A Thesis Submitted for the Degree of PhD at the University of Warwick

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‘Strength for Survival’
Exploring the influence of the Strong Black Woman (SBW) concept on the experiences and management of depression.

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This thesis is in fulfilment of the requirement for the degree of Master of Science by Research in Psychology

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Acknowledgments

The completion of this thesis is due to the support of a variety of individuals.

There are numerous people that I would like to thank for supporting me throughout the journey of my research, however there are too many to mention. Firstly, my faith in God has sustained me throughout my research. Secondly, my supervisor Dr Claudie Fox has been a great source of support throughout my research degree. Dr Claudie Fox provided reassurance, guidance and motivation during every phase of my research. I was particularly grateful for her support when I experienced a difficult bereavement period.

Finally, I would like to extend my gratitude to my dear family and friends. Without your continual support, love and encouragement, this thesis would not have been completed. I feel truly blessed.
Declaration

I hereby declare that the research reported in this thesis is my own work and has been written independently, under the supervision of Dr. Claudie Fox. No part of this thesis has been submitted for any other qualification or to any other university. All references used have been listed and I have given credit to all additional sources of assistance.
Abstract

This study aimed to explore how Black women in the UK experience and manage depression, in relation to the SBW concept and how this influences help-seeking behaviour. Eight individual, semi-structured interviews were conducted, transcribed and analysed using reflexive thematic analysis. The participants’ experiences and management of low mood was characterised by three main themes: origin of strength, upholding strength in relation to the coping strategies used and cultural awareness. Findings suggest that Black women engage in coping strategies that are consistent with the SBW concept when low in mood (e.g. isolation, keeping busy) which can be barriers to help-seeking. However, seeking support was dependent on trust and others having a shared understanding of their difficulties as a Black woman. Findings suggest a potential for raising awareness of the SBW concept in mental health services through educational workshops, which will equip practitioners with the knowledge needed to support Black women with depression, potentially increasing help-seeking behaviour. Furthermore, mental health practitioners should liaise and collaborate with community organisations to promote mental health campaigns. This will not only raise awareness of the influence of the SBW concept on mental health but will build a bridge of trust in the community.
Introduction

This review begins by exploring mental healthcare disparities affecting ethnic minorities and the effects of racial discrimination on mental health. It then introduces the strong Black woman (SBW) concept, describing the concept’s origins and the associated characteristics. Factors linked to depression in Black women and the coping strategies of Black women who endorse the SBW schema are considered. This is followed by a section on the SBW ideology and depression which outlines the benefits and the negatives of endorsing the SBW schema, particularly when experiencing depression. Lastly, barriers to accessing mental health services among the Black community, specifically Black women are considered. This review also explores the relationship between endorsement of the SBW schema, depression and the effect on help-seeking behaviour.

Mental illness within the Black community

It has been suggested that there are racial disparities in mental health (Cabinet Office, 2018; Fernando, 2017; McGuire & Miranda, 2008). Mental healthcare disparity is defined as an unfair difference in the quality of care and access of care according to ethnicity and race (Smedley et al., 2003). Research suggests inequalities in the prevalence of mental health difficulties, access to services and health outcomes (Rockville, 1999; Satcher, 2001). Specifically, research has shown that marginalised ethnic minority groups have higher rates of specific mental health conditions (e.g. schizophrenia, common mental health problems such as anxiety and depression), are less likely to access mental health services, are more likely to receive poor quality care and have poorer health outcomes compared to other groups (Rockville, 1999; Satcher, 2001).
Research has shown that Black people are more likely to be diagnosed with a specific mental health condition in comparison to other ethnic groups (Halvorsrud et al., 2019; Pinto et al., 2008). Studies have found that African Americans have substantially higher rates of schizophrenia, in comparison to their White counterparts (Neighbours et al., 2003) and are overrepresented in psychiatric services (Snowden & Cheung, 1990). United Kingdom (UK) research has shown similar results (Halvorsrud et al., 2019; Pinto et al., 2008). For example, individuals from an African Caribbean background are more likely to be diagnosed with a severe mental illness, such as psychotic disorder (Halvorsrud et al., 2019; Pinto et al., 2008) especially African Caribbean men (Keating et al., 2002). People from this ethnic subgroup are three times more likely to be diagnosed and be admitted to hospital for Schizophrenia, compared to any other group (Department of Health and Social Care, 2018). Furthermore, detention rates under the Mental Health Act during 2017/2018 were four times higher for African descended groups compared to their White counterparts (Care Quality Commission, 2018). These UK findings have been consistent and persistent over time and across generations for more than 60 years (Halvorsrud et al., 2019).

It is difficult to establish whether the high rates of psychosis among Black people reflect the differences in the mental health needs of this group, or whether the disparities are due to socioeconomic factors and/or institutional discrimination and prejudice (McLean et al., 2003). For example, the Aetiology and Ethnicity in Schizophrenia and Other Psychoses (AESOP) study found that in the UK, African Caribbean individuals are more likely to experience socioeconomic issues which increases the risk of psychosis, in comparison to their White and Asian counterparts (Morgan et al., 2006). Issues such as experiences of abuse, living alone, lack of family and friend support, unemployment and cannabis use are highest amongst African Caribbean individuals with psychosis (Morgan et al., 2006). It has also been
suggested that institutional racism within British Psychiatry may provide an explanation for the high prevalence rates of psychosis within the Black community (Sashidharan, 2001). Western psychiatry functions within a Eurocentric diagnostic framework (Singh & Burns, 2006). This framework was developed when racist doctrines were rife in Western culture, and the ideology of racism was incorporated into the discipline (Fernando, 2020). The Western framework does not acknowledge cultural sensitivity; therefore, it may not be competent in assessing the behaviour of others who come from a different culture (Knowles, 1991). There are Psychiatrists who may be unfamiliar with the cultural norms, beliefs and meanings of non-White individuals (Knowles, 1991). Consequently, misinterpretation may occur leading to over diagnosis (Littlewood & Lipsedge, 1981; Sashidharan, 1993).

Research on race differences and depression has shown inconsistent findings, which may be due to methodological differences (Nazroo, 1997; Plant & Sachs-Ericsson, 2004). However, studies have consistently shown that Black individuals may suffer more from chronic, prolonged debilitating depression, in comparison to White individuals (Williams et al., 2007). For example, Williams et al. (2007) found that the chronicity of major depressive disorder (MDD) was higher for Caribbean Black individuals (56%) and for African American individuals (56.5%) in comparison to 38.6% of White individuals (Williams et al., 2007). There are various risk factors for Black people experiencing depression, which include racial discrimination, racial barriers to accessing care (e.g. racism from care providers) and low socioeconomic factors such as poverty (Hines et al., 2017; Cenat et al., 2021; Shim et al., 2012). Experiencing racial discrimination can have a negative impact on mental health (Cenat et al., 2021). For example, Cenat et al. (2021) explored the prevalence of depression within the Black communities in Canada and the association between depression and everyday racial discrimination. Findings revealed that daily racial discrimination predicted depressive
symptoms (Cenat et al., 2021). Furthermore, those who experienced high levels of racial discrimination, were more likely to display severe depressive symptoms in comparison to those who experienced low levels of discrimination (Cenat et al., 2021). Similarly, experiencing racial discrimination, is likely to have cumulative negative long-term effects on mental health (Wallace et al., 2016). For example, research has found that daily racial discrimination is one of the best predictors of depressive symptoms (Madubata et al., 2018). In addition to racial discrimination, Black women may experience gender discrimination, which influences their mental health (Jones et al., 2021a). Black women may adopt ‘strength’, as a coping mechanism in response to the adversity that they experience (Woods-Griscombe, 2010). The origin of Black women’s strength originates from a history of oppression and is embedded within the cultural identity of many Black women.

The Strong Black Woman (SBW)

The conceptual ideology of the SBW refers to Black women as being a source of strength and resilience in the face of adversity (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Shorter-Gooden & Washington, 1996). The SBW ideology is adopted into the self-identity of many Black women (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Shorter-Gooden & Washington, 1996). It has been suggested that Black women have been socialised by their parents, their communities and the media to endorse the SBW stereotype (Kerrigan et al., 2007; Stanton et al., 2017). Black women who endorse the SBW image have often been referred to a ‘superwoman,’ who is able to endure difficulties whilst supporting the needs of others (Abrams et al., 2019; Reynolds-Dobbs & Thomas, 2008; Woods-Griscombe, 2010). The SBW is a gender-racial schema that outlines culturally specific expectations for how Black women should behave, which includes independence, caretaking and emotional
restraint (Jones et al., 2021a). Other characteristic behaviours typically associated with the SBW include the ability to confront trials and tribulations independently, succeeding despite limited resources, emotion suppression and being fiercely self-sufficient (Abrams et al., 2014; Beauboeuf-Lafontant, 2007, 2009; Nelson et al., 2016; Woods-Giscombé, 2010). There is an expectation for Black women to entertain multiple responsibilities and roles in society which includes, a provider and a caretaker for the family and their community (Donovan & West, 2015; Watson & Hunter, 2016). Black women often provide stability and support for others, often at the expense of their own wellbeing, therefore they are self-sacrificing (Abrams et al., 2019; Watson and Hunter, 2016).

The SBW concept has often been compared to a ‘mask’, for Black women to hide away their vulnerabilities, suppress their emotions from the world and to adopt an exterior of emotional and physical strength to cope with life’s challenges (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Donovan & West, 2015). Black women navigate through life experiencing significant stressors that they must contend with daily. Stressors such as gendered racism, racial discrimination and other social disadvantages (Donovan & West, 2015; Lewis, 2012; Mays et al., 2007; Spates et al., 2020). Black women have therefore become accustomed to the balancing act of portraying strength, whilst concealing psychological hardship and trauma (Abrams et al., 2019).

While all women, regardless of ethnicity, cultural influences and race are pressured to show strength in times of adversity, the origin of a Black women’s strength may be rooted in slavery (Abrams et al., 2014; Harris-Perry, 2011; Hooks, 1981). Black women had to endure brutal and inhumane treatment, exploitation and oppression at the hands of slave owners (Hooks, 1981). There was a misconception amongst slave owners that Black women were
‘strong’ and possessed unwavering psychological and physical strength, superior to White women (Harris-Lacewell, 2001). This illusion of Black women having supernatural strength was used to justify harsh punishment towards Black women (Stanton et al., 2017). Black women used emotional and physical strength, as a survival coping mechanism during enslavement (Hooks, 1981). Despite the abolition of transatlantic slavery in the 18th century, the notion of ‘strength’ continues to remain with Black women today. Given the discrimination and hardship that Black people have endured, it is unsurprising that they experience mental health difficulties. Literature and research suggest that Black women experience a variety of stressors, which has been associated with depression.

Black women and depression

Generally, research has focused on comparing the prevalence rates of depression, anxiety and other mental health disorders among Black and White women (Gazmararian et al., 1995; Shaw et al., 1999). Some research suggests that Black women may experience greater, chronic and more severe depressive symptoms, compared to White women (e.g., Bailey et al., 2009; Grote et al., 2007; William et al., 2007), due to experiencing more chronic stressors (Grote et al., 2007). It has been suggested that Black women are more vulnerable to depression, due to socio-economic stressors, which affects individuals from marginalised groups in society (Belle, 1982). Black women experience various adversities such as ‘gendered racism’ which refers to the oppression of Black women due to their gender and race (Essed, 1991). Other researchers also refer to this discrimination as the ‘double minority status’ (Myers et al., 1999). Research on gendered racism has found an association between gendered racism and psychological distress among Black women (Lewis et al., 2017; Moody & Lewis, 2019; Szymanski & Stewart, 2010). Further research suggests that levels of social
support may mediate the relationship between depression and gendered racism (Jones et al., 2021c). A study by Jones et al. (2021c) found that Black women who had more experiences of gendered racism, received lower levels of support and consequently had increased levels of depression (Jones et al., 2021c).

The effects of this intersecting gender and race discrimination, can exacerbate the difficulties that Black women encounter, such as sexist and racist stereotypes, workplace challenges and poverty which can influence how Black women navigate in the world (Spates et al., 2020). There are other stressors which affect Black women more. For example, there are a higher number of single Black parent households, in comparison to other populations (Nicholas-Casebolt, 1988). Furthermore, Black and minority ethnic group (BAME) individuals in England and Wales make up approximately 13% of the population (Population of England and Wales, 2018) yet make up 25% of the prison population (Lammy, 2017), with Black men more likely to be incarcerated than White men (Nellis, 2016). These difficult life circumstances place even greater responsibilities on Black women as caretakers for their families (Mechoulan, 2011). Exposure to such adversities necessitates the need for Black women to be strong, which is used as an effective coping strategy (Watson & Hunter, 2016).

In the attempt to live up to the cultural expectation of strength, Black women may manage depression with tenacity (Jones & Shorter-Gooden, 2003; Schreiber et al., 2000). When depressed, Black women may continue to work extremely hard, juggling multiple duties whilst suffering in silence (Jones & Shorter-Gooden, 2003; Schreiber et al., 2000). Research has also demonstrated that Black women express and manage depressive symptoms in line with strength. For example, Schreiber et al. (2000) explored how Black West Indian Canadian women experience and manage depression. Findings revealed that Black women
used basic social processes of strength to alleviate and manage depression, which included suffering in silence, withdrawing from others, engaging in activities as a distraction, socialising with others and regaining composure (Schreiber et al., 2000). This provides Black women with a sense of control over depression by ‘getting on with it’ and relying on their religious faith (Schreiber et al., 2000).

Jones & Shorter-Gooden (2003) developed the term ‘sisterella’ complex, which describes the depressive symptoms that Black women display (Jones & Shorter-Gooden, 2003). The term ‘sisterella’ derives from the Disney princess Cinderella and refers to Black women supporting, honouring and caring for others above herself (Jones & Shorter-Gooden, 2003). The depressive symptoms include Black women working extremely hard with their many responsibilities (e.g. household, child-care, career), whilst self-neglecting, suffering in silence and experiencing excessive guilt and unworthiness (Jones & Shorter-Gooden, 2003). The ‘busyness’ symptom is a coping strategy, helping Black women to become distracted from their emotional distress (Jones & Shorter-Gooden, 2003). Expressing depressive symptoms in this manner, is inconsistent to the traditional, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) clinical symptoms of depression (American Psychiatric Association, 2013). According to the DSM-5 diagnostic criteria, to make a diagnosis of depression, the individual must experience symptoms which includes depressed mood or little to no interest or pleasure in activities (American Psychiatric Association, 2013). Black women do not display these typical symptoms outlined in the DSM-5, which can result in Black women being overlooked and under-diagnosed (Jones & Shorter-Gooden, 2003).

Endorsement of the SBW image can provide Black women with a protective armour when enduring the battle of stressful life circumstances. However, endorsement of the SBW
stereotype can also be a source of stress, which can lead to detrimental effects on Black women’s mental and physical health.

SBW ideology and depression

Research suggests that the SBW ideology can be both beneficial and a liability (Abrams et al., 2014; Woods-Giscombe, 2010). Black women may view the SBW image as a protective barrier against life’s stressors, helping them to internalise strength to overcome trials and tribulations with tenacity (Sisley et al., 2011; Watson & Hunter, 2016). Black women may see the SBW image as an opportunity to be proud of their ‘Blackness’ (Abrams et al., 2014; Woods-Giscombe, 2010). Black women may see the ‘superwoman’ role as beneficial, as it serves as preservation of the self and helping them to survive, support their families, giving back and supporting the Black community (Woods – Giscombe, 2010). Black women may see ‘strength’ as a positive attribute and an important part of their identity (Jones et al., 2020). Jones et al. (2020) explored Black women’s perception of strength, their meanings towards the notion of strength and how others perceive their strength (Jones et al., 2020). Findings revealed that Black women see strength as part of their womanhood and they redefine strength (e.g. resilient and hard-working) despite others who may perceive the strong Black woman in a negative light (Jones et al., 2020).

