Jamaican, Nigerian) on the demographic questionnaire. Accounting for cultural differences in future research could add more clarity and depth to our understanding of how the Superwoman persona may or may not be constructed based on cultural identity. Additionally, agreement with the five domains of the Superwoman Schema questionnaire can be assessed by cultural background as well.

Future studies should also examine strength, stress, and self-care in other racial and ethnic groups, including but not limited to White women, Latina women, and Asian women. Comparison studies focusing on stress and coping could help identify if and how other groups of women implement problem-focused coping strategies. There may be additional self-care improvement strategies used among different groups that could be of benefit to all women.

Since this initiation of this study, the world has been impacted by monumental events. In early 2020, the novel coronavirus, commonly referred to as COVID-19, spread to the United States. This virus led to many changes in daily life. Many states have issued stay-at-home orders, asked residents to wear a mask or face covering while in public, and practice social distancing to prevent

community spread of the virus. The U.S. healthcare system has been overwhelmed, especially in the Northeast, as the epicenter of the infection. Over 100,000 Americans have died from COVID-19, with communities of color impacted at disproportionate rates (CDC, 2020). Additionally, in May 2020, another Black man (George Floyd) died at the hands of four policemen. The incident was witnessed by a crowd of people who recorded the death. Once the video was released, it sparked a national outcry, causing uprisings demanding an end to police brutality and addressing racism as a public health issue (New York Times, 2020).

Living in a COVID-19 world in which stress is heightened by systemic racism, future research will be needed to expand our knowledge about managing stress during a pandemic. We will also need to know how to conduct psychological and emotional self-care during times of uncertainty. Recent events have made me question how Black women, who were already stressed before this began, managing and coping during these unprecedented times? What will be the long-term impacts of stress as a result of this period in history? Will we see poorer health outcomes because of these events? And what policies will emerge to address our long history of structural violence?

Assumptions and Limitations

As discussed in Chapter 1, there were a number of assumptions underlying this research. This study also has limitations.

Assumptions. Participants' interviews lasted between 30 and 60 minutes, with most being closer to 45 – 60 minutes in length. There were approximately 14 hours of audio that produced 328 pages worth of transcribed text. Based on the lengths of the interviews and transcriptions, the assumption that participants shared honest and meaningful perspectives were supported.

As discussed in Chapter 5 and Chapter 6, participants did identify with domains of the Superwoman Schema even if they did not ascribe to being characterized as such. All participants were familiar with the terminology Superwoman or Strong Black Woman and scored moderately on the Superwoman Schema Questionnaire. There was a mix of feelings about the utilization of these terms to describe Black women, but collectively all participants identified with domains on the Superwoman assessment. The assumption that the *obligation to help others* domain of the SWS assessment would have the greatest influence on the participants' perceived stress did not yield any statistically significant results.

Very few participants (27%) indicated knowing about or utilizing self-care resources in Newark. While this assumption was supported by the research, it was very surprising. With Newark being such a large and diverse city, I thought the discussion on self-care resources might lead to discovering some hidden gems. The lack of awareness of self-care resources was one reason there was no engagement. Participants who lived outside of the Newark area stated that they left Newark right after work. An additional reason for not utilizing self-care resources in Newark was time and money. Many of these professional women

were juggling careers and families, so the demands for time and money were often prioritized to other people or activities. The assumption that participants engaged in limited self-care practices in Newark were supported.

It was assumed participants would be interested in the development of a future self-care initiative or program in Newark because they would be more likely to utilize self-care resources located close to work or home. Many participants stated that they would be interested in some sort of self-care program. There was a caveat that whatever the program consisted of had to be convenient in terms of scheduling and location. Participants also indicated that their interest would depend on the types of information to be presented, the format of the program, length, and credibility of the facilitator.

Lastly, it was assumed that biases would be set aside by the researcher to perform an objective analysis of the research findings. I kept written field notes and voice memos throughout the data collection period. Notes or voice memos were taken after each interview. This allowed me to capture my thoughts, reactions, reflections, and any additional comments that were shared from the interviewees about the research process or assessments. Through this process, I was also able to start to develop initial themes from the interviews.

