THE SUPERWOMAN SCHEMA AND THE MEDIATING FACTORS OF COPING STRATEGIES AND HELP-SEEKING ATTITUDES FOR DEPRESSION IN AFRICAN AMERICAN WOMEN

by

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(Under the Direction of Linda Campbell)

Abstract

This study sought to investigate whether or not the Superwoman Schema has a potential impact on the psychological health status of African American women. The research study examined (1) the relationship/influence of the superwoman schema on the experiences of psychological distress among African American women; (2) the relationship/influence of the superwoman schema on the coping styles of African American women; (3) the relationship/influence of the superwoman schema on the help-seeking attitudes of African American women; and (4) the potential mediating role coping styles and help-seeking attitudes play between the superwoman schema and African American women's experiences of psychological distress. All 105 participants were female, 18-65 years of age, and self-identified as a person of African descent. Participants were assessed using the Superwoman Schema Scale (SWS), the Center for Epidemiological Studies-Depression (CES-D), the Attitude Towards Seeking Professional Psychological Help (ATSPPH), the Africultural Coping Systems Inventory (ACSI) and a demographic questionnaire. The study found a relationship between the superwoman schema and

depression. Additionally, superwoman schema was positively correlated with coping styles and help-seeking attitudes. Help-seeking attitudes and coping styles did not mediate the relationship between depression and the superwoman schema. This research study emphasizes the importance of identifying culturally-specific influences that effect psychological well-being.

INDEX WORDS: African Americans, African American Women, Anxiety, Africultural Coping, Coping, Coping Styles, Help-Seeking Attitudes, Depression, Psychological distress, Superwoman Schema

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DEDICATION

"For I know the plans I have for you," says the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."

~Jeremiah 29:11 New International Version

I am dedicating my dissertation to my Heavenly Father from whom all of my strength comes. It was not solely my own will to pursue this endeavor but God working through me to have me to do his will for my life. It has been by His grace that I have been able to persevere through each day with the faith of knowing that no matter the struggle, He has already orchestrated success for my life. I thank God for being the starter and finisher of my faith and walking with me on this journey.

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Table of Contents

ACKNOWLEDGEMENTS ---------- **VI**

LIST OF TABLES ---------- **IX**

LIST OF FIGURES ---------- **X**

CHAPTER 1: INTRODUCTION ---------- **1**

Statement of the Problem ---------- **2**

Purpose of Present Study ---------- **4**

Significance of the Study ---------- **6**

Definitions and Conceptual Terms ---------- **6**

Research Questions and Null Hypotheses ---------- **8**

CHAPTER 2: REVIEW OF RELATED LITERATURE ---------- **11**

Conceptualization of the Superwoman Schema ---------- **11**

Historical, Political, and Socio-Cultural Context of the Superwoman ---------- **13**

Depression among African American Women ---------- **16**

Coping Styles among African American Women ---------- **19**

Help-Seeking Among African American Women ---------- **22**

Superwoman Schema, Depression, Coping, and Help-Seeking Attitudes of African American Women ---------- **25**

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY ---------- **27**

RESEARCH DESIGN ---- **27**

INSTRUMENTS ---- **27**

PROCEDURES ---- **32**

DATA ANALYSIS ---- **33**

CHAPTER 4: RESULTS ---- **35**

Purpose ---- **35**

Demographic Data ---- **35**

Correlation and Test of Hypothesized Model ---- **38**

Hypothesis Results ---- **43**

Mediation Model ---- **44**

Other Models Investigated ---- **45**

CHAPTER 5: SUMMARY, CONCLUSIONS, IMPLICATIONS, & FUTURE DIRECTIONS ---- **46**

OVERVIEW ---- **46**

CONCLUSIONS ---- **47**

IMPLICATIONS ---- **49**

Relevance of the Study ---- **51**

LIMITATIONS ---- **53**

Recommendations for Future Research ---- **54**

REFERENCES ---- **56**

APPENDICES ---- **60**

LIST OF TABLES

Table 1. Reliability Coefficients for Main Variables 31
Table 2. Demographic Characteristics of Study Participants 36
Table 3. Descriptive Statistics for Main Variables 38
Table 4. Correlation Matrix for All Study Variables 40

LIST OF FIGURES

Figure 1: Structural Model of the Superwoman Schema, Coping Styles, Help-Seeking Attitudes, and Depression Outcomes ----------41
Figure 2: Mediational Model of the Superwoman Schema, Coping Styles, Help-Seeking Attitudes, and Depression Outcomes ----------42

Chapter 1: Introduction

African American women have often been identified as a high-risk group for depression. Several factors may be contributors to the impact that depression has on African American women, including socio-political factors such as lower socioeconomic status, inadequate levels of education, and limited access to healthcare resources. Although these factors have been the primary factors in research related to the mental health of African American women, certain cultural and historical factors may also impact the development of depression and other forms of psychological distress among this group. In recent years, feminist scholars and social scientists have begun to take a critical look at the myth of the "strong Black woman" or Superwoman role in order to study the liabilities of this cultural phenomenon on the health and psychological well-being of Black women. The strong Black woman ideal has made resurgence in both cultural and psychological literature in terms of the negative physical and mental health consequences of the phenomenon. The Superwoman Schema Conceptual Framework, a schema represented by characteristics of strength in African American women (Woods-Giscombe, 2010), has been represented in recent literature and serves as an expanded formulation of characteristics related to the strong Black woman concept.

The Superwoman Schema Conceptual Framework was developed from the results of two research studies with diverse African American women and explains the characteristics, precursors, and outcomes of "strength", specifically resilience, fortitude, and self-sufficiency (Woods-Giscombe & Black, 2010). This framework contributes to the development of the Superwoman Schema (SWS) factors such as (1) an obligation to manifest strength; (2) an

obligation to suppress emotions; (3) resistance to being vulnerable or dependent; (4) determination to succeed, even in the face of limited resources; and (5) an obligation to help others (Giscombe, 2010). The Superwoman Schema Scale (Giscombe, unpublished instrument) was developed to empirically test the five factor model proposed by Woods-Giscombe.

Statement of the Problem

The Superwoman Schema has regularly encouraged African American women to embody strength in the face of adversity; however, the endorsement of this role may often lead to the suppression of emotions which may leave Black women vulnerable to depression. Although there is a dearth of research studying depression rates among African Americans, the prevalence findings within those studies have varied. The National Survey of Life, one of the largest studies conducted on people of African descent in the United States, indicated that the prevalence for depression in African Americans (56.5%) and Caribbean Blacks (56.0%) was higher than the prevalence rate for White Americans (38.6%) (Waite & Killian, 2009). A number of studies have reported equal prevalence rates of depression among African Americans and White Americans, while others have reported lower prevalence rates when compared to Whites (Carrington, 2006). Historically, African American women have not been represented in high enough numbers in large controlled studies for the results to be generalizable to the greater population of Black women (Carrington, 2006; Hunn & Craig, 2009). Although, in comparison to white women, ethnic minority women tend to reportedly be affected at a disproportionate rate (Murray & Lopez, 1996), the discrepancies in the literature highlight the need for sufficient epidemiological data.

Major depression has been found to be the leading cause of disability worldwide. At least 1 in 20 Americans 12 years of age and older have had depression (Pratt & Brody, 2008). The etiology of depression can be explained by various biological, psychological, environmental,

social, and cultural factors (Banks & Kohn-Woods, 2002; Carrington, 2006; and Jones & Ford, 2008). Various studies on African American women have found that financial strain, occupational stress, family life stress, poor social support, poor access to health care, violence, and poverty have been related to their symptoms of depression (Brown, Parker-Dominguez, & Sorey, 2000; Hunn & Craig, 2009; and Kessler, 2003). A study by King (2005) found that African American women had unique experiences of stress related to both racial and gender discrimination. Although the influence of multiple risk factors can increase the psychological distress for a woman of any racial/ethnic group (Jones & Ford, 2008), the presence of such risk factors intersected with the experience of racism, sexism, and socio-economic class oppression may result in greater depression for African American women.

According to the Center for Disease Control and Prevention, African Americans are less likely to seek help for mental illness (Mental Health America, 2012). One study conducted to examine racial differences in the use of mental health services found that African Americans were less likely than Whites to seek out therapy services from mental health facilities, therapists in private practice, or physicians (Snowden, 1999). Although depression in African Americans suggests a need for help, the underuse of therapy services among this group has been clearly illustrated throughout research literature (Brinson & Kottler, 1995; Leong, Wagner, & Tata, 1995; Ponterotto, Casas, Suzuki, & Alexander, 2001). Although research indicates that African American women suffer from depression, only about 7% of Black women will actually seek help through psychological services (Williams, Gonzalez, Neighbors, Nesse, Sweetman, & Jackson, 2007). Lack of help-seeking for psychological concerns among African American women has been attributed to stigmatization of mental health, lack of trust in mental health professionals,

opposing cultural beliefs, and premature termination (Bradford, Newkirk, & Holden, 2009; Kessler et. al., 1994; Sue & Sue, 1990; and Thompson, Bazile, & Akbar, 2004).

Coping is considered to be a defense process that can be used to manage psychological distress (Terry, 1991). African American women tend to use culturally-specific coping mechanisms over more traditional means for dealing with distress (e.g. mental health professionals). Various coping methods have been identified among African Americans to combat the effects of racism, discrimination, and other psychological stressors. A study conducted by Shorter-Gooden (2004) found that African American women cope through faith and spirituality, by relying on social support, by role flexing, and by presenting a positive self-image of strength. Relying on spiritual and collectivistic coping has been found to be used more so within the African American culture than in White American culture and are thought to be more culturally-specific to how this group copes with depression and other forms of distress (Utsey, Adams, & Bolden, 2000).

Purpose of Present Study

This study seeks to investigate whether or not the Superwoman Schema has a potential impact on the psychological health status of African American women. Given that there are characteristics of the Superwoman Schema that may influence stress-related behaviors and coping strategies, two variables of interest have been included in the present study. These factors are coping styles and help-seeking attitudes. Previous research studies have explored ways of coping among African American women and their relationship to psychological symptoms. Research has suggested that various culturally-specific strategies may play a role in the relationship between race-related stress and psychological outcomes of African American women (Greer, 2011; Thomas, Witherspoon, & Speight, 2008). Additionally, research has indicated that there is a relationship between psychological distress and attitudes toward seeking

professional psychological services among people of African descent in the United States (Obasi & Leong, 2009). Recent literature asserts that although certain aspects of the Superwoman Schema can be considered positive attributes (i.e. behaviors related to manifesting strength), other characteristics (i.e. emotional suppression, postponement of self-care, and excessive caregiving) can be detrimental to the health of African American women (Woods-Giscombe & Black, 2010). This conclusion suggests that certain negative attributes of the Superwoman schema may play a role in the psychological health outcomes in this group of women.