However, maintaining the SBW image can be a source of stress. Research has suggested a relationship between the SBW schema and distress (Woods-Giscombe & Black, 2010). For example, Woods-Giscombe & Black (2010) identified a relationship between the ‘superwoman’ schema and high levels of stress among Black women (Woods-Giscombe & Black, 2010). Sisley et al. (2011) found that African Caribbean women coped with emotional distress by being ‘strong’, which provided the increased ability to manage emotional distress,
but it also contributed to distress (Sisley et al., 2011). A characteristic of the SBW role is to suppress emotions, which can have detrimental effects on emotional and physical well-being (Abrams, 2015). For example, Abrams (2015) found that greater levels of emotional suppression, in relation to the endorsement of the SBW ideology, predicted a higher risk of cardiovascular disease in Black women.

Some research has investigated the strategies which Black women employ to cope with distress, particularly depression. It is evident that these strategies can mediate the relationship between depressive symptoms and the SBW schema (Jones et al., 2021b). Jones et al. (2021b) examined coping styles such as social support, disengagement and spirituality. Findings revealed that a disengagement coping style, partially mediated the association between greater depressive symptoms with greater SBW schema endorsement (Jones et al., 2021b). A disengagement coping style involves distancing from the stressor and its emotions (Chao, 2011). It has been suggested that individuals who use a disengagement coping style, struggle with the stressor and are more likely to experience the consequences of the stressor. This is in comparison to those who use active coping strategies, such as seeking support (Chao, 2011). Similarly, research has suggested that the SBW characteristic of ‘self-silencing’ is a mechanism that mediates the relationship between endorsement of the SBW schema, predicting high levels of anxiety and depression symptoms (Abrams et al., 2019; Donovan & West, 2015). It is important to highlight that most of the research, which have explored Black women, mental health difficulties and the SBW ideology have been conducted in the United States (US). There are differences between the US and the UK regarding mental healthcare provision. For example, in the US there is a healthcare insurance system, which helps to pay for physical healthcare, medical expenses (e.g. surgery, medications) mental health services and more, whether it is purchased privately, or through social welfare funded by the government (Keisler-Starkey & Bunch, 2021). Research suggest
that ethnic minorities may be reluctant to seek support because of a lack of health insurance, which is prevalent in minority communities, due to socioeconomic issues such as poverty (Alegria et al., 2006; Ham, 2016). Furthermore, differences have been suggested in the experiences of racial discrimination in the US and the UK. It has been suggested that racism in the US is unique; presenting itself as more overt compared to the UK (Eric-Udorie, 2021; Pitner, 2018).

There is limited research in the UK which has directly explored Black women’s experience of mental ill health, in relation to the SBW stereotype. One such study, is by Graham (2018) which explored Black Caribbean women in the UK experiences and management of anxiety and depression, in relation to the SBW image. Findings revealed that Black women managed emotional distress in ways consistent with SBW traits (e.g. hiding distress). Being strong was necessary to survive in a sexist and racist society. However, being strong affected the ability to effectively manage distress, as the management of distress was restrictive, such as concealing their distress from others and somatisation (Graham, 2018). These findings suggests that Black women endorse ‘strength’ because it enables them to survive difficulties, such as discrimination in society and they utilise strength to manage their emotional distress. However, managing distress using SBW traits can result in detrimental physical (e.g. somatisation) and emotional consequences (Graham, 2018).

Studies have shown how Black women may feel societal pressure to constantly maintain the strong ‘superwoman’ image for their family and communities (Watson & Hunter, 2016; Woods-Giscombe, 2010) which leads to a build-up of emotions such as sadness, potentially resulting in an emotional breakdown (Beauboeuf-Lafontant, 2008). The socio-cultural narrative and expectation for Black women to be strong, may influence perceptions of mental illness. For example, Black women may attribute terms such as ‘failure’ and ‘weakness’ to
mental illness which are inconsistent with the SBW ideology. These negative terminologies which Black women attach to mental illness, coupled with mental illness stigma, may influence whether Black women seek help from others when experiencing depression.

Help-seeking and stigma

Although mental illness stigma is apparent in all racial groups, mental illness is highly stigmatised in Black communities (Memon et al., 2016). Black people are least likely to seek help from mental health services when experiencing mental health difficulties compared to White people (Diala et al., 2000; Kam et al., 2019). Furthermore, individuals from BAME communities are the least likely to receive mental health treatment (7%), with the lowest percentage seen in Black ethnic groups (6.2%). This is in comparison to 13.3% of White British people (Lubian et al., 2016). There are numerous factors which may contribute to low utilisation of mental health services, such as the mistrust of services and relying on spirituality for support (Copeland & Synder, 2011; Poleshuck et al., 2013; Sabri et al., 2013). However, it has been suggested that stigma is the most significant barrier to seeking help from mental health services (Gary, 2005; Thompson-Sanders et al., 2004). In the Black community, mental illness is associated with feelings of shame and embarrassment (Matthew et al., 2006). In a qualitative study, Matthew et al. (2006) explored the behaviour and attitudes of African American people towards the utilisation of mental health services (Matthew et al., 2006). Findings revealed that stigma and feelings of embarrassment, shame and rejection following disclosure of mental illness, were barriers to seeking help from services (Matthew et al., 2006). Although Black women may experience the harsh strain of mental illness, their utilisation of services are low (Matthew & Hughes, 2001). Black women
are least likely to receive treatment for depression compared to White women (Edge, 2008; Ham, 2016).

Research has also found that stigma plays an influential part in the help-seeking behaviour of Black women (Waite & Killian, 2008). A qualitative study by Waite & Killian (2008) explored African American women’s health beliefs about depression. Black women identified stigma as a profound barrier to seeking help from mental health services. Furthermore, findings also revealed that Black women believed that they were not susceptible to depression and that people who suffered from depression have a ‘weak mind’, have a troubled spirit, poor health and do not have self-love (Waite & Killian, 2008). It appears that Black women may associate depression with ‘weakness’, therefore the cultural notion of strength may influence whether Black women seek help for their mental health difficulties (Beauboeuf-Lafontant, 2008). For example, studies have explored the role of the SBW schema in influencing Black women’s help-seeking behaviours. Research has suggested that as Black women view depression as a sign of weakness, consequently, Black women who endorse the SBW role may be reluctant to seek help from others when depressed – as this would be inconsistent with the notion of ‘strength’ (Beauboeuf-Lafontant, 2008; Schreiber et al., 2000; Watson & Hunter, 2015). A recent study by Hall et al. (2021) explored how the SBW ideal affects Black women’s utilisation of mental health services. Hall et al. (2021) found that endorsement of the SBW ideal provided a sense of pride and a coping mechanism against the adversity of gendered racism. However, the SBW ideal was also a barrier to utilising mental health services, due to stigma and the pressure of maintaining the unrealistic expectation of showing strength, even when in distress (Hall et al., 2021). Findings from Watson & Hunter (2015) revealed a significant inverse relationship between psychological openness to help-seeking and the SBW role. Therefore, the greater the endorsement of the
SBW schema, the less likely a Black woman would seek help for mental distress (Watson & Hunter, 2015).

There are studies which have not directly explored depression and the SBW stereotype. Nevertheless, they suggest how SBW characteristics can influence how Black women manage depression and influence help-seeking. For example, Ward et al. (2009) examined Black women’s beliefs, coping behaviours and barriers to seeking treatment. Black women reported beliefs and coping behaviours that are consistent with the SBW stereotype. For example, Black women believed that mental illness is inappropriate for Black women and that mental illness can be managed on a personal level. They showed a preference for silence rather than self-disclosure of emotions (Ward et al., 2009). Studies have shown that some Black women may have positive attitudes towards mental health treatment and support (Nelson et al., 2020). Nelson et al. (2020) explored how Black women conceptualised help-seeking for depression and how the SBW role influences help-seeking. Nelson et al. (2020) found that Black women had a positive attitude towards seeking help and treatment for depression. However, Black women were still reluctant to seek treatment themselves. Regarding the influence of the SBW role on help-seeking, the women preferred to not seek help, instead would use personal resources to cope, ‘mask’ or ignore the pain of distress (Nelson et al., 2020). Furthermore, accessing services would require expression of emotional needs and vulnerability, which is opposite to the SBW ideal (Woods-Giscombe, 2010).

**Rationale**

Previous research and literature suggest racial disparities in mental health within the Black community around the prevalence of mental illness, access to services and health outcomes and that institutional racism and discrimination may provide explanations for these disparities (Rockville, 1999; Satcher, 2001). Furthermore, racism and discrimination are also risk factors
for depression among Black people, especially for Black women who often encounter gendered racism (Essed, 1991). Black women navigate through life and withstand the associated adversities, by endorsing the socio-cultural image of ‘strength’ (Watson and Hunter, 2016). This notion of strength (e.g., emotion suppression, keeping busy) can be beneficial for self-preservation, creating a protective armour and may help Black women manage depression (Sisley et al., 2011; Watson & Hunter, 2016). However, research also suggests that endorsement of the SBW schema can create pressure and stress which can contribute to depression (Sisley et al., 2011; Woods-Giscombe & Black, 2010). Black women’s perception of mental illness is that it reflects weakness, therefore incongruent with the SBW image. This reflects the strong stigma attached to mental illness within the Black community, which has hindered help-seeking among Black women (Beauboeuf-Lafontant, 2008; Hall et al., 2021; Waite & Killian, 2008).

Quantitative and qualitative research suggests that Black women use a number of coping strategies to manage distress, including depression (Jones & Shorter-Gooden, 2003; Schreiber et al., 2000). However, the majority of research has been conducted within the US. Given the differences in mental healthcare provision and the differences in the presentation of racial discrimination (Eric-Udorie, 2021; Pitner, 2018) in the UK, more UK studies exploring the SBW phenomenon in relation to the management of depression is needed.

Qualitative research exploring the SBW concept, in relation to managing anxiety and depression in the UK has proven to be informative (Graham, 2018). However, it does not focus on depression specifically and help-seeking behaviour. Therefore, this study adopted a qualitative approach to gain a more in-depth understanding of how Black women in the UK experience and manage depression specifically, in relation to the SBW concept and how this influences help-seeking behaviour. Investigating Black women’s experience of depression in
relation to the SBW stereotype has important implications, especially for healthcare services in the identification and treatment of UK Black women who have a mental illness. Providing an awareness of the SBW image, will not only aide mental health professionals in understanding Black women’s experiences and management of their mental distress, but will enable effective, culturally sensitive interventions for Black women.

Methodology

Design

This research adopted a qualitative approach by using semi-structured interviews to gather data from Black women. All semi-structured interviews were conducted virtually via the online application Microsoft Teams (MS Teams). All interviews were audio recorded and analysed by the researcher. The audio recordings from the interviews, were transcribed verbatim and analysed using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2020).

Rationale: qualitative methodology

Qualitative methodology was chosen, as it allows an in-depth understanding of Black women’s subjective experiences and management of depression. Qualitative research provides insight into an individual’s reality and how they make sense of it (Braun & Clarke, 2013). Therefore, in this study, adopting a qualitative method aimed to provide rich insight into how Black women make sense of their experiences and management of low mood and the influence (if any) the SBW stereotype has on these experiences. As this study aims to explore individual experiences, qualitative methodology enables open questioning, which
provides an opportunity for participants to give rich descriptions of their low mood experiences and the SBW phenomenon.

Furthermore, qualitative methodology is appropriate when researching complex phenomenon, as it enables detailed exploration of a topic that is multifaceted in nature (Braun & Clarke, 2013). It has been suggested that a complicated relationship exists between Black women and the SBW stereotype (Walker – Barnes, 2014; Watson & Hunter, 2016). Previous US research exploring Black women and the SBW image, have used qualitative methods (Watson & Hunter, 2016; Woods-Giscombe, 2010). These studies have shown the complexities of Black women, mental health and the SBW stereotype (Hall et al., 2021; Sisley et al., 2011; Watson & Hunter, 2016; Woods – Griscombe, 2010). The present study adopted a similar methodology to explore the topic within a UK context.

Rationale: online semi-structured interviews

Semi-structured interviews were the chosen method of data collection. Previous research which has used qualitative methodology to explore Black women’s experiences and beliefs of emotional distress, has used either focus groups (Hall et al., 2021; Woods-Griscombe, 2010) or semi-structured interviews (Sisley et al., 2011; Watson & Hunter, 2016). It has been suggested that focus groups may be effective when conducting research on socially marginalised groups, as they facilitate an environment for individuals to collectively express their views and experiences with others and provide support (Culley et al., 2007). In contrast, however, in a focus group, participants may be hesitant to express their experiences, views and opinions, due to various reasons (e.g., concerns about judgement and opposing views). Focus groups have issues of anonymity and confidentiality. For example, in a group setting, participants disclose sensitive, private information around group members (Sim & Waterfield, 2019). Internal confidentiality may be an issue, as the researcher has limited
control over information that may be disclosed by members of the group (Sim & Waterfield, 2019). Mental illness is a sensitive topic and still a taboo within the Black community (Memon et al., 2016). Individual semi-structured interviews were therefore conducted, whereby the participant had space to open-up freely and discuss their low mood experiences on a one-to-one basis with the researcher.

The semi-structured interviews were conducted online. The decision to conduct interviews online was not only due to the Coronavirus disease 2019 (COVID-19) pandemic, but methodological literature on video call interviews suggest benefits to conducting virtual interviews, in comparison to face-to-face interviews (Hanna & Mwale, 2017). Although in this study, interviews were conducted via MS Teams, Hanna & Mwale (2017) outline the benefits of using Skype in qualitative interview research. Online interviews provide flexibility in organising participant interviews, as travel is omitted and interviews can be scheduled at the participant’s own convenience. Furthermore, conducting online interviews provides the opportunity for participants to have a private space within their own environment to discuss their experiences (especially if it’s a sensitive topic) as opposed to attending interviews at a university campus (Elwood & Martin, 2000). However, conducting interviews online relies on good internet connection, which is a limitation, as poor connection can interrupt conversations, which can impact rapport (Hanna & Mwale, 2017). To mitigate this in the current study, five minutes prior to the interview, involved a brief researcher–participant conversation. This was not only to establish rapport, but to check that the participants’ internet connection was good.
Rationale: reflexive thematic analysis (reflexive TA)

Reflexive TA is not a singular method with a strict, linear set of procedures, but rather a family of methods with similar characteristics in common. However, there are differences in research values and the underlying concept and procedures (Braun & Clarke, 2020; Fugard & Potts, 2020). Reflexive TA methods have been categorised into three types (Braun et al., 2019)

- Coding reliability approaches (e.g. Boyatzis, 1998)
- Codebook approaches (e.g. King & Brooks, 2018)
- Reflexive approaches (e.g. Braun & Clarke, 2006)

Reflexive TA represents research which is ‘fully qualitative’ in both values and technique and has been referred to as ‘Big Q’ qualitative (Kidder & Fine, 1987). In contrast, Coding reliability referred to as ‘small q’ qualitative, represents (post) positivist research values that underlies quantitative research, which focuses on replicable, reliable and objectivity.

This study analysed the data using the reflexive TA approach. In reflexive TA, the researcher is an important agent, as they impart their subjective experiences, skills and values to the analytic process (Braun & Clarke, 2021). Researcher subjectivity is an important, resourceful ‘tool’ which drives the coding process, the development of themes within the data and interpretation (Braun & Clarke, 2021). Reflexivity creates self-awareness and ultimately, creates a dynamic interplay between researcher and the participants which influences behaviour, decisions and interpretation of the research (Etherington, 2004). The researcher becomes fully immersed within the data, questioning and reflecting on participants’ experiences; whilst reflecting on their own experiences. This study aimed to explore how Black women experience and manage depression and the extent to which the SBW stereotype
shapes these experiences. Therefore, reflective TA enabled a flexible exploration of Black women’s experiences, ideas and understandings of depression and the SBW ideology.

The Researcher

The research was conducted as part of an MSc by Research in psychology. This information was communicated to participants, so they were aware of the context within which the study was being conducted.

It was important to acknowledge how the thoughts and feelings of the researcher may have had an influence on the interview process. The researcher was aware of their own experiences of being a Black British woman and the influence of the SBW stereotype on how they manage their own difficulties. As a Black woman, they could relate to certain experiences expressed by some of the participants (e.g. persevering through difficulties, racism). The researcher is also a therapist and particularly resonated with the participants, when they expressed their concern for a lack of Black representation within the psychological field.