Limitations. The self-care assessment used in this research may not have been the best measure for assessing self-care. This assessment was an unvalidated tool and challenging to analyze for quantitative analysis to answer research question #4 to determine if there was any association between self-care

and coping scores. This assessment did allow for identifying trends. Overall, the quantitative analysis was more helpful to aid in the description but did not show any statistical significance. The sample size for this study was small, and therefore, results are not generalizable. This study sample does not represent all professional Black women living or working in Newark, New Jersey. Also, this study did not account for any cultural differences that might have impacted how the study participants constructed the Superwoman persona based on their cultural identity.

Concluding remarks

Black women, especially those characterized as professional or high achieving, are also susceptible to disparities in illness related to chronic stress. Still, greater emphasis is placed on researching disparities among lower-income Black women. The need to appear strong while prioritizing multiple demands increases chronic stress and leads to poor self-care practices. Tailored self-care programming in Newark to prevent or delay chronic disease among this subset of Black women is recommended.

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Appendix A

Interview Script and Semi-Structured Guide

Thank you for your time today. My name is Veronica Jones, and I am a doctoral candidate at the Rutgers School of Nursing.

This interview is being conducted as part of my dissertation study to better understand the relationship of strength, stress, and self-care among professional Black women in Newark, NJ. The interview will be more like a conversation than a series of questions and answers. The interview should last approximately 60– 90 minutes. You are one of approximately 20-25 participants that will be enrolled in this research project.

The interview will have multiple parts. I will start by asking you some open-ended questions related to your perceptions and lived experience addressing strength, stress, and self-care. I will then ask you to complete a paper assessment to provide your opinion on several statements.

At any time during the interview, please let me know if you need any clarification. You may also skip any questions you do not feel comfortable answering. You may request to end your interview at any time.

The interview will be audio-recorded and later transcribed. Before we begin, I would like to review the eligibility criteria for this study. Please verify that you are:

- ✓ Able to read, speak, and understand English
- ✓ Identify as Black or African American
- ✓ Have at least a bachelor's degree, and
- ✓ Are at least 25 years old.

I will now review the consent document for this study. I will need both your verbal and written consent to participate before we begin.

- Review and Sign Consent Form (keep one copy & give one to participant)
- Proceed to Interview Guide
- Proceed to SWS Assessment

The following questions will explore your personal perspectives about strength, stress, and self-care.

Questions:

1. Tell me about yourself. Where are you from? Where did you go to school? What did you study? Where do you work? What do you do for fun? Are you married? Do you have children?
2. What do you like about living and/or working in Newark?
3. How would you define strength?
4. What does the definition of strength specifically mean for you?
5. Are you familiar with the term Strong Black Woman (SBW)/Black Superwoman?
6. What is a Strong Black Woman/Black Superwoman? Can you list some characteristics of a Strong Black woman/Superwoman?
7. Do you consider yourself a Superwoman/SBW? Who are some examples of a Superwoman/SBW?
8. Do you consider yourself a Superwoman/SBW? Why or why not?
9. Would you say being a Superwoman/SBW is positive or negative?
10. What do you think are some consequences of being a SBW or Superwoman?
11. How do you feel about the SBW or Superwoman persona?
12. What does the word stress mean for you? Or What is the most recent stressful thing you experienced? How did you handle it? How do you feel about how you handled it?
13. On a scale of 1 to 10, with 10 being very high and 1 being low, how would you rate your current stress?
14. What causes stress in your life? How do you feel about your roles and responsibilities?
15. How do you cope with stress? How often do you use these coping strategies?
16. Who taught you how to cope or manage your stress?
17. How did the women in your life cope with stress?
18. How do you feel about your current coping strategies?
19. How often do you use these coping strategies?
20. What does self-care mean to you?
21. What are your current self-care practices or activities? Is self-care important to you?
22. How would you rate your current self-care on a scale of 1 to 10?
23. Who taught you about self-care?
24. How do you and your healthcare provider address self-care? Is self-care discussed during your medical visits? What type of information is shared? How have you utilized any of this information? If no information, would you like to discuss this with your healthcare provider? Why do you feel this topic is not discussed?
25. What would help you take better care of yourself? What do you need?