Emotional suppression, a characteristic feature of the Superwoman Schema, has been associated with physiological stress responses, greater health risk and associated outcomes, interpersonal relationship difficulties, maladaptive coping strategies, and elevated emotional distress (Gross & Levenson, 1993; Harrington, Crowther, & Shipherd, 2010; Srivastava, et. al., 2009; Woods-Giscombe, 2008). Research investigating coping mechanisms and the Strong Black Woman ideology has shown maladaptive coping strategies to be associated with poor psychological health practices of African American women. Harrington, Crowther, & Shipherd (2010) investigated the mechanism in which trauma exposure and distress was related to the maladaptive coping strategy of binge eating and found that the Strong Black Woman ideology, emotional inhibition/regulation difficulties, and eating for psychological coping mediated the relationship between distress (i.e. trauma exposure) and coping (binge eating). Therefore, ways of coping could be related to the psychological stress and diminished health of women that operate under the Superwoman Schema.

Research suggests that African Americans' perceptions and attitudes towards mental health influence their utilization of psychological health care services (Barksdale & Molock, 2008; and Thompson, Bazile, & Akbar, 2004). Research studies have found the strong Black

woman or Superwoman role to be inversely linked to self-care behaviors, coping, as well as positive mental health outcomes in African American women. However, no known study has quantitatively examined the association between the Superwoman Schema and psychological distress as it relates to coping and health-related behaviors. Therefore, the purpose of the present study is to examine the relationship between Superwoman Schema and psychological distress and to determine whether the relationship is influenced by coping styles and help-seeking attitudes of African American women.

Significance of the Study

The present study seeks to fill in gaps in the literature on African American women and their mental health. Further, this study looks to provide empirical support for the conceptual framework of the Superwoman Schema. A number of researchers have provided valuable qualitative data on the superwoman ideology in Black women; however, no known quantitative studies have been conducted to empirically measure the Superwoman Schema as it relates to coping styles and help-seeking attitudes of African American women. By adding to this body of literature, this study bring more attention to the attitudes, behaviors, and beliefs found within some African American women which is a population that has often been overlooked in psychological research.

Definitions and Conceptual Terms

The definitions of the following terms are intended to ensure clear understanding of the terms that are most frequently used in this study. These conceptual terms are used to ensure uniformity and understanding throughout this study. The author provided all definitions not accompanied by a citation.

African American women: For the purposes of this study, African American women are defined as women who are of Black African descent and self-identify as Black, African American, African, or West Indian.

The Superwoman schema is conceptualized to be an intersection of stress, strength, emotional suppression, and health. Preliminary research defines Superwoman schema as a "perceived obligation to remain silent about feelings of distress or vulnerability, to present an image of strength for families and communities, and to take on the needs of others while neglecting one's own needs", (Beauboeuf-LaFontant, 2003; Hooks, 1993; Lovejoy, 2001, as cited by Woods-Giscombe, C. L., 2008).

Help-Seeking attitudes, for the purpose of this study, is defined as how one perceives seeking support in other forms of assistance from external resources in times of distress.

Depression is defined as persistent feelings of sadness that is often accompanied by loss of interest or pleasure in activities (American Psychological Association, 2000).

Anxiety is an emotional response characterized by feelings of tension and thoughts of worry which are accompanied by physiological changes in the body (Kazdin, 2000).

Psychological distress can be defined as "a state of emotional suffering characterized by symptoms of depression and anxiety" (Drapeau, Marchand, & Beaulieu-Prevost, 2012). The key components that comprise psychological distress are (1) the exposure to stressful situations that threaten one's psychological and physiological health, (2) the failure to effective cope with the presenting stressor, and (3) the resulting strain that results from the ineffective coping (Drapeau, Marchand,& Beaulieu-Prevost, 2012).

Coping: the cognitive and behavioral attempts that are used by an individual with the objective of reducing the effects that one experiences from stress (Terry, 1991). Coping has

traditionally been classified into two primary categories: problem-focused coping, in which strategies are focused on management of the problem; and emotion-focused coping, where strategies are focused on dealing with the emotional distress (Terry, 1991). However, African American women's approaches to coping may differ from that of traditional methods (e.g. mental health professionals) due to coping styles that may have been adopted in response to experiences of oppression. African American women's experiences of *gendered racism*, "a unique form of oppression that occurs because of the intersection of race and gender", can play a substantial contributing role in the way they cope with stress (Thomas, Witherspoon, & Speight, 2008). Utsey, Adams, & Bolden (2000) suggest that particularly stressful situations my lead African American women to utilize more culturally specific coping strategies.

Africultural Coping, for the purposes of this study, Africultural coping is defined as coping behaviors based out of African American culture that is often utilized by African Americans. Africultural coping is thought to be made up of four main components: (1) Cognitive - emotional debriefing -adaptive reactions by African Americans in the efforts to manage perceived environmental stressors; (2) Collective coping – management of stressful situations through the use of group-centered activities; (3) Spiritual-centered – coping behaviors that are related to spiritual connectedness; and (4) ritual-centered coping – the use of rituals to cope with stressful situations (Utsey, Adams, Bolden, 2000).

Research Questions and Null Hypotheses

The current research study suggests that: (1) The Superwoman Schema in African American women can impact the presentation of stress, and influence Black women's coping styles and help-seeking attitudes. The primary goals of this study are indicated as follows:

Primary Aim 1: Examine the role Superwoman Schema plays on the experiences of psychological distress among African American women.

Research Question 1: Does the Superwoman Schema in African American women predict the presence of psychological distress of African American women?

Hypothesis 1: A relationship exists between African American women's endorsement of Superwoman schema and the presence of psychological distress among African American women.

Primary Aim 2: Examine the role Superwoman Schema plays on the way African American women choose to cope with environmental stressors.

Research Question 2: Does the Superwoman Schema predict coping styles of African American women?

Hypothesis 2: A relationship exists between African American women's endorsement of Superwoman Schema and coping styles of African American women.

Primary Aim 3: Examine the role Superwoman Schema plays on the help-seeking attitudes of African American women.

Research Question 3: Does the endorsement of Superwoman Schema predict help-seeking attitudes in African American women?

Hypothesis 3: A relationship exists between African American women's endorsement of the Superwoman Schema and their attitudes towards help-seeking.

Primary Aim 4: Investigate whether African American women's ways of coping and help-seeking can serve as buffers for psychological distress.

Research Question 4: If Superwoman Schema is correlated to the experiences of psychological distress among African American women, does coping style and help-seeking serve as mediating factors between the Superwoman Schema and psychological distress?

Hypothesis 4: The coping styles and help-seeking attitudes of African American women will mediate between the Superwoman Schema and psychological distress.

Chapter 2: Review of Related Literature

A literature review was conducted to explore the influence of the superwoman schema on African American women's psychological health and related behaviors. The review of the literature will consist of an overview of the superwoman schema, followed by an examination of the literature on the psychological health of African American women, the coping styles used by African American women, and their help-seeking attitudes. Literature regarding how the Superwoman Schema relates with depression, coping strategies, and help-seeking attitudes will be discussed.

Conceptualization of the Superwoman Schema

The Superwoman persona has been a highly referenced image of Black womanhood. This image has often portrayed the Black woman as a pillar of strength for her family and community, a woman who perseveres through pain and oppression, as well as one who tirelessly cares for her loved ones while neglecting her own needs. Strength, a powerful cultural signifier, is thought to be the bond that links African American women with generations of other Black women who have overcome adversity, slavery, and racism (Beauboeuf-Lafontant, 2007, Edge & Rogers, 2005). African American women's strength through the face of adversity has been customarily viewed as a positive asset that has contributed to the fortitude and resilience within this group (Woods-Giscombe, 2008). The Superwoman learns from her upbringing to develop a self-concept that can endure experiences of rejection, financial struggles, heavy family burdens, and discrimination (Beauboeuf-Lafontant, 2007, Radford-Hill, 2002). Although certain aspects of the Superwoman Schema can be considered positive, when the endorsement of this schema is

accompanied by emotional suppression, it can be detrimental to the health of African American women. Conceptually, the Superwoman Schema is a myth, a controlling image of strength that places Black women in a double bind of maintaining their conditions of subordination while striving to meet cultural expectations of survival.

Empirically, the Superwoman Schema is defined by five characteristics: (1) obligation to manifest strength, (2) obligation to suppress emotions, (3) resistant to being vulnerable or dependent, (4) determination to succeed, despite limited resources, and (5) obligation to help others. These five factors were hypothesized by Woods-Giscombe (2010) from the results of research studies conducted with geographically and ethnically diverse African American women. Previous literature has described the Superwoman as a sacrificial, motherly-type woman who takes on the trials and burdens of her loved ones. She provides unlimited support to others, while often suppressing her own emotional needs in anticipation of the needs of others (Harris-Lacewell, 2001).

The obligation to manifest strength addresses the perceived need for the superwoman to present an image of strength for the sake of others. The Superwoman's obligation of strength is based on a history of enduring discrimination and unfair treatment with little assistance and support. "The struggle" has become a normalizing factor in the experiences of the Black woman. Being able to endure the struggle is an expectation within the culture. Therefore, should the Black woman not experience observable adversities, she is not considered an authentic Superwoman (Beauboeuf-Lafontant, 2007).

Emotional suppression addresses difficulties with outward displays of emotion. The Superwoman views the display or demonstration of negative emotions in the presence of others to be a sign of weakness (Harris-Lacewell, 2001). The Superwoman may mask her depression

for purposes of managing the impression others may have of her. These women often lack experience of emotional expression and may not know how to express their emotions (Giscombe, 2010).

Resistance to being vulnerable or dependent addresses concern with being hurt by others or the discomfort with asking for help. There is a feeling of mistrust that others will use their exposed weaknesses against them. There is suspicion of people's motivation for offering assistance (Giscombe, 2010; Harris-Lacewell, 2001).

The Superwoman is also defined by an intense determination to succeed despite limited resources. There is a sense of pride in achieving more than what is expected of one. The Black woman has often had to endure circumstances in which resources and help was limited or non-existent. Historically, Black women have had to provide for their families with very little. The Superwoman feels a responsibility to overcome obstacles when faced with dire conditions (Giscombe, 2010).

The last characteristic, the obligation to help others, addresses the extreme care-taking of the Superwoman. The Superwoman believes it is her responsibility to care for and nurture others. This obligation to help others often is done at the sacrifice of her own needs. The Superwoman may feel overwhelmed by family burdens and multiple role responsibilities; however, she is resistant to seeking help from others.

Historical, Political, and Socio-Cultural Context of the Superwoman

The strong Black woman has been a highly referenced image of African American womanhood. Throughout the history of African Americans in the United States, Black women have had to take on roles of immense responsibility within the family and in the African American community. Black women have been expected to independently manage the more traditional female role of the nurturer and caregiver, while simultaneously implementing roles

that were traditionally considered male responsibilities into her role expectations (Hamilton-Mason, Hall, & Everett, 2009). This legacy of strength, independence and care-giving to others traces back far into the history of the African woman.