Keeping a self-reflective journal is one of the ways which facilitates the reflexive process (Russell & Kelly, 2002). In qualitative research, writing a reflective journal enables the researcher to become self-aware of how their experiences, assumptions and belief systems influences the methodological process and the outcome of the research (Mruck & Breuer). The process of reflection through journaling, helped to bring unconscious thoughts and feelings to consciousness, creating transparency during the research process. During this process, it was helpful to ask questions on the SBW stereotype, Black women and low mood and stigma attached to mental illness within the Black community and noted ideas, thoughts and feelings. Journaling also helped to express and discuss experiences, opinions and beliefs.
with an ‘outsider’ (i.e. peers who are detached from the research) such as a family member and a close friend who is a cognitive behavioural therapist. This helped to distinguish between the researcher’s experiences with the participants’ experiences, so that the researcher can accurately report their personal narrative.

Recruitment

The aim was to recruit African and/or African Caribbean Black women who self-identify as having experienced a period of low mood, as they will be able to draw on from their personal experiences and the influence, if any the SBW stereotype had on how they experienced and managed low mood. The exclusion criteria for participating in the study were women who have a formal diagnosis of a mental illness and women who were currently experiencing depressive symptoms. It was important to exclude Black women who have a current diagnosis of a mental health disorder and who are currently experiencing depressive symptoms, due to ethical considerations. Individuals who have a mental health diagnosis are considered vulnerable. For example, there may be impaired ability to provide informed consent to the study and they may be susceptible to coercion due to power imbalance between the researcher and participant. The aim was to recruit 6-10 participants. The sample size was determined according to Braun & Clarke (2013). Braun & Clarke (2013) suggest a sample size of 6-10 participants for a small project using interviews as a method of data collection. This sample size provides enough rich data to capture understanding and experiences, whilst being manageable (Braun & Clarke, 2013).

It can be difficult to recruit participants from a socially marginalised group (e.g. ethnic minorities) as they have been labelled as ‘hard to reach’ when it comes to accessing mental
health care and participating in research (Shaghaghi et al., 2011). Therefore, a snowball sampling recruitment technique was employed, which uses networks to access populations which are difficult to engage (Chamberlain & Hodgetts, 2018). Participants were recruited from ethnic minority societies at The University of Warwick. These societies were the Network for Ethnic Minorities Postgraduates (NEMP) and the African Caribbean Society (ACS). Society leaders and organisers were contacted via email for permission to advertise the study. Society leaders were sent an email which provided details of the study (Appendix 1) and the study ‘poster’ advertisement (Appendix 2). Society leaders advertised the study and then sent an email to the researcher with contact details of eligible participants who showed interest in participating in the study. Some of the participants emailed the researcher directly, expressing their interest to participate.

Participant Information

The final sample consisted of eight participants who were current students at The University of Warwick. Information was gathered on participants’ ethnic background. Six of the participants came from African heritage (with one born in Nigeria) and two came from Caribbean heritage (with one born in Barbados). This personal data was collected because African culture is different from Caribbean culture (e.g., there are differences in the language spoken, differences in heritage with most Afro-Caribbeans being descendants from slaves). Knowing the ethnic background of each participant, may provide additional context to their experiences.

Procedure

Prior to commencing the study, each participant received via email a participant information sheet (Appendix 3) and a consent form (Appendix 4). The participant information sheet
included information on the study aims and what participation would entail. The sheet also outlined confidentiality and anonymity (using pseudonyms) and the risks and benefits to participation. It also included the participants’ right to withdraw from the study. To avoid participant coercion, participants were given adequate time (48 hours) to consider whether they would like to participate in the study. This allowed sufficient time to read through the participant information sheet and to ask questions before deciding whether to give their informed consent. Once the participant had signed and sent back (via email) their consent form, each participant was contacted via email, to arrange a suitable date and time to conduct the interview. Participants were given a timetable of available dates and time slots to select. Once the participant confirmed the date and time for their interview, an email of confirmation was sent out (Appendix 5). The interview date and time was booked onto the MS Teams calendar and participants received an automatic MS Teams meeting invitation link via email. A further email was sent to participants, with an attached document which detailed instructions on how to join an MS Teams meeting (Appendix 6). The email also provided confirmation of their pseudonym, reiterating the purpose for the pseudonym (i.e. confidentiality) and that they will be referred to their pseudonym in the interview.

The beginning of each interview started with a brief ‘researcher-participant’ introduction. At the start of interview recording, the participant provided their verbal consent for the interview to be audio-recorded and to participate in the study. Interview duration ranged from 24 minutes and 51 seconds to 1 hour and 4 minutes. A semi-structured interview schedule (Appendix 7) was used during the interview. The interview schedule was not strictly followed but was used as a guide to cover the key topic elements. There was slight flexibility with asking some of the questions (e.g. skipping a question if the participant had already answered it). The interview schedule was developed by drawing from existing literature on
Black women and mental health, SBW stereotype and stigma and help-seeking. The interview began with ice-breaker questions. These ice-breaker questions introduced the topic and built a relaxed atmosphere (e.g. ‘have you ever heard of the term SBW?’, ‘what is your understanding of the term SBW?’). Further interview questions included questions on their experiences and management of low mood in relation to the SBW stereotype, their experiences of help-seeking, the influence of culture and stigma and questions on mental health services and recommendations to improve services for Black women with mental illness. At the end of the interview, the participant was given a 10 minute debrief (Appendix 8). This debrief explained the purpose of the study, background information and contact details of mental health services for support, if they experienced distress following the interview. None of the participants experienced distress, however a debrief form was sent to the participant’s email.

Ethical Considerations

Ethical approval was granted by the University of Warwick, Psychology Department Research Ethics Committee. Before commencing the study, participants were given a consent form and a participant information sheet. The participant information sheet detailed the study procedure, risks of participating, how their data will be used, how confidentiality will be preserved and stating their right to withdraw from the study. This allowed participants to be fully informed before giving their consent to participate in the study. This also provided the opportunity for participants to ask questions pertaining to the study. Reflecting on low mood experiences could potentially cause distress. Therefore, participants were given a debrief (verbal and written) which included information on local counselling and support services. To ensure confidentiality, research data was anonymised via the use of pseudonyms. Each participant was assigned a pseudonym from the beginning of data collection. Each audio
recording was anonymised, for example participants stated their pseudonym at the beginning of recording the interview. Each participant interview recording was kept in an individual, encrypted, password protected audio file, to prevent access to unauthorised individuals. Each recording was assigned with the participant’s individual pseudonym. The participant’s pseudonym was also used when analysing, transcribing and reporting the data. Participants’ email addresses were collected for the purpose of arranging interviews and sending and collecting forms (e.g. consent, debrief, participant information forms). All data was stored according to General Data Protection Regulation (GDPR) principles.

Data Analysis

The data was analysed using reflexive TA. Reflexive TA is a qualitative research method which allows a flexible, yet insightful exploration of human experiences (Braun & Clarke, 2006). Reflexive TA enables the identification of reoccurring themes; attitudes, values and patterns of meaning within the data (Braun & Clarke, 2006). This study adopted an inductive, semantic and realist approach to reflexive TA.

An inductive approach allowed the themes to be identified through the data - a ‘data-driven’ approach. This seemed more appropriate, as opposed to adopting a deductive ‘theory-driven’ approach, which uses existing research (e.g. themes identified in previous research) and theories to analyse and interpret the data. This is due to limited pre-existing UK literature and theories into Black women's experiences of the SBW concept and depression. However, it may be difficult to exclusively conduct ‘pure’ inductive analysis because some form of criteria, such as a conceptual framework is needed to identify whether parts of the data is useful in addressing the research aims (Braun & Clarke, 2020; Byrne, 2021). Braun & Clarke (2020) state that the researcher cannot conduct analysis in a theoretical vacuum, as they
acknowledge the subjective experiences of the researcher (Braun & Clarke, 2020). The researcher is a Black British woman with Caribbean heritage, who is influenced by their culture. The researcher is also a mental health professional within the psychological field. Therefore, the researcher’s cultural background and their experiences of working with individuals who have a mental illness, may influence the analytical process. A semantic approach involved exploring and explicitly stating participants’ experiences and management of low mood, rather than looking beyond their statements into what it reveals about their assumptions on the sociocultural structure and context of the SBW ideology. A realist method was undertaken, which allowed a clear understanding of the participants’ reality within the data. It also enabled the development of theories on Black women's experiences and meanings towards depression and the SBW image in a straightforward manner.

The semi-structured interviews were analysed using reflexive TA, six-phase process originally outlined by Braun & Clarke (2006). The six-phase process includes the following: 1) data familiarisation and writing familiarisation notes; 2) systematic data coding; 3) generating initial themes from coded and collated data; 4) developing and reviewing themes; 5) refining, defining and naming themes; and 6) writing the report.

1. Data familiarisation and writing familiar notes

The audio recording of each participant interview was played back for a few reasons. Firstly, to ensure that the entirety of the interview had been recorded. Secondly, to check the sound quality of the recording (i.e. participant’s voice could be heard clearly). Lastly, to become familiar with the data audibly, through listening to the participant share their narrative in their own words. All the audio recordings were transcribed verbatim using Microsoft Word.
The level of transcription is dependent on the analysis. This study explored participants’ experiences; therefore, the focus was on capturing the content and meaning behind what they say rather than the way they say something. In this study, Braun & Clarke’s (2013) transcription guidelines was followed. For example, transcribing included non-words such as laughing and pauses during an utterance, which were identified in parentheses (Braun & Clarke, 2013). Following transcription, the accuracy of the transcription was checked by listening back to the audio recordings whilst reading the transcript. Once accuracy was checked, each transcript was read multiple times, to become fully immersed in the data and to become familiar with each participant’s narrative. Whilst being immersed in the data, notes were written in the margins of the transcripts. These notes consisted of thoughts, reflections, ideas and interesting points which may be relevant to addressing the research aim. Becoming familiar with the data was a time-consuming process.

2. Systematic data coding

This phase involved working systematically through each transcript and identifying interesting bits of data and creating codes. Braun & Clarke (2013) define coding as “a word or brief phrase that captures the essence of why you think a particular bit of data may be useful” (Braun & Clarke, 2013, p. 207). The code reflects meaningful information, in relation to the research aims. The process of coding involved identifying and visually highlighting interesting bits of information that the participant has shared and developing codes for it in the margin, keeping a little bit of surrounding text for context (refer to Appendix 9 for an example of coding). According to Braun & Clarke (2013), data can be coded using semantic or latent coding (Braun & Clarke, 2013). Data was coded using semantic coding. Semantic coding captures the descriptive, explicit meanings in the data with a progression to interpretation using previous literature on the SBW ideology. Whereas latent coding captures
the implicit meanings, underlying assumptions and ideologies that are theorised (Braun & Clarke, 2013).

3. Generating initial themes from coded and collated data

In reflexive TA, coding the data is an important part in the development of themes (Braun & Clarke, 2020). Once a list of codes had been generated, the codes were organised into potential themes, by sorting the codes into groups of familiarity (e.g. codes which centred around isolation, withdrawal and self-talk were grouped together to form the potential sub-theme ‘internal’ under main theme ‘upholding strength’). Once the codes had been grouped together to form an initial theme, the themes were read repeatedly to ensure the codes collated under each theme, reflected meaningful and relevant features of the data. Once the codes were organised into themes, a narrative was constructed for each theme using direct quotations from participants which reflected the essence of the theme.

4. Developing and reviewing themes

A thematic map was created (refer to figure 1) which provided a visual representation of the meanings and patterns within the data. The thematic map helped to form a relationship between the coded data and the themes. The thematic map also provided a visual storyline – helping to piece together the overall narrative reflected in the data. There are two levels to reviewing themes as outlined by Braun & Clarke (2006). Level one involves reviewing the themes, using the coded data. Level two involves looking at the validity of each theme in relation to the dataset and observe whether each theme reflects the meaning of the entire dataset. Reviewing the themes, involved rejecting some themes. Rejection of initial themes
were due to several reasons. For example, some of the themes did not reflect the participant’s narrative accurately. There were some themes that did not address the research aims and some did not have sufficient evidence (i.e. data extract) to support the theme. Finally, some of the themes overlapped and had to be combined to form one theme.

5. Refining, defining and naming themes

This process involved referring to the thematic map and organising and refining the data extracts for each theme. Refining the themes involved identifying any sub-themes within a theme. Sub-themes help to structure a theme coherently, especially for a theme that is large, complex and multi-layered (Braun & Clarke, 2006). Theme names were constructed by using a phrase that summarised the meaning within the data, or a quotation from a participant which captured the consensus of the participants’ narrative. For example, the theme ‘Origin of strength – strength a requirement rather than a choice’ reflects how participants view strength as a necessity, which is dictated by circumstances (e.g. race, gender, adversity).

6. Writing the report

Once all themes were established, the researcher began to write the complex narrative within the data in relation to the research aims. To support the narrative, direct evidence using participant quotations from the interviews were included.
Results and discussion

**Origin of strength**
‘Strength a requirement rather than a choice’

- Family role model of strength
- Adversity & Trauma
- Racism & gender discrimination

**Upholding strength**

- Disclosure
- External
- Internal
  - Shared understanding & trust
  - Self-isolation & withdrawal
  - Self-talk
- Journaling
- Keep calm & carry on
- Accessing Black therapist
- Mental illness = weakness
- Religious influence

**Cultural awareness**

Figure 1. Thematic map showing the main themes and sub-themes in participants’ experiences and management of depression in relation to the SBW concept.
The aim of this study was to explore how Black women in the UK experience and manage depression, in relation to the SBW concept and how this influences help-seeking behaviour. The participants’ experiences and management of low mood was characterised by three main themes: origin of strength, upholding strength and cultural awareness. Figure 1 is a thematic map, which illustrates the participants origin of strength, which is in response to the adversity, trauma and racial and gender discrimination which Black women experience. Participants also acknowledged how they observed and learnt strength from the women in their family, who were role models of strength. Participants described ways in which they maintain their strength, through internal and external strategies to cope when feeling low in mood. Disclosure of low mood was dependent on trust and having a shared understanding of difficulties. Finally, cultural awareness was acknowledged by participants as shaping their perception of mental illness and having an impact on help-seeking behaviour.

Origin of strength

The first theme focuses on participants’ perception of the origin of their strength. The participants expressed how the strength they display, is in response to the adversity, trauma and discrimination that they experience as a Black woman in society. One participant described how the development of their mental strength was acquired during childhood when they experienced trauma.

“Mentally…mentally…I’d say that…um…through like…past experiences like childhood and like trauma and stuff, you do develop a slight this certain strength that has come through
experiences that I don’t necessarily feel like some people my age should have, just because of the experiences that I might have had through my life.” (Patricia)

This response demonstrates that the development of strength may stem from early adverse experiences, where strength was required to survive. Nevertheless, the participant highlights that young people should not have to endure traumatic experiences to develop strength. In essence, strength may be a by-product of traumatic experiences which is inevitable for Black children, as they are more likely to encounter adversity. This reflects research suggesting that Black children are more likely to experience adversity in comparison to White children (Jimenez et al., 2016). Research on adverse childhood experiences (ACE) have found that Black children are more likely to be exposed to threatening or frightening experiences (Jimenez et al., 2016). Furthermore, Black children are more likely to experience and/or witness other adversities such as racial discrimination and live in adverse conditions such as poverty (Hahn, 2017; Rothstein, 2017). Research findings suggest that Black women acknowledged their childhood experiences of sexual abuse, which led to the development of resilience in adulthood (Singleton, 2004). Participants in the current study, expressed how experiencing such adversity in childhood enabled strength to develop. Similarly, it has been suggested that adversity experienced by Black children has enabled them to overcome and become resilient (Brown & Tylka, 2011; McCreary et al., 2006), which equips them with the psychological strength to tackle difficulties (Brown & Tylka, 2011; McCreary et al., 2006).

The origin of the SBW may have historic slavery roots. Participants acknowledged slavery as contributing to the origin of the SBW concept. They further described adversities such as racial discrimination in modern society, which requires Black women to be strong. A participant shared her mother’s experiences of being Nigerian-born and the first generation
within the family to attend a British school. The participant shared her mother’s experiences of encountering racism at school.