26. If you could tell other women, one thing to help them with self-care, what would that be?
27. How are you teaching your children or others about self-care?
28. Who do you feel is capable of helping Black women improve self-care and coping?
29. Do you think Black women would benefit from any policies related to self-care?
30. What self-care resources are you using in Newark?
31. Can you provide examples of self-care resources you are using outside of Newark?
32. Would you be interested in a self-care program? If yes, what would it include? Types of activities? Length of activities? Format (in-person, online, an app, etc.)? If no, why not?
33. Is there anything additional you would like to share that you feel is relevant?

Appendix B

Quantitative Assessments

Welcome to the research study!

Thank you for completing your interview! This last part of this research study involves answering demographic questions and completing 4 assessments on stress, coping, self-care, and strength.

This portion should take you around 30 minutes to complete, and you will receive a \$25.00 gift card for your participation in both the interview and answering these questions. Your participation in this research is voluntary. If you do not wish to answer any question, you may skip it and go on to the next question. You have the right to withdraw at any point during the research study, for any reason, and without any prejudice. Your responses will remain confidential. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Sabrina Marie Chase at chasesm@sn.rutgers.edu.

By clicking the button below, you acknowledge your continued participation in the study and that you are aware that you may choose to terminate your participation in the research study at any time and for any reason.

- ☐ I consent, begin the study (1)
- ☐ I do not consent, I do not wish to participate (2)

Q00 Demographics: Please tell us a little about yourself.

Q1 What is your current age (in years)?

Q2 What is the highest level of education you have completed?

- ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Terminal degree (PhD, JD, MD)
-

Q3 What is your current religious affiliation, if any?

- ☐ Christian (Catholic, Methodist, Baptist, etc.)
 - ☐ Muslim
 - ☐ Jewish
 - ☐ Buddhist
 - ☐ Hindu
 - ☐ Atheist (do not believe in God)
 - ☐ Agnostic (not sure if there is a God)
 - ☐ Nothing in particular
 - ☐ Other (please specify)
 - ☐ Choose not to answer
-

Q4 Do you currently live in Newark?

☐ Yes

☐ No (please specify which city or neighborhood you live in)

Q5 Do you currently work in Newark?

☐ Yes

☐ No (please specify which city or neighborhood you work in)

Q6 What is your employment status?

☐

Work full-time

☐

Work part-time

☐

Not employed

☐

Student

☐

Other (please specify)

Q7 In what field is your career field?

Q8 Describe your role or list your title at work.

Q9 How many years have you worked in your current position?

Q10 What is your total annual income?

- ☐ Less than \$10,000 (1)
 - ☐ \$10,000 - \$49,999 (2)
 - ☐ \$50,000 - \$99,999 (3)
 - ☐ More than \$100,000 (4)
-

Q11 What is your current relationship status?

- ☐ Married (1)
 - ☐ Widowed (2)
 - ☐ Divorced (3)
 - ☐ Separated (4)
 - ☐ Single/Never married (5)
 - ☐ In a committed relationship, living together (6)
 - ☐ In a committed relationship, living apart (7)
-

Q12 Do you have children?

- ☐ Yes (1)
 - ☐ No (2)
-

Q13 If yes to question #13, how many children and what are their ages?

☐ Number of Children

☐ Ages _____

Q14 Do you provide care for an aging family member?

☐ Yes (1)

☐ No (2)

Q15 Do you provide financial support to anyone else outside of yourself or dependent children?

☐ Yes (1)

☐ No (2)

Q16 How would you rate your overall health?

☐ Excellent (1)

☐ Very Good (2)

☐ Good (3)

☐ Fair (4)

☐ Poor (5)

Q17 Would you describe yourself as:

☐ A non-drinker (1)

☐ An occasional drinker (special occasions only) (2)

☐ An occasional drinker (3)

☐ A regular drinker (7)

Q18 Do you currently smoke cigarettes?