The history of strength and self-sufficiency for Black women can be traced back to their African roots and have been omnipresent throughout their experiences of oppression in the United States. The African family has always been characterized by strong women who held important positions within the family unit (Afisi, 2010, as cited by Agarwal, 1970). Women were considered the backbone of traditional African societies due to their contributions toward social, economic, political, and educational developments of African societies (Afisi, 2010).

Since slavery, the image of Black women has provided a structure for a whole social order built upon their hard work, "otherness", and relative powerlessness to be the independent center of an organization of power (Beauboeuf-Lafontant, 2007). African women were viewed as animalistic and rugged because of their physical strength and capability to do similar field work as their male counterparts. Because white female servants were not as physically capable of performing the same work, African women's robust stature was negatively compared to White women. African women were also valued for their child-rearing and caretaking abilities. Black women were forced to independently care for their children because of the weak family structure afforded to them through slavery. Their loss of independence, freedom, and family structure required them to watch helplessly as their husbands, parents, and children were mistreated and sold off. Blacks were expected to be submissive and hide their feelings of anger and hurt for the sake of survival (Painter, 2007). Slave women were often required to work as field laborers as well as domestics while still trying to maintain their own family responsibilities. Slave women were expected to work through pregnancy, oftentimes giving birth only to immediately return to

the fields the same day (Painter, 2007). Black women learned the key to both self and family survival resided in the ability to persevere through self-sufficiency and fortitude and through denying their own needs for the sake of others.

Following the years after slavery, Black women continued to rely on being self-sufficient and independent to combat the struggles faced by Black people in America. The socio-political climate in the United States, from slavery on into the Civil Rights Movement, was particularly hard on Black women and their families. African American families maintained an egalitarian pattern of coping with poverty, racism, and discrimination. Because these factors served to keep Black men out of the labor force or at the very least suppressed their wages, Black women had to take on the role of 'breadwinner" by working low-paying jobs, oftentimes as maids and cooks for the economic survival of the family (Broman 1991). Today, African American women continue to struggle with poverty, racism, discrimination, single parenthood, and unemployment (Harris-Lacewell, 2004) while neglecting their own needs for the benefit of the family.

When looked at collectively, the historical, socio-political explorations of their experiences suggest that the idea/expectation of strength extorts a lot from Black women. Living under the controlling image of strength compromises Black women's mental and physical health and undermines their struggle. The constant use of perception management generates profound silence in the lives of these Black women (Beauboeuf-Lafontant, 2007). The strong Black woman or Superwoman ideal plays a dual role in both exploiting the social standing of Black women through the perpetuated stereotypes, while in-turn presenting itself as virtue of Black womanhood. Joan Morgan, a Black feminist writer, once wrote, "Black women are not impervious to pain. They are simply adept at surviving. The problem for [strong Black women] is telling the difference" (Beauboeuf-Lafontant, 2007). It is this lack of recognition of suffering

that leads the Superwoman down the path of depression as she endures hard times in silence. The learned behavior of working through adversity, relying on self, and neglecting your needs for the benefit of others has created an expectation for survival that is detrimental to the well-being of African American women.

Depression among African American Women

Depression is an illness that is quite common but incapacitating (Pratt & Brody, 2008). As common an illness as depression is, it is also very treatable (Pratt & Brody, 2008). According to Pratt & Brody (2008), there are many signs that lead to depression and more often the signs are linked to poor health. Studies indicate that 1 out of every 20 Americans ages 12 and above have depression. Ranking highest in this number are non-Hispanic Black females, ages 40 to 59 (Pratt & Brody, 2008). More than 75 percent of the people diagnosed with depression indicated that the illness made it very hard to communicate with other people and conduct their daily routine (Pratt & Brody, 2008). Only 29% of the high number of people with symptoms of depression sought services from a mental health professional (Pratt & Brody, 2008). Although depression is a debilitating illness, it can be sporadic and may not occur again after one episode (Pratt & Brody, 2008).

Research indicates that depression is treatable but many people do not seek help from mental health professionals for various reasons such as: 1) not recognizing the signs and symptoms, 2) socio-economic background, 3) no insurance, and 4) refusal of treatment (Pratt & Brody, 2008). Studies suggest that depression will be a major factor of disability in the world with the United States leading the way of high income nations (Gonzalez, Vega, Williams, Tarraf, West, & Neighbors, 2013). There are many people who are diagnosed as having mild depression and others who have major depression with some recorded as receiving little treatment and others receive no treatment at all (Gonzales et al., 2013). There is no indication of

the kind of treatment used or if groups, depending on their ethnic origin are receiving fair medical treatment (Gonzales et al., 2013). The previous statement relates to research indicating that African Americans were hesitant to seek medical services from mental health professionals due to their lack of confidence in and the negative perception of therapists (Sanders Thompson, V.L., Bazile, A, & Akbar, 2004).

Much like any other racial/ethnic group, African Americans experience psychological distress at various times across their lifespan. Some studies have reported an equal prevalence rate of depression among African Americans and Whites, while others have reported lower prevalence rates of depression in African Americans than in White Americans (Harris, Edlund, & Larson, 2005;Jackson, et. al., 2004). Notably, depression has been found to be most prevalent among women; however ethnic minority women tend to be disproportionately affected by the disease (Murray & Lopez, 1996). Research findings on the presence and prevalence of depression specifically in African American women have been inconclusive at best. Due to the dearth of literature available on the prevalence of depression specifically for African American women, relevant data regarding depression for this population often gets subsumed in literature on African Americans. However, a substantial amount of research has been conducted through the Black Women's Health Study (BWHS) research initiative. Research conducted by the BWHS continues to report findings which identify stress and the method of coping with stress as factors related to Black women's mental health functioning across all levels of socio-economic status (Black Women's Health Study, 2007). Additionally, mental health issues among African Americans particularly among African American women have been difficult to understand for a number of reasons.

Previous research suggested that there are differences in how mental health is viewed based on one's culture and background. African American women's perspective as to what depression means and what the signs and symptoms should be are different from the perspective of White women, and how it is diagnosed must be considered in determining treatment (Mills, Alea, & Cheong 2004), Probst et.al.(2007) found that African Americans were less likely to communicate depressive symptoms to physicians, with those aged 18-34 years old being the least likely reporters (Probst, Laditka, Moore, Harun, & Powell, 2007). The study also found that reporting was highest for African Americans that were experiencing severe symptomatology. This suggests that African Americans may wait until suffering becomes significantly worse before seeking help. Other studies have further suggested that psychiatrists do not seriously consider culture as an influential factor in research and practice (Mills, et al., 2004) Research has found that detection of depression by medical physicians was less likely to occur for African American women than for White women. However, it is unclear as to whether the difficulty in detection was related to the physician's communication style with the patient when assessing for depression, or the manner in which the patient reported psychological concerns (Probst, Laditka, Moore, Harun, & Powell, 2007).

Prior studies also indicated that racial bias of some healthcare professionals is a factor that affects depression rates in African American women (Mills, et al., 2004). As stated by Leo, Cherry, and Jones (as cited in Mills, et al, 2004), clinicians are more likely to diagnose and refer White patients for mental health treatment than their African American patients. "Other studies have also shown that healthcare professional's diagnostic and treatment decisions are guided by their patient's race (Mills, et al., 2004, p. 325).

In addition to these factors, demographic and socioeconomic factors have been correlated to African American women's experiences of depression. Education and awareness are factors that relate to depression in African American women. African American women believe that depression is a personal weakness or and imperfection (Mills, et al., 2004). This theory comes from the lack of education in knowing that depression is a medical condition as believed by White women indicating "the importance of greater dissemination of culturally relevant public information and more education about depression in the African American community (Mills, et al., 2004, p. 325). However, African American women have been found to experience depression regardless of their socioeconomic status. Middle-class as well as college-educated women have been found to experience depression also. One study conducted by Warren (1997) studied 100 middle class African American women between the ages of 20 to 35 years to examine the relationships between depression, stressful life events, social support, and self-esteem. The study found a positive relationship between depression and stressful life events. Results also revealed a relationship between depression and social support. This study indicates that middle class African American women's experiences of depression are influenced by greater experiences stressful life events and low amounts of social support.

Coping Styles among African American Women

African Americans have often utilized culturally specific ways of coping to deal with environmental stressors. Various research studies have noted the influence culture has on how African Americans define stressors as well as how the determine the coping strategies to use (Utsey, et al, 2000). Many of the coping methods have been adopted and incorporated into the lives of African Americans because of either direct or indirect experiences of discrimination and racism. Research shows that dependence on the family and community, reliance on faith and religious beliefs, as well as the drive to work hard and achieve success are methods found to be

used by African Americans to combat the effects of racial discrimination and other forms of distress (Utsey, S. O., Ponterotto J. G., Reynolds, A. L., and Cancelli, A. A., 2000). Particularly, African American women are subject to a unique form of oppression due to their experience of being both Black and a woman. This form of oppression, which was coined the term "gendered racism", effectively demonstrates how the experiences of being both female and Black cannot be parsed out; it instead highlights how intertwined the African American woman's experiences of race and gender are, and offers some explanation for the unique ways in which Black women cope with racism, discrimination, and other forms of psychological distress.

Moreover, African American women tend to embrace their collective identity. When faced with the negative stereotypic images and beliefs about their behaviors, African American women tend to rely on their cultural beliefs, traditions, and teachings of other strong Black women as a point of reference for how to cope with distress (Carrington, 2006, as referenced by Rose, 1980). Cultural beliefs and traditions, specifically religion and faith-based rituals have been found to be a common coping practice within the African American community (Starks & Hughey, 2003). Historically, the African American church has been the primary source of spirituality, social support and connectedness for African American women (Frame, Williams, & Green, 1999; Holt, Lewellyn, & JoRathweg, 2005, as cited by Hunn & Craig, 2009). The African American church began around the mid-1700s and was used by slaves as an underground meeting place that served as a point of safety and escape from the oppression of slavery. The slaves created their own religious culture that resembled aspects of Christianity and rituals of the African culture (Simms, 2000, as cited by Hunn & Craig, 2009). The Black church became a place where slaves could go to restore their self-esteem and dignity in the midst of a degrading

and oppressive time. The African American church continued to be a resource to African Americans, with many African Americans relying on the church for their mental health needs.