“…she went to a school that was all White and she had…she was very Nigerian like…accent and all…um…and she had some bad experiences in terms of racism.” (Dominique)

This response reflects how her mother was ridiculed for her afro-centric features and mannerisms which were a part of her African heritage. Racism was a common experience for many Black children at that time. Experiences of racism and discrimination in the UK dates to mass immigration of ethnic minorities to the UK (de Noronha, 2019). Between 1948 and 1971, individuals from the Caribbean migrated to the UK. This was the Windrush generation (de Noronha, 2019). Caribbean people were invited over to Britain, due to labour shortages following the second world war. Migration of African people to the UK, started about 30 years after their Caribbean and South Asian counterparts. The findings of racial discrimination during childhood at school, is consistent with the literature which explored Black children experiencing racial discrimination in UK schools (YMCA, 2020). Black children would be ridiculed and taunted by their White school peers for the colour of their skin. In particular, the first generation of Black children to be in the UK school system suffered a great deal, as White children were not accustomed to seeing another child from a different race. Racism and discrimination were also ingrained within the education system (Wallace & Joseph-Salisbury, 2021). In the 1970’s, Black children in the UK were labelled ‘educationally subnormal’ and were subsequently excluded from mainstream education and instead attended ‘alternative’ schools (Wallace & Joseph-Salisbury, 2021). Black children are still subjected to racism and discrimination. Recent research conducted by the YMCA’s young and Black report, found that 95% of Black children have experienced or witnessed racist language at school (YMCA, 2020). This suggests that the discrimination and racism
that Black women have experienced during childhood, has equipped Black women with strength and resilience from a young age. This has prepared them to overcome difficulties, which they may encounter during their lifetime.

There were mixed emotions among the participants regarding the endorsement of the SBW image. There was a general narrative among the participants that they enjoy the concept of strength and what it represents.

“I feel like the most empowered I can possibly be.” (Nicole)

“I think...for me...it has been more of a compliment...and more...of a....recognition...a lot of times as Black women, we are hesitant to speak positively about ourselves, so I have chosen to identify myself...and some of my friends as strong Black women...in a sense that we have ambitions and goals...we are.....uncompromising with those ambitions and goals...and we are willing to put in the work to....umm...do the things that we need to do to reach our goals.” (Christina)

This demonstrates the pride they feel in endorsing strength, as it provides the motivation and drive to set goals and succeed. Participants also described how they enjoyed being labelled as ‘strong’ by others. However, some participants expressed how they disliked experiencing the adversity which was the catalyst for their strength.

“Umm...in some cases I just felt like I...felt...eurgh...I felt like I...I wasn’t I wish I wasn’t going through the thing that had to make me strong I guess...yeah....that’s yeah that’s mainly how I feel...I like...I like the sentiment and...I wish whatever was happening...wasn’t actually happening in the first place...so I had to be strong.” (Amaka)
This further highlights that for Black women, their strength stems from the adversity which required a certain amount of strength to overcome difficulties. Therefore, for many Black women being strong and endorsing the SBW concept, may be a requirement rather than a choice. This response also suggests an ambivalent relationship with endorsing the SBW image, which is consistent with previous research (Graham, 2018; Hall et al., 2021; Woods-Griscombe, 2010). For example, Woods-Griscombe (2010) found that African American women expressed the benefits of the superwoman role. For example, it provided a sense of pride in helping them to persevere and survive through adversity. However, they felt obligated to show strength due to their race and gender and the attached adversities and challenges this brings (Woods-Griscombe, 2010).

Gendered racism was also recognised by participants as contributing to the development of the SBW role. In the responses, participants alluded to the fact that gendered racism is evident in society. Participants described the intersecting marginalised identities of being both Black and a woman, as an overlapping oppression. This overlapping oppression requires Black women to be strong, to break down the societal barriers placed on them, to enable progression and achievement.

“...some people would say that Black women are the most oppressed because obviously...our our gender makes us oppressed...obviously our race makes us oppressed, it’s like we have that overlapping oppression...overlapping oppression...so in order to combat that, you’d have to like...put up that strong front...” (Patricia)
“I can’t change my gender or my race...and that’s going to give me so much pressure because know that...if I can’t change that and that...I’m gunna have to live up to that expectation every single minute.... seconds.... weeks...every day of my life...which you can’t do that.” (Nicole)

These responses suggests that due to their race and gender, Black women face a double disadvantage in society, which requires the endorsement of strength as a driving force to navigate in life. The participants highlighted that the consequences of endorsing strength, is the expectation for Black women to consistently maintain the ‘superwoman’ role. This expectation of strength puts immense pressure on Black women to be strong all the time, which is unrealistic. Other studies have shown similar results. For example, findings from studies reveal that endorsement of the SBW image, creates an unrealistic expectation to be consistently strong, even in the face of adversity and psychological distress (Hall et al., 2021).

There are times whereby Black women must demonstrate their strength, by working harder than their White peers to succeed. In the participants’ responses, reference was made to racial inequality in the amount of effort needed to achieve. They described their experiences of having to work twice as hard as their White counterparts, to be recognised for their achievements.

“...so you have to work twice as hard...and I think it’s that drive that has just motivated me to just do as well as I can...where I can.” (Yvonne)
“An oppressed group for example…like you don’t come from the most wealthy background, you just have to…put your all into things like…” (Patricia)

“Umm…I’ve had to always be smarter or always feel like I have to be smarter, to do better to get even half the recognition and respect by people…and I think that has made me have more of a backbone.” (Nicole)

The systemic racism and oppression they have experienced, due to being a Black woman in the workplace and in academic settings, was held across all participants. These responses highlight systemic racism, which results in an unfair disadvantage for Black people, as they must work twice as hard to get even half the recognition as their White counterparts. Many participants described experiences of living up to the pressure of working harder than their White peers to receive the recognition they deserve. Consequently, this has made them feel stronger and ultimately serves as motivation to succeed. This reflects research suggesting Black people do not receive the same credit for the same amount of effort as White people (DeSante, 2013). For example, DeSante (2013) conducted an experiment to explore whether individuals are rewarded for their hard work in a ‘colour-blind’ manner, or whether merit is rewarded based on skin colour (DeSante, 2013). Findings revealed that White people are rewarded more, in comparison to Black people for the same level of work. Furthermore, Black people receive harsher punishment for the same level of ‘laziness’ as their White counterparts. This differential treatment in work ethic suggests racial prejudice (DeSante, 2013). An attribute of the SBW image, is to work extremely hard (Jones & Shorter-Gooden, 2003). Therefore, Black women who endorse the SBW image are often high achievers, to prove themselves as worthy, in a society where their gender and race devalues them. Findings from a US study by Nelson et al. (2016) revealed how some of the Black women reported working hard, being high achieving and feeling like they must do more than everyone else, to
prove themselves to others (Nelson et al., 2016). It has been suggested that Black women are subjected to discrimination in the workplace and are limited in opportunities for a promotion, compared to their peers (St. Jean & Feagin, 1998; Weber & Higginbotham, 1997). All these factors require Black women to be strong, which acts as motivation to break down barriers to succeed.

There was a sense of expectation and acceptance among the participants, of the difficulties which they are destined to experience, which would ultimately require working twice as hard as other racial groups.

“Um… that you should just be able to get over it but… ok you’ve done it before… you knew that you were going to have to work twice as hard… um… you knew that there was going to be tensions… you knew that there was going to be... these low points… so why why does that surprise you… like get over it… it quite it’s quite numbing it it it... it really numbs how you... feel…” (Dominique)

This response reflects how Black women are expected to accept these inequalities and hardships and to ‘get over’ these low points and simply move on. Consequently, Black women can become desensitised to their emotions, essentially invalidating their low mood. The expectation of hardship is consistent with previous research (Donovan & West, 2015). In addition to gendered racism, Black women are more likely to experience stressors such as single-parenthood and socio-economic stressors such as poverty (Nicholas-Casebolt, 1988; Spates et al., 2020). Therefore, they have become accustomed to endorsing the SBW attributes, such as working hard and suppressing their emotions to ‘get over the hardships’ in society and continue with life. Participants’ responses suggest a racial power imbalance in society, whereby the elite and the privilege tend to be White men, who have power and
influence in the world. As a result, it can be difficult for Black individuals, particularly Black women to achieve and prosper.

“…and then when we’re finally women…we’re not even granted the same respect as our male counterparts…and we’re seen to be stronger…and when we’re so called stronger…we don’t even get respect.” (Nicole)

“So I am kind of a Black woman being in a White man’s world.” (Nicole)

This suggests how despite the reputation and endorsement of the SBW image, Black women are still not given the same acknowledgement and respect that White men receive. Participants’ attribute this to being a Black woman who is seen as the oppressed group, living in a world power-dominated by White men. Participants shared personal experiences of having to prove themselves as ‘worthy’ as an ethnic minority when navigating in spaces where individuals are predominately White.

“Only you…and the majority are White people so you kind of feel like you have to prove yourself.” (Patricia)

One response described situations where they are the minority as a Black woman, amongst a White majority, such as in the workplace or on their university course. They likened being the minority in these spaces, to having a ‘spotlight’ shone on them to perform and achieve to a high standard.
“…in terms of work…like schoolwork…academic work…um especially being Black on the course that I’m on…which is heavily White and heavily male dominated…um…I almost feel as though…there are extra eyes on me…watching everything I do…” (Dominique)

This reflects how Black women feel like they are up for scrutiny when working amongst White individuals, which is consistent with findings from previous research (Hall et al., 2012). Therefore, they feel like they must prove themselves to their White peers that they are worthy to be present, which requires strength. It is important to highlight that in addition to the ‘strength’ stereotype attached to Black women, they are also subjected to another stereotype which may cause racial discriminatory treatment. These racial stereotypes include, the ‘angry Black woman’, being incompetent and uneducated (Walley-Jean, 2009; Harris, 2020). Black women are aware of the influence of these stereotypes. Therefore, to counteract these stereotypes, Black women may make a conscious effort to avoid the associated ‘negative stereotypical behaviours’ by endorsing the SBW attributes such as working hard, which they deem as more positive (Weber & Higginbotham, 1997). One participant described her experience of being judged by others, based purely on her race, whilst functioning in society. They suggest that it is understandable how racial prejudice and gender discrimination affects Black woman’s mental health.

“…a Black woman like I feel like…when it comes to like um medical health and stuff and um…medical help for mental health…the person needs to understand that a lot of Black women, they face a lot of radicalised things without (sighs) without having to say like…oh you’re just making it about race…like no because sometimes it is about race like…even if I don’t make it about race…other people make it about race…” (Patricia)
“...I think it’s very important to get therapy if you need it...to get...antidepressants if you need it...no matter...especially for Black women...because we go through so many things...we go through racism in the workplace...colourism even in our community...we go through low mood because of situations and spaces where we feel left out, because we are the only one...Black person there...to the only Black woman there...” (Nicole)

These responses further highlight how Black women are often treated differently, according to their race and gender. This also suggests how gendered racism, which includes feeling left out in the workplace as a minority, can affect Black women’s psychological health, causing low mood. The participant’s views on the effect of gendered racism on mental health for Black women is consistent with findings from previous research, in which there was an association between gendered racism and psychological distress (Lewis et al., 2017; Moody & Lewis, 2019). Consistent with participants’ responses, findings from studies showed that Black women identified stressors in the workplace (e.g. isolation), when working predominately amongst White people, as contributing to psychological distress (Hall et al., 2012).

Families have a great impact in our lives, as these relationships are often formed during childhood. Ideas, beliefs, values and knowledge about the world often begin within the family. Therefore, families are often a huge source of influence. Participants acknowledged family members as being a role model of strength.

“I have...I can’t remember who is not as strong as me....so (inaudible) but she’s more emotionally...so I’ve always felt the need to be less emotional and just like deal with it...” (Amaka)
“Um...and being able to look at how my mum has been able to overcome things...”

(Dominique)

These responses highlight how the mother, who is often the matriarch in the family, is the epitome of strength, who has been able to overcome the difficulties faced as a Black woman. This reflects how Black mothers serve as role models, as they demonstrate strength for their Black daughters. Black women are often socialised by their parents to embody the SBW stereotype, in preparation for when they reach adulthood (Kerrigan et al., 2007). Like themselves, Black mothers anticipate their daughters to experience difficulties in society as a Black woman. Black mothers are role models to their daughters, as they reflect hard-work ethics and are pillars to their families and their communities. From a young age, Black women internalise these SBW traits, as it prepares them to function and survive in a society which devalues her intertwined structures of gender, race and class (Collins et al., 1991). Black mothers recognise the value of teaching their daughters high self-esteem, to be comfortable in ‘their own skin’ and to draw upon their strength which has been instilled in them (Everett et al., 2016).

Participants referenced their ancestors, by making comparisons between their own strength, with their mother’s and ancestors’ strength. Participants suggest that the adversities that their mothers and foremothers endured, was above and beyond the difficulties which they have experienced. Therefore, suggesting that their ancestors’ and mother’s strength and resilience is far greater than their own.
“…although I have some resilience I kind of compare it to my mother… and I think oh…the things that you go… have been through… don’t…. it’s like… it’s not the same (giggles) as what my mum has been through therefore it kind of makes me think…. (sigh) it kind of almost causes me to trivialise my feelings.” (Dominique)

“Understanding that the people who came before you have done this and you can do it too… so yea.” (Amaka)

This demonstrates how strength is embedded and passed on from their ancestors who endured and overcame immense difficulties, such as the atrocities of slavery. Although Black women may still experience oppression, they acknowledge how privileged they are, in comparison to their female ancestors (Hall et al., 2021). The participants described trivialising their own difficulties, as they argue that if their foremothers battled and overcame harsh difficulties, then they can also. One participant emphasised how their mother and ancestors, who are prime examples of strength, serve as motivation to persevere through their own difficulties.

“…it allows me to push through and persevere…” (Dominique)

This demonstrates a sense of appreciation and admiration that the participants have towards their mothers and ancestors, in how they have overcome struggles using strength. This supports research which have shown that Black adolescents admire their foremothers for their determination, independence and tenacity in protecting their loved ones (Kerrigan et al., 2007). The findings in the current study, which show how participants developed their strength through observing and learning strength from their mothers, is consistent with previous research. Studies have shown that Black mothers may raise their daughters with
SBW attributes (Oshin & Milan, 2019; Shambley-Ebron et al., 2016). For example, Oshin & Milan (2019) found that SBW attributes were valued by Black mothers and seen as important for Black women to possess, in comparison to White and Latina mothers (Oshin & Milan, 2019). This suggests the significance of SBW attributes to Black mothers in how they raise their daughters.

Upholding strength

There are various internal coping strategies which participants described using to uphold their strength when experiencing low mood. When feeling low in mood, most participants described preferring to manage their distressed emotions internally, by isolating and withdrawing from others.

“It’s a state of me just being under my duvet and being sad by myself…” (Amaka)

“…I feel like when a situation is bad, I kind of close myself off everyone (laughs) it’s not good…um but I just kind of like to deal with things myself.” (Yvonne)

It was suggested that one of the reasons for the isolation, is to conceal their low mood from others, who are accustomed to seeing them as ‘having it together practically and emotionally’. These findings from the present study are consistent with findings reported in Schreiber et al. (2000) study. In Schreiber et al. (2000) study, Black women managed depression by suffering in silence and withdrawing from others, because showing vulnerability is not consistent with the notion of ‘strength’ (Schreiber et al., 2000). Furthermore, depression is regarded as a ‘private experience’ for many Black women.
(Schreiber et al., 2000). The characteristics of the SBW, includes accomplishing goals and confronting difficulties independently whilst supporting others (Abrams et al., 2014; Beauboeuf-Lafontant, 2007, 2009; Nelson et al., 2016; Woods-Giscombe, 2010). Similarly, participants described coping with low mood independently, by closing themselves off from others. Other people have become accustomed to seeing Black women live up to these ‘superwoman’ characteristics (Abram et al., 2014). Some of the participants expressed how they are in a constant state of emotion suppression. They further explained that suppressing their emotions, prevents them from feeling like a ‘burden’ to others.