☐ Yes, I do (1)

☐ No, I do not (2)

Q19 On average, how many hours do you sleep at night?

▼ 1 (39) ... 12 (50)

Q20 On average, how many times do you exercise per week?

- ☐ 0 (5)
- ☐ 1 (6)
- ☐ 2 (7)
- ☐ 3 (8)
- ☐ 4 (9)
- ☐ 5 or more (10)

Q21 Are you currently under a doctor's care for or do you have any of the following health conditions? (check all that apply)

- ☐ High blood pressure (1)
- ☐ Heart disease (2)
- ☐ Diabetes (3)
- ☐ High cholesterol (4)

- ☐ Cancer (5)
 - ☐ Migraines (6)
 - ☐ Obesity (11)
 - ☐ Anxiety (7)
 - ☐ Depression (8)
 - ☐ Other (please specify) (9)
-

- ☐ Choose not answer (10)
-

Q22 Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by selecting **how often** you felt or thought a certain way.

Source: Cohen, S., & Janicki-Deverts, D. (2012). Who's Stressed? Distributions of Psychological Stress in the United States in Probability Samples from 1983, 2006, and 2009. *Journal of Applied Social Psychology*, 42(6), 1320-1334.
doi:10.1111/j.1559-1816.2012.00900.x

Q23 In the last month, how often have you been upset because of something that happened unexpectedly?

- ☐ Never (1)
- ☐ Almost Never (2)
- ☐ Sometimes (3)
- ☐ Fairly Often (4)
- ☐ Very Often (5)

Q24 In the last month, how often have you felt that you were unable to control the important things in your life?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Q25 In the last month, how often have you felt nervous and "stressed"?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Q26 In the last month, how often have you felt confident about your ability to handle your personal problems?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Q27 In the last month, how often have you felt that things were going your way?

☐ Never (1)

☐ Almost Never (2)

☐ Sometimes (3)

☐ Fairly Often (4)

☐ Very Often (5)

Q28 In the last month, how often have you found that you could not cope with all the things that you had to do?

☐ Never (1)

☐ Almost Never (2)

☐ Sometimes (3)

☐ Fairly Often (4)

☐ Very Often (5)

Q29 In the last month, how often have you been able to control irritations in your life?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Q30 In the last month, how often have you felt that you were on top of things?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Q31 In the last month, how often have you been angered because of things that were outside of your control?

- ☐ Never (1)
- ☐ Almost Never (2)
- ☐ Sometimes (3)
- ☐ Fairly Often (4)
- ☐ Very Often (5)

Q32 In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- ☐ Never (1)
 - ☐ Almost Never (2)
 - ☐ Sometimes (3)
 - ☐ Fairly Often (4)
 - ☐ Very Often (5)
-

Brief Cope Assessment

These items deal with ways you have been coping with stress in your life, especially any problems associated with your overall health in the past several months. If you have not had any health issues in the last several months, then rate the items based on how you have been coping with any stress in your life, across the past several months. There are many ways to try to deal with problems. These items ask what you have been doing to cope with these problems. Obviously, different people deal with things in different ways but we are interested in how you have tried to deal with it.

Source: Carver, C. S. (1997). You want to measure coping but your protocol' too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4(1), 92. doi:10.1207/s15327558ijbm0401_6

Q33

I am answering these questions based on (please check one):

- ☐ Overall health problems (1)
- ☐ Other, non-health stressors (2)

Q34 Each item says something about a particular way of coping. We want to know to what extent you have been doing what the item says. How much or how frequently. Do not answer on the basis of whether it seems to be working or not, just whether or not you are doing it. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

	I have not been doing this at all (1)	I have been doing this a little bit (2)	I have been doing this a medium amount (3)	I have been doing this a lot (4)
1. I've been turning to work or other activities to take my mind off things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I've been saying to myself "this isn't real"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I've been using alcohol or other drugs to make myself feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I've been getting emotional support from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I've been giving up trying to deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I've been taking action to try to make the situation better.