Relying on the strength of their foremothers also helps many African American women cope with stress. Women like Sojourner Truth and Harriett Tubman are held in high regard among strong Black women as historical representations of strong Black womanhood (Woods-Giscombe, 2008). Many African American women have been socialized within their culture to endure extreme hardship on the argument their ancestors were able to endure slavery; this perspective encouraged women to downplay difficult experiences in order to cope (Hamilton-Mason, Hall, & Everett, 2009). Although this manner of coping respects the past struggle of other strong Black women, it also discourages African American women from reaching out for social support when hard times lead to depression. Research has shown that African American women are more likely to avoid addressing problems of distress than to seek social support for problem –solving (Thomas, Speight, & Witherspoon, 2008). Although avoiding distressing problems can affect self-esteem and overall life satisfaction, this silence and avoidance of problem-solving may serve as a protective factor. Because many African American women are socialized to be strong, the avoidant coping style may serve to maintain their image of strength and competence (Thomas, Speight, & Witherspoon, 2008).

Research by Thomas et al. (2008) also found that African American women rely on the culturally-specific coping style of cognitive-emotional debriefing to mediate gendered racism and psychological distress. In the context of Africultural coping, cognitive-emotional debriefing has been conceptualized as "adaptive reactions by African Americans in an effort to manage perceived environmental stressors," which are usually thought to be survival-like behaviors that them from the history of enslavement (Utsey, et al., 2000).

Help-Seeking Among African American Women

One of the most well-known and highly-researched reasons for poor mental health outcomes among African Americans is the stigma that prevails within the African American community, which hinders help-seeking within this population. Stigmatization is one of the primary reasons that prevents people from seeking help or causes them to delay treatment until their suffering becomes too much to bear (Bradford, Newkirk, & Holden, 2009). Although part of the stigma surrounding mental health help-seeking by African Americans can be accounted for by prejudice and stereotypes towards this group, the perpetuation of the stigma is reinforced by social, economic, political, and power components within society (Rusch, Angermeyer, & Corrigan, 2005, as cited by Bradford, Newkirk, & Holden, 2009). Rusch, et. al. (2005) depicted mental illness stigmatization into two parts: public stigma and self-stigma. Each form of stigma promotes false knowledge about mental illness, which fosters negative attitudes towards people with mental illness, and produces negative behavioral outcomes. For instance, individuals with mental illness are often depicted negatively which seems to be a widely accepted view by society (Copeland, Grate, Beach, Battista, & Reynolds, III, 2010). They are often viewed as incompetent, weak in character, and/or dangerous. Such a misrepresentation of those with mental illness only encourages negative attitudes and reactions towards that group which may additionally lead to poor behaviors towards that population such as discrimination, lessened opportunities, and limited access to services (Copeland, et. al., 2010). The public stigma can have a negative influence on an individual's self-confidence and can lead one with mental illness to believe the unconstructive assessments of their competence and character. Once these negative beliefs are internalized, it can have a powerful impact on a person's self-worth and serve to lower one's self esteem and self-efficacy, thus fostering a negative self-stigma (Rusch et. al., 2005). Stigma may play a particularly strong part for keeping African American women from

seeking help as these women are often tasked with the role of being strong for herself, her family, and her community. Therefore, many African American women mask psychological issues so as not to fall prey of the public stigma associated with mental illness.

Cultural beliefs of African Americans also prevent many Blacks from seeking help from mental health professionals. Their beliefs that their problems are private matters that are not shared with other people are one of the reasons why African American women refrain from seeking help from healthcare professionals (Ward et al., 2009). A study by Thompson, Bazile, and Akbar (2004) found that in addition to stigma, African Americans noted cultural beliefs to be a barrier to seeking psychotherapy. There exists an understanding within the Black community that issues should be resolved within the family unit and the need to seek outside help is viewed as weakness and a lack of pride. The African American women in the Thompson, et al. (2004) study specifically noted the historical requirement that Black women are to be the anchor or pillar and primary source of strength for their family. In other studies, African American women have referenced the notion of the "strong Black woman" as a barrier in and of itself (Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia, & Mitchell, 2010). Participants in Nicolaidis, et al. (2010) indicated that the expectation of strength makes it difficult for Black women to recognize their need for help, and makes it hard to seek out and accept help when it is needed. Lack of confidence in mental health professionals also contributes to lack of help-seeking among African Americans. Research has suggested that African Americans tend to have negative perceptions towards therapy (Sanders Thompson, V.L., Bazile, A, & Akbar, 2004).

Additional studies indicated that the African American women's attitude towards mental health professionals have been negatively impacted by years of oppression and racism (Ward, Clark, & Heidrich, 2009). There is a sense of mistrust in the African American community about

mental health professionals due to noted unpleasant past experiences (Ward et al. 2009). These experiences dates back to slavery in the United States when African Americans women were raped forced to have more children in order for their slave owners to have more slaves to work the land (Volscho, 2010). One noted experience that gave African Americans a feeling of mistrust was the Tuskegee experiment where African American men were injected with the syphilis vaccine (Ward et al., 2009). Another noted experience that resulted in distrust to African Americans was sterilization abuse of African American women during the 1960s and 70s (Volscho, 2010). "There were reports of involuntary, non-consenting sterilization of women of color in the United States during this time" (Volscho, 2010, p.17). One well known example of this mistrust was the two sisters who were sterilized by tubal sterilization at ages 12 and 14 as an experiment without their knowledge (Volscho, 2010). Additionally, African American women's psychological symptoms are often misdiagnosed by mental health professionals because their symptom presentation may not always resemble that of the majority group (Obasi, 2009).

Even when African Americans, mainly African American women, decide to pursue mental health services, they often do not follow through with the therapy process. Of the African Americans that manage to cross the barrier of seeking help, they tend to average fewer therapy sessions and terminate from services earlier than White Americans (Sue & Sue, 1990). Consistently, women hold more positive views on therapy and utilize more psychological services (Nam, S. K., & Choi, S.I., 2012). In comparison to African American men, African American women have been found to be more willing to seek therapy services than their male counterparts (Mental Health America, 2012). However, African American women have been found to prematurely terminate from therapy which could contribute to them not seeking help in the future. One study analyzing data from Part II of the United States National Comorbidity

Survey (*N* _ 5,877) reported by Kessler et al. (1994) found that African Americans initially held more positive attitudes (pretreatment) toward mental health care. However, when African Americans did utilize care, they held more negative attitudes than Caucasians toward these services when assessed (post treatment), and were less likely to return to use mental health services (Diala,, Muntaner, Walrath, Nickerson, LaVeist, & Leaf, 2000, as cited by Lester, Resick, Young-Xu, & Artz, 2010). A number of studies have researched the reasons why clients terminate prematurely from therapy. One study found that the main reasons noted for premature termination across studies were that (a) clients were satisfied with their progress in treatment, (b) they encountered circumstantial barriers that interfered with their abilities to continue therapy, or (c) they were not satisfied with the therapy or therapist (Westmacott, R., Hunsley, J., Best, M., Rumstein-McKean, O., & Schindler, D., 2010). However, research to determine the factors that mediate premature termination by race has been inconclusive. Further research to address help-seeking attitudes of African American women could offer explanation for their limited use of psychological services.

Superwoman Schema, Depression, Coping, and Help-Seeking Attitudes of African American Women

Providing treatment for African American women's depression without acknowledging the social powers (racism, discrimination, & oppression) that serve to maintain it, actually encourages Black women to conform to their marginalized social status (Beauboeuf-Lafontant, 2007). The silencing-paradigm addresses the process in which Black women lament over the woman they have masked to meet the standards of feminine goodness (Beauboeuf-Lafontant, 2007). In a study conducted by Taylor (1998), Black women perceived the Superwoman Schema to be a precursor to their experiences of depression. Another study by Nicolaidis et al. (2010) found that African American women viewed the Superwoman ideal to be a barrier to

recognizing their experiences of depression. The belief that African American women are to endure adversity in silence and without complaining may lead to the belief that depression is an experience that must be tolerated instead of a problem to be treated (Williams & Lawler, 2001, as cited by Probst et al., 2007). The myth of the Superwoman Schema puts African American women at risk for depression by their continuous acts of emotional suppression to maintain a façade of strength (Beauboeuf-Lafontant, 2007).

African American women employ coping behaviors that are acceptable within their culture in order to manage depression. One study indicated that African Americans were flexible in their coping and willing to utilize a variety of coping strategies (Hamilton-Mason, Hall, & Everett, 2009). A study conducted by Shorter-Gooden (2004) found Black women to employ faith, self-reliance, and the reliance of external social support as coping strategies.

The superwoman schema has also been related to the help-seeking attitudes of African American women. One study found that African American women attributed their lack of depression-related help-seeking to be related to their Superwoman image (Nicolaidis, et. al., 2010). Because "the struggle" somehow serves to validate the Black woman's lived experience (Beauboeuf-Lafontant, 2007), seeking help for depression would negate their Black womanhood.

Chapter 3: Research Design and Methodology

RESEARCH DESIGN

Quantitative research methods were used to investigate the relationship between Superwoman schema and the presentation of psychological distress in African American women. The effects that coping styles and help-seeking attitudes have on African American women as they pertain to their experiences of psychological distress were also examined.

Sample Size

An *a priori* power analysis was conducted to determine the minimum requisite sample size. The power analysis indicated that a total of 78 participants was necessary to detect good model fit with power of .80 ($d = .15$, $\alpha = .05$).

Description of the Sample

For inclusion in this study, participants had to be female, self-identify as Black or African American, and between the ages of 18 and 65. The sample may include Black women that are native born or of immigrant status. Socio-economic status, educational attainment, as well as partner-relationship status may vary among the sample.

INSTRUMENTS

Superwoman Schema Scale

Superwoman Schema was assessed using the Superwoman Schema Scale (SWS) (Woods-Giscombe, unpublished instrument). The SWS is a 35-item self-report inventory used to measure cognitive and behavioral endorsement and utilization of Superwoman characteristics by African American women. The SWS is comprised of the following five (5) characteristics: (1) an

obligation to manifest strength; (2) an obligation to suppress emotions; (3) resistance to being vulnerable or dependent; (4) determination to succeed, even in the face of limited resources; and (5) an obligation to help others. The SWS uses a true/not true answer option. If respondents selected true, the scale transitioned into a 3-point Likert-type scale (0-2) in which participants rated the frequency of the characteristic, with ratings ranging from 'rarely' to 'all the time' (Giscombe, unpublished instrument). On the SWS, participants were asked to rate the intensity in which the characteristic causes undesirable feelings ranging from 'not at all' to 'very much'. The SWS is currently is under development; however, preliminary analyses on the SWS indicate that cronbach's alpha correlation coefficients range from .91 to .97.