“Oh….I…I…ahhh…I…I…definitely live in a constant state of suppression…um.... mmmm….mainly because of the ‘burdeny’ thing...um...yea...it’s...it’s hard with the feelings of like embarrassment…of feeling like you’re burdening someone…” (Nicole)

This demonstrates how participants feel uncomfortable if they turn to others for support when struggling with low mood. There is a sense that they want to protect others from their distress, particularly as the SBW role involves supporting others needs above their own needs (Jones & Gooden, 2003). This role-reversal may be difficult for Black women to accept, as the SBW role involves serving and protecting others (Beauboeuf-Lafontant, 2007; Watson & Hunter, 2016). Similarly, findings from previous research suggest that Black women may feel obligated to suppress their emotions to not feel burdensome to others (Woods-Griscombe, 2010). The SBW is a nurturer and a caregiver, therefore Black women may hide their distress, to avoid causing upset to others (Graham, 2018). Furthermore, Black women may be reluctant to show their vulnerability to others, instead opting to suppress their emotions, ‘bottled up’ and ‘internalise’ their depression, preferring to deal with their distress privately (Woods-Griscombe, 2000).
One participant expressed that due to being reluctant to display their low mood, others automatically assume that ‘all is well’.

“So if the women that you’ve been surrounded with are like…um…just like very vulnerable and very like emotions and crying and stuff…and then you meet a Black woman who’s not like that…automatically you just think they have everything going on and together…which is not always the case.” (Patricia)

Firstly, this depicts the participant making a distinction between Black and non-Black women in how they express low mood. They suggest that when low in mood, non-Black women often display vulnerability through visual indicators of distress such as crying, whereas Black women will not display this vulnerability. Secondly, this shows how others may perceive ‘all to be well’, when it comes to Black women. However, the participant stressed that this is not always a true reflection of reality. When managing low mood internally, one participant described how they would isolate themselves to process their low mood and then continue with life as normal.

“Instead of…I guess seeking help…the first thing I do is…I will try and isolate myself, so even if I kind of have to…implode by myself and no one else has to see it…um…and then after I implode I kind of brush it all off…” (Dominique)

This describes how the participant processes low mood by ‘imploding’ when in isolation. In essence, by imploding, the emotion is self-contained from the view of others. They further described ‘brushing themselves off’ and continuing with life, such as engaging with their
many responsibilities. Black women who endorse the SBW image enjoy the reputation of strength that they have (Woods-Griscombe, 2010). Therefore, Black women who endorse the SBW concept may not want this ‘strong’ perception to change, hence they may isolate and choose not to show vulnerability to others. Furthermore, Black women may contain their emotions as a means of self-protection which is necessary for the SBW and to showcase her strength (Nelson et al., 2016). This finding in the current study, is consistent with previous research. For example, Scheiber et al. (2000) found that Black women would cope with their low mood by isolating from others, due to being reluctant to show others that they were struggling, to preserve their SBW image (Scheiber et al., 2000).

Another internal coping strategy highlighted by a participant, was giving themselves a ‘self-talk’ reinforcing their strength, which provides the motivation to manage their distress.

“And I kind of looked at…the experience in the past and I was like oh no, I don’t want to do this again…but kind of…my mind was like no Dominique you’re stronger than this…” (Dominique).

This suggests that Black women may engage in self-talk as a form of self-preservation, to uphold their strength and enables them to cope with stressors. Furthermore, self-talk may help to uplift their self-esteem, which may have decreased when struggling with low mood. These findings are consistent with previous research, which has found Black women using ‘self-talk’ as a coping strategy during times of difficulty (Aselton, 2012; DeFrancisco & Chatham-Carpenter, 2000). DeFrancisco & Chatham-Carpenter (2000) explored African American women’s conceptualisation of self-esteem. Findings revealed needs, which were essential to high self-esteem, which included the use of self-talk. Talking to themselves helped to maintain a level of respect, pride and a positive outlook, particularly during times
of difficulty, which Black women often experience (DeFrancisco & Chatham-Carpenter, 2000). Self-talk also helped participants maintain self-control and confidence (DeFrancisco & Chatham-Carpenter, 2000).

Participants also reported engaging in external coping strategies (i.e. managing their low mood using practical methods) when low in mood, such as journaling their emotions and ‘keeping calm and carrying on’ (i.e. keeping busy with responsibilities).

Keeping busy with responsibilities was a way in which participants managed their low mood. Some of the participants described how they continued to persevere with their responsibilities when feeling low. They explained how keeping busy serves as a distraction from their current state of distress.

“…just try my best to…to keep myself occupied…working or something or…yea.” (Amaka)

“Otherwise if I just collapse, then nothing gets done…so there are moments…um in which…I just have to kind of suck it up and get on with it…” (Dominique)

“…we have families, we have way more responsibilities and it’s so overwhelming…that we crash and we burn.” (Nicole)

This reflects how they uphold their strength when feeling low in mood by persevering with their duties. This further suggests that Black women may put their emotions on the ‘back-burner’ and prioritise their responsibilities above all else, including their distress. Furthermore, it may allow them to avoid the uncomfortable thoughts and feelings which
accompany low mood. One participant reported processing their low mood once they had completed their responsibilities.

“If I had something to do…um…more like…there’s a responsibility I need to meet…I would try to kind of just like ok, I’m going to process this later…I’ll be upset later…let me just get on with this now…but then…it…it just kind of builds up over time and then it becomes overwhelming…to even access it…” (Kelly)

This suggests that keeping busy whilst experiencing low mood not only serves as a distraction, but it enables perseverance in the short-term, to complete current tasks. Keeping busy as a form of distraction is consistent with previous research. For example, Schieber et al. (2000) study revealed Black women would ‘get involved’ with their surroundings, as a way of coping with depression, which includes socialising with friends and exercising to distract themselves from their distress (Schieber et al., 2000). The participant responses reflect how they prefer to keep busy with their responsibilities during their lowest periods. Essentially, they describe putting their distressed emotions on the ‘back burner’, opting to process these emotions later. Nevertheless, the effect is like a ‘pressure-cooker’ as the distressed emotions build up, which can be overwhelming, potentially exacerbating their distress. Black women who endorse the SBW complex, would often manage depression by keeping busy with multiple tasks and responsibilities (Jones & Gooden, 2003). The literature suggests that Black women have many commitments to their families and the community as the caretaker and the provider (Donovan & West, 2015; Watson & Hunter, 2016). Therefore, Black women may not prioritise their own distress. The participants feeling overwhelmed and under pressure, is consistent with previous research on the endorsement of the SBW schema and depression. It has been suggested that the endorsement of the SBW schema predicts high
levels of depressive symptoms (Donovan & West, 2015; Jones et al., 2021b; Woods-Giscombe & Black, 2010).

Some participants shared some of the ways in which they would keep busy when feeling low in mood, which included activities which they would engage in alone.

“I…I would like turn off my phone…I like to be just…I would go out….I would go for a walk you know…I would get some coffee…like I go on coffee runs every afternoon now…” (Nicole)

“And like I would distance myself from maybe friends and just try my best to…to keep myself occupied…working or something or…yea.” (Amaka)

This demonstrates how they like to engage in normal, day to day activities when feeling low. In Schieber et al. (2016) study, participants reported distracting themselves by socialising with friends, however they did not discuss their struggles with their friends. In the current study, however, some of the participants preferred to keep busy without the company of others. This may further highlight how Black women may ‘hide away’ their distressed emotions from others. By keeping busy alone, Black women can ‘hide away’ their distress, which may be more manageable to do when not in the company of others.

Journaling was another way in which participants managed their low mood. Some reported finding journaling helpful when in distress.
“...I definitely think journaling has helped me process my emotions and not just sweep them under the carpet...um and cause’ of that, I have to confront them...” (Dominique)

The responses from participants describe how writing down their emotions is a tangible way of expressing and reflecting on their low mood. Journaling helps them to process their emotions clearly and is a visual way of acknowledging their distress, as opposed to dismissing their distress. Studies have shown that Black women are reluctant to discuss with others that they are struggling emotionally and may instead ruminate, which involves engaging in thought processes which repeatedly focuses on the distress by ‘keeping it in the head’ and ‘overthinking’ (Graham, 2018; Schreiber et al., 2000). However, Black women may manage their distress through mentally processing their low mood through journaling, which helps them to understand and accept their distress. Participants in the current study, referred to mentally processing their low mood through journaling, which has not been shown in previous research exploring the SBW concept and depression.

In addition to helping participants process their low mood, journaling also helped them to communicate their feelings with others. Participants expressed that journaling is used as a reciprocal tool, which encourages sharing of difficult emotions between close friends. Through sharing their difficulties, they can support one another especially if going through similar difficulties as Black women.

“As I’m writing stuff down, I’m able to share with them and I feel like…and their sharing with me as well, I know it’s something that some of them are struggling with as well and that’s really been helpful.” (Dominique)
“...I really value journaling because it allows me to process...um my feelings, once I’ve processed them, I’m able to like communicate them with people better.” (Dominique)

This demonstrates how journaling is a vehicle for helping participants to confide in their close friends. Black women tend to ‘bottle-up’, internalise their emotions, which is consistent with the image of ‘strength’. Distress is a private experience, therefore Black women argue that it should be kept hidden away from others (Schieber et al., 2000). However, the purpose of journaling is to express private thoughts and feelings. Journaling is very much a private activity. Black women who endorse the SBW image, may find it easier to process their low mood through journaling, which helps them to gather their difficult thoughts and feelings in a coherent manner. This helps them to understand and accept their distress. Thus, by accepting their distress, they feel more comfortable to share with close friends.

Disclosure of low mood was dependent upon a shared understanding and trust. Participants described having a close-knit group of friends who are also Black women, whom they may confide in when feeling low. Participants explained that their friends have a shared understanding of the difficulties and pressures of life as a Black woman. Therefore, they feel comfortable to disclose their low mood to their close friends.

“...in terms of people in my personal life, then yes of course I have people to reach out to which is really great...and that’s obviously like...you know...I have other friends who are Black women so you feel comfortable...” (Patricia)

“You need Black women because no one will ever understand more.” (Nicole)
One participant described their close group of friends as a ‘sisterhood’, which reflects the closeness of a group of people whom you can trust and are more like family than friends.

“And I think being a Black woman closest knit of friends...not even...um...I’m not including...or even talking about friends...I’m talking about sisters.” (Nicole)

This suggests that having a group of friends whom you can trust, enables them to feel comfortable and vulnerable to disclose their struggles with low mood. There is a sense of appreciation, that they feel able to confide in their close friends. Therefore, acknowledging that sometimes it’s helpful to have the support of close friends, as opposed to dealing with low mood alone. Furthermore, this also highlights that having a group of friends who are also Black women, creates a shared understanding of difficulties that Black women experience. Previous research has found that Black women refer to disclosure of emotional distress as airing out ‘dirty laundry’, this is referred to as the ‘dirty laundry phenomenon’ (Edge & Roger, 2005). It has been suggested that Black women feel it is inappropriate to disclose difficulties in public and they should not let others know they are struggling, as this is not consistent with the SBW image (Edge & Rogers, 2005; Scheiber et al., 2000). However, the findings in the current study show that disclosure is dependent under certain circumstances such as trust, which is consistent with findings from Graham’s (2018) study. Graham (2018) found that Black women would seek support from trusted close friends and relatives when in distress (Graham, 2018). However, in contrast to Graham’s (2018) study, participants in the current study shared how they preferred to disclose mental health difficulties with their close friends, as opposed to family members (e.g. parents).
“So if you have mental ill health...the next step...your parent probably don’t know...but I think....me with friends...if I do say...like ok...I have mental health issues and I need to talk to someone...I think they would help...I think they would find...um...places for me to go to.”

(Amaka)

This response suggests that friends are more likely to offer practical advice on how to manage their low mood, recommend support services, or simply be a listening ear without casting judgement. Participants explained how their friends are non-judgemental regarding their mental health difficulties, therefore they feel able to trust their friends when disclosing their struggles. Furthermore, this response also suggests how open they are to receiving help and support from trusted friends and value their recommendations of support services. Therefore, this suggests how trusted relationships with others who understand the struggles of being a Black woman, can have an influence on Black women disclosing and seeking support.

Participants’ described instances whereby when amongst their group of close friends who are also Black women, they feel they can put down the ‘superwoman cape’. This allows their friends to be the pillar of strength for them during their low moments.

“And the other friend is stronger for me...even in my relationships, there are other times where I’m not the strong one...”  (Amaka)

“I don’t feel...I have never ever ever...should feel like the strong Black woman in the presence of Black women...because we all know what the game is.”  (Nicole)
This suggests that when feeling low, Black women can be vulnerable and let their SBW guard down when amongst a close group of Black women. Black women may not feel obligated to be the SBW when amongst other Black women, because they have a shared understanding of what it is like to be a SBW. Furthermore, Black women will receive ‘strength’ through the support from their friends, so they don’t have to be strong when in distress.

Cultural awareness

Culture was evident in participants’ responses as having an influence on their perception of mental illness and help-seeking behaviour. There was consensus among the participants’ responses, expressing the difficulty they have experienced in accessing Black therapists in mental health services. One participant discussed her personal experience of requesting psychological therapy from a Black therapist, however there was none available to offer support. The participant further stated that they have not encountered a Black therapist.

“In my life I’ve never met a Black...ah...therapist or anything like that...I have asked for one...there wasn’t one.” (Nicole)

This demonstrates the difficulty that the participant experienced in trying to access therapists that look like her when feeling low in mood. This supports previous research and literature on the lack of ethnic diversity within mental healthcare (Santiago et al., 2014; William et al., 2006). This lack of ethnic diversity amongst mental health professionals has been explored (Santiago et al., 2014; Williams et al., 2006). Santiago et al. (2014) conducted a 10-year
perspective study, which examined the progress in making a mental health workforce more racial-ethnically diverse, to better represent ethnic minority populations. Findings revealed little progress made, in developing an ethnically diverse mental health workforce (Santiago et al., 2014). Clinical psychologists who come from a BAME background, make up only 9.6% of Clinical psychologists in England and Wales, in comparison to 13% of the population (Office of National Statistics, 2018). It has been suggested that clinical psychology services in the UK, are failing to meet the needs of the Black community both on a professional workforce level and community level (Williams et al., 2006). There is low recruitment of ethnic minorities on clinical psychology training programmes (Division of Clinical Psychology, 1998; Halsey & Patel, 2003). This underrepresentation of Black therapists may influence Black women from seeking support from psychological services (William et al., 2006).

As previously mentioned, participants reported disclosure of low mood under certain circumstances. The participants described feeling comfortable to disclose and seek support for their low mood, amongst people who they trust and have a shared understanding of their difficulties (e.g. close friends who are Black women). Likewise, they suggest that a Black female therapist would have a shared understanding of their struggles and the associated responsibilities and pressures which Black women experience, which may contribute to distress.

“Um if…um people could kind of get into contact with someone from a similar background…as them…like maybe another Black woman…when they are in that kinda situation…I feel like it would be really helpful…because…not that you can identify more…but I feel like when it comes to the stereotype and how you are affected by it…only
certain people who can kind of understand...how that is...how you react to certain situations." (Yvonne)

“If I had access to a Black woman who was a therapist...there are things she can say to me that no...like...I can’t tell a White woman...oh I was racially fetishised by a man or something...and she’s gunna understand...she’s she’s not.”

(Nicole)

This further demonstrates how participants perceive professionals, who share their ethnic background, as being able to relate to their struggles living as a Black woman. These struggles include discrimination (e.g. Black female fetishisation), something which a White therapist may not understand. They further described how uncomfortable it would be to offload their distress to a non-Black mental healthcare professional.

“A lot of Black women do not find it comfortable...especially when they are on the line to someone who is a…Bla…a White woman or a White man...or an Asian person...we don’t feel comfortable enough to rant and we need to rant...we need a safe space to shout and scream and let it all out...sometimes we don’t even need medication...a lot of the times we don’t....a lot of the times we just need someone to scream at because...we’ve never been able to.” (Nicole)

This demonstrates how participants perceive non-Black therapists as unable to relate and understand their difficulties as a Black woman, which they feel is important when receiving help when in distress. The finding that Black women may prefer a therapist who is of the same race, contrasts with findings from previous research. For example, in Schreiber et al.
(2000) study, Black women sought counselling from a White therapist and described how the race of their therapist was not important. Furthermore, some Black women had a preference towards a White therapist, because it provides them with an ‘outsider’ perspective, ensures confidentiality and assurance that emotional difficulties will remain private in their community (Schreiber et al., 2000). The above participant response also suggests the importance for Black women to have a ‘safe space’ to release their distress and to offload, as some have become accustomed to containing their distressed emotions.