☐☐☐☐

8. I've been refusing to believe that it has happened.

☐☐☐☐

9. I've been saying things to let my unpleasant feelings to escape.

☐☐☐☐

10. I've been getting help and advice from other people.

☐☐☐☐

11. I've been using alcohol or other drugs to help me get through it.

☐☐☐☐

12. I've been trying to see it in a different light, to make it seem more positive.

☐☐☐☐

13. I've been criticizing myself.

☐☐☐☐

14. I've been trying to come up with a strategy about what to do.

☐☐☐☐

15. I've been getting comfort and understanding from someone.

☐☐☐☐

16. I've been giving up the attempt to cope.

☐☐☐☐

17. I've been looking for something good in what is happening.

☐☐☐☐

18. I've been making jokes about it.

☐☐☐☐

19. I've been doing something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.

☐☐☐☐

20. I've been accepting the reality of the fact that it has happened.

☐☐☐☐

21. I've been expressing my negative feelings.

☐☐☐☐

22. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I've been trying to get advice or help from other people about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I've been learning to live with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I've been thinking hard about what steps to take.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I've been blaming myself for things that happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I've been praying or meditating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I've been making fun of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-care Assessment

This assessment tool provides an overview of effective strategies to maintain self-care. Rate the following areas in terms of frequency.

Source: Saakvitne, K. W., & Pearlmann, L. A. (1996). Transforming the Pain: A Workbook on Vicarious Traumatization: Norton, W.W. & Company, Inc.

Q35 Rate how frequently you do the following **physical self-care** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It never occurred to me

Eat regularly (e.g. breakfast, lunch and dinner) (1)	▼ 5 (1) ... 1 (5)
Eat healthily (2)	▼ 5 (1) ... 1 (5)
Exercise (3)	▼ 5 (1) ... 1 (5)
Get regular medical care for prevention (4)	▼ 5 (1) ... 1 (5)
Get medical care when needed (5)	▼ 5 (1) ... 1 (5)
Take time off when sick (6)	▼ 5 (1) ... 1 (5)
Get massages (7)	▼ 5 (1) ... 1 (5)
Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun (8)	▼ 5 (1) ... 1 (5)
Take time to be sexual - with yourself, with a partner (9)	▼ 5 (1) ... 1 (5)
Get enough sleep (10)	▼ 5 (1) ... 1 (5)
Wear clothes you like (11)	▼ 5 (1) ... 1 (5)
Take vacations (12)	▼ 5 (1) ... 1 (5)
Take day trips or mini vacations (13)	▼ 5 (1) ... 1 (5)
Make time away from telephones (14)	▼ 5 (1) ... 1 (5)

Q36 Rate how frequently you do the following **psychological self-care** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It never occurred to me

Make time for self-reflection (1)	▼ 5 (1) ... 1 (5)
Have your own personal psychotherapy (2)	▼ 5 (1) ... 1 (5)
Write in a journal (3)	▼ 5 (1) ... 1 (5)
Read literature that is unrelated to work (4)	▼ 5 (1) ... 1 (5)
Do something at which you are not expert or in charge (5)	▼ 5 (1) ... 1 (5)
Decrease stress in your life (6)	▼ 5 (1) ... 1 (5)
Let others know different aspects of you (7)	▼ 5 (1) ... 1 (5)
Notice your inner experience-listen to your thoughts, judgments, beliefs, attitudes, and feelings (8)	▼ 5 (1) ... 1 (5)
Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance (9)	▼ 5 (1) ... 1 (5)
Practice receiving from others (10)	▼ 5 (1) ... 1 (5)
Be curious (11)	▼ 5 (1) ... 1 (5)
Say "no" to extra responsibilities sometimes (12)	▼ 5 (1) ... 1 (5)