Center for Epidemiological Studies - Depression

Psychological distress was assessed using the Center for Epidemiological Studies - Depression (CES-D) (Radloff, 1977). The CES-D is a 20-item self-report symptom inventory used to measure depressive symptomotology. The scale is comprised of statements in which participants are asked to judge how often they have felt in agreement with the statement during the past week. For the purposes of this study, depressive symptoms were assessed across the timeframe of one month in order to evaluate the presence of depression over a longer period of time. Participants rated how often they were in agreement with each item during the past month, choosing from four options: Rarely or none of the time (less than 1 week) = Score of 0; Some or a little of the time (1-2 weeks) = Score of 1; Occasionally or a moderate amount of the time (3-4 weeks) = Score of 2; Most or all of the time (4 or more weeks) = Score of 3. Each item on the CES-D is rated on a 4-point scale (0-3) which includes reverse scoring of select items. Research indicates an alpha coefficient range from .85 to .90 which serves as a strong indicator for the CES-D being a reliable instrument for measuring depressive symptomotology (Ratloff, 1977).

Africultural Coping Systems Inventory

Coping style was assessed using the Africultural Coping Systems Inventory (ACSI) (Utsey, Adams, & Bolden, 2000). The ACSI is a 30-item scale that measures culturally-specific coping strategies used by African Americans during stressful situations. The ACSI uses a 4-point Likert-type scale (0-3) for participants to rate their use of specific coping behaviors, with ratings ranging from 'does not apply or did not use' to 'used a great deal' (Utsey, et. al., 2000). On the ACSI, participants are asked to think then write about a stressful situation that they experienced within the past week. Participants are then asked to rate the 30 items on the scale. Africultural coping is comprised of four (4) coping factor structures: Cognitive/Emotional Debriefing, which measures Blacks' adaptive reactions in their efforts to manage perceived environmental stressors; Spiritual-centered Coping, which measures African Americans' use of coping behaviors that reflect a sense of connection with spiritual elements in the universe and with the Creator; Collective Coping, which measures the degree to which African Americans rely on group-centered activities to cope with stressful situations; and Ritual-centered Coping, which measures the extent to which African Americans use rituals to deal with stressful situations (i.e., lighting of candles, pouring libations, and burning incense) (Utsey, et. al., 2000). Higher scores on a particular subscale suggest greater use of that particular coping strategy. Validation studies on the ACSI indicate that Cronbach's alpha correlation coefficients range from .71 to .80; the coefficient alphas for the four subscales of the ACSI were .80 for Cognitive/Emotional Debriefing, .79 for Spiritual-centered Coping, .71 for Collective Coping, and .75 for Ritual-centered Coping (Utsey, et al., 2000).

Attitudes Towards Seeking Professional Psychological Help

Help-seeking attitude was measured by the Attitudes Towards Seeking Professional Psychological Help (ATSPPH) scale (Fischer & Turner, 1970) scale. The ATSPPH is a 29-item self-report assessment of attitudes toward seeking professional psychological help for psychological disturbances. The ATSPPH is comprised of four (4) factor structures: recognition of need for psychotherapeutic help (RECNED), stigma tolerance (STGTOL), interpersonal openness (INTOPN), and confidence in mental health practitioner (CONFID) (Fischer & Turner, 1970). The ATSPPH scale uses a 4-point Likert scale (0-3) with ratings ranging from 3 (*agree*) to 0 (*disagree*), where 18 of the 29 items are reversed scored. Possible scores ranged from 0 to 87, with high scores indicating a positive attitude toward seeking psychological help. Cronbach alpha coefficients range from .83 to .86 which indicates high internal consistency on the ATSPPH (Fischer & Turner, 1970).

Cross Racial Identity Scale

Racial identity was assessed by the Cross Racial Identity Scale (CRIS) (Worrell, Vandiver, & Cross, 2000). The CRIS is a 40-item instrument with six subscales of five items each and 10 filler items. The CRIS was developed to measure six of the nine nigrescence attitudes proposed in the expanded nigrescence model. The six subscales of the CRIS are comprised of pre-encounter assimilation (PA), which reflect low race salience on the part of the individual and reflect a view of the self as American rather than African American; pre-encounter miseducation (PM), which reflect an acceptance or endorsement of the negative stereotypes that are present in society about African Americans; pre-encounter self-hatred (PSH), which reflect unhappiness with being African American and having physical characteristics reflecting an African heritage; immersion-emersion anti-White (IEAW), which reflect attitudes

related to profound negative views of European Americans; internalization Afrocentricity (IA), which reflect an acceptance of pro-Black views that are perceived to be African in origin; and internalization multiculturalist inclusive, which reflect pro-Black attitudes coupled with a willingness to respect and engage with other cultural groups. Items on the CRIS are rated on a 7-point Likert-type scale (1-7) ranging from 'strongly disagree' to 'strongly agree'. Internal consistency estimates across the six subscales range from .78 to .86 (CRIS; Worrell, Vandiver, & Cross, 2000).

Cronbach's alpha reliability coefficients were calculated for all the measures. Cronbach's alpha calculations were used to determine the internal consistency of the scales and/or subscales used in the study. Alpha scores from study data illustrated reasonable reliability and is included in Table 1.

Table 1. Reliability Coefficients for Main Variables

Measures	*# of Items*	Cronbach's α
Superwoman Schema Subscales		
Obligation to Present Strength (OP)	6	.92
Obligation to Suppress Emotions (OS)	7	.89
Resistance to Being Vulnerable (RB)	7	.92
Intense Motivation to Succeed (IM)	6	.92
Obligation to Help Others (OH)	9	.93
Africultural Coping Systems Inventory Subscales		
Cognitive-debriefing (COG)	11	.78
Spiritual-centered (SPT)	8	.83
Collective-centered (COLL)	8	.73
Ritual-centered (RIT)	3	.66
Attitude Towards Seeking Professional Psychological Help Subscales		
Recognition of Need (REC)	8	.79
Stigma Tolerance (STG)	5	.70
Interpersonal Openness (INT)	7	.67
Confidence in Mental Health Prac. (CON)	9	.72
Center for Epidemiological Studies-Dep. (DP)	20	.92

Note. Scales and Subscales for each study measure are presented in the table. Number of items and Cronbach's alpha values in vertical columns.

Demographic Questionnaire

The demographic questionnaire was designed to obtain demographic information from all participants. Participants were asked to provide age, gender, socioeconomic status, educational attainment, marital status, parental status, race, and ethnicity.

PROCEDURES

Recruitment of Participants.

The study was advertised as a survey examining the relationships between African American women's cultural beliefs, health-related behaviors, and attitudes toward mental health services. Study information was sent to college listservs, community organizations, and social media sites; "snowballing" was encouraged. To encourage participation, participants were given the opportunity to take part in a drawing to win gift cards (1st Prize _ $75; 2nd Prize _ $50; 3rd Prize _ $25) upon completing the questionnaires. Interested individuals were informed that they must meet inclusion criteria in order to participate in the study (i.e. at least 18-65 years old, female, and identify as African/African American/West Indian descent).

Data Collection

Data was collected through electronic survey submission from a Qualtrics secure online study website. Upon logging-in to the survey, participants were screened again by the study, which was designed so that persons who did not meet the criteria were not allowed to continue. Those who were eligible were taken to the consent page, where they clicked on the "I Agree" button before completing the study. The questionnaires were presented in a randomized manner as determined by the Qualtrics survey computer program. All study procedures were in full compliance of requirements set by the University of Georgia's institutional review board. Once all data was collected, the data will be compiled into an Mplus file for analysis.

DATA ANALYSIS

Research Question 1:

Does the Superwoman schema in African American women predict the presence of psychological distress of African American women?

To investigate whether Superwoman schema predicts the presence of psychological distress, a regression analysis was used via structural equation modeling. The predictor variable for the proposed analysis is the Superwoman schema (as measured by the Superwoman Schema Scale). The outcome variable for the proposed analysis is psychological distress/depression (as measured by the CES-D).

Research Question 2:

Does the Superwoman schema predict coping styles of African American women?

To investigate whether Superwoman schema predicts the coping styles of African American women, a regression analysis was used via structural equation modeling. The predictor variable for the proposed analysis is Superwoman schema (as measured by the Superwoman Schema scale). The outcome variable for the proposed analysis is coping style (as measured by the ACSI).

Research Question 3:

Does the endorsement of Superwoman schema predict help-seeking attitudes in African American women?

To investigate whether Superwoman schema predicts the coping styles of African American women, a regression analysis was used via structural equation modeling. The predictor variable for the proposed analysis is Superwoman schema (as measured by the Superwoman Schema subscales). The outcome variable for the proposed analysis is help-seeking attitude (as measured by the ATSPPH subscales).

Research Question 4:

If Superwoman schema is correlated to the experiences of psychological distress among African American women, do coping styles and help-seeking attitudes serve as mediating factors between the Superwoman schema and psychological distress?

To investigate whether coping styles and help-seeking attitudes mediate the relationship between Superwoman schema and psychological distress, a mediational analysis was used via structural equation modeling. The analysis was conducted to investigate psychological distress (as measured by the GSI of the BSI) as an outcome variable of the Superwoman schema (as measured by the Superwoman Schema subscales). Coping style (as measured by the ACSI subscales and the SWS subscales) and help-seeking attitudes (as measured by the ATSPPH subscales) was examined as mediators of the relationship between Superwoman schema and psychological distress.

The hypotheses predicted were tested using structural equation modeling (Arbuckle & Wothke, 1999) which allows multiple predictions to be evaluated in a single analysis while controlling for measurement error.

Chapter 4: Results

Purpose

The purpose of the present study was to examine (1) the relationship between the superwoman schema and psychological distress and (2) to determine whether the relationship is influenced by coping styles and help-seeking attitudes of African American women. This chapter will provide detailed information about the quantitative data and findings generated from the analyses conducted for the purposes of this study. Data analysis is presented in three (3) sections: 1) descriptive statistics on the demographics variables measured from the sample population, (2) results of the preliminary analyses and correlations conducted for the following variables: superwoman schema, coping styles, help-seeking attitudes, and depression, and 3) data directly related to the specified hypotheses of this study.

Demographic Data

Participants. The total number of African American female participants was 105; 92 self-identified as African-American, 6 self-identified as West Indian/Caribbean Black, 2 self-identified as Hispanic Black, 3 self-identified as Biracial, and 2 self-identified as Other African Descent. Descriptive information regarding the data collected in the demographic questionnaire is included in Table 1. As indicated in Table 1, majority of participants were of non-student status, employed full time, graduate or professional degree holders, and were unmarried with no children. Their ages ranged from 22 to 64 years (M = 36.40, SD = 9.64). The majority of participants were found to work in career fields that would be considered helping professions with 25% in Education & Training, 21% in Human Services, and 15% in Health Sciences.