The SBW is a cultural ideal with an expectation of independence, resilience and strength related to Black women (Abrams et al., 2014). Participants reported that as a Black woman, they fear being seen as weak by others, as this is inconsistent with the cultural notion of being strong as a Black woman.

“Just the idea of being seen as weak...because our default setting is meant to be the strong Black woman.” (Nicole)

“Admitting to other people that you can’t handle the particular situation, or that you’re going through a lot just feels like you have failed...yea.” (Amaka)

“...but me personally...having those problems...I see myself...as like...I want to suppress it because I feel like it makes me sound weak.” (Nicole)

These responses demonstrate how they perceive themselves to be ‘weak’ when struggling with low mood. As a Black woman, by default, they are supposed to show strength and resilience. Furthermore, admitting to themselves that they are struggling emotionally, may be
difficult as they feel like they have failed in embodying the ‘superwoman’ image. There is an 
expectation, especially in their community, to be consistently strong in all areas of their life. 
These responses suggest the importance of being seen by others (as well as themselves) as 
endorsing the SBW attributes. These responses demonstrate how the SBW concept has 
influenced their perception of mental illness. These findings are in parallel with previous 
research on Black women’s attitudes towards mental illness (Waite & Killian, 2008). Black 
women may attribute depression to being ‘weak’, threatening their self-identity. Furthermore, 
Black women may believe that those who have depression suffer from a ‘weak mind’ (Edge 
& Rogers, 2005; Waite & Killian, 2008). These findings are also consistent with research 
which shows that in the Black community, there is a culture of viewing mental illness as a 
weakness (Beauboeuf-Lafontant, 2008; Schreiber et al., 2000). Mental illness may be viewed 
as a “weakness of the lowest kind” (Boyd 1998, p.5). African Americans may distance 
themselves from depression, suggesting that they do not suffer from mental illnesses (Boyd, 
1998). Therefore, the cultural stigma of ‘weakness’ towards mental illness and Black 
women’s reluctance to portray ‘weakness’ as it is not consistent with the SBW image, creates 
a barrier to help-seeking (Beauboeuf-Lafontant, 2008; Gary, 2005; Schreiber et al., 2000; 
Thompson-Sanders et al., 2004).

The perception of mental illness as a sign of weakness, has an impact on seeking professional 
help from mental health services, as seeking help is also seen as a weakness.

“…just continue…you shouldn’t kind a…fall back…become weak and suddenly decide you 
need to go see a therapist…even when it should be necessary.” (Yvonne)
This response further demonstrates the expectation for Black women to continue with life, even if they encounter difficulties such as emotional distress. They liken to seeking help as ‘falling backwards’ because they should manage their struggles independently. Furthermore, seeking help is viewed as weak and is therefore frowned upon in the community. Despite this, the participant highlights that seeking help can be necessary.

Some of the participants emphasised that if they fall short of upholding the SBW image, this will tarnish their image in the community.

“...so not only of people’s attitudes from other races but the general Black community...also affects that because we feel like...it’s...you’re less powerful...you’re less influential if you have to use other means to improve your mood or your mental health.” (Nicole)

“And if you’re anything less...then you’re not living up to the expectation...and you’re seen as weak and you’re not woman enough...” (Nicole)

In the community, Black women are associated with strength and resilience. Black women are seen to have a valuable role within their community, as they have responsibilities which includes supporting and caring not just for their families, but for others in the community. This requires attributes such as overwhelming strength, resilience and having a hard work ethic (Jones & Shorter-Gooden, 2003). These responses describe how if as a Black woman, you are not living up to the SBW stereotype and you are struggling with your mental health, you are seen as ‘not woman enough’. Therefore, in addition to being seen as weak, participants suggest that Black women struggling with their mental health feel less powerful, less influential and less of a woman, hence their value decreases in the community.
Participants explained that there are negative connotations and labels attached to mental illness in the community. One participant explained how mental illness is viewed by others in the community as an abnormal experience.

“...but I feel like if you grow up here...um...you would be even more negative...it's just like oh something is wrong with you...or it's like people are seeing that you're not as strong as you let on and... and sometimes you don’t want to appear...weak.” (Amaka)

“...that person is crazy...we don’t um...think about all the microaggressions and the trauma that occurred to us...” (Christina)

The participant describes how growing up in the community, people can become accustomed to viewing mental illness in a negative light. This response reflects how the participants have observed individuals with mental health difficulties, being subjected to receiving a negative label by others in the community. For example, mental illness is seen as a defect ‘something is wrong with you’ and labelled as ‘crazy’ which reflects the cultural stigma attached to mental illness. This is consistent with previous research on mental illness perception in Black communities. For example, Linney et al. (2020) investigated the perspectives of mental illness in the UK Somali community (Linney et al., 2020). Findings revealed that Somali women described individuals as either healthy or ‘crazy/mad’ which refers to people who have a mental illness. Similarly, in this study participants described how people in the community may attach a negative label to people suffering from mental distress. Furthermore, others may gossip about the person, not considering the possible past traumatic experiences. The response from participant Christine, suggests how traumatic experiences are
not acknowledged and not considered a possible contributing factor to Black women experiencing distress. It has been widely suggested that Black women are more vulnerable to depression, due to various socio-economic stressors (Grote et al., 2007), which can result in trauma. For example, Black women who experience frequent racial discrimination are more likely to experience severe post-traumatic stress disorder symptoms (Mekawi et al., 2021). This further highlights the influence of traumatic experiences on the mental health of a Black woman.

In the current study, participants also suggest that being vulnerable and showing others they are struggling emotionally, will show others how they are not as strong as they appear to be. In response to their culture, Black women may present a ‘mask’ which represents all things related to strength, which they are accustomed to, being a part of the Black community (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Donovan & West, 2015). However, it can be difficult to let the mask slip and reveal the true reflection of one’s emotions when feeling low in mood, due to the fear of others’ perceptions.

Religion, particularly Christianity is an integral part of the Black community which has huge influence in people’s attitudes and behaviours. Participants reported how people in the community take on a religious perspective on difficulties and encourage people to pray if struggling with their health.

“Um praying and it will be ok...so when...when your parents or elders...when you say there’s a problem...that needs to be sometimes solved.... medically as like a physical ailment...and instead it’s seen as more of a spiritual ailment...” (Nicole)
This demonstrates how in the community; physical and mental illnesses are viewed in a spiritual sense. Therefore, it can be resolved using spiritual intervention such as praying, hence people in the Black community advocate the ‘power of prayer’. The participant expressed how God can heal those who are struggling. Furthermore, participants explained how people in the community emphasise ‘the power of words,’ speaking words of healing into existence. Previous research has found that Black women who endorse the SBW stereotype, express the cultural influence of religion on providing strength when experiencing depression. For example, Scheiber et al. (2000) found that Black women would turn to their faith and seek God’s solace as a form of diversion, to help them manage their depression (Scheiber et al., 2000). Black women emphasised the value of spirituality in their lives and find comfort in speaking to God about their struggles, which includes emotional difficulties (Scheiber et al., 2000). Seeking professional help for difficulties, is seen as a betrayal of faith in the community, which is frowned upon (Dennis, 2015). Seeking professional help is seen as assimilating into ‘White culture’, as some feel that therapy is for White individuals only (Dennis, 2015). It has been suggested that a SBW acknowledges that her strength comes from God and that by relying on faith, it will provide the necessary guidance and strength required to manage emotional distress (Hall et al., 2021). Many Black women have been taught how to pray by their family and encouraged to seek God and pray when anxious or depressed (Hall et al., 2021). Participants in the current study described their awareness of the cultural influence of religion on the community’s views on mental illness. However, most did not refer to the importance of religion in upholding strength when they are low in mood.

Participants explained how their parents would dismiss their emotional distress, implying that mental health difficulties are not a ‘real’ problem. Nevertheless, parents would acknowledge
that they are struggling. Therefore, they would advocate that their difficulties can be removed through prayer.

“So going to like their parents and saying oh I I feel…I feel like I’ve been depressed for a long time, or I have anxiety and their parents just oh like…God forbid…you know that’s not real kind of thing like…you know pray it away.” (Patricia)

In this response, there is a sense that mental illness is a ‘myth’, it does not exist. The participant suggests that if they disclose to their parents that they are struggling with depression, they feel that their difficulties would not be taken seriously. Many of the participants explained how mental illness is not valued or taken seriously within the Black community.

“Um…so they don’t address it they tend to like sweep things under the carpet and I think it’s a very toxic…I think the view that Nigerians have…or…with the relationship rather that Nigerians have with um…mental health…” (Dominique)

“And I think it’s also opening yourself up for ridicule, which can also happen especially…especially somewhere like Nigeria where it’s just like oh you have mental health…oh you know…and you’re just exaggerating…that’s the big issue I think.” (Amaka)

This reflects how mental illness is not acknowledged or openly discussed within the family, due to the stigma attached to mental illness. This also reflects mental health stigma within the Nigerian culture. For example, research has shown stigmatisation of mental illness to be widespread within the Nigerian community (Gureje et al. 2005).
These findings in the current study reveal that UK Black women manage low mood through using coping strategies associated with the SBW concept. However, these coping strategies coupled with cultural influences (e.g. mental illness associated with weakness) can create a barrier to help-seeking. Nevertheless, these findings suggests that participants would seek support under certain circumstances.

**Summary of findings**

This study explored how Black women in the UK experience and manage depression, in relation to the SBW concept and how this influences help-seeking behaviour. Overall, the findings of the study demonstrate that Black women experience and manage low mood in accordance with the SBW concept. This study also revealed that the SBW image has an influence on whether Black women seek help for their low mood.

Findings from this study are consistent with findings from previous research, which have explored Black women, mental illness and the SBW role (Beauboeuf-lafontant, 2008; Donovan & West, 2015; Graham, 2018; Schreiber et al., 2000; Woods-Griscombe, 2010). The origin of strength stems from adversity (e.g. gendered racism) and other stressors which Black women experience. Family was influential in the development of strength. Mothers and grandmothers were labelled as role models of strength, where the participants learned how to be strong. Despite the stressors and adversity which Black women experience, there is a cultural expectation from others to be a role model of strength and resilience (Abrams et al., 2014). Although, some of the participants enjoyed the reputation of being strong, they reported feeling the pressure to constantly maintain this SBW image. Therefore, when
experiencing distress, participants may manage low mood through ‘internal’, ‘silent’, private coping strategies to uphold their strength. Participants described coping strategies of isolating and withdrawing from others. Some of the participants explained how showing their distress to others, makes them feel embarrassed, ashamed and a failure because as a Black woman, they have been conditioned to be the supportive structure to others. Therefore, they report concealing their distress through internal coping strategies. Concealing their distress, can result in difficult emotions building up internally and eventually leading to an internal explosion. Consequently, they may experience a breakdown, as they eventually become overwhelmed, which can potentially result in a maintenance cycle of low mood (Beauboeuf-Lafontant, 2008). Participants also engaged in ‘self-talk’, which served to reinforce and uphold strength and increase confidence to overcome the low period. In addition to ‘internal’ strategies, participants also employed ‘external’ practical coping strategies when experiencing low mood, such as journaling and keeping busy. Findings revealed that when feeling low in mood, some participants would uphold their strength by persevering with their duties, which serves as a distraction from their distress. Participants described putting their emotions on the ‘back burner’, opting to process later to avoid the uncomfortable thoughts and feelings associated with low mood. However, putting distressed emotions on the ‘back burner’ can result in a build-up of difficult emotions, which can become overwhelming; potentially exacerbating the distress.

These internal and external coping strategies which the participants used to manage their low mood, supports previous research (Schreiber et al., 2000). For example, Black women have been found to manage depression by withdrawing from others, socialising and engaging in activities, which provided Black women with a sense of control over depression (Schreiber et al., 2000). Furthermore, literature suggests that Black women engage in multiple
responsibilities and roles independently, which requires self-control to meet their duties (Abrams et al., 2019). However, findings in the current study further expand and uniquely contribute to findings from previous research on how Black women manage depression. For example, findings in the current study revealed an additional coping strategy of managing low mood through journaling emotions. Writing down thoughts and feelings when feeling low via journaling, may help Black women to process and communicate their distressing emotions with others more clearly and aid with positive ‘self-talk’. Journaling also provides a sense of control and strength, allowing them to alleviate the internal chaos of these distressing emotions, by freeing up space in their mind to engage in other tasks (Aselton, 2012; Western, 2013). Journaling can also increase self-awareness and help to identify negative, unhelpful thinking patterns and to shift to a more positive mindset (Robinson, 2017).

Endorsement of the SBW schema may affect help-seeking. Consistent with previous research (Nelson et al., 2020; Ward et al., 2009; Watson & Hunter, 2015), Black women in this study were reluctant to seek help and support from others. Participants acknowledged cultural influences in the perception of mental illness and in seeking support. Within the Black community, there is a cultural stigma of ‘weakness’ towards mental illness (Watson & Hunter, 2015). Some participants viewed mental illness as a weakness, therefore perceived themselves to be weak when struggling with low mood. Thus, seeking support reinforces this notion of ‘weakness’, which is not consistent with the SBW ideology (Watson & Hunter, 2015). Furthermore, participants suggested that individuals struggling with low mood may be subjected to receiving negative labels (e.g. ‘crazy’) in the community. This further reflects the stigma attached to mental illness in the Black community, creating a barrier to help-seeking from others (Beauboeuf-Lafontant, 2008; Gary, 2005; Schreiber et al., 2000;
Thompson-Sanders et al., 2004). The reliance on religious support (e.g. praying) when struggling, is advocated and embedded in the Black community, which further creates a barrier to seeking support from others. Participants explained how there is an expectation for Black women to be consistently strong, to be the ‘superwoman,’ supporting the needs of others. However, there are instances whereby Black women will disclose their low mood and seek support. Seeking support from others was determined by a shared understanding and trust, which expands findings from previous research on help-seeking for depression amongst Black women (Nelson et al., 2020; Ward et al., 2009; Watson & Hunter, 2015). For example, participants in the current study described how when feeling low, they may seek support from their close group of friends, who are also Black women. These groups of friends have a shared understanding of the difficulties that Black women encounter. Furthermore, participants explained that they can trust their closest friends, because they do not receive judgement for struggling with their mental health. Graham’s (2018) study found that Black women would seek support from both family and friends (Graham, 2018). In contrast, in the current study, some of the participants described being reluctant to seek support from family members. The current study findings uniquely contribute to the literature, as it suggests that there may be generational differences in the attitudes towards mental illness which influences Black women seeking support. Black women may be unlikely to seek support for low mood from older family members (e.g. parents) as there may be more stigma surrounding mental illness. This is in comparison to their peers or the younger generation in the Black community. Family members (particularly parents and older generations) may continue to hold certain negative beliefs and stigma towards mental illness (Conner et al., 2010; Knifton, 2012) compared to the younger generations. The younger generations are exposed to mental health campaigns through social media platforms and are encouraged to talk about mental health (Latha et al., 2020), therefore hold less stigma towards mental illness.
Black women feeling more comfortable in seeking support from other Black women, extends to mental health services. Consistent with previous research (Constantine, 2002; Gim et al., 1991) there was a consensus amongst the participants that they would be more willing to seek mental health support from mental health services, if there were more Black female mental health practitioners. The reason for preferring to seek support from Black therapists, was similar to seeking support from close friends. The participants perceived that a Black therapist would be more likely to have a shared understanding of the difficulties of being a Black woman and the associated SBW concept.