Q37 Rate how frequently you do the following **emotional self-care** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It

never occurred to me

Spend time with others whose company you enjoy (1)	▼ 5 (1) ... 1 (5)
Stay in contact with important people in your life (2)	▼ 5 (1) ... 1 (5)
Give yourself affirmations, praise yourself (3)	▼ 5 (1) ... 1 (5)
Love yourself (4)	▼ 5 (1) ... 1 (5)
Re-read favorite books, re-view favorite movies (5)	▼ 5 (1) ... 1 (5)
Identify comforting activities, objects, people, relationships, places and seek them out (6)	▼ 5 (1) ... 1 (5)
Allow yourself to cry (7)	▼ 5 (1) ... 1 (5)
Find things that make you laugh (8)	▼ 5 (1) ... 1 (5)
Express your outrage in social action, letters, and donations, marches, protests (9)	▼ 5 (1) ... 1 (5)
Play with children (10)	▼ 5 (1) ... 1 (5)

Q38 Rate how frequently you do the following ***spiritual self-care*** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It

never occurred to me

Make time for reflection (1)	▼ 5 (1) ... 1 (5)
Spend time with nature (2)	▼ 5 (1) ... 1 (5)
Find a spiritual connection or community (3)	▼ 5 (1) ... 1 (5)
Be open to inspiration (4)	▼ 5 (1) ... 1 (5)
Cherish your optimism and hope (5)	▼ 5 (1) ... 1 (5)
Be aware of non-material aspects of life (6)	▼ 5 (1) ... 1 (5)
Try at times not to be in charge or the expert (7)	▼ 5 (1) ... 1 (5)
Be open to not knowing (8)	▼ 5 (1) ... 1 (5)
Identify what is meaningful to you and notice its place in your life (9)	▼ 5 (1) ... 1 (5)
Meditate (10)	▼ 5 (1) ... 1 (5)
Pray (11)	▼ 5 (1) ... 1 (5)
Sing (12)	▼ 5 (1) ... 1 (5)
Have experiences of awe (13)	▼ 5 (1) ... 1 (5)
Contribute to causes in which you believe (14)	▼ 5 (1) ... 1 (5)
Read inspirational literature (talks, music, etc.) (15)	▼ 5 (1) ... 1 (5)

Q39 Rate how frequently you do the following **workplace or professional self-care** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It never occurred to me

Take a break during the workday (e.g., lunch) (1)	▼ 5 (1) ... 1 (5)
Take time to chat with co-workers (2)	▼ 5 (1) ... 1 (5)
Make quiet time to complete tasks (3)	▼ 5 (1) ... 1 (5)
Identify projects or tasks that are exciting and rewarding (10)	▼ 5 (1) ... 1 (5)
Set limits with clients and colleagues (4)	▼ 5 (1) ... 1 (5)
Balance your caseload so no one day or part of a day is "too much" (5)	▼ 5 (1) ... 1 (5)
Arrange your work space so it is comfortable and comforting (6)	▼ 5 (1) ... 1 (5)
Get regular supervision or consultation (7)	▼ 5 (1) ... 1 (5)
Negotiate for your needs (benefits, pay raise) (8)	▼ 5 (1) ... 1 (5)
Have a peer support group (11)	▼ 5 (1) ... 1 (5)

Q40 Rate how frequently you do the following **balance self-care** statements below.

5= Frequently

4= Occasionally

3=Rarely

2= Never

1 =It

never occurred to me

Strive for balance within your work-life and workday (1)	▼ 5 (1) ... 1 (5)
Strive for balance among work, family, relationships, play, and rest (2)	▼ 5 (1) ... 1 (5)

Q41 Please list any other areas of self-care or things that you do for self-care.

Appendix C

Permission Request/Approval for SWS Instrument



UNC
SCHOOL OF NURSING

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

CARRINGTON HALL
CAMPUS BOX 7460
CHAPEL HILL, NC 27599-7460
<http://nursing.unc.edu>

February 21, 2019

Dear Research Collaborator:

Your request to review/use the Giscombe Superwoman Schema Questionnaire (G-SWS-Q) has been approved. The instrument is attached. Relevant citations are listed below.

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

Should you need additional assistance, please do not hesitate to contact me. Warmest regards to you!