Table 2. Demographic Characteristics of Study Participants

Variable	N (%)
Age of Participant	
21 and under	0 (0)
22-34	65 (62)
35-44	20 (19.2)
45-54	11 (10.7)
55-64	9 (8.8)
65 and over	0 (0)
Race of Participant	
African	1 (1)
African-American	92 (87.6)
West Indian/Caribbean Black	6 (5.7)
Hispanic Black	2 (1.9)
Biracial	3 (2.9)
Other African descent	1 (1)
Race of Participant's Female Parent/Guardian	
African	2 (1.9)
African American	93 (88.6)
West Indian/Caribbean Black	6 (5.7)
Hispanic Black	1 (1)
Biracial	1 (1)
Other African descent	2(1.9)
Student Status	
Not Currently Enrolled	71 (67.6)
Undergraduate Level	3 (2.9)
Graduate: Master's Level	11 (10.5)
Graduate: Doctoral Level	20 (19)
Educational Attainment	
Some high school	2 (1.9)
High School Diploma/GED	7 (6.7)
Business/Trade School	3 (2.9)
Some college	4 (3.8)
Associate's Degree/2-yr degree	2 (1.9)
Bachelor's Degree/4-yr degree	15 (14.3)
Some graduate/professional school	8 (7.6)
Graduate or Professional degree	64 (61)
Employment Status	
Full-time	85 (81)
Part-time	12 (11.4)
Unemployed	8 (7.6)

Table 2 (continued). Demographic Characteristics of Study Participants

Variable	N (%)
Career Field	
Agriculture	1 (1)
Human Services	21 (20)
Information Technology	2 (1.9)
Law & Public Service	5 (4.8)
Manufacturing	1 (1)
Marketing, Sales & Service	3 (2.9)
STEM	2 (1.9)
Architecture & Construction	1 (1)
AV/Video Technology & Communication	3 (2.9)
Business Management & Administration	8 (7.6)
Finance	5 (4.8)
Education & Training	25 (23.8)
Government & Public Administration	10 (9.5)
Health Science	15 (14.3)
Hospitality & Tourism	3 (2.9)
Socio-economic Status	
Poor	2 (1.9)
Working Class	28 (26.7)
Middle Class	63 (60)
Upper Middle Class	12 (11.4)
Wealthy	0 (0)
Relationship Status	
Single (not married)	43 (43.9)
Committed Relationship (not married)	16 (15.2)
Married or Civil Union	42 (40)
Divorced	3 (2.9)
Widowed	1 (1)
Parental Status	
No children	65 (61.9)
One (1) child	14 (13.3)
Two (2) children	17 (16.2)
Three (3) children	8 (7.6)
Four (4) children	1 (1)
Five or more children	0 (0)

Note. Descriptive data for African American women participants.
N = number of participants in each category

Table 3. Descriptive Statistics for Main Variables

Measures	*M*	SD
Superwoman Schema Subscales		
Obligation to Present Strength (OP)	16.22	4.86
Obligation to Suppress Emotions (OS)	11.88	8.21
Resistance to Being Vulnerable (RB)	14.94	8.55
Intense Motivation to Succeed (IM)	15.17	6.42
Obligation to Help Others (OH)	18.02	11.48
Africultural Coping Systems Inventory Subscales		
Cognitive-debriefing (COG)	9.81	6.59
Spiritual-centered (SPT)	9.67	6.63
Collective-centered (COLL)	8.23	5.17
Ritual-centered (RIT)	0.26	0.88
Attitude Towards Seeking Professional Psychological Help Subscales		
Recognition of Need (REC)	9.53	4.28
Stigma Tolerance (STG)	5.22	2.67
Interpersonal Openness (INT)	7.38	4.27
Confidence in Mental Health Prac. (CON)	11.19	4.60
Center for Epidemiological Studies-Dep. (DP)	12.41	11.29

Note. *M* = mean. SD = standard deviation

Correlation and Test of Hypothesized Model

Correlation analyses were conducted to test the relationship of construct variables. Table 4 presents the correlations for the model variables predicting the superwoman schema's influences on help-seeking attitudes, coping styles, and depression. As hypothesized, the theoretical predictions were all found to be significantly correlated. These results found on Table 4 indicated promise for a formal test of the model.

A test of the hypothesized model was conducted to examine the fit of the latent factors to the study sample and to test whether the specified constructs are influencing responses in the predicted way. The model was analyzed via structural equation modeling (SEM) using Mplus 7.11 software (Muthén & Muthén, 2007). SEM was chosen as the preferred statistical method because it allows the contributions of multiple variables to be tested simultaneously, it accounts for measurement error, and it measures both direct and indirect effects of variables ((Muthén & Muthén, 2007). The Mplus software uses the maximum likelihood (ML) estimation method to

provide estimations for the parameters within the model. The hypothesized model was tested to determine goodness-of-fit with the study data. The model was found to provide an overall reasonable fit. The Measurement Model was determined to be a reasonable fit for the model (X^2 = 154.98, df = 74, p < .00, X^2 / df = 2.09). According to Arbuckle and Wothke (1999), a chi-square degrees of freedom ratio that falls between 1 and 3 indicates a good fit.Other fit indices suggested good or reasonable fit of the data to the suggested model. The comparative fit index (CFI) was .91 (a CFI ≥ .90 indicates reasonable fit), the root mean square error of approximation (RMSEA) was .10 (a RMSEA ≤ .10 indicates reasonable to marginal fit), and the standardized root mean square residual (SRMR) was .08 (a SRMR ≤ .08 indicates reasonable fit). Figure 1 presents the results of the estimated structural model. The figure also includes the factor loadings of the observed variables on their respective latent constructs.

Table 4 Correlation Matrix for All Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. OP	1.00													
2. OS	.38	1.00												
3. RB	.40	.62	1.00											
4. IM	.62	.55	.68	1.00										
5. OH	.44	.48	.62	.63	1.00									
6. REC	.07	.27	.20	.34	.24	1.00								
7. STG	-.11	.02	.10	.24	.11	.70	1.00							
8. INT	.00	.19	.17	.35	.23	.71	.56	1.00						
9. CNF	.09	.23	.22	.37	.22	.81	.70	.63	1.00					
10. COG	.25	.17	.26	.36	.35	.45	.47	.36	.49	1.00				
11. SPT	.15	.03	.11	.24	.28	.41	.44	.32	.45	.59	1.00			
12. COL	.14	-.08	.06	.25	.22	.38	.47	.28	.51	.63	.68	1.00		
13. RIT	.22	.24	.20	.22	.19	.14	.19	.13	.13	.36	.25	.21	1.00	
14. DP	.32	.33	.39	.46	.52	.43	.29	.42	.31	.45	.24	.27	.21	1.00

Note: Correlations for all study variables are presented in the table above. OP = Obligation to Present Strength; OS = Obligation to Suppress Emotions; RB = Resistance to being vulnerable; IM = Intense Motivation to succeed; OB = Obligation to help others; REC = Recognition of Need; STG = Stigma tolerance; INT = Interpersonal Openness; CNF = Confidence in Mental Health Professionals; COG = Cognitive/Emotional Debriefing; SPT = Spiritual-Centered; COL = Collective Coping; RIT = Ritual-Centered; DP = Depression/Psychological distress

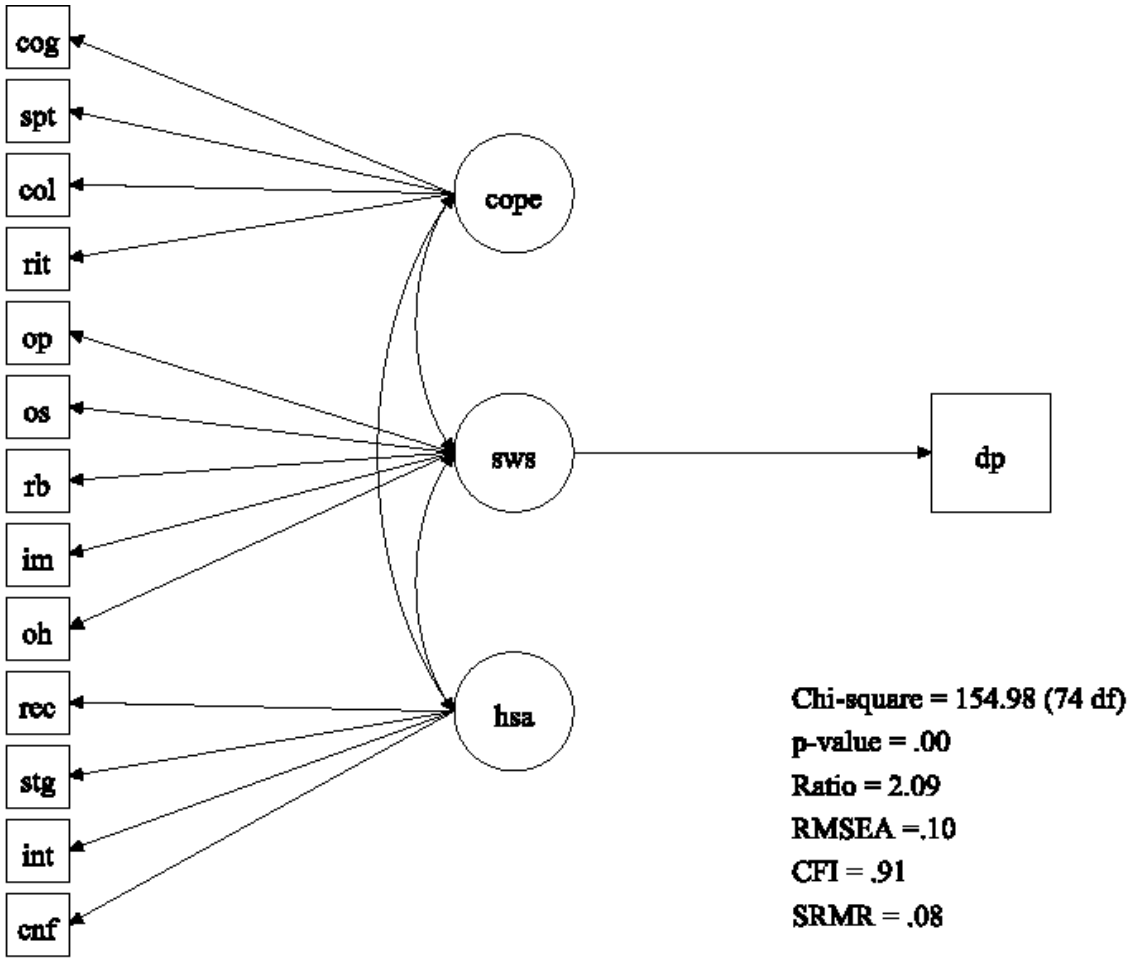

Figure 1 Structural Model of the Superwoman Schema, Coping Styles, Help-Seeking Attitudes, and Depression Outcomes