Limitations

It is important to acknowledge the limitations of this study. This study explored the influence of the SBW image. However, it is likely that the participants may endorse the SBW image to different degrees. For example, some Black women endorse the SBW schema to a greater degree than others, which may influence depressive symptoms (Jones et al., 2021b). Jones et al. (2021b) study found that Black women who had greater endorsement of the SBW schema, had greater depressive symptoms (Jones et al., 2021b). Therefore, in this study, it is difficult to determine whether the experiences and management of low mood reflects participants who have a high endorsement of the SBW image, or a medium or low endorsement. To address this, further research could measure the level of SBW endorsement using the superwoman subscale, from the Stereotypical Roles for Black women scale (Thomas et al., 2004). It would be interesting to see whether high endorsement of the SBW image would influence help-seeking behaviour (e.g. reluctant to seek help, even from close friends).
Further research could also explore how factors which affect socially marginalised groups (e.g. low socioeconomic status) and other additional stressors (e.g. chronic illness) influences levels of endorsement to the SBW image and depressive symptoms and management. This may provide more information on depression management and endorsement of the SBW image when Black women experience additional stressors. Furthermore, this may provide more information on help-seeking in this area, as research shows that Black women may eventually seek treatment from mental health services when they reach crisis point (Lawson, 2003).

A further limitation is in relation to participant recruitment. Participants were recruited from ethnic minority societies at The University of Warwick. These societies were the African Caribbean Society (ACS) and the Network for Ethnic Minorities Postgraduates (NEMP). Most of the participants were recruited from ACS and only one participant was recruited from NEMP. Participants who are members of the ACS are all Undergraduate students. It is possible that participants from ACS have experienced different levels of stressors, which are common to young Black women, in comparison to other Black women. It is also possible that participants who are members of ACS, hold similar views and beliefs on the SBW image, which are different to the views and beliefs of other Black women outside of the ACS group. Furthermore, participants from the ACS who volunteered to participate, may be more open and willing to discuss their distress more freely, due to having a certain relationship with the SBW image. For example, most of the participants considered themselves to be strong and some enjoyed the notion of strength and the benefits it provided (e.g. perseverance). However, not all Black women who endorse the SBW image will have this relationship with the SBW concept. It is important to highlight that the recruitment materials in the study may have encouraged participation from those who endorsed the SBW stereotype.
The recruitment materials, such as the study advert/poster described the SBW as a woman who is self-sacrificing, a ‘superwoman’, free from emotion and able to cope with difficulties. This description may have encouraged participation from those who endorse the SBW stereotype and who can relate to the characteristics stated on the advert. On the other hand, this description may have discouraged participation from those who do not endorse the SBW stereotype and are unable to relate to these SBW characteristics. Furthermore, people may also have a different opinion of what a SBW is, which may be the opposite of the description stated on the study poster.

Previous research has shown how Black women and men are reluctant to participate in mental health research, compared to their White counterparts (Jackson et al., 2004; Woodhall et al., 2010) due to various reasons which include distrust of researchers and the stigma attached to mental illness (Meinert et al., 2003; Woodhall et al., 2010). It is therefore important to acknowledge how challenging it is to recruit participants from a socially marginalised group (e.g. ethnic minorities) as they have been labelled as ‘hard to reach’ when it comes to accessing mental health care and participating in research (Shaghaghi et al., 2011). In the current study, there were some difficulties in recruiting more than eight participants. It is recognised that for some of the participants in the current study, this was the first time they had disclosed their experiences of low mood to a stranger/researcher. Therefore, choosing to participate in this study was a big step, considering Black women’s reluctance to being open with their mental health difficulties.

**Recommendations and clinical implications**

These findings could potentially increase the awareness and the influence of the SBW image on Black women with depression. Findings from this research has important implications for
mental health services. These findings provide further evidence that Black women may manage depression, in accordance with the SBW image. Therefore, it is important for mental health practitioners to be aware of these SBW behaviours, (e.g. keeping busy) and to realise that Black women may not present with the typical clinical symptoms of depression in the DMS-5 (American Psychiatric Association, 2013). Furthermore, shared understanding and trust can help increase help-seeking behaviour for Black women struggling with depression. Research and literature on racial disparities in mental health difficulties suggest that Black women may experience greater, chronic and more severe depressive symptoms compared to White women. This research highlights the effects of discrimination which Black women may experience (e.g. gendered racism) and the detrimental effects this has on their mental health. Although endorsing the SBW image helps Black women to persevere through adversity, this study further highlights how maintaining the SBW image can also be a source of distress for Black women.

There are also racial disparities in accessing services. It has been suggested that utilisation of mental health services is low in the Black community. This research highlights the influence of culture and stigma in the perception of mental illness (e.g. mental illness a weakness) and how Black women view themselves when struggling (e.g. weak). Consequently, Black women who endorse the SBW image may be reluctant to access services, as this is not consistent with the image of strength. Therefore, this highlights the influence that the SBW image has on accessing services. Furthermore, this research also suggests that Black women are less likely to access services due to a lack of Black representation within mental healthcare (e.g. Black therapist) which may enable a shared understanding of Black women’s experiences and difficulties. Although there are a limited number of Black therapists in the UK, it is important to encourage non-Black therapists to develop an understanding of the
difficulties that Black women experience, the pressures and the cultural influences which in combination contribute to the development of the SBW. Developing an understanding of the SBW and the associated positives and negatives of this concept, may aid understanding of the reasons behind depression, which may increase help-seeking behaviour.

Therapeutic intervention, in the form of group therapy may be beneficial for Black women with depression. Black women value ‘sisterhood’ a community with other women, particularly Black women, as they feel comfortable in a safe space to share their difficulties and learn with others who are like themselves. Compassion Focused Therapy (CFT) aims to encourage individuals to be compassionate towards themselves (Gilbert, 2009). Black women who endorse the notion of ‘strength’, often put other’s needs before their own, which can lead to self-neglect (Abrams et al., 2018; Jones & Gooden, 2003). Black women also endure stressors which can decrease their self-esteem. Black women have often been taught to ‘toughen up’, therefore they can be critical towards themselves as a means for survival. Group intervention such as CFT may provide Black women with the skills to encourage self-compassion, increase self-esteem and lower self-criticism.

There are Mental health services which provide continuing professional development (CPD) courses and workshops for mental health practitioners. The aim of these CPD courses is to raise awareness and increase understanding of poor mental health and the symptoms, causes and the skills that practitioners can utilise to help support service users. Creating awareness of the SBW schema through CPD sessions, will provide education on the schema (i.e. characteristic behaviours), the development of the schema (e.g. adversity and trauma) the common stressors which Black women experience (e.g. gendered racism), how Black women who endorse this schema experience and manage depression (e.g. isolation, keeping busy)
and interventions (e.g. group therapy). Incorporating the SBW schema into CPD workshops, especially in ethnically diverse areas, will equip mental health practitioners with the awareness and skills to help support these Black women, which may increase help-seeking behaviour.

Raising awareness of the SBW image within the community is also important. Ethnically diverse communities may understand the notion of strength, which is often associated with Black women, however, they may not be aware of the influence this cultural concept has on mental health. Therefore, mental health practitioners should liaise with community organisations and in collaboration, set up workshops in the community. These workshops should provide informal information on depression (to normalise depression) and to open a dialogue with community members, which may provide a relaxed atmosphere. In the Black community, there is a mistrust of services which is also a barrier to help-seeking (Whaley, 2001). Mental health practitioners liaising with community organisations (who are embedded within the community) may be the bridge to building trust with the community.

**Conclusion**

Historically, Black women have felt pressure to be strong for their families, friends and their community. Adversity and trauma experiences and family being influential in modelling strength, has developed and shaped the SBW image. There is a cultural expectation for Black women to consistently show strength even when struggling with their mental health. To uphold their SBW image, this study found that Black women will engage in coping strategies, consistent with SBW attributes to manage low mood. These coping strategies and community stigma attached to mental illness, can be barriers to utilising mental health services. However, this study showed that Black women may seek support from those they
trust and have a shared understanding of their difficulties as a Black woman, which may have contributed to distress. These findings provide evidence of the influence of the SBW concept on how Black women experience and manage depression and the effect on help-seeking behaviour within a UK context.

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Appendices

Appendix 1

Email to BAME society leaders

Dear (society leader name),

My Name is Karine Adamson, I am currently conducting a research project as part of my MSc by Research in Psychology. The research will be carried out under the supervision of Dr Claudie Fox and has been reviewed and approved by the Department of Psychology Research Ethics Committee at the University of Warwick.

My chosen participant demographic is Black women, from an African &/or Caribbean ethnic background who have experienced a period of low mood. In order to reach a wider Black female population, I am contacting The University of Warwick BAME societies to advertise the study. Therefore, I have chosen to send you my study advert (please find attached).

The research advertisement provides brief background information, the aim of the study, details of participation, participant eligibility criteria and my contact details as the researcher.

I would be grateful if you are able to advertise this poster on your website &/or send via email to your society members.
I look forward to hearing from you.

Thanks,

Kind regards,

Karine Adamson
Appendix 2

‘Strength for Survival’
The Strong Black Woman (SBW) stereotype and mental illness experience.

Are you a Black woman who has experienced a period of low mood?
If so, I need you!

You may have heard the term ‘Strong Black woman’ (SBW)?

- Black women have often been described as strong and resilient, despite adversity.
- Black women are more likely to experience depression, due to stressful life circumstances (e.g. low socioeconomic status, busy work schedules, parenthood, race and gender discrimination).
- Many Black women may feel pressure to embody the SBW, to act like the ‘superwoman’, who is self-sacrificing, free from emotion and able to cope with difficulties.
- However, research suggests that the SBW stereotype may have both negative and positive effects on emotional wellbeing.
- This research will explore how Black women in the UK experience and manage depression, in relation to the SBW stereotype and how this may influence seeking help from mental health services.

What participation will involve (what will I be asked to do?)

- Interview: Audio-recorded semi-structured interview.
- Interview duration: 1 hour 10 minutes.
  In the interview, you will be asked questions on your mental health experiences and management, your understanding of the SBW stereotype, culture and stigma, discussions around mental health services and recommendations to improve services for Black women with mental illness.
- Location: Virtually, online via Microsoft Teams.

Who can take part in the study?

- Gender: Females
- Have previously experienced low mood only
- Have NO current mental health diagnosis
- Are NOT currently experiencing depression symptoms.

Contact Information

If you meet the requirements for the study and are interested in participating, you can contact the researcher for more information:
- Karine Adamson
- karine.adamson@warwick.ac.uk
  I look forward to hearing from you.
Appendix 3

Department of Psychology, University of Warwick

Participant Information Sheet

**Title of Project:** ‘Strength for survival’. The strong Black Woman (SBW) stereotype and mental health experiences.

**Name of Researcher:** Karine Adamson

**Name of Supervisor(s):** Dr Claudie Fox.

**Invitation**

You are invited to take part in a research study exploring Black women and mental ill health. This study will explore how Black women in the UK experience and manage depression and whether this is influenced by the ‘Strong black woman’ (SBW) stereotype. The SBW stereotype, refers to Black women as being ‘strong’ and ‘resilient’ despite difficult life circumstances. The purpose of the study is to explore whether the SBW stereotype has an influence on how Black women manage and experience distress. The study will also explore whether the SBW stereotype has an influence on whether Black women seek help from mental health services. This study will provide an awareness of the SBW stereotype, which may help mental health professionals to understand how Black women experience and manage mental illness and provide effective treatment.

I am conducting this research as part of my degree of Master of Science by Research in Psychology.

This study has been reviewed and approved by the Department of Psychology Research
Ethics Committee at the University of Warwick.

Please take the time to read the following information carefully. Please do not hesitate to ask me if there is anything that is not clear or if you would like more information.

**What will happen?**

You will receive your consent form via email within 24 hours of emailing me your interest to take part in the study. You will give your permission to participate in the study, by signing the consent form and sending to me via email karine.adamson@warwick.ac.uk. You will be contacted (via your university email) by myself to arrange a suitable date and time to conduct an interview. In this email, you will be given a timetable of available dates and time slots for you to choose from. The interview will be conducted via online platform ‘Microsoft Teams’ (MS Teams). Once a date and time for your interview has been chosen and agreed, you will receive an email with an MS Teams meeting invitation, which will state the date and time of your scheduled interview. A reminder email will be sent one day before the interview. You will receive a separate email with instructions on how to join an MS Teams meeting. You will be asked to join MS Teams via audio only (your camera settings should be switched off). On the day and time of the interview, there will be brief ‘research-participant’ introductions and you will be asked for your informed consent (verbal) for the interview to be audio-recorded and to participate in the study. You will also be asked your ethnic group (e.g. Caribbean, African). This will take approximately **10 mins**. Once verbal consent is received, the audio-recording and interview will begin. The interview will be audio-recorded for the duration of the interview. The interview duration will be no more than **50 mins**. The first 10 mins of the interview will feature ice-breaker questions to introduce the topic. For the remainder of the interview, you will be asked questions on your understanding of the SBW
stereotype (e.g. What is your understanding of the term SBW), your own experiences and management of low mood in relation to the SBW stereotype (e.g. To what extent does the SBW stereotype influence how you manage low mood?), your emotion suppression (e.g. Do you suppress your emotions? How do you make yourself vulnerable to others?), your experiences of help-seeking (e.g. Did you seek support from others when low in mood?), culture and stigma (e.g. What influence, if any, does stigma have on Black women seeking help and support from others?) and discussing mental health services and recommendations to improve services for Black women with mental illness (e.g. How do you think mental health services can provide effective treatment for Black women with mental illness?).

Once the interview ends, you will be given a **10 mins** debrief. A debrief form will also be sent to your email following the interview. Audio-recorded data from the interview will be transcribed and analysed and verbatim quotations (which will be anonymised) will be used in the study report.

**Study duration.**

Total duration of the interview: 1 hour and 10mins:

10 mins (To gain verbal consent and brief introductions)

50 mins (interview – audio recorded)

10 mins (debrief)

**Participant rights**

Your participation is voluntary and you are free to leave the study at any point without explanation and without any of your medical, social care, education, or legal rights being affected. You have the right to omit or refuse to answer or respond to any question that is
asked of you. You have the right to ask that any data you have supplied at that point, to be withdrawn/destroyed.

If you wish to withdraw from the study, please notify me via email

karine.adamson@warwick.ac.uk

We will discard incomplete responses.

**Benefits and risks**

At the present time, there is no research in the UK which has directly explored Black women’s experience of mental ill health, in relation to the SBW stereotype. Through participation, you could contribute to increasing awareness of Black women and mental ill health, which may have important implications in creating innovative culturally sensitive, interventions in mental health services for UK Black women.

The study involves discussing and reflecting on your own mental health experiences, which may cause distress, as mental ill health is a sensitive topic. Therefore, you will be given a debrief (verbally and a written form) following the interview. The debrief would include information on local mental health counselling support services, if in the unlikely event you feel in distress having taken part in the study.

**Expenses and payments**

You will not receive any compensation for participation.

**Confidentiality**

Research data will be **pseudonymised** from the beginning of data collection. You will be assigned a Pseudonym (a fake name used to conceal your real name) at the beginning of the study. This means all direct and indirect identifiers will be removed from the research data
and will be replaced with a pseudonym. Your data and identifying information may be withdrawn from the study up until the end of the data collection period. Please contact the researcher (karine.adamson@warwick.ac.uk) by 1st March, 2021 quoting your Pseudonym to request withdrawal of your data.

Your email address will be collected for the purpose of arranging interviews and sending and collecting forms (e.g. consent, debrief, participant information forms). Your email address will be kept secured (electronic password protected file) and deleted as soon as interview and debriefing have taken place.

Your data (e.g. audio-recorded interview) will be stored securely on password-protected files on computer. Data will be stored in individual, encrypted, password protected files in order to prevent access to unauthorised individuals. The data will only be accessed by the researcher and supervisor named above and will not be shared with any other organisations.

The researcher may break confidentiality, if you disclose a risk of harm to self, or to others.

**What will happen to the data collected about me?**

We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. We will use your data in the ways needed to conduct and analyse the research study. We are committed to protecting the rights of individuals in line with data protection legislation.

**Data sharing**

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. The
University of Warwick has in place policies and procedures to keep your data safe. This data may also be used for future research following review and approval by an independent Research Ethics Committee, and subject to your consent at the outset of this research project. The results of the study may be published in academic journals. Research data (i.e. transcriptions from the interview) may be made available to the research community. Sharing data can offer various benefits to science (e.g. can enable new research with existing data, economically responsible and provides an opportunity for others to learn data skills).