Cheryl Woods Giscombe, PhD, PMHNP-BC

Cheryl Woods Giscombe, PhD, PMHNP-BC, FAAN
LeVine Family Distinguished Associate Professor of Quality of Life, Health Promotion, and Wellness
Macy Faculty Scholar & Director,
Interprofessional Leadership Institute for Mental Health Equity
The University of North Carolina at Chapel Hill, School of Nursing,
4103 CB#7460, Chapel Hill, NC, 27599-7460 - Cheryl.Giscombe@unc.edu

Attachments:

Giscombe Superwoman Schema Questionnaire (G-SWS-Q)

Refereed Citations for the SWS Concept and Questionnaire

Published Articles:

1. **Woods-Giscombe, C. L., Steed, T. C., Allen, A., Li, Y., Lackey, C., & Black, A. R.** (In Press). The Giscombe Superwoman Schema Questionnaire: Psychometric properties and associations with mental health and health behaviors in African American women. *Issues in Mental Health Nursing*. Forthcoming DOI - <https://doi.org/10.1080/01612840.2019.1584654>
2. **Woods-Giscombe, C.L.** (2010). Superwoman Schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, 20, 668-683.
3. **Woods-Giscombe, C. L.** (2018). Reflections on the development of the Superwoman Schema Conceptual Framework: An intersectional approach guided by African American womanist perspectives. *Meridians*, 16(2), 333-342. DOI: 10.2979/meridians.16.2.14.

Appendix D

Recruitment Flyer







PARTICIPANTS NEEDED FOR A RESEARCH STUDY ON WOMEN'S SELF-CARE

THE PURPOSE OF THIS
RESEARCH STUDY IS TO
ASSESS THE CURRENT SELF-
CARE PRACTICES OF
PROFESSIONAL BLACK WOMEN.

IF YOU ARE INTERESTED, YOU MUST:

- Identify as a non-Hispanic Black or an African American woman
- Be at least 25 years old or older
- Hold at least a Bachelor's degree
- Currently live and/or work in Newark, NJ
- Read and speak English

Research Study Involves:

A **one time** in-person interview and completion of five brief surveys

Total estimated participation time is 90 minutes

Compensation \$25 Visa gift card

Interview location: Rutgers School of Nursing,
65 Bergen Street, Newark NJ 07101 or alternate location by arrangement.

**TO VOLUNTEER OR FOR MORE
INFORMATION, PLEASE CONTACT
VERONICA JONES, MPH, CHES**

jonesve@sn.rutgers.edu
979-972-5589 or 972-271-1343

Protocol Number: Pro2019000987
Protocol Version Date: v.3 09.27.19
Principal Investigator: Sabina M. Chase, PhD
E: chasesm@sn.rutgers.edu
P: 973-353-5744



IRB ID: Pro2019000987
Approval Date: 9/19/2019
Expiration Date: 12/31/69

Appendix E

IRB Approval Letter



RUTGERS
eIRB

**Arts & Sciences IRB -
New Brunswick**
335 George Street
Suite 3100, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866

**Health Sciences IRB -
New Brunswick/Piscataway**
335 George Street
Suite 3100, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806

**Health Sciences IRB -
Newark**
65 Bergen Street
Suite 511, 5th Floor
Newark, NJ 07107
Phone: 973-972-3608

DHHS Federal Wide Assurance Identifier:

FWA00003913

IRB Chair Person: Cheryl Kennedy

IRB Director: Carlotta Rodriguez

Effective Date: 10/8/2019

Approval Date: 9/19/2019

eIRB Notice of Approval for Initial Submission # Pro2019000987

STUDY PROFILE

Study ID: [Pro2019000987](#)

Title: The "S" Factor: Exploring the Relationship among the Superwoman Schema, Stress, and Self-care in Professional Black Women

Principal Investigator: Sabrina Chase **Study Coordinator:** Veronica Jones

Co-Investigator(s): Veronica Jones

Sponsor: Department Funded **Risk Determination:** Minimal Risk

Review Type: Exempt **Exempt Category:** 3 **Subjects:** 25

CURRENT SUBMISSION STATUS

Submission Type: Research Protocol/Study **Submission Status:** Approved
Approval Date: 9/19/2019