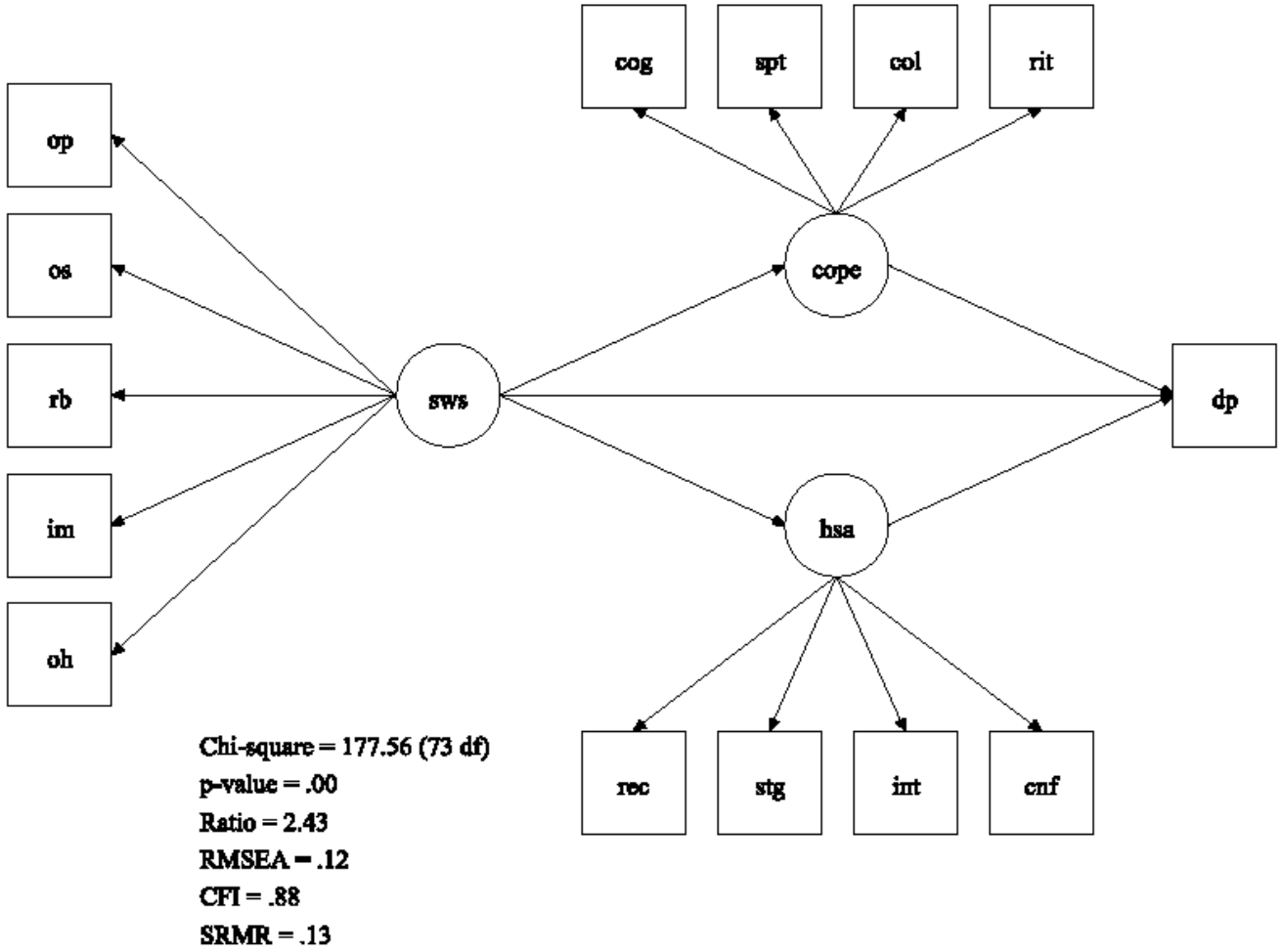

Figure 2 Mediational Model of the Superwoman Schema, Coping Styles, Help-Seeking Attitudes, and Depression Outcomes

Hypothesis Results

Hypothesis 1 suggested that the superwoman schema would influence depression. Consistent with expectations, the superwoman schema was positively associated with depression ($\beta = .56$, $p < .001$). The structural analysis showed depression regressing onto the superwoman schema which indicates that the superwoman schema accounted for a significant portion of the variance in how African women rated their depression. Specifically, all subscales on the superwoman schema were found to predict African American women's reporting of psychological distress (The Obligation to Present Strength (OPS), the Obligation to Suppress Emotions (OSE), the Resistance to Being Vulnerable (RBV), the Intense Motivation to Succeed (IMS), and the Obligation to Help Others (OHO)). Women that rated high on the various subscales rated themselves as having more depressive symptomatology.

Hypothesis 2 proposed that the superwoman schema would also be linked to coping styles. Results showed that the superwoman schema was positively correlated to coping styles ($\beta = .46$, $p < .001$). However, results showed that select subscales from the superwoman schema were linked to specific Africultural-coping behaviors. Women that endorsed the Obligation to Present an image of Strength utilized cognitive/emotional-debriefing and ritual-centered coping to manage distress. There was no significant relationship to either spiritual-centered or collective-centered coping. Women that endorsed the Obligation to Suppress Emotions endorsed greater use of ritual-centered coping while those that reported Resistance to Being Vulnerable endorsed both ritual-centered coping and cognitive/emotional-debriefing. Analyses also showed that an Intense Motivation to Succeed was associated with cognitive/emotional-debriefing, spiritual-centered, collective-centered, and ritual-centered coping while the Obligation to Help Others was associated with all coping styles except ritual-centered coping.

Hypothesis 3 predicted that the superwoman schema would be linked to help-seeking attitudes. Consistent with expectations, the superwoman schema were significantly and positively associated with help-seeking attitudes ($\beta = .54$, $p < .001$). All factors related to the superwoman schema were significantly and positively associated with help-seeking attitudes (i.e. recognition of need, stigma tolerance, interpersonal openness, and confidence in mental health professionals). Results indicate that higher scores on the superwoman schema correlated positively with greater recognition of need, greater stigma tolerance, more interpersonal openness, and a greater confidence in mental health professionals.

The structural model also produced a correlation of help-seeking attitudes with coping styles ($\beta = .65$, $p < .001$). These results suggest that the superwoman schema is associated with help-seeking attitudes and coping styles and is linked to symptoms of depression.

Mediation Model

Hypothesis 4 proposed that the coping styles and help-seeking attitudes of African American women would mediate between the superwoman schema and psychological distress. A mediation analysis was conducted to study the relationship between the superwoman schema and depression and to investigate whether coping styles and help-seeking attitudes help to explain any influence the superwoman schema may have on depression. In this study, a mediation analysis was conducted using the bootstrapping technique, as described by Preacher and Hayes (2008):

Bootstrapping, a nonparametric resampling procedure, is an additional method advocated for testing mediation that does not impose the assumption of normality of the sampling distribution. Bootstrapping is a computationally intensive method that involves repeatedly sampling from the data set and estimating the indirect effect in each resampled data set. By repeating this process thousands of times, an empirical approximation of the sampling distribution of ab is built and used to construct confidence intervals for the indirect effect.

The bootstrap method estimates indirect effects by approximating the distribution of a test statistic from the sample data through random sampling of the data with replacement. From the present dataset, test statistics estimated total effects (i.e., the relationship between the predictor variable and outcome variable), direct effects (i.e., the relationship between the predictor variable and outcome variable controlling for mediators) and indirect effects (i.e., the relationship of mediators on the outcome variable). The bootstrapping technique also provides a direct test of mediation through the examination of confidence intervals. Confidence intervals that do not contain a zero indicate significant mediation of the mediator variable(s) in the model. The mediation model was found to be an overall poor fit to the data (Chi-square Model Fit Index Ratio = .2.43; CFI = .88; RMSEA = .12; SRMR = .13). The analysis did not support the hypothesis that help-seeking attitudes and coping styles indirectly influence depression through the superwoman schema. Figure 2 presents the results of the model of the mediation analysis for superwoman and psychological distress. The figure also includes the factor loadings of the observed variables on their respective latent variables.

Other Models Investigated

An additional model was tested to investigate the possibility of effects from racial identity although no predictions were advanced regarding them. A racial identity construct was added to the model to determine whether racial identity influenced the superwoman schema in the model. Racial identity was not found to influence the superwoman schema nor did it correlate with other constructs in the model.

Chapter 5: Summary, Conclusions, Implications, & Future Directions

OVERVIEW

This study sought to investigate whether or not the Superwoman Schema has a potential impact on the psychological health status of African American women. The research study examined (1) the relationship/influence of the superwoman schema on the experiences of psychological distress among African American women; (2) the relationship/influence of the superwoman schema on the coping styles of African American women; (3) the relationship/influence of the superwoman schema on the help-seeking attitudes of African American women; and (4) the potential mediating role coping styles and help-seeking attitudes play between the superwoman schema and African American women's experiences of psychological distress. This chapter provides a summation of the study, a discussion of the research questions investigated within the study, implications for the findings, as well as limitations and suggestions for future research.

This study collected data on African American women's coping styles and help-seeking attitudes as well as their reported depressive symptomatology. Participants were women between the ages of 18-65 who self-identified as individuals of African descent. All participants provided demographic information and completed the Superwoman Schema Scale (SWS), the Center for Epidemiological Studies-Depression (CES-D), the Africultural Coping Systems Inventory (ACSI), the Attitudes Toward Seeking Professional Psychological Help (ATSPPH), and the Cross Racial Identity Scale (CRIS).

The study sought to answer the following questions: (1) Does the Superwoman Schema in predict the presence of psychological distress in African American women? (2) Does the Superwoman Schema predict coping styles of African American women? (3) Does the endorsement of Superwoman Schema predict help-seeking attitudes in African American women? (4) If Superwoman Schema is correlated to the experiences of psychological distress among African American women, does coping style and help-seeking serve as mediating factors between the Superwoman Schema and psychological distress?

CONCLUSIONS

Superwoman Schema and Depression

The present study found a relationship between the superwoman schema and depression. These findings are supported by the literature. The Obligation to Present an image of Strength was found to be highly correlated with depression; this finding is similar to previous research which reported that Black women perceived the superwoman schema to be a precursor to their depression (Taylor, 1998). Consistent with the present study's findings on the Obligation to Suppress Emotions and its relationship to depression, emotional suppression has been associated with physiological stress responses, greater health risk and associated outcomes, interpersonal relationship difficulties, maladaptive coping strategies, and elevated emotional distress (Gross & Levenson, 1993; Harrington, Crowther, & Shipherd, 2010; Srivastava, et. al., 2009; Woods-Giscombe, 2008). Past research also supports the finding that the burden of caretaking and fulfilling multiple roles, stressors that tap into the Obligation to Help Others and the Intense Motivation to Succeed, are also related to psychological stress in African American women (Watts-Jones, 1990).

Superwoman Schema and Coping Styles

The superwoman schema was shown to be positively correlated with coping styles. The relationship between the superwoman schema and coping styles has been supported in previous similar literature. One study conducted by Black and Peacock (2008) linked characteristics of the Strong Black Woman to African American women's daily life management behaviors (i.e. coping behaviors, life role management, and self-care) and their health outcomes (Giscombe & Black, 2010). This link to the superwoman schema and culturally-specific coping has been further supported in other research. One study showed that African American women, compared to White women, hold stronger beliefs that family and personal problems should not be discussed outside of the family unit and therefore utilize more non-traditional coping mechanisms (Ward, Clark, & Heidrich, 2009).