Further information can be found in the University’s Privacy notice for research, here: https://warwick.ac.uk/services/idc/dataprotection/privacynotices/researchprivacynotice, or by contacting the Information and Data Compliance Team at GDPR@warwick.ac.uk.

**What will happen to the results of the study?**

The results of this study will be reported in my Master’s dissertation report and in journal publications. The project does not involve or report comparisons or evaluations of individuals; the results will be reported anonymously.

**Who should I contact if I want further information?**

If you have any questions about this study, please contact Karine Adamson (karine.adamson@warwick.ac.uk) or the supervisor for this project: Dr Claudie Fox (claudie.fox@warwick.ac.uk).

**Who should I contact if I wish to make a complaint?**

Any complaint about the way you have been dealt with during the study or any possible harm you might have suffered will be addressed. Please address your complaint to the person
below, who is a senior University of Warwick official entirely independent of this study:

**Head of Research Governance**  
Email: researchgovernance@warwick.ac.uk

Jane Prewett  
Tel: 024 76 522746

Research & Impact Services  
University House  
University of Warwick  
Coventry  
CV4 8UW

If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter: DPO@warwick.ac.uk.

If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner’s Office (ICO).

**Thank you for taking the time to read this Participant Information Sheet**
Appendix 4

Department of Psychology, University of Warwick

Consent form for online studies

**Title of Project:**

‘Strength for survival.’ The Strong Black Woman (SBW) stereotype and mental health experience.

**Name of Researcher(s):** Karine Adamson

**Name of Supervisor(s):** Dr Claudie Fox.

By checking the box below, I confirm that:

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that my data collected during the study, may be looked at by the researcher (Karine) and their supervisor (Dr Claudie Fox) from The University of Warwick. I give permission for these individuals to have access to my data.

4. I give my consent to be audio-recorded in the study by the researcher (e.g. during the semi-structured interview)

5. I understand that my data may be used in future research.
6. I agree to take part in the above study.

☐ I have read and I agree with the points above.

☐ I consent to the use of my (anonymised) verbatim quotations by the researcher (e.g. in the research report, presentations) and that my verbatim quotations may be used in future research.

_________________________    _________________________    _________________________
Name of Participant               Date                          Signature
Appendix 5

Email to participants

Dear (participant’s name)

Thank you for confirming the date and time of your interview.

I will be sending out to you the following:

- Microsoft Teams (MS Teams) meeting invitation link, which will have the date and time of your scheduled interview.

- Instructions on how to join an MS Teams meeting.

All participants will have a Pseudonym, which will replace their actual name to ensure confidentiality.

Your study Pseudonym: Zara

You will state your Pseudonym at the beginning of your interview, and the name which you will be referred to in the interview.

I look forward to meeting you on the day.

Thanks,

Kind regards,

Karine.
Appendix 6

Instructions on how to join Microsoft Teams (MS Teams) meeting

Join a Teams meeting from the app

If you already have MS Teams installed, you can access the meeting by:

1. Going into the Calendar, select Join meeting.

   ![Calendar screenshot with Join meeting option highlighted]

1. Before joining the meeting, choose to join with audio only, by ensuring your microphone is turned on and your camera option is turned off.

2. Select Join now.

   ![Join now screenshot with audio and video settings options]


Join a Teams meeting on the web

If you don’t have the MS Teams app installed, you can still join the meeting.

2. In your email invite, click on ‘Join Microsoft Teams Meeting’.

3. You can select – join in as guest.

4. Type in your name (Pseudonym – ID) and press join meeting.
1. Before joining the meeting, choose to join with audio **only**, by ensuring your microphone is turned on and your camera option is turned off.

2. Depending on the meeting the host sets, you might get into the meeting straight away, or you may be waiting in the lobby. Don’t worry, the host will let you in eventually.
Appendix 7

Semi-structured interview schedule.

Introduction

Thank you for agreeing to take part in this study. This study will explore how Black women in the UK experience and manage depression and whether this is influenced by the ‘Strong Black woman’ (SBW) stereotype. We are interviewing you to gather your personal experiences on this topic. This study will take approximately up to 1 hour and 10 mins (or under). Participation is voluntary and you have the right to withdraw at any time during the interview.

Can I confirm that you give your verbal consent to participate in this study?

Great. Thank you for your confirmation.

Just a reminder, throughout the duration of the interview, I will refer to you by your allocated Pseudonym.

I am now going to begin the audio recording.

Prompt: (Audio recording starts)

Thank you for agreeing to take part in this study.

Prompt: (Ask for verbal consent again once audio recording starts)

Can I confirm that you give your verbal consent to participate in the study?

Great. Thank you for your confirmation.

To start off with, I am going to ask you some ice-breaker questions.
Ice-breakers.

1. Have you ever heard of the term ‘Strong Black Woman’ (SBW)?
2. What is your understanding of the term SBW?

Main interview questions.

Experience and management of low mood & SBW.

1. To what extent do you consider yourself to be strong?
2. If yes, in what ways do you identify with the SBW image?
3. In what ways has the SBW stereotype shaped your experiences of low mood?
4. To what extent does the SBW stereotype influence how you manage low mood?
5. What do you think are some of the consequences of being a SBW?
6. What do you think are some of the benefits of being a SBW?
7. Have you ever been called ‘strong’?
8. If yes, in what ways and by whom (please provide examples) and how did you feel?
9. To what extent do you feel the need to always be strong in different situations or areas in your life? (e.g. relationships, work environment)

Emotion suppression.

10. Do you suppress your emotions? (i.e. hide your emotions)
11. If yes, in what ways do you suppress your emotions and how often?
12. Do you make yourself vulnerable to others?
13. To what extent do you have the drive, passion to succeed, even with limited resources?

14. Do you feel obligated to help others? If yes, in what ways do you feel obligated to help others?

Help-seeking.

15. When you have felt low in mood, could you describe how you coped with that?

16. Did you seek support from others? (e.g. family, friends or professionals). If yes, what aspects of the support that you received was helpful?

17. Do you feel that the SBW stereotype influences whether Black women seek support from others? Please explain.

Culture, stigma & help-seeking.

18. In your experience, how does the ethnic minority community view mental illness?

19. What influence, if any, does stigma have on Black women seeking help and support from others?

Ideas on effective solutions from Mental health services.

20. To what extent do you feel that Mental health services provide adequate care/accommodate for Black women?
21. How can mental health services increase help-seeking for Black women when in distress?

22. How do you think mental health services can provide effective treatment/interventions for Black women with mental illness.

Great, we have now finished the interview. Thank you very much for participating in this study. I am now going to read the debrief form which will only take approximately 10 minutes. The debrief form will explain the purpose of this study, background information and contact details of mental health services for support, if you experience distress following the interview. This debrief form will also be sent to your email following the study.

Prompt: (End recording)
Appendix 8

Department of Psychology, University of Warwick

Debrief form

‘Strength for survival’. The Strong Black Woman (SBW) stereotype and mental illness experience.

Name of Researcher: Karine Adamson

Email: karine.adamson@warwick.ac.uk

Name of supervisor: Dr Claudie Fox

This study explored how Black women in the UK experience and manage depression and whether this is influenced by the ‘Strong Black Woman’ (SBW) stereotype. The SBW refers to Black women as being strong and resilient, despite experiencing difficulties. The origin of Black women’s ‘strength’ is rooted in slavery (Hooks, 1981). Black women used emotional and physical strength, to survive enslavement. Research suggests that Black women may experience greater and more severe depressive symptoms, compared to White women (e.g., Grote, Bledsoe, Wellman & Brown, 2007), due to experiencing more difficult life circumstances (Grote et al., 2007). For example, Black women may be more vulnerable to depression, due to coming from disadvantaged backgrounds, experiencing racial and gender discrimination, in addition to busy work schedules, domestic responsibilities and parenthood (Valencia Jones & Guy-Sheftall, 2015). Exposure to such stress, requires Black women to be strong in order to cope (Watson & Hunter, 2016). The SBW stereotype may be
beneficial for Black women as it acts as a protective barrier against life stress (Sisley et al., 2011; Watson & Hunter, 2016). However, adopting the SBW stereotype can have negative effects on mental and physical health (Abrams, 2015; Donovan & West, 2015). The SBW stereotype has been compared to a ‘mask’ for Black women to hide away their emotions from the world. Black women may manage depression by working extremely hard, neglecting their own needs and suffer in silence (Watson & Hunter, 2016). The SBW stereotype may prevent Black women from accessing and engaging in mental health services. A characteristic of the SBW role is to suppress emotions (Woods-Giscombe, 2010). Accessing mental health services for support for mental health difficulties, requires expression of emotion and showing vulnerability, which is the opposite of the SBW concept (Woods-Giscombe, 2010).

**Aims of the study.**

1. To explore how Black women experience and manage depression.

2. To explore the extent to which the SBW stereotype shapes Black women’s experiences and management of depression and the influence on help-seeking behaviour.

3. To explore ideas for effective solutions on how mental health services and practitioners, can increase help-seeking and provide effective interventions for Black women with mental illness.

**Why this study is important?**

At the present time, there is no research in the UK which has directly explored Black women’s experiences of mental ill health, in relation to the SBW stereotype. This study has been conducted to address this gap in research. This study has important implications,
especially for healthcare services in the identification and treatment of UK Black women who have a mental illness. If we provide an awareness of the SBW image, this will not only aide mental health professionals with an understanding of Black women’s experiences and management of mental distress - but will enable effective, culturally sensitive interventions for Black women.

**More information.**

If you are interested in learning more about Black women and mental illness and the SBW stereotype, please refer to the following recommended resources:

- Journal articles


**Contact information of Mental Health services.**

Mental illness is a sensitive topic. This study involved discussing and reflecting on mental illness experiences, which can cause distress. If you feel low in mood, or in distress following participation in the study, please do not hesitate to contact your local counselling, mental health services, to receive support.
On campus.

The University of Warwick Counselling services
Counselling and psychology intervention Team
Wellbeing Support Services
Senate house, ground floor
Opening times: Mon-Fri 8.30am – 5pm (Friday until 4pm)
Brief consultations – Mon -Fri 10am – 3pm.
Email: www.wellbeing.warwick.ac.uk
Website: https://warwick.ac.uk/services/wss/students/counselling/
Tel: 024 7657 5570

Samaritans.
To talk about anything that is upsetting you, you can contact Samaritans 24 hours a day, 365 days a year.
57 Moor Street, Earlsdon,
Coventry,
CV5 6ER
Email: jo@samaritans.org (response time: 24 hours)
Website: https://www.samaritans.org/branches/coventry/
Tel: 116 123 (free from any phone)
0330 0945717 (local call charges apply)

MIND.

Coventry and Warwickshire MIND
Provides a range of services for people experiencing mental ill health including; a drop-in centre (open 365 days a year), Body and Mind (a wellbeing course), a women’s group and Coventry and Warwickshire IAPT (Increasing Access to Psychological Therapy).

Wellington Gardens Windsor Street,
Windsor Street
Spon End
Coventry
CV1 3BT
Email: admin@cwmind.org.uk
Website: https://cwmind.org.uk
Tel: 02476 552847

Withdrawal from the study.
You have the right to withdraw your data from the study (e.g. audio recording). You are not required to provide a reason for withdrawing from the study.
Your data may be withdrawn from the study up until the end of the data collection period.
Please contact Karine Adamson (karine.adamson@warwick.ac.uk) by 1st March, 2021 quoting your Pseudonym to request withdrawal of your data.

Findings from the study.
If you would like to receive a report of this research when it is completed (or a summary of the results), please contact Karine Adamson by email (karine.adamson@warwick.ac.uk)

Thank you for your participation.
Appendix 9

Example of coding

Researcher: Yeah…ok cool thanks for that clarification so to what extent does the strong Black woman stereotype influence how you actually manage low mood?

Patricia: Hmm…right so…it kind of just makes you feel like…you just need to…like hide away or low mood and always put on a brave face and stuff…

Researcher: Mmm

Patricia: um makes me feel like…you…yeah like what I was saying before you just can’t show that emotion…cause nobody’s in a constant state of happiness…

Researcher: Mmm

Patricia: in a constant state of strength…

<table>
<thead>
<tr>
<th>Data extract</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hmm…right so…it kind of just makes you feel like…you just need to…like hide away</td>
<td>Hide away from others – <code>withdraw/isolate</code></td>
</tr>
</tbody>
</table>

Researcher: like oh gosh you know you’re really in the…stuck…and um…you reached out to your friends but when you have reached out to friends did you…did you find that the support you received from them was helpful?
Amaka: Oh yea... yea it was... it always is... but I just feel like taking the steps to reach out... and also like not wanting... not wanting people to feel sorry for you... or not wanting the perception of you to change...

Researcher: Mmm

Amaka: that’s a big thing for me... so... there was a period in my life where like I went through... I .... I wasn’t supposed to take a gap year... but I did...

Researcher: Ok

Amaka: I didn’t tell anyone... as so like my friends... I ... I just not answer them... their messages... I just distanced myself and... eventually I did... yea I mean it wasn’t that bad and obviously they were there for me... but... like... the meeting up was just... was just difficult

<table>
<thead>
<tr>
<th>Data extract</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not wanting people to feel sorry for you... or not wanting the perception of you to change...</td>
<td>Wanting to uphold SBW image fear perceptions change if disclose low mood</td>
</tr>
<tr>
<td>I would just not answer them... their messages... I just distanced myself...</td>
<td>Initial isolation from friends</td>
</tr>
</tbody>
</table>
Appendix 10

Extract of a Transcript

Researcher: So…um…so then um…just moving on then… in what ways um has the strong Black woman stereotype shaped your experiences of low mood?

Dominique: Mmm…mmm I think…um…the term strong Black woman makes me feel as though I shouldn’t be….I don’t have a reason to be upset about things or rather I shouldn’t dwell on it for too long…that like didn’t you expect that this was going to happen…

Researcher: Ok

Dominique: umm…that you should just be able to get over it but…ok you’ve done it before…you knew that you were going to have to work twice as hard…um…you…you knew that there was going to be tensions…you knew that there was going to be…. these low points so…why why does that surprise you…like get over it…there are….so many other women like you that have been able to overcome this so…why are you dwelling on it for so long…um and it kind of just…stops you from……yeah it really stops….it’s quite it’s quite numbing it it…it really numbs how you…feel and…almost how you interact with people because….

Researcher: Ok

Dominique: you kind of feel as though you have to put up that wall…and present…that…to others
**Researcher:** Mmm…interesting….that’s inter….that’s very interesting…I guess so when you’ve felt
low in mood you feel as though you have to have that wall up…you know you feel
like….you know so like the expectation of didn’t you not expect this…that this would
happen…

**Dominique:** mm…hmm

**Researcher:** kind of like…

**Dominique:** yeah

**Researcher:** you were saying you have to just get on with it I guess….is that what you were saying
yeah?

**Dominique:** yes

**Researcher:** Mmm…and then to what extent does the strong Black woman influ…um…stereotype
influence how you manage low mood?

**Dominique:** Yeah…I think um…the stereotype causes me to…. withdraw into myself…um

**Researcher:** Ok

**Dominique:** instead of…I guess seeking help…the first thing I do is…I will try and isolate myself so
even if I kind of have to…implode…I implode by myself and no one else has to see
it…um…and then after I implode I kind of brush it all off and I come out and I…and I
look ok…

**Researcher:** Ok

**Dominique:** yeah so…in that way it stops other people kind of coming into the situation
and….allowing…it stops me from allowing myself to receive help as well….I really
notice that myself

Researcher: Mmm…and then how does that make you feel when you do isolate yourself…you know
and not go to others…how does that make you…you feel you know as you were
saying…you know you don’t tend to get help from others…so how…how does that
make you feel inside when you are feeling quite low?

Dominique: um…I guess I…it makes me feel kind of helpless…

Researcher: Ok

Dominique: umm…um…yeah…it’s just a very painful time but then when I come out like I really
brush it under the carpet…and…kind of get on with it…and I guess I’ve become so
accustomed to it that…I don’t really think much of it (giggles) after that happens…

Researcher: Mmm

Dominique: saying it out loud sounds crazy…really (giggles)