Superwoman Schema and Help-Seeking Attitudes

Results also found the superwoman schema to be correlated with the help-seeking attitudes of African American women. These findings are counter to prior research that found lack of help-seeking to be related to African American women's superwoman image (Nicolaidis, et. al., 2010). Other studies have shown that the adherence to the strong Black woman image may hinder treatment seeking among African American women (Ward, Clark, & Heidrich, 2009).

Superwoman Schema, Depression, Coping Styles and Help-Seeking Attitudes

The analysis did not find help-seeking attitudes and coping styles to mediate the relationship between depression and the superwoman schema. However analyses illustrated various inter-correlations between these variables. Help-seeking attitudes and coping styles were found to be positively correlated. While the superwoman schema was found to be positively

correlated with both help-seeking attitudes and coping styles, the superwoman schema was the only factor that shared a direct relationship with depression. Neither coping styles nor help-seeking attitudes were found to influence depression. This finding is contrary to a previous study which found that attitudes towards seeking professional psychological help become more negative as psychological distress increased (Obasi & Leong, 2009). Other research also conflicts with the non-correlation of coping and depression. Previous studies have found coping styles to be related to stress (Terry, 1991) The overall finding suggests that although ways in which African American women choose to cope with distress or seek out professional help may be linked to the superwoman schema, there are unique contributing factors from the schema that influence depression among this sample population.

IMPLICATIONS

The overall results of the present study provide implications to the mental health outcomes of African American women. The results of the study imply that African American women may utilize cognitive schemas that serve to influence their experiences of depression. Those cognitive schemas, particularly components of the superwoman schema, also contribute to the types of coping strategies African American women employ as well as contribute to the attitudes these women have towards seeking help from mental health professionals.

Women that operate under the superwoman schema may be protecting the persona of the Strong Black Woman while also doing great harm to the real woman inside that is truly suffering from depression. Each component of the superwoman schema was found to be linked to depression. While the factors that comprise the superwoman schema all serve a benefit for coping with the unique stressors experienced from being both black and female, when each factor is endorsed to the extreme, it becomes less of a benefit and serves to exacerbate distress instead of reduce it. The obligation to present an image of strength may instill a sense of pride

and ability which can be useful for African American women when faced with negative societal and institutional stressors (racism, gender discrimination, job inequality, etc.). However, this intense need to present a strong image can lead to prolonged distress. African American women may fail to recognize when they are in need of professional help because their focus has been on maintaining an image.

The obligation to suppress emotions as well as a resistance to being vulnerable was also correlated with depression. This finding implies that masking emotional distress plays a role in the depressive symptomatology of Black women. Maintaining the image of strength may require African American women to suppress emotions because cultural beliefs within the African American community assert that showing distress poses as a sign of weakness. This correlation may be explained by emotional suppression being an internalized response. Literature indicates that internalized negative thoughts are related to depression (Beck, 1995). African American women may be suppressing their emotions in an attempt not to appear weak and vulnerable; however those unexpressed emotions could have a deleterious effect on their self-worth. The resulting distress and depression is contrary to the initial premise of the superwoman schema which is to promote an affirmative persona of the African American woman as strong, resilient, and selfless.

Relatedly, the intense motivation to succeed was also found to be directly correlated with depression in African American women. Steeped in the characteristics of the superwoman schema is the belief that Black women should be able to handle anything in spite of the lack of resources available to her (Beauboeuf-Lafontant, 2005). This covert and at times overt pressure to be able to manage multiple roles and responsibilities can lead to significant psychological stress. The obligation to help others, which was also correlated with depression, provides an

additional layer to the numerous burdens that are both culturally and self-imposed on the shoulders of African American women. While the women that hold fast to the superwoman schema may believe that the Black woman is capable of handling it all (i.e., societal stressors, family problems, multiple roles) without the help of others, she does not necessarily hold that view about her own abilities. In contrast she may feel overwhelmed which often leads to feelings of inadequacy and depression (Beauboeuf-Lafontant, 2005).

The superwoman schema was also correlated with coping styles. Although certain coping styles were more strongly correlated with specific aspects of the superwoman schema, the use of coping behaviors was significant. These findings imply that African American women are utilizing culturally-specific coping strategies to combat stress; with cognitive-debriefing being the most utilized behavior utilized among the women is the present study. Cognitive-debriefing involves sharing thoughts and/or venting with others, has been found to alleviate psychological stress in African American women, and is thought to be an effective coping behavior among the African American community (Greer 2011).

Relevance of the Study

The study on the Superwoman Schema and its relation to coping and help-seeking, provides valuable knowledge on the background and origin of the superwoman ideology, its effects on African American women, and the influences the Superwoman Schema may have on how Black women experience, cope with, and seek help for psychological distress. The information provided in this study and the wealth of knowledge gained by the reader is not only beneficial to African American women that currently operate under the schema but it is also useful information for mental health providers and other men and women across all communities.

The study serves to educate African American women on the initial premise of the schema and brings awareness to how Black women may be over-utilizing the schema in a manner that leads to negative life consequences, specifically poor psychological health outcomes. The study also highlights how African American women's coping styles and mental health service utilization attitudes may be being influenced by the schema. Although many African American women may be aware that they operate heavily under the schema, this study informs African American women of the distress than could potentially result from misuse of the Superwoman Schema.

Moreover, the present research study is relevant to the research, knowledge, and practice of counseling psychology and offers suggestions that could prove beneficial to clinicians in the field. A distinctive component of counseling psychology is the emphasis placed on cultural awareness and multicultural competence (Sue, Arredondo, & McDavis, 1992). Additionally, counseling psychologists understand the significance of how a person's culture impacts their thoughts, behaviors, and overall worldview (Sue, Arredondo, & McDavis, 1992). Specifically, this study is significant to psychologists and other mental health practitioners working with African American women. Information provided in this study may assist therapists in fostering strong therapeutic relationships with their African American clients by the acknowledgment and recognition of cultural schemas that might be contributing to Black women's attitudes and behaviors. Knowledge about the origin and function of the superwoman schema may make African American women feel understood and thereby build their confidence in mental health professionals. This increase confidence may lead to a domino effect and encourage other Black women to seek help. Overall, this research study emphasizes the importance of identifying and understanding culturally-specific influences that may be contributing to psychological

presentations. Psychologists should be aware of how an individual's personal experiences and cultural beliefs influence mental health behaviors and outcomes. Acknowledgement and understanding of the presence of and adherence to the superwoman schema by African American women may help psychologists better understand and relate to their clients and assist them with formulating appropriate treatment plans.

LIMITATIONS

This study had a few limitations which should be considered for understanding the results of this study. First, African American women were recruited via listserves, email participation, and social media outlets. It is possible that women that already self-identified with the superwoman schema were drawn to participate in the study. Similarly, women that are more willing to acknowledge distress may have been more willing to participate. Another limitation to this study was the singular use of a culturally-specific measure to assess coping styles. Although research supports the notion that African Americans utilize culturally-specific coping mechanisms, it is plausible that other traditional strategies are also utilized in this population that was not assessed. An additional limitation lies within the demographics of the population sample. Although a community sample was recruited for the purposes of the study, the demographics of the study participants was not representative of the range of demographic presentation among the African American female population. Participant age, educational attainment, socio-economic status, and career fields were not evenly distributed and were strongly represented by African American women between the ages of 28-34, middle-class, and advance degrees. Therefore, the findings of this study cannot be generalized to all African American women. African American women in lower socio-economic status and less education may experience exacerbate their psychological distress and affect their coping behaviors and help-seeking attitudes. Finally, the present study only studied a community sample. However,

African American women within the clinical setting may endorse the superwoman schema, coping, help-seeking and depression differently. Thus additional research should be conducted with a larger representative community population and clinical population to explore similarities and differences between the populations.

Recommendations for Future Research

Future studies should explore underlying challenges to appropriate utilization of the superwoman schema. The superwoman schema has the ability to serve as an advantageous system for healthy functioning for African American women. However, some studies should be conducted to identify the contributors to rigid adherence to the schema that leads to poor functioning and overall distress. Particularly, some research could be conducted on the influences of impression management and the misuse of the superwoman schema as it relates to psychological distress.

Futures studies might also compare differences between the use of the superwoman schema of women from both a community sample and clinical sample. Finding from this study suggest that the superwoman schema is correlated with coping styles, help-seeking attitudes, and depression. Thus, further investigation should explore whether the superwoman schema is endorsed by African American women with clinical depression and whether or not their coping behaviors and help-seeking attitudes are equivalent with African American women outside the clinical population. Actual help-seeking attitude might also be assessed in further research. Participants in the present study were only assessed on their help-seeking attitudes. However, past help-seeking behaviors may be a stronger indicator of how the superwoman schema may affect help-seeking. African American women may be aware of the professional psychological services and their associated benefits however, their actual use of those services may not be equal to the use of such services.

The present study could also be replicated with a larger sample size and a more even distribution of demographic characteristics of the study participants. The present findings were generated from a sample population of majority middle-class Black women between the age of 28-34 with advanced degrees. An additional study with a wider range of demographics may provide more support for the generalizability of the superwoman woman construct among the African American culture.

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APPENDICES

Appendix A

From: "permissions (US)" <permissions@sagepub.com>
Date: November 22, 2013 at 1:43:45 PM EST
To: Erica James <eljames@uga.edu>
Subject: RE: Use and direction modification of the CES-D scale

Dear Erica,

Thank you for your request. You can consider this email as permission to reprint the material as detailed below in your upcoming dissertation. Please note that this permission does not cover any 3rd party material that may be found within the work. We do ask that you properly credit the original source, SAGE Publications. Please contact us for any further usage of the material.

Best regards,
Michelle Binur

Appendix B

Shawn O Utsey <soutsey@vcu.edu>
Mon 10/21/2013 12:07 PM
Inbox
To:

...
Erica,

Yes, you have permission to use the ACSI. I have a attached a copy of the measure and the scoring instructions. Please let me know if you have additional questions. Thanks.

Shawn

Appendix C

UNC SCHOOL OF NURSING

September 11, 2013

Dear Erica James:

Your request to review research instruments has been approved. The instrument is attached, with proper reference citations. Relevant publication(s) are also attached.

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

Should you need additional assistance, please do not hesitate to contact me. I wish you continued success in your work.

Sincerely,

Cheryl L. Woods Giscombé, Ph.D., PMHNP-BC
Cheryl.Giscombe@unc.edu

Attachments:

Superwoman Schema Scale

SWS Scale –Terms for Use

Woods-Giscombé, C.L. (2010). Superwoman Schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20,* 668-683.

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